

# Does Self-Compassion Involve Non-Avoidance? Testing A Revised Self-Compassion Scale

Gazi Kısa<sup>1</sup>, Bengi Öner-Özkan<sup>2</sup>

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## Keywords

Self-compassion, avoidance, well-being

## Abstract

Self-compassion is measured with a self-report Likert-type scale and has been shown to be useful in promoting positive psychological functioning in many scientific areas, from social psychology to psychopathology. However, while most of these studies used the Self-Compassion Scale (SCS) to measure self-compassion in correlational designs, there are many criticisms concerning the psychometric properties of the SCS. The claim of this study is that the current SCS is insufficient in capturing the full scope of the concept self-compassion. Therefore, this study proposes that an avoidance dimension is added to SCS. The aim of this work is to (i) discuss the limits of the current SCS, (ii) propose additional items to measure avoidance behavior, and (iii) test the reliability and validity of the revised SCS. As expected, the newly generated avoidance items were valid in measuring avoidance behaviors. The revised SCS passed the reliability and validity tests and explained a greater amount of variance in well-being than the current SCS. The most important limits of the study are the construction of the items and the uneven distribution of females/males in the participant pool. The limits of the study and suggestions for further research are discussed.

**Anahtar kelimeler**  
Öz-şefkat, kaçınma, iyi oluş

## Öz-şefkat kaçınmamayı da içerir mi? Revize edilmiş bir öz-şefkat ölçeğinin test edilmesi

**Öz**

Öz-şefkat, öz-bildirimli Likert tipi bir ölçekle ölçülür. Öz-şefkatin, sosyal psikolojiden psikopatolojiye kadar birçok bilimsel alanda olumlu psikolojik işleyişi desteklemede faydalı olduğu gösterilmiştir. Ancak, bu çalışmaların çoğu öz-şefkati korelasyonel tasarımlarda ölçmek için Öz-Şefkat Ölçeği'ni (SCS) kullanmış olmasına rağmen, SCS'nin psikometrik özellikleriyle ilgili birçok eleştiri bulunmaktadır. Bu çalışmanın iddiası, güncel SCS'nin öz-şefkat kavramını bir bütün olarak ölçme konusunda yetersiz kaldığıdır. Bu yüzden çalışma, SCS'ye bir kaçınma boyutunun eklenmesi gerektiğini önermektedir. Bu çalışmanın amacı (i) mevcut SCS'nin sınırlılıklarını tartışmak, (ii) kaçınma davranışını ölçmek için ek maddeler önermek ve (iii) gözden geçirilmiş SCS'nin güvenilirliğini ve geçerliliğini test etmektir. Beklendiği gibi, kaçınma boyutunu ölçmek için yeni oluşturulan cümleler kaçınma davranışını güvenilir şekilde ölçmüştür. Gözden geçirilmiş SCS güvenilirlik ve geçerlilik testlerinden geçmiş ve mevcut SCS'ye göre iyi oluş halindeki varyansı daha fazla açıklamıştır. Çalışmanın en önemli kısıtları cümlelerin şekli ve katılımcı havuzundaki kadın/erkek dağılımının eşitsiz olmasıydı. Çalışmanın diğer kısıtları ve gelecek çalışmalar için öneriler tartışma kısmında açıklanmıştır.

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<sup>1</sup> PhD, Cukurova University, Department of Psychology, gazikisa(at)gmail.com, ORCID: 0000-0003-2309-2684

<sup>2</sup> Prof. Dr. Middle East Technical University, Department of Psychology, ORCID: 0000-0002-9050-2818

### **Does Self-Compassion Involve Non-Avoidance? Testing A Revised Self-Compassion Scale**

Self-compassion is conceptualized as the ability to be kind to oneself in the face of failure or flaws, acknowledging that everybody can have such imperfections, and being able to keep feelings in balance without avoiding or overindulging in them (Neff, 2003a). It has three dimensions, which are self-kindness, common humanity, and mindfulness. Self-kindness is the ability to feel affection toward oneself, without harsh criticism and therefore being open to own faults, failures, and misfortunes. Common humanity is the ability to see and accept the fragility of the human condition and realize that others can go through the same experiences as we do, instead of isolating ourselves from the rest of the world. Finally, mindfulness is keeping a balanced awareness of ones' feelings without escaping from or complaining about them (Neff, 2003b).

Although they may sound different, the three components of self-compassion actually complement each other. For example, being kind to oneself (self-kindness) allows the individual to stay calm while facing negative feelings and failures, and therefore protect the person from amplifying or avoiding them (mindfulness). Similarly, being mindful of feelings (mindfulness) helps the person better identify them and in turn realize how other people experience the same feelings, and struggles (common humanity). Seeing the same feelings and struggles in other people will promote a sense of connectedness and will also make it easier for the person to accept their own mistakes, flaws and negative feelings (Neff, 2003a). Conversely, being judgmental about ones' mistakes and flaws (versus self-kindness) will lead the person to overindulge in those negative feelings or alternatively avoid them altogether. This, in turn, might make the person feel isolated from the rest of the world. Therefore, the three components of self-compassion; self-kindness, common humanity and mindfulness, are thought to both engender and enhance each other (Barnard & Curry, 2011).

Neff (2003b) developed a five-point (from "almost never" to "almost always") Likert-type scale with 26-items to measure self-compassion. Along with the positive statements that tap into the three components of self-compassion (i.e. self-kindness, common humanity and mindfulness), there were also negative statements that tap into the opposite facets of the three dimensions; self-judgement, isolation, and over identification, respectively. Neff (2003b) proposed that a single self-compassion, as a higher order factor, score be calculated by reverse-scoring the negative statements, although six correlated factors emerged for the six subscales.

The SCS has been used in hundreds of studies so far. However, there have been many critiques of Neff's (2003b) proposition for using one total SCS score. Although some studies did find support for a single higher order factor (Castilho et al., 2015; Cleare et al., 2018; Cunha et al., 2015; Deniz et al., 2008;), some did not. Most studies found a six-factor model with no support for a single higher order factor (Akin et al., 2007; Garcia-Campayo et al., 2014; Mantzios et al., 2015; Petrocchi et al., 2014). Some proposed a two-factor model, with the positive and negative statements combined into two different factors, ("high vs. low self-compassion" or "self-compassion vs. self-criticism or self-coldness") as better fitting (Barton, 2016; Brenner et al., 2017; Coroiu et al., 2018; Costa et al., 2016; Lopez et al., 2015).

No study, including Neff's own studies (2003b, 2016a, 2017), has found any evidence for a three-factor model, as the theoretical conceptualization of self-compassion suggested. Furthermore, the opposite dimensions of the three components (e.g., self-kindness vs. self-judgement) did not correlate at all in some samples, including a Buddhist sample (Zeng et al, 2016). These findings, combined, suggest that the negative statements in the scale, that are supposed to measure the same three dimensions (self-kindness, common humanity, and mindfulness) in a reversed way, are actually measuring different things; although they are

correlated in most samples, including a sample of Western individuals who practice Buddhist meditation (Neff et al., 2017).

While problems with the factor structure and validity of the SCS have been largely discussed (e.g. Muris et al., 2016; Neff, 2016a; Neff 2016b), one major problem about its scope has been consistently ignored in the literature: The SCS does not measure avoidance as the opposite of “over-identification”, while it should. It only measures over-identification as the “non-mindful” pole and ignores avoidance behaviors.

In theory, it is consistently stated that, among other things, self-compassion prevents the person avoid their negative feelings and problems, and instead helps them keep a balanced perspective; without overindulging in them either (see Neff, 2003a; Neff, 2003b; Neff et al., 2005). According to Neff, self-compassion involves “not avoiding or disconnecting from one’s or others’ pain” (Neff, 2003a, p. 87), “not running away with or from one’s feelings” (Neff, 2003b, p.237), “not avoid talking about painful feelings” (Neff et al., 2007a, p.143), “ability to face rather than avoid painful thoughts and feelings” (Neff et al., 2007b, p.909). The mindfulness dimension of self-compassion enables the person to face their feelings and thoughts, without avoiding or running away with them as well as without over-dramatizing them (Neff et al., 2005). However, only the over-dramatizing behavior is measured with the “over-identification” subscale, which consists of the negative opposite statements of the “mindfulness” subscale (Neff, 2003b; e.g. “When something upsets me, I get carried away with my feelings”). SCS does not have items that measure whether the person tends to avoid and run away from their feelings and thoughts.

Logically, the person can exhibit three different behaviors toward their painful thoughts and feelings: They can either suppress or avoid them (e.g., by drinking alcohol and trying to forget problems), they can over-identify with them by complaining and self-pitying, or they can face them calmly with an open mind. If the person does not have a balanced mindful awareness toward their feelings and thoughts, they are either suppressing and avoiding or exaggerating and over-identifying with them. Therefore, it is reasonable to conclude that, mindfulness should be considered as the middle point of the two extremes. If there is avoidance at one end, and over-identification at the opposite end, there should be mindfulness in the middle (see Table 1).

Table 1

*The proposed model for the mindfulness dimension of self-compassion*

| Avoidance                                                                           | Mindfulness                                                                         | Over-identification                                                                   |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
|  |  |  |
| The person ignores or escapes from their negative feelings                          | The person faces their negative feelings with a balanced view                       | The person over-indulges in their negative feelings by complaining and self-pitying   |

Just like over-identification, avoidance should also be considered an incompatible behavior with mindfulness. Indeed, it was found that thought suppression and experiential avoidance are strongly negatively correlated with mindfulness (Baer et al., 2006).

Having a low score in over-identification does not, by itself, necessarily mean that the person is mindful. The person may not be exaggerating their feelings, but they may be avoiding them altogether. If the person is suppressing or avoiding their feelings or thoughts, which is the opposite of over-identification, they are still not being mindful. Therefore, avoidance should be considered as the third facet of the mindfulness

dimension in self-compassion. Accordingly, items measuring avoidance, as well as over-identification, should be included in the SCS. This should at least solve the problem of not having a consistent negative correlation between the mindfulness and over-identification subscales in the SCS.

## Present Study

This work is an attempt to generate statements compatible with other mindfulness statements in the SCS, that can measure avoidance behavior. This way a more comprehensive self-compassion scale can be created, which can measure the full spectrum of mindful and non-mindful behaviors of a person when they are faced with a problem. It is hoped new studies that use this new self-compassion scale can have more consistent results across diverse populations.

Three studies were conducted to create a revised SCS that also measures avoidance and to explore the relationship between self-compassion and well-being. The main aim is to generate new items, reduce their number by factor analysis to determine the best ones for the purpose and then to test those against subscales of SCS. Factor analysis helps remove non-useful items and test how the useful ones actually fit.

## Pilot Study

In this study a focus group was formed from three graduate students. The aim of the focus group was to explore the possibility of creating additional items that capture avoidance behavior to be added to the currently used SCS.

## Procedure

Three graduate students studying social and clinical psychology in Middle East Technical University (METU) were invited to join a focus group. The focus group was asked to think of new statements that measure avoiding and suppressing thoughts. Each suggested statement was discussed for its face validity within the focus group, and two of the 20 items generated were removed because they lacked face validity. A pool of 18 statements were sent to six people, consisting of both graduate students in different departments and people with different jobs, to be evaluated for clarity of both grammar and meaning. Very minor changes were made to the statements to make them clear, based on the feedback from those people. Since there are about three to four statements for each subscale in the SCS, at most five statements that form a single avoidance factor were aimed to be retained after the factor analysis in the next study. This study was approved by the Middle East Technical University Human Research Ethics Committee on January 21, 2020 (Protocol No: 487-ODTÜ-2019). All participants provided written informed consent prior to their participation in the study.

## Study 1

This study examined the correlation between the generated items, subscales of the SCS, and the White Bear Suppression Inventory (WBSI, Wegner & Zanakos, 1994). WBSI is a valid and reliable scale that measures suppression and avoidance of thoughts. The fact that this inventory was used by Neff et al., (2007a) to test the relationship between self-compassion and thought suppression, which was found to have a negative correlation of  $-.55$ , also makes it a good candidate for this study. Those items that do not significantly predict the WBSI score were going to be discarded as a first step to reduce the number of items. After factor analysis,

the retained items were expected to correlate negatively with mindfulness and over-identification subscales of the SCS.

In this study, avoidance items from the pilot study, the WBSI, and the SCS were sent to participants in an online survey. After factor analysis, the mean of the retained items was calculated as the avoidance score. Avoidance score was expected to correlate negatively with both mindfulness and over-identification subscales (H1) of the SCS. The correlation between avoidance items and over-identification subscale was expected to be higher than that between avoidance items and mindfulness subscale (H2). That is because, over-indulging in thoughts and feelings should be just the opposite of avoiding them, with mindfulness of those thoughts being in the middle.

## Method

The online survey was sent to a Turkish student sample from different departments in the METU, in return for course credits. Both the order of the scales and the order of statements inside the scales were randomized in the survey. Ten participants per item in a scale is considered acceptable as a minimum sample size for factor analysis (Hair et al., 2014). Since there are 18 items generated in the pilot study, the target sample size of this study was 180 participants. 251 participants (152 females, 99 males) with an average age of  $M = 21.58$  ( $SD = 2.77$ ) completed the study.

## Materials

**White Bear Suppression Inventory (WBSI):** WBSI is a 15-item Likert-type questionnaire and was developed by Wegner & Zanakos (1994) to measure chronic thought suppression (e.g., “I have thoughts that I cannot stop”). Statements are scored from 1 (strongly disagree) to 5 (strongly agree). Scores are summed up to create a total WBSI score, and the higher this total score is, the greater the tendency to suppress thought. The scale was translated to Turkish by Altın & Gençöz (2009). Like the original, the items on the Turkish version also formed a single factor and the scale had good validity and reliability (Cronbach’s  $\alpha = .90$ ) results.

In this study, one item in WBSI that did not have correlations higher than  $>.4$  with any other item (“I prefer not to think about some things.”) was discarded from further analysis. Two items (“I always try to put problems out of my mind” and “Sometimes I wonder why I have the thoughts I do”.) that decreased the reliability of the scale were also removed from the analysis. The total WBSI score was calculated using the remaining 12 items. The Cronbach’s  $\alpha$  of WBSI in this study was .90.

**Self-Compassion Scale (SCS):** Developed by Neff (2003b) SCS is a 26-items, five-points (from “almost never” to “almost always”) Likert-type scale. The scale was translated to Turkish by Deniz et al., (2008) and two of the 26 items were omitted because they had low component loadings. The remaining items had good internal ( $\alpha = .89$ ) and test-retest ( $r = .83$ ) reliability and validity results.

In this study, one item from the SCS (“I can be a bit cold to myself when I’m suffering”) which did not have correlations higher than  $>.4$  with any other item and which decreased the reliability of the scale was discarded. The reason this item had so low correlations with the scale was probably because the Turkish translation of the statement can be understood both ways (positive and negative) depending on the person. Another item which did not add significantly to the reliability and variance of the scale (“When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.”) was

also discarded from the scale. Again, in this statement the Turkish translation of “inadequate” was probably not strong enough to create a difference in the variance of the scale. The mean SCS score was calculated from the remaining 22 items. In this study the Cronbach’s  $\alpha$  of the overall SCS was .93, and the Cronbach’s  $\alpha$  of its subscales ranged from .81 to .90 (see Table 3).

**Avoidance items:** Eighteen items generated in the focus group from the pilot study were used in this online survey. These statements are intended to capture avoidance behavior (e.g., “I try to run away from my negative feelings.”). The same five-points (from “almost never” to “almost always”) Likert-type scale, as in the SCS, was used for these statements.

## Results

Items in the negative subscales of SCS were reverse coded so that higher scores in SCS and all of its subscales indicated higher self-compassion levels. Positive statements among the avoidance items were also reverse coded, so that higher scores indicated higher levels of avoidance. There were no reverse items in WBSI, where higher scores reflected higher avoidance levels.

The main purpose of this study was to generate three to five items that form a single factor which measures avoidance as opposed to over-identification, with mindfulness as the desired moderate state for self-compassion. WBSI scale was used as the criterion variable for the new items. Therefore, as a first step to reduce the number of avoidance items a regression analysis between WBSI scores and individual avoidance items was conducted. Ten items that did not significantly predict WBSI scores were discarded.

For the remaining eight items, multiple reliability analyses were conducted. Each time, one item that decreased the reliability the most was removed from the analysis. This procedure was repeated until no removal of any item would contribute to the reliability score. Four items with a Cronbach’s alpha score of .71 were retained as a result of this procedure (see Appendix A).

**Factor Structure of Avoidance Items:** An initial exploratory factor analysis (EFA) with direct oblimin rotation using SPSS version 26 was conducted for the remaining 4 items.

The total KMO measure was 0.73, and the KMO measure of the individual items ranged from .69 to .77, which show that sampling was adequate for factor analysis. In addition, Bartlett’s test of sphericity was statistically significant, which also shows that the data is suitable for factor analysis.

One component, which explained %54 of the variance in the data, had an eigenvalue higher than 1, and the scree plot began leveling out with the second component (Figure 1). Therefore, it was decided to retain only the first factor.

**The Final Solution:** A Confirmatory Factor Analysis (CFA) using EQS was conducted to test if a one factor model fits the data of those 4 items. The normalized estimate of Mardia’s coefficient was below 5 (Mardia’s  $Z=1.4$ ), which indicate that the data was normally distributed. Therefore, normal statistics are reported here. All residuals (100 %) fell between -0.1 and 0.1. The model fit the data fairly well;  $\chi^2(2) = 4.25$ ,  $p = .12$ ,  $NFI = .98$ ,  $CFI = .99$ ,  $RMSEA = .07$ , 90 % CI (0.000, 0.16). Factor loadings of avoidance items are given in Appendix A.

**Correlations:** Like subscales of SCS, mean of the four avoidance items was taken as the final avoidance score. Correlations between subscales of SCS, avoidance score and WBSI scores, along with their Cronbach’s alpha scores are given in Table 2.

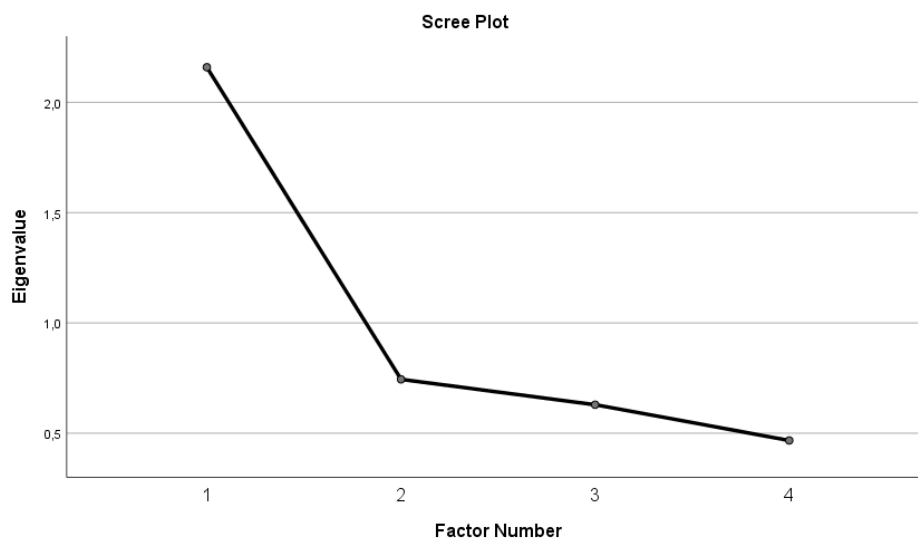


Figure 1. Scree Plot of PCA on 10 Items

Table 2

*Correlations between avoidance score and other subscales of SCS*

| Subscale | 1 | 2     | 3      | 4     | 5      | 6     | 7      | 8      | Cronbach's $\alpha$ |
|----------|---|-------|--------|-------|--------|-------|--------|--------|---------------------|
| 1. AV    | - | -.013 | -.239* | -.115 | -.262* | -.099 | -.218* | .357*  | .71                 |
| 2. M     |   | -     | .484*  | .533* | .376*  | .585* | .433*  | -.305* | .83                 |
| 3. OI    |   |       | -      | .468* | .596*  | .422* | .605*  | -.506* | .84                 |
| 4. SK    |   |       |        | -     | .693*  | .609* | .516*  | -.356* | .90                 |
| 5. SJ    |   |       |        |       | -      | .427* | .566*  | -.390* | .85                 |
| 6. CH    |   |       |        |       |        | -     | .444*  | -.216* | .82                 |
| 7. I     |   |       |        |       |        |       | -      | -.496* | .81                 |
| 8. WBSI  |   |       |        |       |        |       |        | -      | .90                 |

\*=  $p < .01$ , AV: Avoidance, M: Mindfulness, OI: Over-identification, SK: Self-kindness, SJ: Self-judgement, CH: Common humanity, I: Isolation

**Testing Hypotheses:** The first hypothesis stated that there would be negative correlations between the avoidance score and both over-identification and mindfulness subscales of SCS. This hypothesis was partially supported. There was a significant negative correlation between avoidance and over-identification scores ( $r = -.24$ ,  $p < .01$ ), but no significant (although still negative) correlation between avoidance and mindfulness scores ( $r = -.013$ ,  $p = .84$ ). This may suggest that items could use some more refinement.

The third hypothesis proposed that the correlation between avoidance scores and over-identification (-.24) would be higher than the correlation between avoidance scores and mindfulness subscales (-.013). This hypothesis was also supported. To test if the difference was significant, a web-based calculator called the cocor test was used for comparing correlations (Diedenhofen & Musch, 2015). The test revealed that, the two correlations were significantly different for this sample size, thus an absolute value of a negative correlation of -.24 was significantly higher than an absolute value of a correlation of -.013 (Olkin's  $z = -3.60$ ,  $p < .001$ ). This confirms the idea that the construct of avoidance is further away from over-identification than it is from mindfulness.

## Study 2

In the second study, a single avoidance factor with four items (as developed in the previous study) and the SCS were combined into a single survey and the psychometric properties of this revised SCS (SCS-R) were investigated.

This study was similar to Neff (2003b)'s study. The content validity was tested by asking participants a single question about how kind they were toward themselves and others. Those with high self-compassion would be kinder toward both themselves and others, rather than being kind either to themselves or to others (H1). Convergent validity was measured with scales measuring constructs related to the subscales of self-compassion. A self-esteem scale would be positively correlated with self-compassion because self-compassionate people are kinder to themselves (H2). In addition, a mindfulness scale would be positively correlated with self-compassion because those with high self-compassion would be highly aware of their feelings and thoughts (H3). Those correlations would not be too high ( $>.80$ ) to indicate that these scales are measuring the same constructs, which would also support the discriminant validity of SCS-R (H4).

To test the predictive validity of the new scale, measures of anxiety, depression and life satisfaction were also given to students, as in Neff's (2003b) study. Since mental well-being is one of the most studied concepts as a benefit of self-compassion, this study was a good test for the usefulness of the revised scale. It was hypothesized that higher self-compassion, as measured both with the original scale (H5) and with the new revised scale (H6), would be positively correlated with well-being. The SCS-R score would explain more variance in well-being than the SCS score (H7).

## Method

The survey was sent online to undergraduate students in METU. The two items that were removed from SCS in the previous study were not included in this survey. Adding the four avoidance items generated in the previous study, SCS-R had a total of 26 items. Therefore, the target sample size was 260 participants. The survey was completed by 304 participants (214 females) with a mean age of  $M = 21.47$  ( $SD = 3.51$ ).

## Materials

**SCS - Revised (SCS-R):** The retained avoidance items from the first study were combined with SCS (Neff, 2003b) to create a more comprehensive SCS-R. The two items that were dropped from SCS in the previous study were not used here (see Appendix A). When computing the mean SCS-R score, like other

subscales of SCS, the negative statements among avoidance items are also reverse coded, so that higher scores reflect more self-compassion.

**Kindness toward self and other:** Neff (2003b) used a single sentence to ask participants whether they are tender to themselves or to others. A Turkish version of this statement was used in this study. Responses ranged from -2 (“I’m a lot kinder to others than myself”) to 2 (“I’m a lot kinder to myself than others”) with a middle point of 0 (“I’m kind to myself and others the same amount”).

**The Rosenberg Self-Esteem Scale (RSE):** The Rosenberg Self-Esteem Scale (Rosenberg, 1965) was used to assess self-esteem of participants. The scale was adapted to Turkish by Çuhadaroglu (1986) and has 10 items which are scored on a 4-point Likert-type scale from (1) “strongly agree” to (4) “strongly disagree” (e.g., “On the whole, I’m satisfied with myself”).

**The Mindful Attention Awareness Scale (MAAS):** Trait mindfulness of participants was measured by the MAAS (Brown & Ryan, 2003). MAAS was adapted into Turkish by Akça (2014) and had a Cronbach alpha of .84. Participants answered statements (e.g., “I find it difficult to stay focused on what’s happening in the present.”) on a 6-point Likert-type scale from 1 (“almost always”) to 6 (“almost never”). There are no reverse items in this scale where higher scores reflect a lower mindfulness.

**The Satisfaction with Life Scale (SWLS):** SWLS (Diener et al., 1985) was used to measure participants’ overall life satisfaction. It has five items (e.g., “If I could live my life over, I would change almost nothing.”) answered on a 7-point Likert-type scale. It was adopted to Turkish by Durak et al., (2010) and had a Cronbach alpha of .89. The Cronbach’s  $\alpha$  of SWLS in this study was .87. There are no negative items in this scale and higher scores refer to higher life satisfaction.

**Brief Symptom Inventory (BSI):** BSI asks participants how severely they experience some common symptoms in a 5-points Likert-type scale (Derogatis, 1992). Anxiety (e.g., “feeling nervous”) and depression (e.g., “lack of appetite”) subscales of BSI were used to test how self-compassion correlates with anxiety and depression. The inventory was previously adapted to Turkish, and the depression and anxiety subscales had Cronbach alphas of .80 and .84, respectively (Şahin & Durak, 1994). In this study the Cronbach’s alpha was .88 for both depression and anxiety. Higher scores in these subscales reflect more depression and more anxiety, respectively.

## Results

The Cronbach’s  $\alpha$  of SCS items without the avoidance subscale was .94, while Cronbach  $\alpha$  of SCS-R was .92. A mean SCS score and a mean SCS-R score that includes avoidance items were calculated separately. SCS-R had a higher mean with a smaller standard deviation. Mean SCS score was  $M=2.78$  ( $SD=.75$ ), while mean SCS-R score was  $M=2.82$  ( $SD=.66$ ). Cronbach’s  $\alpha$  values of all subscales ranged from .76 (avoidance) to .92 (self-kindness). Avoidance subscale had a significant correlation with only the isolation subscale ( $r=.12$ ,  $p<.01$ ). Other subscales did not have significant correlations with avoidance.

The z score for skewness of SCS was 2.01, z score for kurtosis of SCS was .73, and the Shapiro-Wilk’s test was not significant ( $p=.06$ ), which all support the idea that the data for SCS is normally distributed. The same analyses were done for SCS-R and its skewness had a z score of 1.85, its kurtosis had a z score of -.27, and the Shapiro-Wilk’s test had a p value of .10. These findings statistically show that both scales were normally distributed.

**Factor analysis:** An exploratory factor analysis (EFA) with direct oblimin rotation using SPSS version 26 was conducted for the SCS-R. The KMO measure was 0.91 and Bartlett's Test of Sphericity was statistically significant ( $p < .001$ ) which show that sampling was adequate and data was suitable for factor analysis.

Five components which explain 60,2% of the variance had eigenvalues higher than 1. Pattern matrix showed that self-kindness and self-judgement subscales formed a single factor, congruent with the theory. Over-identification, isolation and avoidance subscales formed separate factors, while common humanity and mindfulness subscales formed a single factor together (See Table 3).

A confirmatory factor analysis was conducted using EQS 6.1, to confirm if this five-factor model fits the data. Results showed that this five-factor model did not fit the data well ( $X^2(296) = 1214,95$ ,  $p < .001$ ,  $NFI = .73$ ,  $CFI = .78$ ,  $RMSEA = .10$ , 90 % CI (0.09, 0.11)).

Table 3

*Factor loadings of items in SCS-R*

*Pattern Matrix<sup>a</sup>*

|      | Factor |     |     |     |     |
|------|--------|-----|-----|-----|-----|
|      | 1      | 2   | 3   | 4   | 5   |
| CH_1 |        |     |     | .54 |     |
| CH_2 |        |     |     | .47 |     |
| CH_3 |        |     |     | .46 |     |
| SK_1 | .82    |     |     |     |     |
| SK_2 | .89    |     |     |     |     |
| SK_3 | .83    |     |     |     |     |
| SK_4 | .70    |     |     |     |     |
| SK_5 | .73    |     |     |     |     |
| M_1  |        |     |     | .64 |     |
| M_2  |        |     |     | .70 |     |
| M_3  |        |     |     | .54 |     |
| OI_1 |        | .55 |     |     |     |
| OI_2 |        | .31 |     |     |     |
| OI_3 |        | .85 |     |     |     |
| OI_4 |        | .79 |     |     |     |
| I_1  |        |     |     |     | .39 |
| I_2  |        |     |     |     | .58 |
| I_3  |        |     |     |     | .67 |
| I_4  |        |     |     |     | .82 |
| SJ_1 | .69    |     |     |     |     |
| SJ_2 | .65    |     |     |     |     |
| SJ_3 | .63    |     |     |     |     |
| AV_1 |        |     | .79 |     |     |
| AV_2 |        |     | .63 |     |     |
| AV_3 |        |     | .70 |     |     |
| AV_4 |        |     | .62 |     |     |

Extraction Method: Maximum Likelihood.

Rotation Method: Oblimin with Kaiser Normalization.

**Note.** Full sentences are given in Appendix A.

A mean SCS-R score was calculated by taking the mean of all subscale means. Correlation between SCS-R and other scales are given in Table 4.

Table 4  
*Summary of correlations between SCS-R and other measures*

| Measure                 | SCS-R |
|-------------------------|-------|
| Self-esteem             | .73*  |
| MAAS                    | -.47* |
| SWLS                    | .42*  |
| Brief Symptom Inventory |       |
| Depression              | -.54* |
| Anxiety                 | -.57* |
| Well-being              | .63*  |

\* $p < .01$

In order to compare the performance of the two scales a similar process to Neff (2003b)'s was followed.

**Kindness toward self and other:** The content validity of SCS-R was measured by asking a single question about how kind people are to themselves and others. Responses ranged from -2 ("I'm a lot kinder to others than myself") to 2 ("I'm a lot kinder to myself than others") with a middle point of 0 ("I'm kind to myself and others the same amount"). People with high self-compassion were expected to be kind both to themselves and others equally. Therefore, the higher the self-compassion the closer the score should be to 0 in the kindness question. Since a linear correlation analysis cannot be conducted here, participants were grouped according to their SCS-R score into four quartiles. The mean kindness score of those in the highest quartile (people with the highest self-compassion score) was -.027. The mean score of the next quartile was -.56, the next was -.87, and the mean score of the bottom quartile was -1.14. A one-way ANOVA showed that there was a significant difference between groups of quartiles in terms of their kindness score ( $F(3, 302) = 13.95, p < .001$ ). Therefore, the first hypothesis that states that people with higher self-compassion are kinder both to themselves and others, rather than either to themselves or others, was supported.

**Self-esteem:** Those with higher self-compassion were expected to have higher self-esteem. Indeed, there was a strong positive correlation between SCS-R and self-esteem scores ( $r = .73, p < .001$ ). The correlation between SCS and self-esteem scores was .72 ( $p < .001$ ). A hierarchical multiple regression analysis showed that avoidance items significantly added to the prediction of self-esteem after holding SCS scores constant ( $\beta = .12, p = .003$ ). Therefore, as expected, SCS-R had better performance than SCS in predicting self-esteem.

**Mindfulness:** MAAS was used as another criterion for the construct validity of SCS-R. Since MAAS consists of negative statements that measure the absence of mindfulness, it was expected to negatively correlate with SCS-R. Indeed, as expected, there was a strong and significant negative correlation between SCS-R and MAAS ( $r = -.47, p < .001$ ). The correlation between SCS and MAAS scores was  $r = -.45, (p < .001)$ . A hierarchical multiple regression analysis revealed that avoidance items significantly added to the prediction of MAAS scores after SCS scores are held constant ( $\beta = .16, p = .002$ ).

**Well-being:** SWLS and two subscales in BSI (depression and anxiety) were used as criteria for well-being. Self-compassionate people were expected to have higher scores in life satisfaction and lower scores in depression and anxiety.

A total score of satisfaction with life was calculated by summing up all scores in SWLS. SCS-R ( $r=.422$ ,  $p<.001$ ) and SCS ( $r=.415$ ,  $p<.001$ ) had similar correlations with SWLS.

SCS-R scores also had strong correlations with depression and anxiety subscales of BSI. The correlation between SCS-R and depression was  $r=-.54$  ( $p<.001$ ), while the correlation between SCS and depression was  $r=-.53$  ( $p<.001$ ). With anxiety, the correlation of SCS-R was  $r=-.57$  ( $p<.001$ ), while the correlation of SCS was  $r=-.56$  ( $p<.001$ ). Hierarchical multiple regression analyses showed that, after holding SCS scores constant, the addition of avoidance items increased the prediction of depression scores significantly ( $\beta =-.13$ ,  $p=.008$ ), while the increase in the prediction of anxiety scores was close to significant ( $\beta =-.083$ ,  $p=.081$ ).

In all three criteria for predicting well-being, SCS-R had equal to or better performance than SCS. After reversing anxiety and depression scores; life satisfaction, depression and anxiety scores were summed up to create a single well-being score. The correlation between SCS-R and this well-being score was  $r=.63$  ( $p<.001$ ), while the correlation between SCS and well-being was  $r=.62$  ( $p<.001$ ). The addition of avoidance scores contributed significantly to the prediction of well-being scores ( $\beta =.118$ ,  $p=.009$ ), while SCS scores are constant.

In most criteria of construct validity for self-compassion, the revised self-compassion scale (SCS-R) had better performance than the original SCS; while in others their performance was equal. The contribution of avoidance subscale in predicting all measures are summarized in Table 5. Avoidance subscale had a significant added to contribution in predicting self-esteem, MAAS, depression and well-being scores.

Table 5

*R Change statistics after adding avoidance items to SCS in predicting other measures*

*R Square*

| <i>Measure</i>          | <i>SCS</i> | <i>Avoidance</i> | <i>Change</i> | <i>F</i> | <i>p</i>    |
|-------------------------|------------|------------------|---------------|----------|-------------|
| Self-esteem             | .511       | .525             | .015          | 9.235    | <b>.003</b> |
| MAAS                    | .202       | .227             | .026          | 9.904    | <b>.002</b> |
| SWLS                    | .172       | .178             | .006          | 2.145    | .144        |
| Brief Symptom Inventory |            |                  |               |          |             |
| Depression              | .280       | .297             | .017          | 7.093    | <b>.008</b> |
| Anxiety                 | .312       | .319             | .007          | 3.056    | .081        |
| Well-being              | .388       | .402             | .014          | 6.888    | <b>.009</b> |

## Discussion

Self-compassion is formulated as a trait related to how people treat themselves especially in difficult times. It was suggested to have three dimensions, namely common humanity, self-kindness and mindfulness.

Self-compassionate people are kind and considerate toward themselves in the face of faults and flaws (self-kindness), understand that these faults and flaws are a part of being human and everybody can go through them (common humanity), and face their flaws and negative feelings calmly without overindulging in or escaping from them (mindfulness).

The self-compassion scale consists of positive and negative statements for each dimension of self-compassion, which makes up a total of six subscales. In some studies, one parent factor (self-compassion) did emerge from the scale, as intended. However, some other studies found a two-factor model with negative and positive statements forming different factors. Some other studies found six factors with every subscale forming a different factor. None of the studies have found a three-factor model as originally proposed in theory.

This work intended to overcome a possible short-coming of the self-compassion scale, which might improve its integrity. Specifically, it was proposed that the mindfulness dimension of self-compassion is not fully measured in the Self-Compassion Scale, which might be one of the problems that lead to its inconsistency.

In theory, a self-compassionate person is calm and open-minded when facing their negative feelings and flaws. They do not over-identify with their negative feelings nor do they ignore or avoid them. The positive and negative statements in the SCS that are supposed to tap into the mindfulness dimension of self-compassion only measure the presence of mindfulness (positive statements) and over-identification with negative feelings (opposite statements). There are no statements that measure if the person is denying or avoiding their negative feelings. However, not over-identifying with negative feelings does not necessarily mean that the person is being mindful. It might mean the person is ignoring, escaping from or avoiding those feelings, which still shows an absence of mindfulness. There should be statements in SCS that tap into this avoidance behavior as well as over-identification in order to fully understand whether the person is mindful or not.

In this study, 18 items that are intended to measure avoidance of negative feelings were generated in a focus group and then sent to an online participant pool together with SCS and the WBSI. Four items stood the tests of reliability and factor analyses and a single avoidance factor emerged from these four items. The mean score of these four items was taken as the avoidance score. As expected, avoidance scores negatively correlated with over-identification scores; however, they did not correlate with mindfulness scores.

Avoidance behavior was theorized to be the opposite of over-identification, while mindfulness being in the middle of the spectrum. Therefore, the correlation between avoidance scores and over-identification scores was expected to be higher than the correlation between avoidance and mindfulness scores. Indeed, this hypothesis was also supported. However, the fact that avoidance and mindfulness scores did not have a significant negative correlation points to a problem either in theory or in measurement. Those who try to suppress or ignore their feelings are probably doing so because they do not want to or not ready to face their negative feelings. Therefore, a problem with measurement is more likely.

In the second study, the avoidance items were added to SCS to create a revised SCS-R and the reliability and validity tests of this new scale were performed with various analyses. The performance of SCS-R in these reliability and validity tests was compared to that of SCS step by step.

Although, the reliability score of SCS was slightly higher, SCS-R also had a very high Cronbach  $\alpha$ . With a five-point Likert-type scale, SCS-R had a mean closer to the middle point of 3, and a narrower standard deviation than SCS. Although skewness and kurtosis tests revealed that both scales are normally distributed, the results were weaker for SCS; which had a  $p$  value for Shapiro-Wilk's test that is close to significant ( $p=.06$ ).

These initial findings support the idea that SCS-R captures a fuller range of the construct of self-compassion than SCS.

Content validity of SCS-R was tested with various scales. In one question asking participants how kind they are toward themselves or others, there was a significant difference between four quartiles of SCS-R. Those with higher SCS-R score were more likely to be kind both to themselves and others equally.

SCS-R predicted self-esteem and mindfulness better than SCS, and the addition of avoidance items to SCS significantly contributed to the variance explained in both constructs. These findings support the idea that SCS-R is superior to SCS in terms of measuring highly related constructs to self-compassion.

Perhaps, the most important test of the self-compassion scale was how effectively it can predict well-being, which has been widely associated with self-compassion in the literature. In this regard, SCS-R did significantly better than SCS. Three scales that measure satisfaction with life, depression and anxiety were used as indicators for well-being. SCS-R and SCS showed equal performance in predicting satisfaction with life scores. However, SCS-R was superior in predicting depression scores, and the addition of avoidance items significantly increased the variance explained by SCS. The addition of avoidance items also highly improved the prediction of anxiety scores, although this effect was short of being significant. These three scales were combined to create a single well-being score. SCS-R, again, showed significantly better performance at predicting well-being than SCS.

Overall, findings in the second study support the idea that SCS-R can be a better scale in measuring self-compassion than SCS.

### Limitations and Future Suggestions

The two studies here accumulated strong support for the idea that SCS needs a subscale to measure avoidance behavior. However, although the avoidance items used for this study showed some success in measuring the related constructs, this success was not consistent. In addition, although the six subscales of the original SCS significantly correlated with each other across the two studies, only the isolation subscale significantly correlated with the avoidance subscale in SCS-R consistently in both studies. Avoidance subscale did significantly correlate with over-identification subscale in one of the studies, but it did not correlate with mindfulness in any of the studies. One reason for this might be that some individuals might use avoidance deliberately as a strategic regulatory style, while also being mindful of their actions. Another reason might be that the statements that were intended to measure avoidance behavior were not optimal.

Most statements in the Self-Compassion Scale are constructed as compound sentences which include at least one verbal (“When this happens, I do this”). However, most of the avoidance items were not constructed like this. For example, one sentence states “I try to keep myself busy in order not to think about things that bother me”. Just a little tweak in this statement could have made it more compatible with other sentences in the Self-Compassion Scale. For example, the sentence could have been changed to “When some things bother me, I try to keep myself busy in order not to think about them.” The meaning of the statement may not seem different, but the construction of the sentence might influence participants’ reactions to be more compatible to their reactions to the original statements in SCS. Future studies that intend to add new items to the SCS should consider this possibility. Use of an expert panel for wording statement in future studies could yield more refined items.

Another weakness of this work is that in both studies the ratio of females to males was very high (almost 2.5 to 1, on average). The reason for this is that the participant pool in the METU consisted of classes that mostly contained females. Across the studies, in many constructs (avoidance, SCS, SCS-R, well-being, mindfulness, over-identification, MAAS) there was a significant difference between females and males. In these constructs sometimes females scored significantly higher, sometimes males. This flaw might have highly confounded the results. Had the numbers in gender groups been even, the results could have been more conclusive.

Future research should try to validate the revised scale in different cultures. This would help to determine if the new items are cross-culturally applicable or otherwise need further refinement. The scale can also be used in clinical screening to tap into avoidance behavior of patients, while measuring their self-compassion levels.

### Conclusion

This work intended to explain the logic behind and gather empirical evidence for a need to improve the Self-Compassion Scale. Particularly, the need to include items that measure avoidance behavior in the scale was pointed out and strong evidence for that was accumulated. However, there were some limitations in this work that need to be addressed in future research. The items that were created in this work were not optimal and gender groups were not represented equally in the participant pool. Despite the limitations, this work might be a valuable addition to the literature, because it points in the right direction about improving a scale that has been widely used in social and clinical research.

### Ethics Committee Approval

This study was approved by the Middle East Technical University Human Research Ethics Committee (Date: January 21, 2020; Protocol No: 487-ODTÜ-2019). Informed consent was obtained from all individual participants included in the study.

### Informed Consent Statement

Informed consent was obtained from all participants prior to their inclusion in the study. Participation was voluntary, and participants received course credits in exchange for their participation.

### Author Contribution Statement

Gazi Kısa: Conceptualization, methodology, data collection, formal analysis, writing – original draft. Bengi Öner-Özkan: Supervision, writing – review & editing.

### Conflict of Interest Statement

The authors declare no conflict of interest.

### Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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## Appendices

### A. Revised Self-Compassion Scale (Scs-R)

| 1             | 2 | 3 | 4 | 5                   |
|---------------|---|---|---|---------------------|
| Neredeyse hiç |   |   |   | Neredeyse her zaman |

1. Kendimi kötü hissettiğimde, kötü olan her şeye takılma eğilimim vardır (OI\_1).
  2. İşler benim için kötü gittiğinde zorlukların yaşamın bir parçası olduğunu ve herkesin bu zorlukları yaşadığını görebilirim (CH\_1).
  3. Yetersizliklerimi düşünmek kendimi daha yalnız ve dünyadan kopuk hissetmeme neden olur (I\_1).
  4. Duygusal olarak acı yaşadığım durumlarda kendime sevgiyle yaklaşmaya çalışırım (SK\_1).
  5. Benim için önemli bir şeyde başarısız olduğumda, yetersizlik hisleriyle tükenirim (OI\_2).
  6. Kötü hissettiğimde, dünyada benim gibi kötü hisseden pek çok kişi olduğunu kendi kendime hatırlatırım (CH\_2).
  7. Zor zamanlar geçirdiğimde kendime daha katı (acımasız) olma eğilimindeyim (SJ\_1).
  8. Herhangi bir şey beni üzdüğünde hislerimi dengede tutmaya çalışırım (M\_1).
  9. Kişiliğimin sevmediğim yanlarına karşı hoşgörüsüz ve sabırsızım (SJ\_2).
  10. Çok sıkıntılıysam, kendime ihtiyacım olan ilgi ve şefkati gösteririm (SK\_2).
  11. Kendimi kötü hissettiğimde diğer insanların çoğunun benden mutlu olduğunu düşünme eğilimindeyim (I\_2).
  12. Acı veren bir şey olduğunda, durumu dengeli bir bakış açısıyla görmeye çalışırım (M\_2).
  13. Başarısızlıklarımı insan olmanın bir parçası olarak görmeye çalışırım (CH\_3).
  14. Sevmediğim yanlarımı gördüğümde kendi kendimi üzerim (SJ\_3).
  15. Benim için önemli bir şeyde başarısız olduğumda, işleri belli bir bakış açısı içerisinde tutmaya çalışırım (M\_3).
  16. Ben mücadele halindeyken diğer herkesin işlerinin benimkinden kolay gittiğini hissetme eğilimim vardır (I\_3).
  17. Acı çektiğim zamanlarda, kendime karşı iyiyimdir (SK\_3).
  18. Bir şey beni üzdüğünde, duygusal olarak bunu abartırım (OI\_3).
  19. Kendi kusur ve yetersizliklerime karşı hoşgörülüyümdür (SK\_4).
  20. Acı veren bir şey olduğunda, olayı büyütme eğilimim vardır (OI\_4).
  21. Benim için önemli bir şeyde başarısız olduğumda, başarısızlığın yalnız benim başıma geldiği duygusunu hissetme eğiliminde olurum (I\_4).
  22. Kişiliğimin sevmediğim yönlerine karşı anlayışlı ve sabırlı olmaya çalışırım (SK\_5).
- Not: The statements below are added in study 1 to measure avoidance. Factor loadings in Study 1 are given in parentheses.
23. Kendi ıstıraplarımla bağlantıyı kesmeye çalışırım (AV\_2, .664).
  24. Acı veren duygu ve düşüncelerimden kaçmak yerine onlarla yüzleşirim (AV\_4, .492, reverse-coded).
  25. Herhangi bir sıkıntımda düşünmemeye çalışırım (AV\_1, .753).
  26. Beni rahatsız eden şeyleri düşünmemek için kendimi meşgul tutmaya çalışırım (AV\_3, .574).