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Validation of an Arabic Version of the Self-Compassion Scale (SCS) in an Egyptian Sample

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Abstract

Interest in self-compassion has risen exponentially in the past few decades as it has proven to be a transdiagnostic change process underlying alleviation of distress and improvement of well-being with widespread implications for therapeutic interventions and prevention efforts. There has been some debate around how self-compassion should be modelled and how the scale should be validated. No Arabic version has followed the updated recommended validation method yet. Therefore, that's what the current study aims to do. The Self-Compassion Scale (SCS) was translated and tested for validity using a sample of 201 participants 29.1% males and 70.9% females between the ages of 14 and 68 (M=30.79, SD=11.71). Internal consistency reliability for the full scale was excellent (α= .92) and acceptable to good for the subscales (α=.69-.83). Concurrent validity between the Arabic and English scales tested using a bilingual subset of the sample (N=35) was strong for the total score (r=.949, p<.001) and the subscales (r=.72-.90, p<.001) and at least moderate for individual items (r=.39-.81, p<.001). In line with the updated research, two models were tested for this sample: the bifactor exploratory structure equation modelling (ESEM) with one general factor representing total self-compassion and six subfactors representing its six components, and a six-factor correlated ESEM. Model fit was good for the ESEM, and it was also good for the six-

factor correlated ESEM after removal of an item that caused a Heywood case. Results indicate that the Arabic version of the Self-Compassion Scale is valid for use in the Egyptian population.

Introduction

There is always a need for well-validated tools to assess different constructs related to mental health and what affects it. In the last few decades, interest in the self-compassion construct has grown exponentially (Neff, 2023) and for good reason. Self-compassion has been studied extensively, and its importance is becoming more and more pronounced.

Self-compassion can be defined as compassion turned inward. It is "how we relate to ourselves in instances of perceived failure, inadequacy, or personal suffering." In Kristin Neff's conceptualization, self-compassion is made up of three distinct but overlapping constructs that impact each other. First, self-kindness versus self-judgment, which represents the emotional response to hardship: whether it is approached with gentleness or with harsh self-criticism. It involves unconditional acceptance, being understanding and supportive with oneself, being warm and kind, and choosing to comfort oneself in times of distress as opposed to reacting with coldness, being harsh, judgmental, and blaming. It entails being emotionally available to ourselves in time of pain rather than stoically moving straight to problem-solving. When we act to help ourselves, self-kindness is being motivated to help ourselves out of genuine care, not out of being unable to stand who we are. Second, common humanity versus isolation, which is the cognitive understanding of one's struggles: whether it's seen as part of the human experience or as something that happens to the individual alone. It is acknowledging that suffering and struggle is part of being human. It is remembering that many people go through what one is going through rather than experiencing it as something that happens to 'only me' and with that experiencing a deep sense of isolation. This isolation makes one feel like everyone else is better or that everyone else has an easier life. The truth is

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that despite the differing reasons or degrees, everyone experiences suffering. Remembering this fact makes one feel less alone in their pain. Third is mindfulness versus over-identification, which is the kind of attention that is paid to suffering. This attention can be mindful which means it is characterized by clarity, balance, and willingness to observe thoughts and emotions non-judgmentally. Alternatively, people often respond to pain by either ignoring it or being too caught up in the emotions and the narrative they tell themselves about their failures or shortcomings, overstating the implications of what is happening on their self-worth. This kind of narrow attention leads one to be swept away in negative reactivity and not be able to gain enough perspective to help and care for oneself (Neff, 2016a; Neff, 2023).

Neff's conceptualization of self-compassion is the one most frequently used in research. However, other theorists have created different conceptualizations for it. For example, Gilbert et al. (2004) focused on self-criticism versus self-reassurance. Where self-criticism involved being harsh, ruminating about mistakes, and feeling inadequate along with feelings of hate or disgust with oneself and wanting to harm oneself. Underlying this self-criticism can be the desire to improve or the desire to exact revenge on oneself for failing. On the other hand, self-reassurance involves being warm and supportive, soothing oneself in times of failure, focusing on the positive aspects of oneself, or actively trying to cope with the difficulty. Similar to Neff's conceptualization, Gu et. al understood self-compassion as similar to compassion towards others. They posited that self-compassion has 5 components: recognizing suffering, understanding the universality of suffering, feeling moved by suffering, tolerating uncomfortable feelings aroused in response of suffering, and the motivation to alleviate suffering (2020). Notably, despite the slightly different labels, these conceptualizations share a lot in common with Neff's approach.

Literature Review

The Importance of Self-Compassion

Self-compassion has been studied using various research methods including cross-sectional, experimental, and longitudinal settings. A highly replicated

finding is that self-compassion is associated with less psychopathology symptoms. For example, Lou et al.'s meta-analysis of 271 studies revealed a significant negative correlation between self-compassion and depression with a large effect size (2022). In their 2020 study of people with social anxiety disorder, Makadi & Koszycki discovered that greater self-compassion was linked to better functioning, self-esteem, and life satisfaction in addition to fewer symptoms of social anxiety and depression. Similar effects have been found with adolescents where self-compassion showed a moderate inverse correlation with social anxiety with a large effect size (Gill et al., 2018). It is predictive of social anxiety (Bates et al. 2021) and reduced test anxiety even after controlling for gender and generalized anxiety (O'Driscoll & McAleese, 2023). Another meta-analysis showed a negative association with suicidal thoughts and behaviors with a moderate effect size, and non-suicidal self-injury with small effect size (Suh & Jeong, 2021). These negative relationships were supported by the metanalysis conducted by Per et al. in 2022. Furthermore, a study by Kaniuka et al. (2020) found that self-compassion weakened the link between psychopathology (namely depression and anxiety) and non-suicidal self-injury thereby creating a buffer between symptoms and non-suicidal self-injury. Further, a large study conducted in China including 96,218 participants concluded that self-compassion played a mediating role in the relationship between appearance anxiety and social anxiety (Gao et al., 2023). Self-compassion was also linked to lower eating pathology, less body-image concern, and better body image with moderate correlations and medium to strong effect sizes (Turk & Waller, 2020). Moreover, it was associated with less positive and negative symptoms in people with schizophrenia and schizoaffective disorder (Eicher et al., 2013) and with less symptom severity in those with obsessive and compulsive disorder (Wetterneck et al., 2013). A systematic review of studies done with individuals suffering from post-traumatic-stress-disorder also revealed a consistent association between self-compassion and decreased symptoms (Winders et al., 2020).

Self-compassion is not only relevant to clinical populations, but it has also been extensively studied in community samples with important implications to daily life. It is associated with more positive affect, and less negative affect in stressful times (Krieger et al., 2015). Self-compassion was also related to long-

term outcomes. A large scale longitudinal study published by Lee et al. (2021) followed 552 women and 538 men over an average of 5 years. Their analysis revealed that level of self-compassion as well as increases in self-compassion predicted less loneliness over time. Moreover, increases in self-compassion predicted better well-being at follow-up. Neff and Beretvas (2013) discovered a significant correlation between romantic partners' self-compassion and the quality of their relationship as well as the level of relationship satisfaction felt by their partner. Those with higher self-compassion were described by their partners as being more accepting, more warm, and were less likely to be described as emotionally detached or verbally aggressive. Another interesting research was conducted by Brown et al. (2021) where they analyzed 17 independent studies and found that self-compassion was associated with reported sleep quality. Those with higher self-compassion, reported less sleep problems. Sleep quality has a clear effect on quality of life (Kudrnáčová & Kudrnáč, 2023) and a protective role in mental health as evidenced by a metanalysis of 65 randomized controlled trials involving a total of 8608 participants testing the effects of sleep interventions. Scott et al. (2021) found that improvements in sleep led to a significant positive effect on composite mental health, with a medium effect size.

After reviewing many relevant studies including both clinical and non-clinical populations, Germer concludes that self-compassion is a transdiagnostic change process underlying alleviation of distress and improvement of well-being (2023). This means that regardless of the difficulty or the specific diagnosis, improving self-compassion is an important element in therapeutic progress. Given its role in protecting against psychopathology and its transdiagnostic nature, self-compassion can be the basis for various interventions for mental health promotion and prevention in clinical and non-clinical settings. As with any evidence-based endeavour, reliable and valid tools are key to tracking progress and providing valuable feedback that helps in the evaluation and improvement of any proposed intervention. Therefore, this study aims to validate an Arabic version of the Self-Compassion Scale.

Measurement of Self-Compassion

The most widely used scale for the measurement of self-compassion worldwide is the Self-Compassion Scale (SCS) created by Neff in 2003 and has been translated into more than 20 languages (Neff, 2024). As per the citation count in Google Scholar, the SCS has been cited more than 10,000 times (Google Scholar, accessed 2025). In fact, it is heavily relied upon in research and almost exclusively used in measurement of self-compassion (Cha et al., 2023).

The version most frequently used by researchers in Egypt is a scale created by El Dabaa (2013) in line with Neff's conceptualization but it is a new scale rather than a translation of the original. Another version was developed by Al Rahman et al. (2014) which was a translation of the original scale and used confirmatory factor analysis as their main validation method producing 2 factors representing the positive and negative aspects of self-compassion representing compassionate self-responding and uncompassionate self-responding. More recently Elwakeel also translated and validated Neff's scale using exploratory factor analysis producing a six-factor solution (2020). There has been some debate in the research around how self-compassion should be modeled and how the scale should be validated. Neff and her colleagues examined the two-factor solution in 20 different samples, but the results showed inconsistent support and poor fit (2019). The original SCS had been validated using a different approach (Neff, 2003). It had adequate fit using a six-factor intercorrelated confirmatory factor analysis and a higher order confirmatory factor analysis model. These were common ways to validate the self-compassion scale in the research that followed. However, confirmatory factor analysis with a higher-order model yielded inconsistent findings. Neff and her colleagues explain that higher-order models make the strict assumption that the higher order factor only influences the individual item responses through the pathway of the specific factors. While this method was used to justify the simultaneous use of the total score and the sub-scores, it is not well supported in the research. They suggest the use of bifactor models (models that simultaneously represent two sources of variance for each item, the general and the specific factors) since they do not assume a hierarchy between the general and specific factors (Neff et al., 2019). Neff (2016b) argued that bifactor models fit her theoretical framework of self-compassion better since the items

directly represent both people's general sense of self-compassion and the individual component the items are measuring. After reviewing several studies that used bifactor CFA, Neff et al. (2019) conclude that CFA models' assumptions may be too restrictive for the SCS given the inconsistency of the findings of those studies. They explain that CFA models assume that items only load onto their assigned factors which is not representative of how the SCS is conceptualized. In self-compassion, it is assumed that the constructs are interrelated and affect each other. Therefore, items are expected to belong to more than one construct. Exploratory structure equation modeling (ESEM) has been suggested as an alternative in order to provide better fit than CFA solutions. In that paper, the researchers tested different models on 20 diverse samples that used the SCS including several translations. They argued specifically for the use of bifactor structural equation modeling since it concurrently models the general and specific relationship of items as well as their interaction as a system, but they also found good fit for the 6-factor correlated ESEM model.

According to the authors' knowledge, there are no Arabic versions of the SCS validated according to the researchers' updated recommendation in Egypt. This paper aims to provide this validation to keep up to date with the most recent validation method for the scale to be used with the Egyptian population facilitating local as well as comparative cross-cultural research. The authors are also aiming to provide a clearer translation along with including a wider age range for the study.

Method

Tool

The Self-Compassion Scale (SCS) consists of 26 items which measure the 6 components of self-compassion; self-kindness, reduced self-judgment, common humanity, reduced isolation, mindfulness, and reduced over-identification. Responses are rated using a 5-point Likert scale ranging from 1 (almost never) to 5 (almost always) based on how a person typically responds to themselves in difficult times. The total score for self-compassion is calculated by adding the sub-scores after reverse-coding the negative items.

The scale shows good convergent validity with therapist and independent coder ratings indicating that SCS measures behaviors that are observable by others (Neff et al., 2007 & Sbarra, Smith, Mehl, 2012 as cited in Neff & Tóth-Király, 2022). The scale has good internal reliability for the total score (Cronbach's α =.92), as well as the six subscales (Cronbach's α ranging from α =.75 to α =.81) (Neff, 2003). The scale also showed good test-retest reliability over a three-week period (Cronbach's α =.93) for the total score and (Cronbach's α ranging from .80 to .88) for the sub-scores (Neff, 2003).

Procedures

The translation process was guided by Beaton et al.'s paper about cross cultural adaptation of self-report measures (2000). Three independent translation drafts were produced: one by a professional translator in collaboration with the first author, and two by therapists who have experience in translation of psychological content. The drafts were compared and combined to produce the most accurate and readable translation. It was sent to a small community sample (N=10) of different ages to check for understanding. After making a few clarifications, the items were reviewed by a lecturer specializing in translation within the field of English Language and Literature. This was followed by back translations by a language expert (another lecturer of English Language and Literature) and a therapist to check the accuracy of the translation from both language and content perspectives. Finally, the original items, the translation, and the two back-translations were reviewed by a small panel including two of the therapists mentioned before, a psychology staff member who's also a consultant psychiatrist, and the first and third authors. The back translations were found to be closely matched to the original items and some minor adjustments were made to improve the final translation.

Participants

Sample was gathered by convenience sampling through an online survey on various social media platforms. Since the SCS is meant for people ages 14 and up, the researcher tried to include people with diverse ages. 203 participants responded to the scale, 2 of which were excluded for not being Egyptian. The final sample consisted of 201 participants: 29.1% males (N=58) and 70.9% females (N=143). Participants were between the ages of 14 and 68 (M=30.79,

SD=11.71). The age ranges were as follows: 1.5% were between the ages of 14-17, 35.5% were between the ages of 18-24, 35% were between the ages of 25-34, 13.8% were between the ages of 35-44, 7.9% were between the ages of 45-54, finally 6.4% were above the age of 55.

For cross-language validation, 35 participants of the sample who were fluent in English also completed the original version of the SCS. 34.3% were male (*N*=12), and 65.7% were female (*N*=23). Their ages ranged between 18 and 60 (*M*=33.80, *SD*=13.02). The age ranges were as follows: 25.7% were between the ages of 18-24, 40% were between the ages of 25-34, 11.4% were between the ages of 35-44, 11.4% were between the ages of 45-54, finally 11.4% were above the age of 55.

Analysis

Statistical analysis for internal consistency reliability and concurrent validity were conducted using IBM SPSS Statistics (Version 26). The two models that Neff et al. (2019) found to be suitable for the SCS were tested using M-Plus (version 7.4): the bifactor ESEM with self-compassion conceptualized as a single higher-order total score and six sub-scores and the 6 factor corelated ESEM.

The current analysis aimed to replicate Neff et al.'s (2019) method of validation which is detailed in the following section. Analysis was conducted using the weighted-least-squares-mean and variance-adjusted estimator (WLSMV). Before the main analysis, reverse coding was conducted on the negative items as appropriate (items: 1, 2, 4, 6, 8, 11, 13, 16, 18, 20, 21, 24, 25). Items were allowed to load on non-target factors. Additionally, ESEM was estimated in a confirmatory manner with target rotation. Following standard practice, the group factors for the bifactor ESEM were specified as orthogonal to the general factor which though counterintuitive, improves interpretability. While in the 6-factor correlated ESEM factors were allowed to correlate freely. In the model assessment, commonly applied goodness of fit indices were examined instead of χ^2 as it tends to be sensitive to sample size.

Results

Internal Consistency

Internal consistency reliability for the full scale consisting of 26 items was excellent (α= .92). Internal consistency reliability for the sub-scales were mostly good and at least acceptable: The self-kindness subscale consisting of 5 items had good internal consistency (α= .799). The self-judgment subscale consisting of 5 items also had good internal consistency (α=.831). The common humanity subscale consisting of 4 items had acceptable internal consistency (α=.701). The isolation subscale consisting of 4 items had acceptable internal consistency (α=.768). The mindfulness subscale consisting of 4 items had acceptable internal consistency (α=.690). The over-identification subscale consisting of 4 items had acceptable internal consistency (α=.706).

Concurrent Validity

As for the concurrent validity, the correlation in the total scores of the Arabic version and the original scale was statistically significant and very strong (r=.949, p<.001). The subscales were all significantly strongly correlated: Self-kindness (r=.85, p<.001), Self-judgment (r=.90, p<.001), Common humanity (r=*.87,* p<.001), Isolation (r=.87, p<.001), Mindfulness (r=.75, p<.001), Over-identification (r=.72, p<.001). Correlations at the individual item level were all significant and at least moderate (r=.39-.81, p<.001).

Test for Model 1: Bifactor ESEM

The indices indicated good fit for the bifactor structure equation model (CFI=.97, TLI=.95, RMSEA=.06 90% CI [.05-.07], WRMR=.48). As shown in the table below, all factor loadings on the general factor are significant and greater than the minimum of .3 and most of them are strong (above .5) showing that all the items contribute to the general factor of self-compassion. The specific factors are less defined, although they mostly have moderate to strong factor loadings, there are multiple weak or insignificant loadings as shown in table 1. The solution had model identification issues showing negative residual variance which suggests overparameterization.

Table 1

Model 1: Bifactor ESEM

Items	GF (λ)	SK (λ)	SJ (λ)	CH (λ)	IS (λ)	MI (λ)	OI (λ)
SK5	0.519	0.434					
SK12	0.517	0.507					
SK19	0.681	0.616					
SK23	0.594	*0.156*					
SK26	0.631	*0.11*					
SJ1	0.549		0.323				
SJ8	0.676		0.432				
SJ11	0.651		0.219				
SJ16	0.632		0.496				
SJ21	0.725		0.315				
CH3	0.502			0.474			
CH7	0.327			0.612			
CH10	0.464			0.495			
CH15	0.637			0.256			
IS4	0.588				0.004		
IS13	0.584				0.562		
IS18	0.486				0.887		
IS25	0.703				0.301		
MI9	0.657					*0.057*	
MI14	0.669					*0.097*	
MI17	0.597					0.457	
MI22	0.496					*0.188*	
OI2	0.572						*0.184*
OI6	0.631						*-0.053*
OI20	0.591						0.421
OI24	0.596						0.515

Note. SF specific factor; SK self-kindness; SJ self-judgment; CH common humanity; IS isolation; MI mindfulness; OI overidentification; (λ) standardized factor loadings. Nonsignificant parameters (p≥.05) are italicized.

Test for Model 2: Six Factor Correlated ESEM

As for the six-factor correlated ESEM model, the fit indices ranged from acceptable to good. Fit indices were good for CFI & WRMR (CFI=.97, WRMR= .56) and acceptable for TLI and RMSEA (TLI=.94, RMSEA=.06, 90% CI [.05-.07]). However, there was a Heywood case where "A solution that otherwise is satisfactory but produces a communality greater than one" (Harman & Fakuda, 1966 as cited in Farooq, 2024). One of the possible reasons for this is the small sample size. Farooq mentions that one of the possible solutions for this is dropping the troublesome indicator (2024). This solution was followed, and item 18 was dropped. The fit indices ranged from acceptable to good (RMSEA=.06, 90% CI [.05-.07], CFI=.97, TLI=.95, WRMR=.52). The factor loadings were improved where they were all at least moderate (above .3) with around half of them strong (above .5) except for a weak loading in item 23, and insignificant loadings of item 26 and item 6 as shown in table 2.

Table 2

Model 2: 6-Factor Correlated ESEM (with item 18 removed)

Items	SK (λ)	SJ (λ)	CH (λ)	IS (λ)	MI (λ)	OI (λ)
SK5	0.528					
SK12	0.691					
SK19	0.785					
SK23	0.2					
SK26	*0.131*					
SJ1		0.433				
SJ8		0.56				
SJ11		0.35				
SJ16		0.642				
SJ21		0.494				
CH3			0.691			
CH7			0.745			
CH10			0.631			
CH15			0.451			
IS4				0.489		
IS13				0.335		
IS25				0.374		
MI9					0.345	
MI14					0.314	
MI17					0.493	
MI22					0.542	
OI2						0.326
OI6						0.063
OI20						0.618
OI24						0.729

Note. SF specific factor; SK self-kindness; SJ self-judgment; CH common humanity; IS isolation; MI mindfulness; OI overidentification; (λ) standardized factor loadings. Nonsignificant parameters (p≥.05) are italicized.

Inter-factor correlations in the 6-factor correlated model were all significant and ranged from *r*=.23 to *r*=.46.

Discussion

The current study aimed to validate an Arabic version of the SCS according to the updated validation recommendations of Neff et al. (2019): namely using structural equation modeling instead of confirmatory factor analysis since it is more representative of the theoretical framework of self-compassion and provides better fit for the model. The internal consistency reliability was excellent for the full scale similar to the original scale's at α=.92. The internal consistency reliability for the full scale was improved in the current version than previous Arabic translations which were α=.77 in Al Rahman et al.'s translation and α=.79 in Elwakeel's translation. Internal consistency estimates for the subscales were mostly good with very close ranges to the original scale's α=.75 to α=.81. Some subscales even have higher internal consistency reliability than the original scale (Neff, 2003). In comparison with previous Arabic translations, the internal consistency was improved for self-kindness, self-judgment, and isolation subscales but not for common humanity, mindfulness and overidentification which are slightly higher in the previous versions (Al Rahman et al., 2014; Elwakeel, 2020).

As for the cross-language validation, the correlation in the total scores and subscale scores of the English and Arabic versions was significant and strong, while correlation between pairs of individual items was at least moderate. According to the authors' knowledge, this study was the first validation study of the SCS in the Egyptian context to use cross-language validation, and to include non-university students in the sample expanding the age range the validity of the scale is tested on.

The validation of the self-compassion scale using ESEM is not only a better fit for the theoretical model, but it will also allow for conducting cross-cultural research in line with the most updated recommended use of the scale. Both the bifactor ESEM model and the 6-factor correlated ESEM model showed good fit with the indices similar to studies used in Neff's revalidation study in 2019. Additionally, they were also similar to the confirmatory factor analysis fit indices found by Elwakeel in his validation study of the self-compassion scale on the Egyptian sample in 2020. In the bifactor ESEM, general factor loadings were mostly strong. The specific factors were mostly moderate to strong. Five

out of the seven items that had insignificant loadings in this model had weak loadings in the large validation study ranging from *r*=.06 to *r*=.27 (Neff et al., 2019) indicating that they're equivalent to the main scale and other translations. Most of the items that are showing insignificant loadings may be due to the small sample size rather than a problem with the translation or validation in the Egyptian culture. As for the six-factor correlated ESEM, a direct comparison between the factor loadings with the original scale will not be possible after the removal of item 18. However, it is worth noting that even with a large collective sample of 11,685 participants, some loadings were as low as .26. The Arabic version of the SCS has shown to be adequately equivalent to the original SCS and reliable and valid to use with the Egyptian population.

Limitations & Future Recommendations

The current study had a few limitations. First is the relatively small sample size which may provide an underestimated result. Second, similar to the limitation found in most samples used in Neff et al.'s analysis (2019), the current sample were majority female (71%). Moreover, while it included a wider age range than other studies, some of the age groups especially young adolescents and older adults were underrepresented. Future studies should ensure better representation for these groups to confirm the validity of the scale's use in these populations. Furthermore, similar to the Chinese and Japanese samples used in Neff et al.'s study, the current study faced identification issues which may suggest overparameterization. Neff et al. commented that further investigation is needed regarding whether the source of these issues lie in model misspecification in the different cultures or due to sampling-specific errors (2019).

For the aforementioned reasons, it is recommended that this study be repeated with a larger sample size that has a more balanced male to female ratio for the true validity of the scale in the Egyptian context to become more apparent. Future research could also examine the items themselves especially those that have low factor loadings on their respective subscales. It is possible that rephrasing or replacing such items will make the scale more consistent with its theoretical underpinnings or perhaps it will be discovered that some items are not a good reflection of the construct they are attempting to measure.

Qualitative research can also be used in tandem with cross-cultural scale validation studies to enhance our understanding of the concept of self-compassion within Egyptian and Arab contexts.

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Appendix

Self-Compassion Scale (SCS)

How I typically act towards myself in difficult times

Please read each statement carefully before answering. For each item, indicate how often you behave in the stated manner, using the following 1-5 scale. Please answer according to what really reflects your experience rather than what you think your experience should be.

Almost never (1) (2) (3) (4) (5) almost always

1. I’m disapproving and judgmental about my own flaws and inadequacies.

2. When I’m feeling down I tend to obsess and fixate on everything that’s wrong.

3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.

4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.

5. I try to be loving towards myself when I’m feeling emotional pain.

6. When I fail at something important to me I become consumed by feelings of inadequacy.

7. When I'm down, I remind myself that there are lots of other people in the world feeling like I am.

8. When times are really difficult, I tend to be tough on myself.

9. When something upsets me I try to keep my emotions in balance.

10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.

11. I’m intolerant and impatient towards those aspects of my personality I don't like.

12. When I’m going through a very hard time, I give myself the caring and tenderness I need.

13. When I’m feeling down, I tend to feel like most other people are probably happier than I am.

14. When something painful happens I try to take a balanced view of the situation.

15. I try to see my failings as part of the human condition

16. When I see aspects of myself that I don't like, I get down on myself.

17. When I fail at something important to me I try to keep things in perspective.

18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.

19. I'm kind to myself when I'm experiencing suffering.

20. When something upsets me I get carried away with my feelings.

21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.

22. When I'm feeling down I try to approach my feelings with curiosity and openness.

23. I'm tolerant of my own flaws and inadequacies.

24. When something painful happens I tend to blow the incident out of proportion.

25. When I fail at something that's important to me, I tend to feel alone in my failure.

26. I try to be understanding and patient towards those aspects of my personality I don't like.

SCORING KEY

Self-Kindness Items: 5, 12, 19, 23, 26

Self-Judgment Items (reverse scored): 1, 8, 11, 16, 21

Common Humanity Items: 3, 7, 10, 15

Isolation Items (reverse scored): 4, 13, 18, 25

Mindfulness Items: 9, 14, 17, 22

Over-identification Items (reverse scored): 2, 6, 20, 24

To reverse score items (1=5, 2=4, 3=3, 4=2, 5=1).

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التعليمات:

كيف أتعامل عادة مع نفسي في الأوقات الصعبة؟ من فضلك اقرأ كل عبارة بعناية قبل الإجابة. ثم وضح إلى أي مدى تتبع السلوك المذكور في كل عبارة من العبارات التالية، مستخدمًا المقياس من (1 إلى 5).

1: بشكل نادر

5: بشكل شبه دائم

برجاء الإجابة وفقًا للتجربة الفعلية التي تعيشها، لا وفقًا لما تعتقد أنه ينبغي أن تكون عليه.

1. أنا لا اقبل وأصدر الأحكام على عيوبي وجوانب القصور الخاصة بي.
2. عندما أشعر بحالة مزاجية سيئة، أميل إلى أن يثبت تركيزي فقط على كل ما هو خطأ في حياتي.
3. عندما تسوء الأمور فى حياتى، أرى الصعوبات التي أواجهها جزء طبيعي من الحياه وتشبه تلك التي يمر بها الجميع.
4. عندما أفكر في جوانب القصور الخاصة بي، أميل إلى الشعور بمزيد من الانفصال والعزلة عن بقية العالم.
5. أحاول أنْ أكون محبًا لنفسى عندما أمر بألم عاطفي.
6. عندما أفشل في أمر مهم بالنسبة لي، يتملكني الشعور بعدم الكفاءة.
7. عندما يكون مزاجي سيئًا، أُذَّكِّر نفسي أن هناك الكثير من الناس يشعرون كما أشعر.
8. عندما تكون الأوقات عصيبة حقًا، أميل إلى أن أكون قاسيًا على نفسي.
9. عندما يُضايقنى أمر ما، أحاول الحفاظ على توازن مشاعرى.

10. عندما أشعر بعدم الكفاءة بطريقة أو بأخرى، أحاول أن أذكر نفسي أن هذا الشعور يتشارك فيه أغلب الناس.
11. إني غيرمتسامح وغير صبور تجاه الجوانب التى لا أحبها فى شخصيتى.
12. عندما أمر بأوقات صعبة للغاية، أمنح نفسي الرعاية والحنان اللذين احتاجهما.
13. عندما أشعر بحالة مزاجية سيئة، أميل إلى الشعور بأن أغلب الناس على الأرجح أكثر سعادة مني.
14. عندما يحدث شيء مؤلم أحاول أن أنظر إلى الموقف بنظرة مُتَّزِنة.
15. أحاول أن أنظر إلى إخفاقاتي على أنها جزء من الطبيعة الإنسانية.
16. عندما أرى جوانب لا تعجبني في نفسي، انتقد نفسي بشدة.
17. عندما أفشل في أمر مهم بالنسبة لي، أحاول أن أعطي الأمر حجمه المناسب.
18. عندما أتخبط بقوة في حياتي، أميل إلى الشعور بأنه لابد أن تكون حياة الآخرين أكثر سهولة مني.
19. أكون لطيفًا مع نفسي عندما أعاني.
20. عندما يزعجني أمر ما، أنجرف مع مشاعري.
21. قد اكون قاسي القلب نوعًا ما مع نفسي عندما أعاني.
22. عندما أشعر بحالة مزاجية سيئة، أحاول أن أستكشف مشاعري بفضول وانفتاح.
23. أصبر على عيوبي وجوانب القصور لدي.
24. عندما اتعرض إلى حدث مؤلم، أميل إلى إعطاء الأمر أكبر من حجمه.
25. عندما أفشل في أمر مهم بالنسبة لي، أميل إلى الشعور بأني الوحيد الذي افشل.
26. أحاول أن أكون متفهمًا وصبورًا تجاه تلك الجوانب التي لا تعجبني في شخصيتي.

مفتاح التصحيح:

اللطف مع الذات: 5، 12، 19، 23، 26

الحكم على الذات (معكوسة): 1، 8، 11، 16، 21

الانسانية المشتركة: 3، 7، 10، 15

العزلة (معكوسة): 4، 13، 18، 25

اليقظة: 9، 14، 17، 22

الالتحام (معكوسة): 2، 6، 20، 24

يتم عكس العبارات التي بجوارها علامة السالب. لعكس البنود يتم حساب 1 = 5، 2= 4، 3 = 3، 4 =2، 5=1