The Validity and Reliability of the Iranian Version of the Self-Compassion Scale

Alireza Azizi [1*], Parvaneh Mohammadkhani [1], Ali Akbar Foroughi [2], Samira Lotfi [3], Mahmood Bahramkhani [1]

1. Department of Clinical Psychology, University of Social Welfare & Rehabilitation Sciences, Tehran, Iran.
2. Department of Clinical Psychology, Shahid Beheshti University of Medical Sciences, Tehran, Iran.
3. Department of Psychology, Faculty of Psychology, University of Tehran, Tehran, Iran.

ABSTRACT

Objective: The Self-Compassion Scale (SCS) which originally developed by Neff (2003a) is based on the assumption that the self-compassion comprised by self-kindness/self-judgment, common humanity/perceived isolation, and mindfulness/over-identification. This research was aimed to confirm the six-factor structure of SCS.

Methods: 265 university students entered the research to assess the psychometric properties of SCS. The participants were asked to complete SCS, Rosenberg Self-Esteem Scale, Beck Depression Inventory, Speilberger State-Trait Anxiety Inventory, Ruminative Response Scale and demographic questionnaires. Using Amos-21 and SPSS-21, descriptive statistics, Cronbach's alpha, Pearson correlation and Confirmatory Factor Analysis (CFA) were calculated.

Results: The Cronbach's alpha coefficients for total SCS items, self-kindness, self-judgment, common humanity, perceived isolation, mindfulness and over-identification subscale were 0.78, 0.79, 0.79, 0.93, 0.90, 0.88 and 0.88 respectively. Results of CFA supported the six-factor structure SCS [RMSEA=0.08 (0.078-0.092), NFI=0.86 and CFI=0.90]. The SCS showed a significant positive correlation with RSS (r=0.261, P<0.05) and a significant negative correlation with RRS (r=-0.363, P<0.05), BDI–II (r=-0.177, P<0.05) and STAI (r=-0.361, P<0.05).

Conclusion: The six-factor structure of SCS demonstrated acceptable psychometric properties in Tehran universities students.

1. Introduction

The 'third wave' of cognitive behavioral therapies, such as Acceptance and Commitment Therapy (ACT), Mindfulness Based Cognitive Therapy (MBCT), Dialectical Behavioral Therapy (DBT) and Compassion Focused Therapy (CFT) gives greater prominence to positive affect in the therapeutic process. They also share a focus on ameliorating psychological distress through changing the person's relationship with their problems. An important aspect of above development is the introduction of a non-judgmental or compassionate attitude (MacBeth & Gumley, 2012). This is particularly pertinent to therapies that promote acceptance and compassion as key aspects of the therapeutic process (Gilbert, 2010; Hayes et al., 1999).

Self-compassion is an adaptive way of relating to self when faced with personal inadequacies and life problems (Neff & McGehee, 2009). Cultivation of a compassionate attitude towards oneself and one's own difficulties may be an underlying mechanism in mindfulness-based interventions (Kuyken et al., 2010). Self-compassion is a relatively new concept in the fields of

* Corresponding Author:
Alireza Azizi, PhD Candidate
Address: *Department of Clinical Psychology, University of Social Welfare & Rehabilitation Sciences, Tehran, Iran.*
E-mail: *azizi.a.re@gmail.com*

clinical, personality, and social psychology and it is already is drawing a great deal of interest (Gilbert, 2005). People with high self-compassion treat themselves with kindness when experiencing negative events (Allen & Leary, 2010). Although, this construct has been discussed in eastern philosophy for many years, it has only recently been introduced in psychological literature (Neff, 2003a, 2003b). According to Neff (2003a), self-compassion involves "being open to and moved by one's own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one's inadequacies and failures, and recognizing one's experience as a part of the common human experience" (p.224). Kelly et al. (2010) suggested that the trait of self-compassion promotes adaptive functioning and appears to provide a buffer from emotional distress.

Neff (2003b) has proposed three major components of self-compassion (self-kindness versus self-judgment, feelings of common humanity versus isolation, and mindfulness versus over-identification), which overlap and mutually interact with each other. Self-kindness refers to extending kindness and understanding to oneself rather than harsh self-judgment and self-criticism. In people with these characteristics, personal flaws and inadequacies are treated in a gentle, understanding manner, and the emotional tone of language used towards the self is soft and supportive. Common humanity indicates that imperfection is a shared component of human life and seeing one's experiences as part of the larger human experience rather than seeing them as separating and isolating.

However, people often feel isolated from others when considering personal flaws or hard times, that it is somehow abnormal to fail, have weaknesses, or undergo hardship. Finally, mindfulness refers to holding one's present-moment experiences, painful thoughts and feelings in balanced awareness rather than identifying with them (Neff, 2003b). Mindfulness means paying attention in a particular way: on purpose, in the present moment, and non-judgmentally (Kabat-Zinn, 1990). Mindfulness says, "Feel the pain" and self compassion says, "Cherish yourself in the midst of the pain"; two ways of embracing our lives more wholeheartedly (Germer, 2009).While these components are distinct, they interact so as to mutually enhance one another (Neff, 2003b).

Self-compassion construct typically measured with Self-Compassion Scale (SCS), a 26-item self-report scale that measures six factors that are positive and negative poles of three components of self-compassion

just describe (self-kindness/self-judgment, common humanity/perceived isolation, and mindfulness/over-identification). Confirmatory factor's analysis showed that these six subscales reflect three higher orders that comprise a single latent variable of self-compassion. Internal consistency (α=0.90) and test-retest reliability (0.93) were quite acceptable.

Additionally, this scale has been shown to have good convergent validity and correlates highly with rating of self-compassion by therapist and romantic partners (Neff, Kirkpatrick, & Rude, 2007). In addition, this scale correlates positively with indices of psychological well-being in different studies. People with high score in self-compassion had low scores on measure of depression and neuroticism and high scores on measure of subjective well-being and life satisfaction (Leary, Tate, Adams, et al., 2007; Neely, Schallert, Mohammed et al., 2009; Neff, 2003b; Neff, Kirkpatrick, et al., 2007; Neff, Rude, & Kirkpatrick, 2007). It seems that SCS has also been a valid and reliable scale in foreign population.

The present study was designed to test whether the Iranian version SCS also may reveal the six-factor structure previously demonstrated for the original SCS. In addition, internal consistency and construct and criterion validity of the scale were studied.

2. Methods

All SCS items were translated and revised. Then, the items were back translated by two PhD student of English translation course, and the two forms were compared. Finally, the translated items were revised and given to two psychology experts to include their professional suggestions in the final version. For identifying the face validity, translated items were given to 30 psychology students; and they were asked to identify ambiguous items, and these items were then revised.

Participation

The participants were 265 undergraduate and postgraduate students of universities of Tehran in 2012. The sample was conveniently selected form different universities of Tehran considering, ages and educational levels. Included 111 males (41.9%), 154 females (58.1%), aged 18 to 32 years (Mean age=22.12 and SD=3.14). The participants were asked to complete a set of scales and demographic questionnaires individually. A summary of the project were explained to each participant, emphasizing on the fact that his or her names or other private data would not to be used individually.

Measures

Self-Compassion Scale (SCS)

A 26-item self-report scale designed to measure six factors (self-kindness/self-judgment, common humanity/perceived isolation, and mindfulness/over-identification). These subscales measure a single latent variable of self-compassion. The SCS has high internal reliability (α=0.90) and test-retest consistency (0.93) (Neff, 2003a). Criterion validity of SCS has reported acceptable (Leary et al., 2007; Neff, 2003a; Neff & Beretvas, 2012; Neff et al., 2007).

Rosenberg Self-esteem Scale (RSS)

A 10-item self-report scale designed to measure overall evaluation of worthiness as a human being (Rosenberg, 1979). Responses were coded on a 4-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). The RSES contains an equal number of positively (e.g. people feeling satisfied with life) and negatively worded items (e.g. people feeling they are failures). Different versions of the scale have been tested for reliability and validity in many languages and on average, have been found to be effective (Feather & McKee, 1993; Martin-Albo, Núñez, Navarro, & Grijalvo, 2007; Mimura & Griffiths, 2007; Pullmann & Allik, 2000). The RSS-Persian had moderate internal consistency (Cronbach's alpha=0.69) and acceptable test-retest reliability (r=0.78). The instrument positively correlated with the Cooper Smith self-esteem inventory (0.69) and negatively correlated with SCL-90 (Mohammadi, 2005).

Beck Depression Inventory II (BDI–II)

BDI-II is a 21-item self-administered inventory designed to measure severity of depression in adults and adolescents (Beck, Steer, Ball, & Ranieri, 1996). The Persian BDI-II had high internal consistency (Cronbach's alpha=0.87) and acceptable test-retest reliability (r=0.74). The instrument correlated strongly with the Automatic Thoughts Questionnaire. In factor analysis, models with strongly correlated affective-cognitive and somatic-vegetative factors provided a better fit than models with one global factor. These data support the reliability and concurrent validity of the Persian BDI-II as a measure of depressive symptoms in nonclinical samples (Ghassemzadeh, Mojtabai, Karamghadiri, & Ebrahimkhani, 2005).

Speilberger State-Trait Anxiety Inventory (STAI): The STAI consisted of 40 items, scored on a 4-point Lik-ert scale of increasing intensity, from "never" to "very often" (with scores of 1–4 respectively). Test–retest reliability of the STAI-T ranges from r=0.73 to 0.86 (Spielberger), and the internal consistency has been shown to be acceptable (α=0.89; Bieling, Antony, & Swinson, 1998). Twenty of these statements demanded the study subjects to describe their emotional reactions in terms of anxiety at a particular moment or period of the time (state anxiety). The other 20 items are designed to describe how the subjects generally feel and response to the threatening situations (trait anxiety). internal consistency was found to be high for both measures (Cronbach's α=0.9 and 0.90, respectively) (Aezimi & Zarghami, 2001).

Ruminative Response Scale (RRS)

The RRS (Nolen-Hoeksema & Morrow, 1991; Treynor et al., 2003) was used to measure rumination in response to negative affect. The RRS consists of 22 items that are rated on scale of one (I almost never respond in this way) to four (I almost always respond in this way). Participants were instructed to think about how they typically reacted to personal loss, and to indicate how often they engaged in particular behaviors such as "wishing it would not have happened that way or think about what happened". Total RRS has achieved a test–retest correlation of 0.67 over a 2-year period and good convergent and predictive validity (Nolen-Hoeksema & Morrow, 1991; Treynor, Gonzalez, & Nolen-Hoeksema, 2003). The Persian RRS had high internal consistency (Cronbach's alpha=0.90). The test–retest reliability of RRS (r=0.82) during 3 weeks in 54 Persian students were reported by Lotfina and et al. (2007). Data were analyzed using Amos-21 and SPSS21. Descriptive statistics, t-test, Cronbach's alpha, Pearson`s correlation and confirmatory factor analysis were considered.

3. Results

Men and women's overall self-compassion scores, as well as their scores on the six subscales, are presented in Table 1. As it can be seen, there is no significant difference in overall self-compassion scores, as well as their scores on the six subscales between men and women (P>0.05).

The internal consistency reliability was 0.78 for overall self-compassion items and Cronbach's alpha coefficients for self-kindness, self-judgment, common humanity, perceived isolation, mindfulness and over-identification subscale were 0.79, 0.79, 0.93, 0.90, 0.88 and 0.88 respectively. In general, the Cronbach's alpha coefficients were acceptable for all subscale.

Table 1. Means for the overall Self-Compassion Scale (out of 30 points) and six subscales (out of 5 points), by sex.

	Gender	N	Mean	Std. deviation	Std. error mean	t	df	Sig.
Self-kindness	Female	154	3.68	0.85	0.06	-1.32	263	0.185
	Male	111	3.81	0.65	0.06			
Self-judgment	Female	154	3.66	1.06	0.08	0.12	263	0.898
	Male	111	3.64	1.13	0.10			
Common humanity	Female	154	3.44	1.07	0.08	-1.29	263	0.197
	Male	111	3.60	0.88	0.08			
Perceived isolation	Female	154	3.74	0.98	0.07	-1.26	263	0.206
	Male	111	3.90	0.97	0.09			
Mindfulness	Female	154	3.31	0.95	0.07	0.22	263	0.825
	Male	111	3.29	1.07	0.10			
Over-identification	Female	154	3.42	1.11	0.08	-0.85	263	0.393
	Male	111	3.53	1.01	0.09			
SCS	Female	154	17.60	3.64	0.29	-0.02	263	0.979
	Male	111	17.61	3.17	0.30			

PRACTICE in
CLINICAL PSYCH⦿LOGY

Results of confirmatory factor analysis have confirmed 6-factor structure of SDS. This model was found to fit the data marginally well [RMSEA=0.08 (0.078-0.092), NFI=0.86 and CFI=0.90]. Factor loading of each item for this model is demonstrated in Figure 1. Unlike our prediction, the χ^2-test amount was significant (χ^2=822.17, df=284). The power of χ^2-test increases by larger sample size. So, if the χ^2-test amount eas significant in samples with above 200 individuals; then fitness would be reported poor. Another indicator that has been introduced for removal of this restriction is χ^2/df. If this value becomes less than 3, it indicate the fitness of the model. χ^2/df index in this model equals 2.89 and shows that the model has a good fit. Structural model with total items, subscales and factor loading have been demonstrated in Figure 1.

The estimated correlations between the factors are contained in Table 2. As can be seen, some of the inter-correlations between factors were quite strong. As predicted, correlation among positive and negative poles of three components are negative and significant (P<0.05) and other inter-correlation coefficients are positive and significant (P<0.05). Inter-correlation between over-identification and self-kindness (r=-0.021, P>0.05), mindfulness and common humanity (r=0.087, P>0.05), mindfulness and isolation (r=-0.045, P>0.05), mindfulness and over-identification (r=0.030, P>0.05) are non-significant.

Pearson's correlation coefficients were calculated between the SCS and Rosenberg self-esteem scale, Ruminative Response Scale, RRS, BDI–II and STAI. As expected, the SCS was found to have a significant posi-

Table 2. Inter-correlations between factors.

	Self-kindness	Self-judgment	Common humanity	Perceived isolation	Mindfulness	Over-identification
Self-kindness	-	-0.225**	0.332**	-0.203**	0.230**	-0.021
Self-judgment		-	-0.171**	0.430**	-0.144*	0.244**
Common humanity			-	-0.181**	0.087	-0.171**
Perceived isolation				-	-0.045	0.592**
Mindfulness					-	0.030
Over-identification						-

PRACTICE in
CLINICAL PSYCH⦿LOGY

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).
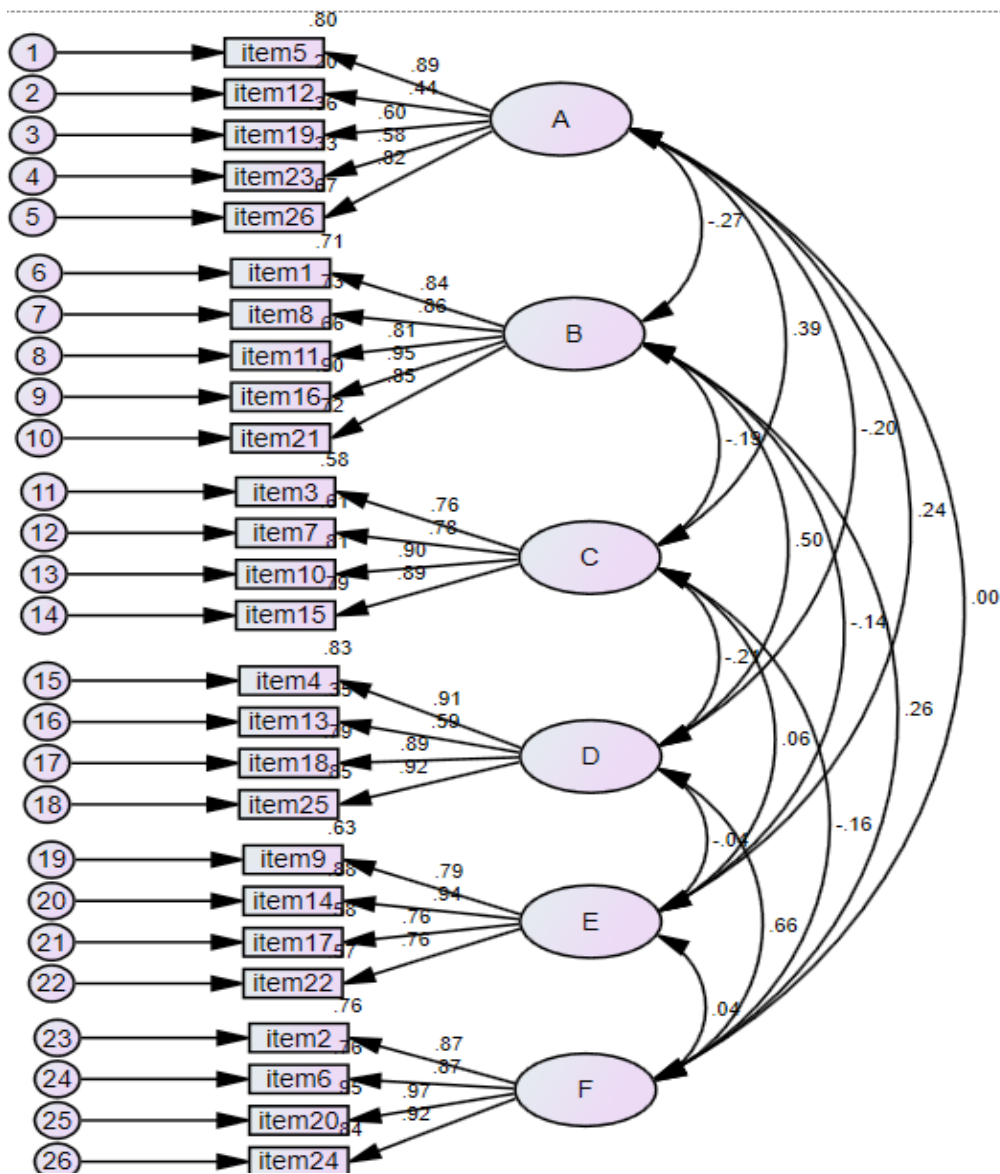
Figure 1. Confirmatory factor analysis of Self-Compassion Questionnaire (N=265, A: Self-kindness, B: Self-judgment, C: Common humanity, D: Perceived isolation, E: Mindfulness and F: Over-identification).

tive correlation with RSS (r=0.261, P<0.05) and significant negative correlations with RRS (r=-0.363, P<0.05), BDI–II (r=-0.177, P<0.05) and STAI (r=-0.361, P<0.05) (Table 3).

4. Discussion

In this study, validity and reliability of the SCS were studied using a university student sample. Confirmatory factor analysis was performed to confirm six-factor structure of SCS. Results demonstrated acceptable fitness for the structure [RMSEA=0.08(0.078-0.092), NFI=0.86 and CFI=0.90]. Total mean and standard deviation SCS in student sample were 17.61 and 3.17, re-

spectively. These parameters are 18.25 and 3.75 in original study of Neff (Neff, 2003a). However, it seems this amount is more applicable in Iranian society. Considering Iranian culture that tends to respect compassionate and tolerant and compassion toward others as a virtue, people with compassion toward others are compassion toward themselves.

Six-factor structure of SCS has confirmed in several study (Neff, 2003a; Raes, Pommier, Neff, & Van Gucht, 2011), but in Turkish population the six-factor and single factor (Deniz, Kesici & Sumer, 2008) have been reported. Inconsistency between the results of studies shows that more research regarding construct validity is

Table 3. Correlations between the SCS, RSS, RRS, BDI–II and STAI.

Variable	SCS	RSS	RRS	BDI–II	STAI
SCS	-	0.261**	-0.363**	-0.177**	-0.361**
RSS		-	-0.100	0.026	-0.109
RRS			-	0.528**	0.897**
BDI–II				-	0.490**
STAI					-

required in other sample and studies of six-factor structure in a special population is not sufficient.

Internal consistency reliability in this study was .78 for overall self-compassion items and Cronbach's alpha coefficients for self-kindness, self-judgment, common humanity, perceived isolation, mindfulness and over-identification subscale were 0.79, 0.79, 0.93, 0.90, 0.88 and 0.88 respectively. These coefficients were 0.92, 0.78, 0.77, 0.80, 0.79, 0.75 and 0.81, respectively, in original article. Considering 0.70 as a suggested cut-off score for a reliable instruments (Deniz et al., 2008), it can be concluded that the reliability level was satisfactory. These coefficients are indicators of good consistency of this scale. As can be seen in figure 1, all factor-loading coefficients are above 0.70 except item 12, 19 and 23.

It was found that self-compassion had a significant negative correlation with anxiety and depression. This is consistent with Gilbert's model (2010) indicating that increased self-compassion acts as a protective psychological buffer against depressogenic stressors. This result, also, is in line with this Neff study and suggests that self-compassion may be an adaptive process that increases psychological resiliency and well-being (Neff, 2003a) and higher levels of self-compassion have been associated with less self-criticism, depression, anxiety, fear of failure, thought suppression, perfectionism (Neff, 2009).

This finding indicates that self-compassionate individuals are more accepting and may experience less distress when they fail to meet their personal standards (Neff, 2003a). Research shows that self-compassionate individuals make more accurate self-appraisals (i.e. without self-enhancement or self-deprecation) than those lacking the trait (Leary et al., 2006). Self-compassionate participants were more likely to have a high self-esteem than those who lacked self-compassion. This relationship was expected, as those individuals who are kind to themselves, recognize their common humanity, and can take a balanced emotional perspective on themselves (Neff, 2003a).

The results demonstrated that the Iranian version of the SCS is probably a valid and reliable measure. The SCS adapted for the Iranian culture may be a good instrument for identifying individuals who develop negative emotions about themselves and who cannot develop self-understanding and tolerance. It is recommended to use of this scale for outcome research, specially, when the aim of the study is outcome assessment of third wave cognitive behavioral therapy. The most important limitation of the present study was the application of the student sample. It is recommended to replicate this study in other representative samples.

Acknowledgment

Reference

Aezimi, H., & Zarghami, M. (2001). [The assessment of religious conflict and anxiety in students of Mazandaran University of Medical Sciences (Persian)]. *Journal of Mazandaran University of Medical Sciences*, 12, 37-46.

Allen, A. B., & Leary, M. R. (2010). Self-Compassion, stress, and coping. *Social and Personality Psychology Compass*, 4(2), 107-118. doi: 10.1111/j.1751-9004.2009.00246.x.

Beck, A. T., Steer, R. A., Ball, R., & Ranieri, W. F. (1996). Comparison of Beck Depression Inventories-IA and-II in Psychiatric Outpatients. *Journal of Personality Assessment*, 67(3), 588-597. doi: 10.1207/s15327752jpa6703_13.

Bieling, P. J., Antony, M. M., & Swinson, R. P. (1998). The State Trait Anxiety Inventory, Trait version: structure and content re-examined. *Behaviour Research and Therapy*, 36(7-8), 777–788.

Deniz, M. E., Kesici, S., & Sumer, A. S. (2008). The validity and reliability of the Turkish version of the self-compassion scale. *Social Behavior and Personality: An International Journal*, *36*(9), 1151-1160.

Feather, N. T., & McKee, I. R. (1993). Global self-esteem and attitudes toward the high achiever for Australian and Japanese students. *Social Psychology Quarterly, 56*(1), 65-76.

Ghassemzadeh, H., Mojtabai, R., Karamghadiri, N., & Ebrahimkhani, N. (2005). [Psychometric properties of a Persian-language version of the Beck Depression Inventory--Second edition: BDI-II-PERSIAN (Persian)]. *Depress Anxiety*, *21*(4), 185-192. doi: 10.1002/da.20070.

Germer, C. K. (2009). *The mindful path to self-compassion.* New York: Guilford Press.

Gilbert, P. (2005). Compassion and cruelty: A biopsychosocial-approach. In P. Gilbert (Ed.), *Compassion: Conceptualisations, research and use in psychotherapy* (pp. 9-74). Hove, U.K.: Routledge.

Gilbert, P. (2010). An introduction to compassion focused therapy in cognitive behaviortherapy. *Journal of Cognitive Psychotherapy*, *3*(2), 97–112.

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. New York: Guilford Press.

Kuyken, W., Watkins, E., Holden, E., White, K., Taylor, R. S., Byford, S., & et al. (2010). How does mindfulness-based cognitive therapy work? *Behaviour Research and Therapy*, *48*(11), 1105–1112.

Kelly, A. C., Zuroff, D. C., & Foa, C. L. (2010). Who benefits fromtraining in self-compassionate self-regulation? A study of smoking reduction. *Journal of Social and Clinical Psychology*, *29*(7), 727–755.

Kabat-Zinn, J. (1990). *Full catastrophic living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York: Delacorte Press.

Leary, M. R., Tate, E. B., Adams, C. E., Allen, A. B., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: The implications of treating oneself kindly. *Journal of Personality and Social Psychology*, *92*(5), 887-904. doi: 10.1037/0022-3514.92.5.887

MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Journal of Clinical Psychology Review*, *32*(6), 545-552.

Martin-Albo, J., Núñez, J. L., Navarro, J. G., & Grijalvo, F. (2007). The Rosenberg Self-Esteem Scale: translation and validation in university students. *Spanish Journal of Psychology*, *10*(2), 458-467.

Mimura, C., & Griffiths, P. (2007). A Japanese version of the Rosenberg Self-Esteem Scale: translation and equivalence assessment. *Journal of Psychosomatic Research*, *62*(5), 589-594. doi: 10.1016/j.jpsychores.2006.11.004.

Mohammadi, N. (2005). [The preliminary study of validity and reliability of Rosenberg Self-Esteem scale (Persian)]. *Journal of Iranian Psychologists*, *1*, 313-320.

Neely, M. E., Schallert, D., Mohammed, S., Roberts, R., & Chen, Y.-J. (2009). Self-kindness when facing stress: The role of self-compassion, goal regulation, and support in college students'

well-being. *Motivation and Emotion*, *33*(1), 88-97. doi: 10.1007/s11031-008-9119-8.

Neff, K. D. (2003a). The development and validation of a scale to Measure self-compassion. *Self and Identity*, *2*(3), 223-250. doi: 10.1080/15298860309027.

Neff, K. D. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, *2*(2), 85-101. doi: 10.1080/15298860309032.

Neff, K. D., & Beretvas, S. N. (2012). The role of self-compassion in romantic relationships. *Self and Identity*. *12*(1), 78-98.

Neff, K. D., Kirkpatrick, K. L., & Rude, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality*, *41*(1), 139-154. doi: 10.1016/j.jrp.2006.03.004.

Neff, K. D., & McGehee, P. (2009). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity*, *9*(3), 225-240. doi: 10.1080/15298860902979307.

Neff, k. D., Rude, S. S., & Kirkpatrick, K. L. (2007). An examination of self-compassion in relation to positive psychological functioning and personality traits. *Journal of Research in Personality*, *41*(4), 908-916. doi: 10.1016/j.jrp.2006.08.002.

Nolen-Hoeksema, S., & Morrow, J. (1991). A prospective study of depression and posttraumatic stress symptoms after a natural disaster: the 1989 Loma Prieta Earthquake. *J Pers Soc Psychol*, *61*(1), 115-121.

Pullmann, H., & Allik, J. (2000). The Rosenberg Self-Esteem Scale: its dimensionality, stability and personality correlates in Estonian. *Personality and Individual Differences*, *28*(4), 701-715. doi: 10.1016/S0191-8869(99)00132-4.

Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the Self-Compassion Scale. *Clinical Psychology & Psychotherapy*, *18*(3), 250-255. doi: 10.1002/cpp.702.

Treynor, W., Gonzalez, R., & Nolen-Hoeksema, S. (2003). Rumination Reconsidered: A Psychometric Analysis. *Cognitive Therapy and Research*, *27*(3), 247-259. doi: 10.1023/A:1023910315561.