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Urdu Translation and Validation of 12-Items Questionnaire to Measure Self-Compassion

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Abstract

The recent study aims to convert the Self-Compassion Measure Short Form from English to Urdu and perform a cross-language confirmation. The research includes two stages: first stage applied the forward-back translation technique in 1976 while the second stage examined the psychometric qualities of the SCS-SF translated into Urdu. The participants were comprised of 400 learners within an aim to investigate the variable pattern of the Urdu adaptation. Accordingly, an exploratory factor analysis & confirmatory factor analysis respectively were performed. It turned out that the SCS-SF's consistency coefficient was acceptable ($\alpha = 0.70$). Strong model fit indices for a model with two factors were (CFI = 0.994, GFI = 0.979, IFI = 0.994, RMSEA = 0.03, AGFI = 0.958) and all of which remained in the permitted limit of values as well as discriminant validity was also assessed that was -.013. Furthermore, the adapted Urdu edition demonstrated acceptable convergent accuracy and a composite reliability. Its value as a useful instrument for investigators dealing with Urdu-speaking communities in Pakistan as well as in other countries, improving their knowledge of ideas connected to compassion for oneself, is shown by its effective translation and validation. This modification contributes to better mental health outcomes in this linguistic community by guaranteeing that Urdu-speaking persons can be appropriately evaluated and assisted in developing self-compassion.

Keywords: Self Compassion, Urdu, Pakistan, Learners.

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1. Introduction

Compassion is the state of being receptive and emotionally affected by the pain experienced by others, leading one to have a desire to alleviate their suffering. Recognizing that all individuals possess imperfections and are prone to errors, it is essential to exhibit patience, compassion, and unbiased comprehension to them. According to Neff, Self-compassion includes acknowledging and being affected by one's own grief, feeling compassionate and benevolent towards one, having a compassionate and non-compassionate behavior near personal shortcomings as well as mistakes along with knowing that person's own experiences are element of the collective individual practices in 2003. Also, self-compassion is distinct from self-pity as those who experience self-pity often feel disconnected from others. They become so absorbed in their personal problems that they fail to recognise other people throughout the world are facing comparable difficulties. Self-pity frequently amplifies the intensity of individual suffering when individuals get overwhelmed by their emotions. This phenomenon can be described as "over identification," where an individual's sense of self becomes deeply connected to their personal psychological reactions, making it problematic to detach from the state and adopt a more impartial view. A positive self-regard is a demonstration of mindfulness, which is characterized by a complete mental outlook.

Self-compassion is composed on three primary components: 1) Observing one's involvements as a component of the broader human practice rather than as something that sets one apart and makes one feel isolated; 2) maintaining a state of balanced awareness towards one's distressing opinions and feelings instead of excessively classifying with them; and 3) demonstrating self-compassion and empathy towards oneself rather than engaging in harsh self-depreciation and judgment. Although self-compassion is conceptually distinct and experienced in various ways, these aspects of self-compassion also tend to influence each other. For example, the disconnected attitude of mindfulness aids in diminishing self-judgment. Conversely, by refraining from self-criticism and self-blame and cultivating self-compassion, one can reduce the impact of negative emotional experiences. This, in turn, facilitates maintaining a state of balanced mindfulness towards one's thoughts and emotions. By reducing self-criticism, one can alleviate feelings of being different and alone. In

the same way, finding that grief and person's inadequacies are practiced by others can aid to diminish the need to responsibility and justice oneself strictly. It is improbable for emotions of self-compassion to be genuine and thorough if individuals use a self-compassionate attitude as an excuse to be lazy, inactive, or evade accountability for their harmful actions.

Self-compassion is the preparation of showing any love and empathy in times of sorrow or failure, rather than indulging in self-criticism. Furthermore, she proposes three fundamental components of self-compassion. The original self-compassion scale designed by Neff comprises 26 statements and is divided into six distinct categories. These domains together include the essential components of self-compassion. Self-Kindness entails displaying compassion and empathy towards oneself in moments of distress or disappointment, instead of engaging in excessive self-criticism. Self-judgment is act of being self-critical and critical. Humankind involves admitting that grief and individual inadequacy are characteristic aspects of the collective human experience. Imperfection is a universal experience among humans, rather than a cause for feeling separated by one's own failures. Isolation, conversely, refers to the sensation of alone and disconnection from others as a result of one's suffering and flaws. Mindfulness is the act of maintaining a state of stable consciousness near one's distressing opinions and feelings, without excessively attaching oneself to them. Over-Identification is the antithesis of mindfulness. It happens when individuals become engrossed and swept away by bad feelings.

In order to keep the measurement's conceptual depth while lowering its complexity, Raes et al. developed the more condensed 12-item Self-Compassion Scale-Short Form (SCS-SF) in 2011. Using fewer items to assess each of the original six dimensions, the SCS-SF has been shown to have excellent psychometric properties and to provide a suitable and trustworthy self-compassion measure on par with the original 26-item scale. Like Neff, Raes stresses as necessary components of self-compassion self-kindness, a sense of shared humanity, and mindfulness. The 12-items scale offers a practical tool for clinical and research applications by assessing both positive and negative aspects of self-compassion across the same six areas as the original scale. Many studies have examined self-compassion, its effects, along with how to measure it, which have

revealed a growing comprehension and practical use of self-compassion. Bluth and Blanton had done a research study to investigate the influence of self-compassion on teenagers in 2015. Their findings revealed a significant correlation between higher levels of self-compassion and condensed levels of despair and anxiety. They highlighted the significance of cultivating self-compassionate mindsets among younger demographics to improve mental health results. Many studies in the scientific literature have demonstrated a connection between increased self-compassion and lower levels of stress, anxiety, and depression. Thorough review of 20 studies by revealed a significant impact size and a substantial association in both, self-compassion and psychopathology (MacBeth et al., 2012). Those that are self-compassionate are less prone than those who are not to hide or focus too much on their negative feelings and ideas. Fascinatingly, time-lag study shows that those who are depressed typically have less self-compassion. But Krieger et al. conducted a study in 2016; found this does not always mean that depressed symptoms are present.

Homan conducted a study which revealed Self-compassion typically increases with age. The study found that self-compassion takes up a central role in predicting psychological well-being and influenced the relationship between general health and depression in folks aged 59 to 95. However, self-compassion appears to offer enduring resilience across an individual's entire lifespan in 2016. An investigating study done by Bluth and others discovered that teenagers who possessed a greater degree of self-compassion experienced enhanced emotional well-being and a less physiological stress response after undergoing a stress test in 2016. A study conducted on young individuals at risk found that self-compassion serves as a defending measure against suicidal tendencies, depression, post-traumatic stress, and panic symptoms (Zeller et al., 2015).

Ferrari and his colleagues performed a meta-analysis to observe the association among self-compassion and outcomes related to mental health. Their research further bolstered the proof for the efficacy of self-compassion therapies by demonstrating a strong correlation with decreased levels of stress, anxiety, and melancholy. The author examined the concept of self-compassion in athletes and demonstrated its ability to enhance resilience and reduce performance anxiety. This study elucidated the possible applications of self-

compassion in a variety of scenarios, including demanding ones such as sports in 2018. Terry and Leary conducted a study to investigate the connection between emotional resilience and self-compassion in 2011. Enhanced levels of self-compassion were linked to enhanced emotional resilience and coping abilities in response to stressors, suggesting that self-compassion is crucial for maintaining psychological well-being.

Albertson and colleagues concentrated on how women's eating habits and body image are influenced by self-compassion in 2015. Their study demonstrated the significance of self-compassion in supporting both bodily and emotional health by demonstrating an association between increased self-compassion and better assessments and decreased incidence of disordered eating behaviours. Sirois and colleagues in 2015 looked at how self-compassion affects health and wellbeing. Their long-term study showed that publics who were self-compassionate were further probable to practice health-promoting activities and, over time, to be generally better off. Furthermore, this study indicates that two variables, namely the controllability of stressful circumstances and the perceived threat of the stressor, may affect the association between self-compassion and problem-focused techniques (Chishima et al., 2018). Together, this investigation reveals the need of self-compassion as an essential psychological concept with broad advantages in many populations and situations. Research has repeatedly shown that self-compassion enhances adaptive functioning and acts as a safeguard against different types of psychological suffering. A research gap exists in the translation of the Self-Compassion Scale 12-items version into Urdu. While self-compassion is recognized as a vital component of psychological well-being across cultures, the availability of validated assessment tools in languages other than English is limited.

The present study aims to translate Raes' 12-items Self-Compassion Scale-Short Form into Urdu, making it accessible for Urdu-speaking populations the translation process has involved standard procedures to ensure the consistency and authenticity of the Urdu version, including forward and backward translation, expert reviews, and pilot testing. This endeavor will contribute to the global applicability of the self-compassion construct and enable researchers and practitioners in Urdu-speaking regions to utilize a vigorous measure of self-compassion in their work.

2. Method

The current research study was divided into two steps: first, Self-Compassion Scale Short Form translation from English to Urdu language, and then the development of the scale's psychometric qualities. A CFA was used to evaluate the SCS-SF's contributing components

2.1 Sample

In the current study, a convenient sampling technique was used to choose a sample from various departments of Hazara University in the KPK with a range of 18 to 28 years ($M = 21.58$, $SD = 2.309$). The appropriate academic institution gave their written consent for the data collection. The study only included participants who signed a written informed consent sheet. Data were gathered from 400 students, and the statistical analysis relied on the cleansed data of 400 participants. Participants were divided into two groups; males ($n = 165$) and females ($n = 235$).

2.2 Research Phases

2.2.1 Translation of SCS-SF in the Urdu language

The SCS-SF was translated from English to Urdu utilising Brislin's four-step translation technique proposed in 1976. For the initial round of forward translation, a total of six experts proficient in two languages were selected. These experts were three lecturers, two assistant professors, and one associate professor from the English and Urdu departments of Hazara University. Their task was to translate the scale word-for-word to maintain the meaning of the terms. Three psychology department associate professors were chosen. They exhibited advanced proficiency in the English language, with their inherent fluency in Urdu. These specialists extensively analyzed every item that appeared to be more similar to the original test in terms of style, grammar, and word choice. The second step involved the translation of the scales from Urdu to English by two additional bilingual translators. They were not made aware of the initial iterations of both scales. To test for accuracy and cross-cultural equivalency, the measures' original and back-translated versions were compared. Then, a second, impartial expert retranslated a few passages into English that the first translators couldn't agree on. The iterative approach persisted until the alignment of the two versions was achieved. In the third step, the committee approached three experts to assess the translated Urdu versions of

SCS-SF against the original versions. The purpose of this step was to highlight the discrepancies and to make alterations, if any. The committee members did not have any prior knowledge of the measures and had never used them. They counter-checked the accuracy, relevance, and appropriateness of each item in the Urdu-translated versions, comparing them with the original English versions. They recommended some syntactical, grammatical, and semantic changes. In the fourth step of the pre-test process, 20 students from Hazara University were chosen for the sample. The researcher had chosen respondents using a convenience sampling technique. The outcomes showed that the scale items are clear-cut and each item is logical and unambiguous, and they can all be utilized in more analysis.

2.2.2 SCS-SF's Psychometric Properties

Cronbach's alpha was used to assess the reliability of the scale and determine the psychometric features of the Urdu translation of the SCS-SF. In order to evaluate the construct validity of the scale factors, the Analysis of Moment Structure (AMOS 20; CFAs) was employed. The construct validity of the SCS-SF was examined by evaluating its association on the whole with the SCS-SF scores.

2.3 Instrument(s)

2.3.1 Self-Compassion Scale Short Form (SCS-SF):

Raes & his colleagues created a condensed version of the SCS in 2011, which included only 12 out of the original 26 SCS components. The SCS-SF is a dependable alternate for the lengthy version of SCS, particularly when considering the total self-compassion scores. Due to the fact that each subscale consists of only two items, the dependability of the subscales is diminished (range from .54 - .75) as the scores obtained from the subscales are not dependable in the SCS short form. There are no established clinical standards or assessments that may determine whether an individual possesses a high or low level of self-compassion. Instead, scores are mostly utilized for comparative purposes to analyses the results of those who score greater or lower in self-compassion. To invert the scoring of items, assign a value of 5 to 1, 4 to 2, 3 to 3, 2 to 4, and 1 to 5. In order to get a comprehensive self-compassion score, begin by transforming the values of the negative items of the subscale. Next, calculate the average of each subscale and determine the overall mean. It should be noted that the scoring methods employed here differ slightly from those used in the original scale article, where items were

summed rather than averaged. Nevertheless, the interpretation of scores becomes simpler when the total mean is utilized, and a majority of researchers presently present total scores on a five-point scale.

2.3.2 The Form of Self-criticizing and Self-Reassuring Scale (FSCRS): A 22-question assessment was established by Gilbert and colleagues to determine how individuals handle setbacks by thinking self-critical, self-reassuring beliefs in 2006. On a five-point rating system ranging from 0 which is not at all like me to 4 which is very much like me, respondents rank comments that start. There are two distinct responses on the self-criticism assessment that are "I have become so angry with myself that I want to hurt myself" and "I am easily disappointed with myself." The technique of factor analysis showed that it may be split into two different components: the "hated self," which focuses more on feeling disgusted and angry with oneself and its α was 0.86, as well as the "inadequate self," that focuses on feeling defeated and inadequate and its α value was 0.90. Self-assurance-related items on this system of assessment focus on notions like "I can remind myself of the good things about me" and "I motivate myself for the future."

2.4 Procedure

Prior to data gathering in the current study, approval from the head of different departments of the University was obtained. Additionally, approval from the ethical committee was also attained. The researcher visited various departments of the University in order to gather data and informed participants about the objectives of research and made guaranteed them that their data would be kept confidential and used merely for research purpose. The SCS-SF, along with a demographic sheet, was administered to participants and requested to fill the questionnaire completely, truthfully, and accurately. They were not time-bound to complete the questionnaire and were free to fill it out at their convenience. At the end of data collection, a special thanks to participants for their nice cooperation. Incomplete questionnaires were discarded.

2.5 Data Analysis

All data gathered during the pilot testing and the main study were using the Statistical Package for Social Sciences and its version was 21. EFA was used to identify the main dimensions and factor structure of the SCS-SF. AMOS-20 was used to analyze the CFA and

evaluate SCS-SF's factors. The coefficient of Pearson product-moment correlation was done to find the association among all measures, and it was also used to establish the connection between the short and long versions of self-compassion scores.

3. Results

Using SCS-SF, a reliability analysis was done and its reliability levels were adequate. EFA was utilized to establish the fundamental dimensions & factor structure of the scale. The structure of the factors of the SCS-SF was evaluated using CFA. In 2009, Field described the most important standards; all noticed components had suitable consistent regression scores larger than .35. Therefore, in the current investigation, the CFA loadings of factors for SCS-SF measures were more than .5.

Table 1

Demographic Characters of Sample with (SCS-SF) (N = 400)

Demographics	Frequency	Percentage
Age		
18-23	315	78.8
23-28	85	21.3
Gender		
Male	165	41.3
Female	235	58.8

Table 2

Communalities Values of Extraction Method by using Principal Components Analysis of SCS-SF-12 (N = 400)

Item No.	Value
SSCS-1	.681
SSCS-2	.721
SSCS-3	.951
SSCS-4	.739
SSCS-5	.930
SSCS-6	.717
SSCS-7	.952
SSCS-8	.757
SSCS-9	.696
SSCS-10	.933
SSCS-11	.905
SSCS-12	.899

Table 3

Factor Loading for Exploratory Factor Analysis by Using Varimax Rotation Analysis of SCS-SF-12 (N = 400)

Item No	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6
SSCS-7	.969					
SSCS-3	.959					
SSCS-10		.958				
SSCS-5		.950				
SSCS-11			.947			
SSCS-12			.945			
SSCS-2				.847		
SSCS-6				.835		
SSCS-8					.854	
SSCS-4					.841	
SSCS-9						.827
SSCS-1						.820
% variance			10.087			
Kaiser–Meyer–Olkin measure			.517			
Cumulative variance			82.337			
Bartlett’s test of Sphericity			1970.245 <0.0001			

Table 4

Model Fit Indices for SCS-SF-12 (N= 400) Note: SCS-SF-12 Self-Compassion Scale Short Form; AGFI = adjusted goodness-of-fit index; CFI = comparative fit index; IFI = incremental fit index GFI = goodness-of-fit index; RMSEA = root mean square error of approximation.

Models`	χ^2 (df)	χ^2 /df	AGFI	Goodness-of-fit indices			
				GFI	CFI	RMSEA	IFI
SCS-SF-12	51.399(39)	1.32	.958	.979	.994	.04	.994
Six (factors)							

Table 5: The Reliability, CFA and Validity Results for Final Model of SCS-SF-12 (N = 400) Note: SCS-SF-12 Self-Compassion Scale Short Form, CR=composite reliability, AVE = Average variance extracted

Construct	items	Factor loading	Cronbach’s alpha (>.7)	CR (>0.6)	AVE (>0.5)
Factor 1	SSCS-7	.969	.94	0.96	0.93
	SSCS-3	.959			
Factor 2	SSCS-10	.958	.89	0.95	0.91
	SSCS-5	.950			
Factor 3	SSCS-11	.947	.89	0.94	0.89
	SSCS-12	.945			
Factor 4	SSCS-2	.847	.62	0.83	0.71
	SSCS-6	.835			
Factor 5	SSCS-8	.854	.61	0.84	0.72
	SSCS-4	.841			
Factor 6	SSCS-9	.827	.50	0.81	0.67
	SSCS-1	.820			

Table 6

Correlation among SCS-SF-12 and SCF-26 Note: SCS-SF-12 Self-Compassion Scale Short Form; SCF-26 Self-Compassion Scale

Scales	SCS-SF	SCF	FSCRS
SCS-SF	1	0.992**	
SCF		1	
FSCRS		-.013	1

Table 7

Mean Comparison of gender on SCS-SF (N = 400) Note. SCS-SF= Self Compassion Scale-Short Form

Variable	Male N=165		Female N=235		t	p
	M	SD	M	SD		
SSCS	39.27	3.645	39.80	3.599	-1.420	.156

4. Discussion

The up-to-date study's objective was to convert and validate the SCS-SF-12 into Urdu. The leads' .70 dependability level was considered satisfactory. Next, questionnaire reliability analysis was performed. It showed respectable degrees of consistency. The alpha values for the six factors were .50, .61, .89, .94, and .89, respectively. The factor structures for primary dimensions were exposed by the EFA outcomes. CFA was used to evaluate the components and model fit indices of six SCS-SF-12 aspects. For every SCS-SF-12 factor, good combined reliability and convergent validity were observed. The fact that each item had a substantial positive correlation with the overall scores showed the construct validity of the scale and its six dimensions.

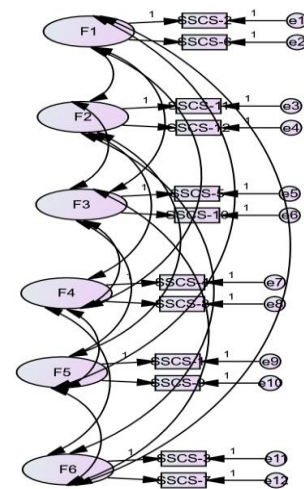
In six SCS-SF-12 dimensions, the goodness-of-fit indices were deemed satisfactory. According to its accepted standard value of 1.32, the value of χ^2 / df is significant. In terms of the chi-square test, a value of χ^2 / df of 1 is regarded as perfect; a value of χ^2 / df below 2 is regarded good; a value of below five is regarded acceptable; and a value above five is considered inappropriate. A study conducted by Marques and other members described that the size of the sample has an impact on the significance degree of χ^2 / df in 2014.

The outcome revealed that the AGFI value was .958, the value of GFI was .979, the IFI value was .994, and the CFI score was .994. Each of these values exceeds the .90 standard criteria value. According to Schumacher and Lomax in 2010, scores near 1 indicate a flawless model fit. These values vary between 0 to 1 ranges. Values in the range of .90 to .95 or higher are shown in Table 4.

The present investigation's RMSEA value of .03 indicates a strong model fit for the SCS-SF rating. Hu & Bentler state that the RMSEA provides 95% or a confidence level of a model falls inside the proper fit range in 1999.

Figure 1

Graphical presentation of Self-Compassion Scale Short Form (SCS-SF-12)



Consequently, the scale's three dimensions and three different categories of model fit indices—IFI, AGFI, & parsimonious fit—all displayed exceptionally high values. The results showed that this scale is a quick,

easy-to-administer scale with acceptable psychometric qualities that fall within a satisfactory range. In the present investigation, six criteria yielded results: the first is related to self-kindness, the second to self-judgment, the third to common humanity, the fourth to isolation, the fifth to mindfulness, and the sixth to over-identification. The edge of the six-factor correlation provides support for this study suggested by Neff, and the final model identified a well-defined component for self-compassion that coexists with the comparably well-defined particular variables as described in 2003. The discriminant validity of this scale was assessed by comparing opposite construct scales scores and outcome illustrated no significant correlation between these questionnaires.

Our investigation substantially contributes to the increasing amount of empirical confirmation (Neff et al., 2018; Neff et al., 2019; Toth-Kiraly et al., 2017) that self-compassion as well as its distinct aspects is most effectively explained within a structure that takes into account these constructs' multidimensionality. In particular, it showed the best and most appropriate model for capturing the multiple dimensions of compassion for oneself via Confirmatory Factor Analysis that all six aspects and higher-order component structure found in the initial entire Self-Compassion Scale are retained in the measure's shortened form. It serve as a more cost-effective replacement for original one and this is very helpful in investigation settings like therapeutic outcome studies that need lengthy inquiries or expensive evaluations.

Limitations and Suggestions

Divergent validity in genuineness is proposed to be attained by applying similar constructs to separate populations. To improve the study's external validity and generalizability, future researchers should gather a sample of students from various Pakistani institutions of learning in an equal proportion

Conflict of interest disclosure

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Ethical statement

Everyone who involved in this had given their written informed consent so that the study could determine whether or not they volunteered to participate.

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