The Reliability and Validity of the Persian Version of Self-Compassion Scale-Revised Edition

Arash Jelodari[1]*, Samira Gheydari[2]

ABSTRACT

The current study was conducted with the aim of examining the confirmatory factor structure of the revised Persian version of self-compassion rating scale among a group of male prisoners of Sepidar prison of Ahvaz. One hundred and seventy-eight male prisoners were selected using convenient sampling method among male prisoners and completed RPVSC and GHQ-11-item. The confirmatory factor analysis confirmed 6 factors. The Cronbach's α coefficient for the entire scale was .91, for the 6 factors was from .77 to .92 and its convergent validity with the General Health Questionnaire was -.45 and for the 6 subscales with the GHQ was calculated from -.28 to -.48. Finally, the self-compassion scale can be used as a validated instrument in assessing aspects of self-compassion in male prisoners population.

Keywords: Self-Compassion, Prisoners, Reliability, Persian, Validating.

People experience negative emotions such as sadness, burnout, and failure in their lives. In order to cope with these negative emotions, they need to alleviate and eliminate, and above the all, they need to overcome such emotions without any harm. These people need to promote their self-compassion in relation with this type of negative emotions. The term self-compassion is derived from the word "compassion" as it involves being sensitive to others' pain and suffering, being aware of others' discomfort, and the desire to alleviate others' suffering and having a non-judgmental understanding for the others' mistakes (Deniz, Kesici, & Sümer, 2008). However, the term has conceptualized by Neff based on Buddhist philosophy. According to Fernando (2003), the ideals of western traditional health system emphasis on self-efficacy, personal independency, productivity, and self-esteem. In contrast, in the ideals of eastern traditional health system the emphasis is on coordination, social integration, balanced performance, protection and care. Salzberg (1997) argues that self-compassion is as that much important in eastern traditions and cultures such as Buddhism. According to this view, the self and the other are interdependent.

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[1] B.A. student in Counseling Psychology, Shahid Chamran University of Ahvaz
[2] B.A. in General Psychology, PayamNur Tehran Markaz University of Tehran
*Responding Author

Thus, it is not possible to be compassionate about others but not about self. Neff (2003a, b) defines self-compassion as ability to keep one's feelings from suffering along with a sense of fun, communication, and love.

Self-compassion is a relatively new concept in social, personality, and clinical psychology (Leary, Tate, Adams, Batts Allen, & Hancock, 2007). Neff (2003a, b) argued that self-compassion has 3 main components which includes: (1) Self-kindness. Since self-criticism and self-judgment originate from feeling of alienation and weak relationships with others (Mongrain, Vettese, Shuster, & Kendal, 1998), people who are kindly with themselves have not intense judgment and criticism toward themselves (Neff, 2003a; Neff, Hsieh, & Dejitterat, 2005). The self-criticism of people forms in two related processes. In the first process, self-criticism and enmity create a background which appears under self-hatred. And in the second process, people cannot be warm, soothing and reassuring, self-loving and self-directing. (2) Human community. This humanity community characteristics inspires from culture, human values, justice, independence, and tolerance. People with human community characteristic keep their cultural values, respect to the cultural values of other countries, believe in basic values such as justice, equality, and freedom, and try to adjust their relationship with their values. These people tolerate both themselves and others (Neff, 2001, 2003a, b, c; Neff & Harter, 2002a, b, 2003; Neff & Helwig, 2002). And (3) Mindfulness. Mindfulness refers to keeping the painful thoughts and emotions balanced in consciousness instead of over-identification. This process of consciousness reduces the self-criticism, keeps the individual away from negative judgment, and increases the personal perception. When the process occurs, self-kindness increases (Neff, 2003a).

Neff (2003b) developed a scale to measure this personality construct (self-compassion). Since the 2003, much studies have used Self-Compassion Scale as an instrument regarding to varying psychological phenomena and instruments and tests. The principal form of self-compassion includes 26 items which measure 6 components of self-compassion: Self-kindness (When I'm going through a very hard time, I give myself the caring and tenderness I need.), Self-judgment (I don't judge about my own flaws and inadequacies), Human community (I try to see my failings as part of the human condition), Isolation (When I fail at something that's important to me, I tend to feel alone in my failure), Mindfulness (When I fail at something important to me I try to keep things in perspective), and over-identification (When I'm feeling down I tend to obsess and fixate on everything that's wrong). The questions are ranged on a 5-point Likert scale from 1= almost never to 5= almost always (Neff & Vonk, 2009). A Dutch version of the scale including 24 items ranging on a 7-point Likert scale has been developed that is very similar to the original version of self-compassion.

The psychometric properties of the scale have been examined in different studies. Neff (2003b) reported the Cronbach's α of .92 for the entire scale, .78 for the subscale of self-kindness, .77 for self-judgment, .80 for human community, .79 for isolation, .75 for mindfulness, and .81 for over-

identification, and reported test-retest coefficients of .93 for the entire scale and .88, .88, .80, .85, .85, and .88 for the 6 subscales, respectively; Raque-Bogdan, Ericson, Jackson, Martin, and Bryan (2011) reported the Cronbach's α of .92; Raes, Pommier, Neff, and Van Gucht (2011) reported the Cronbach's α of .90 for the long form and from .71 to .83 for its 6 subscales and from .55 to .81 for the 6 subscales in the short form; Deniz, Kesici, and Sumer (2008) reported .83 (p < .001) and .70 for the test-retest reliability coefficient and the Cronbach's α of the scale, respectively; Neff, Kirkpatrick, and Rude (2007) reported the Cronbach's α of .94; In two studies, Wei, Liao, Ku, and Shaffer (2011) reported the Cronbach's α coefficients of .58 and .88 in students and adults populations, respectively.

Using the confirmatory factor analysis method, Neff (2003b), Raes (2010), Raes et al. (2011), Azizi, Mohamad Khani, Foroughi, Lotfi, and Bahram Khani (2013), and Ovec, Akin, and Abaci (2007, cited from Deniz et al., 2008) obtained a 6-factor solution about the Self-Compassion Scale (self-kindness, self-judgment, human community, isolation, mindfulness, and over-identification). But Deniz et al. (2008) did not confirmed 6-factor structure of the SCS. They initially observed a 5-factor structure with eigenvalues higher than one. But using Scree test, they showed a separate factor and omission of two items out of 26 items which had loadings less than .30.

Deniz et al. (2008) indicated that the validity coefficients between the SCS and Rosenberg Self-esteem Scale (RSE), Satisfaction with Life Scale (SWLS), and Positive and Negative Affect Schedule (PANAS) were significant. Raes et al. (2011) found a nearly full correlation between the long and short forms of SCS as well as high correlations were observed between two subscales of the forms. Neff (2003b) showed that the SCS has significant, negative correlations with Beck Depression Inventory (BDI), the Speilberger Trait Anxiety (STAI), and Neurotic Perfectionism and has significant, positive correlations with SWLS and Emotional Processing. Van Dam, Sheppard, Forsyth and Earleywine (2011) found that the SCS better can predict people's intense signals and quality of life than the Mindful Attention Awareness Scale (MAAS) does. Ying (2009) indicated that the over-identification subscale is related to depression symptoms. Researchers have shown that self-compassion is related to psychological well-being and can be a protective and nurturing factor of emotional flexibility (Neff & Vonk, 2009). Also, high levels of self-compassion are related to increased mental health and to decreased anxiety and depression (Leary et al., 2007; Neff, 2003; Neff et al., 2007; Raes, 2010) and to increased happiness and optimistic (Neff et al., 2007).

However, people can keep their psychological well-being and psychological health in family, society, and work settings by having various personality traits including self-compassion. Of course, the assessment of the construct in Iranian society requires a validated and reliable measurement. The current study was developed with two aims of examining the reliability and

the confirmatory construct of the scale based on the model of Raes et al. in 2011 in the male prisoners population.

METHOD

Participants

The statistical population of the study included all of the male and female prisoners (2650 persons, 2450 males and 250 females) of Sepidar prison in Ahvaz in 2014 from which 300 prisoners were chosen convenient and with full consent using the criterion of being married and having at least diploma of which only 178 male persons collaborated. Ninety-four persons (52.8%) were in range of 20-30 years old, 47 persons (26.4%) in 30-40, 20 people (11.2%) in 40-50, 10 people (5.6%) in 50-60, and 7 people (3.9%) in 60-70; One hundred and forty-six people (82%) were diploma, 15 (8.4%) were associate degree, and 17 (9.6%) were bachelor; Eighty six people (48.3%) have been convicting for less than 1 year, 55 (30.9%) were between 1 or 2 years, and 37 (20.8%) have been convicting more than 2 years; Fifty persons (28.1%) were childless, 59 (33.1%) had 1 child, 35 (19.7%) had 2 children, 17 (9.6%) had 3 children, 8 (4.5%) had 4 children, 4 (3.2%) had 5 children, 2 (1.6%) had 6 children, 1 (.6%) had 8 children, 1 (.6%) had 12 children, and 1 (.6%) had 13 children; Thirty-nine (21.9%) had robbery offenses, 33 (18.5%) had financial crime, 37 (20.8%) had drug offenses, 28 (15.7%) had strife and conflict crimes, 5 (2.8%) with the crimes of murder, 10 (5.6%) with an offense of carrying gun, 3 (1.7%) with crime of adultery, 4 (2.2%) with security-related offenses, 2 (1.1%) had kidnapping crime, 7 (3.9%) with forged documents, 8 (4.5%) had accidents crimes, and 2 (1.1%) had the dowry crime.

Measures

Self-Compassion Scale. The 12-item short form of the scale, developed by Raes et al. in 2011, was used to measure the 6 components of self-compassion each of which includes 2 items in the current study. The items are range on a 5-point Likert scale from 1 = almost never to 5 = almost always and higher score represents higher levels of self-compassion. However, the scores of self-judgment, isolation, and over-identification are calculated inversely. The questionnaire was initially translated into Persian and was tested in terms of content and word selection and the Persian text translated into English again by a professor fluent in English and was used with the minimal changes.

General Health Questionnaire-11. The questionnaire has 11 items and each item assess the intense of a psychological problem in last weeks in a 3-rating Likert Scale (0 = less than usual, 1 = not more than usual, 2 = more than usual, and 3 = much more than usual). The minimum and maximum of scores are 0 and 33, respectively, which higher score indicates worse psychological health status (Rajabi & Hashemi Sheykhshbani, 2009). In a study using exploratory factor analysis on the scale (12 items), with omission of 1 item, 2 factor of social dysfunction (1, 2, 3, 6, 7, and 11) and psychological distress (4, 5, 8, 9, and 10) were identified. The Cronbach's α coefficient of the scale was .85, for these two factors was .79 and .84 and the convergent validity coefficient of the scale with the 5–item Mental Health Questionnaire was .73 (p < .001) and was significant with the mentioned two factors (Rajabi & Hashemi Sheykhshbani, 2009).

Data analysis

The data analysis was done using the confirmatory factor analysis for examine and fitness of the 6-fator model of the scale, the Cronbach's α coefficient and Pearson's correlation coefficient for examine convergent the scale with the 11-item Mental Health Questionnaire (Rajabi & Hashemi Sheykhshbani, 2009). The data were analyzed using Amos and SPSS-21.

RESULTS

Table 1. The mean, standard deviation, and correlation coefficients between the items and the total score of the SCS

Items	Mean (std. dv.)	Total score	Items	Mean (std. dv.)	Total score
1	(1.08) 2.06	.62[*]	7	(1.14) 9.29	.78[*]
2	(1.06) 4.40	.61[*]	8	(1.14) 8.28	.75[*]
3	(1.14) 2.33	.79[*]	9	(1.03) 6.71	.66[*]
4	(1.16) 2.08	.76[*]	10	(1.13) 2.33	.62[*]
5	(1.17) 2.33	.64[*]	11	(1.18) 2.10	.72[*]
6	(1.15) 8.45	.69[*]	12	(1.25) 2.14	.75[*]
Total	(9.65) 26.69				

[*] $(p < .01)$

As it is shown in Table 1, the most means are related to item 7 'mindfulness' (9.9) and 6 'self-kindness' (8.45), in order, and the least ones are related to item 1 'over-identification' (2.06) and item 4 'isolation' (2.08), in order. The mean and standard deviation of the entire scale obtained 26.69 and 9.65, respectively. Also, all of the items are significantly related to the score of the entire scale in statistical level of $p < .01$ (from .61 to .79).

Table 2. The Cronbach's α and convergent validity coefficients of SCS with GHQ-11

Factor	Cronbach's α	Convergent validity
Self-compassion	.91	-.45[*]
Over-identification	.77	-.29[*]
Self-kindness	.83	-.37[*]
Mindfulness	.92	-.45[*]
Isolation	.88	-.29[*]
Human community	.91	-.48[*]
Self-judgment	.87	-.28[*]

[*] $(p < .01)$

As it can be seen in table 2, the Cronbach's α coefficients for the entire scale were .91 and for the six factors were .77 for over-identification, .83 for self-kindness, .92 for mindfulness, .88 for

isolation, .91 for human community, .87 for self-judgment. The convergent validity coefficients of the scale and the six subscales with GHQ-11 (Rajabi & Hashemi Sheykhshbani, 2009) from -.28 (p < .036) to -.48 (p < .001) were significant (the negative signs between the constructs does not implicate that there are negative and inverse relationship, rather it is due to the scoring system of GHQ, namely, the lower score indicates the better mental health).

Table 3. The fitness indices of the 6-factor model of the SCS

χ^2	df	P	(χ^2/df)	GFI	AGFI	CFI	RMR	RMSEA
49.23	38	.105	1.29	.96	.91	.99	.03	.04

As it is shown in table 3, the fitness index of χ^2 of the 6-factor model is 49.23 (p > .050) and is not statistically significant, and indicates that the model is fit to the population. It should be noted that by applying a correction index from e_2 to e_{10}, other indices including χ^2/df 1.29 less than the contractual value of 3, fitness indices of GFI, CFI, and AGFI higher than .90, RMSEA less than .05, RMR are in low which all of them indicate that the 6-factor model with a correction is fit to the population (see figure 1).

(Figure 1. here)

DISCUSSION

The current study was done with the aim of examining the validity and reliability of the Persian version of self-compassion scale among a group of prisoners of Sepidar prison of Ahvaz. The key findings can be summarized as follow: First, the results of the structure of confirmatory factor analysis with a correction indicated the fitness of the 6-factor model (factor loads from .78 for the item 1 'over-identification' to .93 for the item 3 'mindfulness'). RMSEA is at the least possible indicting the low error of the model (see table 3). Other fitness indices of the model including GFI = .96, AGFI = .91, NFI = .96, and CFI = .99, were all higher than the contractual value of .90. Also, the value of χ^2 is 49.23 and χ^2/df is less than 3, which are the other two acceptable fitness indices of the 6-factor model. As a result, this study and the studies of Raes (2010), Raes et al. (2011), Azizi et al. (2013), Neff (2003b), and Ovek et al. (2007, cited from Deniz et al., 2008) have confirmed the structure of the 6-fator model of the Persian version of self-compassion scale, but Deniz et al. (2008) have confirmed the 1-factor model. However, it seems that this personality instrument is applicable in Iranian society even in prisoner participants.

Second, the results of the correlation coefficients for examining the convergent validity showed that there are significant correlations between this scale and its subscales with mental health questionnaire, which the most correlations were related to the subscales of human community and mindfulness. The following studies confirm the finding: Neff (2003b) found a significant, positive relationship between the SCS and Satisfaction with Life Scale and Emotional

Processing, and a negative relationship with Beck Depression Inventory, the Speilberger Trait Anxiety, and Neurotic Perfectionism; Neff et al. (2007), Leary et al. (2007), Neff (2003), and Raes (2010) found that high levels of self-compassion is related to more mental health and less anxiety and depression and more happiness and optimism; Deniz et al. (2008) found a positive correlation between the SCS and Rosenberg Self-Esteem and Satisfaction with Life scales; Raes et al. (2011) found a correlation between the long and short forms of the SCS as well as the high correlations between two subscales of the long and short forms of SCS. Similarly, Ying (2009) showed that the subscale over-identification is related to depression symptoms. Another study showed that self-compassion is related to psychological well-being and it can be a protective and nurturing factor of emotional flexibility (Neff & Vonk, 2009).

Third, the Cronbach's α coefficients for the entire SCS and for its 6 subscales were acceptable (see table 2). Given that he Cronbach's α coefficients of .60 and higher are generally acceptable, the finding and other findings of the other studies, such as Deniz et al. (2008), Raes (2010), Raes et al. (2011), Neff (2003), and Azizi et al. (2013), in relation with internal consistency confirm that the reliability levels of the scale are acceptable and the total score and all of the subscales can be used in different contexts of therapy and research.

The 12-item form of SCS can be efficiently used as an alternative instrument instead of the long one to save time and money in therapeutic and research situations and contexts. It can be useful for therapists seeking progression and revision of therapy and counseling activities of patients and clients and helping to them. This version might be a convenient instrument for identifying people developing negative emotions toward themselves and people who cannot develop self-understanding and tolerance in Iranian culture. Also, we hope that the revision of the self-compassion construct can have a contribution in increasing movement of 'positive psychology.' The movement is based on humans' strengths and potentials such as their ability to happiness, love, and forgiveness rather than pathology and maladaptive functioning. However, self-compassion improves the positive emotions toward self while simultaneously maintains closeness to the others.

However, the generalization of the findings to the other populations should be done with caution, because the chosen sample is not a random one. It is recommended to use other populations in sampling in future studies in order to generalize the findings. We suggest to use retest reliability coefficient to examine the reliability and to use the Rosenberg Self-Esteem Scale to examine the validity of the scale in another study.

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The items of the Persian version of Self-compassion Scale

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

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

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

4- When I'm feeling down, I tend to feel like most other people are probably happier than I am.

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

6- When I'm going through a very hard time, I give myself the caring and tenderness I need.

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

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

9- When I'm feeling down I tend to obsess and fixate on everything that's wrong.

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 disapproving and judgmental about my own flaws and inadequacies.

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

ماده های نسخه فارسی مقیاس شفقت-خود

1- وقتی در انجام کاری که برایم مهم است شکست میخورم، احساسهای بی کفایتی مرا تحلیل می برد.

2- سعی میکنم آن جنبه هایی از شخصیتم را که دوست ندارم، درک کنم و بپذیرم.

3- وقتی اتفاقات دردناکی برایم رخ میدهد سعی میکنم دیدگاه متعادلی از موقعیت داشته باشم.

4- وقتی احساس دلتنگی میکنم، این احساس به من دست می دهد که اکثر مردم از من شادتر هستند.

5- سعی میکنم به شکستهایم به عنوان بخشی از شرایط زندگی انسانی نگاه کنم.

6- وقتی یک زمان بسیار سختی را سپری میکنم، از خودم مراقبت میکنم و توجهی که نیاز دارم را به خودم می دهم.

7- وقتی چیزی مرا ناراحت میکند، سعی میکنم احساسها و عواطفم را در حالت متعادل نگه دارم.

8- وقتی در انجام کاری که برایم اهمیت دارد شکست میخورم، این حس در من ایجاد می شود که فقط من شکست خوردهام.

9- وقتی احساس دلتنگی میکنم، دچار وسواس فکری می شوم و بر هر چیزی که اشتباه است تمرکز می کنم.

10- وقتی به طریقی احساس بیکفایتی میکنم، سعی میکنم به خودم یادآوری کنم که این احساسهای بی کفایتی در اکثر مردم مشترک هستند.

11- کاستی ها و بیکفایتی هایم را زشت می دانم و آن ها را مورد تایید قرار نمی دهم.

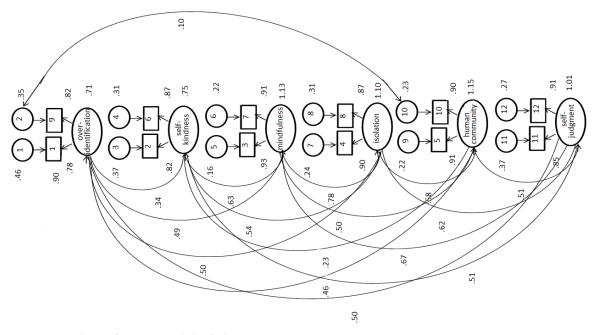12- نسبت به آن جنبههایی از شخصیتم که نمی پسندم، بیحوصله و ناشکیبا هستم.

Figure 1. The 6-factor model of the SCS