The Concept of Self-compassion: a Russian Adaptation of the Scale by Kristin Neff

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The article describes a relatively new psychological construct of self-compassion and its relation to another well-known notion, self-esteem. Arguments are presented in favor of the new construct in working with adolescents and patients. According to that, there is a need of an adaptation on a Russian sample of the scale, which measures self-compassion. It was hypothesized that the Self-Compassion Scale by K. Neff will be an appropriate instrument to measure the construct on a Russian sample, as it passed successful adaptation in many other countries. For that purpose the scale was translated, and was then given to students in three Russian cities, along with Zimbardo Time Perspective Inventory, Almost Perfect Scale, Experience in Close Relationships – Revised, and Multidimensional Scale of Perceived Social Support (students were from Moscow, Cheboksary, Kirov, N = 490, 152 males, 337 females, one person undefined, aged 17—28 (M = 19,3, SD = 1,2)). ESEM showed satisfactory fit of the model with 6 specific factors (subscales) ($\chi^2(184) = 452,074$; CFI = 0,956; TLI = 0,923; RMSEA = 0, 055 (0,048; 0,061), SRMR = 0,028). Indices of reliability for the subscales were also satisfactory. Correlations of the subscales with other questionnaires showed good construct validity. Thus, the Russian version of the Self-Compassion Scale by K. Neff can be used in clinical and research purposes on Russian youth samples.

Keywords: self-compassion, self-esteem, suicidality.

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Статья описывает новый психологический конструкт сочувствия к себе и его отношение к другому хорошо известному понятию — самооценке. Приводятся аргументы в пользу нового конструкта в работе со студентами и пациентами. В соответствии с этим ощущается необходимость адаптации на русскоязычной выборке опросника, измеряющего уровень сочувствия к себе. Была выдвинута гипотеза о том, что методика «Сочувствие к себе» К. Нефф является подходящей шкалой для измерения конструкта на российской выборке, так как она уже была успешно адаптирована в нескольких странах. Для этой цели шкала была переведена, а затем ее вместе с опросником временной перспективы личности Ф. Зимбардо, «Многомерной шкалой воспринимаемой социальной поддержки», «Переработанным опросником "Опыт близких отношений"» и «Почти совершенной шкалой» заполнили студенты в трех городах страны (Москве, Чебоксарах, Кирове; N = 490, 152 мужчин, 337 женщин (у одного человека пол не определен), возраст от 17 до 28 лет (М = 19,3; SD = 1,2)). Эксплораторное моделирование структурными уравнениями (ESEM) показало удовлетворительное соответствие данных модели ($\chi^2(184)$ = 452,074; CFI = 0,956; TLI = 0,923; RMSEA = 0,055 (0,048; 0,061); SRMR = 0,028) с шестью специфическими факторами. Показатели надежности и согласованности шкал также были удовлетворительны. Корреляция шкал опросника с другими методиками показала хорошую конструктную валидность. Данный опросник может применяться в клинических и исследовательских целях на русскоязычной молодежной выборке.

Ключевые слова: сочувствие к себе, самооценка, суицидальность.

Introduction

Self-compassion is a relatively new construct, which was introduced by an American psychologist Kristin Neff, and the author suggests replacing the concept of self-esteem with this term [34]. Since 2003, she has consistently criticized self-esteem [36; 41]. According to K. Neff, the practical problems with this concept are that in order to gain self-esteem, the person compares themselves with other people, besides, self-esteem depends on assessments from others, which may lead, on the one hand, to narcissism, self-centeredness and excessive self-preoccupation, and on the other hand, to prejudice towards others, especially towards strangers, and even to aggression and violence, if the person feels threat to the self [15]. Attempts to maintain high self-esteem provoke defensive beliefs, which hide the authentic knowledge about the self [17]. Intrinsic, or optimal self-esteem, according to the theory of self-determination, is the unconditional experience of self-worth, and it is more similar to the humanistic ideas of self-compassion. But, all in all, not only the low self-esteem (self-deprecation) is "bad", but also the high self-esteem and the whole process of maintaining it: when a person belittles the achievements of others for the sake of positive self-regard, considering themselves "above average", "boosting" their sense of self-worth [1; 8; 12; 31; 36].

In contrast to self-esteem, K. Neff suggests studying and cultivating an alternative self-regard — a compassionate, sympathetic one. The author believes that this view avoids the pitfalls of self-esteem, as a person, who sympathizes themselves in failure, treats themselves with kindness, understands the common humanity of their imperfection and is mindful to their feelings: one does not avoid them, but also does not exaggerate them, does not "run *away* or run *along* with their feelings" [34]. Self-centeredness is relieved by understanding, that one doesn't experience similar feelings and situations alone. Complacency is avoided, as the person notices and does not suppresses their mistakes, but learns from them.

K. Neff defines self-compassion as an ability to treat yourself with kindness and non-judgment in a situation of failure, understanding its common humanity and non-isolating yourself from it, studying your feelings mindfully, but not identifying with them excessively [35]. Respectively, the author formulated six subscales in her inventory, which reflect these phenomena. For research purposes she combines them (three positive subscales: self-kindness, common humanity and mindfulness; and three negative subscales, inverted: self-criticism, self-isolation, and over-identification) in a general scale of self-compassion.

The author compares her concept with the construct of self-empathy [28], which is defined as non-judgment and openness to your feelings, but it was not operationalized and was described exclusively for women. Self-compassion is also kindred to humanistic approach, to the works by A. Maslow and C. Rogers. For example, A. Maslow wrote about the necessity to accept your failures for the sake of self-growth [2]. Rogers wrote of the "unconditional positive acceptance" as a foundation of client-centered psychotherapy [3]. Snyder supposed that the goal of psychotherapy is to form an "inner empath" in a client [47]. But while humanistic psychotherapy is being criticized for excessive individualism [26], K. Neff believes that the concept of self-compassion avoids this shortcoming, as it accepts the common humanity of failure and teaches us to treat the self as a good friend, i.e. teaches us how to be kind to the self and others.

Besides, this concept intersects with the research on regulation of emotions and proactive, non-avoidant emotional approach in coping strategies, when people seek to realize, explore and understand their experiences, and express them in an adaptive way [7; 43; 48]. The author views this issue from the perspective of mindfulness, which has already proved its effectiveness in treating various types of psychological difficulties [6; 25].

Around the same time when K. Neff published her work on self-compassion, P. Gilbert expressed similar ideas about the necessity to develop "inner warmth and compassion" in clients [21]. Unlike K. Neff, he came to this idea from the perspective of evolutionary and developmental psychology, believing that self-compassion and compassion towards others is the prerequisite of evolution and develops in childhood through internalization of kind and loving relationships with parents [24]. He formulated his approach in CBT (Cognitive Behavioral Therapy), a Compassion-Focused Therapy, which is recommended for depressive and suicidal clients, prone to acute feelings of shame [23].

In search for correlates of self-compassion with brain functioning, P. Gilbert refers to the studies in neuroscience, which identify three

systems of emotion regulation: threat regulation system (the basic response through escape, fight or submission), drive (activation, search), and satisfaction (calmness) [18; 22]. From the author's point of view, the last system is developed in ontogenesis, when parents calm their stressed child, and over time the person learns to comfort themselves and treat themselves with compassion. On the other hand, the review of the neuroscientific studies was recently published, which matches them with the components of the self-compassion concept by K. Neff [49].

While P. Gilbert became the founder of the approach in CBT, K. Neff develops the methodology of the self-compassion concept, studies the relations of this construct with various indices of psychological well-being, and authored several psychotherapeutic techniques [19; 37]. The scale, which she had formulated, was adapted in more than 20 countries, with its structure intact [42].

The studies with Self-Compassion Scale by K. Neff

The review of the studies shows a lot of important links of this scale with indices of psychological well-being [14]: general self-compassion score positively correlates with positive affect and negatively correlates with negative affect; is positively connected with feelings of happiness and optimism and predicts them better, than self-esteem, age and gender; is connected with several subscales from emotional intelligence questionnaire and with sociability; and those students, who scored higher on self-compassion, were less prone to suppress their emotions after a failure and tended to accept and reinterpret their feelings more. Self-compassion is positively correlated with intrinsic motivation and mastery, is negatively correlated with performance, and moderates strongly maladaptive perfectionism and depression in adolescents and adults.

Concerning cognitive patterns, self-compassion is negatively correlated with rumination, more with brooding, than with reflection, and a month training of self-compassion in a group of students showed their decline in ruminations [44]. Besides, self-compassion is negatively linked with thought suppression and avoidance in people with traumatic experience [51].

A recent meta-analysis, which explored the research on self-compassion and psychopathology (anxiety, depression and stress), which used the scale by K. Neff, found 20 samples in 14 studies; the authors came to the conclusion that the effect size is commendable [29]. A systematic review on the research, which shows negative correlation between self-compassion and suicidal ideation and behavior, found 18 studies [16]. A meta-analysis on the link between self-compassion and well-being yielded 79 samples and also a high effect size [53]. A longitudinal study showed that self-compassion works as a buffer between low self-esteem and psychopathology [30]. People with low self-compassion more often show anxious and avoidant attachment style and have childhood traumatic memories [20].

A study with self-compassion induction showed its connection with positive outcomes in a group of clients with disordered eating [13]. A review of therapeutic approaches, in which self-compassion can be identified as a basic element, mentions compassion-focused therapy, meditations, gestalt-technique of two chairs, dialectical behavioral therapy and acceptance and commitment therapy [14]. C. Germer and K. Neff introduced an 8-week of teaching mindful self-compassion, which proved its effectiveness in half a year and a year after the intervention [19; 39]; there is also evidence of other successful psychotherapeutic interventions [40].

Thus, self-compassion is an important and promising construct, which showed its applicability in the realm of mental health, and the scale proved to be a useful tool for assessment the strategies of self-regard in patients and participants of psychotherapeutic interventions.

Criticism of the scale and the construct

The criticism of the scale is mostly directed to separate calculation of the subscales "self-compassionate responding" and "reduced self-compassionate responding", which is performed by some authors. They believe that the first score reflects a way of coping, while "reduced self-compassion" is a manifestation of psychopathology. As proof, they provide an analysis of partial correlations, showing that "self-compassionate responding" is weakly correlated or has no correlation at all with stress, anxiety, depression, self-criticism, rumination, thought suppression, worrying and negative affect, while "reduced self-compassionate responding" has strong and consistent correlations with those variables $(r = .45-.67)$ [33].

K. Neff rejects this argument, insisting that these factors (of positive and negative self-regard) are intertwined and act as a holistic system [38]. In the article, where the samples from different countries are analyzed, the necessity to calculate the general score is also justified [42].

The study

Objective and hypothesis

The objective of the present study is the adaptation of the Self-Compassion Scale (SCS) by K. Neff on a Russian student sample. We hypothesized that the structure of the scale on a Russian sample will replicate the original version, and the subscales will correlate with the manifestations of psychological well-being and ill-being, as they did in the foreign samples.

Sample

The sample consisted of students from the Moscow technical university (n = 155), Cheboksary humanities and medical faculties (n = 221) and Kirov humanities faculties (n = 122). The general sample (N = 498) comprised of 342 females and 155 males (1 respondent didn't state their gender and age). The age of the respondents varied from 17 to 28 (M = 19.3 ± 1.2). The participation was voluntary, the respondents filled in the paper-and-pencil version of the scales. They did it in their free time (Kirov), or during the class hours (Moscow, Cheboksary). Nevertheless, we excluded 8 participants from the analysis, as the dispersion of their answers on the scale was too small (SD < .5). In the end, 490 participants were left, 337 females and 152 males, and 1 participant with unidentified gender.

This study was part of the research on suicidal ideation and behavior in students, with the objective of adaptation of the appropriate scales, and so the instruments differed in subsamples. To test the construct validity of the SCS, we chose the instruments, which are usually informative in studies of suicidal inclinations in young people (time perspective, perception of social support, attachment, perfectionism).

Instruments

1. Self-Compassion Scale by K. Neff [34]. We performed the direct (Russian) и back (English, by a bilingual translator) translation of the scale, and then the original and English translation was compared, and the Russian version was cor-rected. The scale consists of 6 subscales, 26 items, which are assessed on a Likert scale from 1 (almost never) to 5 (almost always), and are titled "How I typically act towards myself in difficult times". The subscales are:

• Self-Kindness ("I try to be loving towards myself when I'm feeling emotional pain") — describes kind and loving self-regard in situations of failures and difficulties;

• Self-Criticism ("I am disapproving and judgmental about my own flaws and inadequacies") — supposes harsh judgments of one's own shortcomings, imperfections, misdeeds;

• Common Humanity ("When things are going badly for me, I see the difficulties as part of life that everyone goes through") — describes the notion that difficulties are part of the journey for every person, and do not identify the respondent as a unique actor;

• Self-Isolation ("When I think about my inadequacies, it tends me feel more separate and cut off from the rest of the world") — depicts the feelings of loneliness and dissimilarity with other people in failure;

• Mindfulness ("When something upsets me, I try to keep my emotions in balance") — supposes a balanced, interested attitude towards one's own feelings, when a person doesn't exaggerate and doesn't belittle them, but tries to explore them impartially;

• Over-Identification ("When something upsets me, I get carried away by feelings") — describes the strategy of immersion in experiences in difficult situations.

2. Zimbardo Time Perspective Inventory [54, adaptation 5]. All 5 scales were used: Past Positive, Past Negative, Present Hedonistic, Present Fatalistic, Future. The items are assessed by a Likert scale from 1 (absolutely untrue) to 5 (absolutely true). The inventory was filled in by all the participants.

3. The Multidimensional Scale of Perceived Social Support [55, adaptation 4]. The scale consists of 12 items and assesses the perception of presence and effectiveness of social support on 3 scales: family support, support by friends and by significant other. The items are estimated on a Likert scale from 1 (absolutely disagree) to 7 (absolutely agree). The scale was filled in by all the participants.

4. The sort version of Experience in Close Relationships — Revised [27, adaptation 10]. The inventory consists of 14 statements, 2 subscales: anxiety and avoidance, and assesses the predomi-

nance of these styles in close relationships (with a partner or a friend), and the items are estimated on a Likert scale from 1 (absolutely untrue) to 7 (absolutely true). The inventory was not used on a Moscow sample.

5. Almost Perfect Scale [46, adaptation 11], short from. Consists of 36 items and 2 subscales: adaptive and maladaptive perfectionism; the items are estimated on a Likert scale from -3 (absolutely untrue) to 3 (absolutely true) and then recoded by a researcher from 1 to 7. The scale was not used on a Cheboksary sample.

Results

Structure of the scale
We tested several models on a combined sample with confirmatory factor analysis (CFA) and exploratory structural equation modeling (ESEM) (Table 1). All the variables were viewed as categorical (WLSMV).

In the model 1a (CFA), the suggestion was made that there are 6 specific subscales, but the indices of the model showed unsatisfactory fit. By studying the indices of modification and content analysis of the items, paired covariance of errors were added for the items 8 and 21, subscale Self-Criticism, 23 and 26, subscale Self-Kindness, and 13 and 18, subscale Over-Identification, but the indices of the model still showed unsatisfactory fit (model 1b). We assumed that the reason for the discrepancy between the model and the data is the total variance of the items, which belong to different subscales.

In the model 2 (ESEM), the scale loaded on all the factors, and the fit of data was satisfactory. The loadings of the variables on the theoretically expected factors were generally higher, than on other factors (Table 2), but there were also a lot of double loadings, which allowed assuming a more complex factor structure (that the items from different subscales constitute a holistic construct).

To model such a structure, the bifactor model was used, built on a model 1b (CFA, 6 factors with 3 covariances of errors). In the framework of bifactor model, a total variance of items is modeled by a separate latent factor (general factor), while the latent factors, which correspond to the specific items included in each scale (specific factors), do not correlate with each other and the general factor [45]. According to the fit indices, neither general factor (model 3a), nor 2 general factors, which capture the positive and negative valence of the statements (model 3b), were enough to describe the total variance of the items. Model 3c (with 6 primary factors, 2 valence factors and a general factor) showed satisfactory fit to the data.

The factor loadings (Table 3) allow us to assess the extent to which the variance of each item is linked to the general score of self-compassion, positive and negative statements, and to the specific subscale. Based on this data, we can conclude that it is preferable to use separate subscales for the evaluation of self-regard strategies in research and clinical settings, though the total score and the score on two basic subscales are also acceptable.

Thus, we received the result, which shows us the adequate bifactor model of the scale, though to estimate the loadings more precisely, a larger sample is needed, to combine the advantages of the bifactor model and ESEM.

Scale reliability
We tested the internal consistency and reliability of the subscales with Cronbach's α and

Table 1

Versions of structural modeling for the Self-Compassion Scale

Model	χ^2(df)	CFI	TLI	RMSEA	90% CI	SRMR
1a. CFA-6	1215,410 (284)	,848	,826	,082	(,077; ,087)	,071
1b. CFA-6 with covariance of errors	1128,222 (281)	,862	,840	,078	(,074; 0,083)	,070
2. ESEM-6	452,074 (184)	,956	,923	,055	(,048; ,061)	,028
3a. Bifactor model (6 factors + general factor)	1717,418 (270)	,764	,716	,105	(,100; ,109)	,088
3b. Bifactor model (6 factors + two valence factors)	1129,268 (270)	,860	,831	,081	(,076; ,085)	,087
3c. Bifactor model (6 factors + 2 valence factors + general factor)	721,767 (244)	,922	,896	,063	(,058; ,069)	,051

Notes: df — degrees of freedom χ^2, CFI — Bentley's Comparative Fit Index, TLI — Tucker-Lewis Index, RMSEA — Root Mean Square Error of Approximation, 90% CI — the boundaries of a confidence interval for RMSEA, SRMR — Standardized Root Mean Residual.

T a b l e 2

Factor loadings for a 6-factor model ESEM of the Self-Compassion Scale

Item, №	Self-Kindness	Self-Criticism	Common Humanity	Self-Isolation	Mindfulness	Over-Identification
5	**,770*****	-,226***	-,052	-,088	,392***	,205**
12	**,894*****	-,309***	-,123*	,058	,330***	,225***
19	**,841*****	-,439***	-,026	,126	,193***	,375***
23	**,644*****	-,134**	,037	,009	-,020	-,157**
26	**,602*****	-,202***	,291***	,021	,025	,009
1	-,455***	**,389*****	,218**	,141*	,193**	,266***
8	-,183***	**,824*****	-,043	,021	,218***	,125*
11	-,279***	**,532*****	-,036	,236***	,330***	,071
16	-,252***	**,540*****	,032	,205**	,492***	,091
21	,011	**,801*****	-,151	,087	,070	,306***
3	-,048	,136	**,499*****	-,297***	,230***	,291***
7	-,117	-,209**	**,667*****	,271***	,027	,122
10	-,151*	-,234***	**,894*****	,174**	,100	,056
15	,100	-,142*	**,566*****	,167**	,275***	-,110
4	-,147**	,305***	,136*	**,295*****	-,003	,425***
13	,143**	,095	-,008	**,815*****	-,133*	,017
18	,072	,124	-,026	**,885*****	,011	-,118
25	,064	,217***	,066	**,541*****	-,187***	,380***
9	,109	,235***	,148*	-,149*	**,602*****	-,213***
14	,309***	,480***	,017	-,109*	**,893*****	-,209***
17	,168**	,313***	,128*	-,064	**,663*****	-,290***
22	,246***	,344***	,166*	,072	**,352*****	,165*
2	-,088	,134*	,151*	,085	-,189***	**,767*****
6	,050	,272***	,032	,420***	,009	**,394*****
20	,360***	,163**	-,064	,149**	-,202***	**,754*****
24	,199**	,320***	-,067	,231***	-,165**	**,498*****

Notes: *** $p < .001$, ** $p < .01$, * $p < .05$.

the Greater Lower Bound (GLB), which gives a more precise estimation of the scales with asymmetric distributions [52]. The results are shown in the Table 4 (diagonal). Most indices were satisfactory (except the Common Humanity subscale). All in all, the indices were higher for general scales, than for the specific subscales (for the subscale, alpha and GLB were .790 and .861, correspondingly, for the negative subscale, .869 and .904, correspondingly).

Construct validity

In accordance with the author's recommendations, we calculated the total score and inverted the negative subscales, so that the higher score reflects a lower intensity of the negative attribute. As seen from the Table 4, mostly the subscales intercorrelate highly. The lowest correlation showed the Common Humanity subscale with other subscales: there is no expected link with Self-Isolation or Over-Identification (though there is a moderate correlation with

Self-Kindness and Mindfulness). It demands further study. Lack of Self-Criticism is negatively linked with Common Humanity and Mindfulness, which means that people who do not tend to focus on their shortcomings, also are not prone to feel solidarity with others in failures and balance their feelings: this phenomenon was described by K. Neff with regard to high self-esteem, and it confirms the author's suggestion that various components of self-compassion work as a system, and have to be assessed together.

Correlations with other instruments (Table 5) demonstrated the predictable links between the construct of self-compassion and other psychological phenomena. Concerning time perspective, the highest correlation was found with Past Negative subscale, which measures traumatic experiences, with subscales of Self-Isolation and Over-Identification (inverted). This means that the construct of self-compassion differs from traumatic memories mostly by the lack of feeling lonely and different from others and im-

T a b l e 3

Loadings for the model of confirmatory factor analysis with six specific, two nested and one general factor

Item, №	General Self-Compassion	Positive scale	Negative scale	Self-Kindness	Self-Criticism	Common Humanity	Self-Isolation	Mindfulness	Over-Identification
5	-,239***	,450***		,509***					
12	-,163**	,387***		,649***					
19	-,017	,303***		,708***					
23	-,407***	,356***		,143**					
26	-,277***	,525***		,180***					
1	,697***		-,134		,195**				
8	,353***		,087		,328***				
11	,484***		,084		,472***				
16	,449***		,050		,591***				
21	,430***		,297***		,162**				
3	,014	,479***				,053			
7	,230***	,305***				,275*			
10	,063	,467***				,876*			
15	-,074	,572***				,165			
4	,701***		,179*				,045		
13	,494***		,376***				,089		
18	,527***		,231**				,204		
25	,625***		,438***				,633		
9	-,220***	,412***						,402***	
14	-,134**	,562***						,677***	
17	-,198***	,471***						,430***	
22	,258***	,507***						,096	
2	,675***		,203*						,232**
6	,617***		,460***						-,122
20	,419***		,519***						,521***
24	,435***		,462***						,252**

Notes: *** *p* < .001, ** *p* < .01, * *p* < .05.

T a b l e 4

Intercorrelations of the Self-Compassion subscales (negative scales are inverted)

	M (SD)	1	2	3	4	5	6	7
1. Self-Kindness	2,70 (,81)	,740 (,797)						
2. Self-Criticism	3,06 (,83)	,33***	,724 (,791)					
3. Common Humanity	2,81 (,78)	,34***	-,10*	,566 (,591)				
4. Self-Isolation	3,26 (1,01)	,16***	,51***	-,06	,777 (,778)			
5. Mindfulness	3,18 (,80)	,38***	-,13**	,40***	,14**	,661 (,707)		
6. Over-Identification	2,81 (,96)	,12*	,50***	-,07	,68***	,13**	,753 (,754)	
7. Total Score	2,96 (,52)	,65***	,65***	,36***	,72***	,48***	,69***	,821 (,869)

Notes: *** *p* < .001, ** *p* < .01, * *p* < .05.

mersion into unpleasant feelings, overwhelming emotions. Moderate negative correlations were found between self-compassion subscales and the Present Fatalistic subscale; moderately low positive correlations were found with positive time-perspectives: Past Positive and Future. Present Hedonistic orientation was negatively connected with the studied construct, also through the correlations with subscales of Self-Isolation and Over-Identification, i.e. the respondents, who scored higher on this time perspective, were more prone to feeling lonely in failure and to difficulties in controlling intense negative emotions. It confirms the view on Present Hedonistic subscale by the researchers on time perspective [50].

Foreign studies report on more close social ties of people practicing self-compassion [40], it is confirmed by our research: all subscales were positively linked with perceived social support from family, friends, and a significant other. Also the

T a b l e 5

Correlations of Self-Compassion subscales with other instruments

	M (SD)	Self-Kind-ness	Self-Criti-cism	Common Humanity	Self-Isola-tion	Mindfulness	Over-Identi-fication	Total Score
Past Negative	2,83 (,76)	-,25***	-,34***	-,05	-,52***	-,23***	-,50***	-,54***
Present Hedonistic	3,35 (,53)	-,01	-,08	-,09	-,10*	-,02	-,23***	-,11*
Future	3,67 (,55)	,13**	,01	,18***	,18***	,27***	,08	,23***
Past Positive	3,67 (,69)	,14**	,15**	,08	,15**	-,01	,06	,17***
Present Fatalistic	2,55 (,66)	-,09*	-,04	-,03	-,34***	-,28***	-,27***	-,29***
Family Support	5,47 (1,45)	,20***	,10*	,15**	,24***	,09	,14**	,26***
Support by Friends	5,22 (1,50)	,20***	,06	,18***	,21***	,20***	,12**	,26***
Support by a Significant Other	5,35 (1,54)	,23***	,13**	,24***	,18***	,16***	,08	,28***
Anxious Attachment	3,53 (1,06)	-,25***	-,28***	-,06	-,29***	-,22***	-,27***	-,39***
Avoidant Attachment	3,35 (1,06)	-,24***	-,08	-,14**	-,22***	-,10	-,11*	-,26***
Maladaptive Perfectionism	4,05 (1,15)	-,38***	-,47***	-,04	-,64***	-,26***	-,55***	-,63***
Adaptive Perfectionism	5,15 (,94)	,04	-,15*	,09	,09	,26***	,14**	,11

Notes: *** $p < .001$, ** $p < .01$, * $p < .05$.

adverse attachment styles (anxious and avoidant) were negatively correlated with various indices of self-compassion. Anxious style showed higher correlations with the scale, than the avoidant style, and it can be explained by the fact that avoidant people tend to be more self-sufficient, practice "compulsive self-reliance" [32], but it is important that correlation coefficients of this subscale with self-compassion subscales are consistently negative: the inner feelings of a person with avoidant attachment are still unpleasant.

Maladaptive perfectionism is highly negatively connected with various components of self-compassion. Adaptive perfectionism score (which measures general conscientiousness, orderliness, accuracy) has no correlation with total self-compassion score, but on a low level correlates with Mindfulness and Over-Identification (inverted) subscales. It can be explained by the similarity of constructs (mindfulness and orderliness, management of emotions). Besides, this subscale is negatively connected with the inverted Self-Criticism subscale, which is also understandable: people, who do not focus on their shortcomings, also do not seek to improve.

Gender differences

K. Neff notes that American women are more prone to self-criticism and low self-compassion [40]. We found gender differences only on the subscales of Self-Criticism, Mindfulness and Over-Identification. Women were more prone to lower Self-Criticism (M = 3.13, SD = .83) in comparison to men (M = 2.90, SD = .83), (t(487) = 2.862, p = .004, d = .277); while Mindfulness was significantly more characteristic of men (M = 3.07, SD = 0.78 in females, M = 3.45, SD = .81 in males; t(487) = -4.950, p < .001, d = .478). Lower intensity of Over-Identification with negative emotions was also more characteristic of men (M = 2.73, SD = .95 in females, M = 2.99, SD = .95 in males; t(487) = -2.744, p = .006, d = .274). Substantial size of effect was found only in Mindfulness subscale, but due to varied proportions of men among different specialties in our sample, these results require additional verification.

Conclusion

The Self-Compassion Scale was successfully adapted on a Russian student sample. Structural modeling and confirmatory factor analysis confirmed the original structure of the subscales, the subscales showed moderate consistency and reliability, the consistency of the total score was higher, i.e. it is possible to analyze answers of the respondents both by the subscales and the total score.

The limitation of the current study is the student sample. Nevertheless, the relevance of this construct is high, especially for the young people, when they pass into the adult life and need to

learn how to be more caring to the self and others. Besides, students constantly find themselves in the situation of evaluation, and it is especially important for them to differentiate these evaluations from their personality [1; 8]. Another limitation is that males in the sample were mostly from one region, from one technical university, and it makes gender differences difficult to interpret.

The Self-Compassion Scale can be applied both in studies of well-being and in clinical settings for evaluation of self-regard strategies in depressive and suicidal patients, patients with personality disorders. In our study of suicidal patients, the effectiveness of this scale was shown in differentiation of patients with and without non-suicidal self-injury, with and without suicidal attempts [9]. Another positive feature of this scale is that its items are balanced in valence: they don't dwell only on negative or positive self-regard, while the results show the possibilities for growth, and various psychotherapeutic developments by K. Neff help to train patients and clients various techniques of healthy self-regard [37].

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