MASTER THESIS

SELF-CRITICISM AND SELF-COMPASSION: TWO SIDES OF THE SAME COIN?

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Contents

ABSTRACT

In recent years, the field of self-to-self relating has increasingly gained interest. Therefore more and more research has been conducted on self-compassion and self-criticism. Until now, researchers assumed that self-compassion and self-criticism are related but this was never analyzed or compared in more detail. This study aims at answering the question, whether self-compassion and self-criticism could be two opposite ends of a same construct. Therefore, the current study used two questionnaires that are widely used to assess self-criticism and self-compassion in research. These are the Forms of Self-Criticizing /-Attacking and Self-Reassuring Scale (FSCRS) and the Self-Compassion Scale – Short Form (SCS-SF). Three research questions were used that regarded the scales concurrent, construct and incremental validity to compare self-compassion and self-criticism. The data from 348 participants was used in this study. To assess the concurrent validity, correlation coefficients were calculated between the two scales and the subscales. For the assessment of the construct validity, correlations were calculated between the scales and demographic characteristics of the participants, the Hospital Anxiety and Depression Scale (HADS) and the Mental Health Continuum – Short Form (MHC-SF). Regression analyses were conducted to examine the incremental validity of both scales. Results show mixed results. When assessing the scales in total, they seem to measure a very similar construct. When analyzing the subscales, results indicate that there must be significant differences in the underlying constructs. This study supports the assumption that self-criticism and self-compassion might be two opposite ends of one construct. Differences between the subscales might be caused by different operational definitions. However, this finding needs to be further investigated in order to find clear definitions of self-compassion and self-criticism to give a final answer on the question. Both questionnaires should not be used to assess self-criticism along with self-compassion until more research has been conducted.

1 INTRODUCTION

In recent years there has been a growing interest in psychological research on topics related to eastern philosophical thoughts such as Buddhism. While mindfulness is now an extensively explored topic in research and has found its way into therapeutical approaches, there are other concepts deriving from Buddhism which can be of great interest for psychological practice, hence are worth to focus on. This article aims to further explore one of these concepts, which is being compassionate towards oneself instead of feeling inadequate and being critical regarding the self. Although a lot of research has been done in this field, it still remains unclear how self-compassion and self-criticism are related. This is what will be further explored in this study.

1.1 SELF-CRITICISM

1.1.1 SELF-CRITICISM AND PSYCHOPATHOLOGY

Although self-criticism is known for contributing to psychopathology and therefore a quite popular term within the field of research on e.g. depression, accurate definitions of this concept are difficult to find. Furthermore, research exploring self-criticism in more detail is quite rare. What is known about self-devaluation, self-condemnation, self-criticism and self-attacking feelings or cognitions is that they all play an important role in psychopathology (e.g. Beck, Rush, Shaw, & Emery, 1979; Greenberg, 1979). In addition to this, especially self-criticism has been shown to predict depression (Dunkley, Sanislow, Grilo, & McGlashan, 2009; Murphy, Nierenberg, Monson, Laird, Sobol, & Leighton, 2002) and is also associated with mood disorders (e.g. Castilho, Pinto-Gouveia, Amaral & Duarte, 2012; Blatt & Zuroff, 1992) and posttraumatic stress disorder (Harman & Lee, 2010). Furthermore, research has shown that self-criticism may undermine the success of cognitive behavioural therapy because it is hard to treat or to change during therapy (Scharff & Tsignouis, 2003). However, the degree to which self-critical thoughts can be changed seems to be important for the overall success of the therapy (Rector, Bagby, Segal, Joffe, & Levitt, 2000).

Self-criticism may be a pathogenic trait because of two key processes (Gilbert & Procter, 2006). The first key process is the degree of hostility, contempt and self-loathing directed to the self (Gilbert, 2000a; Whelton & Greenberg, 2005; Zuroff, Santor, & Mongrain, 2005). The second key process is about the inability to generate warm self-related feelings

like reassurance and self-liking (Gilbert, 2000a; Gilbert, Clarke, Hempel, Miles, & Irons, 2004; Linehan, 1993; Neff, 2003b; Whelton & Greenberg, 2005).

1.1.2 Sources of self-criticism

Gilbert and Procter (2006) assume that self-criticism may develop in early childhood and depends on the style of parenting. Research suggests that being self-critical may originate from a rejecting and controlling style of parenting (Irons, Gilbert, Baldwin, Baccus, & Palmer, 2006; Koestner, Zuroff, & Powers, 1991). In contrast, if children experienced their parents as treating them in a warm, caring and non-shaming way in times of failure, they seem to be able to develop self-reassurance (Gilbert et al., 2004). Self-criticism can be learned through modelling. The individual relates to the self, like the self has been treated by significant others. It can also be used as a safety strategy in hostile relationships to others (Gilbert & Procter, 2006). Another source of self-criticism may be shame (when the individual feels like others view the self in a negative way; Gilbert, 1998), the inability to process anger (Ferster, 1973) and also as a response to fear, anger or frustration (Gilbert & Procter, 2006).

Gilbert explored in more detail what happens in individuals, who tend to be highly critical, and manifested this in his theory of social mentalities. According to Baldwin (2005) relationships with significant others can become internalized so that a schema is learned for not only relating to others but also for self-to-self relating. This gets also manifested according to Gilbert (1989, 2000a, 2005a, 2005b) in the evolutionary model of social mentalities. He assumes that self-criticism must be seen in the framework of internal social interactions, which can be treated by the brain like real external threat-focused interactions. According to this model people can respond to internal stimuli in the same way they respond to external stimuli. Self-critical thoughts can therefore provoke an emotional response like feeling stressed, anxious or depressed. Thus, there is one hostile part of the self which is dominating another subordinate part of the self. Some patients report about having internal conversations with these inner critical voices. If a person is not able to defend against the hostile, criticising part of the self he or she will respond with feelings of stress, anxiety and depression (Whelton & Greenberg, 2005). After years of using this pathway of thinking, it is assumed to become highly conditioned (Brewin, 2006).

1.1.3 Forms of self-criticism

Not only did Gilbert find that internal interactions are similar to external interactions but he also found that the forms and functions of self-criticism may be similar to forms of behaviour which are aimed at regulating external relationships (Gilbert, 2000a; 2000b). For example, parents can use threats or punishments to regulate their child´s behaviour which is often meant to be for their own good (dominant-subordinate relationship; Bowlby, 1980). Also, people can actively try to exclude someone from a group (or even try to destroy the unwanted part of the group) out of hatred or dislike. A third option to try to regulate the behaviour of others could be a warm and non-shaming response, as parents would react to their child in a secure way of attachment (Gilbert et al., 2004). Gilbert assumes that people probably adopt these forms of regulating other´s behaviour for trying to regulate own behaviour and also for other forms of self-to-self relating (Gilbert, 2000a). This means that people can use self-criticism to regulate their behaviour (to correct it, to improve it or to never do it), they can also be self-critical because they feel hatred for the self, or they can positively criticise themselves in a reassuring way. People who tend to be highly self-critical often lack the ability to create feelings or thoughts of self-reassurance and self-liking (Gilbert et al., 2004; Linehan, 1993). Self-attacking thoughts typically occur when people feel like they have failed on something or when things do not go into the desired direction (Castilho, Pinto-Gouveia, & Duarte, 2015). Therefore, self-criticism is an interesting topic for research and also for psychotherapy and other practical contexts.

1.2 Self-compassion

Recently, Gilbert developed Compassion Focused Therapy (CFT; Gilbert, 2009; Gilbert, 2010; Gilbert, 2012) and Compassionate Mind Training (CMT; Gilbert & Procter, 2006) which are meant to help people, who tend to criticise themselves and others a lot and also experience feelings of shame, to learn to experience safe and warm relationships with other individuals and with themselves. It is believed that self-compassion can create feelings of safeness and reduce the sense of threat that highly critical individuals experience. Self-compassion is therefore seen as an antidote to self-criticism (McKay & Fanning, 1992).

1.2.1 Definitions of compassion and self-compassion

The term compassion has its origins in Buddhism. The Dalai Lama emphasized that compassion is important if one wants others to be happy as well as if someone wants

happiness for himself (Dalai Lama 1995, 2001). Even though compassion is theoretically an old term in eastern philosophical or religious thoughts, is has just recently been discovered by western psychology (e.g. Bennett-Goleman, 2002; Brown, 1999). Being compassionate implies to feel touched by the suffering of other individuals, and to be open to and aware of the pain of others instead of distancing from it. Furthermore, it means to generate the desire to ease their sufferings (Wispe, 1991). Accordingly, self-compassion means to encounter one´s own feelings in a kind, warm concerning and understanding way (Neff 2003a, 2003b). Because self-compassion cannot be separated from compassion as a concern for others, it cannot lead to being selfish or self-centred. Thus, because compassion stresses that every human being is worthy of compassion and because it is also about seeing failures as part of the human condition, it cannot be about prioritizing one´s own needs over the needs of other individuals (Neff, 2003a). Furthermore, because self-compassion requires meta cognition to recognise relating experiences between the self and others individuals, compassion increases feelings of being interconnected with others (Neff, 2003a). This suggests that compassion is also related to the concept of mindfulness, since mindfulness is about an aware and nonjudgmental state of mind in which an individual observes his thoughts and feelings without trying to push them away or to change them (Hayes, Strosahl, & Wilson, 1999; Teasdale et al., 2000). Therefore, Neff (2003a) concludes that there are three different components of self-compassion. The first component is about being kind and understanding to oneself instead of being self-critical and judgmental. The second component includes viewing own experiences in the context of larger human experiences instead of experiencing separation and isolation. A third component comprises experiencing suffering in balanced awareness instead of over-identifying with these feelings and thoughts.

Furthermore, Neff (2003a) assumes that being truly compassionate makes a person able to distinguish between harmful or unproductive behaviour and behaviour that leads to desirable outcomes. This means that being truly compassionate includes desiring well-being and health, thus being truly compassionate encourages changing harmful or unproductive patterns of behaviour. Self-compassion can therefore be a useful emotional regulation strategy and an important aspect of emotional intelligence (Salovey & Mayer, 1990). Painful feelings or thoughts do not get avoided but accepted in an open and understanding way, which thus leads to a transformation into a more positive state of feeling (Folkman & Moskowitz, 2000). Self-compassionate individuals are therefore able to guide their thoughts in a desirable way.

From an evolutionary perspective, Gilbert (2005a) defines compassion by assuming that compassion derives out of six motivational, emotional and cognitive-behavioural

competencies which evolved to increase the chance of survival of a group. These competencies, also referred to as the attributes of compassion (Gilbert, 2009), are: 1) *care for well-being*: the motivation and desire to reduce distress and to facilitate development and flourishing of the target, 2) *sensitivity*: to be sensitive or to recognize distress, needs and feelings of the target, 3) *sympathy*: being emotionally moved by distress or feelings of the target, 4) *distress tolerance*: being able to tolerate feelings of distress or pain instead of avoiding, denying or fearing them, 5) *empathy*: taking the point of view of the person in target to understand the meaning, function and origin of feelings, thoughts and needs, 6) *non-judgement*: being non-critical, not condemning or shaming to the other´s situation or behaviour. All these attributes need an emotional tone of warmth and kindness. Applying this competencies to self-compassion means to utilize the six attributes for self-to-self relating.

1.2.2 THE IMPORTANCE OF SELF-COMPASSION

Gilbert (2009) developed CFT and CMT out of four observations. First, he noted that people with high levels of self-criticism have difficulties in being self-compassionate. Second, people with high levels of self-criticism often learned during childhood that the external world is hostile and therefore apply this hostile style to their inner world. These people can become self-attacking. The third observation assumes that it is important to work with these early traumatic experiences of highly self-critical individuals. The fourth observation is about people in cognitive behavioural therapy who learn to guide their thoughts and to generate alternative thoughts for negative and unconstructive ways of thinking. Still, they often report that they are able to guide their thoughts in a desired way but are unable to feel according to their alternative thoughts (Gilbert, 2009).

Until now there is limited but promising research available showing that it can be effective to train people in compassion. Researchers agree on the fact that self-compassion is negatively associated with psychopathology (MacBeth & Gumley, 2012), whereas increased self-compassion seems to be predictive for mental health and psychological well-being (Gilbert & Procter, 2006; Neff, Kirkpatrick, & Rude, 2007, Zessin, Dickhäuser, & Garbade, 2015, Muris, & Petrocchi, 2016). Self-compassion can also be seen as a predictor for happiness and optimism (Hollis-Walker, & Colosimo, 2011). Furthermore, self-compassion is negatively associated with depression, anxiety, neurotic perfectionism, thought suppression and self-criticism but positively associated with life satisfaction and the feeling of social connectedness (Neff, 2003a). Additionally, it is well known that self-compassion serves as a buffer against an impact of experiencing negative events (Leary, Tate, Adams, Batts Allen, &

Hancock, 2007). Gilbert and Procter (2006) suggest in one trial using CMT that it might reduce depression, anxiety, self-criticism, shame, inferiority and submissive behaviour in a group of patients with severe long-term and complex difficulties. Participants also reported an increased ability to be self-soothing and experiencing feelings of warmth and reassurance (Gilbert & Procter, 2006). Subsequent studies have shown that CFT is an effective intervention for people with psychosis (Braehler et al., 2013; Laithwaite et al., 2009), as a treatment for personality disorders (Lucre, & Corten, 2013), for eating disorders (Gale, Gilbert, Read, & Goss, 2014) and for people who suffer from shame and self-criticism after acquired brain injury (Ashworth, Gracey, & Gilbert, 2011). Another study also showed that CFT can significantly reduce self-criticism (Judge, Cleghorn, McEwan, & Gilbert, 2012).

1.3 Measuring self-compassion and self-criticism

Although there is a growing field of research on self-compassion and self-criticism, the concepts are not yet fully explored and understood. Another problem is that the constructs are not unanimously defined and that different terms are used referring to the same construct. Research findings suggest that self-criticism and self-compassion must be highly related and that self-compassion might be the antidote to self-criticism (e.g. Gilbert et al., 2012; Longe et al., 2010). However, self-compassion and self-criticism are often used interchangeably although it is not clearly defined how both constructs are defined and related. Especially the construct of self-criticism is insufficiently defined. Right now, there are two popular questionnaires available to measure either self-compassion or self-criticism.

1.3.1 Measuring self-criticism

1.3.1.1 Instruments to measure self-criticism

In the past, self-criticism has mostly been treated as a single process in research. Self-criticism was not distributed into different aspects or components but measured as one trait that differs in severity (Gilbert et al. 2004). It was often measured by the Depressive Experiences Questionnaire (DEQ; Blatt, D'Afflitti, & Quinlan, 1979), which has a subscale for self-criticism. The DEQ measures two different types of depressive experiences. There is one anaclitic, dependent type, “characterized by feelings of helplessness and weakness, by fears of being abandoned, and by wishes to be cared for, loved, and protected” and there is an introjective, self-critical or guilty type, which is “characterized by intense feelings of inferiority, guilt, and worthlessness and by a sense that one must struggle to compensate for

having failed to live up to expectations and standards" (p. 114; Blatt, Quinlan, Chevron, McDonald, & Zuroff, 1982; Blatt, 1974; Blatt, 1990). Self-criticism is thus treated as a single process in the context of depressive experiences. This allows making assumptions about the severity of being self-critical, represented by the score on the subscale. However, the score does not allow making assumptions about the form of self-criticism, which would seem to be important to fully understand the trait for therapy. Other instruments to measure self-criticism are the Dysfunctional Attitude Scale (DAS; Weissmann & Beck, 1978) and the Levels of Self-criticism Scale (LOSC; Thompson & Zuroff, 2004). While both the DEQ and the DAS treat self-criticism as a unidimensional construct, the LOSC is the only known instrument next to the FSCRS (Forms of self-criticizing/attacking and self-reassuring Scale; Gilbert et al., 2004) that treats self-criticism as a multidimensional trait. This scale measures two different subtypes of self-criticism. One of it is comparative self-criticism (CSC) which includes comparing the self to other individuals in a negative way. The other subtype is called internalized self-criticism (ISC) which includes comparing the self to personal standards in a negative way (Thompson & Zuroff, 2004). However, Gilbert et al. (2004) wanted to develop a scale that focuses on the different forms of self-to-self relating or self-criticism, which includes relating to the self to regulate behaviour, to express self-hatred and also to reassure the self.

1.3.1.2 Development of the FSCRS

Because of the lack of an adequate instrument to measure these forms of self-criticism, Gilbert et al. (2004) developed the Forms of Self-Criticizing / -Attacking and Self-Reassuring Scale (FSCRS). This scale focuses on different forms of self-criticism, which means that the scale differentiates between self-criticism in the form of self-attacking or self-hatred (destroying the self), and self-criticism in a form of a dominant-subordinate way of relating to the self. In other words, the scale separates the form of self-criticism that is meant to improve the self in situations of failure and inadequacies from the form of self-criticism that is more aggressive to the self and based on self-hatred (Gilbert et al., 2004). Because of the importance of self-reassurance as a counteract to self-criticism, Gilbert and his colleagues (2004) decided to add items of self-reassurance to the scale.

Items were developed based on typical thoughts that people suffering from depression expressed about their own self-criticism and their ability for self-reassurance. The scale originally consisted of 24 items, which seemed to be a reasonable reflection of typical thoughts about self-criticizing, including self-attacking and self-reassurance. The scale was

then tested along with other self-report scales under 246 female psychology undergraduate students (Gilbert et al., 2004). Analyzing the factor structure of the FSCRS, Gilbert et al. (2004) omitted two items of the scale due to low correlations with other items and then found a three component solution to the scale. The first component consisting of nine items was labelled "Inadequate Self". This component includes items about feelings of inadequacy in situations of failures and feeling put-down. The second component that was found was labelled "Hated Self" and consists of five items. Items on this subscale are based on an aggressive and disgusted way of self-to-self relating (e.g. wanting to hurt the self, feeling disgusted by the self). The third component was labelled "Reassured Self" and consists of seven items. Items in this component include statements about having a warm and positive attitude towards the self.

1.3.1.3 Psychometric properties

To date, there are a few studies available which assessed the factor structure and the psychometric properties of the FSCRS. The fact that Gilbert et al. (2004) validated the scale in a sample of only female students is a methodological limitation that might compromise the generalizability of the findings. In other studies, however, the three factor structure could be replicated with participants from the general population and in clinical samples with mixed diagnoses (Kupeli, Chilcot, Schmidt, Campbell, & Troop, 2013; Castilho et al., 2015; Baião, Gilbert, McEwan, & Carvalho, 2015). Furthermore, the FSCRS was shown to have a good internal consistency (composite reliability > 0.7 for the subscales), test-retest reliability supported the stability of outcome measures, and convergent validity was also shown to be good. Also, the FSCRS was able to distinguish between clinical and non-clinical samples. Non-clinical participants were more self-reassuring and less self-critical than the participants out of the clinical population (Castilho et al., 2015).

1.3.2 SCS – A SCALE TO MEASURE SELF-COMPASSION

Since self-compassion is a relatively new term in research, there are less studies available than for self-criticism. To date, the Self-Compassion Scale (SCS) is the most frequently used scale to assess the construct. It was developed by Neff (2003a), who assumes that there are three basic components to self-compassion: 1) self-kindness versus self-judgement; 2) common humanity versus isolation; 3) mindfulness versus over-identification. She gives various arguments to believe that self-compassion may promote mental well being: as a useful emotional regulation strategy and to develop positive self-affect that leads to psychological

benefits. Therefore, she developed the SCS (Neff, 2003a) due to the lack of an instrument to measure self-compassion. The scale aims to measure the three components of self-compassion but can also be used to measure a total score which represents an overall level of self-compassion.

1.3.2.1 Development of the SCS

The SCS was developed in four phases of pilot testing (Neff, 2003a). During the first phase, items were created by asking small focus groups open questions about the concept of self-compassion. In the second phase, the generated pool of items was tested on another group of participants. Items that seemed to be confusing or unclear were omitted from the scale, if they were unclear to more than one participant. Furthermore, participants answered some items about values and beliefs. This data was meant to ensure that the SCS measured the right construct, assuming that individuals who are more self-compassionate would score higher on these additional items. During the third phase of testing, the pool of items was presented to a larger group of participants to be able to select the final items for the scale depending on their factor loadings and reliability. Content validity was tested by asking the participants to answer a question about their kindness towards themselves and other individuals. Convergent and discriminant validity were tested by including other established scales measuring related constructs. During an exploratory factor analysis (EFA) items with factor loadings lower than 0.40 were omitted. Remaining items were analyzed with a confirmatory factor analysis (CFA) to assess the goodness of fit. A two-factor-model was fitted to each subscale of the SCS. Thus, there were six factors found for the scale ("Self-Kindness" (5 items), "Self-Judgement" (5 items), "Common Humanity" (4 items), "Isolation" (4 items), "Mindfulness" (4 items), "Over-Identification" (4 items)). They also found a single higher-order factor of self-compassion for the total scale consisting of 26 items. Internal consistency was higher than $\alpha = 0.75$ for the six subscales and the total scale (Neff, 2003a).

In a subsequent phase of testing, the six-factor structure with one single higher-order factor could be replicated. Test-retest reliability was assessed and showed good results with correlations above > 0.80 (Neff, 2003a).

1.3.2.2 Psychometric properties of the SCS

Summing up the different phases of construction, the SCS seems to be a psychometrically sound and theoretically valid instrument to measure self-compassion and its basic components (Neff, 2003a; Neff, Pisitsungkagarn, & Hsieh, 2008). A Dutch version of the questionnaire is available (Neff & Vonk, 2009). The Dutch version consists of only 24 items due to

translational difficulties with two items. Another difference between the English and the Dutch version is that the Dutch version uses a seven-point response scale instead of five-points in the English version. Since to date the SCS is the only available instrument to measure self-compassion, it has quickly become widely used in research (see MacBeth & Gumley, 2012 for an overview). However, there is limited and inconsistent evidence for the psychometric properties of the SCS. Especially the factor structure of the SCS seems to be difficult to replicate. There was one study in which the six-factor structure with one higher-order factor could be replicated (Garcia-Campayo, Navarro-Gil, Andrés, Montero-Marin, López-Artal, & Demarzo, 2014). Other studies were also able to find the six-factor structure but could not find evidence for the single higher-order factor (Petrocchi, Ottaviani, & Couyoumdjian, 2014; Hupfeld, & Ruffieux, 2011). There is also a study which could neither replicate the six-factor structure nor the higher-order factor (Williams, Dalgleish, Karl, & Kuyken, 2014).

One subsequent study focusing on the psychometric properties of the SCS suggests a two-factor structure consisting of positively versus negatively worded items. This finding is not surprising, given the fact that Neff (2003a) found a two-factor model for each subscale of the SCS, consisting of positively and negatively formulated items. Thus, she explored the factors of each subscale instead of validating the scale as a whole. Authors of that study suggest that further research on this scale and its factor structure is necessary before using it as an instrument to measure self-compassion (López, Sanderman, Smink, Zhang, van Sonderen, Ranchor, & Schroevers, 2015). These findings regarding the factor structure of the SCS suggest that the scale is not measuring self-compassion as planned by Neff (2003a). She suggested that self-compassion consists of three basic components, which include items about self-compassion as well as about self-criticism. The difficulties with replicating her suggested factor structure suggest that the SCS is measuring different constructs which eventually should not be assessed together in one scale. Another explanation regarding the difficulties with the factor structure might be that it is simply a matter of formulating the items. Researchers suggest that positive and negative items tend to create distinct factors. That is an artificial effect emerging out of different ways of responding to positive or negative items (López et al., 2015; Van Dam, Hobkirk, Danoff-Burg, & Earleywine, 2012).

1.4 Is self-compassion the opposite of self-criticism?

It can be assumed that self-criticism and self-compassion must be negatively related constructs. This also has been proven in one study by Neff (2003a) who found a significant negative correlation between self-compassion and self-criticism, using the DEQ and the SCS (r = -0.65). This correlation suggests that the constructs are relatively strongly related but might not be exactly the same. Given the fact that the DEQ measures self-criticism as a unidimensional construct in the context of depressive experiences (Blatt et al., 1979), it still remains unsure how self-compassion, as measured by the SCS, will correlate with the FSCRS, which assesses self-criticism as a multidimensional trait. Are both questionnaires basically measuring the opposite sides of the same construct, or are the constructs related but not exactly the same?

Finding an answer to this question in existing research is difficult, mainly because of the different terms that are used to refer to self-compassion and self-criticism. While self-compassion is a relatively new concept in research, self-criticism has been known as a contribution to psychopathology for a long time (e.g. Blatt, 1974). However, the usage of the terms seems to be unclear and confusing. For example, Gilbert and colleagues (2012) assume that self-criticism is the exact opposite of self-compassion, based on a study about neuronal substrates of self-criticism and self-reassurance (Longe et al., 2010), although the study actually shows that self-criticism and self-reassurance are different processes in the brain. Thus, this shows that on one hand the usage of the terms is unclear and confusing and on the other hand it shows that researchers do not agree on whether self-compassion is the opposite of self-criticism or not.

In contrast to this assumption, Neff (2003a) concludes that scoring low on "Self-Judgement" would not necessarily mean a high score on the antidote "Self-Kindness". This statement could be transferred to the concepts of self-criticism and self-compassion. Not being self-critical must not necessarily mean being self-compassionate. The strength of the negative correlation that has been found between the SCS and the DEQ (r = -0.65) supports the supposition that self-compassion and self-criticism are strongly related constructs but the scales might not exactly measuring the same.

There is one study which focuses on the conceptualization of self-compassion and related terms (Barnard & Curry, 2011): they found that self-criticism is and has been a popular trait for research on psychopathology, although the naming for this construct is not clear. Researchers referred to it with self-judgment, self-criticism, self-attack, self-contempt and self-disparagement (Dunkley, Zuroff, & Blankstein, 2003; Gilbert & Irons, 2005;

Whelton & Greenberg, 2005). Barnard and Curry (2011) conclude that self-criticism is the same construct as self-judgment in the SCS, which would mean that self-criticism is only one out of six components of self-compassion. This also seems congruent to Neff's own definition of self-compassion. In her opinion, self-compassion includes "*offering nonjudgmental understanding*, *meaning one does not harshly criticize the self"* (Neff, 2003b).

However, there is one more study which shows relevant findings concerning the relationship between both terms. That study was meant to investigate the psychometric properties of the SCS (López et al., 2015). The authors could not replicate the six-factor structure with a higher-order factor of the SCS but found a two factor model which distinguishes between the negatively formulated items from the positively formulated items. Their explanation for this finding seems to be of special interest for the differentiation between self-criticism and self-compassion. They argue that the negatively worded items which include Neff's subscales of "Self-Judgment", "Isolation" and "Over-Identification", are components of self-criticism. Therefore, the SCS does not only measure self-compassion, but self-compassion along with self-criticism. In their opinion, self-compassion is measured by the SCS as a bipolar construct ranging from high self-compassion to high self-criticism, although this might be the wrong way to approach the constructs (López et al., 2015). There are other studies available, which support the idea that self-compassion and self-criticism are indeed independent processes and thus should not be treated as one (Gilbert et al., 2012; Longe et al., 2010). Furthermore, some researchers claim that a scale meant to measure self-compassion, should not measure its counterparts, and thus the SCS should only include the positive items (Costa, Marôco, Pinto-Gouveia, Ferreira, & Castilho, 2015; Muris, 2016; López et al., 2015). Responding to criticism on the SCS, Neff (2015) suggests that it is indeed possible to use a two-factor model to assess self-compassion and self-criticism because of the scales flexibility. On the other hand she argues that still all six components are necessary to measure self-compassion in the way that she defines this trait.

Summing up all the different findings and opinions regarding the relationship between self-compassion and self-criticism, it can be concluded that there are two basic assumptions in research, although different words are used for self-criticism and self-compassion. One opinion is that self-criticism is the exact opposite of self-compassion (Gilbert et al., 2012; Longe, Maratos, Gilbert, Evans, Volker, Rockliff, & Rippon, 2010). Another opinion is that self-compassion includes more abilities than the contrary of self-criticism (Barnard & Curry, 2011; Neff, 2003a; Neff, 2003b).

1.5 Aim of the study

This study aimed to explore the relationship between self-criticism and self-compassion in more detail. Different researchers do not agree on the question if self-compassion and self-criticism might or might not be basically two opposite ends of the same construct or if there is more to one the constructs. Furthermore, two questionnaires exist, which might eventually be measuring the same, since both scales might include items of self-criticism and self-compassion.

To answer the final question, three basic research questions are used in this study. In the first step, the strength of the relation between both scales is assessed. If there is a strong correlation, the next step is to look at patterns of correlations with other measures as the demographic characteristics, positive mental health and psychopathology. If the findings still support the idea of strong similarity between self-criticism and self-compassion, the last step is to have a look at the explained variance in important outcome measures.

1.5.1 Concurrent Validity

What is the direct relation of self-compassion and self-criticism, as measured by the SCS and the FSCRS?

As examined above, both constructs seem to partly share a same theoretical ground. Since both scales include subscales which are assumed to be assessing aspects of self-compassion (FSCRS: “Reassured Self”; SCS: “Self-Kindness”, “Mindfulness, “Common Humanity”) as well as aspects of self-criticism (FSCRS: “Inadequate Self”, “Hated Self”; SCS: “Self-Judgment”, “Isolation”, “Over-Identification”) (López et al., 2015), it would seem reasonable to expect that both questionnaires are strongly negatively related. Furthermore, it is expected that the subscales “Reassured Self” of the FSCRS and the “Self-Compassion” subscale of the SCS-SF are strongly positively related. The FSCRS subscale “Inadequate Self” is expected to be strongly positively correlated to the “Self-Criticism” subscale of the SCS-SF.

1.5.2 Construct Validity

What is the relation of the SCS and FSCRS with demographic characteristics, positive mental health and psychopathology?

To examine whether self-criticism is the opposite of self-compassion, the next step is to look at patterns of correlations. First, the FSCRS and the SCS-SF will be correlated with the demographic characteristics of the participants. If the correlations between the

demographic characteristics and both scales show the same pattern, it can be assumed that both scales are measuring a similar construct. It is suspected that the FSCRS and the SCS-SF show similar patterns of correlations with the demographic characteristics.

Furthermore, the FSCRS and the SCS-SF will be correlated with a scale assessing positive mental health and with a scale assessing psychopathology. Self-criticism is suspected to play an important role in psychopathology (e.g. Beck et al., 1979; Greenberg, 1979), especially in depression (Dunkley et al., 2009; Murphy et al., 2002). Self-compassion however has been shown to be negatively associated with psychopathology (MacBeth & Gumley, 2012) respectively depression and anxiety (Neff, 2003a) and seems to be predictive for mental health and psychological well-being (Gilbert & Procter, 2006; Neff et al., 2007). Therefore, it is expected that the FSCRS has a strong positive relation with measures of psychopathology and a strong negative relation with measures of positive mental health. On the other hand, the SCS-SF is expected to have a strong negative correlation with measures of psychopathology and a strong positive correlation with positive mental health. If the FSCRS, the SCS-SF and the subscales show similar patterns of correlations with the measures of psychopathology and positive mental health, it will be a further proof that both scales are measuring the same construct.

1.5.3 Incremental Validity

Does the FSCRS explain additional variance in positive mental health and psychopathology over the SCS-SF or vice versa?

As a last step to proof whether the FSCRS and the SCS-SF are measuring the same construct, the incremental validity of the scales will be assessed by conducting a hierarchical regression analysis. As noted above, researchers are not congruent concerning the differences or similarities of the constructs self-criticism and self-compassion. It remains unclear whether self-criticism and self-compassion are two different constructs or just opposite sides of the same construct. Since both scales include items aimed to measure self-compassion as well as self-criticism, it is reasonable to assess the incremental validity to show if one of the scales is able to explain more variance in psychopathology and mental well-being to learn more about which scale to use in further research. Furthermore, it is possible to gain more insight into processes in therapy. If one of the concepts self-compassion or self-criticism significantly explains more variance of psychopathology or mental well-being, practitioners gain more knowledge about on which of both concepts they can concentrate during therapy. Since there

is no consensus among researchers on this topic available, no hypothesis is established for this research question.

2 METHOD

2.1 PARTICIPANTS

The data used in this study was derived from a cross-sectional survey study. In total, the dataset consisted of $N = 393$ subjects. Due to missing data, a number of $n = 45$ participants was excluded from the dataset. Criteria for including data to the study, was that the participant completely filled out the FSCRS and the SCS. This left a total number of $N = 348$ participants, of which $n = 225$ (64.7%) were female. The youngest participant was 15 and the oldest participant was 81 years old. Mean age was 31 years ($SD = 13.56$). Educational status was scored by seven ordinal categories, ranging from lower school education to high education (university). The biggest group with $n = 139$ (39.9%) participants was found in the fourth category. A total of $n = 99$ participants (28.4%) indicated to have religious views. The majority of the participants was not married ($n = 249$, 71.6%). Regarding the daily activities, nearly all of the participants worked ($n = 144$; 41.4 %) or were students ($n = 162$; 46.6%). The demographic characteristics can be found in table 1.

Table 1

Demographic characteristics of the participants

	N (%) / M (SD)
Age	31.00 (13.56)
Gender	
Male	123 (35.3)
Female	225 (64.7)
Education	
Low	20 (5.7)
Intermediate	206 (59.2)
High	122 (35.1)
Marital status	
Married	78 (22.4)
Not married	249 (71.6)
Divorced	20 (5.8)
Widow	1 (0.3)

Note. N = number of participants, M = mean, SD = standard deviation

Continuation table 1

Demographic characteristics of the participants

	N (%) / M (SD)
Religious background	
None	249 (71.6)
Roman catholic	26 (7.5)
Protestant	24 (6.9)
Islam	6 (1.7)
Others	42 (12.0)
Daily activities	
Paid work	144 (41.4)
Student	162 (46.6)
Others	42 (12.1)

Note. N = number of participants, M = mean, SD = standard deviation

2.2 PROCEDURE

The participants were recruited by psychology students at the University of Twente in the Netherlands. The students earned credits for a research course for recruiting participants. They were instructed to recruit a heterogeneous convenience sample. The recruited participants then received an e-mail with a unique link to the online survey. The participants first answered some demographic questions about for example age, gender, work situation and religion. Subsequently, they answered a total of nine questionnaires. The survey included the following instruments: the *Forms of Self-Criticizing /Attacking and Self-Reassuring Scale* (FSCRS; Gilbert et al., 2004), the *Survey of Recent Life Experiences* (SRLE; Kohn, & Macdonald, 1992), the *Self-Compassion Scale – Short Form* (SCS-SF; Raes, Pommier, Neff, & van Gucht, 2011), the *modified Differential Emotions Scale* (mDES; Izard, 1977; Schaefer, Nils, Sanchez, & Philippot, 2010), the subscale for Self Acceptance of the *Psychological Well-Being Scale* (PWBS; Ryff, & Keyes, 1995), the *Perceived Stress Scale* (PSS; Cohen, Kamarck, & Mermelstein, 1983), the *Hospital Anxiety and Depression Scale* (HADS; Spinhoven, Ormel, Sloekers, Kempen, Speckens, & Van Hemert, 1997), the *Mental Health Continuum – Short Form* (MHC-SF; Lamers, Westerhof, Bohlmeijer, ten Klooster, & Keyes, 2011), and six items assessing physical health out of the *12-item Short Form Health Survey* (SF-12; Ware Jr, Kosinski, & Keller, 1996). The survey was programmed in the online survey tool "Qualtrics" (Provo, UT). Recruitment of the participants took place between November 2013 and May 2014. The Ethics Committee from the Faculty of behavioural sciences at the University of Twente gave their ethical approval for this study.

In this study, the data of four questionnaires are examined: The FSCRS, SCS-SF, HADS and MHC-SF. Descriptive statistics of the used instruments can be found in table 2.

Table 2

Descriptive statistics of the diagnostic instruments

	M	SD	Min.	Max.
FSCRS	27.30	13.25	2	78
SCS-SF	52.61	12.38	18	83
MHC-SF	43.17	12.88	8	70
HADS	10.70	7.07	2	38

Note. M = mean, SD = standard deviation, Min. = minimum score, Max. = maximum score

2.3 Measurement instruments

2.3.1 Forms of self-criticizing / attacking and self-reassuring scale (FSCRS)

The FSCRS (Gilbert et al., 2004) is a 22-item self-report questionnaire, developed to assess forms of self-criticism and self-reassurance. Participants are asked on how they typically react when things go wrong. They respond to the items on a 5-point Likert scale, ranging from "0 = not all like me" to "4 = extremely like me". There are three different factors or forms of self-criticism assessed by the FSCRS: "Inadequate Self" (n = 9 items), "Hated Self" (n = 5 items) and "Reassured Self" (n = 8). In the original study, Gilbert and his colleagues found the internal consistency to be $\alpha = 0.90$ for the factor "Inadequate Self" and $\alpha = 0.86$ for the factors "Hated Self" and "Reassured Self" (Gilbert et al., 2004). For this study, a Dutch version of the scale was used (Sommers-Spijkerman, Trompetter, ten Klooster, Schreurs, Gilbert, & Bohlmeijer, in press). In the present study, internal consistency was $\alpha = 0.86$ for "Inadequate Self", $\alpha = 0.81$ for "Hated Self", and $\alpha = 0.82$ for "Reassured Self". When items from the self-reassurance subscale are mirrored to be able to compute a total self-criticism score, internal consistency was $\alpha = 0.91$ for the total scale.

2.3.2 Self-compassion scale – Short Form (SCS-SF)

The original version of the SCS was developed to measure self-compassion and its six components, as supposed by Neff (2003a). Recently, a Dutch short version of the scale was developed (Raes et al., 2011). The SCS-SF consists of 12 items and demonstrates a nearly perfect correlation with the original long form ($r \geq 0.97$). Just like the long form, the SCS-SF has a six-factor structure and one higher-order factor for self-compassion. The six factors represent the basic components of self-compassion: "Self-Kindness", "Common Humanity",

"Mindfulness", "Self-Judgment", "Isolation" and "Over-Identification". Participants answer the items on a 7-point Likert scale ranging from "1 = almost never" to "7 = almost always". Internal consistency was found to be $\alpha = 0.87$ for the total score but quite variable for the subscale scores ($\alpha \geq 0.55$). In this study, internal consistency was $\alpha = 0.85$ for the total scale, $\alpha = 0.82$ for the positively worded items, which represent one concluded "Self-Compassion" subscale (subscales "Self-Kindness", "Common Humanity" and "Mindfulness"), and $\alpha = 0.88$ for the negatively worded items representing one concluded "Self-Criticism" subscale (subscales "Self-Judgment", "Isolation", "Over-Identification").

2.3.3 Mental Health Continuum – Short Form (MHC-SF)

The Dutch version of the MHC-SF was developed to assess positive mental health (Lamers et al., 2011). It is a self-report questionnaire consisting of n = 14 items, which assesses three different dimensions of mental health. The three factors are: "Emotional Wellbeing" (n = 3), "Psychological Wellbeing" (n = 5) and "Social Wellbeing" (n = 6). Items are responded on a 6-point Likert scale ranging from "0 = never" to "5 = always". It is possible to sum up the subscale scores to get a total score for positive mental wellbeing. In the original study, internal consistency was high for the total MHC-SF ($\alpha = 0.89$), $\alpha = 0.83$ for the subscales emotional well-being as well as for psychological well-being, and adequate for social well-being ($\alpha = 0.74$). In the present study, internal consistency was $\alpha = 0.87$ for emotional well-being, $\alpha = 0.77$ for social well-being, $\alpha = 0.85$ for psychological well-being and $\alpha = 0.91$ for positive mental health in total.

2.3.4 Hospital anxiety and depression scale (HADS)

The Dutch version of the HADS consists of 14 items measuring anxiety and depression. It contains two subscales, which each consists of 7 items (Spinhoven et al., 1997). One factor assesses "Anxiety" and the other one "Depression". Participants are asked to rate the frequency of particular feelings over the last week. Items are scored on a 4-point Likert scale, ranging from "0 = not at all" to "3 = very often". A high score on the total scale indicates higher indications for psychopathology. Internal consistency in this study was $\alpha = 0.91$ for the total scale, $\alpha = 0.86$ for "Anxiety" and $\alpha = 0.79$ for "Depression".

2.4 Analysis

For the statistical analysis of the data, version 23 of the Statistical Package for Social Sciences was used (IBM SPSS Statistics 23.0). First, descriptive statistics were explored and Cronbach's alpha was calculated for the questionnaires used in this study.

In the following step, correlation coefficients were calculated between the FSCRS and the SCS. This was done for the total scores on the scales. The data on the subscale "Reassured Self" of the FSCRS was reversed to be able to calculate a total score on the scale. Furthermore, correlation coefficients for each of the subscales of both questionnaires were calculated. Since research suggests that the SCS-SF consists of two factors, self-compassion and self-criticism, variables were created based on the negatively versus the positively worded items of the scale (López et al., 2015). Furthermore, although López et al. (2015) suggest that a total score of the SCS should not be used for an overall score of self-compassion, it was decided to also calculate total scores to be able to compare both scales, the SCS-SF and the FSCRS, in total. Because the correlation coefficients between the original subscales of the SCS-SF with the FSCRS showed quite similar patterns as the "Self-Criticism" and "Self-Compassion" subscales, it was deemed reasonable to use the distinction of just two subscales instead of six for the following analyses. For the interpretation of correlation coefficients, Cohens (1988) classification was used. A value of $0.1 < r < 0.3$ is classified as a weak correlation, a value of $0.3 < r < 0.5$ as moderate and $r > 0.5$ is a strong correlation. Additionally, a classification for $r > 0.7$ was used, meaning a very strong correlation to allow a better distinction between higher correlations.

To answer the second research question, correlation coefficients were calculated between descriptive characteristics of the sample, and the FSCRS and the SCS-SF to compare correlational patterns. To do so, dummy variables were created to enable distinctions between the categories of demographic variables. Furthermore, correlation coefficients were calculated of the FSCRS and the SCS-SF, with the MHC-SF and the HADS to compare self-criticism and self-compassion with psychopathology and positive mental health.

Regarding the third research question, for examining the incremental validity of the FSCRS beyond the SCS in explaining psychopathology, respectively anxiety and depression (HADS), and positive mental health (MHC-SF), hierarchical multiple regression analyses were conducted. In the first block, the SCS-SF was entered and the FSCRS in the second block. The change in explained variance from the first block to the second, served as a test for the incremental validity. If both scales significantly explain more variance regarding the

outcome measures than one of the scales alone, it suggests that there are differences in what the scales assess.

3 RESULTS

3.1 CONCURRENT VALIDITY

To assess the direct relation of self-criticism and self-compassion, correlation coefficients were calculated between the FSCRS and the SCS. This was done on different levels: To get an overview, the total scores of both scales were compared. To assess the relation in more detail, additional variables were created for the subscales of the SCS-SF that are assumed to measure self-compassion, respectively self-criticism. These variables were then compared to the subscale variables of the FSCRS. The results are presented in table 3.

Table 3

Correlation coefficients: FSCRS and SCS-SF

		1	2	3	4	5	6	7
1 FSCRS		1	-	-	-	-	-	-
2	Inadequate Self	.90**	1	-	-	-	-	-
3	Hated Self	.79**	.62**	1	-	-	-	-
4	Reassured Self	-.82**	-.56**	-.52**	1	-	-	-
5 SCS-SF		-.77**	-.70**	-.56**	.67**	1	-	-
6	Self-Compassion	-.51**	-.40**	-.41**	.50**	.75**	1	-
7	Self-Criticism	.71**	.69**	.49**	-.57**	-.85**	-.29**	1

Note. ** $p < 0.01$

The FSCRS and the SCS-SF show a very strong negative relationship ($r = -0.77$). The subscales of the SCS-SF which are assumed to measure "Self-Criticism", indeed have a strong relation to the FSCRS subscale "Inadequate Self" ($r = 0.69$). The "Self-Compassion" subscale of the SCS-SF and the FSCRS subscale "Reassured Self" however are only moderately related ($r = 0.50$). Correlation coefficients can be seen in table 3.

Looking at the correlation coefficients on subscale level of the FSCRS and the SCS-SF as presented in table 4, it can be seen that the subscale "Inadequate Self" is strongly negatively related to all negatively worded subscales of the SCS, namely "Over-Identification", "Isolation" and "Self-Judgement" ($r > 0.57$). The subscale "Hated Self" is moderately related to these SCS subscales ($0.39 < r < 0.49$). The FSCRS subscale "Reassured

Self" is moderately related to the subscales "Self-Kindness", "Mindfulness" and "Common Humanity" of the SCS ($0.39 < r < 0.46$).

Table 4

Correlation Coefficients on subscale level

	1	2	3	4	5	6	7	8	9
1. IS	-								
2. HS	0.62**	-							
3. RS	-0.56**	-0.52**	-						
4. SK	-0.32**	-0.29**	0.39**	-					
5. M	-0.39**	-0.41**	0.46**	0.59**	-				
6. CH	-0.30**	-0.35**	0.41**	0.60**	0.58**	-			
7. OI	0.61**	0.42**	-0.51**	-0.18**	-0.28**	-0.18**	-		
8. I	0.57**	0.39**	-0.49**	-0.13*	-0.24**	-0.17**	0.74**	-	
9. SJ	0.66**	0.49**	-0.52**	-0.25**	-0.29**	-0.24**	0.65**	0.64**	-

Note. $^{**}p < 0.01$; FSCRS: IS= Inadequate Self, HS = Hated Self, RS = Reassured Self; SCS-SF: SK = Self-Kindness, M = Mindfulness, CH = Common Humanity, OI = Over-Identification, I = Isolation, SJ = Self-Judgement.

3.2 Construct Validity

Next, the construct validity of both the SCS-SF and the FSCRS was assessed by comparing patterns of correlations with other measurements. This was done by calculating correlation coefficients between the named scales and the demographic characteristics, the HADS and the MHC-SF.

At first, correlation coefficients were calculated with the scales total scores and the demographic characteristics. The results can be seen in table 5. A weak, but significant relation was found for age and being self-critical ($r = -0.18$, $p < 0.01$) respectively being self-compassionate ($r = 0.25$, $p < 0.01$). Also small, significant correlations were found for gender and being self-critical ($r = 0.20$, $p < 0.01$) respectively being self-compassionate ($r = -0.23$, $p < 0.01$). Religious belief was queried by asking whether the participant believes in some religion or not. No significant correlation was found for religious belief and the SCS-SF or FSCRS. Furthermore, small significant correlations were found for not being married and the SCS-SF ($r = -0.26$, $p < 0.01$) and the FSCRS ($r = 0.20$, $p < 0.01$). Assessing the daily activities, it was shown that participants who work, score significantly higher on the SCS-SF ($r = 0.29$, $p < 0.01$) and lower on the FSCRS ($r = -0.30$, $p < 0.01$) than students ($r = -0.21$, $p < 0.01$; $r = 0.23$, $p < 0.01$). Small significant correlations were found between the level of education and both questionnaires ($r = 0.11$, $p < 0.05$; $r = -0.12$, $p < 0.05$).

Table 5

Correlation coefficients between demographic characteristics and FSCRS / SCS-SF

	SCS-SF	FSCRS
Age	0.25**	-0.18**
Gender (Female)	-0.23**	0.20**
Religious Belief	0.55	-0.03
Not being married	-0.26**	0.20**
Daily Activities		
Paid work	0.29**	-0.30**
Student	-0.21**	0.23**
Education	0.11*	-0.12*

Note. ** $p < 0.01$; * $p < 0.05$

Afterwards, correlation coefficients were calculated between the two scales, the MHC-SF and the HADS. In table 6, it can be seen that the FSCRS and the SCS-SF are both strongly correlated with the MHC-SF ($r = -0.59$, $p < 0.01$; $r = 0.60$, $p < 0.01$). Also the total scores on the FSCRS and the SCS-SF are nearly equally correlated to the subscales of the MHC-SF. Both the FSCRS and the SCS-SF are strongly correlated with "Emotional Wellbeing" ($r = -0.57$, $p < 0.01$; $r = 0.58$, $p < 0.01$), moderately correlated with "Social Wellbeing" ($r = -0.41$, $p < 0.01$; $r = 0.46$, $p < 0.01$), and again strongly correlated with "Psychological Wellbeing" ($r = -0.60$, $p < 0.01$; $r = 0.58$, $p < 0.01$). The subscale "Inadequate Self" is quite similar correlated to the MHC-SF and its subscales as the "Self-Criticism" subscales of the SCS-SF. Both the subscales "Inadequate Self" and the "Self-Criticism" subscales of the SCS-SF moderately correlate with the MHC-SF in total ($r = -0.50$, $p < 0.01$; $r = -0.52$, $p < 0.01$), with the subscale "Emotional Wellbeing" ($r = -0.49$, $p < 0.01$; $r = -0.51$, $p < 0.01$), with the subscale "Social Wellbeing" ($r = -0.37$, $p < 0.01$; $r = -0.38$, $p < 0.01$) and with the subscale "Psychological Wellbeing" ($r = -0.49$, $p < 0.01$; $r = -0.50$, $p < 0.01$). The subscales "Reassured Self" and the subscales measuring "Self-Compassion" by the SCS-SF are not as similarly correlated to the MHC-SF and its subscales.

Table 6

Correlation Coefficients MHC-SF

	MHC-SF Total	Emotional Wellbeing	Social Wellbeing	Psychological Wellbeing
FSCRS	-0.59**	-0.57**	-0.41**	-0.60**
Inadequate Self	-0.50**	-0.49**	-0.37**	-0.49**
Hated Self	-0.40**	-0.43**	-0.19**	-0.45**
Reassured Self	0.56**	0.53**	0.42**	0.56**
SCS-SF	0.60**	0.58**	0.46**	0.58**
Self-Compassion	0.47**	0.43**	0.37**	0.46**
Self-Criticism	-0.52**	-0.51**	-0.38**	-0.50**

Note. **$p < 0.01$

In the next step, correlation coefficients were analysed for the FSCRS, the SCS-SF and the HADS and its subscales "Depression" and "Anxiety". The results can be seen in table 7. Both questionnaires are strongly correlated to the HADS (FSCRS: $r = 0.68$, $p < 0.01$; SCS-SF: $r = -0.64$, $p < 0.01$) and its subscales "Depression" ($r = 0.58$, $p < 0.01$; $r = -0.53$, $p < 0.01$) as well as "Anxiety" ($r = 0.65$, $p < 0.01$; $r = -0.62$, $p < 0.01$). Again, the correlation coefficients of the subscale "Inadequate Self" are quite similar to the "Self-Criticism" subscales of the SCS-SF with the HADS. Both are strong positively correlated to the HADS in total ($r = 0.60$, $p < 0.01$; $r = 0.56$, $p < 0.01$), moderately correlated to the subscale "Depression" ($r = 0.46$, $p < 0.01$; $r = 0.43$, $p < 0.01$), and again strongly correlated to "Anxiety" ($r = 0.61$, $p < 0.01$; $r = 0.58$, $p < 0.01$). The SCS "Self-Compassion" subscales and the subscale "Reassured Self" are both moderately to strongly correlated to the HADS ($r = -0.54$, $p < 0.01$) and its subscales "Depression" ($r = -0.52$, $p < 0.01$) and "Anxiety" ($r = -0.48$, $p < 0.01$). Furthermore, the subscale "Hated Self" also shows strong and positive correlations with the HADS ($r = 0.61$, $p < 0.01$), the subscale "Depression" ($r = 0.54$, $p < 0.01$) and the subscale "Anxiety" ($r = 0.56$, $p < 0.01$).

Table 7

Correlation Coefficients HADS

	HADS	Depression	Anxiety
FSCRS	0.68**	0.58**	0.65**
Inadequate Self	0.60**	0.46**	0.61**
Hated Self	0.61**	0.54**	0.56**
Reassured Self	-0.54**	-0.52**	-0.48**
SCS-SF	-0.64**	-0.53**	-0.62**
Self-Compassion	-0.47**	-0.45**	-0.42**
Self-Criticism	0.56**	0.43**	0.58**

Note. $^{**}p < 0.01$

3.3 Incremental Validity

To assess the third research question regarding the scales incremental validity, regression analyses were conducted. The two SCS-SF subscales for "Self-Criticism" and "Self-Compassion" were entered in the first block. In the second block the FSCRS subscales were added. The hierarchical regressions can be found in table 8. The results show that the SCS-SF facets for "Self-Compassion" and "Self-Criticism" independently explained significant variance in positive mental wellbeing. When the FSCRS was entered in the second block, the SCS-SF subscales as well as the FSCRS subscale "Reassured Self" were significantly related to the outcome measure. The subscales "Inadequate Self" and "Hated Self" of the FSCRS

were not significantly related to positive mental well-being as measured by the MHC-SF. The FSCRS together with the SCS-SF explained significantly more variance beyond the SCS-SF alone (adjusted R^2 change = 0.05, $p < 0.001$). In another regression analysis for the HADS subscale for "Depression" with the SCS-SF and the FSCRS, the first step again shows that the SCS-SF subscales "Self-Compassion" as well as "Self-Criticism" significantly explain variance in "Depression". In the second step, after including the FSCRS, the "Self-Compassion" subscale still significantly explains variance, along with the FSCRS subscales "Hated Self" and "Reassured Self". The FSCRS subscale "Inadequate Self" and the SCS-SF subscale "Self-Criticism" were not significantly related to "Depression". The FSCRS together with the SCS-SF explained significantly more variance in "Depression" beyond the SCS-SF alone (adjusted R^2 change = 0.10, $p < 0.001$). In a third regression analysis, the same procedure was repeated with the "Anxiety" subscale of the HADS. Here again, both SCS-SF subscales showed significant variance in explaining "Anxiety" in the first step. When the FSCRS subscales were added in the second step, still both SCS-SF subscales as well as the FSCRS subscales "Inadequate Self" and "Hated Self" were significantly related to anxiety symptoms. Again, the FSCRS explained additional variance in "Anxiety" beyond the SCS-SF (adjusted R^2 change = 0.09, $p < 0.001$).

Table 8

Hierarchical regression analyses for the MHC-SF, the HADS-D and the HADS-A with the SCS-SF and the FSCRS

	Step 1		Step 2	
	Beta	Adjusted R^2	Beta	Adjusted R^2
MHC-SF				
SCS-SF – Self-Compassion	0.33**		0.21**	
SCS-SF – Self-Criticism	-0.40**		-0.21**	
FSCRS – Inadequate Self			-0.13	
FSCRS – Hated Self			0.03	
FSCRS – Reassured Self			0.28**	
		0.36**		0.41**
HADS - Depression				
SCS-SF – Self-Compassion	-0.34**		-0.18**	
SCS-SF – Self-Criticism	0.31**		0.08	
FSCRS – Inadequate Self			0.03	
FSCRS – Hated Self			0.31**	
FSCRS – Reassured Self			-0.19**	
		0.28**		0.38**

Note. ** $p < 0.01$

Continuation table 8

Hierarchical regression analyses for the MHC-SF, the HADS-D and the HADS-A with the SCS-SF and the FSCRS

	Step 1		Step 2	
	Beta	Adjusted R^2	Beta	Adjusted R^2
HADS – Anxiety				
SCS-SF – Self-Compassion	-0.25**		-0.14**	
SCS-SF – Self-Criticism	0.49**		0.23**	
FSCRS – Inadequate Self			0.24**	
FSCRS – Hated Self			0.22**	
FSCRS – Reassured Self			-0.01	
		0.38**		0.47**

Note. ** $p < 0.01$

4 DISCUSSION

The aim of this study was to explore the relationship between self-criticism and self-compassion. To date, there are two popular questionnaires available for assessing self-criticism and self-compassion. For self-criticism the FSCRS is widely used, whereas the SCS and its short form are popular instruments to measure self-compassion. Although both scales were developed to assess one construct, it is conspicuous that the FSCRS assesses self-criticism as well as self-reassurance and the SCS-SF assesses self-compassion as well as its counterparts. Based on the theoretical basis of both terms, the question came to mind whether both questionnaires are in fact measuring both constructs: Self-criticism and self-compassion. To explore the relationships of the questionnaires in more detail, this study focused on exploring the concurrent, construct and incremental validity. The three analyses showed that the questionnaires are measuring similar constructs, which means that self-criticism and self-compassion could be two opposite ends of the same construct as was suggested by Lopez et al. (2015) before. When the two scales were compared in total, it seemed like they are assessing the same construct, which supports the idea that self-compassion and self-criticism might be two opposite ends of the same construct. However, this interpretation could only be drawn when both scales were compared in total. When the scales were compared in detail on subscale level, important differences were found, which will be discussed in the following sections.

4.1 Concurrent Validity

To answer the first research question, the direct relation between the FSCRS and the SCS-SF was explored. The results show that both questionnaires are strongly related as it was expected in the beginning. However, although the total scales are as strongly related as was expected, there are some surprising results regarding the relation of some subscales. The FSCRS subscale "Inadequate Self" was found to be strongly related to the SCS-SF variable for self-criticism. This fact supports the finding of Lopez et al. (2015), who suggested that the SCS in total is not just assessing self-compassion but also self-criticism. Surprisingly, the FSCRS subscale "Reassured Self" however was only moderately related to the SCS-SF subscale for "Self-Compassion". This finding suggests a difference between both subscales, although, due to the similar theoretical basis, it was expected that there would be a stronger relation. When exploring the relations in more detail, it was conspicuous that the subscale "Hated Self" as well as the subscale "Reassured Self" only showed moderate relations with the six SCS-SF subscales, suggesting differences in the constructs the scales assess. These findings were the first indicators that the FSCRS subscale "Reassured Self" might be measuring a different construct than the SCS-SF and its subscales. Thus, self-reassurance as assessed by the FSCRS might not be the same as self-compassion and its components.

4.2 Construct Validity

To assess the construct validity, the second research question assessed the relation of the FSCRS and the SCS-SF in regard to demographic characteristics of the participants and two other questionnaires, the HADS and the MHC-SF. It was expected that the patterns of correlation coefficients with other measurements must be similar for the FSCRS and the SCS-SF. Again, this expectation was accurate when comparing the scales in total. Correlating the FSCRS and the SCS-SF with demographic characteristics showed that every significant relation between a characteristic and one of the questionnaires meant an almost equally high or low relation with the other questionnaire. Correlating the FSCRS and the SCS-SF with the MHC-SF and the HADS, the same results were found. When correlating the total FSCRS and the SCS-SF to the HADS, the MHC-SF, and the subscales, they were related to the scales in nearly the same extent. This finding further supports the similarity of both scales and the underlying concepts. However, differences can be found when looking at subscale level. Although the FSCRS subscale "Inadequate Self" similarly correlates with the MHC-SF and

its subscales as the SCS-SF subscale for "Self-Criticism", this does not apply for the FSCRS subscale "Reassured Self" and the "Self-Compassion" subscale of the SCS-SF, where similar relations also could have been expected.

These findings support what was found in earlier studies. Self-Criticism is known to contribute to mood disorders (e. g. Castilho et al., 2012; Blatt & Zuroff, 1992). Self-compassion however was found to be negatively associated with depression and anxiety (Neff, 2003a) and to be predictive for mental health and psychological well-being (Neff, Kirkpatrick, & Rude, 2007).

4.3 Incremental Validity

To assess the incremental validity of the scales, multiple regression analyses were conducted to explore the predictive abilities of the subscales regarding positive mental health, depression and anxiety. Interestingly, taken all subscales of the FSCRS and the SCS-SF together explained significantly more variance in the outcome measures. Especially surprising about the results is that subscales which were expected to be very similar, are in fact independent predictors for the outcome measures. This is the case for the SCS-SF subscale "Self-Compassion" and the FSCRS subscale "Reassured Self" in explaining positive mental health and "Depression", but also for the SCS-SF subscale for "Self-Criticism" and the FSCRS subscale "Inadequate Self" in explaining "Anxiety". Interestingly, the subscale "Hated Self" seems to be especially relevant for "Depression" and "Anxiety".

This part of the study clearly showed what was implied in the steps before. Comparing the FSCRS and the SCS-SF in total, they seem to be measuring nearly the same. However, if subscales, which share a similar theoretical basis, are independent predictors for one outcome measure, there must be a significant difference in the underlying construct.

4.4 Is Self-Compassion the opposite of self-criticism?

The research questions were meant to finally give an answer to one question, whether self-compassion and self-criticism are two opposite ends of the same construct. Still, there is not one clear answer to that question. This study showed that when the scales are compared in total, they are assessing a very similar construct. This was expected because on one hand it was suggested that the SCS also contains items assessing self-criticism in an earlier study by Lopez at al. (2015) and on the other hand because of Neff´s own definition of self-compassion

(2003a). In her opinion, self-compassion consists of three components and the counterparts of them. These counterparts (self-judgment, isolation and over-identification) are comparable to different definitions or perceptions of self-criticism in research (e. g. Gilbert et al., 2004, Barnard & Curry, 2011). But the results of this study also show that there must be significant differences between both scales when comparing the subscales. This raises the question why subscales which were expected to be measuring the same construct, can show significant differences.

The explanation for this finding might lie in the unclear definitions for self-criticism and self-compassion in research and also in the confusing use of terms for the concepts (Barnard & Curry, 2011). The scales define self-criticism and self-compassion differently. Both questionnaires are deriving out of different contexts and were not meant to assess self-criticism along with self-compassion when they were constructed. Even though the questionnaires share similarities regarding the assessed constructs, this was not planned or meant by the developers. Neff (2003a) based the SCS on three components and their counterparts, which build up a whole construct of self-compassion. Gilbert et al. (2004) however developed the FSCRS to assess three different forms of self-to-self relating. Although Gilbert also did a lot of research on compassion, developed Compassion Focused Therapy (Gilbert, 2009; Gilbert, 2010; Gilbert, 2012) and Compassionate Mind Training (Gilbert and Procter, 2006), and defines compassion (Gilbert, 2009) congruous to Neff (2003a), it is important to mention that Gilbert and his colleagues (2004) did not aim to measure self-compassion along with self-criticism in the FSCRS. Neither was it Neff's intention to develop a scale which is assessing both. The idea that this could be the case derived from López et al. (2015), who discovered that the SCS consists of two factors, which include the positively formulated respectively the negatively formulated items. Therefore, the explanation for the similarities yet distinctiveness of the two scales can be found by looking at the conceptual and operational definitions of self-criticism and self-compassion. Barnard and Curry (2011) showed that different terms are used in research referring to the same concepts. The "Reassured Self" subscale of the FSCRS might therefore be the same as self-compassion when looking at the conceptual definitions. This might also count for the FSCRS subscales "Inadequate Self" and maybe parts of the subscale "Hated Self" and the SCS-SF items which have been shown to assess self-criticism by López et al. (2015). Although the conceptual definitions seem to be similar, the operational definitions are different. Neff (2003a) generated the SCS items by asking open questions in focus groups. Gilbert et al. (2004) used typical thoughts of depressed patients which he experienced in a practical context. Due to the

different contexts and the different definitions out of which the FSCRS and the SCS-SF derive, the question whether self-compassion and self-criticism are opposites cannot be answered clearly on the basis of these two questionnaires.

The explanation might also lie in the item construction. Gilbert (2004) derived the items for the FSCRS out of a pool of typical self-critical thoughts from depressed patients. Therefore, the items might be representative self-critical thoughts of depressed participants, but it might be that the items are not as representative for the self-critical thoughts of non-clinical populations. This could explain why the FSCRS and the subscales are especially highly related to the HADS and the subscales "Anxiety" and "Depression". Furthermore, this could explain why the "Reassured Self" subscale was found to be only moderately related to the SCS-SF subscale for "Self-Compassion". If the items represent typical thoughts of depressed patients, the items might not cover the whole concept of self-compassion.

Thus, although there are differences in the subscale constructs, the scales in total are assessing a strongly similar constructs. This supports the idea that self-compassion and self-criticism are two opposite ends of one construct. However, another explanation for the findings in this study is that self-criticism and self-compassion are indeed strongly related but still two different constructs. This would be congruent with other researchers, who stated that self-criticism is included in the SCS in the subscale "Self-Judgment" and that self-compassion includes more than the absence of self-criticism (Barnard & Curry, 2011; Neff, 2003a, Neff, 2003b). This would explain why the supposed "Self-Compassion" and "Self-Criticism" subscales correlate differently with other measures and why they are independent predictors for positive mental health and anxiety.

4.5 Limitations

Although the study results are based on a large dataset, there are some limitations to the interpretation and the representativeness of the findings. The participants were recruited by psychology students through convenience sampling. Although the students were asked to form a heterogeneous sample as possible, the demographic characteristics showed that females, young people, and highly educated people were overrepresented in the sample. This study did not distinguish between clinical and non-clinical samples. The results found in this study might thus not be representative for the general population and results should be interpreted with caution.

Furthermore, a problem in this and further research is the unclear definition and use of the terms self-compassion and self-criticism (Barnard & Curry, 2011) which makes it difficult to compare them and draw assumptions. Gaining clarification about this seems to be particularly difficult, since concrete definitions based on theoretical support are absent. The only definition for self-compassion is provided by Neff (2003a, 2003b) who defined self-compassion based on own experiences, and by Gilbert (2009) who did not use this definition in the development of the FSCRS. Since Neff (2003a) did not mean to assess self-criticism along with self-compassion in the SCS, a definition of self-criticism is absent, regarding how it could be measured with the scale. Assumptions about the similarity or distinctiveness of self-criticism and self-compassion thus need to be drawn with caution.

4.6 Further Research

The SCS has become a popular instrument in research (MacBeth & Gumley, 2012) since it is the only instrument that is available to assess self-compassion. However, this study shows that it is important to further investigate on the question if the SCS is assessing self-criticism by the negatively worded items as was suggested before by López et al. (2015). Furthermore, since this study shows that self-criticism and self-compassion are strongly similar but still could be different constructs, it it important to further investigate on this question.

Another important point for research is the question if it is reasonable to assess self-criticism and self-compassion in one scale or if it is methodically more appropriate to assess both in different scales. There are studies available that earlier suggested to assess self-compassion and self-criticism in different scales (López et al., 2015) because neural research showed that they are indeed independent processes in the brain (Longe et al., 2010). Findings in this study may support that, since the regression analyses showed that self-compassion and self-criticism are both independent contributors to outcome measures like positive mental well-being, anxiety and depression. However, this could also be explained by an artificial method effect since researches have suggested that purely positively or negatively formulated factors can be produced by the formulation of the items (Van Dam et al., 2012).

Furthermore, this study shows differences in the levels of self-criticism and self-compassion in students versus paid workers, females versus males and adolescents versus adults. A recommendation for further research can be to assess these differences in a more heterogeneous dataset, and especially to assess the cause for these differences. That students score lower on self-compassion and higher on self-criticism than paid workers might simply

be explained by age differences, but it also might be reasonable to assume that students suffer from pressure to perform well and therefore they tend to be more self-critical whereas people who work in a specific job for years are more satisfied with their own performance. Another interesting point for research and for therapy is the difference in self-criticism and self-compassion for married people versus unmarried people. Again, this could also simply be a matter of age, but another reason for this finding might be that having a stable relationships helps being content not only with the partner but also with the self.

4.7 Implications

Summing up these implications for further research, it is important to make clear recommendations for the use of the FSCRS and the SCS. The FSCRS can be used in research and clinical contexts to gain clarity about the three different forms of self-to-self-relating which the scale is supposed to measure. It is important to have in mind that self-reassurance might eventually not be adequately comparable to self-compassion, which was clearly shown in this study. Furthermore, an overall score of the FSCRS might not exactly represent self-criticism, when the three subscales "Inadequate Self", "Hated Self" and "Reassured Self" are concluded in one score. Additionally, Castilho et al. (2015) have found that there is no overarching factor describing the whole scale. Nevertheless, the FSCRS seems to be an adequate instrument for correlational research but interpretations must be drawn with caution. Since the FSCRS was developed in a clinical context and uses items which are representative for typical thoughts on self-criticism of depressed patients, the scale seems to be especially suited for a clinical context.

The SCS is the only available instrument to assess self-compassion but it also should be used with caution. There are strong indicators for the finding that the SCS is also assessing self-criticism next to self-compassion (López et al, 2015), but this needs to be explored in more detail before the scale is used to assess self-criticism. However, the SCS can be used in research and in a practical or clinical context to measure self-compassion since the positively worded items seem to be a good representation for an overall score of self-compassion.

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