

‘I have high self-compassion’: A face-valid single-item self-compassion scale for resource-limited research contexts

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Abstract

The original 26-item Self-Compassion Scale (SCS; Neff, 2003) and 12-item Short-Form Self-Compassion Scale (SF-SCS; Raes et al., 2011) are scales commonly used in cross-sectional and longitudinal research to assess the global self-compassion construct and its six facets. We introduce the Single-Item Self-Compassion Scale (SISC; ‘I have high self-compassion’) to measure the global self-compassion construct in time-, space- and resource-limited contexts (e.g., daily diaries, experience sampling and nationally representative surveys). Additionally, the SISC will expand knowledge about self-compassion by providing researchers whose primary interest is not self-compassion with a convenient, face-valid option to measure self-compassion. Across 10 samples (four cross-sectional, four longitudinal and two 7-day daily diary; $N = 2,477$), we demonstrated that the SISC has acceptable psychometric properties. Specifically, the SISC was temporally consistent, correlated adequately with the SCS and SF-SCS, exhibited nearly identical correlational patterns when compared with the SCS and SF-SCS with a wide range of criterion measures (e.g., self-esteem, personality, affective and social functioning, mental health and demographic variables) and saved 12 min over a 7-day diary. Results replicated among students, community samples and across the United States, Turkey and Malaysia. Thus, we provide the field with an alternative measure of the global self-compassion construct that complements the SCS and SF-SCS.

KEYWORDS

global self-compassion, reliability, single item, test construction, validity

1 | INTRODUCTION

Self-compassion is a fast-growing area in the study of the self (Neff, 2003, 2011). It is rooted in sympathy extended towards the self when an individual faces a mistake or failure (Neff, 2003). Self-compassionate people are aware of their experiences (both positive and negative), recognize others share their experiences and handle setbacks and failures with relative calm. Wide-ranging research has linked self-compassion to a constellation of both personal and

interpersonal benefits, making further study of the construct both promising and important.

Broadly speaking, most if not all the survey research on self-compassion has used one or both of two measures of the construct: (a) the original 26-item Self-Compassion Scale (SCS; Neff, 2003) and/or (b) the 12-item Short-Form Self-Compassion Scale (SF-SCS; Raes et al., 2011). However, multi-item scales are impractical in resource-limited research contexts (e.g., daily diaries, experience sampling and nationally representative surveys) that often entail repeated

surveys, attrition and high cost. Given the promise of research on self-compassion, we aimed to develop a measurement tool that would facilitate further study of the construct. Specifically, we introduce the Single-Item Self-Compassion Scale ('I have high self-compassion') as a convenient, face-valid option to assess the global self-compassion construct in resource-limited research contexts. We provide evidence for its utility using cross-sectional and short longitudinal studies across three countries.

2 | SELF-COMPASSION: DEFINITION, CORRELATES AND FACTOR STRUCTURE

2.1 | Definitions

Neff (2003) originally theorized three positive and three negative facets of self-compassion. These six facets are (1) self-kindness (vs. self-judgement), which refers to a tendency to apply a caring and tender, rather than judgmental, attitude towards one's difficult experiences; (2) common humanity (vs. isolation), referring to the recognition that it is 'human' to make mistakes and that one's suffering is shared by others; and (3) mindfulness (vs. over-identification) or facing one's failure and observing one's pain with equanimity (Neff, 2011). Together, all six of these facets are thought to contribute to a global self-compassion construct (Neff, 2003), with each facet captured in items in both the SCS and SF-SCS.

It is worth noting that self-compassion is not simply the opposite of self-criticism. Although self-criticism is measured with items (e.g., 'I tend to be very critical of myself') that appear similar in wording to the reverse-scored items in the self-kindness component of self-compassion (e.g., 'I'm disapproving and judgmental about my own flaws and inadequacies'), self-criticism has less conceptual overlap with the mindfulness and common humanity components, both of which are important facets of self-compassion. This suggests that self-criticism and self-compassion may be inversely related to some degree but are nonetheless distinct. Indeed, research shows that self-compassion is negatively correlated with depression, anxiety, perfectionism and is positively correlated with life satisfaction, even after controlling for self-criticism (Neff, 2003).

2.2 | Correlates

Two decades of research, using either the SCS or the SF-SCS, to assess a global self-compassion construct have shown that self-compassion is associated with numerous personal benefits. For example, cross-sectional research has shown that self-compassion is associated with personal well-being (Baer et al., 2012; Neely et al., 2009; Neff, 2011; Neff et al., 2007), positive body image (Adams et al., 2007; Liss & Erchull, 2015), and better coping and increased resilience (Allen & Leary, 2010; Brion et al., 2014; Zhang & Chen, 2016, 2017). Longitudinal and experimental research showed that self-compassion predicted better emotional recovery from a

Key Practitioner Message

- The Single-Item Self-Compassion Scale (SISC) measures the global self-compassion construct in time-, space- and resource-limited contexts (e.g., clinical prescreening, daily diaries, experience sampling and nationally representative surveys).
- The SISC is less reliable and not meant to replace the SCS or SF-SCS but serves as an alternative to these established scales.
- With parallel wording in the Single-Item Self-Esteem Scale (SISE) and SISC scales, researchers who use the SISC can readily compare their results to the SISE and ascertain the unique effect of self-compassion while controlling for self-esteem.
- The SISC will expand knowledge about self-compassion by providing researchers and clinicians with a convenient, face-valid alternative option to measure global self-compassion.

recent divorce (Sbarra et al., 2012) and caused reduced stress responses in a laboratory stress task (Arch et al., 2014; Breines et al., 2014). Moreover, self-compassion is correlated with numerous positive, other-oriented outcomes, such as perspective-taking, empathetic concern and altruism (Neff & Pommier, 2013), helping intentions towards a hypothetical target during an emergency if the target is at fault (Welp & Brown, 2013), and a greater likelihood to compromise during conflict situations with one's parents, best friend and romantic partner (Yarnell et al., 2012). As a final example, research has shown that self-compassion predicted felt acceptance of one's flaws among both members of romantic couples, which, in turn, promotes greater acceptance of each other's flaws (Zhang et al., 2020).

Importantly, a handful of studies has shown that the six self-compassion facets' correlations with various psychological outcomes are quite similar. For instance, the correlations of the three negative facets of overidentification, isolation and self-judgement (r s of .59, .43 and .49) with depressive symptoms were similar in magnitude to the correlations of the three positive facets of mindfulness, common humanity and self-kindness (r s of $-.42$, $-.23$, $-.49$; Ying, 2009) with the same outcome. The same pattern occurred for psychological well-being (r s of $-.55$, $-.55$, $-.56$ vs. .53, .44, .51; Baer et al., 2012). Overall, then, correlational data suggest that self-compassion, treated as a global construct, is associated with a broad range of benefits.

2.3 | Factor structures

Such data notwithstanding, some have questioned the factor structure of the SCS, pointing to mixed evidence for the original six-facet structure model. For example, although some researchers have found evidence for a single-factor model (i.e., an overarching single self-

compassion construct; Deniz et al., 2008), others have suggested a four-factor model wherein the positive factors are correlated and there is a distinct general negative factor (Zeng et al., 2016). Still others have proposed a two-factor model that is composed of self-compassion (total of the positive items) and self-coldness (total of the negative items; Gilbert et al., 2011). This two-factor model has been found in samples from the Netherlands (López et al., 2015), Portugal (Costa et al., 2015) and the United States (Brenner et al., 2017).

Neff (2016) responded to these mixed results on the factor structures of the SCS with a bifactorial model. A bifactorial model is different than the other models mentioned above in that it allows the presence of a single overarching self-compassion factor while retaining the six individual facets (Reise et al., 2010). That is, Neff et al. (2017) argued the structure of self-compassion includes a higher-order self-compassion construct in addition to the six facets. To test this conceptualization, Neff et al. (2017) compared the bifactor model to a higher-order model, a 6-factor model, a 2-factor correlated model and a 1-factor model in students, community adults, Buddhist meditators and clinically depressed individuals. The results demonstrated that the bifactor model fit the data the best in all samples. Interestingly, the overarching single self-compassion factor accounted for at least 90% of the variance in SCS scores across all samples. This bifactor model was recently replicated in a sample of U.K. students (Cleare et al., 2018). Neff et al. (2019) compared the bifactor model to a 1-factor, 2-factor correlated, 6-factor correlated and 2-bifactor models (2 correlated general factors each with 3 group factors representing compassionate or uncompassionate self-responding) of the SCS across 20 diverse samples ($N = 11,685$). Once again, they found excellent fit in every sample for the bifactor model (with 95% of item variance explained by a general factor). Lastly, Neff et al. (2021) validated a state self-compassion measure to serve as a manipulation check in experimental research that also supported the bifactor model.

Together, these psychometric results indicate that the six facets can be measured separately, but they operate collectively to form a single global self-compassion construct. In other words, despite the controversy over the factor structure of the SCS, it is appropriate to examine the six facets of self-compassion *and* a global self-compassion construct.

3 | THE CASE FOR THE SINGLE-ITEM SCS

Why do we need a single-item SCS? First, single-item scales are quite prevalent in various resource-limited research contexts (e.g., daily diary, experience sampling and nationally representative surveys). Take, for example, the Single-Item Self-Esteem Scale (SISE; 'I have high self-esteem'; Robins et al., 2001), which is widely used as a face-valid alternative measure to the 10-item Rosenberg self-esteem scale (Robins et al., 2002). The global subjective health question, which asks respondents to rate their health as 'excellent, good, fair, or poor', is another popular single-item scale used in population surveys worldwide (Hays et al., 1993). Well-being researchers have employed a

single item to quickly assess people's global life satisfaction ('All things considered, how satisfied are you with your life as a whole?'; Lucas & Donnellan, 2012) and happiness ('Do you feel happy in general?'; Abdel-Khalek, 2006). Moreover, in nearly all cases, single-item scales are used because use of just one item 'eliminates item redundancy and therefore reduces the fatigue, frustration, and boredom associated with answering highly similar questions repeatedly' (Robins et al., 2001, p. 152). Given brief measures, and specifically single-item scales, place less burden on participants, they can be used when researchers are pressed for time, space and money (e.g., daily diary, experience sampling, nationally representative and other large sample surveys [e.g., $N = 100,000$]; Robins et al., 2001). In such contexts, longer questionnaires tend to decrease response rates in the general population (McCarty et al., 2006). The diversity of research areas that have applied single-item measures in place of longer measures indicates a general awareness of the need for such type of assessment as well as the general acceptance of such measures by the research community.

Currently, there are no single-item measures of self-compassion. In the present study, we aimed to fill this gap by adapting the wording from the widely used SISE ('I have high self-esteem'; Robins et al., 2001) to assess self-compassion rather than self-esteem. We refer to this single item as the Single-Item Self-Compassion Scale (SISC; 'I have high self-compassion') and propose that it may be a convenient face-valid option to assess the global self-compassion construct. We specifically adopted wording from the SISE to create the SISC because it is common for self-compassion researchers to assess self-esteem to rule out the alternative explanation that self-esteem explains the effects of self-compassion on various outcomes. This is because of the moderate to high positive correlations between self-esteem and self-compassion (Neff & Vonk, 2009). With parallel wording in the SISE and SISC scales, researchers who use the SISC can readily compare their results to that of the SISE and ascertain the unique effect of self-compassion while controlling for self-esteem.

By providing researchers with a measure of self-compassion that can be readily used in resource-limited research contexts, the SISC is likely to expand empirical investigation of self-compassion into new areas, as well as address important questions that extant research has not been able to definitively tackle. For instance, while self-compassion is a fast-growing field, a look at recent meta-analyses shows that most of the research has used the SCS and/or SF-SCS in cross-sectional correlation designs, with only a handful using longitudinal and experimental designs (MacBeth & Gumley, 2012; Marsh et al., 2018; Sirois et al., 2015; Yarnell et al., 2015; Zessin et al., 2015).

Turning to daily assessments of self-compassion, a search of articles that cite the SCS (currently 5096 citations) and/or the SF-SCS (currently 1606 citations) with the search term 'daily self-compassion' revealed only three empirical articles (Kelly & Stephen, 2016; Li et al., 2020; Zhang et al., 2019), all of which measured daily self-compassion differently. This is an issue because researchers arbitrarily select items from the SCS or the SF-SCS based on their own interpretation of the global self-compassion construct, leading to inconsistency across research and the inability to compare results. For

instance, Kelly and Stephen (2016) used the SF-SCS and altered the instruction to say 'today'. Zhang et al. (2019) adapted three items from the SCS ('Today, I felt compassionate toward myself', 'Today, I felt separate and cut off from the rest of the world' and 'Today, I showed caring, understanding, and kindness toward myself'). Last, Li et al. (2020) selected the item with the highest factor loading from each facet of the SCS ('When I'm going through a very hard time, I give myself the caring and tenderness I need', 'When I see aspects of myself that I don't like, I get down on myself', 'I try to see my failings as part of the human condition,' 'When I'm feeling down, I tend to feel like most other people are probably happier than I am', 'When something painful happens, I try to take a balanced view of the situation' and 'When something upsets me, I get carried away with my feelings', with the instruction to respond to each item in reference to 'today'.

In sum, the extant self-compassion literature is dominated by cross-sectional surveys that utilized the SCS or the SF-SCS, with only a handful of longitudinal and experimental studies. And the few studies that have assessed self-compassion on a daily level used different items, making it difficult to compare results across studies. The main goal of the current research was to introduce the SISC as a psychometrically acceptable and face-valid assessment of the global self-compassion construct. To do this, we conducted secondary data analyses of ten samples, including four cross-sectional studies, four longitudinal studies and two 7-day diary study (total $N = 2,477$). Participants from each sample completed the SCS and/or the SF-SCS, the SISC and then at least two other criterion measures. The difficulty in adopting shorter versions of previously validated measurement indices is ensuring that the discriminating features of the original measures remain largely intact. As a result, we present evidence that, compared to the SCS and SF-SCS, the SISC reaches adequate levels of convergence with multi-item measures of the global self-compassion construct as well as its facets, has adequate test-retest reliability and exhibits similar correlations with a wide range of theoretically relevant criterion measures, including self-esteem, personality, affective and social functioning, mental health and demographic variables. Finally, our samples include students and community adults, as well as respondents across three cultures (the United States, Turkey and Malaysia).

4 | METHOD

4.1 | Participants and procedure

This study consisted of ten samples (Samples 1–5 and 7–8 were secondary data analyses) that were collected with various aims and purposes. Samples 1 and 2 were cross-sectional studies, Samples 3 and 4 were experimental studies, Samples 5–8 were longitudinal studies and Samples 9 and 10 were 7-day diaries. Sample 1 was composed of 192 community adults, and Sample 2 had 401 community adults recruited from Amazon's Mechanical Turk for nominal compensation. Sample 3 was composed of 312 students from a large public

university in the Mid-South who participated for extra credit. Sample 4 was 386 students from the same university as Sample 3, but we did not collect demographic data for this sample. Sample 5 was 126 students from a large public university on the West Coast who participated for extra credit. Sample 6 was 282 students from a large public university in the Mid-South who participated for extra credit. Sample 7 was 207 students from a large public university located in Istanbul, Turkey who participated for course credit. Sample 8 was 296 students from a large private university located in Malaysia who participated for course credit. Lastly, Sample 9 was 110 adults, and Sample 10 was 152 adults recruited from Turkprime who participated for \$0.25 cents per diary entry for 7 days.

In all samples, participants accessed the study through an online server and first provided informed consent. Afterward, participants in all samples completed the original (SCS) and/or the short self-compassion scale (SF-SCS), the single self-compassion item ('I have high self-compassion') and at least two other criterion measures as part of the larger studies (see Table S1 for the exact criterion measures available for each sample; see Table S2 for all age, gender, ethnicity, means, standard deviations and alpha reliabilities of measures). Data can be obtained here: (https://osf.io/pqu8m/?view_only=5edec2e69b084e3fb16f44e3568b9a2f). Additional details about each sample can be found in the Supporting Information, including our sample size, data exclusions and all manipulations in the studies.

4.2 | Data analysis plan

We began by assessing the part-whole correlations of the SISC with the SCS, SF-SCS and the facets organized by designs and samples using Fisher's r -to- Z transformation. Next, we estimated the test-retest reliability for each instrument by correlating scores obtained in the first rating session with scores obtained in a second rating session, approximately 3–8 weeks later in Samples 5–8. Afterward, we examined whether the SISC showed similar patterns of correlates with other constructs compared to the SCS and SF-SCS. To do this, we correlated the SISC, SCS and SF-SCS with a broad array of constructs that included self-esteem, personality, affective and social functioning, mental health and demographics (Samples 1–8). We computed column vector correlations for each of the three self-compassion measures and compared the transformed correlations (Fisher's r -to- Z) between the SISC, SCS and SF-SCS across the outcome measures. Higher column vector correlations indicate the patterns of correlations between the SCS, SF-SCS and SISC were nearly identical. Lastly, we tested whether the SISC was a reliable predictor of the same criterion measures compared to the SF-SCS in the resource-limited context of a daily diary study (Samples 9 and 10). We analysed the data using the linear mixed models function in the JAMOVI statistical program (2020) to account for the nested nature of the data (i.e., days nested within people). The predictors were centred on each participant's mean (i.e., group-mean centred) across the whole diary study. Group-mean centring assesses if day-to-day deviations from a participant's

TABLE 1 Correlation between the original self-compassion scale, the short self-compassion scale, the subscales and the single self-compassion item in Samples 1–8

'I have high self-compassion'	Total self-compassion	Self-kindness	Self-judgement	Common humanity	Isolation	Mindfulness	Over-identified	Mean
Cross-sectional								
12-item								
Sample 1: Community adults	.73	.69	-.68	.56	-.52	.53	-.55	.62
Sample 2: Community adults	.66	.67	-.48	.53	-.36	.45	-.44	.52
Sample 3: Mid-South students	.77	.78	-.60	.47	-.52	.51	-.48	.61
Sample 4: Mid-South students	.62	.66	-.36	.54	-.29	.56	-.29	.49
Sample 5: West coast students Time 1/Time 2	.64/.57	.74/.56	-.38/-.48	.47/.41	-.34/-.38	.43/.38	-.36/-.32	.50/.45
Sample 6: Mid-South students Time 1/Time 2	.49/.59	.61/.65	-.32/-.42	.35/.40	-.29/-.28	.33/.47	-.21/-.33	.38/.46
Sample 7: Turkey students Time 1/Time 2	.61/.63	.55/.59	-.48/-.58	.45/.51	-.29/-.29	.43/.32	-.39/-.47	.48/.49
Sample 8: Malaysia students Time 1/Time 2	.47/.54	.46/.55	-.37/-.29	.39/.43	-.24/-.29	.30/.42	-.25/-.29	.35/.40
Mean	.62	.63	.47	.45	.35	.43	.38	.48
26-item								
Sample 4: Mid-South students	.64	.72	-.37	.57	-.31	.66	-.28	.53
Sample 5: West coast students Time 1/Time 2	.63/.57	.80/.63	-.47/-.47	.49/.43	-.35/-.33	.53/.48	-.23/-.29	.52/.46
Sample 6: Mid-South students Time 1/Time 2	.54/.61	.69/.70	-.35/-.42	.39/.46	-.33/-.29	.48/.59	-.19/-.28	.44/.49
Sample 8: Malaysia students Time 1/Time 2	.51/.56	.50/.61	-.40/-.37	.43/.45	-.30/-.30	.35/.46	-.26/-.27	.40/.44
Mean	.57	.67	.41	.44	.32	.48	.25	.45
Longitudinal								
12-item								
Sample 5: West coast students	.61	.56	-.49	.42	-.40	.39	-.42	.47
Sample 6: Mid-South students	.47	.45	-.39	.27	-.32	.30	-.27	.36
Sample 7: Turkey students	.51	.48	-.42	.39	-.23	.31	-.43	.40
Sample 8: Malaysia students	.43	.42	-.27	.35	-.23	.28	-.26	.32
Mean	.51	.48	.40	.36	.30	.32	.35	.39
26-item								
Sample 5: West coast students	.57	.62	-.55	.39	-.39	.41	-.39	.48
Sample 7: Mid-South students	.49	.49	-.42	.31	-.34	.39	-.25	.39
Sample 8: Malaysia students	.48	.48	-.37	.36	-.29	.32	-.26	.37
Mean	.52	.53	.45	.35	.34	.37	.30	.41

Note: All means were computed using Fisher r -to- Z transformations and are shown as absolute values of the relevant columns and rows in italicize font type. We used the short 12-item self-compassion scale in Samples 1, 2, 3 and 7. Longitudinal is Time 1 single self-compassion item correlating with Time 2 original self-compassion and short self-compassion scales. All correlations are significant at $p < .05$.

mean on the predictors (i.e., daily self-compassion) are associated with changes in the outcome variable (e.g., daily life satisfaction). Importantly, all analyses are entirely within-persons, controlling for individual differences, and conducted with the intercepts fixed while the slopes could vary. Given that our goal was to compare the relation between SF-SCS and SISC with each of the criterion measures, we tested a condition (SF-SCS vs. SISC) by daily self-compassion interaction predicting each of the criterion measures. A significant interaction effect would indicate that the effects of SF-SCS and SISC on a specific criterion are significantly different from each other.

5 | RESULTS

5.1 | Convergence across self-compassion measures

The most crucial question is how well responses to the SISC can stand in for the global self-compassion score from the original and the short SCSs, as well as for each of the facets. Results indicated respectable correlations in cross-sectional designs with scores on the original (overall mean correlation was .45; as computed with Fisher's *r*-to-*Z* transformation, as were all further computations using correlations) and short self-compassion (overall mean correlation was .48) scales. The results for longitudinal designs (Time 1 single-item self-compassion correlated with Time 2 original and short self-compassion) were somewhat weaker but still showed an acceptable overall mean correlation of .41 and .39 with scores on the original and short SCSs, respectively. That is, although the single self-compassion item includes less than 4% and 9% of the items in the original and short SCSs, respectively, it predicted around 15–23% of the variance in scores in the original and short SCSs.

Table 1 also shows that the single self-compassion item differed somewhat in its part-whole correlations with the total scale and the subscales. For example, the overall mean correlation between the SISC and the SCS total self-compassion score was .57 (33% of the variance) and with the SF-SCS total self-compassion score was .62 (38% of the variance) in the cross-sectional samples. The overall mean correlation between the SISC and the SCS total self-compassion was .52 (.27% of the variance), and with the SF-SCS total self-compassion score, it was .51 (26% of the variance) in the longitudinal samples. An examination of the part-whole correlations with the facets indicated

that the single self-compassion item tends to have stronger correlations with the positive facets than the negative facets (Table 1). Overall, these results indicate that the single self-compassion item exhibits respectable correlations with global self-compassion scores from the SCS and SF-SCS, as well as with the positive subscales, but showed weaker correlations with the negative subscales.

5.2 | Test-retest reliability

Table 2 shows test-retest correlations for the three separate SCSs in the four retest samples (three samples have the original SCS). Mean retest stability coefficients were .82 for the original SCS and .79 for the short SCS. On the other hand, our single self-compassion item averaged .56. In variance terms, then, the original and short SCSs had 67% and 62% stable variance, respectively. The single self-compassion item had 31% stable variance, a divergence of 36% and 31%, respectively.

5.3 | External correlates

5.3.1 | Cross-sectional

Did the single self-compassion item and the original, as well as the short SCS, show similar patterns of correlates with other constructs? To answer this question, we correlated the original and short SCSs, as well as the single self-compassion item, with a broad array of constructs that included self-esteem, personality, affective and social functioning, mental health and demographics (see Table 3). As one would expect for such a broad array of constructs, the magnitude of correlations varied. To test whether the patterns of correlations were similar across instruments, we computed column vector correlations for each of the three self-compassion measures. Specifically, we compared the transformed correlations (Fisher's *r*-to-*Z* formula) between the original and the short SCSs with those for the single self-compassion item across the outcome measures. The column vector correlations suggest that the patterns of correlations between the original and short SCSs with the single self-compassion item were nearly identical. That is, the single self-compassion item's correlation with each of the outcomes was very similar to those of the original and short SCSs with the array of outcomes. Specifically, the column

TABLE 2 Test-retest reliability of the original self-compassion scale, the short self-compassion scale and the single item self-compassion

	Original self-compassion	Short self-compassion	Single item self-compassion
Sample 5: West coast students	.76	.76	.54
Sample 6: Mid-South students	.87	.85	.68
Sample 7: Turkey students	-	.78	.51
Sample 8: Malaysia students	.81	.76	.52
Mean	.82	.79	.56

Note: Test-retest occurred on average: *M* = 54 days, *SD* = 37 days for Sample 5; *M* = 20 days, *SD* = 12 days for Sample 6; *M* = 27 days, *SD* = 6 days for Sample 7; and *M* = 32 days, *SD* = 2 days for Sample 8. We used the short 12-item self-compassion scale in the Turkey sample.

TABLE 3 Construct validity of the original self-compassion scale, short self-compassion scale and single self-compassion item in Samples 1–8

	Original self-compassion	Short self-compassion	Single item self-compassion
Self-esteem			
Cross-sectional			
Samples 1/2/3/4: Rosenberg self-esteem	-./-/-.79*	.72*/.69*/.66*/.79*	.57*/.52*/.64*/.64*
Sample 5: Rosenberg self-esteem Time 1/Time 2	.72*/.65*	.69*/.68*	.52*/.34*
Sample 6: Rosenberg self-esteem Time 1/Time 2	.73*/.71*	.69*/.69*	.51*/.62*
Sample 8: Rosenberg self-esteem Time 1/Time 2	.65*/.66*	.64*/.63*	.42*/.45*
Longitudinal			
Samples 5/6/8: Rosenberg self-esteem	.60*/.66*/.64*	.57*/.63*/.62*	.40*/.47*/.44*
Personality			
Cross-sectional			
Sample 3: TIPI O/C/E/A/N	-	.31*/.32*/.18*/.19*/-.55*	.31*/.32*/.22*/.24*/-.47*
Sample 4: TIPI O/C/E/A/N	.43*/.44*/.39*/.39*/-.52*	.43*/.46*/.36*/.38*/-.52*	.37*/.38*/.34*/.33*/-.43*
Sample 6: TIPI O/C/E/A/N Time 1	.26*/.19*/.16*/.18*/-.66*	.27*/.17*/.19*/.20*/-.66*	.23*/.26*/.17*/.15*/-.44*
Sample 6: TIPI O/C/E/A/N Time 2	.23*/.15*/.22*/.16*/-.64*	.21*/.11*/.20*/.16*/-.62*	.14*/.21*/.20*/.19*/-.46*
Sample 5: BFI Neuroticism Time 1/Time 2	-.66*/-.58*	-.66*/-.59*	-.49*/-.35*
Sample 6: BFI Neuroticism Time 1/Time 2	-.69*/-.60*	-.67*/-.58*	-.39*/-.39*
Longitudinal			
Sample 6: TIPI O/C/E/A/N	.14*/.14*/.21*/.19*/-.63*	.16*/.12/.22*/.19*/-.61*	.08/.15*/.19*/.16*/-.32*
Samples 5/6: BFI neuroticism	-.52*/-.59*	-.51*/-.58*	-.40*/-.25*
Affective & social functioning			
Cross-sectional			
Sample 1: Fear of negative evaluation (FNE)	-	-.61*	-.42*
Sample 6: FNE Time 1/Time 2	-.62*/-.58*	-.61*/-.54*	-.41*/-.39*
Sample 7: FNE Time 1/Time 2	-	-.55*/-.48*	-.33*/-.37*
Sample 8: FNE Time 1/Time 2	-.40*/-.39*	-.40*/-.38*	-.10/-.17*
Sample 1: Anxiety	-	-.67*	-.50*
Sample 6: Anxiety Time 1/Time 2	-.58*/-.60*	-.53*/-.59*	-.46*/-.43*
Samples 3/4: Positive emotions	-.50*	.61*/.51*	.65*/.48*
Samples 3/4: Negative emotions	-/.45*	-.59*/-.44*	-.49*/-.25*
Sample 6: Positive emotions Time 1/Time 2	.60*/.49*	.55*/.47*	.55*/.52*
Sample 6: Negative emotions Time 1/Time 2	-.56*/-.49*	-.52*/-.49*	-.31*/-.34*
Longitudinal			
Sample 6: Anxiety	-.55*	-.52*	-.32*
Sample 6: Positive emotions	.36*	.32*	.39*
Sample 6: Negative emotions	-.42*	-.40*	-.18*
Samples 6/7/8: FNE	-.55*/-/.35*	-.53*/-.39*/-.35*	-.37*/-.23*/-.10

(Continues)

TABLE 3 (Continued)

	Original self-compassion	Short self-compassion	Single item self-compassion
Mental health			
Cross-sectional			
Sample 1: Depressive symptoms	-	-.60*	-.41*
Sample 6: Depressive symptoms Time 1/Time 2	-.62*/-.50*	-.59*/-.45*	-.40*/-.37*
Sample 1: Life satisfaction	-	.51*	.41*
Sample 6: Life satisfaction Time 1/Time 2	.50*/.45*	.46*/.43*	.37*/.43*
Sample 6: Optimism Time 1/Time 2	.65*/.57*	.59*/.55*	.45*/.49*
Sample 7: Optimism Time 1/Time 2	-	.57*/.59*	.39*/.43*
Sample 8: Optimism Time 1/Time 2	.49*/.48*	.48*/.46*	.39*/.40*
Sample 6: Authenticity Time 1/Time 2	.56*/.51*	.53*/.50*	.34*/.43*
Sample 7: Authenticity Time 1/Time 2	-	.39*/.48*	.26*/.45*
Sample 8: Authenticity Time 1/Time 2	.43*/.46*	.40*/.45*	.28*/.25*
Longitudinal			
Sample 6: Depressive symptoms	-.43*	-.39*	-.18*
Sample 6: Life satisfaction	.43*	.37*	.31*
Samples 6/7/8: Optimism	.57*/-.46*	.52*/.55*/.44*	.38*/.39*/.38*
Samples 6/7/8: Authenticity	.47*/-.37*	.45*/.36*/.37*	.41*/.25*/.23*
Demographics			
Samples 1–8: Age	-/-/-/.33*/.12*/-/.01	.08/.22/.06/-/.34*/.14*/.19/-01	.10/.10/.05/-/.27*/.06/.11/-01
Samples 1–8: Gender (keyed towards female)	-/-/-/.17*/-10/-/.07	-/-10/-07/-16/-09/-01/-09	-/-05/-07/-15/-07/-14/-04
Samples 1–6: Ethnicity (keyed towards minorities)	-/-/-/-05/.16*/-/-	.01/-03/.19*/-/-04/.14*/-/-	.16*/-07/.20*/-/-12/.25*/-/-
Samples 6 & 8: Socio-economic status	-.09/-10	-.10/-10	-.02/-02

Note: *N*s ranged from 127 to 401. The column vector correlation between the single self-compassion item and the original self-compassion scale is .98. The column vector correlation between the single self-compassion item and the short self-compassion scale is .98. Longitudinal is Time 1 correlating with Time 2. Socio-economic status is the combination of mother and father's education. O is openness, C is conscientiousness, E is extraversion, A is agreeableness and N is neuroticism. '-' means data are not available. Ethnicity is comparing Caucasian Americans to ethnic minorities, which is a combination of African Americans, Asian Americans, Hispanic Americans, Native Americans and multi-racial/other.

* $p < .05$.

vector correlations between the original and short SCSs and the single-item self-compassion were .98 and .98, respectively. These results suggest that the single self-compassion item showed remarkably similar correlations with the different outcome variables compared to the original and short SCSs.

5.4 | Daily diary

As noted, one of the key benefits of the SISC is its brevity, which means it should save a meaningful amount of time and space. In our daily diary sample (Sample 9), did participants in the SISC condition take less time to complete the daily diary compared to the participants in the SF-SCS condition? We found that participants who were in the SF-SCS condition took about 100 s longer ($M = 393$ s, $SD = 292$) to complete the daily diary per day compared to participants who were

in the SISC condition ($M = 295$ s, $SD = 243$, $t = 4.47$, $p < .001$, 95% CI [54.98, 141.12], equal variance not assumed). Thus, the SISC saved about 700 s or 11.66 min over a 7-day diary study.

As shown in Table 4, we only found one significant interaction effect predicting TIPI conscientiousness ($b = .34$, $p = .014$, 95% CI [.08, .61]), such that the SF-SCS (effect size $r = .18$) more strongly predicted conscientiousness than the SISC (effect size $r = .13$). No other interaction effects were significant ($p \geq .07$). Additionally, we compared the column vector correlations of the effect size r s for the SF-SCS and SISC, also displayed in Table 4. The results suggest that the pattern of effect size r s between the SF-SCS and the SISC with the criterion measures was nearly identical. Specifically, the column vector correlations between the SF-SCS and the SISC were .97. These results suggest that the SISC showed remarkably similar daily associations with the different outcome variables compared to the SF-SCS. We conducted an additional 7-day diary based on a reviewer's

TABLE 4 Simple effects of daily conditions by daily self-compassion interaction predicting all daily criterion outcomes in Sample 9

Self-esteem	Short self-compassion						Single item self-compassion					
	b	SE	t	95% CI	r	d	b	SE	t	95% CI	r	d
Robins self-esteem	.53	.15	3.38	.21, .85	.14	.27	.51	.08	6.17	.34, .68	.25	.50
Personality												
TIPI openness	.22	.17	1.28	-.13, .58	.06	.10	.28	.07	3.82	.13, .43	.16	.31
TIPI conscientiousness *	.53	.13	4.10	.26, .80	.18	.33	.18	.06	3.01	.06, .31	.13	.24
TIPI extraversion	.36	.18	1.98	-.02, .74	.09	.16	.34	.08	4.54	.19, .50	.19	.37
TIPI agreeableness	.23	.18	1.27	-.35, .39	.06	.10	.21	.07	2.82	.06, .36	.12	.23
TIPI neuroticism	-.52	.16	-3.33	-.84, -.20	-.14	.27	-.28	.08	-3.53	-.44, -.12	-.15	.28
Affective & social functioning												
Fear of negative evaluation	-.40	.13	-3.01	-.68, -.13	-.13	.24	-.16	.06	-2.63	-.28, -.03	-.11	.21
Anxiety	-.71	.16	-4.60	-1.03, -.40	-.19	.37	-.40	.08	-5.03	-.56, -.24	-.21	.41
Positive emotions	.55	.12	4.62	.31, .80	.20	.18	.36	.06	6.03	.24, .48	.25	.49
Negative emotions	-.56	.13	-4.19	-.84, -.29	-.18	.34	-.36	.07	-5.07	-.50, -.22	-.21	.41
Mental health												
Depressive symptoms	-.53	.13	-4.13	-.80, -.27	-.18	.33	-.29	.07	-4.14	-.44, -.15	-.17	.36
Optimism	.36	.10	3.59	-.15, .57	.15	.29	.19	.05	4.17	.10, .29	.18	.33
Authenticity	.41	.12	3.50	.17, .65	.15	.28	.21	.06	3.32	.08, .34	.14	.27
Life satisfaction	.26	.09	2.98	.08, .44	.13	.24	.21	.05	4.36	.11, .31	.18	.35

Note: *r* is effect size, and *d* is Cohen's *d* effect size. Significant conditions by daily self-compassion interactions is indicated with *. Interaction predicting self-esteem ($b = .01, p = .95, 95\% \text{ CI } [-.32, .34]$), openness ($b = -.06, p = .75, 95\% \text{ CI } [-.42, .30]$), conscientiousness ($b = .34, p = .014, 95\% \text{ CI } [.08, .61]$), extraversion ($b = .02, p = .92, 95\% \text{ CI } [-.35, .39]$), agreeableness ($b = .02, p = .91, 95\% \text{ CI } [-.35, .39]$), neuroticism ($b = -.24, p = .16, 95\% \text{ CI } [-.58, .09]$), fear of negative evaluation ($b = -.25, p = .09, 95\% \text{ CI } [-.52, .03]$), anxiety ($b = -.32, p = .07, 95\% \text{ CI } [-.65, .01]$), positive emotions ($b = .20, p = .13, 95\% \text{ CI } [-.05, .45]$), negative emotions ($b = -.21, p = .17, 95\% \text{ CI } [-.49, .08]$), depressive symptoms ($b = -.24, p = .10, 95\% \text{ CI } [-.52, .04]$), optimism ($b = .17, p = .12, 95\% \text{ CI } [-.04, .38]$), authenticity ($b = .20, p = .13, 95\% \text{ CI } [-.05, .45]$) and life satisfaction ($b = .05, p = .60, 95\% \text{ CI } [-.14, .24]$). *r* is effect size *r* converted from *t*. Between-person variability of the SISC: ($B = 1.74, SE = .37, p < .001, 95\% \text{ CI } [1.14, 2.64]$). The within-person variability of the SISC: ($B = 1.16, SE = .10, p < .001, 95\% \text{ CI } [.98, 1.36]$). The ICC is .60.

TABLE 5 Daily self-compassion predicting all daily criterion outcomes in Sample 10

Self-esteem	SISC: Today, I have high self-compassion						Today, I have been self-compassionate					
	b	SE	t	95% CI	r	d	b	SE	t	95% CI	r	d
Robins self-esteem	.47	.03	13.90	.41, .54	.48	1.10	.46	.03	14.09	.40, .53	.49	1.12
Personality												
TIPI openness	.15	.04	3.65	.07, .22	.14	.29	.20	.04	5.15	.12, .27	.20	.41
TIPI conscientiousness	.15	.03	4.79	.09, .22	.19	.38	.20	.03	6.61	.14, .26	.25	.53
TIPI extraversion	.26	.04	6.04	.17, .34	.23	.48	.23	.04	5.54	.15, .31	.21	.44
TIPI agreeableness	.23	.03	6.86	.16, .29	.26	.54	.25	.03	8.01	.19, .31	.30	.64
TIPI neuroticism	-.34	.04	-8.91	-.41, -.26	.33	.71	-.32	.04	-8.67	-.39, -.25	.33	.69
Affective & social functioning												
Anxiety	-.38	.04	-10.40	-.46, -.31	.38	.83	-.40	.04	-11.23	-.46, -.33	.41	.89
Mental health												
Life satisfaction	.19	.02	8.66	.15, .24	.33	.69	.17	.02	7.79	.13, .21	.30	.62

Note: Today I have high self-compassion is the original wording of the SISC. A reviewer suggested that we conduct a follow-up study using different wording: Today, I have been self-compassionate. *r* is effect size *r* converted from *t*, and *d* is Cohen's *d* effect size.

suggestion with new wording (i.e., 'Today, I have been self-compassionate') who was concerned that our original wording (i.e., 'Today, I have high self-compassion') did not properly capture daily variation in

state-level self-compassion. We compared the column vector correlations of the effect size *r*s for the SISC and new wording SISC, displayed in Table 5. The results suggest that the pattern of effect size *r*s

between the SISC and the new wording SISC with the criterion measures was again nearly identical. Specifically, the column vector correlations between the SISC and the new wording SISC were .95. Thus, this additional study demonstrated that our original wording of 'Today, I have high self-compassion' can adequately measure daily variation in state-level self-compassion.

Taken as a whole, the findings provide substantial support for convergence between the single self-compassion item and the original as well as short SCSs. Across cross-sectional, longitudinal and daily diary samples, we found that the single self-compassion item was moderately correlated with scores on both the original and short SCSs and had similar relations with a broad range of criterion measures selected because of their theoretical and empirical links with self-compassion. In virtually all cases, the patterns of relations were consistent with previous research on self-compassion. Moreover, the SISC fulfilled one of its benefits—participants who completed the SISC took significantly less time to complete the same diary survey compared to participants who completed the SF-SCS. Overall, the findings support the SISC as a valid, reliable, time- and space-saving measure of the global self-compassion construct in resource-limited research contexts that complements the SCS and SF-SCS.

6 | DISCUSSION

Neff (2003) developed the 26-item SCS, and Raes et al. (2011) developed the 12-item SF-SCS. Both measures have been frequently used in the study of self-compassion. However, when time and space are highly limited, researchers may benefit from an even shorter measure of self-compassion. This article provides evidence that an SISC ('I have high self-compassion') may be a useful alternative. The SISC reached adequate levels of test-retest reliability and convergence with total scores on the SCS and SF-SCS. Moreover, it had nearly identical correlations with a wide range of criterion measures, including self-esteem, personality, affective and social functioning, mental health and demographic variables, compared with the SCS and SF-SCS. These results were replicated in students and community adults, as well as across cultures (the United States, Turkey and Malaysia). As expected, the SISC is less reliable compared to the SCS and SF-SCS. However, the results also showed that it can be a practical alternative to the SCS and SF-SCS, especially in situations where extremely short measures are needed, self-compassion facets are not the primary topic of interest and/or researchers can tolerate the diminished psychometric properties associated with a single-item measure. Lastly, cultural differences in self-compassion have been found in a small body of research, and these differences may be due to culturally relevant concepts, such as interdependence/independence and collectivism or cultural variability in the interpretation of self-compassion (Thailand, Taiwan and the United States; Neff et al., 2008).

The current self-compassion literature is dominated by the use of the 26-item SCS or the 12-item SF-SCS in cross-sectional designs,

with only a relatively small handful of experimental and intervention studies. But it is likely that researchers are interested in studying self-compassion using other methods, such as daily diary and experience sampling. However, it is highly impractical to use either the SCS or the SF-SCS in such research contexts, which may force researchers to arbitrarily select a subset of face-valid items from the SCS or the SF-SCS. The latter can result in different researchers selecting different items and therefore the inability to compare results. In such cases, the SISC would be advantageous. It could give researchers a valid and consistent measure for large-scale surveys, prescreening packets (e.g., to select participants who are high vs. low in self-compassion), longitudinal studies, experience sampling studies and other research contexts in which time and/or space constraints limit the number of items that can be administered.

It is important, however, to acknowledge that single-item measures have their limitations and the SISC is no exception. First, as expected, the SISC is less reliable than the multi-item SCS and SF-SCS, meaning that the SISC can be less sensitive at picking up small effects, and the autocorrelation over time will probably fluctuate more than that of the SCS and SF-SCS. However, as we demonstrated across studies, the lower reliability of the SISC did not significantly impact convergence with SCS and SF-SCS across an abundance of criterion measures. On another note, the SISC converged with the negative subscales almost as well as the positive subscales (see Table 2). This somewhat reduces the concern that the SISC is one positively key item that may be susceptible to extreme response styles. Additionally, the convergence between the SISC with SCS and SF-SCS was lower in Malaysia and Mid-South students. This may be due to potential cultural differences that were not measured in the current studies (e.g., interdependence, collectivism and religion). Lastly, future research could add to the current results by testing alternative wordings to the SISC (e.g., 'I am a self-compassionate person'). Future research could also extend the present results by testing the discriminant validity of SISC, employing other types of research designs (e.g., experience sampling) and recruiting non-convenience samples to validate the SISC. Overall, however, our results provide preliminary evidence that the SISC is a valid, reliable, time- and space-saving measure of the global self-compassion construct that can be used in resource-limited research contexts.

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CONFLICT OF INTEREST

There are no potential conflicts of interests related to the submission of this paper.

COMPLIANCE OF ETHICAL STANDARD

All studies complied with standards for the study of human subjects. All studies underwent formal IRB review approval. Statements regarding IRB approval are included in the methods sections of the paper.

INFORMED CONSENT

In addition, all participants agreed to informed consent approved by IRB boards. Mention of informed consent is also included in the methods sections of the paper.

DATA AVAILABILITY STATEMENT

Data are available upon request.

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