PSYCHOMETRIC ANALYSIS OF SELF-COMPASSION SCALE FOR ADOLESCENTS

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Abstract

This study aims to develop a psychological measurement tool on self-compassion for adolescents. The sample consisted of adolescents aged 17 to 20 years, 97 participants (64 female, 33 male), the sample was randomly selected. Psychometric analysis involved content validity, item fit analysis, CFA, and reliability of the measure. Reliability results from psychometric analysis showed good internal results, from the results of CFA calculations showed that this scale has a fit model so it can be concluded that this adolescent self-compassion measurement tool can be used as a qualified scale to measure adolescent self-compassion.

Keywords: : *psychometric analysis, measurement tools, adolescent, self-compassion*

Introduction

Adolescence is a transition period from childhood to adulthood. In addition, it is also mentioned that adolescence is a critical and important period in human life (Nabila, 2022). Several aspects change from childhood to adolescence. Some of the things that change include physical, cognitive, and psychosocial changes (Mahmud, et al., 2023; Nabila, 2022). Roslan et al., (2022) also explains that adolescence is likened to a period of storm and pressure, which is a period in which they experience a transition period both physically and psychologically when facing various problems and when facing physical, cognitive, and psychosocial changes. In the development of children towards adulthood, there will be physical changes such as brain growth related to emotions, judgment, organizational behavior and self-control, as well as secondary changes that encourage sexual maturity (Orben et al., 2020). Adolescence is vulnerable to physical, psychological, and neurological changes and challenges as well as the demands of developmental tasks that must be completed (Best & Ban, 2021). For adolescents, the new problems they face seem more and more numerous and difficult to solve. Teenagers will feel buried in problems until they solve them according to their own wishes. In this phase adolescents have characteristics that are often unrealistic, and their thinking is too grandiose (M. A. Pratiwi, 2020).

Adolescence is a period of development fraught with significant physical, emotional and social changes. Amidst various academic, social, and internal pressures, adolescents' ability to treat themselves with kindness, understanding, and non-judgment known as self-compassion becomes increasingly important (Neff et al., 2021; Nurihsan, & Yustiana, 2022). Self-compassion has been linked to various indicators of

psychological well-being, such as low levels of anxiety, depression, and high levels of resilience and self-esteem (Pratiwi & Hanami, 2024).

The psychometric analysis of the Self-Compassion Scale for Adolescents (SCS-Y) is essential for understanding its reliability and validity in evaluating self-compassion among youth. Self-compassion, defined as treating oneself with kindness during times of suffering, has been linked to positive mental health outcomes in adolescents. This relationship forms the backdrop against which the psychometric properties of the SCS-Y are assessed. Several studies document the validation and reliability of the SCS-Y across diverse populations. Karakasidou et al., (2021) conducted a psychometric evaluation of the Greek version of the SCS-Y, confirming its factorial structure and reliability. Similarly, Nazari et al., (2022) translated the SCS-Y into Persian and validated its six-factor structure, affirming consistency with the original scale developed by Neff (Neff, 2003). These studies collectively highlight the growing evidence for the SCS-Y's application across different cultures, signifying its versatility and robustness as a measure of self-compassion in diverse adolescent populations.

Integral to the understanding of self-compassion is its association with mental health. Research has shown that self-compassion serves as a protective factor against anxiety and depression among adolescents. Muris et al., (2024) indicated that lower self-compassion scores correlate with higher symptoms of anxiety and depression in clinical settings, which is supported by evidence from other studies demonstrating that self-compassion moderates perceived stress, leading to better mental wellness outcomes in adolescents (Bluth et al., 2015; Lathren et al., 2019). Furthermore, emotion regulation, mediated by self-compassion, plays a critical role in safeguarding adolescents against depressive symptoms (Syafitri et al., 2024). This mediating pathway emphasizes the necessity of integrating emotional process understanding into the assessment of self-compassion in youth.

Moreover, the developmental stage of adolescents influences their experience and expression of self-compassion. The literature indicates that older adolescents tend to exhibit lower levels of self-compassion compared to younger peers (Zahra et al., 2024). This developmental aspect can complicate the application of self-compassion theories when assessing different age groups. For instance, gender differences in self-compassion levels have been documented, with older adolescent females reporting significantly lower self-compassion compared to males (Bluth & Blanton, 2015; Muris et al., 2016). Such findings call for a cautious interpretation of self-compassion measurements and provide the basis for developing age- and gender-sensitive interventions.

Various studies have also highlighted the need for tailored interventions aimed at promoting self-compassion in adolescent populations. Training programs based on self-compassion techniques have shown promising results in enhancing emotional wellbeing and reducing stress among adolescents (Volkaert et al., 2022). These findings suggest that individuals with higher baseline self-compassion ratings report less perceived stress following interventions, reinforcing the notion that self-compassion can be cultivated and is not merely a static trait.

In summary, the psychometric evaluation of the Self-Compassion Scale for Adolescents is vital for establishing reliable measures necessary for further research. The evidence suggests strong validity and reliability across various cultures and developmental stages, with implications for mental health interventions and practices aimed at fostering self-compassion among youth. Future research should continue to explore these psychometric properties while considering the diverse and dynamic nature of adolescents' emotional and psychological needs.

Self-compassion in individuals can be measured with a measuring instrument called the Self-Compassion Scale which was first developed by Neff in 2003 (Neff et al.,

2019). Neff initially developed self-compassion theory to apply a compassionate mindset as a form of response to difficulties in life. The Self-Compassion Scale has 26 items designed to assess a person's cognitive and emotional behavior. Therefore, this study aims to develop the Self-Compassion Scale Instrument in the hope that it can contribute to self-compassion research in adolescents and can be a reference for other researchers to identify the level of self-compassion in adolescents.

Method

The participants in this study were adolescents with an age range of 17 to 20 years. The number of participants involved in this study was 97 people, with 64 female participants and 33 male participants. Sampling was randomly selected. This study is a modification of the measuring instrument "*Self-Compassion Scale*" developed by Neff (2003) which was adapted into Indonesian by Sugianto et al., (2020) This scale will measure self-compassion in adolescents. The psychometric analyses conducted were Model-fit analysis, item-fit analysis, confirmatory factor analysis (CFA), and reliability of the measuring instrument. Instrument Specifications The self-compassion scale instrument was created using aspects proposed by Kristin D. Neff (2003). Self-Compassion consists of 3 components versus self-kindness versus self-judgment, common humanity versus isolation and mindfulness versus over-identification. The items in this scale use a Likert scale with 4 answer options, namely STS (very unsuitable), TS (unsuitable), S (suitable), and SS (very suitable). This instrument has several favorable items.

Tabel 1. Blueprint Self-Compassion Scale Adolescent

No	Aspect	Item	Total
1.	Self-kindess	1, 2, 3,	3
2.	Common Humanity	4, 5, 6, 7	4
3.	Mindfulness	8, 9, 10	3
4.	Self-judgement	11, 12	2
5.	Isolation	13, 14	2
6.	Over-identification	15, 16	2

Online data collection was conducted via google form with flexible processing time to 97 respondents. Literature Study, this stage aims to obtain information about self-compassion theories and test adaptations that have been carried out so that there are guidelines in compiling measuring instrument adaptations. Researchers also need to know the indicators of each dimension so that researchers understand each respondent has a level of self-compassion that matches the characteristics of the dimensions on the measuring instrument. Modification stage, in this study researchers modified the self-compassion scale from the scale that had been adapted into Indonesian by Sugianto et al., (2020). Content validation from expert judgment from these results the researcher conducted an Aiken V analysis. Writing items again aims to adjust the content of the questionnaire based on input from expert judgment, and validity analysis from Aiken V. Data collection, then the results are processed through the process of assessing each level and testing its reliability.

Result and Discussion
Content Validity

Content validity is validity estimated through testing the appropriateness or relevance of test content through rational analysis by a competent panel or through expert judgment. Content validity ensures that the measurement includes an adequate and representative set of items that express the concept. The more scale items reflect the area or overall concept being measured, the greater the content validity. Or in other words,

content validity is a function of how well the dimensions and elements of a concept have been described (Saifuddin, 2020). Aiken's validity index provides an effective way to evaluate and ensure that the items in a research instrument have sufficient content validity, which is critical to ensuring the accuracy of the instrument's measurements (Aiken, 1980).

Table 2. *Aiken V result*

Item	V	Item	v	Item	V
1	0.95	**9**	0.75	**17**	0.9
2	0.8	**10**	0.8	**18**	0.7
3	0.95	**11**	0.85	**19**	0.95
4	0.55	**12**	0.8	**20**	0.75
5	0.85	**13**	0.75	**21**	0.7
6	0.8	**14**	0.95	**22**	1
7	0.8	**15**	0.85	**23**	0.85
8	0.8	**16**	0.7	**24**	0.75

Based on the validity calculation using the Aiken V formula, with five assessors and a score category consisting of five choices, the V table index value is 0.80. Items are considered valid if the V value is greater than 0.80, and invalid if the V value is less than 0.80. Of the total 24 items analyzed, 16 items were declared valid, while the other 8 items were invalid.

The analysis technique used in this research is Confirmatory Factor Analysis (CFA). Confirmatory Factor Analysis (CFA) is a multivariate analysis method to ensure that the measuring instrument variables are contained in an appropriate and consistent measurement model (Nye, 2023). In addition, there are several additional fit measure values, including the Tucker-Lewis Index (TLI), Normed Fit Index (NFI), Comparative Fit Index (CFI), Goodness of Fit Index (GFI), and Adjusted Goodness of Fit (AGFI), and they must be greater than 0.90. It is also important to observe the Root Mean Square Error of Approximation (RMSEA) value, which should be below 0.05 to indicate a good fit, although values as high as 0.08 indicate reasonable estimation error in the population (Natalya & Purwanto, 2018).

Confirmatory Factor Analysis (CFA)

Tabel 3. *Confirmatory Factor Analysis* (CFA)

Metric	Kriteria	Value	Ket
p-value of $\chi 2$	0.05–1.00 *Good Fit* 0.01–0.05 *Acceptable*	0.053	*Good Fit*
Root mean square error of estimates (RMSEA)	0–0.05 *Good Fit* 0.05–0.08 *Acceptable*	0.0525	*Acceptable*
Comparative Fit Index (CFI)	>0.90	0.932	Fit
Tucker-Lewis Index (TLI)	>0.90	0.908	Fit

Based on the table above, the Chi-square test in this study falls within the accepted criteria. Furthermore, the RMSEA value obtained (0.053) falls into the category indicating that the model may not have a good fit with the data according to the above categories. Then, the CFI and TLI values in the table can be said to be FIT, because they are more than 0.90.

Tabel 4. Factor Loading *Confirmatory Factor Analysis* (CFA)

Factor	Indicator	Estimate	SE	Z	p
Self-Kindness	SC1	0.363	0.0978	3.71	<.001
	SC2	0.337	0.0929	3.63	<.001
	SC3	0.432	0.0917	4.71	<.001
Common Humanity	SC4	0.341	0.0735	4.64	<.001
	SC5	0.331	0.0679	4.87	<.001
	SC6	0.318	0.0650	4.89	<.001
	SC7	0.417	0.0684	6.10	<.001
Mindfulness	SC8	0.279	0.0601	4.64	<.001
	SC9	0.507	0.0779	6.51	<.001
	SC10	0.395	0.0752	5.26	<.001
Self-Judgement	SC11_R	0.676	0.1107	6.11	<.001
	SC12_R	0.531	0.1015	5.23	<.001
Isolation	SC13_R	0.619	0.0926	6.69	<.001
	SC14_R	0.565	0.0907	6.22	<.001
Over-Identification	SC15_R	0.490	0.0855	5.73	<.001
	SC16_R	0.698	0.0916	7.62	<.001

The very low p value ($p < 0.001$) indicates that each item has a significant contribution to the measured construct, so the measuring instrument is considered valid.

Tabel 5. Model Fit

Test for Exact Fit					
χ^2	df	p			
112	89	0.053			
Fit Measures					
			RMSEA 90% CI		
CFI	**TLI**	**RMSEA**	**Lower**	**Upper**	
0.932	0.908	0.0525	0.00	0.0809	

If the p-value for the chi-square is > 0.05, the model is considered a good fit with the data. Conversely, if the p-value < 0.05, it indicates that the model may not fit the data. A CFI value > 0.90 indicates a good model fit. A TLI value > 0.90 indicates a good model fit. An RMSEA value < 0.08 indicates a good model fit.

Reliability Analysis

The reliability test is used to determine the consistency of the measuring instrument, whether the measuring instrument used is reliable and remains consistent if the measurement is repeated. The measuring instrument is said to be reliable if it gives the same results even though the measurement is carried out many times. Reliability is the similarity of measurement or observation results when facts or measurements or observations when the facts or symptoms are measured or observed many times at different times ((Azwar, 2016).

Tabel 5. Reliability Analysis Results

Scale Reliability Statistics	
	Cronbach's α
scale	0.818

Cronbach's Alpha is generally used to measure internal consistency. Values between 0.70 to 0.95 are considered good. From the analysis results, the Cronbach's Alpha value is 0.818, which indicates that the instrument or measuring instrument used has good internal consistency.

Tabel 6. Item Reliability Statistics of Adolescent Self-compassion Scale

Item Reliability Statistics

	Item-rest correlation	If item dropped Cronbach's α
I am able to be kind to myself during difficult times.	0.368	0.811
I try to show self-love when experiencing emotional pain.	0.354	0.812
I can accept my personal shortcomings with sincerity.	0.491	0.804
I view life's difficulties as experiences that everyone goes through.	0.256	0.817
I am able to approach my problems objectively.	0.484	0.806
I remind myself that feelings of inadequacy are experienced by most people.	0.360	0.812
I try to perceive failure as a natural part of the human experience.	0.269	0.817
I clearly observe, accept, and face reality without judgment across various situations.	0.352	0.812
When I fail at something, I attempt to view it as a normal occurrence.	0.486	0.804
When I am feeling down, I try to respond to my emotions with curiosity and openness.	0.361	0.812
I find it difficult to accept my own shortcomings.	0.550	0.799
During extremely challenging times, I tend to be harsh toward myself.	0.424	0.809
I feel as though I am the only one experiencing these difficulties.	0.516	0.802
When problems arise, I tend to believe that others have an easier life.	0.443	0.807
When something painful happens, I tend to magnify the event.	0.480	0.804
When I am distressed, I tend to obsess over and fixate on everything that is going wrong.	0.529	0.801
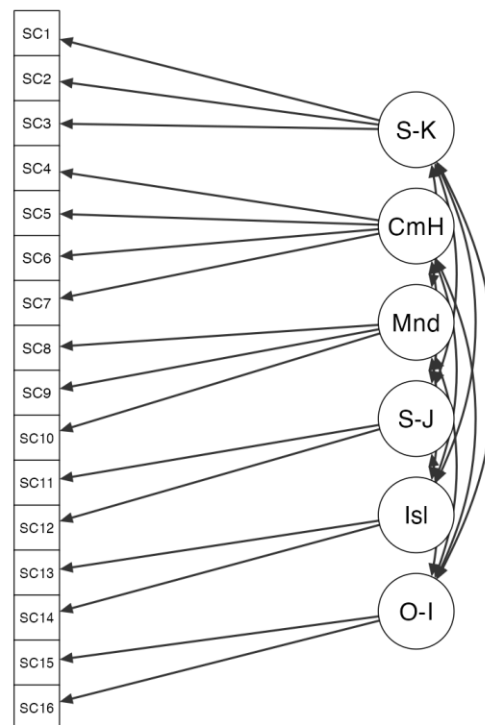
Picture 1. Path Diagram of Adolescent Self-compassion Scale

The investigation of the psychometric properties of the Self-Compassion Scale for Adolescents is critical in determining its reliability and validity as a measurement tool for understanding self-compassion in youth. Recent studies offer insights into the multifaceted nature of self-compassion and its implications for adolescent mental health, emphasizing the scale's role in facilitating emotional regulation and wellbeing.

A comprehensive validation study of the SCS-Y confirmed its reliability across different cultural contexts, particularly among Persian-speaking adolescents, showcasing the consistency of its six-factor structure used in various populations (Nazari et al., 2022). Additionally, the scale's application has been instrumental in assessing self-compassion's preventative role against anxiety and depression among adolescents. Egan et al. highlighted that self-compassion significantly contributes to reducing anxiety and depression symptoms, thus supporting its utilization in psychological interventions aimed at adolescents (Egan et al., 2022). This underscores the strong link between self-compassion and key emotional constructs, elucidating the scale's relevance in clinical and educational settings.

Furthermore, findings illustrate the mediating role of emotion regulation between self-compassion and mental health outcomes. For instance, Syafitri et al. reported that self-compassion can enhance emotional regulation among adolescents, which in turn reduces depressive symptoms (Syafitri et al., 2024). This illustrates how developing self-compassion may serve as a coping strategy, making adolescents better equipped to handle emotional distress. Similarly, Liu et al. noted that the protective function of self-compassion could mitigate the risks associated with non-suicidal self-injury in youths with mood disorders, supporting the necessity for promoting self-compassionate practices in therapeutic environments (Liu et al., 2023).

However, demographic factors such as age and gender influence self-compassion levels among adolescents. Research by Zahra et al. identified that older adolescents often report lower self-compassion compared to their younger peers, with age being a significant factor impacting self-compassion levels (Zahra et al., 2024). This trend is compounded by additional factors including personality traits and parental relationships. Notably, Peng et al. found that the dynamics of parent-adolescent relationships significantly affect self-compassion, particularly during critical developmental stages when adolescents seek autonomy (Peng, Xia, & Chi, 2024). This relationship signifies the need for interventions that encourage positive family dynamics, which may enhance self-compassion among adolescents.

In conjunction with these findings, it is relevant to recognize that self-compassion training can lead to substantial improvements in mental health metrics. Various interventions have been implemented, demonstrating that enhancements in self-compassion are associated with reduced psychological distress and improved emotional outcomes (Egan et al., 2022). These outcomes support the notion that strategic self-compassion training can be pivotal in school-based mental health programs.

Conclusion

Based on the results of item analysis, construct validity using *Confirmatory Factor Analysis* (CFA) and reliability on the Self-Compassion scale in adolescents, it can be concluded that this measuring instrument has fairly good reliability, but still needs to be developed. For further research, it is necessary to first develop the Self-Compassion scale measuring instrument in adolescents so that this measuring instrument can be used to measure the level of self-compassion in early adolescents, middle adolescents and late adolescents in Indonesia.

Acknowledgments

Author Contributions Statement

AKP prepared the design, wrote the discussion, wrote the introduction, took the data, processed the data, wrote the results and conclusions. FAS prepared the design and helped write the data processing method and MRS helped manage and processed the data.

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