

Establishing Scoring Protocols and Interpretive Guidelines for the Self-Comforting and Coping Scale (SCCS)

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ABSTRACT

Objective: The Self-Comforting and Coping Scale (SCCS) is a newly developed instrument designed to measure the multifaceted behaviors individuals use to soothe themselves and manage distress [23]. For the SCCS to be a clinically and empirically useful tool, a standardized scoring protocol and empirically derived interpretive guidelines are required. This study aimed to establish these components by examining the scale's psychometric properties and developing a comprehensive framework for its use.

Method: A sample of 811 adults completed the SCCS along with a battery of established questionnaires measuring coping strategies [4], self-compassion [20], mindfulness [15], and psychological well-being [10]. The factorial validity of the SCCS was evaluated using Confirmatory Factor Analysis (CFA). Internal consistency was assessed using Cronbach's alpha. Convergent and discriminant validity were examined through correlations with validation measures. Normative data (percentiles and T-scores) were derived from the sample's score distribution.

Results: The CFA confirmed the proposed multi-factorial structure of the SCCS, demonstrating excellent model fit (CFI = .97, TLI = .96, RMSEA = .05). The total scale and all subscales showed high internal consistency ($\alpha \geq .89$). Correlational analyses provided strong support for the scale's convergent and discriminant validity, with significant associations in the expected directions with related constructs. Based on these robust psychometric findings, a clear scoring procedure was finalized. Normative tables were generated, and detailed interpretive guidelines were created, defining low, average, and high score ranges with corresponding qualitative descriptions.

Conclusion: This study establishes the psychometric soundness of the SCCS and provides essential, user-friendly guidelines for its scoring and interpretation. These tools enhance the scale's utility, enabling researchers and clinicians to reliably assess self-comforting and coping mechanisms for applications in psychological assessment, treatment planning, and research.

KEYWORDS: Self-Comforting and Coping Scale (SCCS), scale development, psychometrics, coping, self-compassion, mindfulness, psychological assessment.

INTRODUCTION

The capacity of human beings to navigate psychological distress is a cornerstone of mental health and a central focus of clinical and personality psychology. The manner in which individuals respond to stress—be it acute life events or chronic daily hassles—profoundly influences their psychological well-being, resilience, and overall quality of life [10, 19]. For decades, the dominant paradigm for understanding these responses has been the study of coping. Foundational work by Lazarus and Folkman [17] established a transactional model of stress, positing that coping involves constantly changing cognitive and behavioral efforts to

manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person. This framework gave rise to critical distinctions between problem-focused coping, which targets the source of stress, and emotion-focused coping, which aims to regulate the emotional response to the stressor.

Building on this foundation, researchers have developed numerous taxonomies and measures to capture the vast array of coping strategies individuals employ. Carver, Scheier, and Weintraub's [4] development of the COPE inventory, for instance, provided a theoretically grounded

tool to assess a wide range of distinct coping strategies, from active coping and planning to denial and substance use. This line of research has consistently demonstrated that the use of adaptive coping strategies, such as positive reframing and acceptance, is associated with better psychological outcomes, whereas a reliance on maladaptive strategies, such as behavioral disengagement, is associated with increased psychopathology [6, 14]. The study of coping has thus provided an invaluable lens through which to understand the complex processes of adaptation and resilience.

In parallel with the evolution of coping theories, complementary constructs have emerged from different theoretical traditions, enriching our understanding of how individuals manage internal distress. From the contemplative traditions, the concept of **mindfulness**—defined as paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally—has gained significant empirical support [13]. Mindfulness-based interventions, such as Mindfulness-Based Stress Reduction (MBSR), have been shown to yield significant health benefits and reduce psychological distress by fostering a detached awareness of one's thoughts and feelings without being consumed by them [12, 15]. Research suggests that mindfulness facilitates adaptive emotional regulation and is associated with greater psychological health, in part by de-automatizing maladaptive cognitive and emotional patterns [26].

Similarly, the construct of **self-compassion**, drawn from Buddhist psychology, has become a focal point of research and clinical practice. Neff [20] conceptualizes self-compassion as comprising three core components: self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus over-identification with painful emotions. Unlike self-esteem, which is often contingent on external evaluations and success, self-compassion offers a stable and unconditional source of self-worth and comfort, particularly in the face of failure or personal inadequacy. A robust body of evidence indicates that self-compassion is a powerful predictor of psychological well-being, mediating the relationship between stressors and outcomes like posttraumatic growth [1] and buffering against anxiety and depression. Therapeutic approaches such as Compassion Focused Therapy (CFT) have been developed specifically to cultivate these compassionate self-responses [11].

While the fields of coping, mindfulness, and self-compassion have often developed along separate trajectories, they share a common focus on the internal mechanisms of distress regulation. However, a holistic understanding requires acknowledging the broader, often subtle, behaviors individuals use to soothe and comfort themselves. This is the domain of **self-comforting**, a construct that encapsulates the deliberate actions and cognitions aimed at providing

solace, reassurance, and emotional safety in times of distress. Recent systematic reviews have begun to synthesize the literature on self-comforting behaviors, revealing their diverse theoretical underpinnings and highlighting their ubiquitous role in daily life [21, 22]. These reviews underscore that self-comforting is a distinct yet overlapping construct that integrates elements of emotion-focused coping, mindful awareness, and compassionate self-response. It represents the tangible application of these internal resources.

Despite the clear theoretical and clinical importance of these related constructs, a significant gap has existed in their measurement. Existing scales tend to focus on one domain to the exclusion of others; for example, measuring coping strategies [4] or self-compassion [20] in isolation. This fragmentation fails to capture the integrated and multifaceted nature of how individuals comfort and manage their distress in a holistic way. To address this limitation, the Self-Comforting and Coping Scale (SCCS) was recently developed [23]. The SCCS is a novel, multidimensional self-report instrument designed to provide a comprehensive assessment of the cognitive, emotional, behavioral, and physiological strategies individuals use to self-soothe and cope adaptively. Its initial development demonstrated a robust factor structure and promising preliminary psychometric properties [23].

However, the creation of an instrument is only the first step in a rigorous process of scale development [9, 25]. For a scale to possess practical utility for researchers and clinicians, it must be accompanied by a standardized scoring system and clear, empirically derived guidelines for interpretation [3]. Without such a framework, scores remain abstract values, devoid of clinical meaning or comparative value. A researcher cannot determine if a participant's score is high or low relative to a normative group, and a clinician cannot use the scale to reliably assess a client's strengths and deficits, formulate a treatment plan, or measure therapeutic progress. The development of norms and interpretive guidelines is a critical phase in psychometric validation, transforming a novel measure into a scientifically sound and practically applicable tool [5].

Therefore, the primary purpose of this paper is to move beyond the initial development of the SCCS and establish its clinical and research utility. This study presents the systematic development and validation of a standardized scoring system and detailed, norm-based interpretation guidelines for the SCCS. Our aims are threefold: (1) to confirm the factorial validity and internal consistency of the SCCS in a large, diverse adult sample; (2) to establish its convergent and discriminant validity by examining its relationship with established measures of coping, self-compassion, and mindfulness; and (3) to develop a comprehensive scoring protocol, generate normative data, and provide clear, tiered guidelines for interpreting SCCS

scores. By achieving these objectives, we aim to equip researchers and practitioners with a robust and user-friendly tool for assessing the critical human capacity for self-comfort and adaptive coping.

METHOD

Participants and Procedure

Data for this study were collected from a diverse sample of 854 adults recruited from the general population of the United States. Participants were recruited through Prolific, an online research platform known for providing high-quality data for social and behavioral research. To be eligible for participation, individuals had to be at least 18 years of age and fluent in English. After providing informed consent via an online form approved by the university's Institutional Review Board (IRB), participants were directed to a secure online survey hosted on the Qualtrics platform. The survey battery took approximately 25-30 minutes to complete. To ensure data quality, several attention checks were embedded within the survey. Participants who failed more than one attention check ($n = 31$) were excluded from the final analysis. An additional 12 participants were removed due to incomplete data on more than 20% of the survey items, resulting in a final sample of 811 adults. Participants received monetary compensation for their time.

The final sample of 811 participants had a mean age of 38.7 years ($SD = 12.4$, Range = 18-75). The sample was diverse in terms of gender identity, with 412 (50.8%) identifying as female, 381 (47.0%) as male, 12 (1.5%) as non-binary, and 6 (0.7%) preferring not to specify. The ethnic composition of the sample was as follows: 65.1% White/Caucasian, 12.5% Black/African American, 10.2% Hispanic/Latinx, 7.8% Asian/Asian American, 3.1% Multiracial, and 1.3% identifying with other ethnic groups. Participants reported a wide range of educational attainment levels, from high school diplomas to doctoral degrees, reflecting a broad cross-section of the general population.

Measures

- **The Self-Comforting and Coping Scale (SCCS):** The SCCS is a 40-item self-report instrument designed to measure a range of adaptive self-comforting and coping behaviors [23]. Items are rated on a 5-point Likert-type scale, ranging from 1 ("Almost Never") to 5 ("Almost Always"). The scale is designed to assess five distinct but related domains of self-comforting: (1) **Cognitive Reappraisal & Self-Talk** (8 items; e.g., "I try to see the situation from a different perspective that makes me feel better"), (2) **Mindful Acceptance** (8 items; e.g., "I allow my uncomfortable feelings to be present without trying to fight them"), (3) **Soothing Behaviors** (8 items; e.g., "I engage in a hobby or activity that I find calming"), (4) **Seeking Social Support** (8 items; e.g., "I reach out to a

friend or family member to talk about my feelings"), and (5) **Physiological Regulation** (8 items; e.g., "I focus on taking slow, deep breaths to calm my body"). A total score can also be calculated to represent overall self-comforting and coping capacity.

- **Brief-COPE Inventory:** To assess convergent and discriminant validity, participants completed the Brief-COPE [4], a widely used 28-item measure of coping strategies. Participants rate how frequently they use each strategy when dealing with stress on a 4-point scale from 1 ("I haven't been doing this at all") to 4 ("I've been doing this a lot"). The scale yields scores for 14 different coping strategies, which can be grouped into adaptive (e.g., Active Coping, Positive Reframing, Acceptance) and maladaptive (e.g., Self-Blame, Denial, Substance Use) coping styles.
- **Self-Compassion Scale - Short Form (SCS-SF):** The SCS-SF [20] is a 12-item scale that measures self-compassion. It assesses the six components of self-compassion: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. Items are rated on a 5-point scale from 1 ("Almost Never") to 5 ("Almost Always"). A total self-compassion score is calculated after reverse-scoring the negative subscale items. The SCS-SF was selected to provide evidence of convergent validity with the SCCS.
- **Five Facet Mindfulness Questionnaire - Short Form (FFMQ-SF):** Mindfulness was assessed using the 24-item FFMQ-SF [15, 26], which measures five facets of mindfulness: Observing, Describing, Acting with Awareness, Non-Judging of Inner Experience, and Non-Reactivity to Inner Experience. Participants rate items on a 5-point scale from 1 ("Never or very rarely true") to 5 ("Very often or always true"). A total mindfulness score provides a global assessment of trait mindfulness.
- **Depression, Anxiety, and Stress Scale - 21 Items (DASS-21):** To establish the clinical relevance and discriminant validity of the SCCS, participants completed the DASS-21 [14]. This 21-item measure assesses the severity of symptoms of depression, anxiety, and stress over the past week. Each of the three subscales contains 7 items, rated on a 4-point severity/frequency scale. Higher scores indicate greater psychological distress. It was hypothesized that SCCS scores would be negatively correlated with DASS-21 scores.

Data Analysis Plan

All statistical analyses were conducted using R version 4.2. The data analysis plan followed best practices for scale development and validation research [3, 5, 9, 25].

- **Data Screening and Preparation:** First, the dataset was screened for accuracy, missing values, and outliers. The small amount of remaining missing data (<1% of

total data points) was handled using multiple imputation with the mice package in R, a robust method for addressing missingness [18, 24]. Assumptions of normality, linearity, and homoscedasticity were checked using visual inspection of histograms and scatterplots.

- **Factor Structure Validation:** To confirm the proposed five-factor structure of the SCCS, a Confirmatory Factor Analysis (CFA) was performed using the lavaan package [16]. The model specified five latent factors (Cognitive Reappraisal, Mindful Acceptance, Soothing Behaviors, Seeking Social Support, Physiological Regulation), with each item loading only onto its designated factor. The factors were allowed to correlate. Model fit was evaluated using multiple goodness-of-fit indices and established cutoff criteria: the Comparative Fit Index (CFI) and the Tucker-Lewis Index (TLI) with values $> .95$ considered excellent, the Root Mean Square Error of Approximation (RMSEA) with values $< .06$ considered good, and the Standardized Root Mean Square Residual (SRMR) with values $< .08$ considered acceptable [7].
- **Reliability Analysis:** The internal consistency of the SCCS total scale and each of its five subscales was assessed by calculating Cronbach's alpha and McDonald's omega coefficients. McDonald's omega is reported alongside Cronbach's alpha as it is often considered a more robust estimate of reliability, particularly when the assumption of tau-equivalence is violated.
- **Convergent and Discriminant Validity Analysis:** To evaluate the validity of the SCCS, Pearson correlation coefficients were computed to examine the relationships between the SCCS scores (total and subscales) and the scores from the validation measures (Brief-COPE, SCS-SF, FFMQ-SF, and DASS-21). We hypothesized positive correlations with adaptive coping strategies, self-compassion, and mindfulness, and negative correlations with maladaptive coping strategies and psychological distress (depression, anxiety, and stress). The magnitude of these correlations

was interpreted to provide evidence for the scale's convergent and discriminant validity.

- **Norm Development:** To create a practical framework for interpreting SCCS scores, normative data were developed. Raw scores for the total scale and each of the five subscales were converted into standardized scores, specifically percentiles and T-scores (Mean = 50, SD = 10). This was done for the total sample. These standardized scores allow a user to compare an individual's score to the distribution of scores within the normative sample, providing a clear indication of their relative standing.

RESULTS

Psychometric Properties of the SCCS

- **Confirmatory Factor Analysis:** The CFA conducted to test the hypothesized five-factor structure of the SCCS demonstrated an excellent fit to the data. The fit indices were all well within the established criteria for a good-fitting model: $\chi^2(730) = 1452.3$, $p < .001$; CFI = .97; TLI = .96; RMSEA = .05 (90% CI [.04, .06]); and SRMR = .04. All standardized factor loadings were statistically significant ($p < .001$) and substantial, ranging from .68 to .89, indicating that each item was a strong indicator of its respective latent factor. The correlations between the five latent factors were moderate, ranging from $r = .45$ to .68, supporting the conceptualization of these as distinct yet related facets of a broader self-comforting and coping construct.
- **Reliability:** The internal consistency of the SCCS was excellent. For the 40-item total scale, Cronbach's alpha was .96 and McDonald's omega was .97. The reliability coefficients for the five subscales were also very high, as shown in Table 1. These results indicate that the SCCS and its subscales are highly reliable measures.

Table 1: Internal Consistency of SCCS Subscales (N = 811)

Subscale	Number of Items	Cronbach's Alpha	McDonald's Omega
Cognitive Reappraisal & Self-Talk	8	.91	.92
Mindful Acceptance	8	.89	.90
Soothing Behaviors	8	.93	.93
Seeking Social Support	8	.94	.94

Physiological Regulation	8	.90	.91
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- Convergent and Discriminant Validity:** Pearson correlation analyses provided strong support for the validity of the SCCS. As shown in Table 2, the SCCS total score was strongly and positively correlated with measures of self-compassion (SCS-SF; $r = .78, p < .001$) and mindfulness (FFMQ-SF; $r = .71, p < .001$). It was also positively correlated with adaptive coping strategies from the Brief-COPE, including Positive Reframing ($r = .65$), Acceptance ($r = .68$), and Active Coping ($r = .59$), all $p < .001$. Conversely, the SCCS total score was strongly and negatively correlated with symptoms of psychological distress, including Depression ($r = -.72$), Anxiety ($r = -.66$), and Stress ($r = -.70$) on the DASS-21 (all $p < .001$). It also showed significant negative correlations with maladaptive coping strategies such as Self-Blame ($r = -.55$) and Denial ($r = -.48$), all $p < .001$. This pattern of correlations provides robust evidence for the SCCS's convergent and discriminant validity. The subscales of the SCCS demonstrated similar, theoretically consistent patterns of correlations.

Table 2: Correlations between SCCS Total Score and Validation Measures

Measure	SCCS Total Score
Self-Compassion (SCS-SF)	.78**
Mindfulness (FFMQ-SF)	.71**
Brief-COPE: Positive Reframing	.65**
Brief-COPE: Acceptance	.68**
Brief-COPE: Self-Blame	-.55**
DASS-21: Depression	-.72**
DASS-21: Anxiety	-.66**
DASS-21: Stress	-.70**
Note: ** $p < .001$ *	

Scoring Procedure

The SCCS is scored by summing the responses for the items on each of the five subscales and for the total scale. All items are scored directly as rated by the respondent on the 1 ("Almost Never") to 5 ("Almost Always") scale. There are no reverse-scored items.

- Subscale Score Calculation:** To calculate each of the five subscale scores, sum the ratings for the 8 items corresponding to that subscale.
 - Cognitive Reappraisal & Self-Talk (CRST):** Sum

items 1, 6, 11, 16, 21, 26, 31, 36. Raw scores range from 8 to 40.

- Mindful Acceptance (MA):** Sum items 2, 7, 12, 17, 22, 27, 32, 37. Raw scores range from 8 to 40.
- Soothing Behaviors (SB):** Sum items 3, 8, 13, 18, 23, 28, 33, 38. Raw scores range from 8 to 40.
- Seeking Social Support (SSS):** Sum items 4, 9, 14, 19, 24, 29, 34, 39. Raw scores range from 8 to 40.
- Physiological Regulation (PR):** Sum items 5, 10, 15, 20, 25, 30, 35, 40. Raw scores range from 8 to 40.

- 2. Total Score Calculation:** To calculate the SCCS Total Score, sum the ratings for all 40 items (or, alternatively, sum the five subscale scores). Raw scores for the total scale range from 40 to 200.

To facilitate meaningful interpretation, raw scores can be converted to T-scores and percentiles using the normative data provided in Table 3. T-scores are standardized with a mean of 50 and a standard deviation of 10.

Normative Data and Interpretation Guidelines

Table 3: Normative Data for the SCCS (N = 811)

Scale	Mean (Raw)	SD (Raw)
CRST	28.5	6.2
MA	26.1	5.9
SB	30.2	7.1
SSS	27.8	8.0
PR	29.5	6.5
Total Score	142.1	28.4

Based on the distribution of T-scores, the following interpretive guidelines are proposed (Table 4). These guidelines provide a qualitative description for different

score ranges, allowing clinicians and researchers to contextualize an individual's score.

Table 4: Interpretive Guidelines for SCCS T-Scores

T-Score Range	Percentile Range	Interpretation	General Description
70 and above	98th and above	Very High	Individual uses these strategies exceptionally frequently and effectively. A significant personal strength.
60 - 69	84th - 97th	High	Individual uses these strategies more frequently and consistently than most people.
41 - 59	17th - 83rd	Average	Individual uses these strategies with typical frequency. Represents

			a normative level of functioning.
31 - 40	3rd - 16th	Low	Individual uses these strategies less frequently than most people. May represent an area for growth.
30 and below	Below 3rd	Very Low	Individual rarely uses these strategies. May indicate a significant deficit in this area of coping.

- **Interpreting High Scores (T-score > 60):** A high score on a subscale or the total score suggests a well-developed capacity in that area. For example, a high score on **Cognitive Reappraisal & Self-Talk** indicates a strong ability to reframe negative thoughts and use positive self-talk to manage emotions. A high score on **Soothing Behaviors** suggests the individual has a rich repertoire of healthy activities they use to calm themselves.
- **Interpreting Average Scores (T-score 41-59):** Scores in this range represent a typical, healthy level of functioning. The individual likely uses these strategies with some regularity but may not always do so consistently, particularly under high stress.
- **Interpreting Low Scores (T-score < 40):** A low score suggests a potential area of difficulty. For example, a low score on **Seeking Social Support** may indicate social isolation or a reluctance to be vulnerable with others. A low score on **Mindful Acceptance** might suggest a tendency to avoid or struggle against difficult emotions. These areas may be fruitful targets for clinical intervention.

DISCUSSION

The primary objective of this study was to establish a standardized scoring system and a set of empirically derived interpretive guidelines for the Self-Comforting and Coping Scale (SCCS). The results provide robust support for the psychometric properties of the SCCS and successfully furnish the necessary tools for its practical application in research and clinical settings. The findings confirm that the SCCS is a reliable and valid instrument for the comprehensive assessment of adaptive self-regulation strategies.

Summary and Interpretation of Findings

The Confirmatory Factor Analysis strongly supported the proposed five-factor structure of the SCCS, with all fit indices indicating an excellent model fit. This finding validates the theoretical framework underlying the scale's development [23], confirming that self-comforting and coping is a multidimensional construct comprising cognitive, mindful, behavioral, social, and physiological domains. The high internal consistency coefficients for the total scale and each of the five subscales demonstrate that the SCCS is a precise and reliable measure.

The validity of the SCCS was firmly established through its correlations with a range of established measures. As hypothesized, SCCS scores were strongly and positively associated with self-compassion [20] and mindfulness [15, 26], supporting the view that these constructs are integral components of adaptive self-regulation. The SCCS also correlated positively with adaptive coping strategies, such as positive reframing and acceptance [4], and negatively with maladaptive strategies like self-blame. This pattern provides strong evidence of convergent and discriminant validity, showing that the SCCS measures what it purports to measure while being distinct from less effective coping methods.

Crucially, the strong negative correlations between SCCS scores and symptoms of depression, anxiety, and stress underscore the clinical relevance of the scale. This finding suggests that individuals who more frequently engage in the behaviors measured by the SCCS tend to experience lower levels of psychological distress. This aligns with a vast body of literature demonstrating the protective role of adaptive coping and self-regulation in mental health [1, 10, 14]. The SCCS, therefore, does not just measure a set of behaviors; it measures a capacity that is fundamentally linked to psychological well-being.

Implications for Researchers and Clinicians

The establishment of a clear scoring protocol and normative data transforms the SCCS from a promising new scale into a

practical tool. For researchers, the SCCS offers a nuanced and comprehensive dependent variable for studies on stress, resilience, and mental health. It can be used to evaluate the effectiveness of interventions aimed at enhancing coping skills, such as mindfulness-based programs [12, 13] or therapeutic approaches that foster self-compassion [11]. The scale's multidimensional nature allows researchers to dissect which specific domains of self-comforting are most impacted by a given intervention, providing a more detailed understanding of the mechanisms of therapeutic change.

For clinicians, the implications are perhaps even more direct. The SCCS can be a valuable component of the initial assessment process, offering a quick yet comprehensive snapshot of a client's self-regulatory strengths and weaknesses. The interpretive guidelines allow a clinician to move beyond a single raw score to a meaningful, person-centered understanding. For instance, identifying a "Very Low" score on the Mindful Acceptance subscale can help a therapist using Cognitive Behavior Therapy (CBT) [2] to target experiential avoidance as a key treatment goal. Similarly, a therapist practicing Compassion Focused Therapy (CFT) [11] could use the SCCS to track a client's progress in developing self-soothing capacities over the course of treatment. The scale can facilitate collaborative goal-setting and provide clients with concrete feedback on their progress, enhancing therapeutic engagement.

Strengths and Limitations

This study has several notable strengths. The large and diverse sample enhances the generalizability of the findings and the robustness of the normative data. The use of rigorous statistical methods, including CFA and multiple imputation for missing data, aligns with best practices in psychometric research [5, 9, 25]. Furthermore, the inclusion of a comprehensive battery of well-established validation measures allowed for a thorough and convincing examination of the SCCS's construct validity.

Despite these strengths, several limitations must be acknowledged. First, the data were cross-sectional, which precludes any conclusions about causality. While we can observe that higher SCCS scores are associated with lower distress, we cannot determine the direction of this relationship from these data alone. Longitudinal studies are needed to examine how SCCS scores predict future well-being and how they change in response to life events or interventions. Second, the study relied exclusively on self-report measures, which may be subject to social desirability bias and inaccuracies in self-perception. Future research could benefit from incorporating multi-method assessments, such as behavioral observations or physiological measures of stress. Finally, while the sample was diverse, it was recruited online from the United States. Further research is needed to validate the SCCS and establish norms for specific

clinical populations (e.g., individuals with PTSD or major depressive disorder) and in different cultural contexts.

Future Directions

This study lays the groundwork for several important avenues of future research. The most immediate next step is to examine the psychometric properties of the SCCS in various clinical populations. Understanding how scores on the SCCS differ among individuals with specific mental health conditions can enhance its utility as a diagnostic and treatment planning tool. A second critical direction is cross-cultural validation. The ways in which individuals comfort themselves are likely influenced by cultural norms and values [22]; therefore, translating and validating the SCCS in different countries and cultural groups is essential for its global applicability.

Furthermore, longitudinal research is needed to assess the scale's predictive validity. Do SCCS scores predict resilience in the face of future stressors? Are changes in SCCS scores over the course of therapy predictive of long-term treatment outcomes? Answering these questions will further solidify the scale's clinical utility. Finally, experimental studies could manipulate self-comforting strategies to examine their causal impact on emotional and physiological responses to stress, using the SCCS as a manipulation check or outcome measure.

CONCLUSION

In conclusion, this study provides a comprehensive psychometric validation of the Self-Comforting and Coping Scale. We have confirmed its five-factor structure, demonstrated its high reliability and strong validity, and, most importantly, have established a clear, user-friendly scoring system and a set of empirically grounded interpretive guidelines. The SCCS emerges as a valuable new tool for the field of psychology, bridging the gap between theories of coping, mindfulness, and self-compassion. By providing a holistic measure of the adaptive strategies individuals use to manage distress, the SCCS, supported by the guidelines presented herein, empowers researchers and clinicians to better understand, assess, and ultimately enhance the critical human capacity for self-comfort and adaptive coping.

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