

## Scoring System and Interpretation Guidelines for The Self-Comforting Attitude Scale (SCAS)

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### ABSTRACT

This paper presents a comprehensive scoring framework for the Self-Comforting Attitude Scale (SCAS), a theory-led and psychometrically robust tool designed to assess how individuals think and feel about self-comforting behaviours. Grounded in the Self-Comforting Attitude Theory (SCAT), the SCAS moves beyond simply identifying whether people engage in coping behaviours—it captures the evaluative, cognitive, and emotional attitudes individuals hold toward practices such as mindfulness, self-talk, cognitive reframing, and reflective journaling. These attitudinal dimensions are increasingly recognised as powerful predictors of behavioural uptake and emotional well-being.

While previous work has outlined the conceptual model and structural validation of the SCAS, this paper takes the next crucial step: operationalising its use through a detailed and standardised scoring protocol. Each item is rated on a 5-point Likert scale, and the scoring system allows for both domain-specific and overall composite scores. To aid interpretability across diverse research and clinical populations, raw scores are converted to a standardised 0–100 scale using a linear transformation method.

The scoring framework incorporates clear guidance for managing missing data. In line with psychometric best practices, domain-level and total scores are only calculated when at least 80% of items have been completed—an approach that balances data quality with participant inclusion. Interpretive bands are provided to help users understand what low, moderate, or high scores might indicate in practice.

Ultimately, this scoring system enhances the practical value of the SCAS, enabling its application in a range of contexts—from academic research to therapeutic assessment and educational programming. It helps researchers, clinicians, and educators better understand individuals' openness to self-care and adaptive emotional regulation, making it a timely contribution to the broader field of mental health and resilience science.

**KEYWORDS:** *Self-Comforting Attitudes, SCAS, SCAT, SCCF, Psychometric Scales, Attitudinal Evaluation, Behavioural Health, Emotional Regulation, Mental Health Assessment*

### INTRODUCTION

The Self-Comforting Attitude Scale (SCAS) is a novel psychometric tool designed to assess how individuals evaluate self-comforting behaviours—specifically, their

beliefs, judgments, and perceptions about these practices (Obohwemu, 2025a). Unlike the Self-Comforting and

Coping Scale (SCCS)—also referred to as the Self-Comforting Behaviour Scale (SCBS)—which focuses on what individuals do, the SCAS shifts attention to how people *feel* about these behaviours, what they *think* of them, and how they *evaluate* their personal and cultural significance (Obohwemu, 2025a; Obohwemu, 2025b; Obohwemu et al., 2025). This shift is significant because attitudes—made up of cognitive, emotional, and behavioural components—play a key role in shaping both intentions and actual behaviours (Ajzen, 1991; Eagly & Chaiken, 1993).

Developed as an integral component of the broader Self-Comforting and Coping Framework (SCCF), and grounded in the Self-Comforting Attitude Theory (SCAT), the SCAS explores not just whether people engage in behaviours like mindfulness or positive self-talk, but whether they view these actions as helpful, acceptable, or even legitimate within their personal or cultural context. Attitudes toward such behaviours are shaped by a variety of factors, including cultural norms, emotional conditioning, and personal experiences (Chan & Tsui, 2025). For example, while some individuals may embrace self-reassurance or personal rituals as forms of adaptive coping, others might interpret these behaviours as signs of weakness, self-indulgence, or

culturally inappropriate (Heine et al., 1999; Cheng & Furnham, 2004; Maricic, Bjelic & Jelic, 2023). Such attitudinal differences can significantly influence whether individuals are willing to adopt these strategies, how emotionally expressive they are, and, ultimately, their mental health outcomes (Gilbert, 2010; Hofmann et al., 2010; Xu et al., 2021). Indeed, negative attitudes toward self-care or emotional disclosure have been associated with poorer help-seeking behaviours and greater psychological distress (Rickwood et al., 2005; Vogel et al., 2007; Kotera et al., 2023). Understanding these attitudes is thus critical to designing interventions that are both culturally sensitive and psychologically effective.

By focusing on attitudinal orientation rather than behavioural frequency, the SCAS opens up new possibilities for understanding how beliefs shape emotional resilience and coping. It is built around five core self-comforting behaviours—mindfulness, positive self-talk, self-reassurance, cognitive reframing, and personal rituals (Obohwemu, 2025a). Each item in the scale assesses attitudes toward these behaviours across several dimensions, including perceived effectiveness, cultural legitimacy, perceived utility, emotional acceptability, and openness to use.

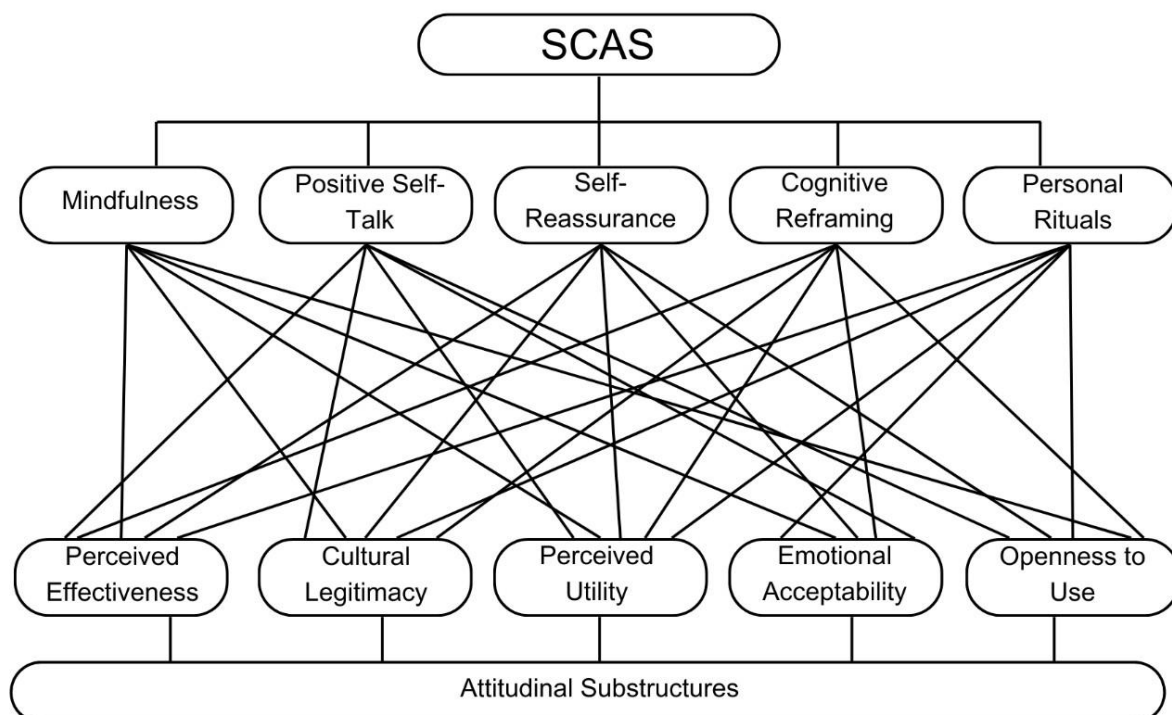


Fig. 1: SCAS Substructures

openness to use (see Fig. 1). This dual-layer design allows researchers to capture not only *what* behaviours are being The SCAS was developed using rigorous psychometric methods, refined through pilot testing and validation studies to ensure reliability and relevance. To make the tool as useful as possible, a standardised scoring system is essential.

This paper outlines the procedures for scoring, converting responses, handling missing data, and interpreting results. The aim is to support accurate and meaningful use of individual and group-level SCAS data in research, clinical practice, and educational settings—helping professionals better understand and respond to the attitudinal landscape surrounding self-comforting behaviours.

## SCORING THE SCAS

### Scoring Format

The SCAS (see Appendix) is composed of 10 items, each designed to tap into attitudes towards a specific set of self-comforting behaviours—such as mindfulness, positive self-talk, self-reassurance, cognitive reframing, and personal rituals. Each item is rated using a 5-point Likert scale:

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Neutral
- 4 = Agree
- 5 = Strongly Agree

Consistent with recent advances in psychometric methodology (Ortiz et al., 2021; Schneider et al., 2022; Kotera et al., 2023), this response structure allows for a flexible and graded evaluation of participants' attitudes, capturing both the strength (intensity of agreement or disagreement) and direction (positive or negative) of their beliefs about self-comforting strategies.

Likert scales remain the most widely used method for quantifying subjective judgments and attitudinal constructs, particularly in the evaluation of emotional and cognitive responses to coping behaviours (Jebb, Ng & Tay,

evaluated, but *how* they are being evaluated—offering a richer, more nuanced picture of individual coping styles. 2021; Johnston et al., 2025). Their graded response format offers enhanced sensitivity to individual differences in belief systems, which is especially important in contexts where cultural, psychological, or situational nuances influence how coping strategies are interpreted and accepted (Aybek & Toraman, 2022).

This level of granularity allows researchers to detect subtle shifts in attitudinal orientation—such as changes before and after an intervention—that binary items often fail to capture. As a result, the SCAS is highly adaptable for both cross-sectional and longitudinal applications, making it particularly valuable in clinical and research settings (Bieda et al., 2017; Ortiz et al., 2021; Maricic et al., 2023).

Scales using graded response options can detect subtle shifts in attitude that binary items often fail to capture, and they facilitate more nuanced interpretations in both clinical and research settings (Bieda et al., 2017; Ortiz et al., 2021). This level of granularity is particularly valuable for tracking changes over time, such as in intervention studies aiming to shift emotional coping orientation.

In many psychometric scales (especially in attitude measurement), a mix of positively and negatively worded items is used to control for response bias (like acquiescence or inattentiveness). However, in the case of the SCAS, the focus was on attitudinal clarity and internal consistency, particularly for use in clinical, educational, and multicultural contexts. Pilot studies during development showed that including reverse-worded items reduced reliability and interpretive coherence for this specific construct.

### Total and Domain-Level Scoring

Each SCAS item contributes between 1 and 5 points. The total raw score is the sum of all completed items, with a minimum possible score of 10 and a maximum of 50 for the entire scale. Higher scores reflect more favourable attitudes toward self-comforting behaviours and suggest a greater likelihood of adopting these strategies in times of stress, emotional difficulty, or adversity.

For interpretive ease, domain-level scores may also be computed where appropriate (e.g., when conducting subscale analyses or examining patterns across the five key behavioural domains). A domain score is calculated as the mean of all items within that domain, provided that at least 80% of the items in that domain are completed. For example, if a respondent provides valid responses for 4 of 5 items in the "Mindfulness" domain (e.g., 3, 4, 4, and 5), the domain score is calculated as:

$$(3 + 4 + 4 + 5) \div 4 = 4.00$$

This average offers a focused snapshot of a person's attitudes within a specific area of self-comforting practice.

### Converting Raw Scores to a Standardised 0–100 Scale

To support comparisons across individuals, groups, or research studies, raw SCAS scores can be transformed to a standardised 0–100 scale using the following formula:  $\text{Converted Score} = ((\text{Raw Score} - \text{Minimum Possible Score}) \div (\text{Maximum Possible Score} - \text{Minimum Possible Score})) \times 100$

Or

$$\text{Converted Score} = ((\text{Raw Score} - \text{Minimum Possible Score}) \div (\text{Range})) \times 100$$

For example, if a participant's total raw score is 40 (out of a maximum of 50):

$$((40 - 10) \div (50 - 10)) \times 100 = (30 \div 40) \times 100 = 75.0$$

This standardisation allows researchers and clinicians to interpret SCAS results with greater consistency, especially when analysing large or diverse datasets.

### Handling Missing Data

In any self-report assessment, missing responses are almost inevitable—whether due to fatigue, misunderstanding, or discomfort with a particular item. Recognising this, the SCAS adopts a thoughtful and evidence-based approach to managing incomplete data that balances the need for

rigorous analysis with a commitment to participant inclusion.

To preserve data integrity while maximising participant inclusion, the SCAS applies an 80% completion rule for both domain-level and total scale scoring. In practical terms, this means:

- For domain scores: If a domain consists of five items, at least four of them must be completed for that domain score to be calculated.
- For the total SCAS score: At least eight out of the ten items on the entire scale must be answered to compute an overall score.

If responses fall below these thresholds—either within a domain or across the full scale—the associated score should be withheld from analysis. This is not just a procedural step; it is a safeguard against drawing unreliable conclusions from insufficient or unbalanced data.

This approach is aligned with best practices in psychometric research, as outlined by experts such as Schafer and Graham (2002) and Little and Rubin (2019). Their work underscores the importance of setting clear data completion thresholds to avoid skewing results through imputation or inappropriate averaging.

By applying this method, the SCAS remains a robust tool—one that respects the integrity of the data while still accommodating the real-world complexities of participant responses. This strategy ultimately ensures that interpretations of the scale are based on sound and complete information, thereby enhancing the credibility of research findings and practical decisions drawn from them.

### INTERPRETATION OF SCAS SCORES

The SCAS offers flexibility in how scores can be interpreted, allowing for both broad and specific insights into an individual's attitudes. One of its key strengths lies in the ability to evaluate scores at two distinct levels: the domain level and the overall composite level. This dual-layer approach enables a rich understanding of how individuals relate to different self-comforting strategies.

At the domain level, the SCAS breaks down attitudes into five distinct categories—mindfulness, positive self-talk, self-reassurance, cognitive reframing, and personal rituals. Each domain reflects a specific aspect of emotional self-regulation, allowing us to see where someone holds particularly strong or weak attitudes. For instance, a person might hold very positive views about mindfulness and personal rituals, while remaining unsure or sceptical about cognitive reframing. These more granular insights are especially helpful for clinicians, educators, and researchers who wish to tailor interventions or better understand the preferences and beliefs of the individuals they are supporting.

In addition to domain scores, the SCAS also yields an overall composite score, which is calculated as the average of all item responses—provided the respondent has completed at least 80% of the items. This total score provides a general indication of the respondent's overall orientation toward self-comforting behaviours. It offers a single, summarised metric that can be used for group comparisons, pre- and post-intervention assessments, monitoring change over time, or identifying broad trends in attitudinal openness to self-care strategies.

To guide interpretation, the following provisional scoring bands are suggested:

- **80–100: Strongly positive attitudes**

The individual views self-comforting behaviours as legitimate, useful, and personally relevant. They are likely to actively engage in these strategies during times of stress.

- **50–79: Moderate or ambivalent attitudes**

This range suggests that the individual recognises some value in self-comforting behaviours but may have doubts, unfamiliarity, limited exposure, cultural hesitation, or mixed past experiences. Their engagement with these strategies may be inconsistent or situation-dependent.

- **Below 50: Negative or resistant attitudes** Scores in this range indicate low endorsement or even rejection of self-comforting behaviours. This may stem from scepticism, discomfort, lack of familiarity,

misunderstanding, scepticism, or perceptions that these strategies are ineffective or irrelevant.

These thresholds are preliminary and will likely be refined as normative data becomes available from wider applications of the SCAS across diverse populations and contexts. Nonetheless, they provide a helpful starting point for understanding where individuals stand in their attitudinal relationship with self-comforting.

By allowing interpretation at both the domain and composite level, the SCAS balances precision with practicality. It offers a balanced and versatile framework that enables not only a general assessment of attitudinal openness but also the possibility of exploring which specific strategies resonate—or don't—with different individuals. This makes the SCAS a valuable tool for both personalised support and broader-scale research in emotional wellbeing and adaptive coping.

### **Towards Normative Cut-offs and Clinical Utility**

As the SCAS continues to be applied across diverse populations and settings, there is a growing need to establish more standardised benchmarks for interpreting individual scores. While the current scoring bands offer a useful starting point, future research will play a critical role in refining these thresholds and enhancing their utility for both clinical and research purposes.

As with the SCCS, the development of normative cut-offs for the SCAS is guided by two key statistical approaches (Obohwemu, 2025c). First, percentile ranks can provide a clear, population-based method for classification. For example, individuals whose scores fall below the 25th percentile may be identified as holding particularly low or unfavourable attitudes toward self-comforting behaviours. These individuals might benefit from targeted psychoeducation or motivational interventions to encourage engagement with adaptive coping strategies. Second, standard deviation (SD) cut-offs can help detect clinically significant levels of attitudinal resistance. A score that falls more than one standard deviation below the mean could suggest the presence of psychological or cultural barriers that may interfere with the uptake of emotional



self-regulation techniques. Such cut-offs could be used in clinical screening to flag clients who might need additional support in reframing their beliefs about self-care and coping.

As normative datasets are developed—drawing on broader samples across age, gender, cultural background, and clinical status—these methods will be used to calibrate the SCAS further. This will enhance its precision not only for population-level research but also for use in therapeutic planning, student wellbeing programmes, and other applied settings where understanding attitudinal readiness is critical.

## **CLINICAL AND RESEARCH APPLICATIONS**

The SCAS offers valuable practical applications that extend beyond simple measurement. Its scoring system enables a range of functions that can inform both individual support and wider programme development.

In clinical practice, the SCAS can be used to identify attitudinal resistance in individuals struggling with emotional self-regulation. For example, a client presenting with high anxiety but low SCAS scores may be avoiding strategies like mindfulness or self-reassurance—not because these techniques are ineffective, but because they are perceived as unfamiliar, uncomfortable, or illegitimate. Therapists can use SCAS scores to guide discussion, challenge unhelpful beliefs, and tailor interventions to better match the client's psychological readiness.

In educational or occupational contexts, the SCAS can identify groups or individuals who might be culturally or ideologically less receptive to certain coping strategies. This is particularly useful in diverse settings where attitudes toward mental health, emotional expression, or self-care vary widely. In such cases, interventions can be adapted to improve accessibility and relevance.

For researchers, the SCAS offers a unique lens through which to evaluate the impact of interventions that aim to promote adaptive coping. Whether used alongside Cognitive Behavioural Therapy (CBT), Acceptance and Commitment Therapy (ACT), or Mindfulness-Based Stress

Reduction (MBSR), the SCAS allows researchers to assess whether changes in behaviour are accompanied by shifts in underlying attitudes. This is important because sustained behavioural change is often contingent on a shift in beliefs and motivation.

Furthermore, when administered over time, the SCAS can support longitudinal tracking of attitudinal change. This is especially powerful when used in conjunction with behavioural measures such as the Self-Comforting and Coping Scale (SCCS). Together, the SCAS and SCCS provide a complementary framework for evaluating both the 'why' (attitudes) and the 'what' (behaviours) of self-comforting, making them highly valuable tools in psychological research and applied mental health settings.

The SCAS scoring system is thus more than just a numerical index—it is a practical framework for identifying readiness, resistance, and responsiveness to emotional coping strategies. As the evidence base grows, its normative cut-offs and clinical applications will continue to evolve, helping to bridge the gap between assessment and action.

## **CONCLUSION**

The Self-Comforting Attitude Scale (SCAS) scoring system provides a rigorous and robust framework for understanding how individuals perceive and relate to core emotional self-regulation strategies. It transforms raw responses into meaningful psychological data, facilitating intervention development, program evaluation, and theoretical advancement in the study of self-directed emotional regulation. This allows researchers, clinicians, and educators to move beyond assumptions and gain direct insight into people's attitudes toward behaviours such as mindfulness, self-talk, self-reassurance, cognitive reframing, and personal rituals.

As a structured and standardised scoring method, the SCAS ensures clarity and consistency in interpretation, whether applied in clinical screening, intervention evaluation, or research exploring the attitudinal underpinnings of mental health outcomes. Its dual-level approach—capturing both domain-specific attitudes and a global composite score—adds to its versatility, enabling tailored insights while

preserving overall comparability across studies and settings.

Looking ahead, the full potential of the SCAS lies in continued research and application. Future studies should aim to establish cross-cultural validity, ensuring the scale is sensitive and relevant to individuals from diverse cultural, ethnic, and linguistic backgrounds. Additionally, exploring the longitudinal stability of SCAS scores will be key to understanding whether attitudes toward self-comforting evolve over time, particularly in response to life transitions, therapeutic engagement, or developmental changes.

Finally, one of the most promising avenues lies in establishing the SCAS's predictive validity—that is, its ability to forecast actual behavioural engagement with self-comforting practices and its relationship with broader psychological outcomes such as resilience, emotional wellbeing, and coping efficacy. Such findings would not only reinforce the scale's scientific utility but also provide a valuable tool for identifying individuals at risk of emotional dysregulation or disengagement from adaptive coping strategies.

In short, the SCAS scoring system lays a solid foundation for future innovations in both theory and practice. By offering a systematic yet flexible approach to interpreting attitudes, it stands to significantly advance our understanding of self-directed emotional care—helping to bridge the gap between what people believe about coping and how they act when faced with adversity.

## CONFLICTS OF INTEREST

The author declares no conflicts of interest.

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## Appendix: The SCAS

### Self-Comforting Attitude Scale (SCAS)

The Self-Comforting Attitude Scale (SCAS) is designed to understand how people perceive and evaluate various self-comforting behaviours. There are no right or wrong answers. Please indicate the extent to which you agree or disagree with each statement based on your personal beliefs and attitudes, using the following response options:

1 = Strongly Disagree   2 = Disagree   3 = Neutral   4 = Agree   5 = Strongly Agree

#### Mindfulness

Item	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
I believe that mindfulness is helpful for reducing stress in challenging situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mindfulness is an effective way to calm my mind when life gets overwhelming.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mindfulness helps me stay grounded and emotionally balanced during stressful times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I feel overwhelmed by life's challenges, I find that taking a moment to practice mindfulness helps me regain emotional balance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Positive Self-Talk

Item	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
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I think positive self-talk can help me cope with difficult situations in my personal life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think self-comforting strategies, such as positive self-talk, are important for managing stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think that engaging in positive self-talk improves my ability to deal with life's challenges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Self-Reassurance

Item	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
I find it easy to reassure myself when I face stressful challenges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Cognitive Reframing

Item	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree

### FSTH, (2025)

I believe changing how I think about stressful situations (cognitive reframing) can help me cope better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Personal Rituals

Item	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
I believe that personal rituals, such as spending time with family or engaging in hobbies, are important for managing stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The SCAS was developed by Dr. Kennedy O. Obohwemu. No permission required to reproduce, translate, display or distribute. For research information, contact Dr. Obohwemu at [K.Obohwemu@leedstrinity.ac.uk](mailto:K.Obohwemu@leedstrinity.ac.uk).