INTERNATIONAL JOURNAL OF SOCIAL SCIENCES AND HUMANITY DEVELOPMENT (IJSSHD)

eISSN: 3087-4076

Volume. 02, Issue. 04, pp. 01-17, April 2025"

Scoring System and Interpretation Guidelines for the Self-Comforting and Coping Scale (SCCS)

Kennedy Oberhiri Obohwemu, PhD

Department of Health, Wellbeing and Social Care, Oxford Brookes University, GBS Partnership, Birmingham, United Kingdom; and PENKUP Research Institute, Birmingham, United Kingdom

Article received: 24/02/2025, Article Revised: 25/03/2025, Article Accepted: 26/04/2025

DOI: https://doi.org/10.55640/ijsshd-v02i04-01

ABSTRACT

This paper presents a follow-up to the initial development of the Self-Comforting and Coping Scale (SCCS), offering a detailed framework for its scoring system, conversion guidelines, and interpretive strategies. The SCCS is a theory-driven, psychometrically grounded instrument designed to assess individuals' self-comforting behaviours and coping responses to stress. While the original paper introduced the conceptual basis and structural components of the SCCS, the current study expands its utility by establishing a standardized scoring procedure that enhances reliability, interpretability, and applicability in both research and clinical contexts. The paper outlines how individual items are scored using a modified Likert scale and describes procedures for reverse scoring and handling missing data. Domain-level scores and an overall SCCS score are derived from item responses, with conversion to a 0–100 scale using a calibrated transformation chart to accommodate minor item omissions. The scoring system is designed to be flexible yet robust, allowing for its use across diverse settings, including longitudinal and intervention studies. Guidelines for interpreting high and low scores across domains help identify emotional resilience, coping strengths, and areas requiring intervention. Importantly, the scoring system facilitates the meaningful application of the SCCS by supporting early identification of individuals at risk for poor stress management, informing targeted interventions such as cognitive behavioural therapy and mindfulness-based programs. This paper thus represents a crucial step in operationalizing the SCCS for broader scientific and practical use, advancing the empirical study of self-comforting as a distinct and measurable construct in mental health research.

Keywords: Self-comforting Behaviours, Coping Strategies, Psychometric Scoring, SCCS, Emotional Resilience, SCCT, Stress Management

INTRODUCTION

The Self-Comforting and Coping Scale (SCCS) represents a novel contribution to the field of psychological assessment, offering a structured and theory-driven measure of how individuals engage in self-comforting behaviours—a specific class of coping strategies aimed at reducing emotional distress through internal regulation and self-soothing mechanisms. Unlike many traditional coping inventories that broadly assess problem-focused or emotion-focused responses (Lazarus & Folkman, 1984; Carver et al., 1989), the SCCS was developed to capture the nuanced, often internally motivated behaviours people use to calm themselves in moments of stress, failure, or emotional upheaval. These behaviours include mindfulness, self-reassurance, positive self-talk, cognitive reframing, and other personally meaningful rituals.

Grounded in the Self-Comforting and Coping Theory (SCCT), the SCCS reflects the growing recognition in psychological science that coping is not limited to overt behaviours or social interaction, but also involves private, introspective strategies that promote emotional resilience (Neff, 2003; Gilbert, 2010; Obohwemu, 2024; Obohwemu et al., 2024). The SCCS stands as the first comprehensive, theory-driven scale designed to evaluate individuals' abilities to manage emotional

stress and employ effective coping strategies (Obohwemu, 2025).

The SCCT framework conceptualizes self-comforting as a distinct and adaptive set of behaviours that can moderate the impact of stress and enhance psychological wellbeing. The SCCS operationalizes these constructs through a multi-domain format, allowing researchers and clinicians to evaluate both general coping tendencies and specific behavioural patterns.

Given its theoretical basis and practical implications, the SCCS was developed using best practices in psychometric scale construction, including comprehensive item generation, expert review, pretesting, and preliminary validation. However, a crucial component of the SCCS's utility lies in its scoring system, which enables meaningful interpretation of individual and group-level data. The present paper outlines the scoring procedures for the SCCS, including item- and domain-level scoring, guidelines for handling missing data, interpretation of scores, and the rationale for establishing standardized cut-offs.

The scoring system proposed herein aligns with best practices in psychometric evaluation, ensuring clarity, consistency, and reliability while allowing for meaningful interpretation of the data (Boateng et al., 2018; Knekta, Runyon & Eddy, 2019; Clark & Watson, 2019; DeVellis & Thorpe, 2021). The scoring system is designed to be both psychometrically robust and clinically useful, ensuring that data derived from the SCCS can inform targeted interventions and empirical research. For example, clinicians may use the SCCS to assess whether clients are utilizing adaptive self-comforting behaviours, while researchers might apply the tool in longitudinal studies to examine how self-comforting tendencies influence resilience, academic performance, or emotional health outcomes.

Furthermore, the paper discusses how percentile- and standard deviation-based thresholds can be used to identify individuals with particularly low or high levels of self-comforting behaviour, offering a structured basis for identifying those who may benefit from psychological support or intervention. These procedures align with long-established principles in psychometric theory and allow for flexibility in application across diverse populations (Boateng et al., 2018; DeVellis & Thorpe, 2021).

Ultimately, the SCCS provides a theoretically grounded, psychometrically informed method for assessing a previously underexplored dimension of coping. Its scoring framework enhances the interpretability and utility of the scale in both clinical and academic settings, contributing to a more nuanced understanding of how individuals regulate their emotions and navigate adversity.

SCCS Scoring System

Each item within the SCCS is scored directly based on the respondent's self-reported value using a 5-point Likert scale, a format widely recognized for its psychometric utility and interpretive clarity in psychological assessment (Knekta, Runyon & Eddy, 2019; DeVellis & Thorpe, 2021). Response options range from 1 to 5, where 1 typically corresponds to "Never" or "Not at all," and 5 represents "Very often" or "Completely." These values capture not only the frequency of specific self-comforting behaviours but also the intensity or degree to which individuals engage in or identify with each coping strategy.

The use of a 5-point Likert scale facilitates a nuanced understanding of participants' behavioural tendencies and emotional regulation skills. Capturing gradations in behavioural frequency or agreement, this scale allows for more precise discrimination between individuals with varying levels of coping proficiency, which is especially important in both clinical diagnostics and longitudinal research tracking change over time (Boateng et al., 2018; Clark & Watson, 2019).

For domains that contain items measuring maladaptive or negatively valenced constructs (i.e., constructs negatively associated with coping)—such as persistent negative affect or maladaptive self-talk—reverse scoring is applied to ensure conceptual alignment across all items within the domain. In reverse scoring, higher raw scores that would ordinarily indicate stronger endorsement are inverted: a response of 5 is recoded as 1, a 4 becomes 2, and so forth, while midpoints remain unchanged. This transformation ensures that all items within a domain contribute consistently to the interpretation of higher scores as indicative of more adaptive or constructive coping strategies (Worthington & Whittaker, 2006).

Each of the 13 SCCS domains (see Appendix), such as Mindfulness and Acceptance, Positive Affect, Self-Compassion, and Learning from Failure, consists of a set of items that reflect specific components of the self-comforting and coping construct. To compute a domain-level score, the arithmetic mean of all completed items within that domain is calculated. This averaging process accounts for slight variations in response tendencies across different items while preserving the relative weight of each domain in the total scale. Domains with higher mean scores indicate a greater tendency or capacity for the relevant coping behaviour. For instance, a high score in the Goal Adjustment domain would

suggest the respondent frequently adapts their goals in response to failure or stress—an important resilience marker (Moreno-Montero, Ferradás & Freire, 2024).

This mean-based approach also facilitates comparability between domains of differing lengths by standardizing all scores to a common scale (1–5). As such, the scoring method supports both inter-domain analysis and group-level comparisons, enhancing the scale's usefulness in multi-site or cross-cultural studies.

The overall SCCS score is then computed by averaging the scores of all 13 domains (see Table 1), resulting in a single composite measure of the respondent's self-comforting and coping profile. This overall score reflects the individual's global capacity to regulate emotions, recover from stress, and engage in psychologically protective behaviours. In some cases, research questions or intervention priorities may warrant domain weighting, where certain constructs (e.g., Cognitive Reframing) are considered more central to the study objective. When applied judiciously and transparently, weighting allows researchers to tailor the scoring system to the needs of the context while retaining psychometric coherence (Clark & Watson, 2019).

Table 1: SCCS Scoring Instructions

Step	Description	Details
1. Scoring the SCCS Survey Items	Assign a score to each of the 25 items (Q1–Q25)	• Low responses (1 – 2 on the Likert Scale) = Score 2 • Moderate responses (3 on the Likert Scale) = Score 1 • High responses (4 – 5 on the Likert Scale) = Score 0.
2. Calculating the Raw Total SCCS Score	Sum scores of all items	• Add scores for all 25 items (range: 0–50) • Adjust max score if items are missing: – 1 item missing = score out of 48 – 2 items missing = score out of 46, etc. • Apply reverse scoring as needed: – Low response becomes high, and vice versa – Moderate (3) responses remain unchanged
3. Converting the Raw Score	Transform raw total to 0–100 scale	• Use a linear transformation to convert raw score to percentage • Adjust for any missing items • Refer to the score conversion chart for accuracy

The table outlines the key steps for evaluating responses to the Self-Comforting and Coping Scale. It provides a clear sequence—from scoring individual items to calculating the raw total and converting it to a 0–100 scale. The table ensures consistency by explaining how to interpret Likert responses, apply reverse scoring, and manage missing data. It serves as a practical and psychometrically informed guide, enabling researchers and practitioners to apply the SCCS scoring method reliably across diverse contexts. It supports not only accurate data analysis but also meaningful interpretation of individual and group coping profiles

This scoring model ensures that the SCCS remains flexible yet standardized, allowing adaptation across various populations and research contexts without compromising psychometric integrity. Such a system aligns with current best practices in scale development,

promoting both methodological rigour and applied utility (Boateng et al., 2018; DeVellis & Thorpe, 2021).

Handling Missing Data

Missing data are a common challenge in psychological and behavioural research, particularly when using multi-item self-report instruments like the Self-Comforting and Coping Scale (SCCS). To ensure the integrity of the SCCS scoring system while preserving as much useful data as possible, the instrument incorporates a structured, evidence-based approach to handling incomplete responses (Table 2).

Table 2: SCCS Score Conversion Chart

A		B		C	
If items Q1-Q25 have no missing responses		If items Q1-Q25 have one missing response		If items Q1-Q25 have two missing responses	
Raw Score	Converted Score	**Raw Score**	Converted Score	**Raw Score**	Converted Score
0	0	**0**	0	**0**	0
1	2	**1**	2	**1**	2
2	4	**2**	4	**2**	4
3	6	**3**	6	**3**	7
4	8	**4**	8	**4**	9
5	10	**5**	10	**5**	11
6	12	**6**	13	**6**	13
7	14	**7**	15	**7**	15
8	16	**8**	17	**8**	17
9	18	**9**	19	**9**	19
10	20	**10**	21	**10**	22
11	22	**11**	23	**11**	24
12	24	**12**	25	**12**	26
13	26	**13**	27	**13**	28
14	28	**14**	29	**14**	30
15	30	**15**	31	**15**	33
16	32	**16**	33	**16**	35
17	34	**17**	35	**17**	37
18	36	**18**	38	**18**	39
19	38	**19**	40	**19**	41
20	40	**20**	42	**20**	43
21	42	**21**	44	**21**	46
22	44	**22**	46	**22**	48
23	46	**23**	48	**23**	50
24	48	**24**	50	**24**	52
25	50	**25**	52	**25**	54
26	52	**26**	54	**26**	57
27	54	**27**	56	**27**	59
28	56	**28**	58	**28**	61
29	58	**29**	60	**29**	63
30	60	**30**	63	**30**	65
31	62	**31**	65	**31**	67
32	64	**32**	67	**32**	69
33	66	**33**	69	**33**	72
34	68	**34**	71	**34**	74
35	70	**35**	73	**35**	76
36	72	**36**	75	**36**	78
37	74	**37**	77	**37**	80
38	76	**38**	79	**38**	83
39	78	**39**	81	**39**	85

40	80	**40**	83	**40**	87
41	82	**41**	86	**41**	89
42	84	**42**	88	**42**	91
43	86	**43**	90	**43**	94
44	88	**44**	92	**44**	96
45	90	**45**	94	**45**	98
46	92	**46**	96	**46**	100
47	94	**47**	98		
48	96	**48**	100		
49	98				
50	100				

The table provides a standardized method for transforming raw scores from the SCCS into a 0–100 scale. This ensures consistency in interpreting results across participants, even in the presence of missing responses. The chart is divided into three columns (A, B, and C), each corresponding to a different condition of data completeness: Column A applies when all 25 items (Q1–Q25) are completed with no missing data, Column B is used when one item from the 25 is missing, and Column C should be used when two items are missing. Each raw score listed in the chart is matched to its corresponding converted score, scaled proportionally to reflect a 0–100 range. This transformation allows for meaningful comparison across individuals and groups, regardless of minor variations in item completion. The table enables accurate and equitable scoring while preserving the integrity of the measurement across different response scenarios.

For domain-level scores, the mean can be calculated if at least 80% of the items within that domain are completed. This criterion reflects established psychometric standards, where retaining partial data is deemed acceptable if it maintains the construct validity and internal consistency of the score (Little & Rubin, 2002; Schafer & Graham, 2002). This approach minimizes data loss while safeguarding the reliability of the domain-level means. For instance, in a domain with five items, a participant must have completed at least four items to be included in the domain score computation.

For the total SCCS score, which is computed as the mean of all domain-level scores, any domain that does not meet the 80% completion criterion is excluded from the total score calculation. This ensures that the composite score accurately reflects the participant's overall self-comforting profile without being distorted by unreliable or insufficient data in one or more domains (Cudeck & O'Connell, 1988). The use of this threshold maintains statistical robustness while maximizing the use of partial data, thus increasing the scale's practical applicability in both research and clinical settings.

This strategy is consistent with the broader literature on missing data management, which advocates for partial scoring under certain conditions to improve efficiency and reduce bias without compromising psychometric quality (Schafer & Graham, 2002; Cohen et al., 2013). By applying the 80% rule to both domain- and scale-level calculations, the SCCS maintains a balance between data completeness and scoring integrity. Moreover, this approach avoids the pitfalls of listwise deletion—which can significantly reduce sample size—and reduces the need for imputation, which can introduce its own assumptions and biases (Little & Rubin, 2002).
These provisions ensure that incomplete responses do

not unduly influence the reliability and interpretability of the results, while also allowing researchers and practitioners to make full use of available data. This is especially important in applied research settings, such as community surveys or clinical assessments, where participant burden or emotional distress may result in skipped items (Davis, 2017).

Interpretation of SCCS Scores

The interpretation of scores on the Self-Comforting and Coping Scale (SCCS) is critical for translating numerical outcomes into meaningful psychological insights. Each score reflects an individual's self-reported tendency to engage in specific self-comforting behaviours and adaptive coping strategies, offering a window into their emotional regulation style, stress management capabilities, and overall psychological resilience. The SCCS is structured across 13 theoretically grounded domains, each representing a distinct facet of self-comforting or coping (e.g., Mindfulness and Acceptance, Goal Adjustment, Cognitive Reframing, Self-Compassion, Reflection and Journalling, Positive Affect, Negative Affect).

Higher scores within individual domains suggest greater frequency, skill, or comfort with engaging in the behaviours associated with that domain. For example, a high score in the Mindfulness and Acceptance domain reflects an individual's ability to remain grounded in the present moment and accept their emotions nonjudgmentally—core components of emotional regulation that are strongly associated with improved

mental health outcomes (Kabat-Zinn, 2003; Grossman et al., 2004). Similarly, elevated scores in domains such as Goal Adjustment or Cognitive Reframing imply adaptive responses to setbacks, flexible thinking, and psychological resilience in the face of stress or failure (Freire et al., 2020; Moreno-Montero, Ferradás & Freire, 2024).

In contrast, lower scores may indicate underutilization of specific coping strategies or psychological barriers that interfere with effective self-regulation. For instance, a low score in the Reflection and Journaling domain could reflect difficulty with introspection, avoidance of emotional processing, or challenges in articulating one's thoughts and feelings—factors linked to poorer stress outcomes and increased psychological distress (Compas et al., 2001). Likewise, higher scores in Negative Affect (after reverse scoring) indicate reduced distress, whereas low scores suggest heightened negative emotional reactivity, which may require clinical attention.

Beyond individual domain analysis, the overall SCCS score, derived as the mean of the domain-level scores, provides a composite measure of a participant's global coping profile. This score is especially useful for making between-group comparisons or tracking change over time in intervention studies. For example, increases in total SCCS scores following a mindfulness-based intervention may signal an overall enhancement in self-comforting and adaptive coping behaviours (Aliche, 2023).

The scale can also inform personalized interventions, as it allows clinicians to pinpoint domains where individuals show relative strengths or weaknesses. A person scoring high in Self-Compassion but low in Cognitive Reframing, for instance, may benefit from targeted cognitive-behavioural techniques that focus on restructuring maladaptive thoughts while continuing to build on their self-compassion strengths (Beck, 2011; Gilbert, 2010).

In research settings, SCCS scores can be used to investigate relationships between coping behaviours and a variety of psychological outcomes, such as anxiety, depression, life satisfaction, academic performance, and burnout. The rich domain-level data also support mediation and moderation analyses, enabling researchers to explore how specific coping behaviours buffer the effects of stress or enhance psychological well-being under different conditions (Neff, 2003; Keng, Smoski & Robins, 2011).

Thus, SCCS scores not only provide a structured and psychometrically sound metric of self-comforting and coping ability but also serve as a tool for psychological insight and intervention development. Their interpretability across domains and total scale levels makes the SCCS a valuable asset in both clinical and academic applications.

Standardized Cut-Offs for SCCS

Determining a standardized cut-off for identifying individuals with "low" or "high" self-comforting behaviours on the Self-Comforting and Coping Scale is a critical step in ensuring its practical utility in both research and clinical settings. The establishment of such thresholds is grounded in psychometric principles and aligns with the practices outlined in previous literature. A well-defined cut-off enables researchers and clinicians to distinguish between individuals who may require interventions to enhance their coping strategies and those who demonstrate effective self-comforting behaviours.

One approach to defining a cut-off involves utilizing percentile ranks derived from normative data. This method identifies individuals scoring below the 25th percentile as having "low self-comforting behaviours," while those above the 75th percentile can be classified as exhibiting "high self-comforting behaviours." For example, in a converted SCCS score ranging from 0 to 100, the 25th percentile is simply 25, while the 75th percentile is simply 75. Thus, a score less than 25 would be considered indicative of "low self-comforting behaviours," while a score above 75 would be indicative of "high self-comforting behaviors." Any score between 25 and 75 would be considered within the average or moderate range of self-comforting behaviors. This interpretation offers a straightforward understanding of an individual's score relative to a larger, presumably representative, sample. The 25th and 75th percentiles establish fixed cut-off points, independent of the specific sample's score distribution. The percentile-based approach is widely used in psychometric evaluations, where the lower quartile is often indicative of significant challenges or deficiencies in the construct under assessment (Uvnäs-Moberg & Handlin 2015; Rose & Kocovski 2021). For the SCCS, this method ensures that thresholds are relative to the natural distribution of scores in a given population, thus providing a contextually relevant standard.

An alternative method involves calculating the mean score and standard deviation for the SCCS total score or specific domains. Scores falling one standard deviation below the mean can serve as a threshold for identifying individuals with low self-comforting behaviours. Conversely, scores one standard deviation above the mean is indicative of high self-comforting behaviours. For example, if the mean score is 60 and the standard

deviation is 10, then scores below 50 (60 - 10) would be classified as low. Scores above 70 (60 + 10) would be classified as high. Following this logic, scores falling within one standard deviation of the mean (both above and below) would typically be considered moderate self-comforting behaviours. In the above example, scores between 50 and 70 would be classified as moderate. Mean and standard deviation-based interpretation exhibits greater sensitivity to the characteristics of a specific sample. The cut-off points for low, moderate, and high fluctuate based on the average score and the score distribution within that group. This method proves particularly useful for making comparisons within a study population. The approach has strong precedent in psychological assessment tools, where deviation from the mean provides an objective metric for categorization (Chwyl, Chen & Zaki 2021). Importantly, this method is adaptable and can be recalibrated for different demographic or cultural groups, provided normative data are available for those populations (Garnefski & Kraaij 2019).

Recognizing the strengths of each approach, researchers might find value in employing a combination of both percentile-based and mean/standard deviation-based interpretations. For instance, initial broad categories might be established using percentiles to provide a general sense of an individual's standing relative to a wider population. Subsequently, within these broad categories, finer distinctions can be made using standard deviations relative to the specific study sample's mean. A score within the "moderate" percentile range, for example, could be further classified as "lower moderate", "mid-moderate", or "upper moderate" based on its proximity to the mean in terms of standard deviation units. Conversely, percentile ranks can provide valuable context to standard deviation-based cut-offs, indicating the prevalence of scores deemed "low" or "high" within the broader population. In the early stages of research with a new measure, percentile-based cut-offs might serve as preliminary benchmarks until a more stable understanding of the scale's mean and standard deviation emerges across multiple samples.

Ultimately, the convergence or divergence of classifications derived from both methods can offer a more comprehensive and nuanced understanding of the construct under investigation, strengthening the validity and interpretability of the findings.

The justification for these thresholds can be drawn from prior research on similar psychological constructs, such as emotional regulation and resilience. For instance, studies utilizing resilience measures or emotional regulation scales often establish cut-offs to identify individuals at risk for poor coping outcomes (Gatt et al. 2014; Kikuchi et al. 2018; Foo et al. 2023; Lacombe Ryan & Baik 2024). These thresholds have proven effective in differentiating individuals who benefit from targeted interventions from those with adaptive coping mechanisms (Gilbert & Procter 2006; MacBeth & Gumley 2012). Similarly, the SCCS can leverage these methods to facilitate early identification and tailored intervention strategies for those struggling with self-comforting behaviours.

Furthermore, the validity of proposed cut-offs can be substantiated through criterion-related validation studies. For example, individuals classified as having low self-comforting behaviors could be compared against clinical populations known to experience significant emotional regulation challenges or heightened stress levels. If these groups exhibit comparable SCCS scores, it will provide robust support for the proposed cut-off points. Such validation ensures that the thresholds are not only statistically grounded but also clinically meaningful.

Hence, establishing a standard cut-off for low self-comforting behaviours on the SCCS can be achieved through percentile-based or standard deviation-based approaches, both of which are well-supported by psychometric theory and previous literature. These thresholds, informed by normative data and validated against external criteria, offer a reliable framework for identifying individuals who may benefit from interventions to improve their coping strategies. Incorporating these methodologies, the SCCS serves as an effective tool for assessing and enhancing self-comforting behaviours across diverse populations.

Clinical and Research Applications

The SCCS scoring system facilitates the early identification of individuals who may be at risk for poor stress management and emotional dysregulation. By highlighting specific domains where an individual scores below the normative range, the scale allows clinicians and researchers to detect early signs of psychological vulnerability. This enables the implementation of targeted interventions, such as Cognitive Behavioural Therapy (CBT) or Mindfulness-Based Stress Reduction (MBSR) programs, both of which have demonstrated effectiveness in enhancing emotional regulation and adaptive coping mechanisms (Kabat-Zinn, 2003; Beck, 2011). Moreover, because the SCCS captures both cognitive and behavioural dimensions of self-comforting, it can also inform psychoeducational efforts, resilience training, and emotional skills development tailored to individuals' specific needs.

In longitudinal research designs, the SCCS provides a

stable and psychometrically sound metric for evaluating intervention efficacy over time. By tracking changes in domain-specific and overall scores pre- and post-intervention, researchers can assess the impact of psychosocial programs on key constructs such as self-compassion, stress tolerance, and emotional adaptability. The ability to quantify change across multiple dimensions of coping enhances the scale's utility across a wide range of contexts, including educational, occupational, clinical, and community-based settings (Freire et al., 2020; Moreno-Montero, Ferradás & Freire, 2024).

In applied settings, the SCCS scoring system offers a flexible yet robust framework for assessing self-comforting behaviours and adaptive coping strategies. For instance, a domain such as Coping Strategies—which includes items related to setting realistic goals and employing practical problem-solving approaches—can yield mean scores that provide granular insights into an individual's coping repertoire and the resources they are most likely to utilize under stress (Kavčič, Avsec & Kocjan, 2022; Zhang et al., 2024). Similarly, domains like Learning from Failure and Mindfulness and Acceptance offer valuable information about a person's ability to process setbacks constructively or maintain nonjudgmental awareness in the face of emotional distress—both critical components of emotional resilience.

By integrating these domain-level insights with the total SCCS score, practitioners and researchers can arrive at a comprehensive, individualized profile of coping abilities. This holistic evaluation not only supports diagnosis and treatment planning but also contributes to the theoretical understanding of self-comforting behaviours as multifaceted constructs embedded within broader frameworks of mental health, wellbeing, and adaptive functioning. The SCCS scoring system, therefore, stands as a versatile tool for identifying psychological strengths and vulnerabilities, enhancing both scientific inquiry and evidence-based practice.

CONCLUSION

The Self-Comforting and Coping Scale (SCCS) scoring system offers a standardized, theoretically grounded, and psychometrically robust method for evaluating individuals' self-comforting behaviours and adaptive coping strategies. By providing both domain-level and overall composite scores, the system allows for nuanced interpretation of specific behavioural tendencies, while maintaining coherence across diverse applications. The scoring protocol—grounded in established best practices for scale development—ensures clarity, reliability, and practical utility.

Key features such as reverse scoring for negatively valenced items, mean-based domain computation, and flexible but structured guidelines for missing data handling (e.g., the 80% completion rule) contribute to the psychometric integrity of the scale. These elements are essential for minimizing bias and maximizing the accuracy of results, particularly in research settings where data completeness is variable.

Moreover, the scoring system facilitates the identification of individual strengths and vulnerabilities in self-regulation, emotional resilience, and stress management—core constructs that are critical for mental health across populations. By enabling tailored feedback, the SCCS supports not only diagnostic and clinical decision-making but also program evaluation and outcome monitoring in longitudinal and intervention-based studies. Its adaptability for use in educational, clinical, occupational, and community contexts further underscores its practical relevance.

Importantly, the availability of standardized cut-off scores and interpretive norms enhances the scale's utility in early risk detection, personalized intervention planning, and cross-population comparisons. The SCCS scoring framework adheres to long-standing psychometric principles of validity, reliability, and interpretability, and aligns with contemporary approaches to psychological assessment that emphasize dynamic, behaviourally anchored constructs over static traits.

Thus, the SCCS scoring system is a critical component of the broader theoretical and practical contribution offered by the SCCS. It enables the systematic analysis of self-comforting behaviours, enhances the scale's utility in both applied and scholarly contexts, and ultimately contributes to a deeper understanding of how individuals manage adversity, regulate emotions, and foster wellbeing.

Conflicts of Interest

The author declares no conflicts of interest.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Acknowledgement

The author would like to acknowledge the management and technical staff of PENKUP Research Institute, Birmingham, United Kingdom for their excellent

assistance and for providing medical writing/editorial support in accordance with Good Publication Practice (GPP3) guidelines.

REFERENCES

Aliche, C.J., (2023). The mediating role of positive reappraisal and self-compassion on the relationship between mindfulness and posttraumatic growth in patients with cancer. *South African Journal of Psychology*, *53*(1), pp.111-123.

Beck, J.S., 2020. *Cognitive behavior therapy: Basics and beyond*. Guilford Publications.

Boateng, G.O., Neilands, T.B., Frongillo, E.A., Melgar-Quiñonez, H.R. and Young, S.L., 2018. Best practices for developing and validating scales for health, social, and behavioral research: a primer. *Frontiers in public health*, *6*, p.149. https://doi.org/10.3389/fpubh.2018.00149

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology, 56*(2), 267–283. https://doi.org/10.1037/0022-3514.56.2.267

Clark, L.A. and Watson, D., 2019. Constructing validity: New developments in creating objective measuring instruments. *Psychological assessment*, *31*(12), p.1412.

Compas, B. E., Connor-Smith, J. K., Saltzman, H., Thomsen, A. H., & Wadsworth, M. E. (2001). Coping with stress during childhood and adolescence: Problems, progress, and potential in theory and research. *Psychological Bulletin, 127*(1), 87–127. https://doi.org/10.1037/0033-2909.127.1.87

Cudeck, R. and Browne, M.W., 1983. Cross-validation of covariance structures. *Multivariate behavioral research*, *18*(2), pp.147-167.

Davis, M. H. (2017). Empathy: A social psychological approach. Routledge.

DeVellis, R. F., & Thorpe, C. T. (2021). *Scale development: Theory and applications* (5th ed.). Sage Publications.

Freire, C., Ferradás, M.D.M., Valle, A., Núñez, J.C. and Vallejo, G., (2016). Profiles of psychological well-being and coping strategies among university students. *Frontiers in psychology*, *7*, p.1554.

Gilbert, P., (2010). *Compassion focused therapy: Distinctive features*. Routledge.

Grossman, P., Niemann, L., Schmidt, S. and Walach, H., (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of psychosomatic research*, *57*(1), pp.35-43. https://doi.org/10.1016/S0022-3999(03)00573-7

Kabat-Zinn, J., (2003). Mindfulness-based interventions in context: past, present, and future. https://doi.org/10.1093/clipsy/bpg016

Kavčič, T., Avsec, A. and Kocjan, G.Z., (2022). Coping profiles and their association with psychological functioning: A latent profile analysis of coping strategies during the COVID-19 pandemic. *Personality and Individual Differences*, *185*, p.111287.

Keng, S.L., Smoski, M.J. and Robins, C.J., (2011). Effects of mindfulness on psychological health: A review of empirical studies. *Clinical psychology review*, *31*(6), pp.1041-1056. https://doi.org/10.1016/j.cpr.2011.04.006

Knekta, E., Runyon, C., & Eddy, S. (2019). One size doesn't fit all: Using factor analysis to gather validity evidence when using surveys in your research. *CBE—Life Sciences Education, 18*(1), rm1. https://doi.org/10.1187/cbe.18-04-0064

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.

Little, R.J. and Rubin, D.B., 2019. *Statistical analysis with missing data*. John Wiley & Sons.

Moreno-Montero, E., Ferradás, M.D.M. and Freire, C., (2024). Personal Resources for Psychological Well-Being in University Students: The Roles of Psychological Capital and Coping Strategies. *European Journal of Investigation in Health, Psychology and Education*, *14*(10), pp.2686-2701. https://doi.org/10.3390/ejihpe14100177

Neff, K. D. (2003). The development and validation of a scale to measure self-compassion. *Self and Identity, 2*(3), 223–250. https://doi.org/10.1080/15298860309027

Obohwemu, K.O., (2024). Protocol for a systematic review of self-comforting behaviours across theoretical frameworks: Examining patterns, mechanisms, and socio-cultural influences over 50 years. Journal of Social Sciences and Humanities Research Fundamentals, 4(06), pp.30-39.

Obohwemu, K.O., Yakpir, G.M, Koretaine, S., et al.,

(2024). Self-Comforting Behaviours across Theoretical Frameworks: A 50-Year Systematic Review of Patterns, Mechanisms, and Socio-Cultural Influences. The American Journal of Social Science and Education Innovations, 6(12), pp.51-177.

Obohwemu, K., (2025). Theory and psychometric development of the Self-Comforting and Coping Scale (SCCS): A novel measure of self-comforting behaviors. *Global Journal of Humanities and Social Sciences*, *4*(3), pp.6-22.

Schafer, J.L. and Graham, J.W., (2002). Missing data: our view of the state of the art. *Psychological methods*, *7*(2), p.147.

Worthington, R. L., & Whittaker, T. A. (2006). Scale development research: A content analysis and recommendations for best practices. *The Counseling Psychologist,* *34*(6), 806–838. https://doi.org/10.1177/0011000006288127.

Zhang, S., Rehman, S., Zhao, Y. *et al.* Exploring the interplay of academic stress, motivation, emotional intelligence, and mindfulness in higher education: a longitudinal cross-lagged panel model approach. *BMC Psychol* 12, 732 (2024). https://doi.org/10.1186/s40359-024-02284-6.

Appendix

Self-Comforting and Coping Scale (SCCS)

READ THIS FIRST:

We are interested in your opinion about self-comforting and coping strategies related to academic failure. The answers to these questions will help us improve how educational institutions can support students in developing constructive self-comforting methods for resilience in the face of academic setbacks.

Instructions: For each statement, please indicate the extent to which you agree or disagree by selecting the appropriate response.

Perceived Stress					
1. How often have you felt overwhelmed by emotional stress in the past month?	**Never**				**Very often**
	1	**2**	**3**	**4**	**5**
2. How often do you think about the negative consequences of failing at something important to you?	**Rarely**				**Always**
	1	**2**	**3**	**4**	**5**
Positive Affect (Self-Encouragement)					
3. To what extent do you engage in activities that bring you joy, relaxation, positive affirmations, or self-encouragement after facing challenges?	**Not at all**				**Very much**
	1	**2**	**3**	**4**	**5**
4. How frequently do you remind yourself of past successes to boost your confidence during challenging situations?	**Rarely**				**Frequently**
	1	**2**	**3**	**4**	**5**
Self-Compassion					

5. When things are going badly for you, how likely are you to practice self-compassion and reassure yourself that everyone faces challenges? **6.** How consistently do you treat yourself with the same kindness and compassion that you would offer to a friend going through a tough situation?	**Not likely** **Very likely** **1 2 3 4 5** **Rarely** **Always** **1 2 3 4 5**
Negative Affect	
7. How frequently do you experience negative emotions such as frustration or disappointment when confronted with failure? **8.** To what extent do these negative emotions linger and affect your overall mood?	**Rarely** **Always** **1 2 3 4 5** **Not at all** **Extremely** **1 2 3 4 5**
Coping Strategies	
9. When things are going badly for you, how often do you actively seek support from friends, family, mentors, or advisors to gain emotional support? **10.** Rate your tendency to set realistic goals and break down	**Rarely** **Always** **1 2 3 4 5** **Not at all** **Extremely**

large tasks into smaller, manageable steps to cope with emotional stress.	**1**	**2**	**3**	**4**	**5**
Learning from Failure					
11. How strongly do you view failures as opportunities to learn and improve your skills?	**Strongly Disagree**				**Strongly Agree**
	1	**2**	**3**	**4**	**5**
12. How often do you analyse the reasons behind your setbacks to identify areas for personal and professional growth without being too hard on yourself?	**Never**				**Always**
	1	**2**	**3**	**4**	**5**
Cognitive Reframing					
13. When things are going badly for you, how actively do you try to reframe negative thoughts into more positive ones?	**Strongly Disagree**				**Strongly Agree**
	1	**2**	**3**	**4**	**5**
14. To what extent do you try to see setbacks as opportunities for personal growth?	**Not at all**				**To a great extent**
	1	**2**	**3**	**4**	**5**
Mindfulness and Acceptance					

15. How often do you practice mindfulness techniques, such as deep breathing or meditation, to manage emotional stress? **16.** To what extent do you accept your failures without harsh self-judgment and focus on moving forward?	**Not at all** **Very often** **1 2 3 4 5** **Not at all** **Completely** **1 2 3 4 5**
Goal Adjustment	
17. To what extent do you adapt your goals in response to setbacks, setting more realistic expectations? **18.** How often do you find alternative paths to achieve your objectives when faced with obstacles?	**Not at all** **To a great extent** **1 2 3 4 5** **Rarely** **Very often** **1 2 3 4 5**
Personal Rituals	
19. How frequently do you engage in personal rituals or comforting activities to soothe yourself when things are going badly for you? **20.** Do you have specific routines or activities that help you cope with stress and negative emotions?	**Rarely** **Frequently** **1 2 3 4 5** **Not at all** **To a great extent** **1 2 3 4 5**
Visualization and Future Planning	

21. How vividly do you visualize yourself overcoming challenges and succeeding in the future?	**Not at all**				**Very vividly**
	1	**2**	**3**	**4**	**5**
22. How actively do you plan for future success, setting clear goals and strategies?	**Not at all**				**Very actively**
	1	**2**	**3**	**4**	**5**
Reflection and Journaling					
23. How frequently do you take time to reflect on your feelings and experiences related to failure through journaling or other forms of self-reflection?	**Never**				**Always**
	1	**2**	**3**	**4**	**5**
24. How frequently do you use writing as a tool to process and understand your emotions after encountering setbacks?	**Rarely**				**Frequently**
	1	**2**	**3**	**4**	**5**
General Wellbeing					
25. On a scale of 1 to 5, rate your overall sense of wellbeing despite life's challenges.	**Very poor**				**Excellent**
	1	**2**	**3**	**4**	**5**

The last questions are about you. Please check only one answer to each question.

26. How old are you?

- 18-29 years old
- 30 years or older

27. To which gender identity do you most identify?

- Male
- Female
- Transgender Male
- Transgender Female
- Gender Variant/Non-Conforming
- Not Listed
- Prefer Not To Answer

28. What is your current marital status?

- Single
- Married
- Living with a partner
- Widowed
- Separated
- Divorced

29. What is the highest level of education that you have reached?

- GCSE
- Certificate of Higher Education
- Diploma of Higher Education
- Some college, but not a graduate
- Bachelor's degree
- Master's degree
- Doctorate degree

30. What is your approximate annual household income?

- £20,000 or less
- £20,001-40,000
- £40,001-60,000
- £60,001 or more

31. What is your race/ethnicity? Please check all that apply.

- White British
- White Other
- Black British
- Black African
- Black Caribbean
- Black Other
- Asian Bangladeshi
- Asian Indian
- Asian Chinese
- Asian Pakistani
- Asian Other
- Chinese
- Mixed - White and Asian
- Mixed - White and Black African
- Mixed - White and Black Caribbean
- Mixed - other mixed background
- Other ethnic background
- Prefer not to say

Note: This scale is designed to assess your perceptions and behaviours related to life stressors (such as academic challenges). Your honest and thoughtful responses will contribute to a better understanding of coping mechanisms and self-comforting strategies.

Thank you!