Reconsidering Self-Love:
Development of a Model and a Questionnaire For Measuring a Controversial Construct

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„ONCE YOU ACQUIRE KNOWLEDGE, EVEN THOUGH YOU DIE TOMORROW AND DO NOT BECOME WISE IN THIS LIFE, YOU REGAIN IT IN FUTURE BIRTH"

Sakya Pandita, Written on the Walls of a Kindergarden
in a Refugee Camp, Nepal

„TO BEGIN WITH ONESELF BUT NOT TO END WITH ONSELF"

Martin Buber

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Chapter One

Introduction

Introduction

Self-love is a concept that evokes quite different, and even contradictory associations. Already throughout history, it has been controversially discussed by various philosophical thinkers. Thus, on the one hand, Plato (5th century BC) described self-love as the greatest evil, which keeps people from being good and just (Schmid, 2015). Calvin (*1509, †1564) went so far as to call self-love a pestilence (Fromm, 1939). Later, Kant (*1724, †1804) postulated that self-love is a tendency that makes moral action impossible (Kant 1785/2016). Opposing to that, Aristotle (4th century BC), Thomas Aquinas (*1225, †1274), Rousseau (*1712, †1778;) as well as Kierkegaard (*1813, †1855) discussed self-love more differentiated and also described positive forms of self-love (Gallagher, 1999; Lippitt, 2013; Neuhouser, 2012). Specifically, Aristotle used the term *philautia* – which can be translated as self-love or self-friendship – in his Nicomachean Ethics and expressed the need to show affection for oneself (Aristotle, 2013). Within "Thus Spoke Zarathustra" Nietzsche (1892/2006) attested: “You cannot stand yourselves and do not love yourselves enough” (p. 45). Of course, self-love has also has been discussed in religions such as Christianity (e.g., Fairchild, 1978; Weaver, 2002).

But why is self-love met with so much skepticism? The reason for this could be, on the one hand, a different understanding of the concept of man, which varies according to religious, philosophical or cultural backgrounds (Solimar, 1987): A benevolent attitude toward the self appears reasonable in the light of a positive image of human. However, if understanding the self as a fundamentally evil being like in the theory of Kant and Calvin (Fromm, 1939) it seems plausible to condemn an affection for the self. Consequently, love towards oneself is defined as a sin and “can never be a virtue” (Fromm, 1939, p. 2). On the other hand, skepticism about self-love can also be due to comprehending love as something limited. Thus, some may assume a constant level of love (respectively libido) that must be conscientiously distributed (Bucay, 2004, 2013, 2016; Schrader, 2016). Consequently, self-love and love for others are understood as opposing (Bucay, 2004, 2013, 2016; Fromm, 1939, 1956/2013; Schrader, 2016), and moreover, as mutually exclusive: “The more love I turn toward the outside world the less love I have for myself, and vice versa” (Fromm, 1939, p. 7). Thus, to the extent that one loves oneself, one does not love others. Another reason for the poor

reputation of self-love might be traced back to the widely held doctrine “Don't be selfish”, described by Fromm (1939). Used in all contexts where social influence was conceivable (e.g. school and family) this call included the claim to follow the rules of parents, teachers, and generally authorities. Renunciation is valued as something virtuous: “The appeal for unselfishness is the weapon to make the average individual still more ready to submit or to renounce” (Fromm, 1939, p. 18). Thus, only those aims and actions were considered socially valuable which did not serve one's own interests, but those of others or society at large.

Quite in contrast to the reservations about self-love described above, Erich Fromm (*1900, †1980), psychoanalyst, sociologist and great humanist of the 20th century, placed special emphasis on demonstrating the importance of self-love for the individual and society as a whole. He invalidated the above described understanding that it is not only possible but desirable to give love only to other people and not to oneself: “Not only others, but also we ourselves are the ‘object` of our feelings and attitudes; the attitude towards others and toward ourselves, far from being contradictory, runs basically parallel” (Fromm, 1939, p. 7). Thus, self-love and love for others are not competing but go hand in hand with each other. With other words: Self-relation and object-relation correspond and correlate (Fromm, 1939). Fundamentally, Fromm (1956/2013) pointed out how important it is to differentiate self-love from narcissism: He described that self-love and narcissism are “far from being identical” (Fromm, 1956/2013, p. 81). Specifically, narcissistic symptoms represent the result of a missing experience of the feeling of being wanted, cherished, and confirmed (Funk, 2018). Consequently, narcissism can be understood as a compensatory reaction of missing self-love (Fromm, 1939). Hence, narcissism does not imply too much, but actually too little self-love (Fromm, 1956/2013). Here, it is important to note that Fromm (1939) postulated that self-love is a prerequisite for being well and inherently connected to asserting one’s whole personality with its intellectual, emotional, and sensual qualities (Fromm, 1939).

Despite the fact that Fromm has written extensively about the importance of self-love and its distinction from narcissism, these considerations have hardly been incorporated into academic research. Already in 1939 Fromm formulated: “It would be surprising if one would not find the same

doctrine [equating self-love with narcissism] also in scientific psychology" (p. 6). Until today – more than 80 years later – his assessment proves to be surprisingly accurate: Academic research has largely neglected the investigation of self-love. This is in strong contrast to narcissism which has been extensively examined in science. Although self-love appears to be investigated in various papers since the term is used in the title, the vast majority of these studies operationalized self-love through narcissism or self-esteem (Bushman & Baumeister, 1998, 2002; Campbell, Foster, & Finkel, 2002; Campbell, Rudich, & Sedikides, 2002; Cichocka et al., 2016, 2017; Davis & Marsh, 1986; He & Zhu, 2016; Hwang & Kim, 2015; Peterson & DeHart, 2014). In fact, there are only four studies – all dissertations – that explicitly investigated self-love with the aim to generate a theory on self-love (Orbanic, 2001; Patrick, 1982; Solimar, 1987; Vadjed Samiei, 2015). However, these studies are characterized by considerable inconsistencies in content and methodological limitations.

With this dissertation, I try to contribute to fill this gap and to make self-love a comprehensive subject of scientific research. As a starting point, this requires a definition of self-love as well as a questionnaire to measure the construct. Thus, the first objective was to propose a model of self-love: Therefore, I conducted a qualitative study and examined self-love and its components, and further validated and systematically modified the results. This study is presented in chapter 2. Based on three further studies, I constructed a valid and psychometrically sound measure of the construct basing it on the proposed self-love model which is presented in the third chapter.

Accordingly, this doctoral thesis contains two main chapters that are self-contained individual papers. The second chapter, proposing a model of self-love, is accepted for publication as a peer-reviewed paper in the Journal The Humanistic Psychologist and is presented here in its original form. The third chapter, proposing a scale to measure self-love, will also be submitted to peer-reviewed journals. The dissertation was written in English to allow for a larger reading audience, nevertheless, the items of the self-love questionnaire were written in German. Please note, that some textual redundancy between the chapters of this dissertation was inevitable. References and appendices are listed individually after each chapter. Within the fourth and final chapter, I conclude my thesis by summarizing the findings and embedding self-love in a larger context.

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Chapter Two

What Is Self-Love?

Redefinition of a Controversial Construct

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What Is Self-Love?

Redefinition of a Controversial Construct

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Abstract

Self-love is a controversial construct: Throughout history, views on self-love have been polarized as "good" (associated with well-being and health) versus "bad" (associated with narcissism and selfishness). Although predominately equated in academic literature, self-love and narcissism are in fact opposites. However, there is a lack of adequate research, debate, and empirical work on the construct of self-love and its contributing factors. We attempted to address the limitations of previous studies and aim to propose a methodologically sound model of self-love. Arguing that psychotherapists benefit from a broad and differentiated understanding of self-love, we administered 13 semi-structured interviews with regular psychotherapists, psychotherapist authors of books or journal articles on self-love, and psychotherapists/coaches with long experience in group work on self-love. Interview questions focused on specifying self-love and its components. An inductive thematic analysis yielded a preliminary model with three main themes: (a) self-contact, defined as giving attention to oneself, (b) self-acceptance, defined as being at peace with oneself, and (c) self-care, defined as being protective of and caring for oneself. We first validated the findings with the same sample of experts and then assessed our preliminary model's consistency with the existing literature and its comprehensiveness, before augmenting and modifying the model to arrive at a final model of self-love. The relationships with other self-related constructs such as self-compassion and self-esteem are further examined. Results shed new light on the construct and provide a basis for further research examining the link between self-love, psychological health, and well-being.

Keywords: self-love, self-contact, self-acceptance, self-care, narcissism

What Is Self-Love? Redefinition of a Controversial Construct

My own self must be as much an object of my love as another person.

Fromm, 1956/2013, p. 80

The Controversy of Self-Love

Throughout history, scholars have tended to hold polarizing views on self-love as either good or bad. Self-love has been considered something valuable and necessary (Solimar, 1987), which is associated with well-being and health (Orbanic, 2001; Patrick, 1982; Solimar, 1987; Vadjed Samiei, 2015). Moreover, it is understood as a virtue and strength, fostering personal development (Patrick, 1982), and is put on the same level as love of others (Fromm, 1956/2013). Yet self-love has also been associated with narcissism, selfishness, and egocentricity and considered a vice or weakness (Orbanic, 2001; Patrick, 1982; Solimar, 1987; Vadjed Samiei, 2015). The opposing views are rooted in different definitions of either the self (Solimar, 1987) or love (Patrick, 1982). These contrasting positions exemplify the controversial view of self-love that still holds today.

Moreover, there is a potential pitfall of comprehending different forms of love as exclusive and not as parallel phenomena. Negative views of self-love may be based on an understanding of self-love and love for others as conflicting opposites and mutually exclusive (Fromm, 1939). Consequently, the extent to which one would love oneself is equal to the extent to which one would not love the other, which amounts to a choice between loving either the self or the other (Fromm, 1939). This view suggests a closed system with a constant and limited amount of love (Schrader, 2016). However, as Fromm (1939, 1947, 1956/2013) described, love of the self and love of others are not alternatives. “Not only others, but we ourselves are the ‘object’ of our feelings and attitudes; the attitudes toward others and toward ourselves, far from being contradictory, are basically conjunctive” (1947, p. 129). Hence, understanding different forms of love as excluding also contributes to skepticism toward self-love.

Self-Love Is Not Narcissism

Often, narcissism and self-love are not clearly distinguished: "This lack of distinction between self-love and selfishness is one of the reasons why the concept of self-love has not received much attention in the literature on human and social motives" (Rocha & Goshal, 2006, p. 601). In fact, they are distinct and opposites (Fromm, 1939; Irvani, 2007; Schrader, 2016; Son, 2006).

The *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*; American Psychiatric Association, 2013) defined the essential feature of a narcissistic personality disorder as "a pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy" (p. 669). Individuals diagnosed with this disorder have a "grandiose sense of self-importance" (p. 670), are often "preoccupied with fantasies of unlimited success" (p. 669), believe in their superiority, require extreme admiration, and expect "especially favorable treatment" (p. 670). Furthermore, they tend to exploit others, are envious "or believe that others are envious of them" (p. 671), and show arrogant behaviors or attitudes. Subclinical narcissism as a personality trait is commonly measured by the Narcissistic Personality Inventory (NPI), comprising the subscales Authority, Self-Sufficiency, Superiority, Exhibitionism, Exploitativeness, Vanity, and Entitlement (Raskin & Hall, 1979; Raskin & Terry, 1988). Empirical research has shown that the NPI total score is correlated with adaptive as well as maladaptive content (Pincus & Lukowitsky, 2009): For example, high NPI scores are associated with aggression, garnering of admiration, and less agreeableness but also with high approach motivation as well as less depression (Brown et al., 2009; Bushman & Baumeister, 1998; Foster & Trimm, 2008; Paulhus & Williams, 2002; Twenge & Campbell, 2003; H. M. Wallace & Baumeister, 2002).

There are different etiological models of narcissism from various psychotherapeutic approaches, for example, psychodynamic theories, such as Freud's (1914), social learning theories, such as Millon's (1969, 1998), and interpersonal theories, such as Benjamin's (2002). Fromm (1939, 1956/2013) put great value on differentiating between self-love and narcissism and stated that narcissism is based on a lack of self-love. Funk (2018), Fromm's literary executor, suggested that one may assume that the less experiences during childhood and adulthood contribute to a feeling of being

wanted, cherished, and confirmed, the more fragile and dependent one becomes on praise and acknowledgement. Consequently, narcissistic symptoms represent the result of a maladaptive processing of devaluation (Funk, 2018). Therefore, narcissism can be understood as a compensatory reaction to lacking self-love (Fromm, 1939). Hence, narcissistic people do not love themselves too much, but too little (Fromm, 1956/2013).

Why Is Self-Love Important?

Various leading thinkers of different theoretical and historical backgrounds have emphasized self-love and stressed its importance over the centuries. That is, self-love can be seen against the background of humanistic psychology, existential psychotherapy, and philosophy, as well as different theologies and even poetry (see Irvani, 2007). Nowadays, there is a vast amount of self-help literature (e.g., Betz, 2016; Lehofer, 2017; Tischinger, 2017) and psychotherapeutic specialist literature (e.g., Essen, 2016; Gilligan, 1997) promoting the value of self-love.

Throughout the different backgrounds, self-love is described as highly beneficial to psychological health. Specifically, self-love is seen as a crucial resilience factor in preventing psychological diseases (Schrader, 2016; Solimar, 1987) and emotional imbalances (Solimar, 1987). Self-love is further characterized as a prerequisite of being well (Fromm, 1939). Consequently, lacking self-love can cause depression and anxiety, as well as inauthenticity and guilt (Irvani, 2007; Solimar, 1987). Further, as self-love is described as having a healing impact (Irvani, 2007; Orbanic, 2001), some psychotherapy approaches aim at strengthening self-love (Gilligan, 1997). Especially in terms of aging, self-love is a necessary and essential resource when one is faced with lessening functionality and loss (Schrader, 2016).

Above all, given the broad benefits, self-love has been an object of interest for centuries and nowadays is gaining more and more popularity: “One has only to look on the shelves of any large bookstore or on the Internet to see a large selection of individuals and organizations promoting the importance of achieving self-love” (Campbell & Baumeister, 2003. p. 437).

Status Quo in Self-Love Literature

Although there seems to be agreement on self-love as a crucial contributing factor to maintaining and preserving psychological health, an adequate definition of self-love is still missing. So what is it, actually, when we speak of self-love? The terminology in the literature on self-love is diffuse and inconsistent. Moreover, in academia, research on self-love remains rare (Vadjed Samiei, 2015). In the following, we first give an overview of the different contexts in which theories of self-love are discussed. Second, we present the diverse operationalizations of self-love in empirical research.

Theoretical Literature

Over the centuries, various thinkers, including Thomas Aquinas (Gallagher, 1999), Rousseau (Kruglanski et al., 2013; Schmid, 2015), Kierkegaard (Lippitt, 2013), and Nietzsche (1892/1961), have examined the nature and necessity of self-love. Aristotle and Seneca specifically discussed self-friendship (Schmid, 2015). Further, self-love has been discussed in religions such as Christianity (e.g., Fairchild, 1978; Weaver, 2002). Fromm (1956/2013) argued that self-love is one of five forms of love: motherly love, brotherly love, erotic love, love for God, and love for the self. Irrespective of the form, productive love is characterized by care, respect, responsibility, and knowledge (Fromm, 1956/2013). Love is thereby not a passive affect but an active striving for happiness, growth, and freedom (Fromm, 1956/2013). As oneself is inherently part of one's love, self-love means the affirmation of one's own life and one's happiness, growth, and freedom (Fromm, 1939, 1956/2013). Nowadays, psychotherapeutic specialist literature (e.g., Essen, 2016; Gilligan, 1997), academic articles (e.g., Jabbarian, 2018; Stelzig, 2017), and self-help-literature (e.g., Betz, 2016; Lehofer, 2017; Tischinger, 2017) offer a broad range of interventions to strengthen self-love, yet without providing a concrete definition of it or a clear distinction of its antecedents and consequences. Also, it seems to be popular wisdom that self-love is a prerequisite of loving others (Campbell & Baumeister, 2003).

Empirical Literature

In academia, research on self-love remains rare: "There is a lack of adequate research on the topic of self-love and the factors that construct this concept" (Vadjed Samiei, 2015, p. 1). Although a

number of papers seemed to address self-love by including it in the title, the vast majority of these works operationalized self-love through narcissism and self-esteem. Some researchers focused their attention on the link between narcissism or self-esteem and aggression (Bushman & Baumeister, 1998, 2002), conspiracy beliefs (Cichocka et al., 2016), love styles (Campbell, Foster, & Finkel, 2002) or self-views (Campbell, Rudich, & Sedikides, 2002). Other work examined how narcissism is related to bulimia (Davis & Marsh, 1986), self-efficacy and buying behaviors (Hwang & Kim, 2015), social dominance orientation (Cichocka et al., 2017), empathy and altruism (He & Zhu, 2016), or romantic relationship conflict (Peterson & DeHart, 2014), yet all declared narcissism as self-love. In contrast, Casado Pérez (2018) identified self-love as a resistance strategy. Some research discussed self-love in terms of self-interest (Rocha & Ghoshal, 2006) and equated it with self-preference (Gebauer et al., 2012).

Studies Specifically Investigating Self-Love. To the best of our knowledge, there are only four studies—in fact, all dissertations—that explicitly examined self-love with the purpose of generating a theory on self-love (Orbanic, 2001; Patrick, 1982; Solimar, 1987; Vadjed Samiei, 2015). Interestingly, Patrick (1982) was the only one among these who attempted to operationally define self-love and developed an instrument to measure it. In the following, we first describe the existing studies, then discuss commonalities and differences in their findings, and finally argue their limitations.

Solimar (1987) chose an existential-phenomenological approach to investigate the nature of self-love by identifying its core constituents. She aimed to describe the "actual, existential experience of love for self" (p. 70). She constructed a questionnaire and asked participants (N = 112) to recall an experience in which they felt love for themselves and to describe that situation. Through extraction of self-love-related expressions, their integration, and consolidation, she defined self-love as "an emotionally embodied experience of well-being, gladness, self-confident motivation and unconditional acceptance and validation of self, other, and life; it is an experience of greater inner potential and wholeness based on an expanded sense of self-identity" (p. 115).

Orbanic (2001) used an "interpretative phenomenology framed by existential-holistic perspectives of human being" (p. 178) to investigate women's experience of self-love specifically in healing from bulimia. Interviews were conducted with eight women who reported that self-love contributed to their recovery from bulimia. Her participants were asked to write about, draw, or incorporate other expressive media to convey their experiences of self-love in healing. Orbanic (2001) described self-love as a dynamic and holistic phenomenon, defined as "self-acceptance, valuing self and an unconditional positive regard toward self" (p. 1).

Patrick (1982) attempted to conceptually and operationally define self-love. After giving a historical overview of self-love literature, he proposed a definition, yet without providing a systematic and comprehensible method. He defined self-love with "intuitive sense" (p. 49) as a meta-concept involving interworking affective, behavioral, and cognitive processes. "Self-love can be viewed as the process which ties these concepts together allowing them to be actualized into one phenomenological felt whole experience" (Patrick, 1982, p. 70). According to him, six processes are involved in the self-love experience: self-attachment, self-affection, unconditional positive self-regard, self-worth, self-knowing, and self-care. Self-love must involve all six components. As they are multiplicatively connected, one lacking component would result in dissolving other components and the whole self-love experience. Using this definition, Patrick developed a questionnaire with a final version of 45 items (see below).

Vadjed Samiei (2015) conducted five interviews with psychologists who had clinical experience as well as a literature review to define "authentic self-love" (p. 45) and discuss its contributing factors. Surprisingly, she did not provide her analytical approach but just reported her conclusion that "authentic self-love encompasses concern and warmth toward oneself, along with a very deep capacity to acknowledge, understand and accept various aspects of oneself, including the parts that are not always apparent (the suppressed parts) or the parts that might be painful to closely look at" (p. 45).

Three of the four studies (Orbanic, 2001; Solimar, 1987; Vadjed Samiei, 2015) postulated self-acceptance as a core component of self-love. This entails an acceptance of all aspects of the self, including the suppressed parts. Beyond that, there is little consensus on the additional factors that contribute to self-love. In fact, each definition comprises a diverse set of many partially different components. Specifically, self-love is partly regarded as a holistic human phenomenon (Orbanic, 2001), as an experience of self-realization (Orbanic, 2001), and as wholeness and an expanded sense of self (Solimar, 1987). In contrast, self-love is also defined as a form of self-evaluation, such as acknowledging the self (Patrick, 1982; Vadjed Samiei, 2015). Interestingly, none of the results of three qualitative dissertations (Orbanic, 2001; Solimar, 1987; Vadjed Samiei, 2015) are characterized by a distinction of affection, behaviors, and cognition, in contrast to Patrick's (1982) account. Some see well-being as a component of self-love (Solimar, 1987) as well as kindness, compassion, and concern for oneself (Vadjed Samiei, 2015). Only one study highlighted a strong connection to the body, whereby self-love was described as an emotionally embodied experience (Solimar, 1987).

In sum, the four studies differ in their approaches and objectives. They are characterized by a number of limitations: After a nonsystematic literature review, Patrick (1982) based his definition merely on intuition. To the best of our knowledge, his scale was the only empirical attempt to operationally define self-love, but it did not get used in further research, possibly because of several methodological limitations: He included an original set of 67 items that reflected the cognitive, affective, and behavioral aspects of his model, but he had only a small total sample of $N = 106$. To present a final self-love scale, items were eliminated if the interitem correlation and item-total correlation were lower than $r = .35$, and if items loaded with $r \leq .35$ on the first factor—yet he did not perform factor rotation in the factor analysis. He conducted only one single study to develop the questionnaire, thus forgoing further studies and validation assessment. Unlike Patrick's (1982) procedure, Solimar (1987) and Orbanic (2001) investigated the experience of self-love using a phenomenological approach, collecting data from laypeople, including women healing from bulimia. In contrast, Vadjed Samiei (2015) compiled interviews with experts such as psychologists to define

authentic self-love. It is to be expected that experts exhibit more reflective capability than laypeople, can express themselves more precisely, and are able to differentiate narcissism from self-love. Because of their occupation, they should have a more extensive understanding of self-love than laypeople with mainly subjective experiences. Despite these potential advantages, the sample of Vadjed Samiei (2015) was rather small with $N = 5$ and importantly, she did not provide any systematic analysis of her data.

Toward a Model of Self-Love

As has become clear, there are very few studies that sought to explicitly examine the concept of self-love. Additionally, these studies are characterized by a number of methodological limitations (see above). Moreover, the majority of studies that tried to address self-love defined and operationalized it as narcissism and self-esteem (Bushman & Baumeister, 1998; Bushman & Baumeister, 2002; Campbell, Foster, & Finkel, 2002; Campbell, Rudich, & Sedikides, 2002; Cichocka et al., 2016, 2017; Davis & Marsh, 1986; He & Zhu, 2016; Hwang & Kim, 2015; Peterson & DeHart, 2014). Taken together, existing self-love studies widely disagree on definitions and contributing factors. To overcome these limitations and to propose a methodologically sound model of self-love, we collected data from a bigger and more diverse expert sample. We therefore conducted semi-structured interviews with regular psychotherapists, psychotherapist authors of books or journal articles on self-love, and psychotherapists/coaches with long experience in group work on self-love. In addition, we validated the results of our qualitative analysis with the experts' plausibility ratings (quantitative validation) and their proposals for additions or changes (qualitative validation). This procedure enabled us to capture the breadth of expert knowledge and yielded a preliminary model. In a third and final step, we assessed our preliminary model’s consistency with the existing literature and its comprehensiveness, augmenting and modifying the model to arrive at a final model of self-love.

Method

Participants

We recruited 13 experts for our research sample: regular psychotherapists (*n* = 7), psychotherapists having authored a book or journal article on self-love (*n* = 4), and psychotherapists/coaches with long experience in group work on self-love (*n* = 2). Experts were included in the recruiting process when they fulfilled one or more of these criteria. The sample comprised seven women and five men. They were trained in different therapeutic approaches such as psychodynamic psychotherapy, cognitive psychotherapy, and humanistic psychotherapy, and some also had degrees in multiple approaches. Participants practiced in Switzerland, Germany, Austria, and the United States.

Procedure

Ethical approval was granted by the accredited ethics committee. Potential interview partners were invited for an interview via e-mail, and the study was described as an exploration of self-love. As an incentive, we offered a summary of the qualitative analysis of all the interviews. The semistructured interviews were carried out in German or English and ranged between 1 and 2 hr. Eleven interviews were conducted either in the participants' private practice or at seminars or conferences in which they took part or hosted, at the participants' convenience. Two interviews were carried out via telephone and video calling. Written informed consent was requested prior to the interview. All interviews were conducted, recorded, and transcribed by the first author of this paper between June and November 2017. Due to technical problems, there was one dropout, so the final sample size was *N* = 12. The interview covered four general domains: After an introduction where participants were asked to think of a person with a lot of self-love, they were asked (a) to give a detailed description of self-love and its components, (b) to describe also the opposite of self-love, (c) to describe how to identify self-love and the absence of self-love in behavior, and (d) to suggest how people high and low on self-love would describe themselves. Central to all interviews were detailed descriptions of self-love.

Analysis

To elaborate a conceptualization of self-love, we performed a thematic analysis (Braun & Clarke, 2006) for each interview. Our theoretical framework was an essentialist/realistic approach as we sought to theorize on the meaning in a straightforward way, because we assumed a largely unidirectional relationship between meaning, experience, and language (Braun & Clarke, 2006). After generating initial codes in a bottom-up process, we collated codes addressing similar content. We revised the coding structure iteratively until no adaptations and new codes needed to be generated. This allowed us to build themes that we iteratively reviewed and refined. Here, we set the prevalence criterion that the same code had to be generated in at least two interviews to be integrated in a theme. To present interview extracts, we assigned each expert a number (e.g., E 1).

Expert Validation

After analyzing the data, we sent a summary of the analysis to all 12 interview partners. They were kindly asked to rate the plausibility of the analysis on a scale of 0 (very implausible) to 10 (very plausible) as a quantitative validation and, if possible, to give suggestions for additions or changes (qualitative validation). In total, nine experts replied, and six sent the requested information. Results were analyzed on the basis of four criteria: If the comments (a) merged with existing themes, (b) described how themes reinforce each other, (c) referred to constructs other than self-love, or (d) pointed out philosophical questions, they were not integrated into the results. Otherwise, comments were added, yielding a preliminary model.

Derivation of the Final Model

As a third and final step, we analyzed the thematic analysis and expert validation findings to derive a final model of self-love. We examined whether the different dimensions of each theme were sufficiently distinctive, checked for consistency with the literature corresponding to these dimensions, and examined the comprehensiveness of the model, in an iterative procedure. On the basis of the results of these deliberations, we modified the preliminary model accordingly.

Themes and Codes

Our analysis yielded three main themes: (a) self-contact, (b) self-acceptance, and (c) self-care. Being in contact with oneself was described as being aware of and giving attention to oneself. Self-acceptance entails being at peace with oneself and accepting oneself the way one is. Finally, self-care is defined as being protective of and caring for oneself. Themes with their respective codes are presented in Table 1 and discussed in detail below. First, we illustrate the results of the thematic analysis, which is complemented by the results of the expert validation. The six experts who filled in the respective quantitative scales (from 0 = *very implausible* to 10 = *very plausible*) rated the plausibility of our analysis as very high (M = 9.08, SD = 1.02). Finally, we outline codes that we discarded for not satisfying our prevalence criterion that each code had to be generated in at least two interviews.

Table 1

Complete Set of Themes Identified Through Thematic Analysis With Respective Codes

Theme 1: Self-Contact	Theme 2: Self-Acceptance	Theme 3: Self-Care	Theme 4: Attitude	Theme 5: Self-Kindness	Theme 6: State
To perceive oneself (*n* = 6)	To accept oneself (*n* = 6)	To take care of oneself (*n* = 9)	SL as attitude (*n* = 6)	SL is self-kindness (*n* = 5)	SL is phasic (*n* = 11)
To encounter oneself (*n* = 4)	To accept one's limitations (*n* = 4)	To treat oneself (*n* = 6)			SL is learnable (*n* = 6)
To know oneself (*n* = 3)	To admit to being aggressive and judgmental (*n* = 2)	To look after oneself when suffering (*n* = 4)			SL is a conscious choice (*n* = 2)
	To welcome all emotions (*n* = 2)	To shape relationships (*n* = 2)			SL is different in difficult times (*n* = 2)
	No fighting (*n* = 1)[a]	To do what makes one happy (*n* = 2)			
	Fluid sense of self (*n* = 1)[a]	To keep one's space (*n* = 1)[a]			
	To accept one's strengths (*n* = 1)[a]	To celebrate life (*n* = 1)[a]			
		To take actions (*n* = 1)[a]			
		To nourish oneself intellectually (*n* = 1)[a]			

Note. SL = self-love; *n* = number of interviews in which code was generated.

[a] These codes were not included in the themes due to the prevalence criterion (the same code had to be generated in at least two interviews)

Self-Contact

The interview partners described self-contact, that is, attention to and awareness of oneself, as a component of self-love. We identified three codes that characterize self-contact: (a) to perceive oneself, (b) to encounter oneself, and (c) to know oneself.

To Perceive Oneself

Six experts defined having a perception of oneself as a constituent of self-love. “What do I mean by self-love? It is really something where the person, man, woman or others come into contact with themselves, with what is experienced inside, about what I am, how I find, what I don’t like” (E 5). Thus, perceiving oneself encompasses “mindfulness” (E 11, E 12) and “attention” (E 12) of oneself: “This attention, this mindfulness, is all about noticing it all, what is good for me and what is not?” (E 9). A person with self-love has “somehow good access to himself” (E 6). Further, experts emphasized a perception of the body: They expressed how important it is to notice physical sensations and sense the body, “to perceive it really completely as a sensation in the body: This is a pressure, here is a pulling, there is a heat, there is a pulsation or swirling or whatever. And to notice that as a physical perception” (E 9).

To Encounter Oneself

The inner interaction with oneself was described as central for self-love by five experts: “So if I am not, so to speak, in exchange with myself, then it becomes difficult” (E 12). Here, the body was emphasized again: “Including the dialogue with the body, that one listens to what it has to tell” (E 12). Encountering oneself entails questioning and being in dialogue with oneself, as a number of interview partners described:

> The part, where I specifically fear something and pay attention at all. So, not to turn around, not to always run away and but to say: Yes, what is it that I fear? What am I afraid of, what could happen? One also has to look at it carefully, I would say, so that you can take the spell of running away and look: Ah, I`m afraid, that… (E 5)

> So, this asking oneself over and over again: What do I want at all? And why did I react there? What is actually important to me? And so, so this, this self-dialog, I would consider it as fundamental, from my point of view. (E 12)

Assuming that the self consists of multiple inner parts, one may encounter inner parts that vary and contradict, as E 13 described: "So, self-love would be how you are regarding all this multiple, contradictory, messy intense stuff that is coming through you and over". E 13 further described metaphorically how these inner parts could differ and suggested that self-love means keeping in touch and balancing them like "a good meal" or "a good poem":

> And the sense of self-love is about a resonant connection between the multiple contradictory parts of the self. It is, human beings are multiple contradictory identities, simultaneous identities. I love you, I hate you, I want to connect with you, I am too shy to do it and so the motion of the self is the space that is able to hold the contradictions. And actually, put them together like a sports team or a musical group where they are harmonized together—or a good meal, or a good story, or a good poem. That`s what we call aesthetic intelligence. How are these different pieces aesthetically fitting together to create a poem? So, I think self-love practically is something about finding a way to include and balance the multiple and contradictory aspects of oneself. (E 13)

To Know Oneself

Three experts expressed that it is part of self-love to have a knowledge of one's limitations, but also of one's strengths: "Then I think, a certain knowledge of one's own strengths, what one may be good at, is part of it" (E 7). Also, that "one knows what would do good for one" (E 5).

Expert Validation

Because of the experts' feedback, we added three complements: The need to pay attention to one's body and physical constitution was a focus in the interviews, but we added the perception of one's emotions and cognitions. Moreover, we complemented being in contact with conscious aspects of oneself with being in contact with unconscious aspects. Third, we added the quality of nonjudging self-contact, as experts highlighted its importance.

Self-Acceptance

Six interview partners described self-acceptance and being at peace with oneself as an inherent dimension of self-love: “To accept oneself the way one is, even if you know for sure that you don’t please everybody or that everything is great, because nobody is perfect” (E 6). A person with self-love “is—often—at peace with himself” (E 10). This also includes being at peace with the body:

> And I see this also very often with patients, for example that they reject certain body parts and say: `Yes, with my face and so...’ or ‘I am not feminine enough or not masculine enough’ or things like that. Also, it has a lot to do with sexuality, I think. Because self-acceptance through the body, I find that to be a very, very important point. (E 7)

In addition, we identified three codes that describe specific facets of self-acceptance: (a) to accept one’s limitations, (b) to admit to being aggressive and judgmental, and (c) to welcome all emotions.

To Accept One’s Limitations

Four experts described the importance of accepting one’s shortcomings and flaws: “Weaknesses, which were given to one, that one accepts oneself this way” (E 1). This includes an acceptance of parts “that one may has fought against earlier, where one would have preferred to be different” (E 7). Further, E 13 claimed an acceptance of one’s flaws stemming from the constant gap between the ideal and the actual self:

> I think that is a big part of self-love, where you see that you are a fundamentally flawed person. … So, no matter how perfect you try to be on any dimension you always gonna fall short. It is again, that gap between the ideal and the actual. (E 13)

To Admit to Being Aggressive and Judgmental

Two experts highlighted that self-love does not mean the absence of aggression, self-hatred, shame, or judgment: “But that doesn’t mean that one cannot really condemn something or find it bad” (E 6).

> Self-love is not the complete absence of self-hatred, that would be unrealistic, yes, the complete absence of aggression. Of course, there are moments and situations where one is angry and ashamed of oneself—terrible—and of course one makes mistakes and does things wrong, there is no way to prevent that. But that`s rather the question, can you admit to yourself that this belongs to me as well, right? (E 12)

To Welcome all Emotions

Two experts argued that self-love entails welcoming every emotion: "And when I no longer say: 'This is the welcome and that is the unwelcome feeling—but simply everything is welcome" (E 9). Also, E 7 proposed welcoming all experiences instead of cultivating an ideal self-image:

> So, this strong cleavage, between how I experience myself—so inferior, bad, deficient, sinful, and so on. And the way I should be, so perfect and so on. And for me, self-love in the best sense, does not mean cultivating these ideals. (E 7)

Expert Validation

Again, the experts suggested in the validation phase to add unconscious parts as well as to differentiate between emotions, cognitions, and the body. Consequently, self-acceptance encompasses conscious and unconscious parts at the same time. The body and emotions were already explicitly mentioned in the interviews, so we needed only to add the acceptance of cognitions.

Self-Care

Nine experts described self-care as a constituent of self-love: "Self-care is actually one aspect of [self-love]. That's the way it is anyway" (E 12). E 6 described: "I understand by self-love, if someone treats himself with care". Experts stated that this entails "that I am also careful with myself" (E 2) and that one is protective of oneself and takes care of oneself in an active behavioral way. This also includes "to treat my body simply with care" (E 3). That is, taking physical needs seriously and doing enough "sport or exercise" (E 5). We additionally identified four codes that characterize specific facets

of self-care: (a) to treat oneself, (b) to look after oneself when suffering, (c) to shape relationships, and (d) to do what makes one happy.

To Treat Oneself

Six experts stressed how important it is to treat oneself: "That I also treat myself to things that I know are good for me" (E 3). This implies that the range of activities or treatments can be vast and very individual. E 2 gave the example of work-life balance: "That one also treats oneself to something, that one doesn't have the feeling that one has to work like a horse". Further, as E 12 described:

> Being able to afford certain things is also an aspect of [self-love]. So not in terms of, let`s say riches. But somehow knowing I don't have to somehow turn every Euro around. I think so, I don't have to save a lot, be picky, I have the feeling I can treat myself to what I really want. (E 12)

To Look After Oneself When Suffering

Four experts argued that being kind to oneself in times of suffering is part of self-love. This entails "comforting oneself" (E 6), "being able to be kind towards your suffering" (E 13), and "forgiving oneself" (E 5). E 12 further described a self-devotion in critical moments: "But of course it also has to be included [to self-love], can I encourage myself if I got frustrated, if my wishes are not fulfilled, if I get disappointed, yes, like this. Can I then comfort myself?".

To Shape Relationships

Two experts stated that shaping social relationships in a way that they are wholesome is part of self-love. E 4 described being conscious in relationships: "How do I design my social contacts? Do I meet… Who am meeting? How important is that to me?". E 6 added "being able to demarcate oneself" and making an active and conscious decision about what tasks to take over and what not:

> That one also considers oneself, what do I want to take over and what do I not want to take over? What is good for me, what is not good for me? Am I doing something now that may be very exhausting, but I want to do that for someone I really like? But then I am aware that I am doing that, that`s why, yes. Yes I think it is very important that I am simply aware of many things. (E 6)

To Do What Makes One Happy

Two experts highlighted the importance of integrating activities into daily life that are fun and pleasurable. E 13 stated the necessity of being "able to make sure that you create your life so that you have a lot of times to celebrate and to be happy and to do what you really like to do. I think that is really important". Further, E 7 said that "one also needs one own space where one can recharge one's batteries or where one does what one really enjoys doing".

Expert Validation

Again, the experts suggested in the validation phase a differentiation between caring for oneself on three levels: emotional, cognitive, and physical.

Further Analysis

Beyond identifying the constituents, experts reached consensus on overarchingly defining self-love as an attitude of kindness that is learnable and characterized as phasic. For example, E 4 described kindness as an inherent attribute of self-love: "Yes, self-love is something, that one can be kind to oneself. Kindly inside". Experts further proposed that self-love is learnable and can be practiced: "So there is also a learning component, one can learn [self-love]" (E 10). Also, the attitude takes an active decision: "As if it is an ever recurring decision" (E 2). This implies self-love is a state character. In fact, the vast majority of experts defined self-love as phasic and "not something so constant" (E 6). E 4 stated that self-love "is gradual, it is also phasic. There are phases in life where one loves oneself more and phases where one loves oneself less". Also, "[self-love] appears, so that one lives and feels it and then, it gets lost again" (E 11). Specifically in terms of significant life changes, E 13 explained: "Clearly there are these unstable periods [of self-love] that are correlated with these life events. And so...self-love at that time is probably gonna be different from when you are in a relatively stable period".

Discarded Codes

Throughout the analysis we discarded codes that did not satisfy the prevalence criterion that each code had to be generated in at least two interviews to be integrated in a theme (see Table 1).

The criterion did not require us to discard any codes from the theme self-contact. We did not include three codes in the theme of self-acceptance, as we coded each of them in only one expert interview: (a) fluid sense of self (no fixed concept of oneself), (b) to accept one's strengths, and (c) no fighting (stop fighting with how one should be). In the theme of self-care, we discarded four codes: (a) to keep one's space, (b) to celebrate life, (c) to take actions, and (d) to nourish oneself intellectually.

A Model of Self-Love

Our aim with this study was to propose a model of self-love, because an adequate conceptualization of the concept is not yet provided in literature. Our analysis made us conclude that self-love is a learnable attitude of self-kindness with three constituents: (a) self-contact, (b) self-acceptance, and (c) self-care. Findings were complemented by experts' feedback, which yielded a preliminary model. In the following, we first discuss our results and propose a final model of self-love (Figure 1). Furthermore, we show its relevance in regard to humanistic psychology. In addition, we outline how our proposed concept of self-love differs from other self-related concepts and discuss limitations of our study.

Model Components

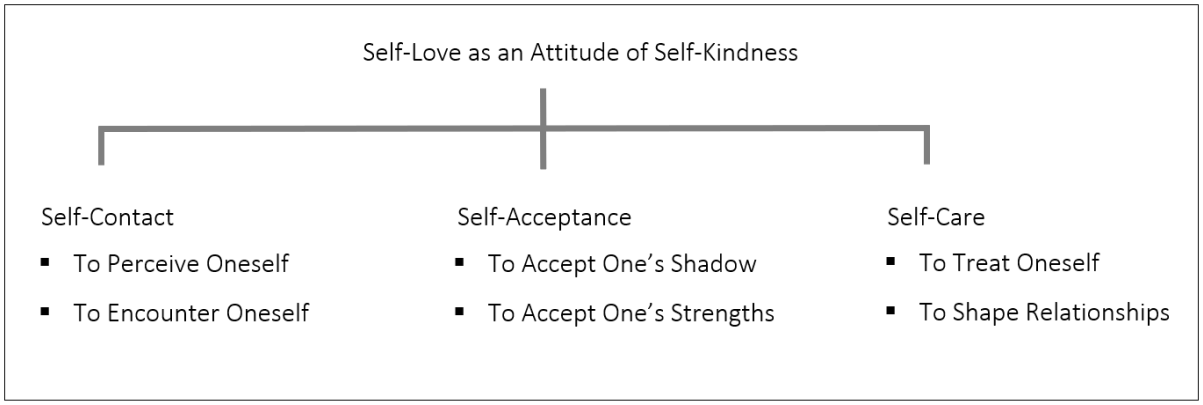
To propose a final model of self-love, we analyzed whether the different dimensions of each theme in the preliminary model were sufficiently distinctive, checked for consistency with literature corresponding to these dimensions, and examined the comprehensiveness of the model, in an iterative procedure. On the basis of the results of these deliberations, we arrived at a final model of self-love (Figure 1).

Self-Love as an Attitude of Self-Kindness

Thematic analysis led us to define self-love as an attitude of self-kindness characterized as learnable and phasic, which we completely agreed to. Specifically, self-love can be understood as one aspect of loving kindness, which is one of the four brahma-viharas of Buddhist psychology that encompass loving kindness, compassion, sympathetic joy, and equanimity (Salzberg, 1995).

Figure 1

Final Model of Self-Love



Note. According to Jung (Kast, 2002, 2014), the shadow includes all conscious and subconscious aspects of the self that do not fit the subjective ideal self.

Loving kindness refers to a mental state of unconditional kindness to other people as well as oneself (Hofmann et al., 2015) and can be cultivated through meditation practices (Salzberg, 1995), which emphasizes the modifiable character of self-love.

Self-Contact

In the preliminary model, we identified three types of self-contact: (a) to perceive oneself, (b) to encounter oneself, and (c) to know oneself. Because of the experts' feedback, we specified that the perception of oneself should include perception of emotions, cognitions, and the body, including conscious and unconscious aspects of oneself. Moreover, we characterized self-contact as nonjudgmental. Nevertheless, we challenge the assumption that self-knowledge should be a constituent of self-love: Self-knowledge, a subject of interest since Socrates (Bransen, 2015), has thus been intensively explored in philosophy and psychology. Yet, the relationship of self-love and self-knowledge has been only poorly investigated in literature. Bransen (2015) argued from a philosophical point of view that the knowledge of oneself should be understood as a consequence of self-love. This appears plausible to us, as self-perception and self-encounter should facilitate self-knowledge. Consequently, we understand self-knowledge as a consequence of self-love and not one

of its constituents. In sum, this led us to conclude that self-contact encompasses perceiving and encountering oneself nonjudgmentally in regard to emotions, cognitions, and the body (see Figure 1), including conscious and unconscious aspects of oneself.

Self-Acceptance

In the preliminary model, we identified three facets of self-acceptance: (a) to accept one's limitations, (b) to admit to being aggressive and judgmental, and (c) to welcome all emotions. Again, with the experts' feedback we complemented the dimensions of emotions and the body with cognitions and further specified that self-acceptance should extend to conscious as well as unconscious aspects. However, we see some restrictions here: Experts did not further specify the limitations that are to be accepted by a self-loving individual. As limitations are subjectively perceived and can be vast and very diverse, one may also perceive one's aggression or judgments as limitations. Because of lacking distinctiveness, we merged the two facets—to accept one's limitations and to admit to being aggressive and judgmental—into what we call the *shadow*: According to Jung (Kast, 2002), the shadow includes all those aspects of the self that do not fit the subjective ideal self and are therefore not accepted. These can be conscious as well as subconscious (Kast, 2014). However, we further state that an exclusive acceptance of one's shadow would be rather deficit-oriented: Particularly positive psychology points out how important it is to focus on "human strengths rather than weaknesses and pathologies" (Ruch et al., 2010, p. 138). Therefore, we include an acceptance of one's strengths as an aspect of self-acceptance; this was mentioned by one expert yet discarded because of the prevalence criterion. In conclusion, this made us resolve that self-acceptance entails being at peace not only with one's shadow but also with one's strengths, which both encompass emotions, cognitions, and the body (see Figure 1) on the conscious as well as unconscious level.

Self-Care

We identified four facets of self-care in the preliminary model: (a) to treat oneself, (b) to shape relationships, (c) to do what makes one happy, and (d) to look after oneself when suffering. Experts again suggested in the validation phase the need to differentiate between caring for oneself

on an emotional, cognitive, and physical level. Nevertheless, we see two restrictions here that led us to make two modifications: First, the first two facets (to treat oneself and to shape relationships) inherently contain the third facet (to do what makes one happy), which makes them not distinctive. So, in the act of treating oneself or shaping relationships in a wholesome way one may already be pursuing happiness-eliciting activities. Therefore, we dropped the third facet, to do what makes one happy. Second, the fourth facet, to look after oneself when suffering, is a core characteristic of self-compassion: The brahma-viharas include self-love as one aspect of loving kindness, which is separate and different from compassion and self-compassion (B.A. Wallace, 2010). As the experience of suffering is central to compassion and self-compassion (Goldstein & Kornfield, 1987; Salzberg 1995; B.A. Wallace, 2010), to look after oneself when suffering is an aspect of compassion and not of self-love (more details below). In sum, this led us to conclude that self-care encompasses treating oneself and shaping one's relationships wholesomely, all on an emotional, cognitive, and physical level (see Figure 1).

Relevance of a New Model of Self-Love

The concept of self-love, as we propose it, is largely consistent with the values of humanistic psychology. With its integrative and holistic approach, humanistic psychology puts great value on self-understanding, phenomenological experience, self-responsibility, body and embodiment, well-being, and strengthening relational bonds (Resnick et al., 2001; Society for Humanistic Psychology, 2021) – all elements which are reflected in self-love. In the following, we show how the individual components of self-love can be found in the various approaches of humanistic psychology and further discuss the relationship between self-love and self-actualization.

To cultivate self-contact and, above all, to be attentive to one's moment-by-moment experiences is an objective of any humanistic approach (Resnick et al. 2001). "Understanding the phenomenological experience of the present moment" (Waterman, 2013, p. 129) is – among other humanistic psychotherapy approaches – a characteristic element in client-centered therapy (Rogers, 1961) and Gestalt therapy (Perls, 1969). One important focus of Gestalt therapy is to strengthen the

awareness of inner experiences (Resnick et al., 2001) and to help the client connect with his or her feelings (Gold & Zahm, 2018). In respect to this objective, Gestalt therapy shares common ground with mindfulness (Gold & Zahm, 2018). Mindfulness – reframed as a humanistic approach (Rockwell, 2019a) – and Gestalt therapy "both highlight the wisdom and self-understanding available to us through attention to immediate experience just as it is" (Gold & Zahm, 2018, p. xxiv). Moreover, in Rogers' (1961) client-centered therapy, self-contact is an explicit aim of the therapeutic process: The individual shall "experience fully, and in awareness, all of his reactions including his feelings and emotions" (p. 90). Through the therapeutic process, the client learns to listen more to himself and to expand "a friendly openness to what is going on within him – learning to listen sensitively to himself" (p. 181). The aspect of encountering oneself is furthermore well reflected in Satir's (1978/2009) approach: She suggested to explore one's many inner faces or parts and to learn how to deal with them by visiting the "Theater of the Inside" (p. 2). In sum, self-contact as we propose in our model - to perceive oneself and to encounter oneself - is strongly emphasized in humanistic psychology.

Self-acceptance plays a prominent role in humanistic psychology, where it is considered an important "stimulus for personal change and development" (Bernard, 2013, p. xiii). Rogers placed great emphasis on self-acceptance in his work: He postulated that self-acceptance can be achieved through a certain type of relationship, specifically the therapeutic relationship (Bernard, 2013), which, according to Rogers (1961), is characterized by congruence, empathic understanding, and unconditional positive self-regard. Similar to our model of self-love, unconditional positive self-regard involves a warm and non-judgmental attitude of the therapist toward his or her client, which helps the client to develop the same attitude toward himself or herself. Even more, "a quiet pleasure in being one's self" (Rogers, 1961, p. 87) evolves. Moreover, accepting oneself and one's experiences is essential for the process of self-actualization (Bernard, 2013; Campbell & Baumeister, 2003; Maslow, 1956; Patrick, 1982; Samiei, 2015; Solimar, 1987). In addition, Ellis described self-acceptance as crucial for mental health (Bernard, 2013): The Rational Emotive Behavior Therapy (Ellis, 2005) strives to cultivate unconditional self-acceptance emphasizing the importance of not judging oneself, which

is in line with our proposed model of self-love: “The individual fully and unconditionally accepts himself [or herself] whether or not he [or she] behaves intelligently, correctly, or competently and whether or not other people approve, respect, or love him [or her]” (Ellis, 1977, p. 101). Finally, Gestalt therapy also emphasizes self-acceptance because, according to this approach, there is “no need to fix, change, or get rid of our reactions” (Gold & Zahm, 2020, p. 376). Overall, self-acceptance involves to be at peace with contradicting experiences and aspects of oneself (Ellis, 2005; Rogers, 1961), which is reflected in our model through accepting one’s shadow as well as one’s strengths.

Self-care, unlike the other two components of self-love, is less explicitly emphasized in humanistic psychology. Self-care might be discussed in the discourse of self-support and environmental support in Gestalt therapy (Dolliver, 1981; Wollants, 2012). Self-support is a main principle in Perls' Gestalt therapy, yet with ambivalent attitudes among practitioners due to its original exclusion of environmental support (Dolliver, 1981; Wollants, 2012). The goal of the Gestalt therapist is to promote the development of self-support, thus to foster self-responsibility (Levin & Shepherd, 1974). In addition, a balanced “support, receptivity and validation from the environment” (Wollants, 2012, p. 24) is indispensable for progress and growth. This interplay between internal and external resources is reflected in self-care as described in our model because it puts emphasis on treating oneself with care through being personally responsible – by treating oneself and shaping one’s relationships wholesomely.

Overall, our proposed model of self-love is comprehensively anchored in humanistic psychology. Thus, self-actualization and self-love are concepts that are closely related to each other: Maslow (1943) created a pyramid of needs, with physiological and safety needs at the bottom, followed by the need to belong, to love and to be loved as well as the need for self-esteem consisting of respect from others, achievement and self-acceptance (Maslow, 1956). The last stage involves the development of one's full potential, for which basic needs must first be satisfied to a certain degree. It is important to note that self-actualization is a lifelong and dynamic process (Bernard, 2013; Rockwell, 2019b). In this respect, self-actualization and self-love are comparable: We propose to define self-love

as an attitude of kindness towards oneself and to understand it as a lifelong practice. Self-love, just as self-actualization is “not something to be achieved as some higher state or accomplishment, but rather a continual process” (Bernard, 2013, p. 7). In addition, self-love and self-actualization have self-contact and self-acceptance in common: Inspired by Rogers, Maslow described that self-actualized people are characterized by “openness” (Maslow, 1956, p. 244), allowing every emotion and not picking “their experiences and their sensations and perceptions” (Maslow, 1956, p. 244). As this openness to experience is connected to self-acceptance (Bernard, 2013), self-actualized people can accept themselves with all their shortcomings (Maslow, 1956). Thus, Maslow (1956) described the ability to accept "our inner nature" (p. 243) as part of the fourth step on the path to self-actualization. Consequently, self-contact and self-acceptance build on each other and are both crucial parts of the process of self-actualization and self-love. Nevertheless, self-love and self-actualization also differ: While the lower levels of Maslow's pyramid of needs tend to focus outward and require interaction with others (Bernard, 2013), self-love focuses first on the individual before shaping relationships with others as part of self-care. It is also important to consider the two concepts in terms of time horizon: The full development of one's own potential is a lifelong process that gains in importance with increasing age (Maslow, 1970). Even though it can be assumed that self-love as a kind attitude toward oneself becomes more and more internalized with age, the process of self-contact, self-acceptance, and self-care is much more iterative and high-frequency than self-actualization. Therefore, self-love can be practiced multiple times a day, and also in younger age. In summary, self-love and self-actualization are two interrelated concepts of humanistic psychology. We assume that self-love helps the process of self-actualization: “Love for our very selves can propel us toward growth, learning, development, and adopting self-actualization as a lifelong philosophy” (Rockwell, 2019b, p. 336).

Differentiating Self-Love From Other Concepts

Self-Love Is Not Self-Compassion

In accordance with Buddhist literature, self-compassion is a distinct concept and not to be confounded with self-love (B. A. Wallace, 2010). Neff (2003) defined self-compassion as an

emotionally positive self-attitude entailing self-kindness, common humanity, and mindfulness. Specifically, self-compassion is an aspect of compassion that is one of the four brahma-viharas and is characterized by the wish that all beings be free of suffering and free of the source of suffering (Goldstein & Kornfield, 1987; Salzberg, 1995; B.A. Wallace, 2010). In contrast, loving kindness—in Pali, *metta*—is "the quality of mind that wishes for the welfare and well-being of all" (Goldstein & Kornfield, 1987, p. 257), including oneself. Loving kindness and compassion are therefore distinct because compassion "focuses on sentient beings who are suffering rather than on sentient beings finding joy" (B.A. Wallace, 2010, p. 127). Further, loving kindness can be understood as the base enabling the other three brahma-viharas to "grow out of metta, which supports and extends these states" (Salzberg, 1995, p. 49). Compassion as well as loving kindness inherently include the self: Self-compassion encompasses the yearning to be free of suffering whereas loving kindness for oneself is characterized by wishing oneself welfare (B.A. Wallace, 2010). Thus, self-love represents one aspect of loving kindness that is different from self-compassion.

Self-Love Is Not Self-Esteem

Further, self-love is conceptually different from self-esteem. Self-esteem stems from evaluations of oneself:

> It expresses an attitude of approval or disapproval, and indicates the extent to which the individual believes himself to be capable, significant, successful, and worthy. In short, self-esteem is a personal judgement of worthiness that is expressed in the attitudes the individual holds towards himself. (Coopersmith, 1967, p. 5)

In the literature, a hierarchical structure of self-esteem is often hypothesized with intellectual, emotional, social, and physical domains as well as a general factor of self-esteem (Fleming & Courtney, 1984). In contrast, we propose a model of self-love that explicitly does not include evaluating oneself, neither globally nor on specific facets of oneself. According to our account, self-love is an attitude of self-kindness—not a judgment of the worthiness of oneself—encompassing self-contact, self-acceptance, and self-care.

Limitations and Future Research

In this exploratory study, we tried to include a heterogeneous sample of experts from different cultures, theoretical backgrounds, and psychotherapeutic approaches. Nevertheless, as we integrated the responses of experts from Switzerland, Austria, Germany and the United States, one could think that our proposed model might merely capture a Western concept of self-love. Thus, future research is needed regarding potential cultural differences. One could also argue the proposed model was limited by the prevalence criterion that each code had to be generated in at least two interviews to be integrated in the model. However, a minimum consensus (operationalized by at least two coinciding expert opinions) seems necessary to develop a general model of self-love. Otherwise (an increased criterion of three experts per code) the depth of the model especially in the dimensions of self-acceptance and self-care would have been reduced drastically (see Table 1).

For future research, it is worth addressing open questions such as the etiology and role of self-love in vulnerable subgroups such as adolescents and elderly (see Schrader, 2016). Above all, our model should be factor-validated by quantitative approaches in future inquiries. Therefore, we currently are working on developing a questionnaire to measure self-love and its psychological correlates. First, this would allow us to empirically examine the relationships to narcissism, self-compassion, and self-esteem. Second, as self-love has been described as necessary for health (Fromm, 1939), the correlation to health-related parameters such as resilience and satisfaction with life could be further explored in large-scale studies. In addition, a questionnaire based on the proposed model would make it possible to evaluate the effects of programs and interventions that aim to foster self-love with experimental designs.

Conclusion

So far, self-love has found little attention in research: The majority of studies that purported to address self-love defined and operationalized the concept by referring to narcissism and self-esteem, which, as we have argued, are distinct concepts. Only a very limited number of studies aimed to actually investigate and define self-love, with no conclusive result as yet. For this reason, we

conducted a qualitative study to explore self-love and its constituents and further validated and systematically modified our findings. We propose that self-love is a learnable attitude of self-kindness entailing self-contact, self-acceptance, and self-care. Despite the controversial nature of self-love, we believe that self-love is an area worthy of more attention in research. Therefore, we hope that our findings may serve as a starting point for future investigations.

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Open Practices Statement

Transcripts and materials from the study are available from the first author on request.

Appendix

The following appendices are presented in German.

Appendix A Interviewleitfaden zur Durchführung der semistrukturierten Experteninterviews

Appendix B Analyse-Zusammenfassung inklusive Validierungsformular

Appendix A Interviewleitfaden zur Durchführung der semistrukturierten Experteninterviews

1. Vorstellung, Teilnahmeinformationen, Einwilligungserklärungen

2. Intro

- Können Sie sich einen Menschen vor Augen führen, der ihres Erachtens viel Selbstliebe in sich trägt?
- Können Sie mir beschreiben
    - Welche Grundüberzeugungen hat dieser Mensch?
    - In welchem Verhalten erkennt man die Selbstliebe?
    - In welchen Gefühlen sich selbst gegenüber spiegelt sich die Selbstliebe wider?
    - Auf einer Selbstliebe-Skala zwischen 0 und 10, wo würden Sie diesen Menschen einstufen?
    - Was denken Sie, wo würde sich dieser Mensch selber auf einer Selbstliebe-Skala zwischen 0 und 10 einstufen?

3. Definition von Selbstliebe

- Was verstehen Sie unter Selbstliebe?
- Gibt es für Sie ein Gegenteil von Selbstliebe?
    - Liegt das mit Selbstliebe auf einem Kontinuum?
- Gibt es in Ihren Augen verschiedene Komponenten/Faktoren von Selbstliebe?
- Halten Sie Selbstliebe eher für eine überdauernde Eigenschaft oder einen Zustand?
- Welches Konstrukt ist Ihres Erachtens Selbstliebe sehr ähnlich?
    - Wo gibt es Schnittstellen? Wo liegen die Unterschiede?
- Was schätzen Sie, wie viel Prozent der Menschen lieben sich selbst?
    - In unserem Kulturkreis
    - In Ihrem Bekanntenkreis
    - In Ihrem Patientenklientel

4. Situations- und Verhaltensbeschreibungen

- Anhand welchen Verhaltens erkennt man Selbstliebe, als Beobachter von außen?
    - Gibt es Auslöser von Selbstliebe?
    - Fördern eher positive oder negative Situationen Selbstliebe?
    - Wie oft wird Selbstliebe gezeigt (am Tag/in der Woche)?

- Anhand welchen Verhaltens erkennt man wenig Selbstliebe, als Beobachter von außen?
- Können Sie mir typische Situationen bzw. Szenarien beschreiben, in denen Selbstliebe gezeigt werden kann?

5. Aussagen zu Verhalten und Einstellungen (als potentielle Items)

- Können Sie mir 5 Aussagen geben, wie sich ein Mensch mit viel Selbstliebe selbst beschreiben würde, aus der Ich-Perspektive?
- Können Sie mir ebenso 5 Aussagen geben, wie sich ein Mensch mit wenig Selbstliebe beschreiben würde, ebenso aus der Ich-Perspektive?

6. Therapiekontext

- Ist Selbstliebe ein Therapieziel für Sie?
- Welche Interventionen wenden Sie an, um Selbstliebe zu fördern?

7. Abschluss

- Möchten Sie zum Abschluss noch etwas ergänzen?

Appendix B Analyse-Zusammenfassung inklusive Validierungsformular

Qualitative Analyse: Was ist Selbstliebe?

Selbstliebe wird in Folge der Auswertung aller Interviews als eine Haltung verstanden, welche sich durch Wärme und Freundlichkeit sich selbst gegenüber auszeichnet. Davon ausgehend umfasst Selbstliebe Selbstakzeptanz, Selbstkontakt und Selbstfürsorge.

1. Selbstakzeptanz

Unter Selbstakzeptanz ist zu verstehen, dass man mit sich selbst im Reinen ist und sich so annimmt wie man ist. Selbstakzeptanz drückt sich auf drei verschiedenen Ebenen aus. Auf der ersten Ebene, Akzeptanz der eigenen Unzulänglichkeiten, können eigene Limitationen und jene Aspekte, die man nicht an sich schätzt, akzeptiert und angenommen werden. Darüber hinaus zeigt sich die Selbstakzeptanz darin, dass es keine Konstruktion von Idealvorstellungen gibt. Dies bedeutet, dass weder ein Ideal-Ich noch ideale Gefühle kultiviert werden, vielmehr werden alle Gefühle angenommen. Darüber hinaus umfasst Selbstakzeptanz die Akzeptanz des potentiellen Schattens. Selbstliebe bedeutet demnach nicht die völlige Abwesenheit von Aggression, Scham oder Selbsthass. Hierzu gehört auch, seinen Narzissmus – sofern vorhanden – zu akzeptieren.

2. Selbstkontakt

Selbstkontakt zeichnet sich dadurch aus, dass man sich selbst Aufmerksamkeit zukommen lässt, in Kontakt mit seinem inneren Erleben ist und einen guten Zugang zu sich selbst hat. Dabei steht man in Kontakt mit seinem Körper, nimmt diesen gut wahr und ist in Austausch mit ihm.

Der Selbstkontakt wird vermittelt durch einen inneren Dialog – durch Auseinandersetzung und Einigung mit sich selbst, wobei man Dingen nachgeht, ohne innerlich davon zu rennen.

So bedeutet Selbstkontakt letztlich auch, um seine eigenen Stärken und Schwächen zu wissen.

3. Selbstfürsorge

Selbstfürsorge bedeutet, fürsorglich mit sich selbst umzugehen, sowie sich um sich selbst zu kümmern. Davon ausgehend ist diese Sorge für sich selbst durch eine äußere und innere Ebene gekennzeichnet. Die äußere Fürsorge umfasst vier Dimensionen; sich Dinge zu gönnen und zu leisten, sich also etwas Gutes zu tun. Im Rahmen der körperlichen Selbstfürsorge wird mit dem eigenen Körper pfleglich umgegangen und für ihn gesorgt; es findet ausreichend Bewegung und Sport statt. In Bezug auf die Gestaltung sozialer Kontakte bedeutet Selbstfürsorge, dass man seine sozialen Beziehungen so gestaltet, dass es einem gut geht. Schließlich beinhaltet Selbstfürsorge auch, der Freude zu folgen, also sicherzustellen, dass es ausreichend Bereiche im Leben gibt, in denen man das macht, was man wirklich

gerne macht. Die innere Selbstfürsorge umfasst für sich zu sorgen, wenn es einem nicht gut geht. Dies bedeutet, in jenen Momenten freundlich und sorgfältig mit sich umzugehen und nicht innerlich mit sich zu schimpfen, sondern sich Trost zu spenden und mitunter zu verzeihen.

Wie plausibel finden Sie das vorgestellte Konzept der Selbstliebe auf einer Skala von 0-10,

zwischen 0 = sehr unplausibel und 10 = sehr plausibel?

Bitte geben Sie eine Zahl an:

Sollten aus Ihrer Sicht Inhalte noch ergänzt oder verändert werden? Wenn ja, welche?

Chapter Three

Measuring Self-Love: The Self-Love Questionnaire (SLQ)

This chapter will be submitted to a peer-reviewed journal.

Measuring Self-Love: The Self-Love Questionnaire (SLQ)

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Author Note

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Abstract

This article proposes a psychometrically sound and valid questionnaire that measures self-love. Self-love, as defined by the authors in previous work (Henschke & Sedlmeier, in press), is an attitude of self-kindness towards oneself, entailing self-contact, self-acceptance and self-care. We used a multiphase research process to develop the questionnaire: In study 1, we collected a large set of potential items and selected relevant items through a rating procedure and an assessment of comprehensibility. Subsequently, we conducted study 2 (N = 280) and empirically examined the factor structure through confirmatory factor analysis. Due to complexity of the model, we reduced the categories of each dimension (self-contact, self-acceptance and self-care) to emotions, cognitions and body. In study 3 (N = 959), we cross-validated the factor structure from study 2 and again optimized the scale length resulting in the Self-Love Questionnaire (SLQ) with 27 items. Overall, the SLQ showed high internal consistency as well as good psychometric properties. We could further provide evidence that self-love and narcissism are distinct constructs. Moreover, self-love was shown to be associated with health-related parameters such as life satisfaction, resilience, and depressive symptoms.

Keywords: self-love, scale development, confirmatory factor analysis, mental health

Measuring Self-Love: The SLQ

Self-love is a highly controversial construct: For centuries, self-love has been portrayed as either something desirable or something reprehensible (Orbanic, 2001; Patrick, 1982; Solimar, 1987; Vadjed Samiei, 2015). Thus, on the one hand, self-love is considered something valuable and necessary, which is associated with well-being and health (Irvani, 2007; Orbanic, 2001; Patrick, 1982; Solimar, 1987; Vadjed Samiei, 2015). In the fields of philosophy and psychotherapy, self-love is described as beneficial for mental health: Hence, it is considered a crucial resilience factor in the prevention of mental illness (Schrader, 2016; Solimar, 1987) and a prerequisite for well-being (Fromm, 1939). Consequently, self-love takes a prominent place in self-help literature (e.g., Betz, 2016; Lehofer, 2017; Tischinger, 2017), but also psychotherapeutic specialist literature highlights the value of self-love (e.g., Essen, 2016; Gilligan, 1997).

On the other hand, and in contrast to this positive understanding, self-love is often associated and equated with narcissism (Orbanic, 2001; Patrick, 1982; Solimar, 1987; Vadjed Samiei, 2015). The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association, 2013) defines pathological narcissism as a personality disorder, characterized by "a pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy" (p. 669). However, most theorists also describe forms of subclinical narcissism (Pincus & Lukowitsky, 2009).

As we described in previous work (Henschke & Sedlmeier, in press), we follow Fromm (1939) and other authors (Irvani, 2007; Schrader, 2016; Son, 2006) and take the position that narcissism and self-love are distinct from each other: Fromm (1939, 1956/2013) emphasized not only the difference, but also the opposition of self-love and narcissism. He further described that narcissism is based on a lack of self-love, so that narcissistic people do not love themselves too much, but too little (Fromm, 1956/2013).

Lack of Research on Self-Love

In academia, research on self-love remains rare: "There is a lack of adequate research on the topic of self-love and the factors that construct this concept" (Vadjed Samiei, 2015, p. 1). Various

papers seem to have addressed self-love, using the term in the title, but these studies either operationalized and equated self-love with narcissism or also with self-esteem (Bushman & Baumeister, 1998; Bushman & Baumeister, 2002; Campbell, Foster, & Finkel, 2002; Campbell, Rudich, & Sedikides, 2002; Cichocka et al., 2016, 2017; Davis & Marsh, 1986; He & Zhu, 2016; Hwang & Kim, 2015; Peterson & DeHart, 2014). In fact, there are only four studies – all dissertations – that specifically investigated self-love, and due to a lacking theory, aimed to develop a definition of self-love (Orbanic, 2001; Patrick, 1982; Solimar, 1987; Vadjed Samiei, 2015). Whereas Solimar (1987) and Orbanic (2001) examined the experience of self-love applying a phenomenological approach through collecting data from laypeople, Vadjed Samiei (2015) compiled interviews with clinical psychologists to define authentic self-love. Only Patrick (1982) intended to operationally define self-love using a literature approach and developed a respective questionnaire (see below). However, even in these studies that have agreed on self-love as an independent concept worthy of investigation, the conceptions of self-love are characterized by considerable inconsistencies in content and methodological limitations (Henschke & Sedlmeier, in press).

Among the four studies that examined self-love, only Patrick (1982) attempted to construct a questionnaire to measure self-love. In doing so, he defined self-love using his “intuitive sense” (p. 49) as a process and meta-concept which involves interworking affective, behavioral and cognitive aspects: “Self-love can be seen as a process which ties the various concepts together allowing them to be actualized into one phenomenological felt whole experience” (Patrick, 1982, p. 70). According to him, six processes are involved in the self-love experience: Self-attachment, self-affection and unconditional positive self-regard as well as self-worth, self-knowing and self-care. Specifically, Patrick (1982) defined the six constituents as follows: Self-attachment refers to a sense of owning one`s self, “possessiveness, desire, or belongingness to one`s self” (p. 44). Self-affection – which is the affective response to the attachment to one`s characteristics – involves the “affective sensation of feeling satisfied and excited with one’s self” (p. 45). Unconditional positive self-regard is defined by the interface between this self-affection and an enduring self-valuing attitude. Moreover, self-worth

entails the individual belief that oneself and one`s life is valuable. Self-knowing enables self-care, which can be preventive, therapeutic, and rehabilitative. These six components are mandatory, and a missing component would result in a diminishment of the other components and the overall self-love experience (Patrick, 1982). In sum, he defined self-love as "an experience centered within one`s self and as an expression directed toward one`s self, both of these growing out of a basic sense of self-worth and self-confidence" (Patrick, 1982, p. 42). Based on this definition, he developed a questionnaire with a final version of 45 items.

Although Patrick's scale was the only empirical attempt to operationally define self-love, it did not get used in further research, possibly because of several methodological drawbacks: Patrick conducted a literature search, but based his definition mainly on his own intuition, without providing a systematic literature approach. Further, he included an original set of 67 items that reflected the cognitive, affective, and behavioral aspects of his model, but he had only a small total sample of N = 106 which is not well suited for the amount of items. Moreover, data analysis was suboptimal because no factor rotation was performed. Instead, items were eliminated if the inter-item correlation and item-total correlation were lower than $r = .35$, and if items loaded with $r \leq .35$ on the first factor. An even greater source of concern is that Patrick (1982) conducted only one single study to develop the questionnaire, and forwent further studies and validation assessment. In sum, Patrick's (1982) attempt is restricted in several respects.

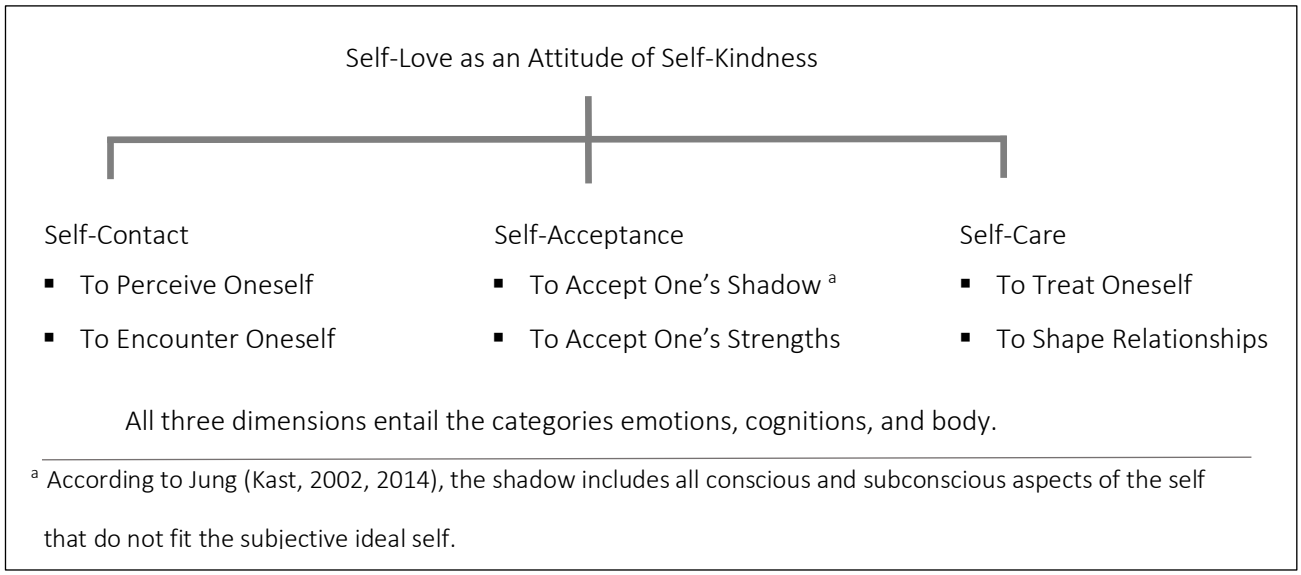
A Model of Self-Love

Because the limited literature on self-love is characterized by inconsistent definitions and methodological constraints, the authors attempted to provide a methodologically sound definition of self-love in previous work (Henschke & Sedlmeier, in press): Thirteen semi-structured interviews with regular psychotherapists, psychotherapist authors of books or journal articles on self-love, and psychotherapists/coaches with long experience in group work on self-love were conducted and analyzed with thematic analysis (Braun & Clarke, 2006). Interviewing experts is advantageous as they exhibit more reflective capability than laypeople, can articulate themselves more precisely, and

should be able to differentiate narcissism from self-love. Because they worked with large numbers of clients, they should have a more extensive understanding of self-love than laypeople that might be mostly restricted to their own subjective experiences. These preliminary findings were further validated and systematically modified. Based on their findings, the authors proposed that self-love is a learnable attitude of self-kindness entailing the three dimensions self-contact (S-CO), self-acceptance (S-AC), and self-care (S-CA), all containing the categories emotions, cognitions, and the body (see Figure 1). Self-contact is defined as perceiving and encountering oneself nonjudgmentally, including conscious and unconscious aspects of oneself. Self-acceptance entails being at peace not only with one's shadow – according to Jung (Kast, 2002, 2014) that includes all conscious and subconscious aspects of the self that do not fit the subjective ideal self – but also with one's strengths. Finally, self-care is defined as taking care for oneself, specifically treating oneself and shaping one's relationships wholesomely.

Figure 1

Model of Self-Love Proposed by Henschke and Sedlmeier (in press)



Development of a Self-Love Scale

The model of self-love proposed by the authors provided the basis for developing a scale to measure the construct. The objective of our studies is to propose a valid and reliable measure of self-

love in adults and furthermore, to empirically investigate its relationship with health-related parameters. Hereby, the three dimensions of self-love (self-contact, self-acceptance, self-care) should be reflected in the scale design as separate subscales. Although we expected the subscales to highly correlate with each other, the intention was to sum the subscale scores to obtain a total score representing the individual overall level of self-love.

Overview of Studies

In order to develop a measure of self-love, we conducted three studies: In study 1, we generated and selected potential items. In study 2, we empirically examined the factor structure through confirmatory factor analysis (CFA) with the resulting 116 items and a sample of N = 280. Moreover, we reduced the model due to its complexity and eliminated items based on their psychometric qualities and factor loadings. In the third study, we again optimized the scale length with a final 27 items and cross-validated the factor structure of the Self-Love Questionnaire (SLQ) from study 2 using CFA. Moreover, other scales were included to assess discriminant validity and to determine if self-love is associated with mental well-being. All items were written and presented in German.

Study 1: Item Selection

The aim of study 1 was to generate and select potential items. For that, we first created a large item pool and subsequently selected relevant items in a two-stage process: First, items were subjected to a rating procedure to select the most suitable ones. This selection was then judged for comprehensibility and revised respectively.

Methods

Item Collection

The initial item pool included items from three different sources: First, items were collected from the qualitative study by the authors (Henschke & Sedlmeier, in press), in which experts were asked for statements on how individuals with either pronounced or poor self-love would describe themselves. Second, item generation was further guided by an exhaustive literature review: From

instruments corresponding to the self-love dimensions self-contact, self-acceptance, and self-care, individual items (Aschieri & Durosini, 2015; Auzoult, 2013; Bland, 2018; Cook-Cottone & Guyker, 2018; Coulombe et al., 2015; Dorociak et al., 2017; Rubin, 1970; Salovey et al., 1995; Scheier & Carver, 1985; Sternberg, 1997; Tafarodi & Swann, 1995) or complete questionnaires (Elliott & Coker, 2008; Ghorbani et al., 2008; Grant et al., 2002) were drawn. Third, we generated additional items in accordance with the associated categories (see Table 1).

Table 1

Categories of the Dimensions of Self-Love (Henschke & Sedlmeier, in press)

	Dimensions		
	Self-Contact	Self-Acceptance	Self-Care
Categories	Emotion	Emotion	Emotion
	Cognition	Cognition	Cognition
	Body	Body	Body
	To Perceive Oneself	To Accept One's Shadow	To Treat Oneself
	To Encounter Oneself	To Accept One's Strengths	To Shape Relationships

Rating Procedure

The collected items were subjected to a rating procedure. The first author as well as an appropriately trained master student evaluated the items regarding their fit to the self-love model. All items were reviewed and each scored on a 11-point scale ranging from 0 (*not at all)* to 10 (*very much*) regarding their centrality for the dimensions self-contact, self-acceptance, and self-care (index of centrality). Further, the same two raters rated on a 11-point scale how much each item expressed any construct other than self-love (index of pureness). Here, lower values indicate higher pureness of the

item. Raters were also asked to offer suggestions for improvement. First, we averaged the ratings of the two raters over the centrality indices for the three dimensions and the inverted purity index, which formed the basis for the following calculations. We reduced the number of items by applying several cut-off values: To retain items that were central to the three dimensions of self-contact, self-acceptance, and self-care, we first eliminated all items for which the largest of all three centrality indices was less than or equal to 3. Second, we only retained items if the largest centrality index divided by the sum of all centrality indices was higher than 0.5, allowing for a clear assignment of each item to one of the three dimensions self-contact, self-acceptance, and self-care. Third, we removed all items with an inverted pureness index equal or below 4. We further calculated a combined index by multiplying the largest centrality index with the inverted pureness index, resulting in a value range from 0 to 100. Subsequently all items with a combined index below 20 were eliminated. In accordance with the self-love model, we re-assessed the assignment of the remaining items to the specific categories of each dimension (see Table 1).

Assessing Comprehensibility

To determine the clarity and comprehensibility of the items selected from the rating procedure, they were presented to 11 participants (7 female, age: M = 38.3, SD = 11.4). They were asked to rate comprehensibility on a 10-point scale ranging from 1 (*very incomprehensible*) to 10 (*very comprehensible*) and to offer additional comments and suggestions on how to reformulate the items. Items were revised or removed in accordance with three criteria: First, a quantitative criterion involved the exclusion of items whose mean comprehensibility was below six. Second, within a qualitative evaluation, we took suggestions for improvement and comments into account when selecting the items. Third, we made sure that the number of items per dimension was approximately equal.

Results

Item Collection

Taken together, the items drawn from statements of the experts, from parts of existing questionnaires and generated in accordance with the dimensions of the self-love model yielded an initial pool of 306 items.

Rating Procedure

The rating procedure using the indices of centrality and of pureness and the subsequent application of four cut-off values reduced the amount of items to 204.

Assessing Comprehensibility

On average, the items showed a high comprehensibility (M = 8.49, SD = 0.81). Applying the quantitative criterion (minimum comprehensibility of 6) therefore resulted in an elimination of only two items. The number of items was further reduced following the qualitative feedback of the participants and their suggestions for improvement. For example, numerous items were marked as redundant, others were criticized because they were vaguely phrased like “try to” or “having difficulty with” which lead us to remove, combine or adapt the respective items. To ensure a balance between positively and negatively worded items, each category (see Table 1) comprised one to two inverted items. Following the three criteria, 88 items were eliminated. After that, a total of 116 items remained (see Appendix A1).

Discussion

In study 1, we selected items in a three-step procedure: First, we collected and generated 306 items that were subsequently subjected to a rating procedure. Applying several cut-off values, 204 items remained. These were subjected to participants who assessed comprehensibility and provided feedback for improvement, resulting in a final item pool of 116 items that were provided with a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*).

Since the items were rated as very comprehensible and feedback of the participants was implemented to enhance clarity and comprehensibility, the final item pool of 116 items represented a

good basis for the following study 2. Overall, the selected items can be seen as representing the underlying self-love model well.

Study 2: A First Test of the Self-Love Model

With the second study we aimed to test the factor structure of the self-love model. For this purpose, we used the 116 items selected in study 1 and evaluated model fit through confirmatory factor analysis. In the process, we simplified the model to reduce complexity and further decreased the number of items to improve the economic applicability.

Methods

Participants

Ethical approval was granted by the ethics committee of the Faculty of Behavioral and Social Sciences of the Chemnitz University of Technology. Participants were required to be at least 18 years old. The sample comprised 280 individuals (80% female), ranging in age from 18 to 80 years (M = 31.09, SD = 13.95). The demographic and socio-economic background was diverse: 46% had completed highschool, 38% earned a university degree and 11% had a vocational training. The majority (58%) were students and 33% were employed. Most participants (60%) were living in a relationship.

Procedure and Materials

The sample was mainly recruited from graduate and undergraduate classes and in private context. They had the option to take part in a raffle of one Bluetooth soundbar and if enrolled in psychology, to receive extra credit for their participation in current research. Using a secure online survey platform, anonymity was ensured throughout the entire survey. After reading and accepting the informed consent form, participants received the 116 items for self-love in a randomized order and additionally, a demographics form including gender, age, educational level, professional situation and status of partnership. They were further asked to report on their experience with meditation and, if applicable, their current meditation practice, starting point, regularity, duration and tradition. To avoid missing data, participants were requested to answer every item.

Results

We used confirmatory factor analysis in order to examine if the factor structure corresponded to the self-love model (see Figure 1). Model fit was estimated via the maximum likelihood (ML) procedure using SPSS AMOS (version 27). As recommended by Schermelleh-Engel et al. (2003), $\chi^2/df \leq 3$, RMSEA ≤ .08 with a confidence interval (CI) close to RMSEA, SRMR ≤ .10, NNFI ≥ .95, and CFI ≥ .95 were considered acceptable. For conducting CFA, sample size should be at least as large as the number of observed variables ($N \geq p$) (Schermelleh-Engel et al., 2003, p. 51). With $N = 280 > p = 116$, this condition was fulfilled.

Confirmatory Factor Analysis: Initial Model

We first tested model 1 that contained all 116 items non-hierarchically with correlated factors (see Figure 2) which yielded a fit that was not satisfying (see Table 2).

Table 2

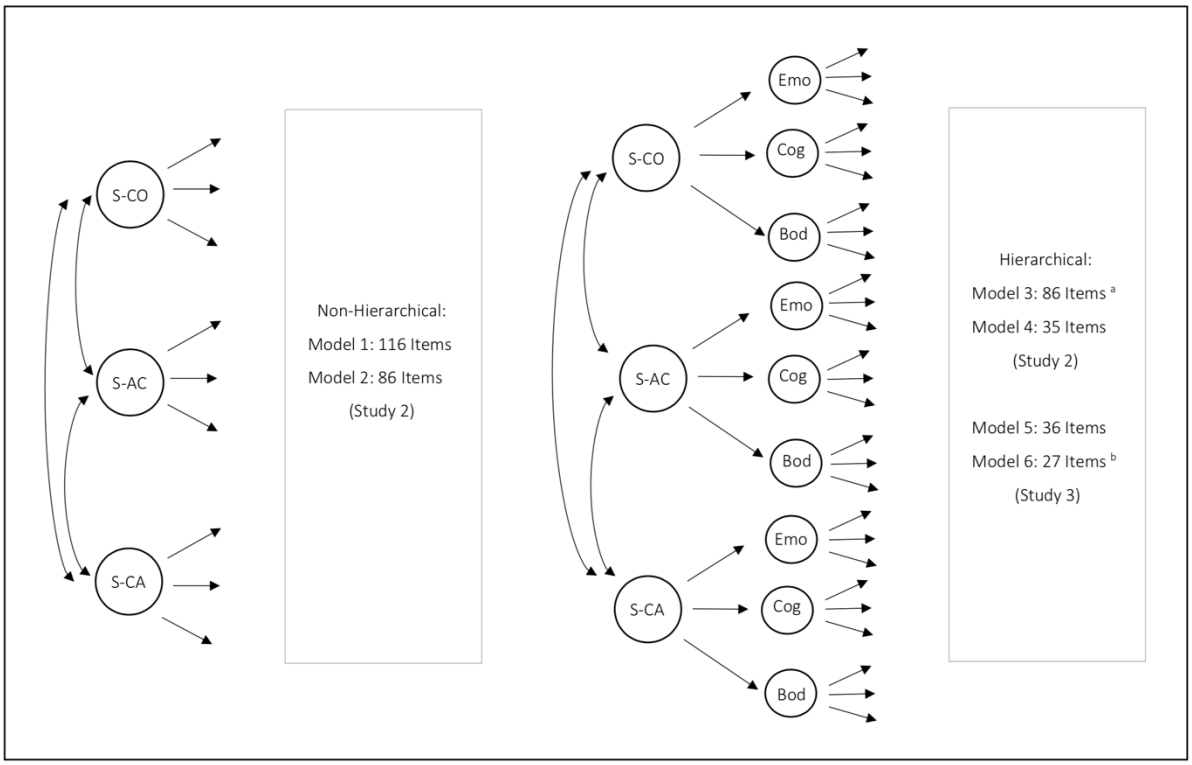
Fit Indices of Confirmatory Factor Analyses for Assessing Model Fit (Study 2)

	χ^2	*df*	χ^2/df	RMSEA [$CI_{.90}$]	SRMR	CFI	NNFI
Model 1 (*N* = 280)	13992.77	6551	2.14	.064 [.062-.065]	.08	.63	.63
Model 2 (*N* = 280)	8153.30	3566	2.29	.068 [.066-.070]	.07	.69	.68
Model 3 (*N* = 280)	6997.05	3390	2.06	.062 [.060-.064]	.08	.75	.74
Model 4 (*N* = 280)	1042.57	548	1.90	.057 [.052-.062]	.07	.89	.88

Notes. RMSEA = Root Mean Square Error of Approximation; $CI_{.90}$ = 90% Confidence Interval; SRMR = Standardized Root Mean Square Residual; CFI = Comparative Fit Index; NNFI = Nonnormed Fit Index.

Figure 2

Models of SLQ Tested Using Confirmatory Factor Analyses



Note. S-CO = self-contact; S-AC = self-acceptance; S-CA = self-care; Emo = Emotion; Cog = Cognition; Bod = Body.

[a] Model 3 contained the same items as Model 2, yet ordered hierarchically.

[b] In study 3, the sample was randomly split into two subsamples. Model 6 was tested in each of them separately.

Item Reduction

The weak indices of model 1 indicate that the complexity of the self-love model may be difficult to represent. Since emotions, cognitions, and body are considered inherent components of psychology (Gerrig & Zimbardo, 2008), they might represent heterogeneous categories. For the following procedure, we therefore maintained only items of these categories, which had the additional benefit of reducing the number of items. This resulting model 2 with a total of 86 items (see Appendix A2) was first tested with a non-hierarchical model (see Figure 2). However, compared

with model 1, this attempt yielded only a marginally better model fit (see Table 2). The intercorrelations between the factors were quite strong ($r_{S\text{-}CO\text{-}S\text{-}AC}$ = .57; $r_{S\text{-}CO\text{-}S\text{-}CA}$ = .74; $r_{S\text{-}AC\text{-}S\text{-}CA}$ = .71). To determine if a higher-order factor structure would explain the high intercorrelations between the factors, we tested model 3 (see Figure 2), a hierarchical model with the same items (see Appendix A3), which yielded better model fit (see Table 2). To improve the economic applicability and manageability for prospective users even further, we reduced the number of items once more. Thus, we selected 12 items per dimension, four items each for categories emotions, cognitions, and body using the following criteria: Items had to have (a) a minimum factor loading of .40, and (b) a minimum item-total-correlation of .30. As the range of the item difficulty was not optimal (S-CO: .71 - .90, *M* = .79, *SD* = 0.05; S-AC: .43 - .74, *M* = .62, *SD* = 0.07; S-CA: .44 - .86, *M* = .72, *SD* = 0.08), we (c) retained items with low percentage difficulty indices because items should have a wide range of difficulty so that a test can distinguish well between test subjects with different characteristics (Döring & Bortz, 2016). Furthermore, we chose to (d) include one inverted item for each category and (e) accounted for the linguistical diversity. For the dimension self-care, however, we selected only 11 items with three items for the cognition category because indices were not optimal. Following this procedure yielded 35 items.

Confirmatory Factor Analysis: Toward a Final Model

We tested the selected 35 items hierarchically ordered as model 4 (see Figure 2) which yielded a good fit (see Table 2). Reliability of the overall scale was very good (α =.93) and satisfactory for each subscale (Self-Contact: α =.86; Self-Acceptance: α = .90; Self-Care: α =.87). Indices are reported in Appendix A4: Factor loadings in the subscale Self-Contact ranged from .42 - .79 (*M* = .62, *SD* = .14), in the subscale Self-Acceptance from .39 - .92 (*M* = .71, *SD*= .16) and in the Self-Care subscale from .43 - .85 (*M* = .66, *SD* = .14).

Discussion

With our second study, we conducted a first empirical test of the factor structure of the self-love model. Although unexpected, it seems plausible that the indices for model 1, containing items of

all five categories per dimension (see Table 1) found weak fit due to the complexity of the model. Confirmatory factor analyses revealed the best fit for model 4: A reduced model, containing three categories per dimension (emotion, cognition, and body) with 35 items. With satisfactory factor loadings and item properties, these 35 items yielded the preliminary Self-Love Questionnaire (SLQ-P). Because model 4 was the result of an exploratory testing process, we deemed it absolutely necessary to conduct an independent replication study, reported next.

Study 3: The Final SLQ

In study 3, we pursued four objectives: First, we aimed to re-examine the factor structure from study 2. Moreover, we investigated construct validity as well as the association with mental health by including a number of additional scales. Finally, we examined sex differences of self-love.

To assess discriminant validity, we examined if the SLQ was empirically distinct to measures of several related but theoretically distinct constructs like narcissism, self-esteem, and self-compassion. Since we assumed that self-love is not related to narcissism (Fromm, 1939, 1956/2013) we expected a low correlation between the two concepts. As self-esteem is a self-related construct, we further expected a moderate correlation even though it should differ substantially from self-love in its evaluative character. As we have argued previously (Henschke & Sedlmeier, in press), self-compassion can be seen as an aspect of compassion that is conceptually different from self-love. Since both self-love and self-compassion are each an aspect of the two so called brahma-viharas loving kindness and compassion (Sedlmeier, in press), we expected that they would moderately relate. Given the lack of adequate measures of self-love, we examined convergent validity by including measures of constructs that we expected each to highly relate to the three subscales: Since self-love entails perceiving oneself, we expected that the subscale Self-Contact would highly correlate with self-awareness. Further, we expected that both the Self-Acceptance and Self-Care subscales would each highly correlate with specific questionnaires for self-acceptance and self-care.

Furthermore, we evaluated the relationship between self-love and mental health. Since we assume that self-love is a prerequisite for well-being (Fromm, 1939) and an important resilience

factor in the prevention of mental illness (Schrader, 2016; Solimar, 1987), we expected that participants with higher levels on self-love would show higher scores on resilience and life satisfaction as well as lower levels of anxiety.

Finally, we examined if women and men differ in their level of self-love and its dimensions self-contact, self-acceptance, and self-care. Based on the findings of Neff (2003), which showed that women are less compassionate with themselves than men, we assumed that women also show less self-love.

Methods

Participants

Participants were recruited from different graduate and undergraduate courses of various German universities as well as from private networks. They were required to be at least 18 years old. They were 959 adults (75% women), ranging in age from 18 to 83 years (M = 27.83, SD = 11.15, 5 respondents did not provide age). 48% completed Highschool and 41% earned a university degree, 7% a vocational training. At 68%, the majority was students and another 25% was employed. Therefore, this sample can be considered more academic than the one from the first study. Comparable to the first study, 61% were in a partnership at the time of the survey.

Measures

Self-Love. The SLQ-P included 35 items, however, only three instead of four items for the cognition category in the self-care dimension. To ensure an equal number of items in each category, we generated one new item for the self-care dimension (F246: “I know which people and activities are good for me.”). This resulted in a total of 36 items, with 12 each for the dimensions self-contact, self-acceptance, and self-care. Moreover, some items were linguistically adapted to enhance clear assignment to the appropriate categories. For example, we adjusted item F93 from “I am at peace with me” to “I feel at peace with myself” to more clearly indicate the assignment to the category emotions. Respondents rated how much the statements applied to them on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*).

Self-Contact. We used the subscale Private Self-Awareness of the German Questionnaire for Dispositional Self-Awareness (SAM, Filipp & Freudenberg, 1989). With its two subscales Private Self-Awareness and Public Self-Awareness, the questionnaire possesses a total of 27 items. The subscale Private Self-Awareness (13 items) refers to aspects that are accessible only to the person himself like intensions, attitudes and emotions. Respondents indicated their agreement with the statements in terms of frequencies on a 5-point Likert scale ranging from 5 (*very often*) to 1 (*very rare*). The internal consistency of the Private Self-Attention subscale was found to be good with Cronbach's $\alpha = .83$ (Filipp & Freudenberg, 1989).

Self-Acceptance. Self-acceptance was assessed by the subscale Nonjudgmental Acceptance of the German version of the Five Facet Mindfulness Questionnaire (FFMQ-D, Michalak et al., 2016). With its five dimensions, the FFMQ-D measures self-reported mindfulness. The subscale Acceptance Without Judgment encompasses a non-judgmental attitude towards the current subjective experience, with no automatic value judgments and attempts to change. Participants rated on a 5-point Likert scale ranging from 1 (*none*) to 5 (*a lot*) to indicate how much they agreed with the statements. The scale contains eight items and has been shown to have good internal consistence with Cronbach' s $\alpha = .90$ (Michalak et al., 2016).

Self-Care. The Hamburg Self-Care Questionnaire (HSF, Harfst et al., 2009) measures global self-care with a two-dimensional structure by means of the subscales Positive Experiencing and Pacing. These comprise a total of 12 items. The subscale Pacing focuses on mindful dealing with oneself and one's limits whereas the Positive Experience scale measures the enjoyment of positive experiences and behaviors. Participants are asked to indicate on a 5-point Likert scale ranging from 1 (*not at all true*) to 5 (*very true*) how much the statements applied to them within the last four weeks. Both scales were found to have high internal consistency with alpha ≥ 0.90 (Harfst et al., 2009).

Narcissism. Narcissism was assessed by the German version of the Narcissistic Personality Inventory (NPI-d, von Collani, 2014) that is based on the studies of Raskin & Terry (1988). The German version contains 17 items that are assigned to the six subscales (a) Claim to Authority, (b) Arrogance

and Self-Importance, (c) Sense of Superiority and Uniqueness, (d) Showing off, (e) Manipulative Tendency and Exploitation, and (f) Demandingness. Participants used a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*) to indicate agreement. Retest reliability has found to be acceptable to good with r_{tt} = .69 - .88 (von Collani, 2014).

Self-Esteem. Respondents' self-esteem was assessed with the revised German version of the commonly used Rosenberg Scale (RSES, von Collani & Herzberg, 2003). It measures global self-esteem with ten items. The scale has been shown to have good internal consistency with Cronbach's α = .84 - .85 (von Collani & Herzberg, 2003). Participants used a 4-point Likert scale ranging from 0 (*strongly disagree*) to 3 (*strongly agree*) to indicate how much they agreed with self-evaluative statements.

Self-Compassion. We assessed self-compassion with the German Self-Compassion Short Form (SCS-D, Hupfeld & Ruffieux, 2011). The scale contains 12 items, with two items each for the six subscales (a) Self-Kindness, (b) Self-Judgment, (c) Common Humanity, (d) Isolation, (e) Mindfulness, and (f) Over-Identification. Nevertheless, Hupfeld and Ruffieux (2011) suggested using the SCS-D primarily to assess overall self-compassion rather than the respective subscales. Respondents were asked to indicate on a 5-point Likert scale ranging from 1 (*very rare*) to 5 (*very often*) how they typically deal with themselves in difficult times. Retest reliability has found to be good with r_{tt} = .83 as well as the internal consistency with Cronbach's α = .84 (Hupfeld & Ruffieux, 2011).

Life Satisfaction. The Satisfaction With Life Scale (SWLS, Diener et al., 1985) is a very commonly used five-item measure for life satisfaction. Without differentiating between different domains in life, it aims to assess the subjective evaluation of the quality one's life as a whole. We used the German version by Glaesmer e al. (2011). Participants indicated their agreement on a seven-point Likert scale ranging from *strongly disagree* to *strongly agree*. The scale has been shown to have very good internal consistency with Cronbach's α = .92 (Glaesmer e al., 2011).

Resilience. Resilience was assessed with the short version of the German Resilience Scale (RS-13, Leppert et al., 2008) which defined resilience as emotional stability. Accordingly, resilience is understood as a dynamic ability to control and modify positive affect according to the demands of the

context from the environment. The questionnaire contains 13 items with a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Internal consistency with Cronbach's α = .90 as well as retest-reliability r_{tt} = .62 has been found to be good (Leppert et al., 2008).

Depression. The German Scale for Depressiveness in a Non-Clinical Context (Mohr & Müller, 2014) intends to measure psychological impairment of well-being and to identify needs of preventive intervention before psychosomatic or mental illnesses occur. The scale is based on the depression model of Beck (1967). Respondents indicated their agreement with the statements in terms of frequencies on a 7-point Likert scale, ranging from 1 (*never*) to 7 (*almost always*). With eight items, the one-dimensional questionnaire was found to have acceptable to good internal constancy (α = .60 -.88).

Procedure

After reading and accepting the informed consent form, participants completed the survey, including all scales mentioned above in randomized order on a secured online survey platform. Then, they were asked to give information on their experience on meditation. Participants had the opportunity to participate in a raffle for five vouchers and if enrolled in psychology of the implementing university, to receive course credit for their participation in the survey. Anonymity of the data was ensured. In order to avoid missing data, participants were asked to edit every item.

Analysis of Factorial Structure

To conduct yet another validity check of our model, we split our sample of *N* = 959 respondents randomly into two subsamples. In the first subsample (*N* = 483), we evaluated the final model from the second study and again optimized the length of the SLQ. Next, we validated the factor structure obtained from analyzing the first subsample using the second subsample (*N* = 476).

Results

Subsample 1: Confirmatory Factor Analysis and Final Item Reduction

First, we tested the 36 items with the hierarchical model 5 (see Figure 2) within the first subsample (*N* = 483). Indices indicated acceptable fit (see Table 3). To once more optimize model fit

and economic applicability for potential users, we eliminated the items with the lowest factor loadings in each category of each dimension (see Appendix A5) which yielded model 6 (see Figure 2) with the final 27-item SLQ (see Table 4). Indices indicated good fit (see Table 3). Factor loadings ranged from .59 - .82 for self-contact (*M* = .70, *SD* = .09), from .42 - .88 for self-acceptance (*M* = .74, *SD* = .16) and from .51 - .87 for self-care (*M* = .70, *SD* = .12). Internal consistency for the 27-item SLQ was very good with α =.93. Cronbach's alpha was further satisfactory for each subscale (Self-Contact: α = .87, Self-Acceptance: α = .89, Self-Care: α = .85). Intercorrelations between the factors were quite strong: $r_{S\text{-}CO\text{-}S\text{-}AC}$ = .51; $r_{S\text{-}CO\text{-}S\text{-}CA}$ = .86; $r_{S\text{-}AC\text{-}S\text{-}CA}$ = .71. Again, item difficulty in the Self-Contact subscale was high (*M* = .76, *SD* = .04) and, moreover, in the Self-Care subscale (*M* = .71, *SD* = .06). Item-total-correlation was satisfactory in all subscales (Self-Contact: *M* = .53, *SD* = .08; Self-Acceptance: *M* = .58, *SD* = .10; Self-Care: *M* = .55, *SD* = .07).

Table 3

Fit Indices of Confirmatory Factor Analyses for Assessing Model Fit (Study 3)

	χ^2	*df*	χ^2/df	RMSEA [CI_{90}]	SRMR	CFI	NNFI
Model 5 (Subsample 1: *N* = 483)	1599.99	582	2.75	.060 [.057-.064]	.07	.87	.86
Model 6 (Subsample 1: *N* = 483)	717.57	312	2.29	.052 [.047-.057]	.05	.94	.93
Model 6 (Subsample 2: *N* = 476)	811.46	312	2.60	.058 [.053-.063]	.06	.92	.91

Notes. RMSEA = Root Mean Square Error of Approximation; CI_{90} = 90% Confidence Interval; SRMR = Standardized Root Mean Square Residual; CFI = Comparative Fit Index; NNFI = Nonnormed Fit Index.

Subsample 2: Cross-Validation of the Factor Structure of 27-item SLQ

Cross-validation of the factor structure of model 6 with the final 27 items in the second subsample (N = 476) showed good fit again. Overall, results provide good support for the hierarchical three-factor model of the SLQ.

Table 4

Factor Loadings and Item Analysis of Model 6 (Final 27 Items of the SLQ)

No.	Item	Factor loading						
		S-CO	S-AC	S-CA	r_{it}	P_i	*M*	*SD*
	Self-Contact							
	Emotions							
F13	I am in touch with my feelings.	.82	–	–	.58	.72	2.90	0.93
F21	I perceive my feelings.	.81	–	–	.55	.80	3.21	0.82
IF29	I don't pay attention to my feelings.	.60	–	–	.44	.80	3.21	0.97
	Cognitions							
F17	I am aware of what is going on inside of me.	.63	–	–	.53	.71	2.84	0.91
F75	I take time to reflect myself.	.63	–	–	.45	.74	2.95	0.96
F80	I examine my thoughts.	.59	–	–	.40	.82	3.28	0.86
	Body							
F48	I perceive the signals of my body.	.77	–	–	.60	.74	2.95	0.88
F52	I pay attention to my body.	.71	–	–	.65	.72	2.88	0.89
F236	I notice my physical sensations.	.75	–	–	.57	.79	3.14	0.78
	Self-Acceptance							
	Emotions							
F3	I have a benevolent attitude toward myself.	–	.76	–	.67	.66	2.64	1.03
F90	I feel comfortable the way I am.	–	.88	–	.68	.64	2.57	1.04
F93	I feel at peace with myself.	–	.82	–	.66	.62	2.48	1.08

			Cognitions					
F87	I think I am alright the way I am.	–	.86	–	.68	.69	2.77	1.04
F111	I accept what I think, even if it is unpleasant.	–	.42	–	.47	.68	2.71	0.94
IF113	It would be better if I didn't have some of my thoughts.	–	.49	–	.38	.45	1.79	1.38
			Body					
F119	I accept my body, even if it doesn't meet my expectations.	–	.77	–	.52	.63	2.53	1.11
F121	I accept my body as it is.	–	.88	–	.58	.63	2.52	1.03
IF126	I am not at peace with my body.	–	.75	–	.55	.64	2.56	1.19
			Self-Care					
			Emotions					
F172	I take time for myself.	–	–	.77	.56	.70	2.81	0.98
F190	I take the time to do things that are good for me.	–	–	.80	.59	.68	2.73	0.95
IF208	I neglect to do anything good for myself.	–	–	.66	.53	.64	2.56	1.07
			Cognitions					
F171	I take responsibility for ensuring that I am well.	–	–	.73	.67	.73	2.91	0.92
F183	I consciously decide with whom I spend my leisure time.	–	–	.51	.46	.81	3.24	0.82
F246	I know which people and activities are good for me.	–	–	.55	.48	.81	3.25	0.83
			Body					
F212	I take care of my health.	–	–	.81	.58	.70	2.78	0.94
F216	I make sure that I am physically well.	–	–	.87	.64	.68	2.73	0.93
F222	I do physical activities that are good for me.	–	–	.60	.45	.68	2.71	1.13

Note. S-CO = Self-contact; S-AC = Self-acceptance; S-CA = Self-care; E = Emotion; C = Cognition; B = Body; r_{it} = item-total-correlation; P_i = percentage difficulty index.

Validation Analysis

To evaluate construct validity, the Self-Love Questionnaire was correlated with nine other scales measuring similar as well as different constructs. To examine convergent validity, we correlated each subscale of the SLQ with a scale related to self-contact, self-acceptance, and self-care. As expected, the subscale Self-Contact was significantly associated to the measure of self-awareness (German Questionnaire for Dispositional Self-Awareness, SAM): $r = .49$, $p < .01$. The subscale Self-Acceptance was found to have a significant correlation with the subscale Nonjudgmental Acceptance of the German version of the Five Facet Mindfulness Questionnaire ($r = .63$, $p < .01$). Moreover, the subscale Self-Care correlated significantly with the measure of self-care (Hamburg Self-Care Questionnaire, HSF): $r = .70$, $p < .01$.

To test discriminant validity, Pearson's correlation coefficients were calculated between the overall SLQ scores, its three subscales and narcissism (NPI-d), self-compassion (SCS), and self-esteem (RSES) (see Table 5). As predicted, SLQ scores were not associated with narcissism. However, the correlation between the SLQ and both self-esteem and self-compassion were slightly higher than expected, whereby both scales were most strongly associated with the Self-Acceptance subscale. However, self-esteem and self-compassion also highly inter-correlated: $r = .72$, $p < .01$.

Table 5

Correlations of the SLQ and its Subscales with Different Measures to Assess Discriminant Validity

Scale	SLQ	Subscales		
		Self-Contact	Self-Acceptance	Self-Care
Narcissism (NPI-d)	.08*	.09**	.07*	.04
Self-Esteem (RSES)	.71**	.44**	.75**	.58**
Self-Compassion (SCS)	.68**	.42**	.72**	.55**

Note. SLQ = Self-Love Questionnaire; NPI-d = Narcissistic Personality Inventory; RSES = Rosenberg Scale to Measure Self-Esteem; SCS = Self-Compassion Short Form.

** $p < .01$, * $p < .05$

To evaluate the relationship between self-love and mental health, we correlated the SLQ with several health-related parameters. These correlations are reported in table 6. As we expected, the SLQ was found to have significant positive correlation with the Life Satisfaction Scale and with the Resilience Scale. Moreover, the SLQ showed a significant negative relation to depression. Since the above reported correlation between self-love, self-compassion and self-esteem was quite high, we calculated partial correlation coefficients to determine the specific association of self-love with the parameters of mental well-being (see Table 6).

Table 6

Total Correlations and Partial Correlations (Controlling for Self-Esteem and Self-Compassion) Between the SLQ and Measures of Mental Health

Scale	Correlations with SLQ	
	r	Partial *r*
Depression	-.62**	-.15
Resilience (RS13)	.62**	.22
Life Satisfaction (SWLS)	.60**	.22

Note. SLQ = Self-Love Questionnaire; Depression = Scale for Depressiveness in a Non-Clinical Context; RS13 = Resilience Scale; SWLS = Satisfaction With Life Scale.

*** p < .01.*

Analysis of Sex Differences

Contrary to our expectation, there was no significant difference in the overall scores between women (*M* = 136.34, *SD* = 19.44) and men (*M* = 137.34, *SD* = 19.66) on the SLQ: *t*(940) = 0.67, *p* = .252. However, women (*M* = 49.04, *SD* = 6.78) reported significantly higher levels of self-contact than men (*M* = 48.02, *SD* = 7.27): *t*(940) = -1.90, *p* = .029, yet with a small effect (*d* = -.15). In contrary, men (*M* = 44.46, *SD* = 8.35) showed significantly higher levels of self-acceptance than women (*M* = 42.42, *SD* = 8.73): *t*(940) = 3.05, *p* = .001, yet with a small effect (*d* = .24). In the subscale Self-Care, no

differences could be found between women (M = 44.88, SD = 7.38) and men (M = 44.86, SD = 7.66): (t(940) = -.03, p = .489).

Discussion

In study 3, we pursued four objectives: We (a) re-examined the factor structure derived from study 2. Further, we (b) investigated construct validity and (c) the association with mental health. Finally, we (d) examined sex differences in self-love.

Good model fit in both subsamples confirmed the hierarchical three-factor structure of the Self-Love Questionnaire. Moreover, the SLQ is characterized by satisfying psychometric properties as well as high internal consistency.

Furthermore, the SLQ showed good construct validity: Convergent validity was supported as results showed that each subscale of the SLQ was highly associated with its related scale for self-contact, self-acceptance, and self-care. The comparatively low correlation (.49) between self-contact and the measure of self-awareness (German Questionnaire for Dispositional Self-Awareness, SAM) may be attributed to the inverse scale labeling of the SAM scale: The SAM was the only questionnaire whose scale ranged from 5 (*very often*) to 1 (*very rare*) instead of vice versa, so some subjects may not have adapted their responses to the scale format. Moreover, discriminant validity could be confirmed: As expected, self-love and narcissism showed a correlation close to zero, supporting the theoretically based hypothesis that the constructs are to be differentiated. Findings suggest that self-love is associated with self-esteem and self-compassion. Thus, participants with high scores on self-love were likely to have higher levels of self-esteem and self-compassion than those with less self-love. This may not be surprising in the sense that all three constructs are self-related constructs: Self-esteem refers to the evaluation of one's self and is defined as the individual's sense of goodness and worth based on meeting personal standards or comparing oneself to others (Bernard, 2013). Although both concepts relate to the self, self-love and self-esteem differ crucially in this respect, as self-love explicitly does not involve evaluating oneself. Interestingly, previous research has shown that self-esteem is highly correlated with self-acceptance (e.g. Ryff, 1989), possibly because accepting

oneself and evaluating oneself positively are closely linked. This association is reflected in our results, as among the subscales of self-love, Self-Acceptance is most strongly related to self-esteem (.75) which could be the reason for the high, yet not moderate relationship between the self-love overall scale and self-esteem. Overall, it seems plausible that individuals who are in contact with themselves, accept and care for themselves are likely to place more value on themselves than individuals with lower levels of self-love. The situation is different with self-compassion, since self-compassion – just like self-love – does not include self-evaluations (Neff, 2003). As described earlier (Henschke & Sedlmeier, in press), self-love represents an aspect of loving kindness which is the first of four brahma-viharas stemming from Buddhist psychology. Specifically, loving kindness comprises the desire for welfare and well-being of all beings – including one's own person (Wallace, 2010). Self-compassion is an aspect of compassion which is another of the four brahma-viharas characterized by the wish that all beings, including oneself, be free of suffering and free of the source of suffering (Goldstein & Kornfield, 1987; Salzberg, 1995; Wallace, 2010). Thus, the experience of suffering is central to self-compassion, but not to self-love. Since loving kindness is described as the base for the other brahma-viharas (Salzberg, 1995), the higher association between self-love and self-compassion appear justifiable. Therefore, it seems plausible that individuals who are in contact with themselves, accept and care for themselves show compassion for themselves when experiencing suffering. Overall, the three concepts self-love, self-esteem and self-compassion all relate to the self, yet there are some theoretically crucial differences between them. Finally, the correlations between self-love and self-esteem, and with self-compassion are not as high as to think of them as equal constructs.

As further hypothesized, the SLQ correlated highly with measures of mental health: People with high scores on self-love provided higher levels of satisfaction with life and resilience, and at the same time, less depressive symptoms. Even after controlling for self-compassion and self-esteem, it could be shown that self-love is related to mental health.

Finally, contrary to our hypothesis, no sex differences were found among women and men on the overall self-love scores. Women showed slightly higher values in self-contact, however, with a

small effect. In contrast, men showed higher values than women in the Self-Acceptance subscale. This is not surprising insofar, as women may be very challenged by media culture in accepting themselves and their bodies in particular (Murray, 2015).

General Discussion

With the presented set of studies, we propose the Self-Love Questionnaire, a psychometrically sound and valid questionnaire with 27 items that assess self-love. For a long time, there was no consensus on how to define self-love, nor was there an adequate instrument to measure the construct. To fill this gap, the authors previously presented a model of self-love (Henschke & Sedlmeier, in press). This provided the basis for the development of the SLQ, which allows to measure self-love in a valid and reliable way.

As a self-report measure, the SLQ is based on subjective assessments. Some participants may not be sufficiently aware of their attitude towards themselves, thus the SLQ is naturally limited in its ability to measure individual levels of self-love. Therefore, it would be worthwhile to develop other methods for assessing self-love in future studies, such as implicit measures and clinical interviews. Nonetheless, a self-report scale to measure individual levels of self-love is an important first step toward empirical investigation of the construct. There are numerous research questions that could be pursued using the SLQ: Based on theoretical considerations and our findings, it should be worthwhile to further investigate the health-promoting effects of self-love, particularly using an experimental design. Therefore, it might be helpful to collect more symptom-related data, such as anxiety, psychological symptoms and distress. More oriented to positive psychology, it would further be interesting to integrate measures of well-being, happiness and self-efficacy. Moreover, the definition and measurement of self-love proposed by the authors allows for the important discussion of its etiology, which can be linked to the question of how to strengthen self-love in later stages of life: Especially in the clinical context it would be helpful to develop interventions and programs that seek to foster self-love to help individuals who lack of a kind attitude toward themselves, and have difficulties by getting in contact with themselves, accepting and taking care of themselves. In addition,

longitudinal studies could be used to examine how self-love changes over the lifespan. It seems also promising to investigate how self-love changes and develops in critical and sensitive phases of life, such as youth and old age. Finally, future studies should explore how self-love is linked to personality traits: It is conceivable that individuals with higher scores on self-love may have less neuroticism. Since the attitude towards others cannot be separated from the attitude towards oneself (Funk, 2018), one might expect that individuals who are open towards their experiences – thus have self-contact – show higher scores in openness. For this reason, it can also be assumed that people who are kind to themselves and take good care of themselves will do the same for others, reflecting the widely held view that self-love is a prerequisite for loving others (Campbell & Baumeister, 2003). In this regard, high levels of self-love may be associated with higher levels of agreeableness.

The SLQ shows several promising application possibilities: The role that self-love may play in various mental disorders (see Fromm, 1939) suggests useful clinical applications of the SLQ. A separate evaluation of the subscales would also provide specific information on the areas in which there is still potential for increase. The SLQ would further allow to assess progress of clients and patients as well as evaluating the efficacy of programs focusing on strengthening self-love.

Self-love is a concept that has received little attention in research so far, despite its growing popularity in the public discourse and anchorage in old disciplines like philosophy. To our knowledge, with the SLQ we propose the first psychometrically sound and valid questionnaire that measures individual differences in self-love. Expanding our understanding of self-love and including the construct in the scientific discourse seems to be a most promising enterprise.

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Appendix

Appendix A includes a translation table as well as tables with factor loadings and item analyses of the different models described in the text.

Appendix B includes the Self-Love Questionnaire (SLQ) as well as all questionnaires used for validation analysis which are presented in German.

Appendix A

A1 Item Translation Table of all 116 Items Selected in Study 1

A2 Factor Loading and Item Analysis of Model 2

A3 Factor Loading and Item Analysis of Model 3

A4 Factor Loading and Item Analysis of Model 4

A5 Factor Loading and Item Analysis of Model 5

A1 Item Translation Table of all 116 Items Selected in Study 1

No.	Item	
	German	English
	Self-Contact	
	Emotions	
F13	Ich bin im Kontakt mit meinen Gefühlen.	I am in touch with my feelings.
F14	Ich fühle mich in Verbindung mit den Dingen, die in mir vorgehen.	I feel in touch with the things that are going on inside of me.
F18	Ich bin in Kontakt mit mir.	I am in touch with myself.
F21	Ich nehme meine Gefühle wahr.	I perceive my feelings.
F22	Ich schenke meinen Gefühlen Beachtung.	I pay attention to my feelings.
F25	Ich bemerke, wenn sich meine Stimmung ändert.	I notice my mood changes.
F28	Ich nehme wahr, was ich fühle.	I perceive how I feel.
IF29	Ich schenke meinen Gefühlen keine Aufmerksamkeit.	I don't pay attention to my feelings.
IF36	Ich habe keine Ahnung, was ich fühle.	I have no idea how I feel.
	Cognitions	
F17	Mir ist bewusst, was in mir vorgeht.	I am aware of what is going on inside of me.
IF20	Ich nehme nicht wahr, was in mir vorgeht.	I do not perceive what is going on inside of me.
F40	Ich schenke meinen Gedanken Beachtung.	I pay attention to my thoughts.
F41	Ich nehme widersprüchliche Gedanken wahr.	I perceive conflicting thoughts.
F42	Ich bin mir dessen bewusst, was ich denke.	I am aware of what I think.
F44	Mir ist bewusst, welche Gedanken mir gerade durch den Kopf gehen.	I am aware of the thoughts that are going through my mind right now.
F45	Ich beschäftige mich nicht damit, was ich denke.	I do not concern myself with what I think.
IF46	Ich habe keinen Zugang zu meinen Gedanken.	I have no access to my thoughts.
F75	Ich nehme mir Zeit, um mich zu reflektieren.	I take time to reflect myself.
F80	Ich setze mich mit meinen Gedanken auseinander.	I examine my thoughts.
IF82	Ich beschäftige mich nicht mit den Dingen, die in mir vorgehen.	I don't deal with the things that are going on inside of me.

	Body	
F48	Ich nehme die Signale meines Körpers wahr.	I perceive the signals of my body.
F50	Ich habe ein Bewusstsein für meinen Körper.	I have an awareness of my body.
F236	Ich nehme meine körperlichen Empfindungen wahr.	I notice my physical sensations.
F52	Ich schenke meinem Körper Beachtung.	I pay attention to my body.
IF54	Ich spüre nicht, was mein Körper braucht.	I do not feel what my body needs.
IF58	Ich nehme nicht wahr, was in meinem Körper vorgeht.	I do not perceive what is going on inside my body.
	Self-Perception	
F15	Ich schenke mir Beachtung.	I pay attention to myself.
F16	Ich nehme mein Innenleben grundsätzlich wahr.	In principle, I perceive my inner life.
IF 19	Ich fühle mich mir selbst entfremdet.	I feel alienated from myself.
F74	Ich nehme mir die Zeit, mein Innenleben wahrzunehmen.	I take the time to perceive my inner life.
	Self-Encounter	
F76	Wenn ich mich unwohl fühle, frage ich mich, was los ist.	When I feel uncomfortable, I ask myself what is going on.
F77	Ich führe innere Dialoge, wenn ich widersprüchliche Stimmen in mir wahrnehme.	I conduct inner dialogues when I perceive contradictory voices within me.
F81	Ich frage mich immer wieder, wie es mir eigentlich geht.	I keep asking myself how I am actually doing.
IF83	Ich setze mich nicht mit mir auseinander.	I do not deal with myself.
	Self-Acceptance	
	Emotions	
F1	Ich bin mir selbst eine gute Freundin. / Ich bin mir selbst ein guter Freund.	I am a good friend to myself.
F3	Ich habe eine wohlwollende Haltung mir gegenüber.	I have a benevolent attitude toward myself.
F89	Ich bin mit mir im Reinen.	I am at peace with myself.
F90	Ich fühle mich wohl, so wie ich bin.	I feel comfortable the way I am.
F93	Ich fühle mich im Frieden mit mir.	I feel at peace with myself.
F237	Ich akzeptiere auch meine negativen Emotionen.	I also accept my negative emotions.
F98	Ich lasse sowohl schöne als auch schwierige Gefühle zu.	I allow both beautiful and difficult feelings.

F99	Auch wenn es nicht immer leicht ist, akzeptiere ich auch weniger angenehme Gefühle.	Even though it is not always easy, I also accept less pleasant feelings.
F102	Ganz gleich welches Gefühl aufkommt, alle dürfen sein.	No matter which feeling arises, all may be.
F238	Unangenehme Gefühle nehme ich an, so wie sie sind.	I accept unpleasant feelings as they are.
IF105	Ich vermeide bestimmte Gefühle.	I avoid certain feelings.
IF107	Ich bin mit manchen Gefühlen die auftauchen, nicht im Frieden.	I am not at peace with some of the feelings that come up.
	Cognitions	
F87	Ich finde mich in Ordnung, so wie ich bin.	I think I am alright the way I am.
F88	Ich akzeptiere mich, so wie ich bin.	I accept myself as I am.
F108	Ich akzeptiere meine Gedanken, so wie sie sind.	I accept my thoughts as they are.
F111	Ich akzeptiere das was ich denke, auch wenn es unangenehm ist.	I accept what I think, even if it is unpleasant.
F239	Ich lasse sowohl angenehme als auch weniger angenehme Gedanken zu.	I allow both pleasant and less pleasant thoughts.
F240	Ich bin mit den Gedanken, die mir im Kopf rumgehen, im Reinen.	I am at peace with the thoughts that are going through my head.
IF113	Es wäre besser, wenn ich einige meiner Gedanken nicht haben würde.	It would be better if I didn't have some of my thoughts.
IF114	Wenn bestimmte Gedanken aufkommen, möchte ich diese schnell loszuwerden.	When certain thoughts come up, I want to get rid of them quickly.
	Body	
F119	Ich akzeptiere meinen Körper, auch wenn er nicht meinen Vorstellungen entspricht.	I accept my body, even if it doesn't meet my expectations.
F120	Ich akzeptiere körperliche Veränderungen, welche die Zeit mit sich bringt.	I accept the physical changes that time brings.
F121	Ich nehme meinen Körper so an, wie er ist.	I accept my body as it is.
F241	Ich bin mit dem, was mein Körper leisten kann, im Reinen.	I am at peace with what my body can do.
IF126	Ich bin mit meinem Körper nicht im Frieden.	I am not at peace with my body.

	Shadow	
F140	Ich bin trotz meiner Unzulänglichkeiten mit mir im Reinen.	I am at peace with myself despite my shortcomings.
F143	Ich bin mit meinen schwierigen Seiten im Frieden.	I am at peace with my difficult sides.
F144	Ich akzeptiere mich mit meinen Schwächen.	I accept myself with my weaknesses.
F146	Ich akzeptiere jene Aspekte an mir, die ich als unangenehm empfinde.	I accept those aspects of myself that I find unpleasant.
IF149	Ich wäre besser dran, wenn ich einige meiner Eigenarten nicht hätte.	I would be better off if I didn't have some of my idiosyncrasies.
F158	Ich akzeptiere, dass es Momente gibt, in denen ich nicht meinen eigenen Vorstellungen von mir entspreche.	I accept that there are moments when I don't live up to my own ideas of who I am.
F160	Ich akzeptiere, dass ich nicht all das bin, was ich gerne sein möchte.	I accept that I am not all that I would like to be.
IF166	Ich komme mit bestimmten Eigenschaften, die ich an mir unangenehm finde, nicht in Frieden.	I am not at peace with certain qualities that I find unpleasant about myself.
	Strengths	
F151	Ich bin im Frieden mit meinen Fähigkeiten.	I am at peace with my abilities.
F152	Ich erkenne an, was ich gut kann.	I acknowledge what I am good at.
F153	Ich akzeptiere jene Dinge, die mir liegen.	I accept those things that I am good at.
IF156	Ich bin mit einigen Dingen, die mir liegen, nicht im Reinen.	I am not at peace with some of the things I am good at.
IF242	Manche meiner Fähigkeiten sind mir unangenehm.	Some of my skills make me uncomfortable.
	Self-Care	
	Emotions	
F167	Ich sorge für mein eigenes Wohlbefinden.	I take care of my own well-being.
F168	Ich sorge dafür, dass es mir gut geht.	I make sure that I am well.
F172	Ich nehme mir Zeit für mich.	I take time for myself.
IF177	Ich vernachlässige es, gut für mich zu sorgen.	I neglect to take good care of myself.
IF243	Ich kümmere mich nicht darum, dass es mir gut geht.	I do not take care that I'm doing well.
F190	Ich nehme mir die Zeit, Dinge zu machen, die mir gut tun.	I take the time to do things that are good for me.
F191	Ich integriere Sachen in meinen Alltag, die mir Spaß machen.	I incorporate things into my everyday life that I enjoy.
F197	Ich suche mir Aktivitäten, von denen ich weiß, dass sie mir gut tun.	I look for activities that I know will do me good.

F198	Ich suche Orte auf, die mir gut tun.	I seek out places that are good for me.
IF199	Ich schiebe Dinge vor mir her, von denen ich weiß, dass sie mir gut tun.	I put things off that I know are good for me.
IF200	Ich nehme mir nicht die Zeit für wohltuende Aktivitäten.	I don't take the time for wholesome activities.
F203	Ich achte darauf, mir ab und zu etwas Gutes zu tun.	I make sure to do something good for myself once in a while.
F204	Ich mache mir gerne auch mal eine Freude.	I like to give myself a treat.
IF208	Ich vernachlässige es, mir etwas Gutes zu tun.	I neglect to do anything good for myself.
	Cognitions	
F171	Ich übernehme Verantwortung dafür, dass es mir gut geht.	I take responsibility for ensuring that I am well.
F175	Ich bestärke mich bei Dingen, die mir gut gelingen.	I encourage myself with things that I do well.
F183	Ich entscheide bewusst, mit wem ich meine Freizeit verbringe.	I consciously decide with whom I spend my leisure time.
F246[a]	Ich weiß, welche Menschen und Aktivitäten mir guttun.	I know which people and activities are good for me.
F244	Ich grenze mich ab, wenn mir eine Person nicht gut tut.	I distance myself when a person is not good for me.
F207	Ich verwehre mir Dinge, von denen ich weiß, dass sie mir nicht gut tun.	I deny myself things that I know are not good for me.
IF245	Ich mache Dinge, obwohl ich weiß, dass sie mir nicht gut tun.	I do things even though I know they are not good for me.
	Body	
F211	Ich passe meine körperlichen Aktivitäten an, wenn ich merke, dass mein Körper etwas Anderes braucht.	I adjust my physical activities when I realize my body needs something different.
F212	Ich kümmere mich um meine Gesundheit.	I take care of my health.
F214	Ich achte auf die Bedürfnisse meines Körpers.	I pay attention to the needs of my body.
F216	Ich achte darauf, dass es mir körperlich gut geht.	I make sure that I am physically well.
IF218	Ich kümmere mich nicht darum, dass es mir körperlich gut geht.	I don't care about being physically well.
F219	Ich ernähre mich gesund.	I eat healthy.
IF221	Ich vernachlässige es, mich um eine gesunde Ernährung zu kümmern.	I neglect to take care of a healthy diet.
F222	Ich mache körperliche Aktivitäten, die mir gut tun.	I do physical activities that are good for me.

F223	Ich bin in einem Maße körperlich aktiv, dass es sich für mich stimmig anfühlt.	I am physically active to a degree that feels right for me.
IF224	Ich kümmere mich nicht darum, mich in einem für mich ausreichendem Maße zu bewegen.	I don't care to exercise to a degree that is sufficient for me.
F225	Ich pflege meinen Körper.	I take care of my body.
F226	Ich vernachlässige meine Körperpflege.	I neglect my personal hygiene.
F227	Ich gönne mir Zeiten der Entspannung.	I allow myself times of relaxation.
F228	Ich ermögliche mir Zeiten der Erholung.	I allow myself times for rest.
IF231	Ich vernachlässige es, mir Momente der Entspannung zu ermöglichen.	I neglect to allow myself moments of relaxation.
	Shape Relationships	
F178	Ich verbringe Zeit mit Menschen, die mir wichtig sind.	I spend time with people who are important to me.
F179	Ich pflege die sozialen Beziehungen, die mir gut tun.	I maintain the social relationships that are good for me.
F186	Wenn ich merke, dass ich ein Treffen nur unter großer Anstrengung wahrnehmen kann, erlaube ich mir auch, abzusagen.	If I realize that I can only attend a meeting with great effort, I also allow myself to cancel it.
IF187	Ich habe Beziehungen, die ich pflege, obwohl sie mir nicht gut tun.	I have relationships that I maintain even though they are not good for me.
IF189	Ich verliere die Beziehungen, die mir wichtig sind, aus den Augen.	I lose sight of the relationships that are important to me.
	Treat Oneself	
F202	Ab und zu gönne ich mir etwas.	Every now and then I treat myself.
F205	Ich leiste mir schöne Dinge, auch wenn es nur Kleinigkeiten sind.	I afford nice things, even if they are just little things.
F229	Ich achte darauf, immer wieder Pausen einzulegen.	I make sure to take breaks every now and then.
F230	Ich richte mir Momente ein, in denen ich innehalte.	I set up moments for myself to pause.

Note. Items of the SQL include linguistic changes of study 3.

[a] This Item was generated and added in the course of study 3.

A2 Factor Loadings and Item Analysis of Model 2

No.	Item	Factor loading						
		S-CO	S-AC	S-CA	r_{it}	P_i	*M*	*SD*
	Self-Contact							
	Emotions							
F13	I am in touch with my feelings.	.76	–	–	.63	.74	2.96	0.88
F14	I feel in touch with the things that are going on inside of me.	.67	–	–	.59	.71	2.82	0.87
F18	I am in touch with myself.	.72	–	–	.66	.76	3.04	0.83
F21	I perceive my feelings.	.78	–	–	.62	.78	3.10	0.80
F22	I pay attention to my feelings.	.72	–	–	.61	.78	3.12	0.82
F25	I notice my mood changes.	.48	–	–	.33	.82	3.30	0.77
F28	I perceive how I feel.	.76	–	–	.60	.78	3.19	0.78
IF29	I don't pay attention to my feelings.	.46	–	–	.34	.80	3.21	1.07
IF36	I have no idea how I feel.	.62	–	–	.51	.84	3.36	0.86
	Cognitions							
F17	I am aware of what is going on inside of me.	.69	–	–	.58	.74	2.96	0.80
F20	I do not perceive what is going on inside of me.	.62	–	–	.48	.86	3.44	0.79
F40	I pay attention to my thoughts.	.66	–	–	.55	.81	3.26	0.74
F41	I perceive conflicting thoughts.	.22	–	–	.09	.75	2.99	0.97
F42	I am aware of what I think.	.60	–	–	.49	.80	3.22	0.77
F44	I am aware of the thoughts that are going through my mind right now.	.61	–	–	.49	.81	3.23	0.80
F45	I do not concern myself with what I think.	.51	–	–	.37	.89	3.56	0.72
F46	I have no access to my thoughts.	.62	–	–	.54	.90	3.60	0.66
F75	I take time to reflect myself.	.53	–	–	.46	.74	2.97	1.01
F80	I examine my thoughts.	.41	–	–	.32	.74	2.96	1.07
IF82	I don't deal with the things that are going on inside of me.	.48	–	–	.34	.85	3.40	0.94
	Body							
F48	I perceive the signals of my body.	.59	–	–	.56	.77	3.06	0.83
F50	I have an awareness of my body.	.68	–	–	.66	.78	3.10	0.81
F236	I notice my physical sensations.	.66	–	–	.57	.80	3.19	0.77
F52	I pay attention to my body.	.67	–	–	.64	.76	3.05	0.83

F54	I do not feel what my body needs.	.58	–	–	.53	.81	3.25	0.86
IF58	I do not perceive what is going on inside my body.	.55	–	–	.47	.84	3.36	0.80
	Self-Acceptance							
	Emotions							
F1	I am a good friend to myself.	–	.67	–	.63	.64	2.56	1.05
F3	I have a benevolent attitude toward myself.	–	.70	–	.63	.67	2.66	0.99
F89	I am at peace with myself.	–	.86	–	.73	.64	2.56	1.02
F90	I feel comfortable the way I am.	–	.81	–	.64	.63	2.52	1.02
F93	I feel at peace with myself.	–	.84	–	.67	.64	2.58	1.04
F237	I also accept my negative emotions.	–	.68	–	.59	.72	2.87	1.16
F98	I allow both beautiful and difficult feelings.	–	.49	–	.58	.74	2.94	0.92
F99	Even though it is not always easy, I also accept less pleasant feelings.	–	.62	–	.62	.67	2.70	0.94
F102	No matter which feeling arises, all may be.	–	.60	–	.56	.64	2.55	1.13
F238	I accept unpleasant feelings as they are.	–	.58	–	.55	.58	2.32	1.02
IF105	I avoid certain feelings.	–	.45	–	.42	.59	2.36	1.23
IF107	I am not at peace with some of the feelings that come up.	–	.50	–	.39	.43	1.73	1.11
	Cognitions							
F87	I think I am alright the way I am.	–	.86	–	.66	.66	2.62	1.01
F88	I accept myself as I am.	–	.83	–	.69	.67	2.69	1.03
F108	I accept my thoughts as they are.	–	.65	–	.57	.65	2.59	0.99
F111	I accept what I think, even if it is unpleasant.	–	.58	–	.57	.63	2.53	1.01
F239	I allow both pleasant and less pleasant thoughts.	–	.50	–	.50	.71	2.84	0.96
F240	I am at peace with the thoughts that are going through my head.	–	.71	–	.63	.59	2.35	1.07
IF113	It would be better if I didn't have some of my thoughts.	–	.56	–	.47	.47	1.88	1.37
IF114	When certain thoughts come up, I want to get rid of them quickly.	–	.39	–	.32	.46	1.86	1.22

			Body					
F119	I accept my body, even if it doesn't meet my expectations.	–	.54	–	.41	.61	2.44	1.11
F120	I accept the physical changes that time brings.	–	.51	–	.40	.59	2.38	1.03
F121	I accept my body as it is.	–	.68	–	.52	.63	2.51	1.06
F241	I am at peace with what my body can do.	–	.63	–	.52	.61	2.44	1.12
IF126	I am not at peace with my body.	–	.59	–	.47	.66	2.65	1.19
			Self-Care					
			Emotions					
F167	I take care of my own well-being.	–	–	.78	.71	.74	2.97	0.79
F168	I make sure that I am well.	–	–	.79	.73	.73	2.92	0.87
F172	I take time for myself.	–	–	.71	.63	.75	3.00	0.94
IF177	I neglect to take good care of myself.	–	–	.63	.57	.71	2.86	1.03
IF243	I do not take care that I'm doing well.	–	–	.72	.69	.81	3.25	0.93
F190	I take the time to do things that are good for me.	–	–	.74	.65	.74	2.98	0.93
F191	I incorporate things into my everyday life that I enjoy.	–	–	.60	.52	.79	3.17	0.82
F197	I look for activities that I know will do me good.	–	–	.66	.60	.78	3.11	0.84
F198	I seek out places that are good for me.	–	–	.64	.58	.76	3.04	0.93
IF199	I put things off that I know are good for me.	–	–	.39	.38	.53	2.13	1.24
F200	I don't take the time for beneficial activities.	–	–	.70	.63	.74	2.98	1.02
F203	I make sure to do something good for myself once in a while.	–	–	.74	.66	.81	3.23	0.83
F204	I like to give myself a treat.	–	–	.64	.56	.77	3.09	0.87
IF208	I neglect to do anything good for myself.	–	–	.72	.64	.73	2.94	1.03
			Cognitions					
F171	I take responsibility for ensuring that I am well.	–	–	.74	.71	.76	3.03	0.86
F175	I encourage myself with things that I do well.	–	–	.53	.52	.75	3.00	0.88

F183	I consciously decide with whom I spend my leisure time.	–	–	.57	.52	.79	3.18	0.88
F244	I distance myself when a person is not good for me.	–	–	.31	.34	.66	2.65	1.07
F207	I deny myself things that I know are not good for me.	–	–	.32	.30	.53	2.12	0.97
IF245	I do things even though I know they are not good for me.	–	–	.42	.39	.44	1.76	1.16
	Body							
F211	I adjust my physical activities when I realize my body needs something different.	–	–	.52	.47	.63	2.53	1.05
F212	I take care of my health.	–	–	.64	.56	.74	2.96	0.86
F214	I pay attention to the needs of my body.	–	–	.71	.66	.70	2.81	0.91
F216	I make sure that I am physically well.	–	–	.72	.65	.73	2.90	0.91
IF218	I don't care about being physically well.	–	–	.65	.61	.81	3.24	0.89
F219	I eat healthy.	–	–	.58	.54	.70	2.81	0.86
IF221	I neglect to take care of a healthy diet.	–	–	.52	.47	.73	2.91	1.05
F222	I do physical activities that are good for me.	–	–	.54	.49	.74	2.95	1.06
F223	I am physically active to a degree that feels right for me.	–	–	.46	.40	.63	2.54	1.19
IF224	I don't care to exercise to a degree that is sufficient for me.	–	–	.40	.39	.71	2.82	1.17
F225	I take care of my body.	–	–	.52	.49	.79	3.15	0.88
IF226	I neglect my personal hygiene.	–	–	.26	.27	.86	3.43	0.94
F227	I allow myself times of relaxation.	–	–	.63	.56	.75	2.99	0.95
F228	I allow myself times for rest.	–	–	.61	.53	.74	2.97	0.92
IF231	I neglect to allow myself moments of relaxation.	–	–	.53	.48	.69	2.76	1.15

Note. S-CO = Self-contact; S-AC = Self-acceptance; S-CA = Self-care; E = Emotion; C = Cognition; B = Body; r_{it} = item-total-correlation; P_i = percentage difficulty index.

A3 Factor Loadings and Item Analysis of Model 3

No.	Item	Factor loading						
		S-CO	S-AC	S-CA	r_{it}	P_i	*M*	*SD*
	Self-Contact							
	Emotions							
F13	I am in touch with my feelings.	.78	–	–	.63	.74	2.96	0.88
F14	I feel in touch with the things that are going on inside of me. *	.68	–	–	.59	.71	2.82	0.87
F18	I am in touch with myself. *	.74	–	–	.66	.76	3.04	0.83
F21	I perceive my feelings.	.80	–	–	.62	.78	3.10	0.80
F22	I pay attention to my feelings. *	.73	–	–	.61	.78	3.12	0.82
F25	I notice my mood changes.	.48	–	–	.33	.82	3.30	0.77
F28	I perceive how I feel. *	.78	–	–	.60	.78	3.19	0.78
IF29	I don't pay attention to my feelings.	.46	–	–	.34	.80	3.21	1.07
IF36	I have no idea how I feel. *	.64	–	–	.51	.84	3.36	0.86
	Cognitions							
F17	I am aware of what is going on inside of me.	.70	–	–	.58	.74	2.96	0.80
F20:	I do not perceive what is going on inside of me. *	.58	–	–	.48	.86	3.44	0.79
F40	I pay attention to my thoughts. *	.73	–	–	.55	.81	3.26	0.74
F41	I perceive conflicting thoughts. *	.29	–	–	.09	.75	2.99	0.97
F42	I am aware of what I think. *	.70	–	–	.49	.80	3.22	0.77
F44	I am aware of the thoughts that are going through my mind right now. *	.71	–	–	.49	.81	3.23	0.80
F45	I do not concern myself with what I think. *	.57	–	–	.37	.89	3.56	0.72
F46	I have no access to my thoughts. *	.67	–	–	.54	.90	3.60	0.66
F75	I take time to reflect myself.	.54	–	–	.46	.74	2.97	1.01
F80	I examine my thoughts.	.45	–	–	.32	.74	2.96	1.07
IF82	I don't deal with the things that are going on inside of me.	.54	–	–	.34	.85	3.40	0.94
	Body							
F48	I perceive the signals of my body.	.75	–	–	.56	.77	3.06	0.83
F50	I have an awareness of my body. *	.80	–	–	.66	.78	3.10	0.81
F236	I notice my physical sensations.	.75	–	–	.57	.80	3.19	0.77
F52	I pay attention to my body.	.79	–	–	.64	.76	3.05	0.83
F54	I do not feel what my body needs. *	.59	–	–	.53	.81	3.25	0.86

IF58	I do not perceive what is going on inside my body.	.58	–	–	.47	.84	3.36	0.80
	Self-Acceptance							
	Emotions							
F1	I am a good friend to myself. *	–	.68	–	.63	.64	2.56	1.05
F3	I have a benevolent attitude toward myself.	–	.71	–	.63	.67	2.66	0.99
F89	I am at peace with myself. *	–	.86	–	.73	.64	2.56	1.02
F90	I feel comfortable the way I am.	–	.80	–	.64	.63	2.52	1.02
F93	I feel at peace with myself.	–	.84	–	.67	.64	2.58	1.04
F237	I also accept my negative emotions.	–	.69	–	.59	.72	2.87	1.16
F98	I allow both beautiful and difficult feelings. *	–	.51	–	.58	.74	2.94	0.92
F99	Even though it is not always easy, I also accept less pleasant feelings. *	–	.63	–	.62	.67	2.70	0.94
F102	No matter which feeling arises, all may be. *	–	.61	–	.56	.64	2.55	1.13
F238	I accept unpleasant feelings as they are. *	–	.59	–	.55	.58	2.32	1.02
IF105	I avoid certain feelings. *	–	.46	–	.42	.59	2.36	1.23
IF107	I am not at peace with some of the feelings that come up. *	–	.50	–	.39	.43	1.73	1.11
	Cognitions							
F87	I think I am alright the way I am.	–	.86	–	.66	.66	2.62	1.01
F88	I accept myself as I am. *	–	.83	–	.69	.67	2.69	1.03
F108	I accept my thoughts as they are. *	–	.68	–	.57	.65	2.59	0.99
F111	I accept what I think, even if it is unpleasant.	–	.60	–	.57	.63	2.53	1.01
F239	I allow both pleasant and less pleasant thoughts.	–	.52	–	.50	.71	2.84	0.96
F240	I am at peace with the thoughts that are going through my head. *	–	.73	–	.63	.59	2.35	1.07
IF113	It would be better if I didn't have some of my thoughts.	–	.58	–	.47	.47	1.88	1.37
IF114	When certain thoughts come up, I want to get rid of them quickly. *	–	.42	–	.32	.46	1.86	1.22

			Body					
F119	I accept my body, even if it doesn't meet my expectations.	–	.72	–	.41	.61	2.44	1.11
F120	I accept the physical changes that time brings.	–	.69	–	.40	.59	2.38	1.03
F121	I accept my body as it is.	–	.88	–	.52	.63	2.51	1.06
F241	I am at peace with what my body can do. *	–	.64	–	.52	.61	2.44	1.12
IF126	I am not at peace with my body.	–	.74	–	.47	.66	2.65	1.19
			Self-Care					
			Emotions					
F167	I take care of my own well-being. *	–	–	.80	.71	.74	2.97	0.79
F168	I make sure that I am well. *	–	–	.81	.73	.73	2.92	0.87
F172	I take time for myself.	–	–	.71	.63	.75	3.00	0.94
IF177	I neglect to take good care of myself. *	–	–	.63	.57	.71	2.86	1.03
IF243	I do not take care that I'm doing well. *	–	–	.73	.69	.81	3.25	0.93
F190	I take the time to do things that are good for me.	–	–	.76	.65	.74	2.98	0.93
F191	I incorporate things into my everyday life that I enjoy. *	–	–	.61	.52	.79	3.17	0.82
F197	I look for activities that I know will do me good. *	–	–	.66	.60	.78	3.11	0.84
F198	I seek out places that are good for me. *	–	–	.66	.58	.76	3.04	0.93
IF199	I put things off that I know are good for me. *	–	–	.39	.38	.53	2.13	1.24
F200	I don't take the time for beneficial activities. *	–	–	.70	.63	.74	2.98	1.02
F203	I make sure to do something good for myself once in a while. *	–	–	.75	.66	.81	3.23	0.83
F204	I like to give myself a treat.	–	–	.66	.56	.77	3.09	0.87
IF208	I neglect to do anything good for myself.	–	–	.74	.64	.73	2.94	1.03
			Cognitions					
F171	I take responsibility for ensuring that I am well.	–	–	.79	.71	.76	3.03	0.86
F175	I encourage myself with things that I do well. *	–	–	.59	.52	.75	3.00	0.88

F183	I consciously decide with whom I spend my leisure time.	–	–	.60	.52	.79	3.18	0.88
F244	I distance myself when a person is not good for me. *	–	–	.36	.34	.66	2.65	1.07
F207	I deny myself things that I know are not good for me. *	–	–	.36	.30	.53	2.12	0.97
IF245	I do things even though I know they are not good for me.	–	–	.43	.39	.44	1.76	1.16
	Body							
F211	I adjust my physical activities when I realize my body needs something different. *	–	–	.54	.47	.63	2.53	1.05
F212	I take care of my health.	–	–	.71	.56	.74	2.96	0.86
F214	I pay attention to the needs of my body. *	–	–	.72	.66	.70	2.81	0.91
F216	I make sure that I am physically well.	–	–	.82	.65	.73	2.9	0.91
IF218	I don't care about being physically well. *	–	–	.68	.61	.81	3.24	0.89
F219	I eat healthy. *	–	–	.69	.54	.70	2.81	0.86
IF221	I neglect to take care of a healthy diet. *	–	–	.63	.47	.73	2.91	1.05
F222	I do physical activities that are good for me.	–	–	.65	.49	.74	2.95	1.06
F223	I am physically active to a degree that feels right for me. *	–	–	.59	.40	.63	2.54	1.19
IF224	I don't care to exercise to a degree that is sufficient for me. *	–	–	.54	.39	.71	2.82	1.17
F225	I take care of my body. *	–	–	.53	.49	.79	3.15	0.88
IF226	I neglect my personal hygiene. *	–	–	.26	.27	.86	3.43	0.94
F227	I allow myself times of relaxation. *	–	–	.63	.56	.75	2.99	0.95
F228	I allow myself times for rest. *	–	–	.61	.53	.74	2.97	0.92
IF231	I neglect to allow myself moments of relaxation.	–	–	.44	.48	.69	2.76	1.15

Note. S-CO = Self-contact; S-AC = Self-acceptance; S-CA = Self-care; E = Emotion; C = Cognition; B = Body; r_{it} = item-total-correlation; $P_{i=}$ percentage difficulty index. * = Items eliminated for economic applicability based on the described criteria.

A4 Factor Loadings and Item Analysis of Model 4

No.	Item	Factor loading						
		S-CO	S-AC	S-CA	r_{it}	P_i	*M*	*SD*
	Self-Contact							
	Emotions							
F13	I am in touch with my feelings.	.75	–	–	.62	.74	2.96	0.88
F21	I perceive my feelings.	.79	–	–	.59	.78	3.10	0.80
F25	I notice my mood changes.	.50	–	–	.32	.83	3.30	0.77
IF29	I don't pay attention to my feelings.	.44	–	–	.33	.80	3.21	1.07
	Cognitions							
F17	I am aware of what is going on inside of me.	.68	–	–	.54	.74	2.96	0.80
F75	I take time to reflect myself.	.53	–	–	.44	.74	2.97	1.01
F80	I examine my thoughts.	.42	–	–	.30	.74	2.96	1.07
IF82	I don't deal with the things that are going on inside of me.	.44	–	–	.31	.85	3.40	0.94
	Body							
F48	I perceive the signals of my body.	.75	–	–	.55	.77	3.06	0.83
F236	I notice my physical sensations.	.79	–	–	.57	.80	3.19	0.77
F52	I pay attention to my body.	.77	–	–	.63	.76	3.05	0.83
IF58	I do not perceive what is going on inside my body.	.56	–	–	.46	.84	3.36	0.80
	Self-Acceptance							
	Emotions							
F3	I have a benevolent attitude toward myself.	–	.69	–	.64	.67	2.66	0.99
F90	I feel comfortable the way I am.	–	.87	–	.66	.63	2.52	1.02
F93	I feel at peace with myself.	–	.88	–	.69	.64	2.58	1.04
F237	I also accept my negative emotions.	–	.69	–	.58	.72	2.87	1.16
	Cognitions							
F87	I think I am alright the way I am.	–	.92	–	.68	.66	2.62	1.01
F111	I accept what I think, even if it is unpleasant.	–	.49	–	.53	.63	2.53	1.01
F239	I allow both pleasant and less pleasant thoughts.	–	.39	–	.45	.71	2.84	0.96
IF113	It would be better if I didn't have some of my thoughts.	–	.52	–	.45	.47	1.88	1.37

			Body					
F119	I accept my body, even if it doesn't meet my expectations.	–	.74	–	.45	.61	2.44	1.11
F120	I accept the physical changes that time brings.	–	.69	–	.44	.59	2.38	1.03
F121	I accept my body as it is.	–	.90	–	.56	.63	2.51	1.06
IF126	I am not at peace with my body.	–	.72	–	.50	.66	2.65	1.19
			Self-Care					
			Emotions					
F172	I take time for myself.	–	–	.77	.61	.75	3.00	0.94
F190	I take the time to do things that are good for me.	–	–	.80	.63	.74	2.98	0.93
F204	I like to give myself a treat.	–	–	.66	.54	.77	3.09	0.87
IF208	I neglect to do anything good for myself.	–	–	.73	.61	.73	2.94	1.03
			Cognitions					
F171	I take responsibility for ensuring that I am well.	–	–	.74	.70	.76	3.03	0.86
F183	I consciously decide with whom I spend my leisure time.	–	–	.54	.49	.79	3.18	0.88
IF245	I do things even though I know they are not good for me.	–	–	.44	.39	.44	1.76	1.16
			Body					
F212	I take care of my health.	–	–	.73	.55	.74	2.96	0.86
F216	I make sure that I am physically well.	–	–	.85	.62	.73	2.9	0.91
F222	I do physical activities that are good for me.	–	–	.60	.44	.74	2.95	1.06
IF231	I neglect to allow myself moments of relaxation.	–	–	.43	.44	.69	2.76	1.15

Note. S-CO = Self-contact; S-AC = Self-acceptance; S-CA = Self-care; E = Emotion; C = Cognition; B=Body; r_{it} = item-total-correlation; P_i = percentage difficulty index.

A5 Factor Loadings and Item Analysis of Model 5

No.	Item	Factor loading						
		S-CO	S-AC	S-CA	r_{it}	P_i	*M*	*SD*
	Self-Contact							
	Emotions							
F13	I am in touch with my feelings.	.82	–	–	.60	.72	2.90	0.93
F21	I perceive my feelings.	.81	–	–	.56	.80	3.21	0.82
F25	I notice my mood changes. *	.55	–	–	.36	.82	3.30	0.79
IF29	I don't pay attention to my feelings.	.60	–	–	.47	.80	3.21	0.97
	Cognitions							
F17	I am aware of what is going on inside of me.	.63	–	–	.54	.71	2.84	0.91
F75	I take time to reflect myself.	.62	–	–	.46	.74	2.95	0.96
F80	I examine my thoughts.	.59	–	–	.42	.82	3.28	0.86
IF82	I don't deal with the things that are going on inside of me. *	.35	–	–	.25	.73	2.92	1.24
	Body							
F48	I perceive the signals of my body.	.78	–	–	.61	.74	2.95	0.88
F52	I pay attention to my body.	.69	–	–	.65	.72	2.88	0.89
F236	I notice my physical sensations.	.75	–	–	.59	.79	3.14	0.78
IF58	I do not perceive what is going on inside my body. *	.56	–	–	.45	.79	3.14	0.94
	Self-Acceptance							
	Emotions							
F3	I have a benevolent attitude toward myself.	–	.76	–	.65	.66	2.64	1.03
F90	I feel comfortable the way I am.	–	.87	–	.66	.64	2.57	1.04
F93	I feel at peace with myself.	–	.81	–	.64	.62	2.48	1.08
F237	I also accept my negative emotions. *	–	.47	–	.50	.68	2.71	0.93
	Cognitions							
F87	I think I am alright the way I am.	–	.85	–	.66	.69	2.77	1.04
F111	I accept what I think, even if it is unpleasant.	–	.44	–	.48	.68	2.71	0.94
F239	I allow both pleasant and less pleasant thoughts. *	–	.25	–	.40	.75	3.01	0.89
IF113	It would be better if I didn't have some of my thoughts.	–	.49	–	.38	.45	1.79	1.38

		Body						
F119	I accept my body, even if it doesn't meet my expectations.	–	.79	–	.52	.63	2.53	1.11
F120	I accept the physical changes that time brings. *	–	.62	–	.48	.62	2.47	1.02
F121	I accept my body as it is.	–	.87	–	.56	.63	2.52	1.03
IF126	I am not at peace with my body.	–	.73	–	.53	.64	2.56	1.19
		Self-Care						
		Emotions						
F172	I take time for myself.	–	–	.76	.58	.70	2.81	0.98
F190	I take the time to do things that are good for me.	–	–	.79	.60	.68	2.73	0.95
F204	I like to give myself a treat. *	–	–	.63	.54	.76	3.04	0.92
IF208	I neglect to do anything good for myself.	–	–	.68	.57	.64	2.56	1.07
		Cognitions						
F171	I take responsibility for ensuring that I am well.	–	–	.72	.66	.73	2.91	0.92
F183	I consciously decide with whom I spend my leisure time.	–	–	.51	.47	.81	3.24	0.82
IF245	I do things even though I know they are not good for me. *	–	–	.37	.34	.41	1.66	1.10
F246	I know which people and activities are good for me.	–	–	.54	.49	.81	3.25	0.83
		Body						
F212	I take care of my health.	–	–	.80	.58	.70	2.78	0.94
F216	I make sure that I am physically well.	–	–	.87	.64	.68	2.73	0.93
F222	I do physical activities that are good for me.	–	–	.60	.43	.68	2.71	1.13
IF231	I neglect to allow myself moments of relaxation. *	–	–	.35	.41	.59	2.35	1.16

Note. S-CO = Self-contact; S-AC = Self-acceptance; S-CA = Self-care; E = Emotion; C = Cognition; B = Body; r_{it} = item-total-correlation; $P_{i=}$ percentage difficulty index. * = Items with the lowest factor loadings in each category per dimension were eliminated for the final 27-item SLQ.

Appendix B

B1 Selbstliebe-Fragebogen (SLQ)

B2 Subskala Private Selbstaufmerksamkeit des Fragebogens zur Erfassung dispositionaler Selbstaufmerksamkeit (SAM)

B3 Subskala Akzeptieren ohne Bewertung der deutschen Version des Five Facet Mindfulness Questionnaires (FFMQ-D)

B4 Hamburger Selbstfürsorgefragebogen (HSF)

B5 Deutsche Versionen des Narcissistic Personality Inventory (NPI-d)

B6 Revidierte Fassung der deutschsprachigen Skala zum Selbstwertgefühl von Rosenberg

B7 Deutschen Kurzform der Self-Compassion Scale (SCS-D)

B8 Deutsche Version der Satisfaction with Life Scale (SWLS)

B9 Resilienzskala RS-13

B10 Depressivität im nichtklinischen Kontext

B1 Selbstliebe-Fragebogen (SLQ)

Henschke & Sedlmeier (unpublished)

Instruktion: Im Folgenden sehen Sie verschiedene Aussagen. Bitte entscheiden Sie, inwieweit diese auf Sie im Allgemeinen zutreffen. Wenn Sie unsicher sind, wählen Sie bitte die Alternative, die am ehesten auf Sie zutrifft.

		Trifft gar nicht zu				Trifft völlig zu
1	Ich bin im Kontakt mit meinen Gefühlen.					
2	Ich nehme meine Gefühle wahr.					
3	Ich schenke meinen Gefühlen keine Aufmerksamkeit.					
4	Mir ist bewusst, was in mir vorgeht.					
5	Ich nehme mir Zeit, um mich zu reflektieren.					
6	Ich setze mich mit meinen Gedanken auseinander.					
7	Ich nehme die Signale meines Körpers wahr.					
8	Ich schenke meinem Körper Beachtung.					
9	Ich nehme meine körperlichen Empfindungen wahr.					
10	Ich habe eine wohlwollende Haltung mir gegenüber.					
11	Ich fühle mich wohl, so wie ich bin.					
12	Ich fühle mich im Frieden mit mir.					
13	Ich finde mich in Ordnung, so wie ich bin.					
14	Ich akzeptiere, was ich denke, auch wenn es unangenehm ist.					
15	Es wäre besser, wenn ich einige meiner Gedanken nicht haben würde.					
16	Ich akzeptiere meinen Körper, auch wenn er nicht meinen – Vorstellungen entspricht.					
17	Ich nehme meinen Körper so an, wie er ist.					
18	Ich bin mit meinem Körper nicht im Frieden.					
19	Ich nehme mir Zeit für mich.					
20	Ich nehme mir die Zeit, Dinge zu machen, die mir guttun.					
21	Ich vernachlässige es, mir etwas Gutes zu tun.					
22	Ich übernehme Verantwortung dafür, dass es mir gut geht.					
23	Ich entscheide bewusst, mit wem ich meine Freizeit verbringe.					
24	Ich weiß, welche Menschen und Aktivitäten mir guttun.					
25	Ich kümmere mich um meine Gesundheit.					
26	Ich achte darauf, dass es mir körperlich gut geht.					
27	Ich mache körperliche Aktivitäten, die mir guttun.					

B2 Subskala Private Selbstaufmerksamkeit

des Fragebogens zur Erfassung dispositionaler Selbstaufmerksamkeit (SAM)

Filipp & Freudenberg, 1989

Instruktion: Auf der folgenden Seite finden Sie Gedanken niedergeschrieben, die auftreten können, wenn man sich mit sich selbst beschäftigt. Bitte geben Sie an, wie häufig diese Gedanken bei Ihnen persönlich auftreten ("sehr oft", "oft", "ab und zu", "selten", "sehr selten") und machen Sie jeweils ein Kreuz in das entsprechende Kästchen. Entscheiden Sie möglichst schnell und ohne langes Nachdenken und lassen Sie bitte nichts aus.

		Sehr oft	Oft	Ab und zu	Selten	Sehr selten
1	Es ist mir wichtig, meine eigenen Bedürfnisse zu erkennen.					
2	Ich erforsche gründlich meine Absichten.					
3	Ich versuche, über mich selbst etwas herauszufinden.					
4	Ich denke über mich nach.					
5	Ich mache mir Gedanken über die Art, wie ich Dinge anpacke.					
6	Ich spüre es, wenn sich meine Stimmung ändert.					
7	Ich beobachte sorgfältig meine innersten Gefühle.					
8	Ich merke, wie ich mich selbst beobachte.					
9	Ich glaube, ich kenne mich selbst sehr genau.					
10	Ich spüre richtig, wie mein Kopf arbeitet, wenn ich ein Problem löse.					
11	Ich ertappe mich dabei, wie meine Gedanken um mich selbst kreisen.					
12	Ich bin mir über meine eigenen Pläne und Ziele sehr gut im Klaren.					
13	Ich denke über mich und mein Leben intensiver nach als andere Menschen.					

B3 Subskala Akzeptieren ohne Bewertung

deutschen Version des Five Facet Mindfulness Questionnaires (FFMQ-D)

Michalak et al., 2016

Instruktion: Bitte schätzen Sie jede der folgenden Aussagen anhand der vorgegebenen Skala ein. Kreuzen Sie an, wie stark die Aussage nach Ihrer Meinung im Allgemeinen auf Sie zutrifft.

		Nie oder sehr selten zutreffend	Selten zutreffend	Manchmal zutreffend	Oft zutreffend	Sehr oft oder immer zutreffend
1	Ich sage mir, dass ich nicht so denken sollte, wie ich denke.					
2	Ich denke, dass manche meiner Gefühle schlecht oder unangebracht sind, und dass ich sie nicht haben sollte.					
3	Ich urteile darüber, ob meine Gedanken gut oder schlecht sind.					
4	Ich sage mir, dass ich nicht das fühlen sollte, was ich fühle.					
5	Wenn ich belastende Gedanken oder Vorstellungen habe, bewerte ich mich selbst entweder als gut oder schlecht, abhängig vom Inhalt des Gedankens/der Vorstellung.					
6	Ich kritisiere mich dafür, irrationale oder unangebrachte Gefühle zu haben.					
7	Ich missbillige mich, wenn ich unvernünftige Ideen habe.					
8	Ich glaube, dass einige meiner Gedanken unnormal sind, und dass ich nicht so denken sollte.					

B4 Hamburger Selbstfürsorgefragebogen (HSF)

Harfst et al., 2009

Instruktion: Bitte lesen Sie jede Aussage sorgfältig durch, bevor Sie antworten. Kreuzen Sie bei jeder Aussage an, wie Sie sich im Allgemeinen in den letzten 4 Wochen in der beschriebenen Art und Weise verhalten haben:

		Gar nicht zutreffend				Sehr zutreffend
1	Ich habe mir Zeiten der Ruhe und Entspannung gegönnt.					
2	Ich habe genau auf meine körperlichen Bedürfnisse geachtet.					
3	Ich wusste, was mir gut tut.					
4	Ich habe mir Pausen gegönnt.					
5	Ich konnte mich über schöne Dinge freuen.					
6	Ich konnte Nähe und Geborgenheit zulassen und genießen.					
7	Ich konnte positive Erlebnisse annehmen.					
8	Ich habe die schönen Seiten des Lebens gesehen.					
9	Ich konnte mich freuen.					
10	Ich konnte positive Gefühle zulassen.					
11	Ich habe meine Tage so eingerichtet, dass es mir gut gehen konnte.					
12	Ich habe gut für mich gesorgt.					

B5 Deutsche Versionen des Narcissistic Personality Inventory (NPI-d)

von Collani, 2014

Instruktion: Nachfolgend finden Sie einige Aussagen, die sich auf bestimmte Aspekte Ihrer Person beziehen. Kreuzen Sie bitte jeweils eine der Antwortalternativen danach an, ob die Aussage auf Sie mehr oder weniger zutrifft. Denken Sie dabei immer an die generelle Tendenz, die Ihrer Persönlichkeit entsprechen würde, nicht an Ausnahmesituationen. Versuchen Sie, spontan zu antworten und nicht zu lange nachzugrübeln!

		Trifft gar nicht zu				Trifft voll und ganz zu
1	Es fällt mir leicht, andere zu manipulieren.					
2	Bescheidenheit passt nicht zu mir.					
3	Ich wünschte, jemand würde eines Tages meine Biografie schreiben.					
4	Ich neige dazu anzugeben, wenn sich mir Gelegenheit dafür bietet.					
5	Ich weiß, dass ich gut bin, weil ich das immer wieder gesagt bekomme.					
6	Ich werde einmal ein bedeutender Mensch werden.					
7	Ich kann mich meistens aus allen unangenehmen Situationen herausreden.					
8	Ich werde niemals zufrieden sein, bevor ich nicht alles das bekomme, was mir zusteht.					
9	Ich bin fähiger als andere Leute.					
10	Ich bin ein außergewöhnlicher Mensch.					
11	Ich habe einen starken Machtwillen.					
12	Ich möchte es in den Augen der Welt zu etwas bringen.					
13	Ich halte mich selbst für einen guten Führer.					
14	Ich erteile anderen gerne Anweisungen.					
15	Ich werde ein erfolgreicher Mensch sein.					
16	Wenn ich die Welt regieren würde, wäre sie ein viel angenehmerer Aufenthaltsort.					
17	Ich übernehme gerne die Verantwortung, wenn Entscheidungen zu treffen sind.					

B6 Revidierte Fassung der deutschsprachigen Skala zum Selbstwertgefühl von Rosenberg

von Collani & Herzberg, 2003

Instruktion: Bitte lesen Sie jede Aussage sorgfältig durch, bevor Sie antworten. Kreuzen Sie bei jeder Aussage an, wie Sie im Allgemeinen in der beschriebenen Art und Weise empfinden:

		Trifft gar nicht zu			Trifft voll und ganz zu
1	Alles in allem bin ich mit mir selbst zufrieden.				
2	Hin und wieder denke ich, dass ich gar nichts tauge.				
3	Ich besitze eine Reihe guter Eigenschaften.				
4	Ich kann vieles genauso gut wie die meisten anderen Menschen auch.				
5	Ich fürchte, es gibt nicht viel, worauf ich stolz sein kann.				
6	Ich fühle mich von Zeit zu Zeit richtig nutzlos.				
7	Ich halte mich für einen wertvollen Menschen, jedenfalls bin ich nicht weniger wertvoll als andere auch.				
8	Ich wünschte, ich könnte vor mir selbst mehr Achtung haben.				
9	Alles in allem neige ich dazu, mich für einen Versager zu halten.				
10	Ich habe eine positive Einstellung zu mir selbst gefunden.				

B7 Deutschen Kurzform der Self-Compassion Scale (SCS-D)

Hupfeld & Ruffieux, 2011

Instruktion: Bitte lesen Sie jede Aussage sorgfältig durch, bevor Sie antworten. Kreuzen Sie bei jeder Aussage an, wie oft Sie sich in der beschriebenen Art und Weise verhalten:

		Sehr selten	Selten	Gelegentlich	Oft	Sehr oft
1	Wenn ich bei etwas versage, was mir wichtig ist, werde ich von Gefühlen der Unzulänglichkeit aufgezehrt.					
2	Ich versuche verständnisvoll und geduldig gegenüber jenen Zügen meiner Persönlichkeit zu sein, die ich nicht mag.					
3	Wenn etwas Unangenehmes passiert, versuche ich einen ausgewogenen Überblick über die Situation zu erlangen.					
4	Wenn es mir schlecht geht, neige ich dazu zu glauben, dass die meisten anderen Menschen wahrscheinlich glücklicher sind als ich.					
5	Ich versuche, meine Fehler als Teil der menschlichen Natur zu sehen.					
6	Wenn ich eine sehr schwere Zeit durchmache, schenke ich mir selbst die Zuwendung und Einfühlsamkeit, die ich brauche.					
7	Wenn mich etwas aufregt, versuche ich meine Gefühle im Gleichgewicht zu halten.					
8	Wenn mir etwas für mich Wichtiges misslingt, glaube ich oft, dass nur ich allein versage.					
9	Wenn ich mich niedergeschlagen fühle, neige ich dazu nur noch auf das zu achten, was nicht in Ordnung ist.					
10	Wenn ich mich auf irgendeine Art unzulänglich fühle, versuche ich mich daran zu erinnern, dass die meisten Leute solche Gefühle der Unzulänglichkeit haben.					
11	Ich missbillige und verurteile meine eigenen Fehler und Schwächen.					
12	Ich bin intolerant und unduldsam gegenüber denjenigen Seiten meiner Persönlichkeit, die ich nicht mag.					

B8 Deutsche Version der Satisfaction with Life Scale (SWLS)

Glaesmer e al. (2011)

Instruktion: Es folgen fünf Aussagen, denen Sie zustimmen bzw. die Sie ablehnen können. Bitte benutzen Sie die folgende Skala von 1-7, um Ihre Zustimmung bzw. Ablehnung zu jeder Aussage zum Ausdruck zu bringen.

		trifft überhaupt nicht zu	trifft nicht zu	trifft eher nicht zu	teils/teils	trifft eher zu	trifft zu	trifft vollständig zu
1	In den meisten Bereichen entspricht mein Leben meinen Idealvorstellungen.							
2	Meine Lebensbedingungen sind ausgezeichnet.							
3	Ich bin mit meinem Leben zufrieden.							
4	Bisher habe ich die wesentlichen Dinge erreicht, die ich mir für mein Leben wünsche.							
5	Wenn ich mein Leben noch einmal leben könnte, würde ich kaum etwas ändern.							

B9 Resilienzskala RS-13

Leppert et al. (2008)

Instruktion: Im folgenden Fragebogen finden Sie eine Reihe von Feststellungen. Bitte lesen Sie sich jede Feststellung durch und kreuzen Sie an, wie sehr die Aussagen im Allgemeinen auf Sie zutreffen, d.h. wie sehr Ihr übliches Denken und Handeln durch diese Aussagen beschrieben wird.

		Nein, ich stimme nicht zu						Ja, stimme völlig zu
1	Wenn ich Pläne habe, verfolge ich sie auch.							
2	Normalerweise schaffe ich alles irgendwie.							
3	Ich lasse mich nicht so schnell aus der Bahn werfen.							
4	Ich mag mich.							
5	Ich kann mehrere Dinge gleichzeitig bewältigen.							
6	Ich bin entschlossen.							
7	Ich nehme die Dinge wie sie kommen.							
8	Ich behalte an vielen Dingen Interesse.							
9	Normalerweise kann ich die Situation aus mehreren Perspektiven betrachten.							
10	Ich kann mich auch überwinden, Dinge zu tun, die ich eigentlich nicht machen will.							
11	Wenn ich in einer schwierigen Situation bin, finde ich gewöhnlich einen Weg heraus.							
12	In mir steckt genügend Energie, um alles zu machen, was ich machen muss.							
13	Ich kann es akzeptieren, wenn mich nicht alle Leute mögen.							

B10 Depressivität im nichtklinischen Kontext

Mohr & Müller, 2014

Instruktion: Nutzen Sie die nachfolgenden Antwortmöglichkeiten, um anzugeben, ob bzw. wie oft die folgenden Aussagen für Sie zutreffen. Es gibt keine richtigen oder falschen Antworten. Bitte lassen Sie keine Frage aus!

		Nie	Sehr selten	Selten	Gelegentlich	Oft	Sehr oft	Fast immer
1	Ich muss mich sehr dazu antreiben, etwas zu tun.							
2	Vieles erscheint mir so sinnlos.							
3	Mich bedrücken Schuldgefühle.							
4	Ich fühle mich einsam, selbst wenn ich mit anderen Menschen zusammen bin.							
5	Ich habe traurige Stimmungen.							
6	Ich finde es schwer, Entscheidungen zu treffen.							
7	Am Anfang des Tages fühle ich mich am schlechtesten.							
8	Ich sehe ohne Hoffnung in die Zukunft.							

Chapter Four

Conclusion and Outlook

Conclusion and Outlook

So far, self-love has hardly been investigated in science so there is still no consensus on how to define self-love. With the aim of proposing a model of self-love, I conducted a qualitative study and further validated and modified the findings systematically. The analysis made me conclude that self-love is a learnable attitude of self-kindness entailing self-contact, self-acceptance, and self-care (see Chapter 2). This model of self-love provided the basis for the second research objective of the present thesis (see Chapter 3): The development of a psychometrically valid questionnaire to measure self-love. With the three studies, I propose the Self-Love Questionnaire (SLQ) containing 27 items with good psychometric properties and a high internal consistency. Further, evidence could be provided that self-love and narcissism are distinct constructs. Moreover, self-love was shown to be associated with health-related parameters such as life satisfaction, resilience, and depressive symptoms.

With these results I humbly hope to have contributed to a better understanding of self-love and to have stimulated various further research. There are numerous research questions that are promising to address which I pointed out in chapter 3. Since there is evidence that self-love is associated with health-related parameters which was earlier described by Fromm (1939), it seems particularly important to more investigate the potential benefits of self-love, precisely its health-promoting effects and to design programs and interventions to foster self-love. Thereby, it would be highly interesting to investigate which interventions are helpful for which groups of people.

Despite the potential benefits of self-love (see Chapter 2), one might be concerned whether the emphasis on self-love would cause too much focus on oneself. Therefore, it is important to remember the correspondence of self-relation and object-relation that Fromm (1939; 1956/2013) stressed. Accordingly, attitudes toward oneself and others cannot be independent of each other, but run parallel. For this reason, practicing self-love – an attitude of kindness entailing contact, acceptance and care toward oneself – should be inseparable from practicing a kind attitude, contact, acceptance and care for others. Accordingly, self-contact should enable the individual to get in contact with others (see also Buber, 1954/2018). Likewise, practicing contact with others would also

facilitate the contact with oneself (Funk, 2018). Accepting and caring for oneself should enhance the ability to accept and care for others. At the same time, the acceptance of and care for others should impact the ability to accept and care for oneself. Now that that a questionnaire to measure self-love is available, it would be highly interesting to investigate the above described relationship empirically.

Buber (*1878, †1965), religious philosopher and Jewish mystic, assumes that oneself is always the starting point, however, he states: “To begin with oneself but not to end with onself” (Buber, 1954/2018, p. 63). Thus, proclaiming self-love is not a call for more individualization and isolation. Rather, according to Fromm (1939), an individual with self-love not only contributes to being healthy, but also to develop his or her whole personality with its intellectual, emotional, and sensual qualities (Fromm, 1939) which may contribute to a stronger community and thus to a stronger society. Since it can be assumed that self-love is closely related to the feeling of inner peace (Vadjed Samiei, 2015), it can be deduced that self-love also contributes to more peace in the world: “When man has made peace within himself, he will be able to make peace in the whole world” (Buber, 1954/2018, p. 57).

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Zusammenfassung

Selbstliebe ist ein sehr umstrittenes Konstrukt: Seit Jahrhunderten wird Selbstliebe als etwas dargestellt, das entweder als etwas Erstrebenswertes oder als etwas Verwerfliches gilt. Zum einen wird Selbstliebe als entscheidender Resilienz-Faktor in der Prävention von psychischen Erkrankungen und als Voraussetzung für Gesundheit beschrieben. Im Gegensatz zu diesem positiven Verständnis wird Selbstliebe oft mit Narzissmus assoziiert und gleichgesetzt.

Erich Fromm (*1900, †1980), Psychoanalytiker, Soziologe und Humanist des 20. Jahrhunderts, legte besonderen Wert darauf, Selbstliebe und Narzissmus zu unterscheiden und darüber hinaus die Bedeutung der Selbstliebe für das Individuum und die Gesellschaft als Ganzes aufzuzeigen. Er beschrieb, dass Selbstliebe und Narzissmus als Gegensätze zu verstehen sind: Narzisstische Symptome stellen das Ergebnis fehlender Erfahrungen des Gefühls, gewollt, geschätzt und bestätigt zu werden dar. Folglich kann Narzissmus als kompensatorische Reaktion auf fehlende Selbstliebe verstanden werden. Narzissmus bedeutet also nicht zu viel, sondern zu wenig Selbstliebe. Fromm betonte zudem, dass Liebe sich selbst und anderen gegenüber nicht in Konkurrenz zueinander stehen, sondern Hand in Hand gehen.

Obwohl Fromm die Bedeutung von Selbstliebe und die Abgrenzung zu Narzissmus ausführlich dargelegt hat, sind diese Überlegungen kaum in die wissenschaftliche Forschung eingeflossen. Bereits 1939 formulierte Fromm: "Es wäre sehr verwunderlich, wenn sich die gleiche Doktrin [Gleichsetzung von Selbstliebe und Narzissmus] nicht auch in der wissenschaftlichen Psychologie wiederfände“. Bis heute - mehr als 80 Jahre später - erweist sich seine Einschätzung als erstaunlich zutreffend: Die akademische Forschung hat die Erforschung der Selbstliebe weitestgehend vernachlässigt. Dies steht in starkem Gegensatz zu Narzissmus, welcher in der Wissenschaft umfassend untersucht wurde. Dadurch dass der Begriff „Selbstliebe“ in verschiedenen wissenschaftlichen Artikeln im Titel erscheint, wird der Anschein erweckt, dass hierzu bereits viele Studien vorliegen. Operationalisiert wurde Selbstliebe jedoch mehrheitlich durch Narzissmus oder Selbstwertgefühl. Tatsächlich gibt es nur vier Studien - allesamt Dissertationen -, welche Selbstliebe explizit mit dem Ziel untersucht haben, eine

Theorie der Selbstliebe zu entwickeln. Diese Studien weisen jedoch erhebliche inhaltliche Inkonsistenzen und methodische Schwächen auf.

Ziel der vorliegenden Dissertation ist es, dazu beizutragen, dass diese Forschungslücke geschlossen wird und das Selbstliebe zum Gegenstand umfassender wissenschaftlicher Forschung gemacht wird. Nachdem im ersten Kapitel die Forschungsfragen hergeleitet und erläutert werden, folgen in den zwei darauf folgenden Kapiteln zwei eigenständige wissenschaftliche Artikel, welche im Rahmen der Dissertation verfasst wurden. Der erste Artikel befindet sich im Publikationsprozess, während der zweite noch zur Publikation eingereicht wird. Im letzten Kapitel schließt die Arbeit mit einer Zusammenfassung und einem Ausblick.

Der erste wissenschaftliche Artikel wurde mit dem Ziel verfasst, ein methodisch fundiertes Modell der Selbstliebe vorzuschlagen. Hierfür wurden 13 halbstrukturierte Interviews durchgeführt. Interviewteilnehmer waren regelmäßig tätige Psychotherapeuten sowie Psychotherapeuten, welche Bücher oder Zeitschriftenartikel über Selbstliebe verfasst haben und Psychotherapeuten/Coaches, welche über langjährige Erfahrung in der Gruppenarbeit mit Selbstliebe verfügen. Die Daten wurden anhand von thematischen Analysen ausgewertet und im Weiteren validiert, systematisiert und in ein Modell überführt: Selbstliebe wird folglich als eine erlernbare Haltung des Wohlwollens sich selbst gegenüber definiert, welche die die drei Dimensionen Selbstkontakt, Selbstakzeptanz und Selbstfürsorge umfasst.

Der zweite wissenschaftliche Artikel beschreibt die Entwicklung eines auf dem Modell aufbauenden Fragebogens. Diese erfolgte in einem mehrstufigen Forschungsprozess: In Studie 1 wurde eine große Menge potenzieller Items gesammelt und relevante Items anhand eines Ratingverfahrens und einer Verständlichkeitsstudie (N = 11) ausgewählt. Anschließend wurde in Studie 2 (N = 280) die Faktorenstruktur mittels konfirmatorischer Faktorenanalyse untersucht, woraufhin das Modell in seiner Komplexität reduziert wurde. In Studie 3 (N = 959) wurde die Faktorenstruktur aus Studie 2 kreuzvalidiert und die Skalenlänge erneut optimiert, sodass der Fragebogen zur Messung von Selbstliebe (SLQ) mit 27 Items entstand. Insgesamt zeigte der SLQ eine

hohe interne Konsistenz sowie gute psychometrische Eigenschaften. Es konnte zudem gezeigt werden, dass Selbstliebe, Narzissmus, Selbstwertschätzung und Selbstmitgefühl unterschiedliche Konstrukte sind, sowie das Selbstliebe mit gesundheitsbezogenen Parametern wie Lebenszufriedenheit, Resilienz und depressiven Symptomen assoziiert ist.

Ich hoffe sehr, mit diesen Ergebnissen zu einem besseren Verständnis von Selbstliebe beigetragen und verschiedene weitere Forschungsarbeiten angeregt zu haben. Es gibt zahlreiche weitere vielversprechende Forschungsfragen, welche nun mit dem vorliegenden Modell und dem entwickelten Fragebogen untersucht werden können, unter anderem den Zusammenhang zwischen Selbstliebe und psychischer Gesundheit. Darüber hinaus hoffe ich, dass durch ein vertieftes wissenschaftliches Verständnis Selbstliebe in der breiten Öffentlichkeit differenzierter diskutiert wird.

Eidesstattliche Erklärung

Hiermit erkläre ich, dass ich die vorliegende Arbeit selbstständig verfasst und keine anderen als die angegebenen Hilfsmittel verwendet habe.

Basel,

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