RESEARCH ARTICLE

Reliability and Validity of Self-Hate Scale in Turkish Community Sample

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Abstract

The purpose of this study was to adapt the self-hate scale (SHS; Turnell et al., 2019) into Turkish in a community sample, and test the validity and reliability of the measure. The study was conducted with 234 individuals. After the translation procedures, the language equivalence was examined, and a significant positive relationship was found between the Turkish and English forms. Findings of the reliability and validity analyses indicated that the Turkish SHS confirmed seven items in one factor with good factor loadings. Good fit values and reliability coefficients were determined with the SHS-Turkish Form. Self-hate was positively correlated with self-disgust, behavior-based self-disgust, physical appearance-based self-disgust, depression, anxiety, and interpersonal sensitivity. Self-hate also indicated a negative correlation with self-compassion. Simple linear regression analyses results showed that self-hate predicted depression, anxiety, and interpersonal sensitivity scores. These results demonstrated that the SHS-Turkish Form can be validly and reliably performed to Turkish culture.

Keywords: Self-hate, self-disgust, self-compassion, self-hate scale

Self is often examined in different research areas to understand psychopathology, to contribute psychotherapy processes, and to assist effective treatment results (Kyrios et al., 2016). Self-related concepts include a person's qualifications, physical condition, social roles, past experiences, and future goals (Bhar & Kyrios, 2016). One of these concepts focusing on the self is known as self-hate which commonly takes place in psychology literature as a basic human emotion (Robert & Sternberg, 2008).

Hate is an emotion which protects a person's selfness while regulating interpersonal relationships (Barrett et al., 2008; Gawda, 2010). On the other hand, self-hate represents a continuous negative and destructive self-evaluation which leads people to focus on their deficient features and makes them feel incompetent and worthless (Turnell et al., 2019). People who pathologically feel self-hate criticize themselves in a punitive way, have hard time to be aware of their positive characteristics and good qualities, have unsuccessful interpersonal relationships, self-destructive thoughts, and suicidal ideations (Horney, 1950; Turnell et al., 2019).

According to Horney (1945), when people feel trapped between their idealized self and actual self, they feel hostility for the inner self and be in a conflict with their reality continuously. When people are confused about who they want to become and who they really are, a cruel and deadly self-hate emerges which includes six basic subcomponents. These are relentless demands on the self, merciless self-accusation, self-contempt, self-frustration, self-torment, and self-destructive actions and impulses. Horney (1950) believes that self-hate predicts four typical consequences. First, people urge to seek a compulsive need to compare self to the others which results to a comparative inferiority. Second, people get hypersensitive for criticism which make them highly vulnerable in the relationships. Third, people are usually abused by the others since they express a quite dependent personality. Finally, they often have the compulsive need to alleviate self-contempt with attention, regard, appreciation, or admiration from others (Horney, 1950).

Before the development of SHS, previous research demonstrated that the emotion of self-hate was measured via using other scales or some other scales' specific subitems. For instance, self-hate related items of Beck

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Depression Inventory (Beck & Steer, 1987; Beck et al., 1979) were used by different researchers (Joiner Jr. et al., 2001; Pfeiffer et al., 2014). Also, the self-hate subscale of Structural Analysis of Social Behavior (Birgegard, 2009) and self-hate subscale of Suicide Status Form I & II (Conrad et al., 2009; Jobes et al., 1997) were applied to measure self-hate. On the other hand, Rosenberg's Self-Esteem Scale (Rosenberg, 1965), which is thought to measure the opposite direction of self-hate by measuring self-esteem, was used by some researchers (Charles, 2003; Cichocka et al., 2016). Nevertheless, it is considered that there was not a specific tool for measuring just self-hate which led Turnell et al. (2019) develop SHS as a valid and reliable measure. However, there is not any information about the adaptation studies of the self-hate scale in different cultures yet.

The relationship between self-hate and psychopathology is studied in several psychological disorders. It is found in literature that self-hate is related to bulimia nervosa symptoms and reducing self-hate symptoms in bulimia patients is a supportive factor to diminish the symptoms of bulimia and increase the effectiveness of psychotherapy (Birgegard, 2009). Self-hate became a topic of another psychological disorder, since it is stated that self-hate is a depressive symptom and could be evaluated as a risky factor for schizophrenic patients (Bleuler, 1950). It is indicated that the relationship between self-hate and suicidal ideation is stronger for the adults with schizotypal symptoms and the results revealed that high self-hate with high schizotypal symptoms predicts suicidal ideation stronger. Moreover, in the same article, it is stated that, compared to depression patients, schizophrenic group showed a stronger relationship between self-hate and suicidal ideation, yet the level of self-hate did not statistically differ in both patient groups (Joiner Jr. et al., 2001). Another research which evaluated the depression patients demonstrated that depressive American veterans' level of perceived burdensomeness, which include their self-hate emotions, is related to their passive suicidal ideation (Pfeiffer et al., 2014). In another study which assessed the suicidal ideation, it is emphasized that the level of self-hate in female psychiatric patients is higher compared to male patients (Conrad et al., 2009). Same study specified that the frequency of suicidal ideation is affected by self-hate which was interpreted as self-hate highlights individuals with suicidal tendencies (Conrad et al., 2009; Jobes et al., 1997). Another research which put emphasis on suicidal ideation indicated that self-hate was a significant predictor of suicidal ideation and individuals were almost five times more likely to reveal suicidal ideation for each one-unit increase on the SHS which was interpreted as self-hate was a marker for suicidal ideation. It is observed in the same study that attempting suicide previously was a predictive factor for the higher levels of self-hatred. In addition to these results, it is asserted that moderate, positive associations were found between self-hate and perceived burdensomeness, thwarted belongingness, depression, and anxiety; while moderate, negative correlations were found between self-hate and wellbeing and self-esteem (Turnell et al., 2019).

Even though literature reveals the relationship between self-hate and psychopathology, it does not provide much evidence for the effectiveness of self-hate interventions on clinical groups' psychotherapy processes. In a study which aimed to decrease individuals' self-hate level with a single session intervention program, it is stated that self-compassion practices are helpful to reduce the feeling of self-hate for adolescents (Schleider et al., 2020). However, current studies do not show any implications on how people's symptoms will be affected when self-hate is intervened in clinical groups.

In general, self-hate is an emotion recognized as an important factor for reducing psychological symptoms in both intervention programs and prevention activities (Turnell et al., 2019). Providing an instrument that measures self-hate is thought to assist researchers and mental health professionals in Turkey. The purpose of the current study was to adapt the SHS developed by Turnell et al. (2019) into Turkish and to ensure its reliability and validity for the Turkish population.

Method

Sample

Firstly, the English version of the SHS was translated into Turkish by five independent experts who met the criterion of having sufficient combined knowledge of the language, culture, content, and general principles of testing (International Test Commission, 2017). They provided different versions of translations, thus, to find out highest correlation scores, alternative translations of SHS items were administered to 111 participants (87% female; 13% male) whose age range was between 18 and 31 ($M = 21.81$; $SD = 2.04$). After selecting the Turkish translation of each item, to measure language equivalence, 45 individuals (73% female; 27% male) who were fluent in English

and whose age range was between 18 and 62 (M = 31.87; SD = 10.92) were recruited. Afterwards, validity and reliability studies of the SHS were conducted with 234 (76.5% female; 23.5% male) adults whose age range was between 18 and 65 (M = 33.47; SD = 9.83). Participants included only individuals who were not diagnosed with any psychiatric disorders, and they were recruited from the general population in Turkey via social media ads or face-to-face interaction. Descriptive statistics of this main group are presented in Table 1. Lastly, test-retest reliability analysis was conducted with 76 (80.3% female; 19.7% male) individuals whose age range was between 15 and 55 (M = 33.20; SD = 9.59). This sample was recruited from the main sample group and included individuals who volunteered to participate this second step.

Table 1. Sample characteristics and demographics (n = 234)

Variable	n (%)
Age group	
18-25	54 (23.1)
26-54	172 (73.5)
55-65	8 (3.4)
Gender	
Male	55 (23.5)
Female	179 (76.5)
Relationship status	
Single	115 (49.1)
Engaged	4 (1.7)
Married	97 (41.5)
Divorced	18 (7.7)
Education	
Primary school	5 (2.1)
High school	36 (15.4)
Higher education	193 (82.5)
Income	
Low	22 (9.4)
Middle	185 (79.1)
High	27 (11.5)

Procedure and Data Collection

Firstly, written permission for the Turkish adaptation and use of the SHS was obtained through e-mail from Dan Fassnacht. Secondly, all the permissions were taken from the Research Ethics Committee of Istanbul Sabahattin Zaim University (Number: E.9499). All participants delivered informed consent which declared that the participation in the research was voluntary. Researchers shared the questionnaire links with the participants who preferred to fill the questionnaires online by using Google Forms. For the others, a hardcopy of the questionnaires were handed personally.

Measures

Demographic Information Form. This form is prepared by the researchers and aimed to collect information about the participants' age, gender, relationship status, education, and income level.

Self-Hate Scale (SHS). This scale is designed to assess an individual's level of self-hate over the past year. It is a 7-item scale which participants rated how true each of statements for them on a 7-point Likert scale ranging from 1 (not at all true for me) to 7 (very true for me). Total scores are calculated as the mean of all items and the higher ratings indicated higher levels of self-hate. Factor analyses supported a reliable unidimensional construct of self-hate. Strong internal consistency (α = .96) indices demonstrated a coherent instrument. Additionally, SHS indicated good convergent and divergent validity (Turnell et al., 2019). Kardaş et al. (2021) provided a Turkish adaptation of self-hate scale by using a student sample and used the stress sub-factor of the Depression, Anxiety, Stress Scale (DASS-21) for criterion validity.

Self-Disgust Scale (SDS). The SDS was developed by Overton et al. (2008) and adapted into Turkish by Bahtiyar and Yıldırım (2019). High scores on the SDS represented high levels of self-disgust. SDS included 21 items rated

on a 7-point Likert scale from 1 (totally agree) to 7 (totally disagree). SDS contained two dimensions, named as, behavior-based self-disgust (BBSD) and physical appearance-based self-disgust (PABSD). The reliability analyses demonstrated that total scale (.83) and the subscales of BBSD (.78) and PABSD (.71) had adequate internal consistency and test-retest reliability (.73). Also, the correlation between the scale and the other variables in the study confirmed the divergent and convergent validity (Bahtiyar & Yıldırım, 2019).

Self-Compassion Scale (SCS). This scale was developed by Neff (2003) to assess the characteristics of the self-compassion construct. Turkish adaptation studies were carried out by Deniz et al. (2008) and a 24-item scale with a single factor design was adapted. Responses were given on a 5-point Likert scale ranging from 1 (almost never) to 5 (almost always) which evaluated how often participants act in the manner stated in each of the items. Test-retest reliability coefficient for the overall scale was .83 and the Cronbach's alpha coefficient for internal consistency was .89 (Deniz et al., 2008).

The Brief Symptom Inventory (BSI). The BSI was developed by Derogatis and Melisaratos (1983) to identify the symptoms of psychopathologies and adapted into Turkish by Şahin and Durak (1994). The scale included 53 items covering nine symptom dimensions: somatization, obsession-compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. Respondents rank each feeling item via 5-point Likert scale ranged from 0 (not at all) to 4 (extremely) and rankings characterized the intensity of distress during the past seven days. Cronbach's alpha coefficients for the subscales' internal consistency ranged between .63 to .86 and the general internal consistency was high ranging between .93 to .96 in the study (Şahin & Durak, 1994). Only depression (BSID), anxiety (BSIA) and interpersonal sensitivity (BSIS) subscales were used for the current study with a total of 16 items.

Adaptation Process

Five independent experts who met the criterion of having sufficient combined knowledge of the language, culture, content, and general principles of testing (International Test Commission, 2017) provided different versions of translations for the items 2, 5 and 6. Thus, to find out highest correlation scores, alternative translations of these items were administered to the participants. To find out the highest correlation, a total of 10 items (7 items + alternative translations for the 2nd, 5th, and 6th items) were administered to the individuals. Translations for these items that demonstrated higher correlations with the other four items (item 1, 3, 4, and 7) were recorded. After selecting the Turkish translation of each item, to measure language equivalence, firstly, original SHS form was administered to the participants. Later, to distract participants from their initial SHS responses, Dyadic Adjustment Scale (Spanier, 1988) was applied. Later, Turkish version of SHS was administered. After finding a significant positive relationship between the scores from the Turkish and English forms of the SHS (r = .99, p < .001), the translated version of SHS was accepted as equivalent to the original form. Thus, the draft of Turkish SHS was ready for data process.

Data Analysis

Firstly, the dataset was randomly split into two halves and the first half was reserved for EFA (n = 117) while the other half was for CFA subsamples (n = 117; Fabrigar et al., 1999). The data was not transformed since the construct of self-hate is posited as a rare phenomenon and it is not assumed to be normally distributed (Floyd & Widaman, 1995; Van Orden et al., 2012). Item-total correlations and Exploratory Factor Analysis (EFA) were conducted to establish construct validity of the Turkish SHS. Afterwards, to establish reliability, Cronbach's alpha was calculated for the internal consistency and Confirmatory Factor Analysis (CFA) was applied to test the model fit of the item-factor structure obtained from EFA. For the maximum likelihood method, a cutoff value close to .95 for Tucker-Lewis Index (TLI) and comparative fit index (CFI); a cutoff value close to .08 for standardized-root-mean-square-residual (SRMR); and a cutoff value close to .06 for root-mean-square-error-of-approximation (RMSEA) were expected before concluding that there was a relatively good fit (Hu & Bentler, 1999). The relationship between the SHS and the SDS, SCS and BSI were assessed for convergent validity. Simple linear regression analyses were performed to see the effect of self-hate on the depression, anxiety, and interpersonal sensitivity scores. To conduct test-retest reliability analysis, SHS was applied twice with an interval of three weeks between the first and second administration. EFA and validity analysis were performed by using SPSS 15.0 and CFA was performed by using

Lisrel 8.51. This study was not preregistered. Materials and analysis code for this study are available by emailing the corresponding author.

Results

After randomly splitting the dataset into two halves as EFA and CFA subsamples, no significant differences were found between the two samples on any of the included measures ($p > .05$ for all). Item total correlations were analyzed in the first subsample and the results ranged between .57 (item 2) and .79 (item 5) which indicated that it was convenient to continue EFA without extracting any items (Clark & Watson, 1995).

Table 2. Results of factor loadings and item-total correlations of Self-Hate Scale

Item	Factor loadings	Item total Correlations
1. I hate myself	.80	.71
2. I am a failure	.66	.57
3. I feel disgusted when I think about myself	.77	.67
4. I am ashamed of myself	.86	.77
5. I have no value	.85	.79
6. I wish I could escape from myself	.76	.66
7. I am not proud of myself	.78	.69

Kaiser-Meyer-Olkin (KMO) and Bartlett's Test of Sphericity results showed that the number of the cases in the sample and the distribution of the data were acceptable respectively to continue EFA (KMO = .87; Bartlett $\chi^2_{(21)}$ = 447.749, $p < .001$). The results of EFA which was conducted with principal components analysis and varimax rotation method demonstrated that all the items indicated factor loads over .30. One factor with eigenvalues greater than 1 emerged from the analyses of the SHS and the results demonstrated only one component in the scree plot as well. This single factor explained 62% of total variance and revealed a final 7-item scale as a reliable and valid measure. Cronbach's alpha coefficient for the scale was .88 ($M = 14.85$; $SD = 8.66$). See Table 2 for the factor loadings after rotation and item-total correlations.
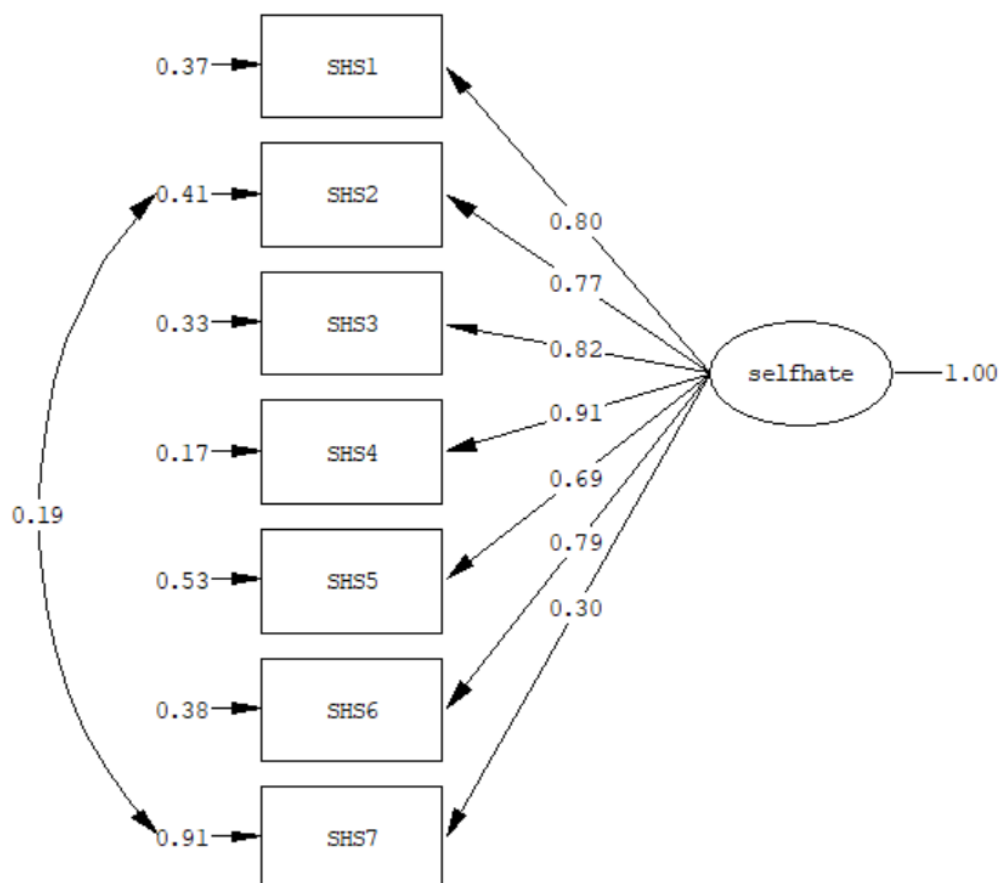
Figure 1. Path diagram of the Turkish Self-Hate Scale

By using the second subsample, CFA was employed to confirm the construct validity of the scale obtained from the EFA. According to the fit indices for structural equation model (Hu & Bentler, 1999), the model showed good fit on some indices (χ^2/df = 1.82; NNFI [TLI] = .96; CFI = .97; SRMR = .04) yet not for RMSEA (= .08). Thus, a modification between the items of 2 & 7 was suggested. As in Figure 1, after applying the suggested modification, the revised model indicated good fit for all indices (χ^2/df = 1.19; NNFI = 0.99; CFI = 0.99; SRMR = .03; RMSEA = .04). Chi-square difference indices also identified that the modified model was significantly improved compared to the first model ($\chi^2_{(13)}$ = 10.07, $p < .01$).

Table 3. Pearson correlation coefficients between self-hate, self-disgust, behavior-based self-disgust, physical appearance-based self-disgust, self-compassion, depression, anxiety, and interpersonal sensitivity variables

	1	2	3	4	5	6	7	8
1.SHS[1]	1	.51*	.48*	.49*	-.62*	.66*	.50*	.65*
2.SDS[2]		1	.96*	.94*	-.43*	.37*	.30*	.40*
3.BBSD[3]			1	.81*	-.43*	.39*	.32*	.38*
4.PABSD[4]				1	-.39*	.30*	.24*	.38*
5.SCS[5]					1	-.66*	-.65*	-.67*
6.BSID[6]						1	.74*	.74*
7.BSIA[7]							1	.70*
8.BSIS[8]								1

*$p < .001$

[1]SHS: Self-Hate scores; [2]SDS: Self-Disgust scores; [3]BBSD: Behavior-Based Self Disgust subscale scores of Self-Disgust Scale; [4]PABSD: Physical Appearance-Based Self-Disgust subscale scores of Self-Disgust Scale; [5]SCS: Self-Compassion scores; [6]BSID: Depression subscale scores of Brief Symptom Inventory; [7]BSIA: Anxiety subscale scores of Brief Symptom Inventory; [8]BSIS: Interpersonal Sensitivity subscale scores of Brief Symptom Inventory.

The results of the correlation analysis for assessing criterion-related validity demonstrated significant relationships between SHS and SDS scores (r = .51, $p < .001$), BBSD scores (r = .48, $p < .001$), PABSD scores (r = .49, $p < .001$), and SCS scores (r = -.62, $p < .001$). See Table 3 for the correlations.

As seen in Table 3, the results of the correlation analysis demonstrated significant relationships between SHS and BSID scores (r = .66, $p < .001$), BSIA scores (r = .50, $p < .001$), and BSIS scores (r = .65, $p < .001$). Simple linear regression analyses were performed to assess predictive validity and self-hate predicted 25% of depression scores (β = 0.501; t = 8.815; $p < .001$), 43% of anxiety scores (β = 0,656; t = 13.244; $p < .001$), and 42% of interpersonal sensitivity scores (β = 0.646; t = 12.878; $p < 0,001$). See Table 4 for the results.

Table 4. Results of regression analyses

Variable	R	R²	Adj. R²	F	β	t
Depression	0.50	0.25	0.25	77.703*	0.501	8.815*
Anxiety	0.66	0.43	0.43	175.413*	0.656	13.244*
Interpersonal sensitivity	0.65	0.42	0.42	165.832*	0.646	12.878*

*$p < .001$

Test-retest reliability analysis was conducted with 76 (80.3% female, 19.7% male) individuals. SHS was applied twice with an interval of three weeks between the first and second administration. Results demonstrated that test-retest reliability score was .86 ($p < .001$).

Discussion

After the translation of original SHS by five independent experts and choosing the best version of these translations by the participants, original SHS, DAS (as a distractor) and Turkish version of SHS forms were applied to 45 individuals who were fluent in English. After finding a strong positive relationship between the scores of Turkish

and English forms ($r = .99$, $p < .001$), it was accepted that Turkish and English forms of SHS were similar and the translated version of SHS was equivalent to the original form. Item-total correlations were calculated and EFA was conducted with 234 participants to establish construct validity of the Turkish SHS, and the results demonstrated that a single factor scale with 7-item in total was developed. CFA confirmed the construct validity of SHS obtained from the EFA after applying one suggested modification. The scale revealed a strong Cronbach's alpha coefficient for internal consistency ($\alpha = .88$) and the test-retest reliability score for the overall scale was .86.

To measure convergent validity of the SHS, the relationships between self-hate, self-disgust, behavior-based self-disgust, physical appearance-based self-disgust, and self-compassion were evaluated. The subscales of SDS and SDS scores in general were strongly correlated with SHS scores which supported the statement that people think of themselves as worthless and hateful when the feeling of self-disgust emerges (Benson et al., 2015). A strong negative relationship between self-hate and self-compassion was found. This result is in line with previous research showing that self-compassion practices help reducing self-hate feelings even if the program is administered with a single session plan (Schleider et al., 2020).

Regression analyses were conducted to measure predictive validity and it is found that self-hate predicted 25% of depression scores, 43% of anxiety scores, and 42% of interpersonal sensitivity scores. This finding supports previous research results which revealed that depressive patients' feelings of self-hatred was strongly related with their suicidal thoughts (Pfeiffer et al., 2014) and suicidal ideation was higher in psychiatric patients with higher self-hate levels (Conrad et al., 2009). Additionally, it was found that self-hate was positively correlated with depression and anxiety and self-hate was negatively correlated with wellbeing (Turnell et al., 2019). In general, it is considered that self-hate is an emotion related to psychological symptoms and could be a significant factor for reducing such symptoms in both intervention programs and prevention activities (Turnell et al., 2019). Thus, providing a valid and reliable Turkish SHS is thought to assist researchers and mental health professionals in Turkey since self-hate is found to be a related with different psychological problems.

The first limitation of the current study is that the responses were obtained from a non-clinical sample. Secondly, the sample included a high proportion of female participants in the study. Lastly, self-report measures were used which may have led biased results in case that participants did not respond the items openly. Further research is needed to replicate the structure and validate the SHS within a clinical population. Researchers could explore the effect of self-hate on different psychopathologies with experimental designs in the future.

In general, providing an instrument that measures self-hate is also thought to assist researchers and mental health professionals in Turkey. It is considered that intervention and prevention programs for self-hate would benefit psychotherapy processes and public health programs in the long term, since self-hate is found to be an emotion related to several psychological symptoms. SHS-Turkish Form would also help conducting intercultural studies in the future as a reliable and valid measure. The results of this study demonstrate that the SHS-Turkish Form can be validly and reliably performed to Turkish culture.

Compliance with Ethical Standards

Ethical Standards

Declaration of Conflicting Interests

Funding

Data Availability

Consent to Participate

Informed consent was obtained from all individual participants included in the study.

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