



Psychometric Properties of the Self-Hate Scale in an Arabic-Speaking Population

Arapça Konuşan Popülasyonda Öz Nefret Ölçeği'nin Psikometrik Özellikleri

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Abstract

This study aimed to translate the Self-Hate Scale (SHS), originally developed by Turnell et al. (2019), and to evaluate its psychometric properties to determine its cultural appropriateness for Arabic-speaking populations. The present study was conducted with 500 participants, and a pilot study involving 100 participants was carried out prior to the main study. A substantial and positive correlation was identified between the Arabic and English versions following the translation of the scale into Arabic, thereby confirming linguistic equivalence. Validity and reliability analyses showed that the SHS-Arabic form confirmed seven items under a single factor with good factor loadings. Self-hate scores were positively correlated with depression and anxiety, and negatively correlated with multiple dimensions of psychological well-being, including self-compassion, self-kindness, mindfulness, self-awareness, and common humanity. Simple linear regression analyses indicated that self-hate significantly predicted increased levels of depression and anxiety, as well as reduced levels of self-compassion, self-kindness, mindfulness, self-awareness, and common humanity. These suggest the potential role of self-hate as a risk factor for mental health problems and reduced psychological well-being in individuals. In conclusion, the findings provide strong evidence that the SHS-Arabic is a valid and reliable instrument for assessing self-hate in Arabic-speaking populations. The use of the scale is recommended for researchers and clinicians to better understand self-directed negative evaluations and their complex relationships with mental health outcomes.

Keywords: Depression, Self-awareness, Self-compassion, Self-hate, Self-kindness

Öz

Bu araştırmanın amacı, Turnell ve arkadaşları (2019) tarafından geliştirilen Öz Nefret Ölçeği'ni (ÖNÖ) Arapçaya çevirmek ve Arapça konuşan popülasyonlar arasında kültürel uygunluğunu doğrulamak için ölçeğin psikometrik özelliklerini değerlendirmektir. Bu çalışma 500 katılımcıyla yürütülmüş olup, ana çalışmadan önce 100 katılımcıyla pilot çalışma gerçekleştirilmiştir. Ölçek uzmanlar tarafından Arapçaya çevrildikten sonra, Arapça ve İngilizce versiyonlar arasında anlamlı ve pozitif bir korelasyon bulunmuş ve böylece dilsel eş değerlik doğrulanmıştır. Geçerlik ve güvenilirlik analizleri, ÖNÖ Arapça formunun iyi faktör yüklemeleriyle tek bir faktör altında yedi maddeyi doğruladığını göstermiştir. Öz nefret puanları, depresyon ve kaygı puanları ile pozitif bir korelasyon gösterirken; öz anlayış, öz nezaket, farkındalık ve öz farkındalık, ortak insanlık puanları ile negatif bir korelasyon göstermiştir. Yapılan basit doğrusal regresyon analizi ile, öz nefretin depresyon, kaygı, öz anlayış, öz nezaket, farkındalık ve öz farkındalık, ortak insanlık puanlarını anlamlı düzeyde yordadığı bulunmuştur. Bunlar, öz nefretin bireylerde ruhsal sağlık sorunları ve azalmış psikolojik refah için bir risk faktörü olarak potansiyel rolünü öne sürmektedir. Sonuç olarak çalışmadaki bulgular ile ÖNÖ Arapça formunun, Arapça konuşan bireyler arasında öz nefreti değerlendirmek için geçerli ve güvenilir bir araç olduğu desteklenmektedir. Ölçeğin kullanımı, öz yönelime dair olumsuz değerlendirmeleri ve ruhsal sağlık sonuçlarıyla olan karmaşık ilişkilerini daha iyi anlamak adına araştırmacı ve klinisyenler için önerilmektedir.

Anahtar Kelimeler: Depresyon, Öz Anlayış, Öz Farkındalık, Öz Nefret, Öz Nezaket



Introduction

James (1892) defined the self as an object of knowledge, encompassing everything an individual considers as belonging to themselves and was divided into three types: The material self (including the individual's body, family, and possessions), the social self (comprising the opinions of others), and the spiritual self (encompassing the individual's feelings and desires). All aspects of the self have been described as having the capacity to evoke feelings of increased self-esteem and well-being or low self-esteem and dissatisfaction (James, 1892). Based on this, three distinct types of self-concepts have been identified: Inadequate self, which is based on self-criticism and inadequacy; hated self, which is based on self-disgust and self-hate, and reassured self, which is the compassionate and forgiving type (Gilbert et al., 2004). The psychological construct of self-hate has been the focus of extensive theoretical and empirical investigation. An individual may become the object of their own hatred, even during moments of rest, such as while sitting or lying down, and self-hate may be experienced as a mild dislike, dissatisfaction with himself, a sense of guilt, and an impulse to physically harm himself (Gabriel, 1958). Rubin (1998) described that once established, the process of self-hate tends to operate autonomously after childhood, often functioning like physiological processes. Without intervention, this process may lead to chronic and malignant effects, causing individuals to feel generalized worthlessness and inadequacy, and to engage in self-destructive behaviors. While self-hate has been defined as the most powerful human antitherapeutic agent with limitless destructive possibilities, conversely, compassion has been defined as the most powerful human therapeutic agent with the potential for constructive growth and limitless creative possibilities (Rubin, 1998).

Contemporary social scientists have noted that exposure to the hatred and hateful ideas of others can lead to self-hate, which diminishes a person's ability to thrive and move forward with their life (Green, 2016). Yao (2022) stated that self-hate can hinder one's happiness and hopes, and what is less clear, according to Freud (1916), is that this is the price of developing a superego and thus a moral conscience. A self-hating person mistreats himself, seeks ways to punish himself, punishes himself for actions he did not actually commit, and may act in ways that confirm the persecutory stance of his own psyche (Freud, 1916). This reaction is attributed to an overwhelming sense of guilt, which is partly a response to motives and impulses that he may conceal from others, although he may not be aware of them; but when he develops a superego, he cannot conceal it from himself (Yao, 2022).

The concept of self-hate has also been discussed in the context of suicide. The Interpersonal Theory of Suicide posits that an individual's desire to die is strongly influenced by the belief that their existence constitutes a burden and that their death is more valuable than their life; this perceived burden has been argued to have a self-hate aspect (Van Orden et al., 2010). Additionally, research has shown significant associations among self-hate and suicide behaviors, with self-hate linked to non-suicidal self-harming behaviors (Gilbert et al., 2004). In the study conducted by Lieberman et al. (2023), a significant relationship was also found between self-hate and suicidal behavior. Individuals with psychiatric disorders who self-harm have been found to display a more hateful sense of self than healthy individuals or those with the disorder alone (Nilsson et al., 2022). Turnell et al. (2019), who developed the Self-Hate Scale, also found that self-hate has been identified as a significant predictor of suicidal ideation, with thwarted belongingness partially moderating the relationship between the two. Karslı (2024) also states that self-hate, linked to decreased self-esteem, is positively associated with suicide risk.

Furthermore, self-hate is associated with a range of other psychological difficulties. Turnell et al. (2019) found that self-hate was positively associated with perceived burden, thwarted belonging, depression, and anxiety, while it was negatively associated with well-being and self-esteem. Büge and Bilge's (2022)

study revealed that self-hate accounted for scores on measures of depression, anxiety, and interpersonal sensitivity. External shame and self-criticism, especially self-hate, are associated with and mediate the link to depressive, anxious, and stress symptoms (Castilho et al., 2017). Self-hate, external shame, and fear of self-compassion indirectly predict non-suicidal self-injury, through their effect in daily peer hassles and depression (Xavier et al., 2016). Self-hate has been defined as a fundamental element in the depression of children and adolescents (Kim et al., 2021). Moreover, the correlation between self-hate and body image seems to be especially significant for adolescent depression (Mullarkey et al., 2019). It has been found that elevated self-hate can negatively influence treatment participation and interpersonal dynamics, potentially increasing the risk of negative outcomes in eating disorders (Björck et al., 2007). This pervasive negativity towards the self extends beyond these difficulties. For example, Mills et al. (2007) found that a self-hating orientation appears to be connected to paranoid ideation, even when other factors like depression and self-reassurance are considered. This finding highlights the potential importance of critical self-experience in the development of paranoid beliefs. Additionally, self-hate is considered to be an insufficiently understood symptom in borderline personality disorder, which may hinder recovery and increase the risk of self-harm and suicide attempts (Wilner et al., 2024). Considering its widespread negative effects, such as psychological disorders, suicidal thoughts, diminished self-esteem, and a variety of difficulties, assessing self-hate is essential for promoting psychological well-being.

Dwairy (1997) has noted that since Arab society is characteristically familial, self-expression will often be met with rejection and punishment, and that these societal values will put some individual needs (e.g., self-actualization, sexual needs, the need to express anger) in conflict with the needs and will of the family. Traditional Arabs tend to identify with their families, often because of their repressed personal needs, and see themselves as entirely responsible for their difficulties. Therefore, they may often engage in a lot of self-blame and self-punishment (Dwairy, 1997). The Arab family discourages the development of the self or ego and encourages the development of a strict conscience or superego in accordance with traditional societal values (Dwairy, 1991). However, beyond family dynamics, some researchers have suggested that the increasing prevalence of online hate speech targeting Arabs may influence self-perception and identity (Alshoaibi, 2018; Elzayady et al., 2023), which could potentially contribute to self-hate, although direct empirical evidence for this link remains limited. An example of such hate speech is the portrayal of Arabs as uncivilized and barbaric, a stereotype dating back to Ferdowsi (Saad, 1996). This prejudiced view has been linked to factors such as limited education, strong authoritarian tendencies, and the belief that Arabs are an economic threat to Americans (Johnson, 1992). In Arab societies, shame is culturally intertwined with perceptions of being judged by others, which significantly influences self-evaluation (Fekih-Romdhane, Malaeb, et al., 2023). Experiences of discrimination among Arab American populations have been associated with diminished self-esteem and psychological distress, largely due to a reduced sense of personal control (Moradi & Hasan, 2004). Furthermore, it has been argued that hate speech can erode an individual's self-esteem by disregarding their agency and fundamental rights (Seglow, 2016).

Based on information in the literature, some scales that can be associated with self-hate (negatively, e.g., self-esteem, self-worth; positively, e.g., shame, self-disgust) have been identified. Several scales measuring these related constructs have been adapted for use in Arabic-speaking populations. These include the External and Internal Shame Scale (EISS; Fekih-Romdhane, Malaeb, et al., 2023), the Single-Item Self-Esteem Scale (A-SISE; Fekih-Romdhane, Bitar et al., 2023), the Edinburgh Self-Disgust Scale (ESDS; Alanazi, 2017), and the Contingencies of Self-Worth Scale (CSW; Kazarian, 2009). However, a scale directly measuring self-hate has not been found in Arab societies. The current research aims to evaluate the validity and reliability of Self-Hate Scale, originally introduced in Turnell et al. (2019), following its translation with Arabic-speaking populations. Given the cultural nuances surrounding shame,

self-expression, and family dynamics in Arab societies, and the potential impact of online hate speech, understanding self-hate within this population is crucial. Firstly, this adaptation will provide a culturally relevant instrument for Arabic-speaking populations, enabling more accurate self-hate research. Secondly, it will equip clinicians with a valuable assessment tool for developing culturally sensitive interventions. The rich linguistic diversity of Arabic makes this adaptation particularly valuable. Recognizing that self-hate, with its profound negative implications, contrasts with self-compassion, frequently perceived as its opposite, which is significantly associated with increased life satisfaction, further emphasizes the critical relevance of this research for the domain of well-being (Kotera et al., 2022; Zessin et al., 2015). Furthermore, the study will explore relationships between self-hate, depression, anxiety, and self-compassion within the Arabic-speaking sample, contributing to a deeper understanding of self-hate and informing the development of culturally sensitive support systems for improved mental health.

Method

Sample

The original scale was translated into Arabic by 30 professionals who met the criteria set by the International Test Commission (2017), ensuring linguistic equivalence. To assess equivalence, a bilingual sample of 177 individuals (65% female, 35% male), fluent in both English and Arabic and aged between 18 and 64 ($M = 26.6$, $SD = 7.9$), was recruited. Following this, a pilot study was conducted with a separate group of 100 participants (84% female, 16% male) aged between 18 and 47 ($M = 23.9$, $SD = 5.2$), selected to represent the target population. The psychometric evaluation of the SHS was then performed on a main sample of 500 Arabic-speaking adults (74% female, 26% male) aged between 18 and 62 years ($M = 27.54$, $SD = 9.48$), who were recruited using snowball and convenience sampling methods. Table 1 displays descriptive information for this primary group.

Table 1. Sample demographics and characteristics ($n = 500$)

Variable	<i>n</i> (%)
Gender	
Female	371 (74.2)
Male	129 (25.8)
Age group	
18-25	318 (63.6)
26-54	166 (33.2)
55-65	16 (3.2)
Education	
No formal education	5 (1)
Primary school	14 (2.8)
High school	67 (13.4)
Bachelor's degree	363 (72.6)
Postgraduate	51 (10.2)
Relationship status	
Single	279 (55.8)
Engaged	26 (5.2)
In a relationship	37 (7.4)
Married	127 (25.4)
Divorced	27 (5.4)

Income	Widowed	4 (0.8)
	Very low	9 (1.8)
	Low	38 (7.6)
	Medium	383 (76.6)
	High	59 (11.8)
	Very high	11 (2.2)
Work status	Yes	200 (40)
	No	300 (60)
Country of origin	Algeria	2 (0.4)
	Armenia	1 (0.2)
	Bangladesh	1 (0.2)
	Canada	2 (0.4)
	Egypt	67 (13.4)
	Ethiopia	1 (0.2)
	Germany	2 (0.4)
	Iraq	11 (2.2)
	Jordan	18 (3.6)
	Kuwait	9 (1.8)
	Lebanon	44 (8.8)
	Libya	6 (1.2)
	Malaysia	1 (0.2)
	Palestine	35 (7)
	Qatar	1 (0.2)
	Republic of Kazakhstan	1 (0.2)
	Russian Federation	2 (0.4)
	Saudi Arabia	57 (11.4)
	Sudan	2 (0.4)
	Syria	178 (35.6)
	Tunisia	1 (0.2)
	Turkey	17 (3.4)
	UAE	37 (7.4)
	United States	1 (0.2)
	Yemen	3 (0.6)
Currently living	Algeria	1 (0.2)
	Austria	1 (0.2)
	Canada	6 (1.2)
	Denmark	1 (0.2)
	Egypt	30 (6)
	Germany	9 (1.8)
	Iraq	1 (0.2)
	Jordan	7 (1.4)
	Kuwait	6 (1.2)
	Kyrgyz Republic	2 (0.4)
	Lebanon	20 (4)
	Libya	1 (0.2)
	Malaysia	2 (0.4)
	Netherlands	7 (1.4)

Palestine	20 (4)
Qatar	3 (0.6)
Saudi Arabia	50 (10)
Syria	17 (3.4)
Tunisia	1 (0.2)
Turkey	258 (51.6)
UAE	45 (9)
UK	1 (0.2)
United States	10 (2)
South Africa	1 (0.2)

Procedure and Data Collection

Daniel B. Fassnacht, corresponding author of the original SHS, provided authorization in writing via email for the adaptation and usage in Arabic. Additionally, all necessary approvals were granted by the Research Ethics Committee of Istanbul Sabahattin Zaim University (Approval Number: 2024/09). Participants provided informed consent, affirming that their involvement in the study was entirely voluntary. Researchers shared the questionnaire links with participants who preferred to complete them online using Google Forms.

Measures

Demographic Information Form

This was prepared by researchers. Participants received questions about their gender, age, education level, marital status, income level, employment status, where they are from, and where they live.

Self-Hate Scale (SHS)

This scale was developed by Turnell et al. (2019) to assess levels of self-hate in the past year. Participants are asked to rate how true each statement is for them on a Likert scale from 1 (not true for me at all) to 7 (very true for me). The scale consists of 7 items and the total score is calculated by averaging all items. High scores indicate high self-hate. Validity and reliability studies of the scale have been conducted, and strong internal consistency ($\alpha = 0.96$) has been observed.

Beck Depression Inventory (BDI)

BDI was developed by Beck et al. (1961) to evaluate symptoms of depression. The Arabic adaptation made by Abdel-Khalek (1998) was used in this study. It is a 21-item scale that people fill out considering the past week and answer by selecting the appropriate item between 0-3. Internal consistency was calculated based on data from four Arab countries. Cronbach's alpha coefficients were found to be .77, .82, .89, .67 for participants in Egypt, Saudi Arabia, Kuwait, and Lebanon, respectively. In this study, strong internal consistency has also been observed ($\alpha = 0.92$).

Beck Anxiety Inventory (BAI)

The Arabic adaptation of the BAI, originally developed by Beck et al. (1988) and adapted by Al-Shatti (2015), was used in this study. The scale consists of 21 items that assess anxiety symptoms over the past week, with responses ranging from 0 to 3. The scale demonstrated split-half consistency between 0.70

and 0.97, while Cronbach's alpha coefficients ranged from 0.83 to 0.90. Additionally, alpha coefficients for internal consistency were reported between 0.88 and 0.92, and the test-retest reliability coefficient was found to be 0.79. In this study, alpha coefficients for internal consistency are reported as 0.95.

Self-Compassion Scale (SCS)

The Arabic adaptation of the scale, originally developed by Neff (2003) and adapted by Jondi and Tantawi (2021), was used in this study. Cronbach's alpha coefficients of the scale were reported to range between 0.89 and 0.94, indicating a high level of reliability. Factor analysis using the Varimax rotation method revealed that the scale comprises three factors: Self-kindness, mindfulness and self-awareness, and common humanity. In this study, internal consistency has been observed as 0.80 for SCS.

Adaptation Process

A total of 30 professionals, including specialists in Arabic and English as well as independent psychologists who satisfied the requirements of possessing adequate knowledge of the language, content, and culture, translated the scale's original form into Arabic (International Test Commission, 2017). The translations were presented to language experts and field experts other than the translation team to be compared in terms of language and meaning, and the same and different translations were evaluated. The scale translated into Arabic was back translated by language experts who were fluent in both languages and compared with the original text. After selecting the Arabic translation of each item, the original SHS and the Arabic version were presented to the participants to measure the language equivalence. A significant positive correlation ($r = .93, p < .001$) was found between the scores obtained from the English and Arabic versions of the SHS, and language equivalence was achieved. A pilot application was conducted for the form whose language validity was ensured, and it was seen that the scale was ready to be applied to the sample with a strong internal consistency coefficient ($\alpha = .90$). The findings of the analysis of item total correlations varied from .62 (item 6) to .83 (item 2).

Data Analysis

To do Exploratory Factor Analysis (EFA; $n = 250$) and Confirmatory Factor Analysis (CFA; $n = 250$), the collected data were divided at random in two equal parts (Fabrigar et al., 1999). According to Van Orden et al. (2012), the self-hate is an uncommon occurrence, and given that Likert-scale data often deviate from strict normality, and that factor analytic methods (particularly with large samples) are relatively robust to moderate violations of normality (Floyd & Widaman, 1995), no data transformations were performed. To examine the Arabic version of the SHS's construct validity, item-total correlation analyses and EFA were carried out. Subsequently, internal consistency was evaluated, followed by CFA to assess model fit based on the structure revealed by EFA. Concerning likelihood-based estimation, acceptable fit criteria included a Tucker-Lewis Index (TLI) and Comparative Fit Index (CFI) near 0.95, with a standardized root mean square residual (SRMR) around 0.08, and a root mean square error of approximation (RMSEA) near 0.06 (Hu & Bentler, 1999). Convergent and divergent validity were examined through an analysis of the associations among the SHS, BDI, BAI, and SCS. Additionally, the impact of self-hate on self-compassion, depression, and anxiety ratings was evaluated using simple linear regression analysis. Lisrel 8.51 was used for CFA, and SPSS 25.0 was used for validity and EFA analyses. The research conducted was not pre-registered; however, materials and statistical codes can be obtained by contacting the author listed for correspondence.

Results

Upon the random division of the set of data in half for the EFA and CFA parts, no statistically significant variations among either of the groups were found on all of the tests ($p > .05$). The results of the initial subsample's examination of item-total correlations varied from .65 to .76. These values revealed that all items met the criteria for retention, allowing EFA to proceed without removing any items (Clark & Watson, 1995).

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

Items	Item-total correlations	Factor loadings
I hate myself (item 1)	.65	.84
I am a failure (item 2)	.72	.83
I feel disgusted when I think about myself (item 3)	.76	.83
I am ashamed of myself (item 4)	.75	.80
I have no value (item 5)	.75	.79
I wish I could escape from myself (item 6)	.70	.78
I am not proud of myself (item 7)	.72	.75

The sample size and data suitability for EFA were confirmed by the KMO test and Bartlett's Test of Sphericity ($KMO = .89$; Bartlett $\chi^2_{(21)} = 1023.465$, $p < .001$). EFA was performed using principal components analysis with varimax rotation, and all items yielded factor loadings exceeding .30. The analysis revealed a single factor having eigenvalues above 1, which was corroborated by the scree plot, which also showed a single component. This component accounted for 64.5% of the overall variance, yielding a 7-item scale that was both reliable and valid. The scale exhibited a Cronbach's alpha of .91 ($M = 13.19$; $SD = 8.53$). Refer to Table 2 regarding item-total correlations and detailed factor loadings upon rotation.

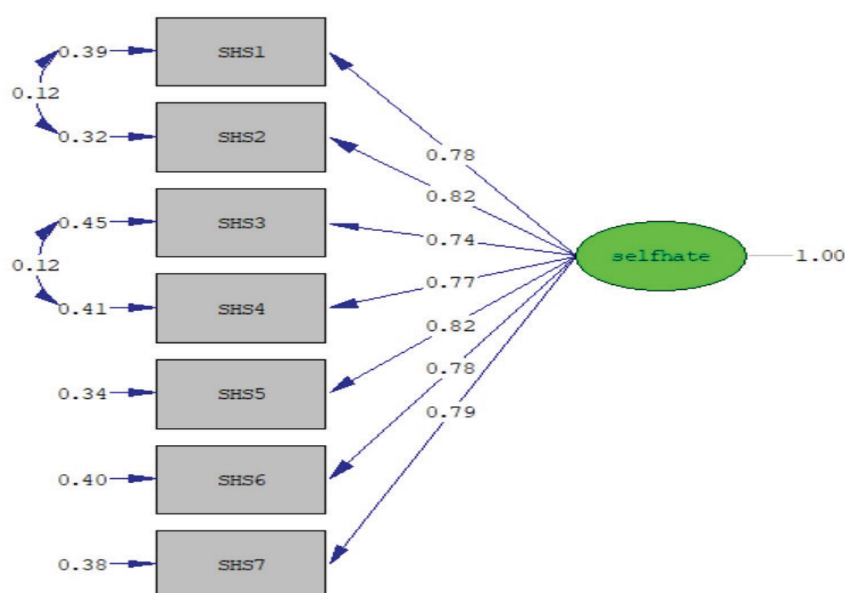


Figure 1. Path diagram of the Arabic Self-Hate Scale

CFA verified that the measure, derived by applying EFA with the second half of the divided dataset, demonstrated construct validity. As stated by Hu and Bentler (1999), the model fit was evaluated using various indices, showing a good fit on several (CFI = .97; NNFI [TLI] = .95; SRMR = .03), acceptable fit ($\chi^2/df = 3.80$), but not meeting the criteria regarding RMSEA (= .11). As a result, adjustments among items 1 & 2 and 3 & 4 were put forward. These modifications were theoretically justified, as items 1 and 2 both reflect intense self-critical cognitions (e.g., self-hate and perceived failure), while items 3 and 4 capture overlapping emotional responses such as self-disgust and shame. These conceptual similarities may lead to shared residual variance beyond what is accounted for by the latent factor. Following the proposed adjustments, the updated version showed good fit to each of the criteria ($\chi^2/df = 1.56$; CFI = 0.99; NNFI = 0.99; RMSEA = .05; SRMR = .02), displayed by Figure 1. Additionally, the change in chi-square values proved that an adjusted version outperformed the original version by a substantial margin ($\chi^2_{(12)} = 19.1, p < .01$).

Table 3. Pearson correlation coefficients between self-hate, depression, anxiety, self-compassion, self-kindness, mindfulness and self-awareness, common humanity

	1	2	3	4	5	6	7
1.SHS ¹	1	.60***	.18***	-.55***	-.45***	-.49***	-.39***
2.BDI ²		1	.31***	-.51***	-.43***	-.47***	-.31***
3.BAI ³			1	-.21***	-.15**	-.23***	-.12**
4.SCS ⁴				1	.87***	.84***	.67***
5.SCSSK ⁵					1	.56***	.45***
6.SCSMSA ⁶						1	.40***
7.SCSCH ⁷							1

* $p < .05$, ** $p < .01$, *** $p < .001$

¹SHS: Self-Hate scores; ²BDI: Beck Depression Inventory scores; ³BAI: Beck Anxiety Inventory scores; ⁴SCS: Self-Compassion Scale scores; ⁵SCSSK: Self-Kindness subscale scores of Self Compassion Scale; ⁶Mindfulness and Self-Awareness subscale scores of Self Compassion Scale; ⁷SCSCH: Common Humanity subscale scores of Self Compassion Scale.

Table 3 shows the results of the correlation analysis conducted to evaluate criterion-related validity. Accordingly, SHS was found to be significantly positively correlated with BDI scores ($r = .60, p < .001$) and BAI scores ($r = .18, p < .001$). SHS was also found to be significantly negatively correlated with scores of the SCS ($r = -.55, p < .001$), SCSSK ($r = -.45, p < .001$), SCSMSA ($r = -.49, p < .001$), and SCSCH ($r = -.39, p < .001$).

Regression analyses revealed that self-hate accounted for 36% of the variance in depression ($\beta = 0.6$; $t = 16.728$; $p < .001$), 3% in anxiety ($\beta = 0.182$; $t = 4.13$; $p < .001$), 31% in self-compassion ($\beta = -0.554$; $t = -14.857$; $p < .001$), 21% in self-kindness ($\beta = -0.455$; $t = -11.399$; $p < .001$), 23% in mindfulness and self-awareness ($\beta = -0.486$; $t = -12.396$; $p < .001$), and 15% in common humanity ($\beta = -0.394$; $t = -9.579$; $p < .001$), thus confirming its predictive validity. These findings are presented in Table 4.

Table 4. Results of regression analyses

Variable	<i>R</i>	<i>R</i> ²	<i>Adj. R</i> ²	<i>F</i>	β	<i>t</i>
Depression	0.60	0.36	0.36	279.830***	0.600	16.728***
Anxiety	0.18	0.03	0.03	17.056***	0.182	4.130***
Self-compassion	0.56	0.31	0.31	220.731***	-0.554	-14.857***
Self-kindness	0.46	0.21	0.21	129.948***	-0.455	-11.399***
Mindfulness & self-awareness	0.49	0.24	0.23	153.651***	-0.486	-12.396***
Common humanity	0.39	0.16	0.15	91.755***	-0.394	-9.579***

* $p < .05$, ** $p < .01$, *** $p < .001$

SHS was administered twice, with a two-week interval between the first and second administrations. A reliability analysis for test-retest was performed with 67 participants (80.6% female, 19.4% male). According to the results, the test-retest reliability coefficient was found to be .84 ($p < .001$).

Discussion

The English SHS was translated into Arabic by thirty independent professionals. Subsequently, both the original SHS and the Arabic version were administered to 177 English-proficient participants. A significant positive correlation among the two versions ($r = .93$, $p < .001$) indicated their equivalence. The pilot study with 100 participants demonstrated strong internal consistency ($\alpha = .90$). To evaluate construct validity, item-total correlations were examined, followed by an EFA carried out on a sample of 500 participants, resulting in a unidimensional 7 item structure. CFA later supported this structure following two proposed modifications. The scale demonstrated strong internal consistency with a Cronbach's alpha coefficient ($\alpha = .91$) and exhibited a test-retest reliability score of .84 for the entire scale.

The convergent validity of the SHS was evaluated by examining the correlations among self-hate, depression, anxiety, self-compassion, self-kindness, mindfulness and self-awareness, and common humanity were evaluated. Self-hate demonstrated a positive correlation with depression and anxiety, while exhibiting a negative correlation with self-compassion, self-kindness, mindfulness and self-awareness, and common humanity. The positive correlation between BDI and SHS scores supports the assertion that self-hate is associated with self-dissatisfaction, guilt, and self-harming impulses (Gabriel, 1958). Depression and anxiety are often seen together (Jacobson & Newman, 2017; Kalin, 2020; Tiller, 2012). However, in the present study, the relationship between self-hate and depression and anxiety was not found to be close to each other, and a lower correlation was found between anxiety and self-hate than other variables. The low correlation ($r = .18$) between self-hate and anxiety may indicate cultural influences; this contrasts with the stronger associations generally observed in the original SHS development and other adaptations (Turnell et al., 2019; Büge & Bilge, 2022), implying a possible culture-specific divergence. This suggests the role of cultural context in shaping emotional experiences and self-perception (Dwairy, 2006). Since fears and psychiatric disorders in Arab populations are attributed to reasons such as the devil, evil spirits, and divine punishment, individuals and their families may be reluctant to express their symptoms openly and may exhibit somatic symptoms (Al-Krenawi, 1999; Eapen and Ghubash, 2004; Fakhr El-Islam & Abu-Dagga, 1992). Another factor is that religiosity and anxiety may have an inverse relationship and a protective role in Arabic-speaking and Muslim individuals (Abdel-Khalek et al., 2019). Furthermore, the expected inverse association, self-hate being negatively related to self-compassion (Rubin, 1998), was also observed, consistent with the negative correlation reported by Büge and Bilge (2022) in the Turkish

adaptation study of the SHS. These findings are also consistent with the results of Mills et al. (2007), which demonstrated that paranoid beliefs were linked to self-criticism, particularly self-hating and self-persecuting tendencies, and negatively correlated with self-kindness and self-reassurance abilities. This may suggest a broader pattern where self-hate is associated with diminished capacities for self-compassion and kindness, potentially contributing to the development and maintenance of both emotional distress and maladaptive cognitive patterns.

According to statistical analyses of regression carried out to evaluate predictive validity, self-hate explained 36% of depression, 31% of self-compassion, 23% of mindfulness and self-awareness, 21% of self-kindness, 15% of common humanity, and 3% of anxiety. The present study supports research findings that people who experience self-hate will also feel a general sense of worthlessness and inadequacy and may engage in self-destructive behavior (Rubin, 1998). The prediction of depression by self-hate was found to be supportive of the results in the original SHS study and the Turkish adaptation study (Büge & Bilge, 2022; Turnell et al., 2019). Additionally, the results of this study align with network analyses highlighting the centrality of self-hating cognitions, alongside loneliness, sadness, and pessimism, in adolescent depression (Mullarkey et al., 2019). This suggests that self-hate may be a critical factor in the experience of depression, and therefore a relevant target for interventions, as supported by our regression findings. Given the central role of self-hate in depression, it is important to consider factors that may mediate or buffer this effect. For instance; pressure, shame, and stigma from family and society in Arabic-speaking societies can be addressed, and the buffering effect of factors such as religion can be considered (Fekih-Romdhane, Malaeb, et al., 2023; Tobin, 2000). Furthermore, self-compassion, mindfulness and self-awareness, and common humanity, all inversely predicted by self-hate, are known to improve mental health by promoting emotion regulation, making them potential therapeutic targets, especially for individuals who engage in emotional avoidance (Inwood & Ferrari, 2018). These results support the idea that interventions targeting self-hate may indirectly foster self-compassion, which in turn leads to improved mental health outcomes (Muris & Petrocchi, 2017). It is also supported that mindfulness, together with therapeutic techniques addressed with attachment styles, will help reduce depression and anxiety by positively affecting attitudes towards the self (Barcaccia et al., 2020). These findings emphasize the significance of self-hate as a crucial focus for both mitigating psychopathology and improving overall psychological well-being. The study clarifies inverse correlations between self-hate and protective characteristics, such as self-compassion, mindfulness, and common humanity, consequently enhancing the existing research on the correlation between self-related conceptions and well-being outcomes.

Conclusions and Recommendations

One primary limitation of the present study is the use of a non-clinical sample. This may have led to an underestimation of the relationship between self-hate and symptoms of depression and anxiety, which are often more severe in clinical populations. Future research should investigate this relationship in a clinical setting to determine if the effects observed here generalize to individuals with mental health disorders. Another limitation concerns the gender imbalance in the sample, with a high proportion of female participants. This may restrict the generalizability of the findings, particularly if experiences or correlates of self-hate differ by gender. Future research should examine this issue in more detail using samples with a more balanced gender distribution. A further noteworthy limitation relates to the cultural heterogeneity of the sample. While including Arabic-speaking individuals from 25 countries (see Table 1) adds cultural richness, it also introduces interpretative complexity. The "Arabic-speaking population" is not homogeneous, and cultural, religious, and sociopolitical factors may differently shape experiences of self-hate. Moreover, a substantial portion of the participants were of Syrian origin (35.6%) and residing in Turkey (51.6%), suggesting that a considerable number may be Syrian refugees or migrants exposed to

potential stressors such as trauma, discrimination, or acculturation challenges. Although these contextual factors were not directly assessed, they could meaningfully influence levels of self-hate and should be addressed in future research. Separate studies focusing on specific cultural or national subgroups may also help clarify these nuances.

The findings of this study demonstrate that the SHS-Arabic Form is a psychometrically sound instrument for use with Arabic-speaking populations. This validated Arabic version of the SHS is a valuable tool for researchers and mental health professionals. Given the association of self-hate with various aspects of self and mental health symptoms, the SHS-Arabic Form holds potential as a valuable tool in both research and clinical settings. Because self-related concepts like self-hate have been linked to psychopathology and treatment outcomes (Bhar & Kyrios, 2016), this tool is expected to benefit Arabic-speaking individuals, researchers, and mental health professionals. In particular, the SHS-Arabic Form may help identify individuals at risk of diminished well-being due to self-hate and support the development of early interventions aimed at fostering self-compassion and improving emotional well-being. Furthermore, it may facilitate cross-cultural research by offering insights into self-hate across diverse Arabic-speaking communities and supporting the development of culturally sensitive interventions.

Declarations

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References

- Abdel-Khalek, A. M. (1998). Internal consistency of an Arabic adaptation of the Beck Depression Inventory in four Arab countries. *Psychological Reports*, 82(1), 264-266. <https://doi.org/10.2466/pr0.1998.82.1.264>
- Abdel-Khalek, A., Nuño, L., Gómez-Benito, J., & Lester, D. (2019). The relationship between religiosity and anxiety: A meta-analysis. *Journal of Religion and Health*, 58, 1847-1856. <https://doi.org/10.1007/s10943-019-00881-z>
- Alanazi, F. S. M. (2017). *Validation of a new assessment of self-disgust in non-clinical and clinical samples in Saudi Arabia* [Doctoral dissertation, The University of Edinburgh]. Edinburg Research Archive. <http://hdl.handle.net/1842/25686>
- Al-Krenawi, A. (1999). Explanations of mental health symptoms by the Bedouin-Arabs of the Negev. *International Journal of Social Psychiatry*, 45(1), 56-64. <https://doi.org/10.1177/002076409904500107>
- Al-Shatti, T. S. (2015). Psychometric properties of the Arabic version of the Beck Anxiety Inventory in the State of Kuwait. *Journal of Educational & Psychological Sciences*, 16(2), 431-463.
- Alshoaibi, M. A. (2018). Social media and its impact on Arab youth identity. *Review of European Studies*, 11(1), 1-13. <https://doi.org/10.5539/res.v11n1p1>
- Barcaccia, B., Cervin, M., Pozza, A., Medvedev, O. N., Baiocco, R., & Pallini, S. (2020). Mindfulness, self-compassion and attachment: A network analysis of psychopathology symptoms in adolescents. *Mindfulness*, 11, 2531-2541. <https://doi.org/10.1007/s12671-020-01466-8>
- Beck, A. T., Epstein, N., Brown, G., & Steer, R. A. (1988). An inventory for measuring clinical anxiety: Psychometric properties. *Journal of Consulting and Clinical Psychology*, 56(6), 893-897. <https://doi.org/10.1037//0022-006x.56.6.893>
- Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry*, 4(6), 561-571. <https://doi.org/10.1001/archpsyc.1961.01710120031004>
- Bhar, S. S., & Kyrios, M. (2016). The self-concept: Theory and research. In R. Moulding, M. Nedeljkovic, G. Doron, M. Mikulincer, S.S. Bhar & M. Kyrios (Eds.), *The self in understanding and treating psychological disorders* (pp. 8-18). Cambridge University Press. <https://doi.org/10.1017/CBO9781139941297.003>
- Björck, C., Clinton, D., Sohlberg, S., & Norring, C. (2007). Negative self-image and outcome in eating disorders: Results at 3-year follow-up. *Eating Behaviors*, 8(3), 398-406. <https://doi.org/10.1016/j.eatbeh.2006.12.002>
- Büge, B., & Bilge, Y. (2022). Reliability and validity of self-hate scale in Turkish community sample. *Journal of Happiness and Health*, 2(2), 61-69. <https://doi.org/10.47602/johah.v2i2.17>
- Castilho, P., Pinto-Gouveia, J., & Duarte, J. (2017). Two forms of self-criticism mediate differently the shame-psychopathological symptoms link. *Psychology and Psychotherapy: Theory, Research and Practice*, 90, 44-54. <https://doi.org/10.1111/papt.12094>
- Clark, L. A., & Watson, D. (1995). Constructing validity: Basic issues in objective scale development. *Psychological Assessment*, 7(3), 309-319. <https://doi.org/10.1037/1040-3590.7.3.309>
- Dwairy, M. (1991). *More about dealing with our children's problems*. Arrabi, Israel: Arrabi Press.
- Dwairy, M. (1997). Addressing the repressed needs of the Arabic client. *Cultural Diversity & Mental Health*, 3(1), 1-12. <https://doi.org/10.1037//1099-9809.3.1.1>

- Dwairy, M. (2006). *Counseling and psychotherapy with Arabs and Muslims: A culturally sensitive approach*. Teachers College Press.
- Eapen, V., & Ghubash, R. (2004). Help-seeking for mental health problems of children: Preferences and attitudes in the United Arab Emirates. *Psychological Reports*, 94(2), 663-667. <https://doi.org/10.2466/pr0.94.2.663-667>
- Elzayady, H., Mohamed, M. S., Badran, K. M., & Salama, G. I. (2023). A hybrid approach based on personality traits for hate speech detection in Arabic social media. *International Journal of Electrical and Computer Engineering*, 13(2), 1979-1988. <http://doi.org/10.11591/ijece.v13i2.pp1979-1988>
- Fabrigar, L. R., Wegener, D. T., MacCallum, R. C., & Strahan, E. J. (1999). Evaluating the use of exploratory factor analysis in psychological research. *Psychological Methods*, 4(3), 272-299.
- FakhrEl-Islam, M., & Abu-Dagga, S. I. (1992). Lay explanations of symptoms of mental ill health in Kuwait. *International Journal of Social Psychiatry*, 38(2), 150-156. <https://doi.org/10.1177/002076409203800208>
- Fekih-Romdhane, F., Bitar, Z., Rogoza, R., Sarray El Dine, A., Malaeb, D., Rashid, T., Obeid, S., & Hallit, S. (2023). Validity and reliability of the Arabic version of the self-report Single-Item Self-Esteem Scale (A-SISE). *BMC Psychiatry*, 23(1), 351. <https://doi.org/10.1186/s12888-023-04865-y>
- Fekih-Romdhane, F., Malaeb, D., Dabbous, M., Hallit, R., Obeid, S., & Hallit, S. (2023). Psychometric properties of an Arabic translation of the External and Internal Shame Scale (EISS). *BMC Psychiatry*, 23(1), 242. <https://doi.org/10.1186/s12888-023-04729-5>
- Floyd, F. J., & Widaman, K. F. (1995). Factor analysis in the development and refinement of clinical assessment instruments. *Psychological Assessment*, 7(3), 286-299. <https://doi.org/10.1037/1040-3590.7.3.286>
- Freud, S. (1916). Some character-types met with in psycho-analytic work. In *the standard edition of the complete psychological works of Sigmund Freud, Volume XIV (1914-1916): On the history of the psycho-analytic movement, papers on metapsychology and other works* (pp. 309-333).
- Gabriel, J. (1958). Self-hate and neurotic breakdown. *Australian Journal of Psychology*, 10(2), 169-174. <https://doi.org/10.1080/00049535808255964>
- Gilbert, P., Clarke, M., Hempel, S., Miles, J. N. V., & Irons, C. (2004). Criticizing and reassuring oneself: An exploration of forms, styles and reasons in female students. *British Journal of Clinical Psychology*, 43(1), 31-50. <https://doi.org/10.1348/014466504772812959>
- Green, K. (2016). Spinoza on self-hatred. *IYYUN: The Jerusalem Philosophical Quarterly*, 65, 73-95.
- Hu, L. T., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling: A Multidisciplinary Journal*, 6(1), 1-55. <https://doi.org/10.1080/10705519909540118>
- International Test Commission. (2017). The ITC guidelines for translating and adapting tests (Second edition).
- Inwood, E., & Ferrari, M. (2018). Mechanisms of change in the relationship between self-compassion, emotion regulation, and mental health: A systematic review. *Applied Psychology: Health and Well-Being*, 10(2), 215-235. <https://doi.org/10.1111/aphw.12127>
- Jacobson, N., & Newman, M. (2017). Anxiety and depression as bidirectional risk factors for one another: A meta-analysis of longitudinal studies. *Psychological Bulletin*, 143, 1155-1200. <https://doi.org/10.1037/bul0000111>
- James, W. (1892). *Psychology: Briefer course*. Henry Holt & Company.

- Johnson, S. D. (1992). Anti-Arabic prejudice in “middletown”. *Psychological Reports*, 70(3), 811-818. <https://doi.org/10.2466/pr0.1992.70.3.811>
- Jondi, N. J., & Tantawi, H. S. (2021). Psychometric properties of Neff’s Self-Compassion Scale on Palestinian university students. *Journal of Al-Quds Open University for Educational & Psychological Research & Studies*, 12(34), 174-183. <https://doi.org/10.33977/1182-012-034-014>
- Kalin, N. (2020). The critical relationship between anxiety and depression. *The American journal of psychiatry*, 177 5, 365-367. <https://doi.org/10.1176/appi.ajp.2020.20030305>
- Karslı, F. (2024). Üniversite öğrencilerinde benlik saygısı ile intihar olasılığı arasındaki ilişkide öz nefretin aracı rolü [The mediating role of self-hate in the relationship between self-esteem and suicide probability among university students]. *Mersin Üniversitesi Sağlık Bilimleri Dergisi*, 17(3), 373-386.
- Kazarian, S. S. (2009). Arabic contingencies of self worth: Arabic translation and validation of the contingencies of Self-Worth Scale in Lebanese youth. *Arab Journal of Psychiatry*, 20(2), 123-134.
- Kim, K. M., Kim, H., Kim, D., & Kim, J. W. (2021). The analysis of network structure among the depressive symptoms in a clinical sample of children and adolescents. *Asian Journal of Psychiatry*, 62, 102748. <https://doi.org/10.1016/j.ajp.2021.102748>
- Kotera, Y., Maybury, S., Liu, G., Colman, R., Lieu, J., & Dosedlová, J. (2022). Mental Well-Being of Czech University Students: Academic Motivation, Self-Compassion, and Self-Criticism. *Healthcare*, 10(11), 2135. <https://doi.org/10.3390/healthcare10112135>
- Lieberman, A., Robison, M., Wonderlich, S. A., Crosby, R. D., Mitchell, J. E., Crow, S. J., Peterson, C.B., Le Grange, D., Bardone-Cone, A.M., Kolden, G., & Joiner, T. E. (2023). Self-hate, dissociation, and suicidal behavior in bulimia nervosa. *Journal of Affective Disorders*, 335, 44-48. <https://doi.org/10.1016/j.jad.2023.05.015>
- Mills, A., Gilbert, P., Bellew, R., McEwan, K., & Gale, C. (2007). Paranoid beliefs and self-criticism in students. *Clinical Psychology & Psychotherapy*, 14(5), 358-364. <https://doi.org/10.1002/cpp.537>
- Moradi, B., & Hasan, N. T. (2004). Arab American persons' reported experiences of discrimination and mental health: The mediating role of personal control. *Journal of Counseling Psychology*, 51(4), 418-428. <https://doi.org/10.1037/0022-0167.51.4.418>
- Mullarkey, M. C., Marchetti, I., & Beevers, C. G. (2019). Using network analysis to identify central symptoms of adolescent depression. *Journal of Clinical Child & Adolescent Psychology*, 48(4), 656-668. <https://doi.org/10.1080/15374416.2018.1437735>
- Muris, P., & Petrocchi, N. (2017). Protection or vulnerability? A meta-analysis of the relations between the positive and negative components of self-compassion and psychopathology. *Clinical Psychology & Psychotherapy*, 24(2), 373-383. <https://doi.org/10.1002/cpp.2005>
- Neff, K. D. (2003). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2(3), 223-250. <https://doi.org/10.1080/15298860309027>
- Nilsson, M., Lundh, L. G., & Westling, S. (2022). Childhood maltreatment and self-hatred as distinguishing characteristics of psychiatric patients with self-harm: A comparison with clinical and healthy controls. *Clinical Psychology & Psychotherapy*, 29(5), 1778-1789. <https://doi.org/10.1002/cpp.2744>
- Rubin, T. I. (1998). *Compassion and self hate: An alternative to despair*. Simon and Schuster.
- Saad, J. B. (1996). *The image of Arabs in modern Persian literature*. University Press of America.
- Seglow, J. (2016). Hate speech, dignity and self-respect. *Ethical Theory and Moral Practice*, 19, 1103-1116. <https://doi.org/10.1007/s10992-016-9300-0>

doi.org/10.1007/S10677-016-9744-3

- Tiller, J. (2012). Depression and anxiety. *Medical Journal of Australia*, 199. <https://doi.org/10.5694/mja12.10628>
- Tobin, M. (2000). Developing mental health rehabilitation services in a culturally appropriate context: An action research project involving Arabic-speaking clients *Australian Health Review*, 23(2), 177-184. <https://doi.org/10.1071/AH000177>
- Turnell, A. I., Fassnacht, D. B., Batterham, P. J., Caley, A. L., & Kyrios, M. (2019). The Self-Hate Scale: Development and validation of a brief measure and its relationship to suicidal ideation. *Journal of Affective Disorders*, 245, 779-787. <https://doi.org/10.1016/j.jad.2018.11.047>
- Van Orden, K. A., Cukrowicz, K. C., Witte, T. K., & Joiner Jr, T. E. (2012). Thwarted belongingness and perceived burdensomeness: Construct validity and psychometric properties of the Interpersonal Needs Questionnaire. *Psychological Assessment*, 24(1), 197-215. <https://doi.org/10.1037/a0025358>
- Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner Jr, T. E. (2010). The interpersonal theory of suicide. *Psychological Review*, 117(2), 575-600. <https://doi.org/10.1037/a0018697>
- Wilner, J. G., Ronzio, B., Gillen, C., & Aguirre, B. (2024). Self-hatred: The unaddressed symptom of borderline personality disorder. *Journal of Personality Disorders*, 38(2), 157-170. <https://doi.org/10.1521/pedi.2024.38.2.157>
- Xavier, A., Pinto Gouveia, J., & Cunha, M. (2016). Non-suicidal self-injury in adolescence: The role of shame, self-criticism and fear of self-compassion. *Child & Youth Care Forum*, 45, 571-586. <https://doi.org/10.1007/s10566-016-9346-1>
- Yao, V. (2022). The snares of self-hatred. In N. Birondo (Ed.), *The moral psychology of hate* (pp. 53-74). Rowman & Littlef.
- Zessin, U., Dickhäuser, O., & Garbade, S. (2015). The relationship between self-compassion and well-being: A meta-analysis. *Applied Psychology: Health and Well-Being*, 7(3), 340-364. <https://doi.org/10.1111/aphw.12051>