

---

**Cross-Cultural Validation of the Self-Rating Scale of Self-Criticism**Huma Ali<sup>a\*</sup>, Tanvir Akhtar<sup>b</sup><sup>a</sup> Department of Psychology NUML University Islamabad , Pakistan<sup>b</sup> Department of Psychology NUML University Rawalpindi , Pakistan**Abstract**

The Self-Rating Scale of Self-Criticism (SRSSC) is widely used self-report measure designed to assess the tendency of individuals to engage in self-critical thinking and behavior. The scale is developed by Hooley et al. (2010). It captures the broad spectrum of self-critical attitude which includes feelings of inadequacy, self-blame and harsh evaluation of oneself in response to perceived failures and shortcomings. In current study the scale was translated in Urdu language using Brislin's (1970) standard back translation method to ensure linguistic and conceptual relevance. The data was collected from 300 adolescents aged 15-18 years. Alpha reliability of the scale was found to be .747 which falls within acceptable range ( $\alpha = .747$ ). AMOS was used to carry out analysis. CFA supported a single-factor structure with standardized factor loadings ranging from .20 to .83 and good model fit indices for the modified model ( $\chi^2/df = 2.11$ , CFI = .97, GFI = .97, RMSEA = .06). These findings suggest that the Urdu version is a reliable and valid measure of self-criticism in adolescents and can be used in research and clinical settings.

**Keywords:** Self-criticism, Adolescents, Scale translation, Reliability, Confirmatory Factor Analysis, Urdu

---

**Correspondence:** Huma Ali (PhD Scholar)

Department of Psychology NUML University Islamabad, Pakistan.

Email: [xjamaabbasi2017@gmail.com](mailto:xjamaabbasi2017@gmail.com)

Pages 16-20 /Received, August 29, 2025, Revision Received September, 29, 2025, Accepted 28 October, 2025

## 1. Introduction

Self-criticism is a multidimensional construct reflecting excessive negative self-evaluation, self-blame and feelings of inadequacy (Blatt, 1995). High level of self-criticism is directly linked with depression, anxiety, low self-esteem, and suicidal ideation among adolescents. Adolescence is a developmental period which is marked by identity formation and social comparison (Hooley et al., 2002; Gilbert et al., 2004). Accurate assessment is important for research and clinical intervention. High level of self-criticism results in maladaptive cognitive pattern which include rumination, guilt and self-blame which exacerbate depressive and anxious symptoms (Shahar, Blatt, & Zuroff, 2012). While the Self-Rating Scale of Self-Criticism is widely used tool but no validated Urdu version exists. The study aimed to translate, adapt and validate self-rating scale of self-criticism in Urdu language and to examine its psychometric properties in adolescents aged 15-18 years in Pakistani adolescents.

Adolescence is a vulnerable period for emergence and intensification of self-critical cognitions. The stage is marked by rapid biological, cognitive and social changes alongside the increase demand for academic achievement, social approval and self-regulation (Steinberg, 2014). The period engage in social comparison which leads to heightened sensitivity to perceived failures and shortcoming (Neff & McGehee, 2010). In this context, self-criticism acts as a potent contributor to disorders, reducing self-esteem and suicidal ideation (Orth, Robins, & Roberts, 2006; Shahar et al., 2012).

Self-criticism has been identified as negative predictor of suicidal ideation. A study by Robillard et al. (2025) found that self-criticism was a immediate predictor of non-suicidal self-injury and comorbid depressive episodes in adolescents. Furthermore, in another study by Lu et al. (2025) reviewed interventions for suicidal and self-injurious behaviors among adolescents. The study found that self-criticism was a key factor in the development and maintenance of these behaviors. The review highlighted the importance of addressing self-critical thoughts in interventions aimed at reducing suicidal and self-injurious behaviors among adolescents.

Although the Self-Rating Scale of Self-Criticism (SRSSC; Hooley et al., 2010) is a widely used measure which previously has been used to assess self-critical thinking and behavior. It was originally developed in English and is primarily validated in Western cultures. In Pakistan, Urdu is the national language and is the primary medium of communication for a large portion of the population. Therefore, using scale in English may yield misunderstanding or misinterpretation due to its linguistic and cultural differences. Translating and culturally adapting the scale into Urdu language was necessary to ensure conceptual equivalence, semantic accuracy, and cultural relevance accordingly. The availability of a valid and reliable Urdu version of the SRSSC supports cross-cultural research and it also facilitates comparison of findings across different cultural contexts.

## 2. Method

### 2.1 Participants

Data was collected from Public and private schools of Rawalpindi, Islamabad and Lahore. Age range of the adolescents was 15-18 years. Convenient sampling technique was used to collect data. The age group was chosen because this age group is marked by heightened level of emotional reactivity and many developmental changes. Those students who could read and understand Urdu language took part in the study. Those who were less than 15 years and over 18 years were excluded from the study. All those forms missing more than 10% of data were also excluded from the final analysis to ensure data integrity. A total

sample of 300 valid responses were retained screening for missing and invalid data. The sample size was determined in line with psychometric properties particularly confirmatory factor analysis (CFA). According to established guidelines e.g. Kline, 2016; Wolf et al., 2013, sample size of 200–300 participants is considered sufficient for reliable estimation of factor loadings and structural model stability when item loadings are expected to exceed 0.40. For the present study, sample of 300 provides adequate statistical power to detect factor loading. Data was collected in classroom settings arranged in exam style rows to maintain confidentiality and to prevent peers to view another response. Participation was voluntary and no identity information was collected from participants.

### 2.2 Instrument

Self-Rating Scale of Self-Criticism is a self-report measure. The scale has 8 items which measures excessive negative self-evaluation, self-blame and feelings of inadequacy. The items are rated on 7 point scale ranging from "strongly disagree" to "strongly agree." Higher scores indicate greater levels of self-criticism. The scale was translated into Urdu language using Brislin (1970) translation and back translation method. Formal permission was obtained from original author before translating the scale. For the purpose, five independent translators, all natives Urdu speakers, fluent in English and had background in psychology independently translated the original English version into Urdu. Each translator worked separately to minimize individual bias and to capture a wide range of possible expression and meanings.

The research team then employed a committee approach to review and reconcile five translated versions into a single consensus Urdu translation. The committee members holds doctorate degree in psychology and had wide experience in scale translation and adaptation. During this phase special attention was paid to accuracy of meaning and preservation of original psychological construct. Cultural relevance also took prime importance while translating the scale by discussing emotional expression, context appropriate language so that the item would be meaningful and acceptable within Pakistani culture.

Next the reconciled Urdu version was back translated by three different bilingual translators who were not part of forward translation method and were blind to the original scale. The step allowed the team to identify any discrepancies and potential shifts in meaning between the original and translated versions. No major changes were seen in this phase.

A multidisciplinary review committee comprising of translators who had back ground in psychology reviewed the final Urdu draft to confirm its linguistic accuracy and cultural appropriateness. The final version was then taken to National University of Modern Languages translation and adaptation center, where final version was again scrutinized in terms of understandability of words, proper sentence formation and in terms of cultural suitability

A pilot study on 20-30 participants was carried out first to get further clarity regarding understanding of sentences and cultural appropriateness. Participants found the items comprehensible, culturally relevant and appropriate. Consequently no amendments or rewording were required after pilot testing. The final version of the scale demonstrated good internal consistency ( $\alpha = .747$ ) supporting the reliability and validity of translated scale.

### 2.3 Procedure.

Permission from authors was obtained before translating and collecting data. The concerned heads of educational institutes were provided with

written authorization letter being provided by National University of Modern Languages, Islamabad. In letter purpose and nature of study was explained in detail and request was also made for collection of data. After seeking permission, the teachers were directed by their heads to help us with collecting data. Ethical consideration was taken in account. Participants were told that the information collected from them would be kept confidential and they have the right to withdraw at any point during filling in the forms. Questionnaires were distributed and were also instructed to read the instructions printed on the scale and if they have any difficulty in filling in the forms they may ask. After completion of tools and collection of filled questionnaires, participants along with their teachers were thanked for their participation in research. After collection of data, it was subjected to statistical analysis to test research hypothesis. Average time to complete the questionnaire was about 5-7 minutes.

Special ethical consideration was taken into account while working on adolescents with such sensitive topic. The research procedures were first approved by Ethical Review Committee of the Department of Psychology, National University of Modern Languages (NUML), Islamabad, and were conducted in accordance with the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association (APA, 2017) and the Declaration of Helsinki (World Medical Association, 2013).

The data was collected in classroom settings where students were seated in rows resembling examination hall in order to maintain their privacy and preventing from peers to review others response. No identity information such as names, roll number, class section etc. was asked to keep the anonymity and confidentiality. Keeping sensitive topic, participants were informed beforehand that some items on the scale may arise emotional distress. They may discontinue if experiences any discomfort. After data collection, the participants were debriefed and provided with contact information for mental health support services like Rozan Helpline and Umag helpline. The researcher also shared her personal contact number to offer further assistance if the participants wished to share any concern privately. Several students later contacted the researcher, confidential counseling and emotional support was provided to them accordingly. The process ensured participant's psychological wellbeing and adherence to ethical principal of avoiding harm to the participants.

### 3 Results

Descriptive analyses were conducted to examine distribution, central tendency, and variability of the items of the Urdu Self-Rating Scale of Self-Criticism. Table 1 presents the item-level statistics which includes mean scores and standard deviations.

**Table 1**  
*Descriptive Statistics of Individual Items (N = 300)*

Item Number	Mean	SD
Item 1	4.13	2.03
Item 2	3.33	1.94
Item 3	4.33	1.99
Item 4	3.82	2.04
Item 5	4.09	2.11
Item 6	3.50	2.13
Item 7	3.85	2.15
Item 8	3.35	1.80

Apropos scores ranged from **3.33 to 4.33** which shows **moderate to high level of self-critical tendencies** among adolescents. Standard deviation

values ranges from 1.80 to 2.15, which suggest sufficient variability across responses to allow for meaningful psychometric evaluation.

#### Reliability Analysis

Internal consistency was examined using Cronbach's alpha. The Urdu version of the scale showed an acceptable internal consistency of  $\alpha = .747$ , indicating reliability for research and clinical use.

**Table 2**  
*Item-Total Statistics (N = 300)*

Item Number	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Item 1	.320	.743
Item 2	.177	.766
Item 3	.421	.725
Item 4	.508	.708
Item 5	.497	.710
Item 6	.633	.681
Item 7	.618	.684
Item 8	.364	.734

Corrected item-total correlations ranged from .177 to .633, demonstrating acceptable item discrimination. Removal of any individual item did not substantially increase the overall Cronbach's alpha, indicating that all items contributed meaningfully to the scale's internal consistency. Items related to self-perceived lack of status and uniqueness (Items 6 and 7) had the highest item-total correlations, suggesting they are central to the construct of self-criticism.

**Table 3:**  
*Factor loading of Confirmatory Factor Analysis for Self Rating Scale of Self Criticism (N = 300)*

Items No	Factor I
1	.32
2	.20
3	.44
4	.61
5	.62
6	.83
7	.79
8	.30

Table 3 indicated that factor loadings of the factor in self-criticism scale are above .3 which is minimum acceptable range.

Factor analyzed through confirmatory factor analysis through Structural Equation Modelling (using AMOS 21). In order to determine the best model fit a number of indices were used as indicators; these included CFI, GFI, and RMSEA. These indices were chosen as these are most frequently reported in current literature (McDonald & Ringo Ho, 2002). The indices were interpreted as Comparative Fit Index ( $CFI \geq .90$ ) given by Bentler (1990), Goodness of Fit Index ( $GFI \geq .90$ ) as suggested by Joreskog and Sorborn (1989), and Root Mean Square Error of Approximation ( $RMSEA \leq .05$ ) suggested by Browne and Cudeck (1993).

Figure 3: Default Model for confirming the factor structure of the scale. The structure of the scale that materialized from the exploratory factor analysis was further examined in confirmatory did not indicate a good fit to the data; chi-square = 159.87 ( $df = 20$ );  $p = .000$ ;  $\chi^2/df = 7.99$ ;

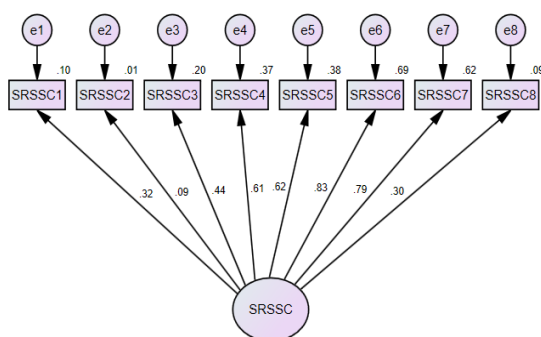
RMSEA = .15; GFI = .90; CFI = .78. Hair et al. (1998) suggest that for confirmatory factor analysis the standardized loading estimates should, at the very minimum, be .3 or greater.

**Table 4**  
**Model Fit Indices of Self Criticism Scale (N= 300)**

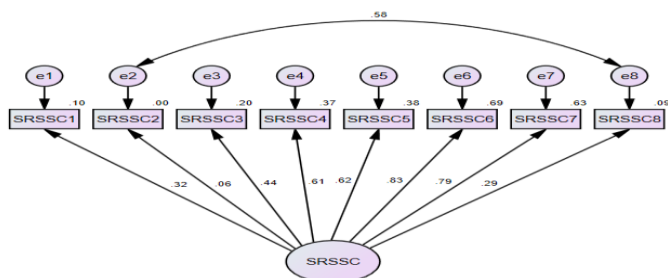
Models	$\chi^2$ (df)	p	GFI	CFI	RMSEA
Default Model	159.87(20)	.000	.90	.78	.15
Modified Model	40.11(19)	.000	.97	.97	.06

Note.  $\chi^2$  = chi-square, p = significance level, GFI = goodness of fit index, CFI = Comparative fit index, RMSEA = root mean square error of approximation.

**Figure 3 Initial Model**



**Figure 4, Modified Model**



The final model illustrated in figure 4 comprised 8 items and displayed a good model fit; chi-square = 40.11 (df = 19); p = .000; chi-square/df = 2.11; RMSEA = .06; GFI = .97; CFI = .97. Generally, a good model fit requires a non-significant chi-square; however when dealing with a large data set the value of chi-square is nearly always significant. In such cases, Hatcher (1996) suggests that a model that has a value less than 3, when the value of chi-square is divided by the degrees of freedom, is a good fit. In the present study, chi-square/df = 2.11, signifying that the final model is a good fit.

**4 Discussion**

The present study aimed to translate and validate the Self-Rating Scale of Self-Criticism (SRSSC; Hooley et al., 2010) into Urdu and to examine its factorial validity among Pakistani adolescents. The standardized factor

loadings for the final model ranged from .20 to .83, indicating that all items contributed meaningfully to the latent construct of self-criticism. Although some items showed moderate loadings (e.g., Item 2 = .20), they were retained because they reflect conceptually relevant aspects of the construct, as also recommended by Hair et al. (1998). Item number 6 and 7 has the highest factor loading which suggest that these items captures the core of self-critical tendencies most strongly engrossed by the participants.

The findings of the study aligns with previous validation studies conducted in diversified cultures and cultural contexts which is also supported by single-factor structure for the SRSSC (e.g., Hooley et al., 2010; Castilho et al., 2017; Shahar et al., 2015). Similar to prior researches, the present results affirm that self-criticism represents a unified psychological construct characterized by negative self-evaluation, self-blame, and feelings of inadequacy.

The study aimed to adapt and translate the scale in native language. Acceptable internal consistency and clear factor structure shows the applicability of the scale in Pakistani context.

The absence of major translation issues and ease of administration suggest that the scale is accessible and appropriate for Urdu speaking adolescents. These findings are significant in light of mental health resources in Pakistan. The translated scales can serve as screening tool in school and various setups which can aid early detection of emotional distress. The validated Urdu version of Self rating scale of self-criticism is a reliable tool which can be used in educational, clinical and research settings for screening purpose only. It provides a reliable means to assess emotional suffering in adolescent and can help in improving psychological well-being of the adolescents. Policy makers and educators can use the scale to identify those students who are under risk and can implement protective or preventive mental health programs. The study was limited to urban areas only which may affect generalizability on rural population. Additionally, only school/college going students were the part of study therefore, further study should consider more diversified sample to address the issues with generalizability.

**Conclusion**

The translation and validation of Self rating scale of self-criticism in Urdu language is timely and an important contribution in assessing mental health of adolescent. The acceptable reliability and validity of the scale makes it a valuable tool for clinical practitioners. Its application can lead to earlier detection of adolescents who are experiencing emotional suffering and ultimately to provide them social support which can contribute positively in mental health concerns.

The finding of the study hold significant implication for researchers and practice. The validated version of self-rating scale of self-criticism provides researchers and clinicians with a reliable and culturally validated tool for assessing self-critical tendencies among Pakistani adolescents. The availability of instrument facilitates the examination of self-criticism as a risk factor for various psychological problems such as depression, anxiety and suicidal ideation. Furthermore, it can also be used in various schools settings, clinical assessment and interventions to identify those who are prone to mental health problems including self-blame and negative evaluation of self and needs counseling of support.

Despite these contributions there are certain limitation which should be acknowledged. First sample was only school and college going adolescents, mudrassas students and those who couldn't read were not the part of study so it may restrict the generalizability of the findings to other age groups or populations. Secondly, the validation was based marelly on self-report data which are susceptible to response biases such as social

desirability in Pakistani context. Future studies should incorporate more diversified sample to enhance the robustness of the findings.

and code of conduct. <https://www.apa.org/ethics/code>

Bentler, P. M. (1990). Comparative fit indexes in structural models. *Psychological Bulletin*, *107*(2), 238–246. <https://doi.org/10.1037/0033-2909.107.2.238>

Blatt, S. J. (1995). *The destructiveness of perfectionism: Implications for the treatment of depression*. American Psychological Association. <https://doi.org/10.1037/10151-000>

Brislin, R. W. (1970). Back-translation for cross-cultural research. *Journal of Cross-Cultural Psychology*, *1*(3), 185–216. <https://doi.org/10.1177/135910457000100301>

Browne, M. W., & Cudeck, R. (1993). Alternative ways of assessing model fit. In K. A. Bollen & J. S. Long (Eds.), *Testing structural equation models* (pp. 136–162). Sage Publications.

Gilbert, P., Clarke, M., Hempel, S., Miles, J. N., & 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>

Hair, J. F., Anderson, R. E., Tatham, R. L., & Black, W. C. (1998). *Multivariate data analysis* (5th ed.). Prentice Hall.

Hooley, J. M., & St. Germain, E. A. (2013). Nonsuicidal self-injury, pain, and self-criticism: Does changing self-worth change pain endurance in people who engage in self-injury? *Behaviour Research and Therapy*, *51*(11), 742–748. <https://doi.org/10.1016/j.brat.2013.09.001>

Hooley, J. M., Ho, D. T., Slater, J., & Lockshin, A. (2010). *The Self-Rating Scale of Self-Criticism: Development and psychometric properties* [Unpublished manuscript]. Department of Psychology, Harvard University.

Hooper, D., Coughlan, J., & Mullen, M. (2008). Structural equation modelling: Guidelines for determining model fit. *Electronic Journal of Business Research Methods*, *6*(1), 53–60.

## References

- American Psychological Association. (2017). *Ethical principles of psychologists*
- Jöreskog, K. G., & Sörbom, D. (1989). *LISREL 7: A guide to the program and applications* (2nd ed.). SPSS Inc.
- Kline, R. B. (2016). *Principles and practice of structural equation modeling* (4th ed.). Guilford Press.
- Neff, K. D., & McGehee, P. (2010). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity*, *9*(3), 225–240. <https://doi.org/10.1080/15298860902979307>
- Orth, U., Robins, R. W., & Roberts, B. W. (2006). Low self-esteem prospectively predicts depression in adolescence and young adulthood. *Journal of Personality and Social Psychology*, *91*(3), 540–549. <https://doi.org/10.1037/0022-3514.91.3.540>
- Robillard, C. L., et al. (2025). Self-criticism is a real-time predictor of nonsuicidal self-injury and comorbid depressive episodes in adolescents. *Psychiatry Research*, *290*, 113–120. <https://doi.org/10.1016/j.psychres.2025.113120>
- Shahar, G., Blatt, S. J., & Zuroff, D. C. (2012). The role of self-criticism in depression and anxiety. *Journal of Affective Disorders*, *141*(2–3), 184–192. <https://doi.org/10.1016/j.jad.2012.02.012>
- Steinberg, L. (2014). *Age of opportunity: Lessons from the new science of adolescence*. Houghton Mifflin Harcourt.
- Wolf, E. J., Harrington, K. M., Clark, S. L., & Miller, M. W. (2013). Sample size requirements for structural equation models: An evaluation of power, bias, and solution propriety. *Educational and Psychological Measurement*, *73*(6), 913–934. <https://doi.org/10.1177/0013164413495237>
- World Medical Association. (2013). World Medical Association Declaration of Helsinki: Ethical principles for medical research involving human subjects. *JAMA*, *310*(20), 2191–2194. <https://doi.org/10.1001/jama.2013.281053>