# Initial Psychometric Properties of the Thai Version of the Levels of Self-Criticism Scale for Thai Psychologists in Training*

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## Abstract

This study aimed to explore the initial psychometric properties of a Thai version of the *Levels of Self-Criticism Scale (T-LOSC)*. T-LOSC was translated from the *Levels of Self-Criticism Scale* ( Thompson & Zuroff, 2004) . Participants were 115 Thai novice psychologists. Reliability and initial construct validity were tested. Cronbach's alpha coefficients were computed to examine the scale's reliability. The findings revealed that T-LOSC yielded two components ( internalized self-criticism and comparative self-criticism). Most of the items loaded significantly onto their respective factors (loading factors ranged from .389 to .854). The *T-LOSC* demonstrated good reliability with Cronbach's alpha of .914 for the total scale and .909 and .759 for each component. The reliability and validity of this scale make it a useful brief measure of self-criticism in Thai psychologists.
**Keywords:** Self-Criticism, Scale Validation, Thai Psychologists, Novice Psychologists

## Introduction

Psychologists, as well as other mental health professionals, are required to have practical experience before they are able to work professionally. Many difficulties arise during training of novice psychologists, such as plenty of tasks to be performed, beliefs about what the therapy should be, determining one's boundaries, balancing between the personal self and professional self, evaluation of the outcome from supervision and a sense of lacking competence (Kannan & Levitt, 2017; Zielińska, 2015).

Most novice psychologists worry about their clinical performance and might think they are not competent to help clients. They might be skeptical about their abilities to work as professional psychologists. They might think they are not as competent as they think professional psychologists should be. Despite having doubts about their abilities, they also expect their clients to get better or show significant improvement. Fear of incompetence drives them to find the ideal treatment methods, try hard to avoid making mistakes, and defend themselves from self-blaming (Gilbert & Irons, 2005; Whelton & Greenberg, 2005). Their expectations of themselves and their abilities can cause pressure, which might create stress (Lim, Kim, Kim, Yang, & Lee, 2010) and result in a feeling of insecurity and blaming themselves (Dye, Burke, & Wolf, 2019).

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Research has revealed that novice psychologists face self-criticism (Kannan & Levitt, 2017; Kondili, 2018). Self-criticism leads to multiple negative outcomes, including poor mental and physical health, low self-esteem, depression, compassion fatigue, and professional burnout (Alves de Oliveira & Vandenberghe, 2009; Gilbert & Irons, 2005; Kannan & Levitt, 2017; Orlinsky & Rønnestad, 2005). The studies suggested that self-criticism is highly related to the quality of self-bashing, and has formidable adverse effects on physical and mental health (Kannan & Levitt, 2017).

If novice psychologists were aware of their self-criticism, they would be able to take care of themselves better; this might be key in the development of psychotherapists. Many studies have examined self-care of psychologists, mostly focusing on promoting self-awareness, increasing rest time, and taking care of physical health (Richards, Campenni, & Muse-Burke, 2010). However, the study of self-criticism in psychologists is still limited. Especially in Thailand, there is a lack of a psychometrically sound measure of the variable. Therefore, the present research aimed to develop a Thai version of the Levels of Self-Criticism Scale in Thai psychologists in training.

## Self-Criticism

Self-criticism is an internal process that occurs when individuals recognize an error or when the result of their effort does not meet their standards. Self-criticism is a thought, considering mistakes with the desire to control them (Gilbert, Baldwin, Irons, Baccus, & Palmer, 2006). People who criticize themselves tend to feel guilty and incompetent. They are deeply afraid of failure and rejection so they try to prevent mistakes.

However, studies have shown that an excessive effort to prevent mistakes can lead to the setting of high-pressure standards that become difficult to reach. Consequently, when things do not happen as intended, people who self-criticize will feel weak and guilty. This will also affect their perceived self-value and make them feel dissatisfied or unhappy with their achievements (Gilbert & Irons, 2005). On the other hand, when an error occurs, people who self-criticize tend to take their mistakes very seriously. They will blame and punish themselves, partly because of their effort to reach a perfect standard (Besser & Priel, 2003). Without considering future improvement, they will look at their mistakes and obstacles as a confirmation that they are incompetent.

## Self-Criticism in Novice Psychologists

Psychologists work with a vulnerable population, so they are required to be flexible, open-minded, and understanding of their clients, who come with various kinds of problems. They have to be cautious in their work and consider all of their thoughts, feelings, words, and expressions that may affect the clients. Also, the practice process in psychology is sensitive. It is quite complex but without a definite procedure, and lacks clear criteria for evaluation of working performance. For this reason, psychologists must review their thoughts and feelings habitually, together with considering their working process, to refine and increase self-awareness, which can lead to a better working performance. Although evaluations can help psychologists understand their work from many perspectives, leading to better self-development, an evaluation without recognizing the nature of the work will lead to disappointment. This is especially true for self-evaluation by novice psychologists who are filled with anxiety and set the criteria for their performance according to their expectations without being consistent with reality. For example, setting a goal that a client must have relief from suffering in a short period of time or comparing their performance with the work images learned from an experienced supervisor, causes the trainees to adopt those images as a criterion for judging or evaluating their work. Evaluations based on such criteria lead to inevitable disappointments whenever their performance is inconsistent with the expectations.

Novice psychologists will be anxious about the service outcomes, leading to a lack of confidence in communicating with clients, self-doubt, and self-criticism.

Self-criticism has a considerable effect on the professional experience and professional development of counseling psychologists (Alves de Oliveira & Vandenberghe, 2009), both in the context of working with clients and the supervision (Gard & Lewis, 2008; Gray, Ladany, Walker, & Ancis, 2001) as well as professional skills development ( Aronov & Brodsky, 2009; Hill, Stahl, & Roffman, 2007; Mehr, Ladany, & Caskie, 2010) and the psychologists themselves, including emotions, thoughts, self-perception, and working performance. Novice psychologists who face anxiety, insecurity, and tend to compare themselves with ideal criteria or a seasoning psychologist, are often obsessed with their shortcomings and overlook their development and self-care. This results in stress, not functioning properly, and missing the opportunity to learn from the supervision process. It occurs in a cycle that causes the trainees to feel negative about themselves. In general, when people wish to fulfill their expectations and do not want to make a mistake, they will have certain images in their minds. They will avoid any actions that harm those images. Thus, psychologist trainees may become deceitful both during the service and the supervision, choosing to cover their weaknesses and flaws. They will try to avoid mistakes while being inflexible, cautious, and struggling to meet the standards or criteria, set by either themselves or others. At the same time, they tend to criticize themselves heavily when errors occur, especially focusing on their flaws, causing stress, pressure, and anxiety. This mental state is an obstacle for psychologists. It interrupts the process of their working alliance, including remaining fully aware of the clients' feelings ( Alves de Oliveira & Vandenberghe, 2009; Hill, Sullivan, Knox, & Schlosser, 2007; Whelton, Paulson, & Marusiak, 2007).

Thompson and Zuroff (2004) suggested that self-criticism has two sources: (1) comparative self-criticism (CSC), which is a negative view of how people compete with themselves by comparing with others and finding their own shortcomings, especially when compared with superiors or competitors. This behavior leads to a feeling of unease when with others under evaluation. Comparative self-criticism is strongly related to the sense of inferiority. The more people feel they are inferior, the more they will look at others in terms of comparison. If the result of the comparison is not satisfactory, the level of self-criticism will subsequently increase. The criterion for self-evaluation does not include only a comparison with others; social standards and what people regard as good are also taken into account (Thompson & Zuroff, 2004). The second source is (2) internalized self-criticism (ISC), which is a negative view of how people compete with themselves by comparing to their internal standards. ISC happens when things do not achieve their perfect standards, resulting in a feeling of deficiency, although these standards tend to change all the time.

To measure self-criticism, Thompson and Zuroff ( 2004) developed the Levels of Self-Criticism Scale (LOSC), consisting of 22 items scored with a 5-point Likert scale. The scale was developed from understandings and the factor analysis of self-criticism (Castilho, Pinto-Gouveia, & Duarte, 2015) . The LOSC measured self-criticism in two components: comparative self-criticism and internalized self-criticism. The psychometric properties were evaluated in a sample of 282 students that resulted in validity, reliability, and promising internal consistency. Although self-criticism has frequently been studied in people with depression, the LOSC was developed to use in the non-clinical population. Therefore, the LOSC is widely accepted and studied in a variety of cultural contexts, in both Western and Eastern cultures (Castilho et al., 2015; Clark & Coker, 2009; Öngen, 2006; Yamaguchi, Kim, & Akutsu, 2014).

Although the LOSC has been used in the context of Eastern cultures such as Japan (Yamaguchi et al., 2014), it has not yet been studied in Thailand. Therefore, the current study aimed to develop and examine the psychometric properties of the Thai version of the LOSC.

It is designed to fit the context of Thai psychologists in training and might provide the groundwork for relevant studies in the future. Furthermore, the scale might be useful for psychologists as an essential tool to assess self-criticism and help them promote their self-care.

## Methods

### Participants and Procedures

After receiving approval from the Research Ethics Review Committee for Research Involving Human Research Participants, Health Sciences Group (IRB) at Chulalongkorn University, the collection process started. The researchers began to collect data from a sample of psychologists in Thailand, including psychologists who were studying or had graduated in a master's degree or above in counseling or clinical psychology program, had experience of professional services and had attended the supervision within 5 years. The researchers collected data using the internet and paper-pencil based methods. There were 120 responses, a 100% return rate, but five of them were excluded from this study because they had more than five years of professional experience.

Data were collected from 115 novice psychologists who were studying or had graduated in a master's degree or above in counseling or clinical psychology program and also had attended the supervision. During the collection process, the participants filled out the questionnaires themselves. Participants were between 21 and 49 years old. Forty-six participants were male (40%) and 69 participants were female (60%). Seventy-four participants used the internet-based method (64.3%) and 41 participants used the paper-pencil-based method (35.7%). One hundred and one participants were attending a master's degree program (87.8%) and 14 participants were attending a Ph.D. program (12.2%). Eighty-six participants were counseling psychologists (74.8%) and 29 participants were clinical psychologists (25.2%), with the length of professional experience less than 5 years. All met the selection criteria.

### Instruments

This study employed a self-administered questionnaire comprising the following three sections:

1. The first part of the questionnaire was designed by the researchers to tap basic demographic information including gender, age, highest education, and the experience of clinical practice.

2. The Thai version of the Counseling Self-Estimate Scale (T-COSE). The original scale was developed by Larson et al. (1992). It consists of 37 items and 5 factors: (1) micro skills (2) counseling process (3) difficult client behaviors (4) cultural competence and (5) awareness of values. This questionnaire is self-reported with a 6-point Likert scale, rated from (1) strongly disagree to (6) strongly agree. Larson et al. (1992) examined Cronbach's alphas ($\alpha = .93$), validity, and test-retest reliability in 3 weeks ($r = .87$). The scale was translated to Thai using the back-translation method. Firstly, the researchers translated the items from English to Thai. After that, the experts, who had completed a Ph.D. in a western psychology program and worked on this variable, translated the items back from Thai to English. Then, the native English speaker, who has a Ph.D. in psychology, examined the compatibility between the original items and the back-translation items. Lastly, the items were checked again by a panel of experts who worked on the variable. Words and styles were slightly changed due to the context of Thai society.

3. The Thai version of the Levels of Self-Criticism Scale (T-LOSC). The original scale was developed by Thompson and Zuroff (2004). It consists of 22 items and 2 main factors; (1) comparative self-criticism (CSC) and (2) internalized self-criticism. This questionnaire is self-reported with a 7-point Likert scale, rated from (1) strongly disagree to (7) strongly agree. Thompson and Zuroff (2004) examined Cronbach's alphas ($\alpha = .87$) and reported a

moderate correlation between the two factors ($r$ = .45). The scale was translated to Thai using the back-translation method. Firstly, the researchers translated the items from English to Thai. After that, the experts, who have a Ph.D. in western psychology program and worked on the variable, translated the items back from Thai to English. Then, the native English speaker, who has a Ph.D. in psychology, examined the compatibility between the original items and the back-translation items. Lastly, the items were checked again by a panel of experts who worked on the variable. Words and styles were slightly changed due to the context of Thai society.

**Data Analysis**

All the measures in this study contained no missing values. The data were analyzed using the Statistical Package for the Social Sciences (SPSS 23.0), which was also used to estimate the missing data. Exploratory factor analysis (EFA) was conducted to examine the underlying factorial structure of the Thai version of the LOSC. Cronbach's alpha coefficients were computed to test the reliabilities of each factor of the Thai version of the LOSC.

## Results

This study aimed to conduct a preliminary examination of the psychometric properties of T-LOSC for 115 novice psychologists (for discussion of determining sample size in factor analysis, see Osborne & Costello, 2004). The results were reported in three parts as follows.

**Exploratory factor analysis**

The 22 x 22 correlation matrix of the Thai version of the Levels of Self-Criticism Scale was subjected to a maximum likelihood components analysis. The Kaiser-Meyer-Olkin (KMO) analysis resulted in a sampling adequacy of .845, and the Bartlett's test of sphericity pointed to statistical significance at the level of .05 (chi-square = 1183.89, $df$ = 231, $p$ < .000).

The solution was rotated using varimax rotation to simplify the structure and enhance interpretation of the two factors. Items with component loading equal to or greater than .30 were retained, while 6 items with the lowest loadings were eliminated. The second rotated maximum likelihood factor analysis was performed using the remaining 16 items. As a result, the Thai version of the LOSC contained 16 items. The results were two factors accounting for 44.721% and 54.255% of the scale variance, respectively.

Most items loaded significantly onto their respective factors (loading ranged from .389 to .823 for the first factor, and .441 to .854 for the second factor. An eigenvalue of 7.155 and 1.525 was found in each component. After examining the items of each factor, the factors were found to be identical to the original English version of the LOSC. However, some changes from the original version were observed as follows:

**Table 1** Means and standard deviation for each of Thai version of the Levels of Self-Criticism Scale factors, as well as factors' communality ($h^2$), eigenvalues, percentage of variance explained, and reliability coefficients.

| Items | Factor 1 | Factor 2 | Communalities |
|---|---|---|---|
| 18 I fear that if people get to know me too well, they will not respect me. | | .854 | .742 |
| 7 I get very upset when I fail. | .823 | | .702 |
| 15 I feel like a failure when I don't do as well as I would like. | .778 | | .752 |
| 9 Failure is a very painful experience for me. | .753 | | .586 |
| 3 I am very frustrated with myself when I don't meet the standards I have for myself. | .677 | | .481 |
| 5 I often get very angry with myself when I fail. | .662 | | .536 |
| 1 I am really irritable when I have failed. | .642 | | .480 |

**Table 1** (Con.)

| Items | Factor 1 | Factor 2 | Communalities |
|---|---|---|---|
| 13 When I don't succeed, I find myself wondering how worthwhile I am. | .618 | | .584 |
| 10 I often worry that other people will find out what I'm really like and be upset with me. | | .604 | .504 |
| 12 I am confident that most of the people I care about will accept me for who I am | | .551 | .323 |
| 2 I have a nagging sense of inferiority. | .549 | | .411 |
| 17 If I fail in one area, it reflects poorly on me as a person. | .511 | | .526 |
| 19 I frequently compare myself with my goals and ideals. | .502 | | .298 |
| 11 I don't often worry about the possibility of failure. | .464 | | .292 |
| 20 I seldom feel ashamed of myself. | | .441 | .288 |
| 4 I am usually uncomfortable in social situations where I don't know what to expect. | .389 | | .186 |
| Eigenvalue | 7.155 | 1.525 | |
| Cumulative % Variance | 44.721 | 54.255 | |
| Reliability (Cronbach's alpha) | .909 | .759 | |
| Overall Cronbach's alpha | .914 | | |

*Extraction Method: Maximum Likelihood. Rotation Method: Varimax with Kaiser Normalization.*
*Note.* Only factor loadings greater than .30 were retained.

**Reliability**

Internal consistency reliability coefficients (Cronbach's alpha) of the Thai version of the LOSC demonstrated good reliability with the overall Cronbach's alpha at .914 and with Cronbach's alpha of each component at .909 (internalized self-criticism items), and .759 (comparative self-criticism items). The majority of the scales had items with corrected item-total correlations ranging between .393-.811

**Criterion Validity**

In previous research, Dunkley and Grilo (2007) established a link between self-criticism and self-efficacy. The results showed that self-criticism correlates negatively with self-efficacy. The lower the self-criticism, the higher the tendency for the psychologists to perceive self-efficacy. To determine whether a reduced number of items of T-LOSC could yield a valid result, the researcher selected the Counseling Self-Estimate scale (CSE) because it has been studied in a sample of psychologists that was similar to the samples in this research. T-LOSC consists of twenty-two items. When the Thai version of the LOSC and the Thai version of the CSE were used to measure self-criticism among Thai psychologists and analyzed with Pearson's correlation coefficient (PCC), both scales demonstrated a statistically significant negative relationship ($r = -.743$, $p < .01$). Therefore, the direction of the relationship in this study is consistent with the findings in the study of Dunkley and Grilo (2007). Furthermore, the analysis supports the use of the Thai version of the LOSC in further studies.

**Discussion**

The results of this study provide initial evidence for the reliability and validity of the T-LOSC. Findings of the present psychometric evaluation of all the items suggest that T-LOSC is psychometrically sound, with the overall Cronbach's alpha at .914 and the Cronbach's

alpha of each component ranging between .909 and .759. This can be considered a good level of reliability (Heppner, Wampold, & Kivlighan, 2008). Factor loadings were quite high for most of the items and the coefficient alpha was similarly high. Criterion validity was also examined. The scale demonstrated its negative correlation with the Thai version of the CSE, which corresponds to Dunkley and Grilo (2007), stating that people who blame themselves regularly will perceive themselves as incompetent.

Results demonstrated that the Thai version of LOSC, which consists of 16 items, is a multidimensional measure and covers two components based on the original version of the LOSC: internalized self-criticism, and comparative self-criticism. The results support the two-component measurement structure among Thai novice psychologists and indicate that the subscales of T-LOSC help to explain the variation in the data. However, in this version, some items load on a different component from that in the original version. This difference may be explained by the characteristics of participants, particularly their cultural differences and demographics between the Eastern and Western context (Yamaguchi et al., 2014).

Moreover, previous research was conducted with Asian participants using this measurement, but only with a translation and did not have an analysis of the components. Due to limited studies in the Asian context regarding the suitability of the LOSC psychometric, especially in the construct, analyzing this construct validity in future studies would be beneficial.

Although this is the first study in LOSC to be conducted in an Asian context, the initial T-LOSC is a good starting point for developing measurements to measure self-criticism in Thai novice psychologists. This is the first study to confirm the factor structure of the Thai version of the LOSC in novice psychologists; however, the researchers may suggest applying unidimensional approaches in preliminary use because the cultural differences have affected a multidimensional construct. In conclusion, this study is a good beginning to examine self-criticism, especially in novice psychologists. Self-criticism is one of the most important factors that affect novice psychologists in many ways. This initial study may help them increase their self-awareness so that they can become fully functioning and work on self-care. Moreover, supervisors or educators can employ this scale to explore supervisees or student levels of self-criticism to support and promote their self-care.

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