A Charachterization of Self-Hatred and it's Correlation with Self-Destructive Behavior in Socially Anxious Individuals

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Background

- Anxiety disorders are associated with increased risk for suicide attempts and intent to die, and in particular, individuals with social anxiety disorder have concerning rates of suicide attempts and engagement in deliberate self-harm (Chartrand et al., 2012).
- Self-hatred has been recently conceptualized as an enduring dysfunctional and destructive self-evaluation, characterized by attributions of undesirable and defective qualities, and failure to meet perceived standards and values leads to feelings of inadequacy, incompetency, and worthlessness (Turnell et al., 2019).
- High levels of self-hatred have been recognized to result in substantial, and often unbearable levels of psychological and emotional turmoil, which has been correlated with increased suicidality and self-injury (Turnell et al., 2019).
- SAD has previously been associated with higher levels of self-criticism (Lancu et al., 2015; Shahar et al., 2015), negative self-evaluation (Krämer et al., 2011), and shame (Shahar et al., 2015).
- Given these findings, this study aimed to: 1) explore the potential role of self-hatred in individuals with and withoutSAD; and 2) examine self-hatred as a unique predictor of SAD outcomes and self-destructive behavior in SAD. We hypothesized that:

1. Self-hatred will be higher individuals with vs. without SAD
2. Self-hatred would be positively associated with SAD and self-destructive behavior

Methods

- The present study included 96 (*M*age = 19.78 *SD* = 4.88)
- Participants were undergraduate students who were predominantly white (76.8%), female (77.8%)
- Participants completed a self-report battery including the Self-hatred Scale (Turnell et al., 2019), Social Phobia Inventory (SPIN; Connors et al., 2000), and the Indirect Self-Destructiveness Scale (e.g., I usually call a doctor when i'm sure i'm becoming ill; Pilarska & Suchańska, 2021)
- Correlations, and t-tests were conducted to explore the association between variables. Two hierarchial regressions were run. genderwas entered in step 1, depression in step 2 and self-hatred in step 3.

Individuals with **SAD** report **higher levels** of **self-hatred**, and **self-hatred in SAD** is associated with **greater engagement** in **self-destructive behaviors**
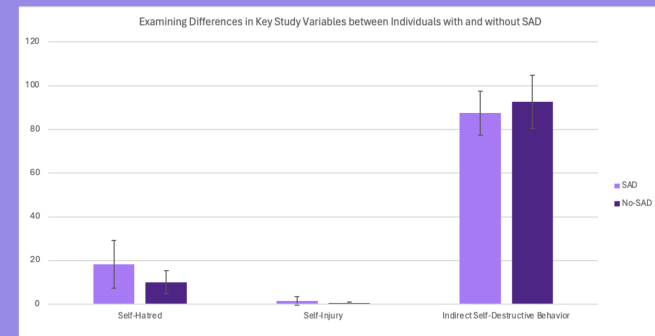
Results

Figure 1. Individuals with SAD report higher levels of self-hatred, non-suicidal self-injury, greater difficulties with emotion regulation and higher fear of negative evaluation.

Table 1. Bivariate correlations among study variables						
	1	2	3	4	5	6
1. Self-Hatred	-					
2. Depression	.706**	-				
3. Anxiety	.534**	.700**	-			
4. Social Anxiety	.610**	.390**	.404**	-		
5. Self-Destructive Behaviors	-.497**	-.346**	-.338**	-.287**	-	
6. Self-injury	.430**	.403**	.384**	.303**	-.275**	-

** correlation is significant at the .01 level

- Self-hatred accounted for 2.7% of unique variance (p = .08) in SAD, after accounting for gender and depression. The total model accounted for 17.4% of the variance.
- Among individuals who screened positive for SAD, self-hatred accounted for 10.4% of unique variance in indirect self-destructive behaviors, after accounting for gender and depression. That is, self-hatred was significantly associated with higher levels of self-destructive behavior. The total model accounted for 39.4% of the variance.

Implications

- This preliminary study suggests self-hatred may be a unique predictor of SAD and it's outcomes including NSSI, which has peviously been found to be higher in SAD populaitons (Chartrand et al., 2012).
- Self-hatred may be an important treatment target when implementing evidence based treatment such as Dialectical behavior therapy and Acceptance and commitment therapy

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Title: A Characterization of Self-Hatred and its Correlation with Self-Destructive Behavior in Socially Anxious Individuals
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Abstract

Background: Self-hatred is conceptualized as an enduring dysfunctional and destructive self-evaluation, characterized by attributions of undesirable and defective qualities, and failure to meet perceived standards and values leads to feelings of inadequacy, incompetency, and worthlessness (Turnell et al., 2019). Within this, there are three observable indicators of self-hatred: low self-esteem, self- blame/shame, and a mental state of agitation (Van-Orden et al., 2010). High levels of self-hatred have been recognized to result in substantial, and often unbearable levels of psychological and emotional turmoil, which has been shown to correlate with increased suicidality and self-injury (Turnell et al., 2019). Social anxiety disorder (SAD) is a chronic, prevalent disorder that is characterized by fear of social situations where there is potential for negative evaluation from others (American Psychiatric Association, 2013). SAD has previously been associated with higher levels of self-criticism (Lancu et al., 2015; Shahar et al., 2015), negative self-evaluation (Krämer et al., 2011) and shame (Shahar et al., 2015). Currently, research suggests that anxiety disorders are associated with suicide attempts and intent to die, and in particular, individuals with social anxiety and generalized anxiety are more likely to make a suicide attempt and engage in deliberate self-harm (Chartrand et al., 2012). Therefore, this study aims to explore the potential role of self-hatred as a unique predictor of SAD outcomes and self-destructive behavior within a socially anxious sample.

Method: The present study will recruit undergraduate students above the clinical cut off (>19 using the Social Phobia Inventory; Connor et al., 2000) for social anxiety. Participants will complete a self-report battery including the Self-hatred Scale (Turnell et al., 2019), negative evaluation (BFNE; Leary, 1983), shame (TOSCA-3; Tangney et al., 2015), impairment (WSAS; Mundt et al., 2002), avoidance behaviors (SAFE; Cuming et al., 2009), and an adapted measure of self-destructive behavior (ISDB; Nelson & Farberow, 1982). A priori power calculations for the primary hypothesis conducted using G*power 3.1 software (Faul et al., 2007) indicate that in order to detect a small effect size of .125 (a = .05, β = .95), 106 participants will be required. Previous online studies conducted within our lab have recruited sufficiently sized samples of socially anxious college students with one semester; therefore, we are confident that data collection will be completed by November of 2024.

Results: Three hierarchical multiple regressions will be conducted to explore the unique role of self-hatred on SAD outcomes (impairment, avoidance) and self-destructive behavior. In each model, gender will be entered in Step 1, shame and fear of negative evaluation will be added in Step 2, and self-hatred will be Included in Step 3.

Discussion: Findings would help shed light on SAD and adverse outcomes above and beyond what is already known and would provide insight into a potential treatment target that may

assist in reducing negative outcomes in SAD. This is particularly pertinent as clinicians continue to see rising rates of NSSI and suicidality in those with SAD (Chartrand et al., 2012).