



Research Article

Validation of the Serbian Adaptation of the Self-Absorption Scale

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ABSTRACT

McKenzie and Hoyle made the first Self-Absorption Scale. Since this scale is not available in Serbian, we designed two studies aimed at its adaptation (Study 1, $N = 400$), and validation of the instrument (Study 2, $N = 212$). Results of Study 1 confirmed original two-factorial structure, but without two items on each subscale. The reliability of the public self-absorption was $\alpha = 0.75$; and $\alpha = 0.72$ for the private self-absorption. The factors in both, the original and adapted version, are congruent (measured by Tucker's congruence coefficient). Results of Study 2 showed that self-absorption was positively correlated to the most aspects of pathological narcissism, self-consciousness, depression, stress and anxiety. Also, it was negatively correlated to self-esteem. We can conclude that the Self-Absorption Scale is short, reliable, and valid measure for assessing the pathological aspect of self-focusing on Serbian population.

Key words: public self-absorption, private self-absorption, adaptation, Serbian version

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Introduction

Self-awareness and Self-absorption

Self-awareness is the ability of an individual to direct attention to itself or at the external environment (Fenigstein et al., 1975). People tend to evaluate themselves against the currently presented standard, for example, if you tell a person "You're really fast", they will start doing the task faster than before (Silvia & Phillips, 2013). Some authors believe that this process takes place automatically and represents attention to oneself, but we need to distinguish between that and self-awareness per se (Silvia & Phillips, 2013). The emphasis is placed on the development of self-awareness as a way of self-realization acceptance of one's own thoughts, needs and feelings (Nystedt & Ljungberg, 2002). We can distinguish between public and private self-awareness, which differ from each other in terms of the direction of the focus of attention. Public self-awareness is characterized by attention that is directed outward and represents a person's awareness of themselves as a social being (other people's opinion of them is important); private self-awareness is focused on inner feelings, that is, what person thinks of themselves. High self-awareness decreases egocentrism when assessing one's own opinion in relation to other people's opinions, attitudes, and reactions (Scaffidi et al., 2016). Although self-awareness is marked as a desirable feature to be developed, research indicates that excessive self-focus is positively associated with depression, anxiety, alcohol abuse, and similar (Ingram, 1990).

Unlike the self-awareness, which is viewed as an adaptive form of behavior, self-absorption can be viewed as a maladaptive (pathological) form of self-awareness (DaSilveira et al., 2011; McKenzie & Hoyle, 2008). Self-absorption predisposes the constructs that encompass a pathological focus on oneself (Öngen, 2015), characterized by excessive thoughts about oneself that interfere with an individual's daily functioning (McKenzie & Hoyle, 2008). Similar to self-awareness, the self-absorption also has two dimensions: public and private. Private self-absorption shares a common core with self-reflection

(part of private self-consciousness). Public self-absorption is characterized by excessive thoughts about what others think of us and how others perceive us and is often positively associated with a critical attitude toward itself (McKenzie & Hoyle, 2008).

Bearing in mind that self-absorption is considered a maladaptive construct, initial research focused on clinical population. Ingram (1990) tested the hypothesis that certain dysfunctions in the domain of self-focus (exaggerated care and self-absorption) may be specific to certain disorders; the results of his work indicate that mood disorders are rooted in self-absorption. Ingram's hypothesis is supported by the results of the research on the people with auditory hallucinations (Ingram 1990; Woodward et al. 2014). These results suggest the positive association between the emotional importance that patients attach to auditory hallucinations and private self-absorption; as well as the positive association between distress caused by auditory hallucinations and public self-absorption (Úbeda-Gómez et al., 2015). People who have auditory hallucinations are concerned with the opinion that the 'actors' of auditory hallucinations have about them. Furthermore, self-absorption, both public and private, is positively associated with depressive symptoms as well as symptoms of social anxiety in a subsample of women diagnosed with anorexia (Zucker et al., 2015). On the other hand, the experience of one's own body was negatively associated with private self-absorption (greater dissatisfaction with one's physical appearance leads to lower scores on the scale of private self-absorption). In addition to the clinical population, healthy subjects with high and low proneness for hallucinations were also examined. The results showed that respondents with a high proneness for hallucinations have significantly higher scores of private and public self-absorption compared to respondents with a low proneness for hallucinations (Perona-Garcelán et al., 2014).

Based on Ingram's thesis, McKenzie and Hoyle make the first Self-Absorption Scale (2008) and validate it on a sample of non-clinical population. In a sample of 900 respondents, they singled out two factors of self-absorption: public and private. The reliability of the factors was satisfactory

(for private self-absorption it was 0.81, and for public 0.89). The testing of gender differences indicated that females had higher scores on the scale of public self-absorption, while these differences were not observed in the domain of private self-absorption. Up until now The Self-Absorption Scale was used in very few research. Barnett and Sharp (2017) conducted a study to examine the nature of public and private self-absorption on a sample of the USA population, the relationship between self-absorption and pathological narcissism, as well as possible gender differences in this causality. The results of their research suggest the existence of differences between males and females in terms of the relationship between self-absorption and pathological narcissism. Among women, pathological narcissism was associated with both public and private self-absorption; while in men, it was associated only with public self-absorption. Further, the results indicate that public self-absorption mediates between pathological narcissism and private self-absorption, with gender as a moderating variable (Barnett & Sharp, 2017). The authors concluded that self-absorption and narcissism have a common component which is reflected in pathological self-absorption.

Outside the English-speaking area, The Self-Absorption Scale has been adopted and used in Brazil, Spain, and Turkey. The Brazilian version of the scale had one item less (subscale private self-absorption) and good reliability $\alpha = 0.83$ (DaSilveira et al., 2011; DaSilveira et al., 2015). The original structure of the factors and the number of items was withheld in the research in Spain, and the internal consistency of the questionnaire measured by the Cronbach's alpha was .91 (Perona-Garcelán et al., 2014). Within the Turkish version of the scale (Öngen, 2015), in the factor analysis of the first order, 4 factors of self-absorption were singled out, but, in the end, a version of the scale was adopted with three items less and a two-factor solution: public self-absorption ($\alpha = .82$) and private self-absorption ($\alpha = .81$). The reliability of the total scale was .87 (Öngen, 2015). The results of that study showed that self-absorption is positively correlated with perfectionism and narcissism. Both public and private self-absorption are positively associated with the dimensions of perfectionism: discrepancy (pathological perfectionism) and a

high standard (normal perfectionism), as well as with internalized self-criticism (Öngen, 2015).

The Self-Absorption Scale is useful for understanding the attitudes towards oneself, both in samples of clinical and non-clinical population. As an aspect of self-focused attention, self-absorption presents significant component of depression, anxiety, substance abuse, schizophrenia, psychopathy, and other psychological disorders (Ingram, 1990). However, some researchers (Perona-Garcelán et al., 2014, pp.1) believe that self-focus becomes dysfunctional when individuals show “the inflexibility or inability to change to an external focus when circumstances require so”. A reliable and valid instrument for assessing the pathological aspect of self-focusing would allow us to better understand the role that this concept plays in maladaptive functioning, as well as design models and strategies aimed at mitigating rigidity and increasing the adaptability of directing attention, in accordance with the circumstances. The scale designed by McKenzie and Hoyle (2008) is brief, self-administered, and give us a possibility to account separate scores for private and public self-absorption. Since this scale was not available in Serbian, we designed two studies. The first one was focused on adapting the Self-Absorption Scale (McKenzie & Hoyle, 2008). In second study, we sought to examine the relationship between private and public self-absorption with some psychological constructs from the domain of personality traits (narcissism, self-consciousness, and self-esteem) and mental health (depression, anxiety, and stress).

Both studies were approved by the Research Ethics Commission of the Faculty of Philosophy in Kosovska Mitrovica under the protocol number 1223 (May 26, 2021).

Study 1

Within the first study we can single out three main goals:

1. To test the two-factor structure of the instrument for measuring self-absorption, which was adopted into Serbian by confirmatory factors analysis (Maximum Likelihood Estimation);

2. To determine the reliability of the obtained factors;
3. To determine the congruence of the original version of the test and the version that has been adopted into Serbian.

Method

Sample

The sample consisted of 400 respondents, aged 18 to 66 ($M = 26.88$; $SD = 8.50$), from Serbia. 68.8% of female respondents participated in the sample. Participants were collected by using snowball-sampling method (Goodman, 1961). The survey was conducted online. Namely, the questionnaire was distributed via email and the social networks, specifically Facebook. In addition, we co-opted our social contacts to further distribute the instrument.

Instrument

The Self-Absorption Scale

Self-absorption was measured by using the Serbian version of The Self-Absorption Scale (McKenzie & Hoyle, 2008) which consists of 17 items; the task of the respondents was to assess on a five-point Likert-type scale how much the statements relate to them (public self-absorption: 9 items; and private self-absorption: 8 items). We have the authors' permission to adapt the scale, but the authors themselves did not participate in the adaptation process. We followed instructions on the cross-cultural adaptation of instruments (International Test Commission, 2017). Four experts (English language teachers) participated in the process. One expert adapted the instrument from English into Serbian, another expert adapted it from Serbian back into English, and the next two assessed the equivalence of the original and the adapted version. When determining the final version of the adaptation, two psychologists, in the field of social and clinical psychology, were asked to assess the content adequacy of the adapted items. The Serbian version of the instrument is given in Appendix 1, while the original version of the instrument is shown in Appendix 2.

Results

At the beginning of this section, we will present descriptive data for both dimensions of self-absorption. The results are shown in Table 1. Having in mind that the values of skewness and kurtosis do not exceed the value of criteria ± 1 (Kline, 2005), except small deviation measures of skewness on dimension private self-absorption, we can conclude that both dimensions are within the allowed values of deviations from the criteria of normal distribution.

Table 1

Descriptive statistics for subscale of self-absorption

Dimension of self-absorption	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>SD</i>	<i>Sk</i>	<i>Ku</i>
public self-absorption	8	35	15.26	5.24	0.74	0.36
private self-absorption	9	44	19.38	6.61	1.07	0.98

The first objective of the research was to test the two-factorial structure of the Serbian version of the Self-Absorption Scale through confirmatory analysis. In order to analyze if the proposed model fits the data, we used the following fit indexes: the relative χ^2 (χ^2/df) with the values that should not exceed 5 (the value of 2-3 is good); *CFI* (comparative docking index), which should be over .90 (preferably over .95); *TLI* (Tucker-Lewis Coefficient of Fit Index), which should be over .90 (preferably over .95); *RMSEA* (deviation of empirical measures from the population according to the degree of freedom) with a value up to .10 as tolerated (preferably less than .05); and *SRMR* (Standardized Root Mean Square Residual), which should be up to .08 (preferably over .05) (Šram, 2014). All analyses were performed using JASP software (JASP Team, 2021).

The first model (Model 1, Table 2) that we tested was based on the factor structure presented in the original instrument. According to the original version we made a model to include two factors—private self-absorption contains 8, public self-absorption 9 items (the model is similar to model 2

(Figure 1), only holds 2 more items per factor and does not imply correlations of residuals). The results are shown in Table 2. If we consider the characteristics of Model 1, we notice that the model does not have the characteristics of an adequate fit. The model can explain only 88% of the observed covariance. On the other hand, the value of χ^2/df and the value of the parsimony index are within the allowed limits.

Table 2

Fit indexes of two models of the Self-Absorption Scale on Serbian sample

Scale	Significance of fit			Fit index			
	$\chi^2(df)$	<i>p</i>	χ^2/df	<i>CFI</i>	<i>TLI</i>	<i>RMSEA</i>	<i>SRMR</i>
Model 1	422.61 (118)	.001	3.57	.818	.790	.080	.067
Model 2	112.50 (61)	.001	1.84	.953	.940	.046	.040

Due to the poor performance of Model 1, we approached model re-specification by following the recommendations under the Modification Indices option. Firstly, the relationship of items to factors and MI values for individual items was checked; in addition, we have singled out those items whose residuals correlate most with the residuals of other items, even with the residuals of items from another factor. Hence, we singled out 4 items that were the most problematic and decided to delete them, as well as three correlations among the remnants that improved the model. The value MI for relations Public Self-Absorption and Item 2 was 9.15; for factor and Item 8 was 8.02; and for Private Self-Absorption and Item 12 was 20.22, for this factor and Item 15 was 13.48. The values of MI between residuals were for Item 16 and Item 17 was 25.17; for Item 1 and Item 3 was 15.53 and for Item 4 and Item 11 was 11.09. The results of CFA for new model (Model 2) are shown in Table 2 and Figure 1.

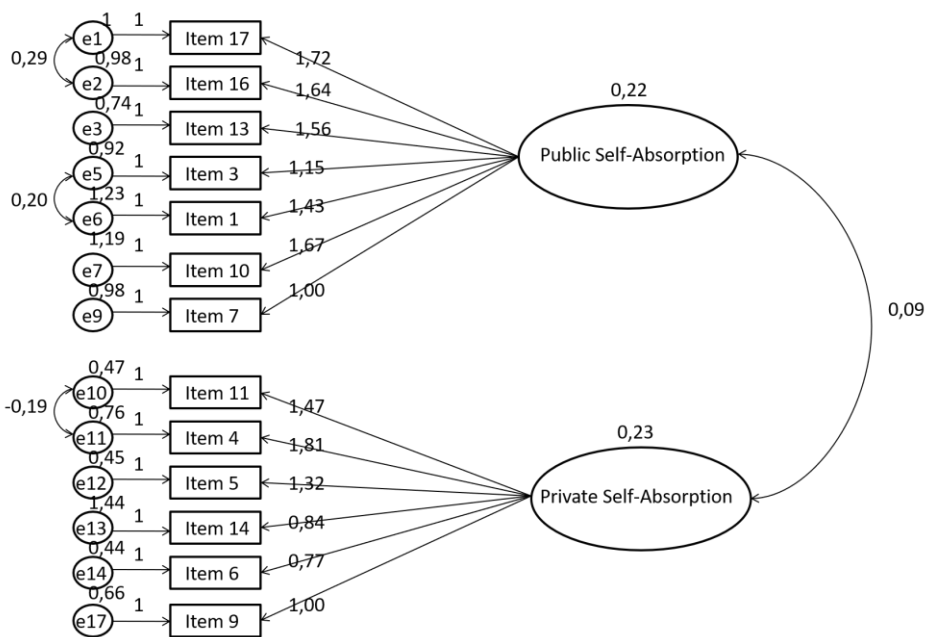


Figure 1. Presentation of the respecified model of the Self-Absorption Scale

The obtained model is significantly better than the original one and it can explain 96% of the observed covariance. The value of χ^2/df and the value of the parsimony index is within the allowed limits (the value of *RMSEA* is .046 which is good). The respecified model differs from the original one in the number of items by factors. Unlike the first model where the concept of public self-absorption encompasses 9 items, in Model 2 we exclude the following items: “I have difficulties focusing on what others are talking about because I wonder what they are thinking of me” and “I am very aware of what others think of me, and it bothers me”. Regarding the factor of private self-absorption, we omitted the following items: “When I think about my life, I keep thinking about it so long that I cannot turn my attention to tasks that need to be done” and “Sometimes I am so deep in thoughts about my life that I became unaware of my surroundings”. We accepted Model 2 for any future analysis. The correlation between public and private self-absorption was $r = .26, p < .01$.

The second goal of the Study 1 was to test the reliability of the isolated factors. We tested the reliability of the factors obtained in Model 2 by calculating Cronbach's α values: the reliability of public self-absorption $\alpha = .75$, and private self-absorption $\alpha = .72$. We also calculated McDonald's ω and presented the results in Table 3.

Table 3

Value of McDonald's ω for two factors of the Self-Absorption Scale on Serbian sample

	Estimate	ω
Private Self-Absorption	Posterior mean	.719
	95% CI lower bound	.677
	95% CI upper bound	.760
Public Self-Absorption	Posterior mean	.776
	95% CI lower bound	.742
	95% CI upper bound	.809

The third goal of the research was to examine the congruence of the original and the adopted version of The Self-Absorption Scale. To examine this, we calculated Tucker's congruence coefficient to compare factor structures to different samples. Value of Tucker's congruence coefficient for public self-absorption was .99; private self-absorption .99. Considering that values of the congruence coefficient range from -1 to +1, and that it is accepted that a value above .80 is sufficient for the factors to be considered identical (Fulgosi, 1979), we can conclude that the isolated factors in both the original and the adopted version are congruent.

Discussion

The first aim of the research was to test the two-factor structure of the instrument in the Serbian language. On a sample of 400 respondents, in the first phase of the testing, we set up a model identical to the one provided

in original study (McKenzie & Hoyle, 2008). As the initial model did not fully meet the indicators of a good fit, we followed the instructions for modification of the model. Re-specification of the model implied the removal of two items from both factors, so in the final version a two-factor solution with a total of 13 items was retained (7 items saturate the factor of public self-absorption, and 6 items does the same for the factor of private self-absorption), and this model had good fit characteristics.

In the case of deleted items, we think the problem may be a lack of understanding the point of the item. For example, two of the items ("I have difficulties focusing on what others are talking about because I wonder what they are thinking of me"; and "When I think about my life, I keep thinking about it so long that I cannot turn my attention to tasks that need to be done") are very long and participants may not be able to follow the meaning of these sentences. Also, the item "I am very aware of what others think of me, and it bothers me" can be confusing in terms of interpretation, because it is not clear whether it is assumed that others have a bad opinion of us, and this bothers us; or it bothers us at all why others think of us (whether good or bad). For the item "Sometimes I am so deep in thoughts about my life that I became unaware of my surroundings" we think it may measure imagination, not private self-absorption. When it comes to correlations between residuals, there is a possibility that the correlations between items are stronger than the correlations of items with a factor. Another explanation is that the mentioned items whose errors correlate may share some other common factor; for example, items 4 and 11 may also measure some kind of imagination.

The reliability of the isolated factors is still satisfactory, although somewhat lower than in the original study (McKenzie & Hoyle, 2008) or in the Turkish study (Öngen, 2015). The values of Tucker's coefficients of congruence of the factor structure, for both private and public self-absorption factors, are .99, which indicates its congruency for both the original and the adopted version.

Study 2

The first goal of this study was to examine the validity of the model 2 presented in study 1 (figure 1), as well as to check the reliability of the factors. Since the concept of self-absorption is relatively new and The Self-Absorption Scale (McKenzie & Hoyle, 2008) was not used in Serbia, the next goal was to examine the convergent validity of the scale. Taking into account that the concept of self-absorption is a maladaptive form of self-awareness, we tried to examine the nature of the relationship of self-absorption with some variables relevant to this concept (maladaptive: pathological narcissism (Barnett & Sharp, 2017), self-consciousness (McKenzie & Hoyle, 2008), depression (DaSilveira et al., 2015; McKenzie & Hoyle, 2008), stress and anxiety (DaSilveira et al., 2015; McKenzie & Hoyle, 2008); adaptive: self-esteem (McKenzie & Hoyle, 2008).

Method

Sample

The sample consisted of 212 respondents, aged 18 to 66 ($M = 27.64$, $SD = 10.27$), from Serbia. 58.5% of female respondents participated in the sample. Participants were collected by using snowball-sampling method (Goodman, 1961). Similarly, to Study 1, the questionnaire was distributed via email and Facebook and additionally spread by our social contacts.

Hypotheses

H1: We expect that the set Model 2 from Study 1 will be confirmed on the data from this study, with the good reliability.

H2: Based on Ingram's assumption and the results of previous research indicating that self-absorption is a maladaptive construct (Barnett & Sharp, 2017; Ingram, 1990; McKenzie & Hoyle, 2008; Öngen, 2015), we expected that public and private self-absorption are positive correlates with both dimensions of pathological narcissism—vulnerable (self-sacrificing self-

enhancement, contingent self-esteem, devaluing, and hiding the self) and grandiose (entitlement rage, exploitativeness, grandiose fantasy)—depression, stress, and anxiety; and negative correlates with self-esteem. Also, following the result of the original study (McKenzie & Hoyle, 2008), we expected moderate positive correlations between private and public self-absorption and private and public self-consciousness.

Instruments

Modified Serbian version of the Self-Absorption Scale

Modified Serbian version of the Self-Absorption Scale consists of 13 Likert-type items (1. *Does not apply to me*, 2. *Partly does not apply to me*, 3. *Neither applies nor does not apply to me*, 4. *Partly applies to me*, 5. *Completely applies to me*) and measures the concept of public self-absorption (7 items; $Sk = 0.80$, $Ku = 0.91$) and private self-absorption (6 items; $Sk = 0.91$, $Ku = 0.27$).

The Pathological Narcissism Inventory (PNI)

The Pathological Narcissism Inventory (*PNI*; Pincus et al., 2009; for Serbian adaptation see Dinić & Vujić, 2019). The instrument measures 7 dimensions: entitlement rage $\alpha = .83$; exploitativeness $\alpha = .77$; grandiose fantasy $\alpha = .82$; self-sacrificing self-enhancement $\alpha = .76$; contingent self-esteem $\alpha = .89$; devaluing $\alpha = .82$ and hiding the self $\alpha = .75$. There are a total of 52 Likert-type items (1. *Does not apply to me*, 2. *Partly does not apply to me*, 3. *Neither applies nor does not apply to me*, 4. *Partly applies to me*, 5. *Completely applies to me*).

Short version of Self-Consciousness Scale (S-C S)

Short version of Self-Consciousness Scale (*S-C S*; Scheier & Carver, 1985; for Serbian adaptation see Matanović, 2015) measures two dimensions of self-consciousness (private and public) and the dimension of social anxiety. The scale consists of 22 Likert-type items (0. *Not like me*; 1. *A bit like me*; 2. *Mostly like me*; and 3. *Very much like me*), of which 9 items measure private self-consciousness, 7 items measure public self-consciousness and 6 items

that measure social anxiety. In the sample of Serbian respondents, the reliability of individual dimensions is public self-consciousness $\alpha = .84$, private self-consciousness $\alpha = .75$, and the dimension of social anxiety $\alpha = .79$.

The Rosenberg Self-Esteem Scale (RSE)

The Rosenberg Self-Esteem Scale (*RSE*; Rosenberg, 1965; for Serbian adaptation see Opačić, 1993) measures global self-esteem. It consists of 10 Likert-type items (1. *I completely disagree*; 2. *I generally disagree*; 3. *I mostly agree*; and 4. *I completely agree*) in a one-dimensional model. The Cronbach's internal consistency coefficient is .86.

Depression, Anxiety and Stress Scale (DASS-21)

Depression, Anxiety and Stress Scale (*DASS-21*; Lovibond & Lovibond, 1995; for Serbian adaptation see Jovanović, Gavrilov-Jerković et al., 2014) consists of a total of 21 Likert-type items (0. *Never*; 1. *Sometimes*; 2. *Often*; and 3. *Almost always*), measures 3 dimensions: depression, anxiety and stress. The internal consistencies of the subscales are acceptable and range from .77 to .86. The reliability of individual dimensions is depression $\alpha = .86$, anxiety $\alpha = .84$, and stress $\alpha = .85$.

All analyses were performed using JASP software (JASP Team, 2021).

Results

The first goal of the research was to test the validity of Modified Serbian version of the Self-Absorption Scale set out in Study 1. Results of the confirmatory analysis from Study 2 confirmed two-factorial structure: $\chi^2(61) = 76.20$, $p < .05$, $CFI = .974$, $TLI = .967$, $RMSEA = .034$, $SRMR = .076$ (Figure 2). Reliability of the instrument in study 2 for public self-absorption $\alpha = .75$ and private self-absorption $\alpha = .72$. We also calculated McDonald's ω and presented the results in Table 4.

Table 4

Value of McDonald's ω for two factors of the Self-Absorption Scale on Serbian sample

	Estimate	ω
	Posterior mean	.739
Private Self-Absorption	95% CI lower bound	.686
	95% CI upper bound	.793
	Posterior mean	.752
Public Self-Absorption	95% CI lower bound	.702
	95% CI upper bound	.803

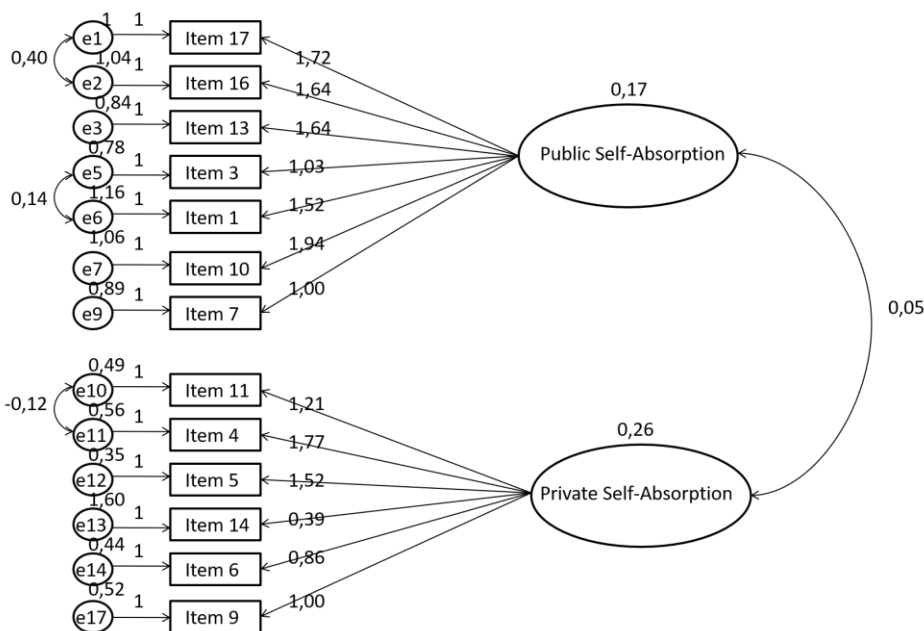


Figure 2. Modified Serbian version of the Self-Absorption Scale

In order to test the convergent validity of Modified Serbian version of the Self-Absorption Scale, we calculated the correlations of the given subscales with the constructs with which correlation is expected, positively or negatively. As a measure of interpretation of the correlation value, we used

Cohen's recommendation (1988): .1 - .29 is a small correlation; .3 - .49 is the moderate correlation, while .5 - 1 is a high correlation.

Table 5

Correlations between public and private self-absorption with other tested variables

	Public self-absorption	Private self-absorption
Private self- consciousness	.27**	.23**
Public self- consciousness	.24**	.11
Self-Esteem	-.23**	-.24**
Depression	.34**	.28**
Anxiety	.34**	.29**
Stress	.45**	.29**
Exploitativeness	.16*	.10
Self-sacrificing self-enhancement	.41**	.06
Hiding the self	.46**	.20**
Grandiose fantasy	.44**	.16*
Devaluing	.53**	.30**
Entitlement rage	.52**	.28**
Contingent self-esteem	.59**	.26**
Vulnerable narcissism	.60**	.25**
Grandiose narcissism	.49**	.24**

Note. *p < .05; **p < .01

The results of the research indicate a moderate positive correlation between the factors of public self-absorption and depression. The greatest positive correlation (moderate in the context of correlation height) was obtained between public self-absorption and stress. Observed in the two

domains of the pathological narcissism, the results indicate high positive correlation between both dimensions, grandiose and vulnerable, in public self-absorption. If we analyze subdimensions of the pathological narcissism, we can see the high positive correlation was obtained between contingent self-esteem, entitlement rage, and devaluing with the concept of public self-absorption. Also, there was a moderate positive association of the dimensions of grandiose fantasy, hiding the self, and self-sacrificing self-enhancement with the factor of public self-absorption and a low correlation between exploitativeness and public self-absorption.

On another hand, results indicate a low negative correlation between public self-absorption and self-esteem, and low significant positive correlation between public self-absorption and private and public self-consciousness.

The results indicate a small positive correlation between private self-absorption and private self-consciousness, and a subscale of depression, anxiety, and stress. In addition, a low negative correlation between private self-absorption and self-esteem was noted. Small positive correlation was noted between grandiose and vulnerable narcissism in private self-absorption. In terms of the relationship between the subdimensions of pathological narcissism and private self-absorption, the results indicate small positive association with the dimensions of contingent self-esteem, entitlement rage, grandiose fantasy, and hiding the self, as well as the moderate positive association of private self-absorption with devaluing. Other correlations are not statistically significant.

Discussion

The results show that the model set up in Study 1 has good fit characteristics verified by confirmatory analysis in Study 2. The Modified Serbian version of the Self-Absorption Scale consists of 13 items and measures two dimensions, public and private self-absorption. The reliability of factors is satisfactory. Private self-absorption is characterized by a pathological focus on oneself, a person thinks intensively about themselves,

evaluates themselves and that hinders them from performing daily activities. On the other hand, public self-absorption is directed outwards, it is characterized by excessive concern about how others see and what others think of us.

Since the concept of self-absorption is considered maladaptive, we checked its convergent validity by calculating the correlations of private and public self-absorption with maladaptive characteristics such as depression, anxiety, stress, subdimensions of pathological narcissistic inventory, but also with an adaptive construct such as self-esteem.

The results indicate on positive correlations between public and private self-absorption and the dimensions of anxiety, as well as between public and private self-absorption and depression. Our results are consistent with results from previous studies (McKenzie & Hoyle, 2008; Zucker et al., 2015). However, when it comes to relationship between maladaptive narcissism, our hypothesis is not completely confirmed. We obtained greatest positive correlation between public self-absorption and dimensions of pathological narcissism (grandiose and vulnerable), and these results are consistent with previous research (Barnett & Sharp, 2017; Öngen, 2015). On closer look into the correlation of private self-absorption with subdimension, we noted positively correlates with hiding the self, grandiose fantasy, devaluing, entitlement rage, and contingent self-esteem. No significant association was obtained with self-sacrificing self-enhancement and exploitativeness. The lack of connection between exploitativeness and private self-absorption can, to some extent, be explained by the conceptual definition of the dimension of exploitativeness. As it relates to manipulative interpersonal orientation, it is clear that it is more outward-oriented, while private self-absorption shares a common core with self-reflection. When it comes to self-sacrificing self-enhancement, it refers to “purportedly altruistic acts to support an inflated self-image” (Pincus et al., 2009, pp. 368), and as such, it would be expected to be positively associated with private self-absorption. On the other hand, public self-absorption is characterized by

excessive thoughts about what others think of us and how others perceive us, so the connection with the pathological dimensions is expected and clear.

In the present research, we obtained negative correlations between public and private self-absorption and self-esteem. Such results were expected because self-esteem is an adaptive and self-absorption a maladaptive construct. These results are consistent with results obtained in previous research (McKenzie & Hoyle, 2008).

The obtained results show that there is a positive correlation between public self-absorption and private and public self-consciousness. These results are coherent with the results from the original study, although we obtained a low positive correlation, in comparison to McKenzie and Hoyle (2008) where these values are of moderate strength. Small correlations between the dimensions of self-absorption and self-consciousness may indicate not that self-consciousness is a maladaptive form of self-absorption but perhaps that these are different constructs.

Having in mind the results of the analysis, we can conclude that self-absorption is a maladaptive construct, where the concept of public self-absorption is more related to measured maladaptive components than the concept of private self-absorption. Although the results give the impression that public self-absorption is a less adaptive construct than private one, there is a possibility that it is such a choice of constructs that they are indicative for checking the convergent validity of public self-absorption rather than for private self-absorption. The issue is whether public self-absorption is a less adaptive construct than private, or the choice of concept is inadequate, in which case the question remains which constructs would be good for checking the convergent validity of private self-absorption.

We assume that both concepts are equally maladaptive; hence, bearing in mind that private self-absorption refers to expressive thoughts about oneself that interfere with a person's daily functioning, we assume that in some future research we should check the relationship of this dimension with some constructs in domain of clinical psychology.

Conclusion

In this research, we intended to adapt The Self-Absorption Scale and to examine its validity by testing factorial structure of the scale and its correlations with appropriate psychological constructs.

We adopted the final version of the scale without four items, two from each subscale. This solution showed good fit of the model and is very similar to original factorial structure (McKenzie & Hoyle, 2008) and the Turkish adaptation (Öngen, 2015). This can suggest that two-factor structure of self-absorption is prone to replication across different cultures and languages. The Modified Serbian Version of the Self-Absorption Scale coefficient of congruence with the original scale.

The concept of self-absorption is maladaptive, subscales of public and private self-absorption are positively associated with depression, anxiety, and stress, as well as with the dimensions of the pathological narcissism. On the other hand, both dimensions are negatively related to self-esteem. We can conclude that this scale shows good validity and can be used in research on the Serbian adult population.

Limitations

The first limitation of this study is reflected in a relatively small sample in Study 2. Another disadvantage is that both samples are from general population. In the future research, this construct should be tested on clinical samples, taking into account those disorders that are considered to be an important aspect / dimension of self-absorption. In any case, we believe that the importance of enabling this scale to be used in the Serbian population, as well as further validation of the instrument in other cultures, goes beyond these limitations.

Conflict of interest

We have no conflicts of interest to disclose.

Research data statement

Both datasets are publicly available at: <https://data.mendeley.com/datasets/trsgzbdmtz/1> (Kostić, 2021).

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Appendix 1

	Items	Response				
		1	2	3	4	5
1	I find myself wondering what others think of me even when I don't want to.	1	2	3	4	5
2	I have difficulty focusing on what others are talking about because I wonder what they're thinking of me	1	2	3	4	5
3	I feel like others are constantly evaluating me when I'm with them.	1	2	3	4	5
4	I think about myself more than anything else.	1	2	3	4	5
5	When I try to think of something other than myself, I cannot.	1	2	3	4	5
6	When I have to perform a task, I do not do it as well as I should because my concentration is interrupted with thoughts of myself instead of the task.	1	2	3	4	5
7	I wish others weren't as critical of me as they are.	1	2	3	4	5
8	I am very aware of what others think of me, and it bothers me.	1	2	3	4	5
9	My mind never focuses on things other than myself for very long.	1	2	3	4	5
10	When I start thinking about how others view me, I get all worked up.	1	2	3	4	5
11	I cannot stop my head from thinking thoughts about myself.	1	2	3	4	5
12	Sometimes I am so deep in thought about my life I am not aware of my surroundings.	1	2	3	4	5
13	It upsets me when people I meet don't like me.	1	2	3	4	5
14	I do not spend long amounts of time thinking about myself.	1	2	3	4	5
15	When I think about my life, I keep thinking about it so long I cannot turn my attention to tasks that need to be done.	1	2	3	4	5
16	When I'm about to meet someone for the first time, I worry about whether they'll like me.	1	2	3	4	5
17	After being around other people, I think about what I should have done differently when I was with them	1	2	3	4	5

Appendix 2

1. Uopšte se ne odnosi na mene
2. Delimično se ne odnosi na mene
3. Niti se odnosi niti se ne odnosi na mene
4. Delimično se odnosi na mene
5. U potpunosti se odnosi na mene

	Tvrdnje	Odgovor				
1	Pitam se šta drugi misle o meni čak i kad to ne želim.	1	2	3	4	5
2	Teško mi je da pažljivo slušam ono o čemu drugi pričaju, jer se u tom trenutku pitam šta misle o meni.	1	2	3	4	5
3	Osećam se kao da me drugi neprestano ocenjuju kada sam sa njima.	1	2	3	4	5
4	O sebi razmišljam više nego o bilo čemu drugom.	1	2	3	4	5
5	Teško mi je da razmišljam o nečemu drugom osim o sebi.	1	2	3	4	5
6	Kad moram da obavim zadatak, ja ga ne radim onako kako bi trebalo, jer umesto o zadatku, ja razmišljam o sebi.	1	2	3	4	5
7	Voleo/la bih da drugi nisu toliko kritički nastrojeni prema meni.	1	2	3	4	5
8	Jako sam svestan/na onoga što drugi misle o meni, i to mi smeta.	1	2	3	4	5
9	Nikada ne razmišljam o stvarima duži vremenski period, osim kada razmišljam o sebi.	1	2	3	4	5
10	Kada počnem razmišljati o tome kako me drugi gledaju, to me zamara/nervira.	1	2	3	4	5
11	Ne mogu da prestanem da razmišljam o sebi.	1	2	3	4	5
12	Ponekad se toliko prepustim razmišljanju o svom životu da nisam svestan/na svoje okoline.	1	2	3	4	5
13	Uznemirim se kada se ne sviđam ljudima koje upoznajem.	1	2	3	4	5
14	Ne provodim dugo vremena razmišljajući o sebi.	1	2	3	4	5
15	Kad razmišljam o svom životu, toliko dugo razmišljam da ne mogu usmeriti pažnju na zadatke koje je potrebno obaviti.	1	2	3	4	5
16	Kada treba da upoznam nekoga, brinem da li ću mu/joj se svideti.	1	2	3	4	5

17	Nakon što sam bio/la u prisustvu drugih ljudi, razmišljam o tome šta je trebalo da učinim drugačije dok sam bio/la sa njima.	1	2	3	4	5
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Validacija Srpske adaptacije skale samookupiranosti

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SAŽETAK

Samookupiranost se najšire definiše kao patološki forma samosvesti, a karakteriše je patološki fokus na sebe, preokupiranost mislima o sebi koje ometaju svakodnevno funkcionisanje pojedinca. Ove preokupacija može biti usmerena na samoevaluaciju (privatna samookupiranost) ili preokupirane misli o sebi u kontekstu kako nas drugi doživljavaju (javna samookupiranost) Prvu operacionalizaciju konstrukta ponudili su MeKenzi i Holi. Skara je adaptirana na turski, španski i portugalski (uzorak iz Brazila) jezik. Pošto ova skala nije dostupna na srpskom jeziku, osmislili smo dve studije koje su imale za cilj njenu adaptaciju (Studija 1, $N = 400$) i validaciju (Studija 2, $N = 212$). Rezultati studije 1 potvrdili su originalnu dvofaktorsku strukturu, s tim što su iz srpske verzije instrumenta isključene po dve stavke na obe dimenzije. Pouzdanost javne samookupiranosti bila je $\alpha = .75$, a privatne samookupiranosti $\alpha = .72$. Strukturalna invarijantnost dve verzije potvrđena je preko Takerovog koeficijenta kongruencije (Takerov koeficijent i za javnu i za privatnu samookupiranosti iznosi .99). Rezultati studije 2 ukazuju na pozitivnu povezanost samookupiranosti sa patološkim narcizmom, privatnom i javnom samosvesti, depresijom, stresom i anksioznošću; i negativnu povezanost sa samopoštovanjem. Možemo zaključiti da je Srpska adaptacija Skale

samookupiranosti kratka, pouzdana i validna mera za procenu patološkog aspekta samosvesnosti.

Ključne reči: javna samookupiranost, privatna samookupiranost, adaptacija, srpska verzija

