

Turkish Version of the Adlerian Inferiority and Superiority Complex Shortened Scales: Validity and Reliability*

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The aim of this study was to test the psychometric properties of Adlerian Inferiority and Superiority Complex Shortened Scales in a Turkish sample. Exploratory factor analysis sample consisted of 331 individuals (192 female and 139 men) between the ages of 15 and 65, while confirmatory factor analysis sample consisted of 192 individuals (113 female and 79 men) between the ages of 15 and 64. As a result of exploratory factor analysis, inferiority complex showed a structure of 10 items, while superiority complex showed a structure of 9 items. Confirmatory factor analysis showed that the scales had acceptable fit values in a two-factor structure. Findings related to the internal consistency coefficient, test-retest reliability and concurrent validity showed that Adlerian Inferiority Complex and Superiority Complex Shortened Scales are valid and reliable tools for evaluate the inferiority and superiority complex levels of individuals aged 15 and older in Turkey sample.

Keywords: inferiority complex, superiority complex, validity, reliability, Alfred Adler.

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Data Availability. The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request.

Ethical Approval. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. The research was conducted with the permission of the Sakarya University Social and Human Sciences Ethics Committee (Document No: E-61923333-050.99-122418).

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Informed Consent. Informed consent was obtained from all individual participants included in the study.

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Highlights:

- Psychometric properties of Inferiority and Superiority Complex Scales based on Adlerian Theory were tested in a Türkiye sample.
- Inferiority and superiority complexes are different structures.
- Scales have high internal consistency and temporal stability.
- Inferiority Complex and Superiority Complex Scales are significantly correlated with the Rosenberg Self Esteem Scale and the Narcissistic Personality Inventory.
- Scales can be used to determine the inferiority and superiority complex levels of individuals aged 15 and older.

A large number of theories have been put forward to explain personality (e.g., Ashton & Lee, 2007; Eysenck, 1964; Freud, 1960; Jung, 1966; Kelly, 1955; McCrae & Costa, 2008). The Individual Psychology Approach or Adlerian Theory put forward by Alfred Adler (1968) is one of these. According to this theory, there is a sense of inferiority at the core of being human (Adler, 1932). According to Adler (1952), each individual feels inferiority and tries to achieve various successes in life by compensating for this feeling with an effort for superiority. This is a natural part of healthy personality development (Adler, 1932; 1945; 1952). On the other hand, when the individual tries to overcompensate the feeling of incompetence, this is no longer feeling, but a “complex” and in Adlerian Theory, this situation is considered one of the indicators of unhealthy personality development (Adler, 1952).

Adler (1964) emphasizes the role of complexes, especially in the abnormal behaviours of individuals and therefore states that it is valuable to examine individuals through their complexes. The complex is the expression of an individual's belief that he or she cannot solve a problem in a beneficial way (Adler, 1932; 1964). The most basic complexes put forward in Adlerian Theory are inferiority and superiority complex, and these two complexes are associated with each other. Where one exists, the other is also surreptitiously present. The individual tries to maintain balance this way (Adler, 1952; 1964). With this aspect, inferiority and superiority complex almost represent the two sides of a medallion.

An individual who experiences the feeling of inferiority makes an erroneous compensation and experiences inferiority complex (Adler, 1952). Therefore, inferiority complex expresses the dead-end of the individual who wants to get rid of inferiority feeling (Adler, 1945). Scheff (2003) conceptualized inferiority complex as chronic low self-esteem and a chronic feeling of shame. According to Adler (1956), all forms of failure are manifestations of the inferiority complex. The inferiority complex, which results from neglect, indulgence, and insufficient development of organs in childhood (Adler, 1932), is expressed with embarrassment, insecurity, over-limitation, inability to realize

the existing personal potential, an intense fear of failure, constantly wanting to give up, needing the support of others, avoiding social settings, and laziness (Adler, 1952). Therefore, the inferiority complex prevents the development of individual's innate potential (Dhara, 2021; Mishra, 2018).

Like inferiority complex, superiority complex is also a personality structure that develops as a result of erroneous compensation (Adler, 1952). The superiority complex represents the next stage as it is the compensation of inferiority feeling and inferiority complex. That is, an individual who experiences inferiority complex considers himself superior to others as an effort to get rid of this situation (Adler, 1945; Adler, 1956). Exuberance, bullying, a tendency to label thoughts (Adler, 1932), incivility, impoliteness, insufficient altruism (Darmstadter, 1949), pride, arrogance, anger, and desire for revenge (Adler, 1945; 1956) are among the behavioural and emotional expressions of superiority complex. Thus, the individual adopts a type of relationship with the self and the environment that emphasizes "superiority" of the self and that is socially unhelpful (Adler, 1956). Adler (1932; 1952) states that individuals with superiority complex are arrogant and conceited. This explanation shows that superiority complex is associated with narcissism. Indeed, in various scales used today, one of the dimensions of narcissism is "superiority" (Emmons, 1984; Raskin, et al., 1988; Zheng & Huang, 2005).

Studies conducted have reported that adolescents have moderate (Poorana Nancy & Dharma Raja, 2018) or high (Kalavani, 2017; Venkataraman & Manivannan, 2018) level of inferiority complex. In another study, it was found that approximately 70% of individuals from 17 to 85 had a moderate level of inferiority complex (Kolisnyk et al., 2020). An increase in inferiority complex level was found to be negatively correlated with self-esteem (Sultana & Kabir, 2021), psychological well-being (Kabir, 2018; Kabir & Rashid, 2017), and academic achievement (Dhara & Barman, 2020; Kalavani, 2017; Venkataraman & Manivannan, 2018). On the other hand, it was concluded that social anxiety (Payam & Agdasi, 2017), disappointment (Kenchappanavar, 2012), difficulties in expressing or describing feelings, disgust sensitivity (Rokvić, 2020), and obesity risk (Kim et al., 2001) increased as inferiority complex increased. In addition to these, it was found that the inferiority complex is an important predictor of depression, sleeplessness, and suicidal thoughts (Lee, 2008).

A superiority complex is a personality structure that can affect interpersonal relationships and social life negatively (Adler, 1932; 1952). The tendency of deified Roman emperor, Babylonian kings and many leaders in history to bully their people and the tendency of individuals to join various groups that act against society, such as underground organizations, has been associated with the superiority complex (Ayim-Aboagye et al., 2018).

Empirical evidence on superiority complex is quite limited in literature. In a study conducted with individuals aged between 17 and 85, it was reported that approximately 70% of the participants had moderate level of superiority complex (Kolisnyk et al., 2020). In addition, studies showed that superiority complex was positively correlated with professional status (Kolisnyk et al.,

2020) and extraversion, one of the five-factor personality traits and negatively correlated with neuroticism (Čekrljija et al., 2018). On the other hand, it was found that superiority complex was not significantly correlated with alexithymia, identifying feelings, and difficulties in describing feelings (Rokvić, 2020).

Purpose of the Current Study

From the past to the present, Adlerian Theory has been deprived of scientific interest and has not been supported sufficiently by empirical studies (Čekrljija et al., 2017; Darmstadter, 1949). In Adlerian Theory, the role of family is emphasized in the development of the individual (Adler, 1932). Social interest also plays a central role in the theory (Adler, 1952). These views that come to the fore in the theory are consistent with the values of Turkish culture (Akçaboğan & Hatipoğlu-Sümer, 2016; Hatipoğlu-Sümer & Rasmussen, 2012). However, the number of empirical studies on this theory are limited in Türkiye, too.

Understanding inferiority and superiority complex is important in terms of ensuring that individuals use their potential at a high level and for the benefit of society. Various scales were developed/adapted recently within the context of the Adlerian Theory in Türkiye (e.g., Akdoğan & Ceyhan, 2014; Erginsoy Osmanoglu, 2016; Üzbe Atalay, 2019). On the other hand, no scales that could determine the level of inferiority and superiority complex in Türkiye were found. This study aimed to test the psychometric properties of Adlerian Inferiority and Superiority Complex Shortened Scales in a Turkish sample.

Method

Participants

A total of 523 participants, 305 women and 218 men, participated in the study. The ages of the participants ranged between 15 and 65 ($M_{age} = 21.18$, $SD_{age} = 9.90$). Of the participants 62 (12%) had a secondary or lower education, 203 (39%) were high school graduates, 212 (40%) were undergraduates, and 46 (9%) had postgraduate education. 110 of the participants were still university students, while 53 were high school students. 324 (62%) of the participants had never been married, 188 (36%) were married and 11 (2%) were divorced.

Data Collection Process and Ethical Considerations

Before the study, Đorđe Čekrljija was contacted through mail and permission was obtained to validate the scales. The research was conducted with the permission of the Sakarya University Social and Human Sciences Ethics Committee (Document No: E-61923333-050.99-122418). Participation in the study was voluntary. Due to pandemic conditions, the data were collected online through Google Forms. Before administering the scales, the researchers asked whether the individuals approved to participate in the study and the data collection process was continued with those who marked the option "I approve". Permission was obtained from the parents of the participants under the age of 18. The participants were also given an Informed Consent Form. In this form, the participants were assured that the answers would be anonymous and the confidentiality of the data would be protected. Participants didn't receive any financial compensation for participating in the study.

Measures

In the study, the data were collected by using COMPIN and SUCOMP Shortened Scales, Narcissistic Personality Inventory, Rosenberg Self Esteem Scale, and Demographic Information Form.

Adlerian Inferiority Complex (COMPIN) and Superiority Complex (SUCOMP) Shortened Scales. COMPIN and SUCOMP scales aim to determine the levels of inferiority complex and superiority complex which are the basic concepts of Adlerian Theory and that indicate the unhealthy development of personality. 38-item COMPIN and 40-item SUCOMP were developed by Mitrović in 1998 (as cited in Čekrlja et al., 2017). The short forms of the scales were validated by Čekrlja et al. (2017). The reliability of the scales was calculated with an internal consistency coefficient in the original study. Cronbach's α coefficient of the 10-item scale COMPIN Scale was .90, while Cronbach's α coefficient of the 10-item scale of the SUCOMP Scale was .88 (Čekrlja et al., 2017). Both scales are 5-point Likert type scales (1 = *Strongly disagree*, 5 = *Strongly agree*). Increased scores indicate increased inferiority and superiority levels.

Narcissistic Personality Inventory (NPI). Narcissistic Personality Inventory was developed by Raskin & Hall (1979). The scale was later revised in 1998 (Raskin & Terry, 1988). The scale was adapted to Turkish culture by Kızıltan in 2000. Construct validity of the scale was tested with factor analysis and by examining the relationship between the scale and the Extraversion factor of the Eysenck Personality Scale. Although the scale consists of seven factors, it is evaluated only on the total score. Cronbach α coefficient of the 34-item scale was found as .85, while the test-retest correlation coefficient was found as .89 (Kızıltan, 2000). NPI is a scale a forced-choice response format of one of two items. An increase in the scores obtained from the scale indicates an increase in the level of narcissism.

Rosenberg Self Esteem Scale (RSES). The scale was developed by Morris Rosenberg (1965) to assess the self esteem levels of individuals. Çuhadaroglu (1986) adapted the scale for the Turkish culture. The scale consists of 63 items and 12 sub-scales. In the present study, only the self-esteem sub-scale was used. In the validation study of the scale, the correlation between psychiatric interviews with the participants and self esteem scores was tested and this correlation was found as .71, while test-retest correlation was found to be between .46 and .89 (Çuhadaroglu, 1986). The scale is a four-point Likert type (1 = *Strongly agree*, 4 = *Strongly disagree*). An increase in the scores obtained from the scale indicates a decrease in the level of self esteem.

Demographic Information Form. The demographic information form was created by the researchers. This form includes questions about the participants' gender, age, level of education and marital status.

Translation of the Instruments

The stages of Hambleton and Patsula (1999) were followed in the validation process of COMPIN and SUCOMP. First, COMPIN and SUCOMP were translated from English to Turkish by three independent experts, two in the English language and one in the field of psychology, who was fluent in both languages. In the next step, two independent experts from the field of psychology who were fluent in both languages checked the translations and decided on which translation was more suitable for each item. Next, a different English language expert back-translated the Turkish form of the scales into English. This resulting form was compared with the original form of the scales. In case of inconsistency with the original form, two researchers and one language expert discussed and reached a common decision about the Turkish translation of the items. Finalized Turkish form was created as a result of these procedures.

Data Analysis

In the analysis of the data, first, an Exploratory factor analysis (EFA) was conducted in IBM SPSS 23.00 to examine the factor structure of COMPIN and SUCOMP in Turkish culture. Regarding the adequacy of the number of individuals in the sample for factor analysis, while Heppner et al., (2008) stated that there should be at least 250–300 individuals in the sample, Gorsuch (1990) suggested that the number of individuals in the sample should be at least five times the number of variables in the scale. On the other hand, Tinsley and Tinsley (1987) argued that individuals 10 times the number of items in the scale should be reached. In this context, COMPIN and SUCOMP were applied to a total of 331 (192 females and 139 males) individuals and EFA was conducted with these data.

Confirmatory Factor Analysis (CFA) was conducted in IBM SPSS AMOS 23.00 (IBM, 2015) program to find out the fit of the factor structure that was found as a result of EFA. For CFA, it is recommended for the number of individuals in the sample to be higher than 200 (Harrington, 2009). On the other hand, it is stated that when the number of individuals in the sample increases (usually > 200) or decreases (usually < 100), the Chi-square value (χ^2) calculated in CFA tends to get outside the goodness of fit limits (Schumacker, & Lomax, 2004). Jackson (2003) suggested that a sample size of 150 units would be appropriate for convergence and finding the optimal solution in CFA. In this context, CFA of COMPIN and SUCOMP was conducted with the data obtained from the scales applied to 192 (113 females, 79 males) individuals.

The fit of the CFA model was evaluated with CMIN/DF, RMSEA, CFI, IFI and GFI fit indices. Assumptions regarding sample size and Skewness-Kurtosis values were examined in both EFA and CFA. Skewness values of the data collected for EFA were found to be between -.562 and .992, while the Kurtosis values were found to be between -1.253 and .606. On the other hand, Skewness values of the data collected for CFA were found to be between -.623 and 1.117, while the Kurtosis values were found to be between -1.093 and 1.061. Since these data were between +1,5 and -1,5, they were found to meet the normality assumption (Tabachnick & Fidell, 2013). Accordingly, EFA and CFA were conducted on the data. Pearson product-moment correlation coefficient was calculated to test the concurrent validity of COMPIN and SUCOMP. In addition, Cronbach α and Pearson product-moment correlation coefficient values were calculated in analysis regarding the reliability of COMPIN and SUCOMP.

Results

Face Validity

Face validity aims to evaluate the clarity and intelligibility of scale items. This type of validity is calculated based on the views of individuals in the target group instead of experts (Holden, 2010; Nevo, 1985) and it is recommended to get the views of at least 10 participants (Yusoff, 2019). To measure the face validity, the scales were applied to 30 individuals (22 females, 8 males; $Range_{age} = 16-54$, $M_{age} = 29.27$, $SD_{age} = 10.69$) who had the same characteristics (gender, age, and educational level) with the target group and the participants were asked to evaluate the clarity and intelligibility of scales items between 1 (not clear and not intelligible at all) and 4 (completely clear and intelligible at all). Scale-Face Validity Index/Average (S-FVI/Ave) value of the scale was found as .90 for COMPIN and as .87 for SUCOMP. The values obtained show that the scales have a sufficient level of face validity (Polit et al., 2007).

Exploratory Factor Analysis (EFA)

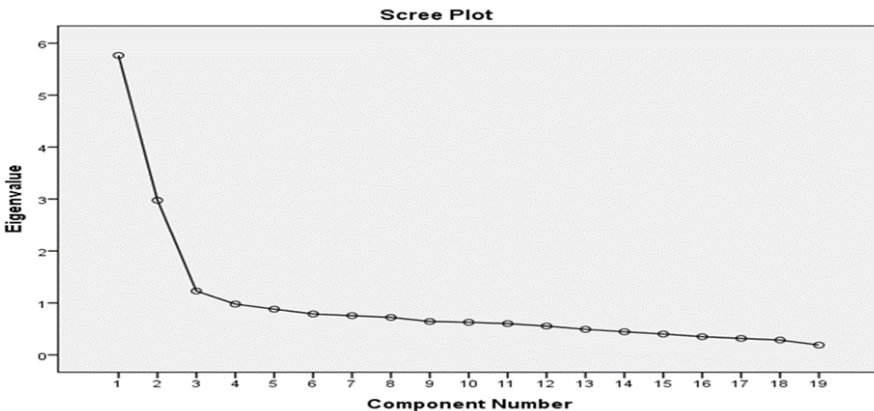
After the data collected from 331 participants (192 females, 139 males) for EFA were found to meet the normality assumption, the results of Bartlett Test of Sphericity and Kaiser-Meyer-Olkin (KMO) test were examined as recommended in literature to find out the suitability of data set for analysis (Karaman, 2015). KMO value was found to be .87 and the result of Bartlett Sphericity test was found to be significant ($p < .05$). Since these results indicated that the data had multiple distributions and the sample size was sufficient for EFA (Field, 2009), EFA was conducted. The aim of factor analysis is to reveal fewer factors that represent highly correlated items. Principle Components Analysis (Thompson, 2008), which is one of the most preferred factor extraction methods, was preferred in this study. In the first analysis, a four-factor structure (COMPIN one factor; SUCOMP three factors) was found. Following this, factor limitation was conducted in accordance with the original scales and the theoretical structure and EFA was conducted by limiting to two scales. In the two-factor structure obtained in this analysis, item 10 of SUCOMP was found to have a very low factor load (.127). Therefore, this item was excluded from SUCOMP and the analysis was repeated. In the resulting structure, item factor loads of COMPIN and SUCOMP were found to be higher than .40. COMPIN was found to explain 30.33% of the total variance and SUCOMP was found to explain 15.66% of the total variance with this structure. The scree plot showing the factorization of the scales is shown in Figure 1.

Figure 1

COMPIN and SUCOMP Scales scree plot diagram

In the scree plot diagram in Figure 1, it is seen that the line becomes horizontal after the second factor. In this case, it can be stated that of inferiority and superiority complexes are placed on the Scree Plot Diagram in two different factors.

It is stated in literature that factor determination method should be conducted through rotation process and the factor load of an item should be



at least .32 (Hair et al., 2010; Tabachnick & Fidell, 2013). In this context, factor load was determined as at least .40 for COMPIN-SUCOMP and Varimax technique, one of the orthogonal extraction methods, was applied. Rotated Components Matrix results obtained are shown in Table 1.

Table 1
COMPIN and SUCOMP Scales rotated component matrices

Components	1	2
COMPIN 9	.790	
COMPIN 10	.781	
COMPIN 5	.780	
COMPIN 8	.776	
COMPIN 6	.765	
COMPIN 2	.761	
COMPIN 7	.741	
COMPIN 4	.617	
COMPIN 3	.583	
COMPIN 1	.443	
SUCOMP 4		.740
SUCOMP 8		.689
SUCOMP 5		.687
SUCOMP 6		.642
SUCOMP 7		.610
SUCOMP 9		.561
SUCOMP 2		.501
SUCOMP 3		.437
SUCOMP 1		.408

Table 1 shows information regarding factors and factor load values of each item. Factor load values are coefficients that give information about the relationship between the items and factors (Büyüköztürk, 2002). When Table 1 is examined, a two-factor structure can be seen. The first factor consisting of ten items is the COMPIN describing inferiority complex and factor loads range between .443–.790. The second factor consisting of nine items is the SUCOMP indicating superiority complex and factor loads range between .408–.740. Confirmatory factor analysis was conducted to examine the fit of this structure obtained from COMPIN and SUCOMP.

Confirmatory Factor Analysis (CFA)

CFA was conducted to re-evaluate the results obtained from EFA. For this purpose, Inferiority Complex Scale consisting of 10 and Superiority Complex Scale consisting of nine items obtained as a result of EFA was applied to 192 (113 female, 79 male) individuals between the ages of 15–64. After it was found

that the data obtained met the normality assumption, CFA was conducted. If the distribution of data in CFA does not deviate significantly from normal, it is recommended to use Maximum Likelihood Estimation, which is a consistent, unbiased, efficient, independent, and fixed-scale estimation method (Olsson et al., 2000). Therefore, Maximum Likelihood Estimation was used in the CFA of COMPIN and SUCOMP. Fit indices obtained as a result of this analysis are explained in Table 2.

Table 2
Fit indices obtained as a result of CFA

χ^2	df	p	X^2/df	RMSEA	CFI	IFI	GFI
274,642	146	.000	1.881	.068	.906	.904	.861

The most used statistics to test model fit in CFA are Chi-square, RMSEA, GFI, CFI, and IFI (Aytac & Öngen, 2012; Karagöz, 2016; Schumacher & Lomax, 2004). In the present study, Brown's (2006) three-category classification was taken into account to examine the model fit of COMPIN and SUCOMP. In this context; RMSEA, one of the Parsimony Correction indices that take model complexity into account; CFI, one of the incremental fit indices that show how well a particular model fits when compared with a basic alternative model; IFI value, which has low sensitivity for sample size and absolute fit indices χ^2/sd and GFI which evaluate the general inconsistency between implicit-observed covariance matrices were calculated. The criteria recommended for fit indices are $\chi^2/df \leq 3.00$ (Kline, 2011) for Chi-square statistics, $RMSEA < .070$, $CFI > .90$ (Byrne, 2001), $GFI \geq .85$ (Jöreskog & Sörbom, 1993; Marsh, et al., 1988), $IFI > .90$ (Hu & Bentler, 1999). Therefore, when the fit indices obtained as a result of CFA are evaluated in general, it can be seen that the two-factor model fits the data and the Turkish form of COMPIN and SUCOMP has acceptable fit indices (Table 3). The model obtained as a result of the CFA of COMPIN and SUCOMP standardized and unstandardized estimates values of this model are shown in Figure 2 and 3.

Figure 2
Obtained as a result of CFA standardized estimates values

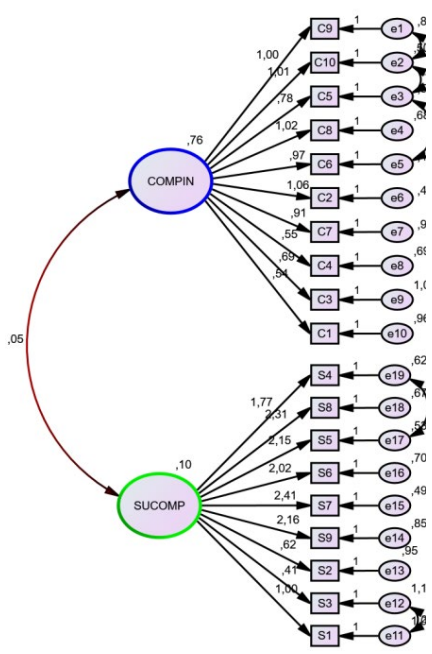
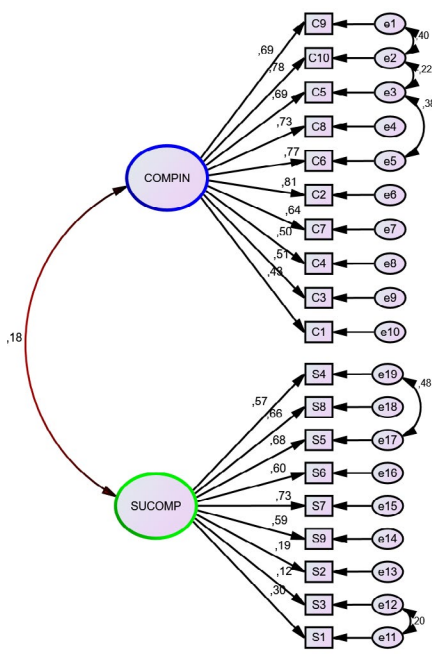


Figure 3
Obtained as a result of CFA unstandardized estimates values



Standardized and unstandardized values for latent variables explaining the observed variable are shown on arrows. It is very difficult to interpret the values in Figure 3, which are not free from standard error values. It is easier to interpret the standardized values obtained in Figure 2 as a result of dividing these values by standard errors. The result that all the values here are zero shows that the fit is one-on-one; however, such a result cannot be reached in reality. Here, values greater than 2.58 are considered as problematic values (Brown, 2009; Byrne, 2001; Gallagher et al., 2008; Washburn & Plank, 2002). When Figure 2 is examined, it can be seen that there are no problematic values. As a result, it can be said that the structure found with the exploratory factor analysis of COMPIN and SUCOMP has been confirmed. In addition, it was determined that there was positive weak correlation (0.18; .05) between latent variables (Figure 2 and 3).

Concurrent Validity

It has been reported in literature that self esteem and narcissism are associated with inferiority-superiority complexes (Clarke et al., 2015; Scheff, 2003; Selvi, 2018). For this reason, RSES and NPI were used to test the concurrent validity of COMPIN and SUCOMP. The results showed a negative, strong and significant correlation ($r = -.74$; $p < .01$) between COMPIN and RSES. Similarly, negative, moderate, and significant correlation ($r = -.45$ $p <$

.01) was found between COMPIN and NPI. On the other hand, while a positive, moderate, and significant correlation ($r = .54$; $p < .01$) was found between SUCOMP and RSES; positive, moderate, and significant correlation ($r = .61$; $p < .01$) was found between SUCOMP and NPI.

Reliability of COMPIN and SUCOMP

The reliability of COMPIN and SUCOMP was examined in terms of internal consistency and time invariance. Cronbach α coefficients of the scales were calculated within the scope of internal consistency. Cronbach α coefficient of COMPIN was .89; while Cronbach α coefficient of SUCOMP was .78. For test-retest reliability, COMPIN and SUCOMP were applied to 73 participants (64 female, 9 male; $\text{Range}_{\text{age}} = 19\text{--}25$, $M_{\text{age}} = 21.02$, $SD_{\text{age}} = 6.95$) at four-week intervals. The Pearson product moment correlation coefficient calculated between the results of the two applications; It is .88 for COMPIN and .84 for SUCOMP.

Scoring of COMPIN and SUCOMP

The score that can be obtained from COMPIN ranges from 10 to 50 and the score that can be obtained from SUCOMP ranges from 9 to 45 (Scales can be retrieved from supplementary material). The mean of the scores obtained from COMPIN was found as 23.56, while standard deviation was found as 8.36 in the present study. The minimum score obtained from COMPIN was 10.00; while the maximum score was 49.00. On the other hand, the mean score obtained from SUCOMP was 25.22, while standard deviation was 5.68. In addition, the minimum score from SUCOMP was 10.00; while the maximum score was 45.00.

Discussion

The current study aims to test the psychometric properties of COMPIN and SUCOMP Shortened Scales to be used in individuals who are 15 years of age and older. Face, construct and concurrent validity of the scales were examined in the study. In this context, COMPIN and SUCOMP were found to have sufficient level of face validity (Polit et al., 2007). As a result of EFA conducted to test construct validity, the scales were found to have a two-factor structure similar to the original study (Čekrljija et al., 2017). In addition, the validity of the construct obtained from EFA was tested with CFA and it was determined that the fit indices were within acceptable ranges (Byrne, 2001; Hu & Bentler, 1999; Jöreskog & Sörbom, 1993; Kline, 2011; Marsh, et al., 1988). Study results are also consistent with the results of the study that examined psychometric features of COMPIN in Bosnia and Herzegovina, Serbia, India, and Malaysia (Čekrljija et al., 2020). On the other hand, since the factor load of item 10 in the original form of SUCOMP was very low, this item, was excluded from the scale. It can be said that the item “When I want something, I make it clear to everybody” corresponds to the concept of assertiveness in literature. Assertiveness is defined as individuals’ expressing

their emotions, thoughts, interests, and wishes openly to the other party (Bishop, 2013; Garner, 2012; Potts & Potts, 2013). Assertiveness, which is required for individuals to have and develop in interpersonal relationships (Abdelaziz et al., 2020; Parray et al., 2020) has a structure different from aggression (Voltan-Acar & Öğretmen, 2007). On the other hand, superiority complex is a feature that includes aggressive behaviours such as exuberance, bullying (Adler, 1932), and rudeness (Darmstadter, 1949) and therefore harms interpersonal relationships (Adler, 1952; Darmstadter, 1949; Steffenhagen, 1978).). In this context, it can be stated that item 10 of SUCOMP is evaluated as an indicator of assertiveness instead of superiority complex in Turkish culture. Therefore, the fact that this item does not work in SUCOMP in Turkish culture can be considered as a structurally understandable situation. In conclusion, in the Turkish form, COMPIN scale had 10 items similar to the original form while SUCOMP scale consisted of 9 items, unlike the original form (Čekrljija et al., 2017). Concurrent validity of the scales was also tested. In this context, COMPIN and SUCOMP were found to be significantly correlated with NPI and RSES. The results proved the concurrent validity of COMPIN and SUCOMP.

Positive weak correlation between latent variables determined in CFA is compatible with Adler's theoretical structure. Adler (1952) argues that inferiority and superiority complexes are interrelated structures and that these two complexes can exist simultaneously in a person. According to Adler (1952), individuals with inferiority complex have in some degree latent superiority complex, while individuals with superiority complex have in some degree latent inferiority complex.

Reliability of the scales was tested with Cronbach α internal consistency coefficient and test-retest method. Cronbach α coefficients of the scales were found to be similar to the original study (Čekrljija et al., 2017). Additionally, in a validation study conducted by Čekrljija et al. (2020) in four different cultures about COMPIN, Cronbach α coefficients were found to be between .82 and .90. Reliability coefficients obtained from Turkish culture and other cultures are similar. In this study, Cronbach α coefficient calculated to determine internal consistency and Pearson product moment correlation coefficient calculated as a result of test-retest show that COMPIN and SUCOMP are reliable scales (Kline, 2011; Nunnally & Bernstein, 1994).

In the study, the mean score, standard deviation, minimum and maximum scores obtained by the participants from COMPIN are consistent with the results of the comparative study conducted in Bosnian-Herzegovinian, Serbian, Indian, and Malaysian culture (Čekrljija et al., 2020). On the other hand, no findings were found in the literature regarding the mean score, standard deviation, minimum and maximum scores for SUCOMP. Therefore, a comparison could not be made.

Results regarding the psychometric properties of the Turkish version of COMPIN and SUCOMP show that they are valid and reliable scales for determining the inferiority and superiority complex levels of individuals aged 15 and over. As a result, the scales can be used to assess inferiority and superiority complex levels of the Turkish adolescent and adult population.

Implications

This study has important implications for Adlerian Theory, which is one of the Personality Theories. Inferiority and superiority complexes are personality structures that prevent individuals from using their existing potential for the benefit of society (Adler, 1952). For this reason, assessing individuals' inferiority and superiority complex levels and providing opportunities for healthy development will provide both individual and social benefits. Within the framework of Adlerian Theory, it can be stated that one of the basic dynamics of individuals' problematic behaviours is inferiority and superiority complex. COMPIN and SUCOMP Scales will provide important contributions in determining the needs of individuals in this direction and planning studies that will provide a potential for change. COMPIN and SUCOMP Scales can be used in identifying such situations and evaluating the effectiveness of interventions. Therefore, COMPIN and SUCOMP Scales can be convenient scales for school psychological counselors, clinicians and researchers to find out the levels of inferiority and superiority complex. In summary, Inferiority and Superiority Complex Shortened Scales will form an important basis to support Adlerian Theory with empirical studies in Türkiye.

Limitations and Future Research

The results of the study should be evaluated by considering some limitations. In scale development/adaptation studies, it is recommended to test whether a structure means the same in different groups (Putnick & Bornstein, 2016). In the present study, as a limitation resulting from convenient sampling method, the distribution of sub-groups of age (e.g. 15–18, 19–25, 26 years and older) and gender are not large enough. For this reason, gender and age invariance for different groups (e.g. high school students, university students, adults) could not be tested. Future studies can test the multiple group measurement invariance of the scales. Study data were collected from non-clinical population. Researchers can test the psychometric characteristics of the scales in clinical population. In the study, concurrent validity was tested within the context of criterion validity. In addition, discriminant validity can be tested in future studies. In the present study, it was found that COMPIN and SUCOMP scales had satisfactory psychometric characteristics. In this context, researchers can plan studies with high school students, university students and adult groups to provide empirical evidence for Adlerian Theory.

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Turska verzija skraćenih Adlerovskih skala kompleksa inferiornosti i superiornosti: validnost i pouzdanost

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Cilj ove studije je bio da se provere psihometrijske karakteristike skraćenih verzija Adlerovskih skala kompleksa inferiornosti i superiornosti na turskom uzorku. Eksplorativna faktorska analiza sprovedena je na uzorku od 331 osobe (192 žena i 139 muškaraca) sa rasponom godina od 15 do 65, dok je konfirmatorna faktorska analiza sprovedna na 192 osobe (113 žena i 79 muškaraca), sa rasponom godina između 15 i 64. Eksplorativna faktorska analiza ukazala je da upitnik treba da čini 10 ajtema za kompleks inferiornosti, dok se za kompleks superiornosti izdvaja 9 ajtema. Konfirmatorna faktorska analiza pokazuje da skale poseduju adekvatne indekse fitovanja u dvo-faktorskoj strukturi. Nalazi povezani sa koeficijentima interne konzistencije, test-retest pouzdanošću, i sa konkurentnom validnošću ukazuju na to da su Adlerovske skale kompleksa inferiornosti i superiornosti validni i pouzdani instrumenti za evaluaciju nivoa kompleksa inferiornosti i superiornosti kod individua od 15 godina i starijih, na turskim uzorcima.

Ključne reči: kompleks inferiornosti, kompleks superiornosti, validnost, pouzdanost, Alfred Adler

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SUPPLEMENTARY MATERIAL

Adleryan Aşağılık Kompleksi Ölçeği Kısa Form (Turkish Form)	Adlerian Inferiority Complex (COMPIN) Shortened Scale (English Form)
1. Yeterliklerimi doğru zamanda nasıl kullanacağımı bilmiyorum. 2. Kendimi küçümsediğimi biliyorum; ancak bununla baş edemiyorum. 3. Her işe karışmayı sevmediğim için ortalamanın altında performans sergiliyorum. 4. Kendimi ifade edemediğim için sevdiğim insanları yanımda tutamıyorum. 5. Bir işi yaparken kendi kendime sürekli “Başaramayacağım, hiç başlamasaydım daha iyiydi” diye söyleniyorum. 6. Sık sık benden beklenen şeyi yapamayacağımı hissediyorum. 7. Başarısızlık sonucunda kolayca hevesim kaçıyor ve yaptığım işe devam etmekte zorlanıyorum. 8. Yapmak zorunda olduğum şeyler için çoğunlukla hazır olmadığımı hissediyorum. 9. Kendime yeterince saygı duymuyorum. 10. Kendime güvenmiyorum.	1. I do not know how to use my competences at the right moment. 2. I know that I underestimate myself, but I cannot deal with it. 3. Usually my performance is under average because I do not like to be intrusive. 4. I cannot express myself and keep the people I love by my side. 5. During work I keep telling myself: I won't make it, so it would be better if I didn't start at all. 6. I often feel that I will not be able to do what is expected. 7. I am easily inhibited by failure and I find it difficult to go on. 8. I often feel that I am not ready for things that I have to do. 9. I do not respect myself enough. 10. I am not self-confident.
Adleryan Üstünlük Kompleksi Ölçeği Kısa Form (Turkish Form)	Adlerian Superiority Complex (SUCOMP) Shortened Scale (English Form)
1. Bir şey yaparken, en iyisi olmak benim için önemlidir ve çoğunlukla da bunu başarırım. 2. Düşünce tarzım çok orijinaldir. 3. Çoğu insandan daha dayanıklı olabilir ve daha çok çalışabilirim. 4. Çok az insan benim kadar başarılıdır. 5. Çok az insan benimle kıyaslanabilir. 6. Çoğu insanın başarı olarak algıladığı, benim için sadece sıradan bir şeydir. 7. Genelde, ben olmadan bir çözüm bulunamaz. 8. Bazen kendi beklentilerimi karşılayamam; ancak biliyorum ki başkaları bu kadarını bile başaramaz. 9. Eğer benim gibi insanlar olmasaydı; bu en kötü şey olurdu.	1. When I do something, it is important to me to be the best, and I mostly manage to be. 2. My way of thinking is very original. 3. I can withstand and work more than most people. 4. Few people have had as much success as I have. 5. Few people can compare with me. 6. What is just an ordinary thing to me, many people would consider success. 7. Normally no solution can be found without me. 8. Sometimes I do not fulfill my own expectations, but I know that others would not achieve even that much. 9. The worst thing would be if there weren't people like me.

