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Reliability and Validity of the Self-Hate Scale in the Russian-Speaking Sample

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ABSTRACT

The current paper was targeted to validate the Self-Hate Scale (SHS; Turnell et al., 2019) for application within the Russian-speaking community, as it examined its validity and reliability within a sample of 302 participants. Subsequent to the translation procedures, a strong positive relationship between the English and the Russian versions was administered within the evaluation of the linguistic equivalence. According to the reliability and validity analysis, the Russian SHS is a single-factor scale with seven items and good factor loadings. The Russian version of the SHS displayed satisfactory fit values and good reliability coefficients, suggesting its validity and consistency. Self-hate demonstrated a positive correlation with the concepts of depression and anxiety and a negative correlation with self-compassion and its subscales ("self-kindness," "self-judgment," "common humanity," "isolation," "mindfulness," and "over-identification") and self-acceptance. A multivariate general linear model was employed to examine the predictive effect of SHS scores on depression, anxiety, self-acceptance, self-compassion, and its subscales. These findings suggest the SHS-Russian Form to be valid and reliable to utilize among the Russian-speaking countries.

Keywords:
Self-hate, depression, anxiety, self-acceptance, self-compassion

1. Introduction

Hate arises from perceiving others as inherently negative and can feel self-protective by reinforcing the belief in a just world (Fischer et al., 2018). A comprehensive definition of hate indicates it as a complex affective concept that is a result of recurrent unfortunate experiences (Opotow, 2005), and one can direct hate inwards. Self-hate is a perception of the self as destructive and malfunctioning; it is to deem one's own personality defective and to be unable to comply with one's expectations (Turnell et al., 2019). Self-hate originates from low self-esteem; an early life experience can persuade a person into believing they are less deserving than others or that there is something wrong with them, hence they are unlovable (Колесникова et al., 2020). In pathological dysregulation of an individual's self-system, risks of self-destructive behaviors and psychopathology arise (Kyrios et al., 2016). These include self-harming tendencies that decrease one's anxiety by "punishing" the body, suicidal thoughts, isolation, and shame (Дереча, 2019; Turnell et al., 2019; Zaichenko, 2009). Whereas hate is directed outwards and conceptually is comparable to contempt and disgust (Martínez et al., 2021), self-hate is internalized and is expressed through self-blame, guilt, and insecurity (Turnell et al., 2019).

Multiple theoretical explanations exist behind the concept of self-hate. Sigmund Freud and Karen Horney embrace two different perspectives regarding the said term. Freud (1989) offers an instinctive perspective on the "self-hate," arguing that it is a product of the death instinct overpowering the constructive life instinct, inducing an inward sadism, where the individual directs aggressive emotions towards the self. Horney (1950),

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on the other hand, illustrates self-hatred as an emotional reaction to comparing oneself to an idealized image, a fictional version of the person one aspires to be. An individual resorts to self-hate as they conclude their real self is nowhere near the idealized image, which leads to disturbed self-confidence and feelings of failure (Horney, 1950). Theoretical perspectives of both Sigmund Freud and Karen Horney portray self-hate as one's internalized conflict; self-hate has a destructive impact, manifesting in impaired self-esteem, perceived failures, and mental health issues, like depression (Gershman, 1947). Resembling Karen Horney's perspective, Dunkley et al. (2014) report perfectionism and self-criticism to be strongly related to depressive and anxious symptoms. The concept of a person depriving oneself of self-compassion is mentioned by both of the theoreticians, as Neff (2003) claims that individuals are less self-compassionate if the perception of their failures is enhanced by self-hate. Parallel to the insight, theoretical foundations can provide for self-hate; as a clinical concept, the understanding of the cultural and linguistic context remains essential for the valid and reliable scale adaptation.

The Russian language is a first native language for over 162 million individuals and a second language for approximately 110 million (Lewis et al., 2014). It is mainly spoken in the Russian Federation; it is a second official language in Kazakhstan, Kyrgyzstan, and Belarus; it continues to be used to a certain extent in post-Soviet countries; and it is spoken by the "heritage speakers" in some European countries (Yanushevskaya & Bunčić, 2015). In terms of a linguistic difference between the English and Russian languages, "self-denigration (самоуничижение)" is assumed to be the terminology closest to "self-hate," hence used interchangeably later. In Western literature, the dysfunctional tendency to hate oneself appears to be a principal aspect of some mental disorders (Werner et al., 2019). According to Laufer (2018), self-hate is seen in depression patients, as they express contempt both towards themselves and their body. In Russian-language literature, self-denigration is illustrated as the most prominent aspect of a depressed individual, as they perceive themselves as a failure, and their sensitivity contributes to their further insecurity (Исаева, 2006); self-denigration is claimed to be met in 60.3% of cases of depression (Vertogradova & Tselischev, 2011). According to Büge & Bilge (2022), self-hate positively correlates with anxiety and can act as a mediating factor (Castilho et al., 2016). The Russian-language literature states that in people with anxiety disorders, emotional distress can manifest itself in self-denigration (Зейгарник, 1981). Besides, individuals diagnosed with anxiety and depression express aggression towards themselves in the form of self-hate (Вербина, 2015). Self-compassion and self-acceptance have been observed to operate as a "buffer" against the damaging effects of self-hate, preventing a progression from extreme self-judgment to negative mental health outcomes (Liss & Erchull, 2015). Asstated by Russian-speaking authors Жукова & Зуева (2019), therapy focused on developing self-compassion skills decreases the levels of self-hate, anxiety, and depression in patients. Altogether, research in both Western and Russian-language psychological domains acknowledges a nuanced interplay between self-hate and such factors as depression, anxiety, self-acceptance, and self-compassion.

To analyze "self-hate," Russian-speaking clinicians utilize questionnaires that evaluate self-attitudes, since they contain subscales that are indirectly related to it. The Rosenberg Self-Esteem Scale was translated into the Russian language and validated by Zolotareva (2020). It can indirectly appraise self-hate, as it calculates self-esteem and both positive and negative appraisals of oneself. Moreover, the World Assumption Scale, which was validated by Padun and Kotel'nikova (2007), can be applied as the inverse measure of self-hate, as one of its subscales appraises an individual's belief in being good and worthy. In addition, there are two widely acknowledged self-attitude inventories in the Russian language that operate as inverse measures of "self-hate." The Self-Attitude Questionnaire includes the subscale of "self-sympathy", which reflects the spectrum of kindness-hostility towards the self and evaluates self-acceptance and self-blame (Stolin & Pantileev, 1988). The Methodology of Self-Attitude Research (MSAR) incorporates two subscales: the "self-worth" subscale, which explores self-value and the perceived value of an individual's self to others, and the "self-acceptance" subscale, which assesses empathy towards oneself, despite personal weaknesses and flaws (Пантилеев, 1993). However, a scale proposed to determine the concept of self-hate has not yet been developed for use in the Russian-speaking communities.

Kara-Murza (2022) critically analyzes the "Northern" identity of a Russian person with "civilizational self-criticism," identifying the Nordic aspects of Russian culture as a burden Russia must bear. Self-hate is embedded in the culture of Russia and the Russian-speaking communities, both as the background feeling and as a general belief in the nation's deprivation (Kozhevnikov, 2023). To gain insight into the complex

identity of a Russian-speaking person, one must understand the influence of socialism on the self. The restrictive nature of a socialistic society can suppress the self and coerce individuals to conform to a strict ideology that restores one to hate themselves (Mamali, 2011). Even though the current Russian-speaking communities depict the coexistence of collectivism (small villages) and individualism (megapolises) in a single population (Latova & Latov, 2007), in a socialist political reality that prioritized collectivistic values over the individual, pre-existing self-hate was enhanced. The mentioned identity crisis is believed to remain ongoing even after the collapse of socialism, as Ilinskaya (2019) concludes Russian-speaking communities continue to live under the burden of a suppressed identity. Likewise, pedagogical thought and practice in the Soviet Union were grounded in a communist ideology, with the modern Russian-language educational systems inheriting certain Soviet ideas (Popova & Sukchorukova, 2021). An imperialistic past of post-Soviet countries continues to affect the educational domain, as freedom in educational institutions is restrictive and a repressive mindset is reinforced on the students (Oleksiyenko, 2020). Namely, Rozhdestvenskiy and colleagues (2024) claim Russian university students exhibit depressive traits that are associated with their diminished self-worth. The legacy of socialism, with its reinforcement of self-hate and a pervasive influence on modern education, has formed a culture of self-hate in the post-Soviet countries. Regarding it, analysis of the "self-hate" would convey crucial academic significance, offering a framework for the comprehension of its psychological impact on people. Adaptation of the SHS to the Russian language would construct an assessment tool that could enhance cross-cultural sensitivity in the clinical performance, diagnosis, and treatment across the CIS countries. Additionally, validation of the Self-Hate Scale, established in accordance with linguistic and cultural accuracy, would enable precise research on the theoretically underdeveloped concept of "self-hate," facilitating further inquiry into its sociocultural and psychological dimensions. Likewise, an investigation of the association between self-hate and the four main variables of this study within the Russian-speaking population facilitates the potential for a global understanding of "self-hate" and prospects for further international studies.

2. Methodology

2.1. Research Sample

The Self-Hate Scale (SHS) was translated from its original language, English, to the Russian language by twelve experts, out of whom, as advised by the International Test Commission (2017), eight were either foreign or Russian language experts and four were psychology experts. The named translated items were then administered to 48 participants (81.3% female; 18.8% male) fluent in English, with ages ranging from 18 to 43 (M = 22.22; SD = 5.67). Subsequently, a pilot study was conducted with a smaller group of 64 individuals (56.3% female; 43.8% male) aged 18 to 57 (M = 27.7; SD = 9.1) that was meant to represent the sample. Finally, the validity and reliability study was completed with 302 people (83% female; 17.2% male) ranging from 18 to 65 years old (M = 30.72; SD = 13.4), as provided in Table 1. Participants that were selected were either the general population of the CIS countries or people whose native language was Russian but who lived outside of the CIS countries. Subjects were recruited through an online survey, which was spread using social media. The snowball sampling method was administered, and while its utilization in quantitative research is debatable (Gierczyk et al., 2024), it has the advantage of administering challenging populations (Dragan & Isaic-Maniu, 2013).

Table 1. *Sample Characteristics and Demographic (n = 302)*

Variable	Groups	n (%)
Age group	18-25	162 (53.6)
	26-54	115 (38.1)
	55-65	25 (8.3)
Gender	Female	250 (82.8)
	Male	52 (17.2)
Education	No formal education	5 (1.7)

Variable	Groups	n (%)
	Primary school	16 (5.3)
	High school	111 (36.8)
	Bachelor's degree	111 (36.8)
	Master's degree	59 (19.5)
Relationship status	Single	123 (40.7)
	Engaged	3 (1.0)
	In a relationship	63 (20.9)
	Married	89 (29.5)
	Divorced	19 (6.3)
	Widowed	5 (1.7)
Income	Very low	33 (10.9)
	Low	73 (24.2)
	Medium	177 (58.6)
	High	17 (5.6)
	Very high	2 (0.7)
Country of origin	Russian Federation	220 (72.8)
	Turkmenistan	30 (9.9)
	Republic of Kazakhstan	20 (6.6)
	Union of Soviet Socialist Republics (USSR)	12 (4.0)
	Others	20 (6.7)
Currently living	Russian Federation	255 (84.4)
	Republic of Kazakhstan	12 (4.0)
	Turkey	10 (3.3)
	Others	25 (7.9)
Work status	Yes	208 (68.9)
	No	94 (31.1)

[1]Others: Republic of Uzbekistan (*n* = 2, 0.7%), Kyrgyz Republic (*n* = 2, 0.7%), Republic of Belarus (*n* = 1, 0.3%), Tajikistan (*n* = 1, 0.3%), Ukraine (*n* = 8, 2.6%), Republic of Moldova (*n* = 3, 1.0%), Republic of Azerbaijan (*n* = 2, 0.7%), and Italian Republic (*n* = 1, 0.3%); [2]Others: Austria (*n* = 1, 0.3%), Turkmenistan (*n* = 8, 2.6%), Kyrgyz Republic (*n* = 1, 0.3%), Republic of Belarus (*n* = 1, 0.3%), United Arab Emirates (UAE; *n* = 2, 0.7%), Republic of Georgia (*n* = 4, 1.3%), United Kingdom (UK; *n* = 1, 0.3%), China (*n* = 2, 0.7%), Republic of Moldova (*n* = 1, 0.3%), Luxembourg (*n* = 1, 0.3%), Federated States of Micronesia (*n* = 1, 0.3%), South Korea (*n* = 1, 0.3%), and Estonia (*n* = 1, 0.3%).

2.2. Data Collection Tools and Procedure

Initially, a written approval to translate and use the SHS for research was obtained from Dr. Dan Fassnacht via contacting them through email. Moreover, the "Research Ethics Committee of Istanbul Sabahattin Zaim University" approved the current paper (2024/9). The policy of informed consent was disclosed to every participant, declaring the voluntary nature of the partaking. Participants were given access to an online version of the questionnaire presented in the format of the Google Form.

Demographic Information Form: The demographic form, developed by researchers, contained information on participants' age, gender, education level, relationship and economic status, country of origin, country of current residence, and employment status.

The Self-Hate Scale (SHS): The SHS evaluates an individual's degree of hate towards the self within the past year based on the interpersonal theory of suicide theoretical model (Van Orden et al., 2010). Turnell and colleagues (2019) examined the reliability and validity of the SHS. SHS includes seven items, each scored on a 7-point Likert scale, with responses from 1 ("not at all true for me") to 7 ("very true for me"). To obtain a final score, average the responses on all of the scale items; a high rating reflects a high level of self-hate. For the total SHS, the average Cronbach's alpha coefficient was .95. In this study, SHS's internal consistency was excellent, with a Cronbach's alpha of .94.

The Beck Depression Inventory (BDI): The BDI was developed to record a person's behavioral indicators reflective of depression. This questionnaire consists of 21 self-report items, which were derived from generalized attitudes and symptoms of depressed people. The BDI is completed by choosing one of the options from a multiple-choice response, as the answers vary in their severity (e.g., from 0 = "I do not feel like a failure" to 3 = "I feel I am a complete failure as a person"). The higher the final score of the BDI is, the more extreme the level of depression. In a meta-analysis written by Beck and colleagues (1988), the assessment of internal consistency for the BDI exhibited a Cronbach's alpha of .86 for patients with psychological disorders and .81 for non-psychological patients. The adaptation of the scale to the Russian language was made in 2001 (Tarabrina, 2001), with a Cronbach's alpha value of .86. In this study, Cronbach's alpha value is found to be .90.

The Self-Compassion Scale (SCS): The SCS was designed to assess how a person treats themselves during difficult times, as it includes the following six subscales: "self-kindness," "self-judgment" (reverse scored), "common humanity," "isolation" (reverse scored), "mindfulness," and "over-identification" (reverse scored). The scale consists of 26 items, scored on a 5-point Likert scale, ranging from 1 ("almost never") to 5 ("almost always"). Upon analyzing the cumulative score, higher self-compassion is associated with an elevated psychological well-being. The SCS's internal reliability is sufficient, with a Cronbach's alpha value of .92. Neff (2003) conducted reliability and validation studies. In 2020, it was validated to the Russian language by Chistopolskaya and colleagues (2020); a strong internal consistency for both the positive (α = .79) and the negative subscales (α = .87) was established. The Cronbach's alpha score in this study was found to be .91; for the subscales, the scores were between .74 and .87.

Self-Attitude Questionnaire: The Self-Attitude Questionnaire measures an individual's self-consciousness, identifying the pattern of a person's self-attitude and the manifestation of its separate components, one of them being self-acceptance. In the current study, the "Self-Acceptance" subscale was implemented, as it determines an individual's self-sympathy and acceptance of their flaws. The original version of the Self-Attitude Questionnaire is in the Russian language; the subscale that is used here is composed of 12 items with answer options "yes" and "no." Higher values on this questionnaire mark a tendency of positive self-perception and complete acceptance of all qualities of an individual's personality. Spearman's correlation coefficient was implemented to appraise the test-retest reliability, with scores ranging from 0.72 to 0.93. The Self-Attitude Questionnaire demonstrates both validity and reliability (Пантилеев, 1993). In this study, the Cronbach's alpha score for self-acceptance was measured as .75.

The Beck Anxiety Inventory (BAI): The BAI is a clinical tool that measures the anxiety intensity in psychiatric populations. The BAI involves 21 items; each describes a common anxiety symptom, with responses scored on a 4-point Likert Scale from 0 ("not at all") to 3 ("severely—it bothered me a lot"). The summarization of all of the items produces a scale's total score, with higher values being representative of possibly alarming levels of anxiety. Internal consistency for the BAI can be equated to a Cronbach's alpha coefficient of .92. The validity

and reliability studies were done by Beck and colleagues (1988). The adapted Russian version of the scale for the current study was drawn from a book by Федоренко & Качай (2022). Cronbach's alpha coefficient in this study was .91.

2.3. Data Analysis

In accordance with the International Test Commission (2017), 12 experts, who were competent in both the English and the Russian languages, psychology, and cultural matters, have expressed their corrections regarding the translation of the original SHS to the Russian language by the researchers. The similarities and the differences in the said items were equally observed about their meaning and language. Subsequently, 12 language experts, fluent in both languages, performed a reverse translation of the scale items and assessed them against the original wording of the SHS. Respectively, the preferred translated items of the Russian version of the SHS were administered to the participants alongside the original questionnaire to verify the linguistic compatibility. The language equivalence was assured, as a strong positive correlation (r = .97, p < .001) was identified between the scores of the Russian and the English variations of the scale. A pilot study was implemented, and it demonstrated intended linguistic validity; hence, the Russian Self-Hate Scale was deemed ready to be used with a wider population. Item total correlations were analyzed; the results varied from .62 (item 1) to .86 (item 4), and a strong internal consistency was observed (α = .92).

With the use of G*Power, a post hoc analysis was applied to assess the adequacy of the sample size. For correlation analyses, assuming a medium effect size (r = 0.30), α = 0.05, and a total sample size of 302, the achieved statistical power was approximately 0.99. It was claimed by the post hoc power analysis that the sample size of 302, with one covariate and 10 dependent variables, provided sufficient power ($f^2(V)$ = 0.25) to detect medium multivariate effects at an alpha level of 0.05. These results indicate that the sample size was sufficient to detect medium effect sizes with high power. The dataset was randomly bisected; the first part was used for the Exploratory Factor Analysis (EFA) (n = 151) and the second for the Confirmatory Factor Analysis (CFA; n = 151). The split-sample approach was used in accordance with the methodological recommendations (Fabrigar et al., 1999). While previous studies have described “self-hate” as a construct that does not typically follow a normal distribution (Floyd & Widaman, 1995; Van Orden et al., 2012), our data were normally distributed and did not require transformation. To denote Russian-SHS’s construct validity, the item-total correlations and the EFA were administered. The reliability was appraised through computing the Cronbach's alpha, which estimated the internal consistency, and through CFA, the item-factor structure’s model fit was examined, arising from the EFA. In terms of the maximum likelihood method, in advance of concluding the presence of a good fit, the expected cutoff values were as follows: .95 for Tucker-Lewis Index (TLI) and comparative fit index (CFI), .08 for standardized-root-mean-square-residual (SRMR), and .06 for root-mean-square-error-of-approximation (RMSEA; Hu & Bentler, 1999). The convergent validity was appraised by evaluating how the SHS associates with the BDI, BAI, SCS, and SA. A multivariate analysis of variance (MANOVA) assisted in examining how self-hate affects depression, anxiety, self-compassion, and self-acceptance. The SHS was administered twice with a three-week interval to perform the test-retest reliability analysis. SPSS 15.0 was used for EFA and validity analysis, and Lisrel 8.51 for the CFA. The current research was not preregistered; materials and analysis code can be obtained via e-mailing the author.

2.4. Ethical

Every procedure was administered regarding the ethical criteria mandated by the institutional and/or national research committee, inclusive of the 1964 Helsinki Declaration and its following adjustments. In advance of becoming a participant, everyone in the sample offered informed consent. The current paper has been approved by the “Research Ethics Committee of İstanbul Sabahattin Zaim University” (2024/9).

3. Findings

The dataset was randomly divided into two equal halves to conduct exploratory factor analysis (EFA) and confirmatory factor analysis (CFA), with no significant differences found between the groups (p > .05). When comparing these groups, no notable distinctions were detected. In the first half, item-total correlation values spanned from .72 for item 7 to .84 for item 4, indicating that all items were suitable for inclusion in the EFA without the need for removal (Clark & Watson, 1995).

Table 2. *Results of Factor Loadings and Item-Total Correlations of Self-Hate Scale*

Items	Factor loadings	Item Total Correlations
1. I hate myself	.89	.84
2. I am a failure	.89	.77
3. I feel disgusted when I think about myself	.88	.82
4. I am ashamed of myself	.87	.84
5. I have no value	.85	.80
6. I wish I could escape from myself	.84	.82
7. I am not proud of myself	.78	.72

The Kaiser-Meyer-Olkin (KMO = .92) and Bartlett's Test of Sphericity ($\chi^2(21) = 867.48$, $p < .001$) confirmed the data's suitability for exploratory factor analysis (EFA). Principal components analysis with varimax rotation showed all items had factor loadings above .30. EFA of the Self-Hate Scale (SHS) revealed a single factor, supported by an eigenvalue over 1 and a scree plot, explaining 73.7% of the variance. The final 7-item SHS was found to be valid and reliable, with high internal consistency (Cronbach's α = .94; M = 16.3, SD = 10.77). See Table 2 for the relevant data.

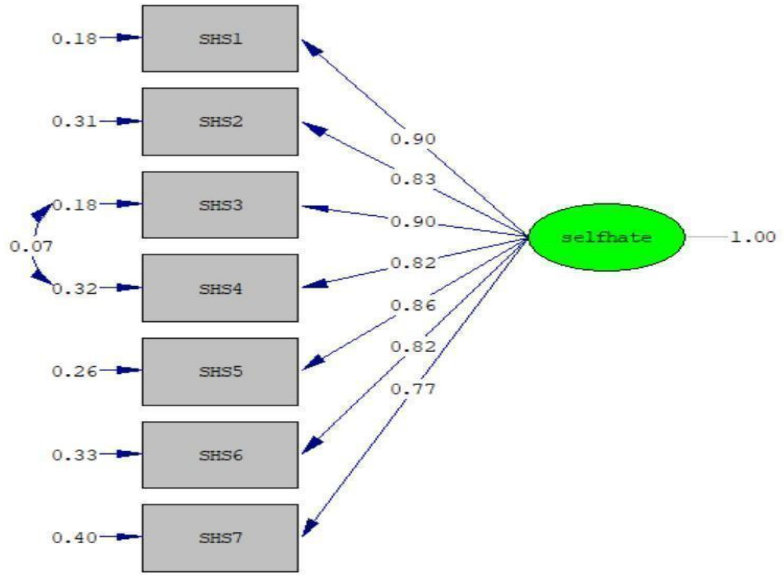

Figure 1. *Path diagram of the Russian Self-Hate Scale*

To test the construct validity of the scale identified by the EFA, confirmatory factor analysis (CFA) was conducted on the second half of the sample. Based on fit indices (Hu & Bentler, 1999), the initial model showed good fit on some indices (TLI = .97; CFI = .98; SRMR = .03), acceptable fit on χ^2/df (2.44), but poor fit on RMSEA (.10). A modification between items 3 and 4 was suggested. As shown in Figure 1, the revised model improved fit (χ^2/df = 2; TLI = .98; CFI = .99; SRMR = .02) and achieved acceptable RMSEA (.08). Chi-square difference testing confirmed the revised model was significantly better ($\chi^2(13) = 9.61$, $p < .01$).

The criterion-related validity correlational analysis exhibited relevant score associations between the scores of the SHS and the BDI (r = .73, $p < .01$), BAI (r = .59, $p < .01$), SA (r = -.65, $p < .01$), SCS (r = -.67, $p < .01$), SK (r = -.47, $p < .01$), SJ (r = -.60, $p < .01$), CH (r = -.21, $p < .01$), I (r = -.60, $p < .01$), M (r = -.31, $p < .01$), OI (r = -.56, $p < .01$). The relevant correlational data is illustrated in Table 3.

Table 3. *Pearson Correlation Coefficients Between Self-Hate, Depression, Anxiety, Self-Compassion, Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness, Over-Identification, and Self-Acceptance Variables*

	1	2	3	4	5	6	7	8	9	10	11
1. SHS[1]	1	.73***	.59***	-.67***	-.47***	-.60***	-.21***	-.60***	-.31***	-.56***	-.65***
2. BDI[2]		1	.78***	-.68***	-.46***	-.62***	-.21***	-.64***	-.29***	-.59***	-.60***
3. BAI[3]			1	-.61***	-.37***	-.57***	-.15**	-.60***	-.24***	-.57***	-.48***
4. SCS[4]				1	.79***	.76***	.51***	.76***	.63***	.72***	.62***
5. SK[5]					1	.45***	.56***	.38***	.68***	.25***	.49***
6. SJ[6]						1	.04	.70***	.13*	.71***	.57***
7. CH[7]							1	.06	.61***	.04	.29***
8. I[8]								1	.20***	.77***	.43***
9. M[9]									1	.19**	.32***
10. OI[10]										1	.46***
11. SA[11]											1

* $p < .05$, ** $p < .01$, *** $p < .001$

[1]SHS: Self-Hate Scale; [2]BDI: Beck Depression Scale; [3]BAI: Beck Anxiety Inventory; [4]SCS: Self-Compassion Scale; [5]SK: Self-Kindness subscale scores of the Self-Compassion Scale; [6]SJ: Self-Judgment subscale scores of the Self-Compassion Scale; [7]CH: Common Humanity subscale scores of the Self-Compassion Scale; [8]I: Isolation subscale scores of the Self-Compassion Scale; [9]M: Mindfulness subscale scores of the Self-Compassion Scale; [10]OI: Over-Identification subscale scores of the Self-Compassion Scale; [11]SA: Self-Acceptance scores.

A one-way MANOVA was performed to assess the impact of SHS on the combined dependent variables. The multivariate test using Pillai's Trace showed a significant effect, $V = .632$, $F(9, 292) = 55.82$, $p < .001$, partial $\eta^2 = .632$. This effect was also significant across other statistics: Wilks' $\Lambda = .368$, Hotelling's Trace = 1.720, and Roy's Largest Root = 1.720 (*all* $p < .001$). Univariate analyses following the significant multivariate effect of self-hate indicated that self-hate had a significant effect on all dependent variables: depression, anxiety, self-compassion, self-acceptance, and others (BDI: $F(1, 300) = 335.68$, $p < .001$, $\eta p^2 = .528$; BAI: $F(1, 300) = 160.31$, $p < .001$, $\eta p^2 = .348$; SK: $F(1, 300) = 86.78$, $p < .001$, $\eta p^2 = .224$; SJ: $F(1, 300) = 165.47$, $p < .001$, $\eta p^2 = .355$; CH: $F(1, 300) = 13.69$, $p < .001$, $\eta p^2 = .044$; I: $F(1, 300) = 168.24$, $p < .001$, $\eta p^2 = .359$; M: $F(1, 300) = 32.57$, $p < .001$, $\eta p^2 = .098$; OI: $F(1, 300) = 136.37$, $p < .001$, $\eta p^2 = .313$; SCS: $F(1, 300) = 241.62$, $p < .001$, $\eta p^2 = .446$; SA: $F(1, 300) = 223.61$, $p < .001$, $\eta p^2 = .427$). These results suggest that SHS significantly predicts variance in all psychological outcome measures, with effect sizes ranging from small to large according to partial eta squared values. Refer to Table 4 for the corresponding data.

Table 4. *Tests of Between-Subjects Effects for Self-Hate on Dependent Variables*

Dependent Variable	M	SD	F(1, 300)	*p*	Partial η^2	Adjusted R^2
Depression	12.48	9.60	335.68	< .001	.528	.526
Anxiety	13.83	10.63	160.31	< .001	.348	.346
Self-Kindness	15.57	5.40	86.78	< .001	.224	.222
Self-Judgment	16.24	5.49	165.47	< .001	.355	.353
Common Humanity	11.92	4.05	13.69	< .001	.044	.040
Isolation	13.12	4.71	168.24	< .001	.359	.357
Mindfulness	13.06	3.71	32.57	< .001	.098	.095
Over-Identification	11.64	4.33	136.37	< .001	.313	.310
Self-Compassion	81.55	19.59	241.62	< .001	.446	.444
Self-Acceptance	8.63	2.60	223.61	< .001	.427	.425

* $p < .05$, ** $p < .01$, *** $p < .001$

The administration of the SHS occurred twice, with a three-week interval between the two administrations. Test-retest reliability was examined using a sample of 30 individuals (73.3% female, 26.7% male). The mean SHS score was M = 11.80 (SD = 5.57) at Time 1 and M = 11.77 (SD = 5.73) at Time 2. The test-retest correlation was r = .76, $p < .001$, indicating acceptable temporal stability of the scale.

4. Discussion, Conclusion and Recommendations

The main goal of this study was to validate the Self-Hate Scale (SHS) in Russian for Russian-speaking populations. After careful translation, a strong positive correlation between the English and Russian SHS scores ($r = .97$, $p < .001$) confirmed the translation's accuracy and consistency with the original. The Russian SHS showed solid construct validity, high internal consistency, and good test-retest reliability. This seven-item scale uses a 7-point Likert scale to measure self-hate, with total scores ranging from 7 to 49. Responses range from 1 ("not at all true for me") to 7 ("very true for me"), where higher scores indicate greater self-hate.

The SHS's convergent validity was assessed by examining its relationships with depression, anxiety, self-acceptance, self-compassion, self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. A strong positive correlation between the scores of the BDI and the SHS was administered, which aligns with the belief that people with negative cognitive distortions and negative self-beliefs experience self-hate (Acharya, 2017; Tramacere & Kaufmann, 2025). Western and Russian-speaking researchers acknowledge that self-hate is one of the central symptoms of depression (Исаева, 2006; Mullarkey et al., 2018). We hypothesize that Russian-speaking individuals internalize their negative cognitions and critical self-appraisals, which would lead to depression. Perhaps the socialist past, the value of perfectionism, or the societal stigma around seeking professional help heavily impacts the "self" of a Russian-speaking person. Total scores of both the SCS and the Self-Acceptance subscale of the MSAR showed a strong negative correlation with the SHS. It supports the belief that nurtured self-compassion and self-acceptance can reduce self-hate (Rubin, 1998) and that self-compassion protects an individual from the negative consequences of self-judgment (Neff, 2003). We infer the said negative correlation to be indicative of the potential protective effects self-compassion and self-acceptance have. Russian-speaking populations may be exhibiting lower levels of self-compassion due to cultural norms emphasizing self-discipline and high achievement (Schepkina, 2002). Such a strong accent on self-criticism and emotional suppression is hypothesized to explain the inability to embrace and accept one's flaws, which then contributes to self-hate. Current correlational findings present an integrative overview of a complex dynamic the "self-hate" has, emphasizing its role in forming psychological well-being. The current analysis proposes further research and an exploration of pathways for intervention of the self-hate.

To assess predictive validity, MANOVA was conducted to examine the impact of SHS scores on multiple dependent variables simultaneously. The results indicated that the SHS is a strong predictor of various psychological outcomes. Similar results for depression, anxiety, self-compassion, and its related aspects are implicated in non-Russian language research (Büge & Bilge, 2022; Kopala-Sibley et al., 2017; McKenzie et al., 2011). Current findings align with Horney's (1950) claim of self-hate to be a physical manifestation of self-destruction and a psychological expression of depression, self-criticism, and minimization of one's goodness. Moreover, the results of self-hate predicting depression and anxiety advocate for the findings in the original study by Turnell and colleagues (2019), which claims self-hate to be associated with psychopathology and that prevention of such symptomatology is crucial for therapy. For the Russian-speaking community, self-hate highly predicting depression proposes internalized negative self-perceptions to contribute to an individual's emotional distress. Additionally, we assume self-hate predicts self-judgment and isolation and hypothesize that Russian-speaking people who hate themselves also experience alienation and severe self-criticism. Likewise, self-hate being predictive of over-identification accentuates the possibility of Russian-speaking individuals who are absorbed in their negative thoughts presenting with higher self-hate levels. Western studies support this claim, acknowledging rumination to intensify depressive symptoms (Collins et al., 2021; Whisman et al., 2019). These results, which support the predictive significance of self-hate, accentuate the priority of acknowledging it in psychotherapeutic assessment and recognizing its influence on mental health.

Multiple limitations can be observed in the present study. To begin with, research participants were from a non-clinical sample. It is advised to test the SHS-Russian Form in participants who are diagnosed with depression and anxiety disorders to evaluate its relevance for the clinical sample. Additionally, most of the participants were female, aged 18-25, and originated from the Russian Federation, which could affect the generalizability of results. The current paper had 69 Russian-speaking participants from other countries, implying further researchers to replicate the current study within the culture of other post-Soviet countries. The test-retest reliability, assessed with 30 participants, showed an acceptable coefficient of .76 ($p < .001$). However, the small sample size may limit generalizability, and future studies should include larger samples

for more robust estimates. Finally, self-reported measures were implicated, which could have possibly produced biased results, as some participants might not have been truthful in their responses.

The SHS-Russian Form, validated in the current paper, is aimed to become a tool to measure the concept of "self-hate" within the Russian-speaking community. The scale would profit the psychotherapeutic area by applying culturally sensitive clinical practice and the academic field by instigating cross-cultural research to be performed within the associated countries. We opt for the current paper to optimize the comprehension of self-hate and shed light onto this concept in the context of Russian-speaking academia. Practical management of self-hate should become a pathway of clinical support for individuals who try to overcome negative self-identification, destructive cognitive patterns, and other mental health challenges. It is hoped that future research will explore the role of self-hate in exacerbating depression and anxiety, examining its potential as a causal factor in psychological distress. Studies should also investigate whether self-compassion-based interventions, such as mindfulness and self-kindness, can buffer against self-hate. Given the strong correlations between self-hate and self-judgment, isolation, and over-identification, these factors should be targeted in intervention research. Additionally, empirical studies are needed to assess the effectiveness of cognitive restructuring, self-compassion exercises, and acceptance-based approaches in reducing self-hate and improving mental well-being. Current findings suggest that interventions aimed at increasing self-compassion and self-acceptance could be particularly beneficial in Russian-speaking cultures, where self-critical tendencies are deeply ingrained. Therapeutic methods like Compassion-Focused Therapy (Gilbert, 2009) and Mindfulness-Based Self-Compassion programs (Neff & Germer, 2013) may reduce self-hate by promoting self-kindness and decreasing self-judgment.

5. References

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