Comparison of Self-compassion and Shame between Adolescents with Anxiety Disorders and Depressive Disorders with Normal Adolescents

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ABSTRACT

Objective: The purpose of this study was to compare self-compassion and shame in adolescent girls with anxiety disorders, depressive disorders, and normal adolescent girls.

Methods and Materials: The research was a causal-comparative study. The study population included all adolescent girls who with anxiety disorders, depressive disorders, and normal adolescent girls in Tehran from October to December 2022. Purposive sampling was used to select 192 samples. The data collection tools included Self-Compassion Questionnaire Short Form (Raes et al, 2011) and Guilt and Shame Proneness Scale (Cohen et al, 2011). The method of data analysis obtained in the research was using ANOVA and Games-Howell post hoc test by SPSS-27 software.

Findings: The study found that the difference in the mean value of the Self-compassion variable was significant among anxiety disorders, depressive disorders, and healthy controls (P<0.001, F=44.50). Moreover, the difference in the mean value of the shame variable between anxiety and depressive disorder patients and healthy controls was also significant (P<0.001 F=30.76). Results revealed that all groups had a significant self-compassion variable (P<0.001). When comparing all groups, it was evident that adolescent girls had significant differences in the shame variable (P<0.001).

Conclusion: The results of this study indicate that the level of self-compassion in patients with anxiety disorders and depressive disorders is lower than in healthy people. Furthermore, the level of shame in patients with anxiety disorders and depressive disorders was higher than in healthy subjects. Increasing compassion gives people flexibility to deal with life's challenges.

Keywords: Self-compassion, Shame, Anxiety Disorders, Depressive Disorders, Adolescents.

Introduction

A recent study by the American Psychological Association found that many adolescents report high and unhealthy levels of stress, as well as significant difficulty managing the demands of school, family, and the workplace (Lathren et al., 2019). Besides acute daily stressors, more than half of 12- to 17-year-old adolescents also report chronic stress and problems such as family dysfunction, abuse, or economic difficulties (Soleimanpour et al., 2017). The conditions lead to anxiety disorders in adolescents, which interfere with family, psychosocial, and school functioning (Sanchez et al., 2022). The prevalence of anxiety disorders in adolescents is high, and according to international estimates, up to 5% of young people meet the criteria for one of these mental disorders (Tali et al., 2023). The prevalence of anxiety disorders is highest among adolescents aged 13 to 18, with almost a third reporting the condition (Lathren et al., 2019). Meanwhile, depressive disorders are becoming more prevalent among this demographic group (So et al., 2023), with depression symptoms increasing and suicide rates rising by over 30% (Twenge et al., 2018). Furthermore, researchers have determined that approximately 25% of adolescent's experience severe impairment or distress due to a mental health issue during their lifetime (Merikangas et al., 2010; Yoon et al., 2023).

Evidence suggests that shame is associated with all psychological symptoms, including depression and anxiety as well as low self-esteem (Ghasemi et al., 2019). According to studies conducted, people with anxiety disorders are highly self-focused and pay little attention to surrounding information. Their insufficient performance on social skills and significant gaps in quantitative and qualitative dimensions of social relationships result in difficult situations resulting from shame (Miratashi Yazdi et al., 2023). According to research, shame is strongly associated with symptoms of anxiety disorders and phobias in anxious patients (Muris et al., 2018; Swee et al., 2021) and with aggression in depressed patients (Fjermestad-Noll et al., 2020). Additionally, Proeve et al. (2018) also stated in their study that increasing self-compassion and reducing shame may be helpful in mixed groups of patients with anxiety and depression (Proeve et al., 2018).

Studies have shown that feelings of shame are often associated with a greater probability of having depressive symptoms. The findings indicate that experiencing shame is linked to depressive symptoms due to the presence of self-compassion (Porter et al., 2018; Zhang et al., 2018). Also, research indicates that insecure attachment, anxiety, conflict, shame, and self-criticism are contributing factors to depression (Mahdavi Rad et al., 2023). Porter et al. (2019) also stated that shame tendencies and self-esteem (separately) are strongly related to depressive symptoms (Porter et al., 2018). In addition, the research results of Nasiri et al. (2021) showed that in the relationship between self-compassion and depression, the variables of shame and self-esteem play a mediating role (Nasiri & Shahgholian, 2021). The study by Murray et al. (2021) also showed that lower levels of self-compassion predicted higher levels of depression (Murray et al., 2021). The results of the study by Callow et al. (2021) also stated that self-compassion moderates the relationship between external shame and psychopathology related to depressive and anxiety symptoms (Callow et al., 2021).

Studies have demonstrated that the absence of self-compassion in individuals with high levels of shame and self-criticism can hinder their recovery efforts (Dabiri. S., 2022). Additionally, Trindade et al. (2021) stated that self-compassion can predict lower levels of depressive symptoms, anxiety, and stress (Trindade & Sirois, 2021). According to the research results of Mirsaifi Fard et al. (2019), it was found that people with clinical depression and normal people differed in their self-compassion. Therefore, by enhancing aspects of self-compassion, the severity of depression can be reduced (Mirsaifi Fard et al., 2019). Additionally, Tali et al. (2023) stated in their study that the self-compassion level of adolescents with anxiety disorders was lower than that of adolescents without anxiety disorders (Tali et al., 2023). Another study found that self-compassion reduces shame and leads to a decrease in procrastination, depression, stress, and anxiety (Abdolshahi & Mehdi Reza, 2019). By identifying potentially effective protective factors in adolescence, it may be possible to protect against (more severe) anxiety disorders and comorbidities, as well as improve treatment outcomes (Tali et al., 2023). In light of the above context, the purpose of this study was to compare shame and self-compassion in adolescent girls

with anxiety and depressive disorders with those in adolescent's normal adolescent girls.

Methods and Materials

Study Design and Participants

In this causal-comparative study, the statistical population included all normal adolescent girls and those with anxiety disorders and depressive disorders referred to psychological clinics in Tehran during the period from October to December 2022. In this study, three sampling methods Multistage clustering (to select clinics), purposive sampling (to select adolescents based on inclusion criteria), and convenience sampling (to select normal adolescent girls) were used.

The study mandated that individuals must have anxiety and depression disorders, which were diagnosed by mental health experts utilizing a particular manual (classified according to the Diagnostic and Statistical Manual of Mental Disorders 5, DSM -5), aged 13 to 18 years old, being female. In addition, the researchers required the clinics to have access to participants' medical records. Individuals with certain mental disorders, substance abuse problems, brain disorders, or learning disabilities were ineligible to participate in the study. Furthermore, individuals who failed to provide a sufficient number of survey responses or displayed a reluctance to engage in the study were also excluded from participation.

The method of implementation was carried out in such a way that the researchers had previously received the necessary permissions to conduct research in clinics and letters of recommendation for cooperation. The sampling of clinics was carried out in a multi-stage cluster, during which a list of all psychology clinics in Tehran was first prepared. Then, 8 districts (Ghasemi et al., 2019; Merikangas et al., 2010; Murray et al., 2021; Dabiri S., 2022; Swee et al., 2021; Tali et al., 2023; Yoon et al., 2023; Zhang et al., 2018) were randomly selected from these 22 districts using the random number table method. Then, first, a meeting took place with the managers of the clinics to explain the study. After obtaining the managers's approval, the researchers contacted the clients in collaboration with psychologists present at the clinics.

To select the clinical sample, after explaining the research objectives, all adolescent girls diagnosed with anxiety disorders and depressive disorders were interviewed. The researchers conducted interviews until the peer groups were completed. In total, the researchers interviewed 230 adolescents over three months and selected 210 as the study sample. Among adolescents with anxiety disorders, depressive disorders, and normal adolescents, seven, eight, and three adolescents were omitted from the study, respectively. Consequently, in the final analysis, data from 192 individuals was collected.

Researchers have stated that causal-comparative study require more than 50 samples (Cohen et al., 2002) Therefore, in this study 210 people (70 people per group) were selected as the sample, and finally, by discarding the distorted and incomplete questionnaires, a total of 192 adolescent girls were investigated as the final sample of the present study.

Data Collection Tools

Self-Compassion Questionnaire Short Form (SCS-SF): The original self-compassion questionnaire was created in 2011 by Raes, Pommier, Neff, and Van Gucht for measuring and studying self-compassion (Cohen et al., 2011). The 12-item short self-compassion scale or a long version of this scale was created in 2003 with 26 items. This questionnaire has 6 elements, which are: Kindness to yourself; self-judgment; a sense of human community; Isolation; Attention; and enhanced replication. Finally, the scores are added together and the total score for each individual is calculated. This questionnaire is scored based on a 5-point Likert scale. This questionnaire has 26 questions and its options range from not at all (score 1) to always (score 5). Higher scores indicate that respondents have more self-compassion, and conversely, lower scores indicate that respondents have less self-compassion. The range of people's scores on this questionnaire is from 26 to 130. The reliability of this scale using Cronbach's alpha test was 0.71 (Dehghani & Khormaei, 2022). In the present study, Cronbach's alpha was 0.81 for this questionnaire.

Guilt and Shame Proneness Scale (GASP): This scale has 16 items and is used for measuring shame and guilt. It was firstly devised by Cohen and colleagues in 2011. This scale is scored based on a 5-point Likert scale from 1 (very unlikely) to 5 (very likely). Therefore, the scores range from 16 to 80. This scale has two general dimensions (shame and guilt). Cohen et al. (Raes et al.,

2011) reported a Cronbach's alpha of 0.70-0.88 indicating high internal consistency. Moreover, a significant correlation was found between shame and guilt subscales and the total self-esteem scale. In this study, in order to assess the reliability of this scale, Cronbach's alpha was used and a reliability coefficient of 0.83 and 0.76 was obtained for shame and guilt scales, respectively, indicating desirable reliability. The reliability of this questionnaire has been obtained in a research of 0.79 for the shame component (Raes et al., 2011). The internal consistency of this questionnaire was obtained with Cronbach's alpha method of 0.77 (Abedini et al., 2022). In the present study, Cronbach's alpha coefficient was used to measure the reliability of the questionnaire, and the value of this coefficient was 0.79 for shame.

Data analysis

The method of analyzing the data obtained in the research was using ANOVA and Games-Howell post hoc test. SPSS-27 software was used for statistical analysis. It should be noted that the assumptions necessary to perform the analysis were checked first. The linearity of the relationship between variables has been researched and confirmed. The outliers were examined, and the analysis did not reveal many outliers. The results of the Kolmogorov–Smirnov test were also not significant, which indicates the normality of the score distribution. Furthermore, the equality of variances of the groups was tested and Levene's test for equality of error variances of the variables was significant.

Findings and Results

This research examined a sample size of 192 individuals aged 13 to 18. The mean ±SD of 63 adolescent girls with anxiety disorders (14.52± 1.59), 62 adolescent girls with depressive disorders (15.24± 4.18), and 67 normal adolescents (14.26±1.95). Samples did not differ regarding age (χ^2= 4.172, P = ·.653), gender distribution (χ^2 = ·.024, P = ·.988) or educational level (χ^2= 5.655, P = ·.463).

Table 1

Descriptive statistics of the variables

Variables	Groups	N	Mean	SD	Skewness	Kurtosis	Min	Max
Self-compassion	Adolescent girls with anxiety disorders	28	35.67	1.67	0.70	-0.81	34	39
	Adolescent girls with depressive disorders	24	41.41	5.84	-0.01	-1.83	34	49
	Normal adolescents girls	27	44.40	1.55	-0.74	-0.61	41	46
Shame	Adolescent girls with anxiety disorders	28	31.10	3.57	0.68	-0.78	26	38
	Adolescent girls with depressive disorders	24	35.33	3.64	-1.32	0.79	26	38
	Normal adolescents girls	27	28.85	0.94	0.02	1.47	27	31

As is known, the mean value of the self-compassion variable in the group of adolescent girls with anxiety disorders and adolescent girls with depressive disorders is lower than the mean score of the group of normal adolescents. Similarly, the mean scores of adolescents with anxiety disorders were also lower than those in the group of adolescents with depressive disorders .

Moreover, the mean value of the shame variable in the group of adolescent girls with anxiety disorders and adolescent girls with depressive disorders is higher than the mean score of the normal adolescent girls. Similarly, the mean scores of adolescents with anxiety disorders were also lower than those in the group of adolescents with depressive disorders (Table 1).

Table 2

Welch's analysis of variance test to check the difference between groups

Variables	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta
Self-compassion	1082.57	2	541.28	44.50	p < 0.001	0.53
shame	545.18	2	272.59	30.76	p < 0.001	0.44

According to Table 2, the observed difference in the mean value of the self-compassion variable in the three groups, female adolescents with anxiety disorders, adolescents with depressive disorders, and normal adolescents, is significant (P<0.001). As well, the observed differences in the mean shame variable in the three groups, adolescent girls with anxiety disorders, adolescents with depressive disorders, and normal

adolescents, were also significant (P<0.001). Similarly, based on the partial Eta Squared value for each variable, it can be concluded that the effect size is large among these differences. Similarly, in the next step, the researcher used the Games-Howell post-hoc test to find differences and compare groups in pairs; the results are shown in Table 3.

Table 3

Games-Howell post-hoc test to compare the means of groups

Variables	Group 1	Group 2	Mean Difference	Std. Error	P-value
Self-compassion	Adolescent girls with anxiety disorders	Adolescent girls with depressive disorders	-5.73	1.23	0.001
	Adolescent girls with anxiety disorders	Normal adolescents girls	-8.72	0.43	0.001
	Adolescent girls with depressive disorders	Normal adolescents girls	-2.99	1.23	0.009
Shame	Adolescent girls with anxiety disorders	Adolescent girls with depressive disorders	-4.22	1.00	0.001
	Adolescent girls with anxiety disorders	Normal adolescents girls	2.25	0.69	0.008
	Adolescent girls with depressive disorders	Normal adolescents girls	6.48	0.76	0.001

Based on Table 3, a comparison of the two groups shows that all groups differ in self-compassion and this difference is significant (P<0.01). Besides, two-by-two group comparisons showed that all groups differed on the shame variable and that this difference was significant (P<0.01).

Discussion and Conclusion

The purpose of this study was to compare self-compassion and shame in adolescent girls with anxiety disorders, adolescent girls with depressive disorders, and normal adolescent girls. According to the findings the observed differences in the mean shame variable in the three groups, adolescent girls with anxiety disorders, adolescents with depressive disorders, and normal adolescents, were also significant. Moreover, the mean value of the shame variable in the group of adolescent girls with anxiety disorders and adolescent girls with depressive disorders is higher than the mean score of the normal adolescent girls. Similarly, the mean scores of shame in adolescents with anxiety disorders were also higher than those in the group of adolescents with depressive disorders.

Earlier research has shown that patients with anxiety and depressive disorders exhibit elevated levels of shame in comparison to healthy controls (Asgariyan & Rezaei Kheirabadi, 2021; Cândea & Szentagotai-Tătar,

2018; Cohen et al., 2011; Mahdavi Rad et al., 2023; Tali et al., 2023). Gaziel-Guttman et al. (2023) showed higher levels of social anxiety in autism spectrum disorder than in typical adults, but lower levels of shame in the former group than in the latter group (Gaziel-Guttman et al., 2023). The findings of another study also showed that generalized guilt and generalized shame mediated the relationship between affective empathy and depressive symptoms (Gambin & Sharp, 2018). A meta-analysis found that external shame (perceived negative evaluations of others) seems to be more strongly associated with social anxiety symptoms than internal shame (negative self-evaluations) (Cândea & Szentagotai-Tătar, 2018). To explain this result, it is necessary to clarify that shame is a negative feeling of inferiority, caused by failures and mistakes related to oneself. In fact, shame is related to negative self-evaluation, the desire to avoid or escape a bad situation (Cândea & Szentagotai-Tătar, 2018; Cohen et al., 2011; Mahdavi Rad et al., 2023). Furthermore, anxious people, besides avoiding situations that lead to anxiety, also try to control or avoid internal events by evaluating emotions and thoughts in negative and extreme ways. Dissatisfaction, inadequate communication and inability to meet social needs cause these people to feel ashamed, avoid and accept personal events, rigid, and unable to regulate their behavior and

achieve the desired results for these people (Miratashi Yazdi et al., 2023).

Other findings showed that the mean value of the self-compassion variable in the three groups, female adolescents with anxiety disorders, adolescents with depressive disorders, and normal adolescents was significant. Moreover, the mean value of the self-compassion variable in the group of adolescent girls with anxiety disorders and adolescent girls with depressive disorders is lower than the mean score of the group of normal adolescents. According to the results, the mean scores of self-compassion in adolescents with anxiety disorders were also lower than those in the group of adolescents with depressive disorders. Also, in the context of another finding of the research, which is the low level of self-compassion in patients with anxiety disorders and patients with depression disorders, compared to healthy controls, this research is in line with previous researches (Callow et al., 2021; Mahdavi Rad et al., 2023; Murray et al., 2021; Nasiri & Shahgholian, 2021; Porter et al., 2018; Proeve et al., 2018; Zhang et al., 2018).

Studies also show that the level of self-compassion in people with generalized anxiety disorder is lower than that of normal people. Therefore, self-compassion is a strong predictor of mental health and influences anxiety reduction (Ghadampour & Mansouri, 2018). People who scored high on self-compassion scored lower on neuroticism and anxiety (Roohi et al., 2019). self-compassion is the mechanism of action of various treatments. For example, after a short course of dynamic therapy, feelings such as decreased anxiety, shame, and guilt as well as an increased desire to feel uncomfortable, angry, and intimate are accompanied by an increase in compassion toward yourself. Therefore, self-compassion is a powerful predictor of mental health and affects anxiety reduction (Navabi et al., 2020). Research by Arch et al. (2018) also supports the usefulness of cultivating self-compassion in adults with social anxiety disorder (Arch et al., 2018). Additionally, study results from McBride et al. (2022) confirm the increasing role of self-compassion on emotion regulation strategies and social anxiety as its mechanism of action (McBride et al., 2022).

Moreover, research results show that compassion indirectly affects anxiety and depression through perceived stress (Arch et al., 2018; Navabi et al., 2020). Research results also indicate that the process of self-compassion may play a role in reducing anxiety and

depression in people with chronic physical illnesses (Hughes et al., 2021). In one study, it was also found that people with clinical depression and normal individuals differed in their self-compassion, and by strengthening aspects of self-compassion, the severity of depression can be reduced (Mirsaifi Fard et al., 2019). Results from another study also suggest that low self-compassion may be an important factor in the development of social anxiety and, therefore, therapeutic techniques targeting self-compassion may be an important factor in the buffer of social anxiety (Ghasemi et al., 2019; Miratashi Yazdi et al., 2023). In another study, it was claimed that self-compassion is effective in treating people with social anxiety and reduced sensitivity to anxiety, intolerance to uncertainty, and psychological distress (Ghadampour & Mansouri, 2018). The results of the study by Kaveh et al. also showed that self-compassion and psychological capital were significantly negatively correlated with depression (Salehi & Rabiee, 2020).

To explain this, Compassion allows people to take a broader view of their problems and see life challenges and personal failures as part of their lives. In times of pain and suffering, instead of feeling isolated, connect with others and notice your thoughts, feelings, and emotions instead of suppressing, judging, and avoiding. These factors help people to be more open-minded, better able to modify cognitions and adopt appropriate behavioral responses as well as use more effective coping strategies, helping to improve maladaptive emotional states such as anxiety (Salehi & Rabiee, 2020). A lack of self-compassion causes a person to perceive life events as a single experience and experience more negative emotions. Additionally, people with low self-compassion often make harsh judgments about themselves and blame themselves more for life events, leading to decreased mood and increased negative emotions in depressive symptoms (Mirsaifi Fard et al., 2019). Compassion activates the emotional regulation system associated with feelings of satisfaction, safety, and connection. In this way, it helps regulate threat-oriented emotions in people with high levels of shame and self-criticism, and by promoting resilience, it protects people from symptoms of depression and stress (Ghasemi et al., 2019). Increased self-compassion leads to behavior that incorporates care rather than self-attack or harsh self-criticism, leading to a type of tolerance toward emotional and mental suffering that is a part of the

human experience. Additionally, it makes people realize that they are not alone and that others are also going through the same experience, hence, this method can be effective for depression with the help of the human community rules (Swee et al., 2021). People who practice self-compassion realize that imperfection, failure, and difficulty in life are inevitable. Therefore, they tend to be kind to themselves when faced with painful experiences, rather than becoming angry with themselves when life does not live up to their ideals (Muris et al., 2018).

There are several limitations worth noting in this study. Among the limitations of the present study, it can be mentioned that a questionnaire was used in this study to collect data, therefore, some people may have refused to give real answers and give unrealistic answers. In addition, it was difficult to complete the questionnaire accurately due to the patient's condition of adolescent girls with anxiety disorders and depressive disorders. The study sample was adolescent girls with anxiety disorders and patients with depressive disorders, so generalizing the results to other patients is somewhat difficult. It is suggested that this study should be performed on a boy and its results compared with our findings. Other limitations of the study include the small sample size, due to difficulties in continuing to collaborate with the researcher and complete the questionnaire. Therefore, a larger sample size should be used in future research, if researchers conduct studies on these groups. Likewise, it is best for the researcher to continuously help patients with anxiety disorders throughout the research process and to provide further guidance to the client in research and its implementation.

This study compared a clinical group of adolescent girls with anxiety and depression disorders to adolescents from the normal adolescent girls, showing a difference in shame and self-compassionate between the three adolescent girls groups. Moreover, this study showed that the level of shame in adolescent girls with anxiety and depression was higher than in normal adolescent girls. And the level of self-compassion in adolescent girls with depression was higher than in normal adolescent girls. Also, self-compassion in adolescent girls with anxiety and depression disorders was lower than in normal adolescent girls. Increasing self-compassion gives people flexibility to deal with life's challenges. Additionally, self-compassion helps regulate threat-oriented emotions in shameful people and protects them from symptoms of depression and stress. Therefore, according to the results, attention should be paid to the positive aspects of compassion in psychology. Efficacy studies aimed at reducing shame, using self-compassion procedures, and longitudinal studies are also needed.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. All participants were informed about the purpose of the study, that participation was voluntary, and that personal data would be kept confidential. It was also explained to them that these tests do not contain identity information.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Authors' Contributions

All authors equally contributed to this study.

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