



Social anxiety and self-compassion in adolescents

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ABSTRACT

Introduction: Social anxiety disorder is a prevalent mental illness with a young onset age. Preliminary evidence suggested that low self-compassion may contribute to adult social anxiety, but research with youth has lagged far behind. This study investigated the relationship between self-compassion and social anxiety in adolescents. It also examined the mediating role of three cognitive mechanisms: fear of negative evaluation, self-focused attention, and cognitive avoidance.

Methods: A total of 316 adolescents (age 14–18, 54% male) recruited in Scotland, UK, completed 7 questionnaires.

Results: Self-compassion was inversely correlated with social anxiety with a large effect size ($r = -.551$). This was partially mediated by fear of negative evaluation and cognitive avoidance, but not self-focused attention. Self-compassion also predicted social anxiety above depression and anxiety symptoms.

Conclusions: Our findings suggested that self-compassion could be an important factor in the development of social anxiety, and hence therapeutic techniques targeting self-compassion could potentially be beneficial in preventing or treating adolescent social anxiety.

1. Social anxiety in children and adolescents

Social Anxiety Disorder (SAD), is prevalent in youths with a mean onset age of 15.5 years (Schneier, Johnson, Hornig, Liebowitz, & Weissman, 1992). Adolescents with SAD tend to have poorer social networks, underachieve at school and have poorer adjustment (Masia-Warner, Storch, Fisher, & Klein, 2003). SAD has also been associated with increased vulnerability to depression, suicidal ideation, other anxiety disorders, and alcohol and drug abuse (Albano, DiBartolo, Heimberg, & Barlow, 1995; Beidel, 1998; Turk et al., 1998). When it persists into adulthood, SAD is thought to be a chronic unremitting disorder with the lowest probability of recovery among anxiety disorders (Bruce et al., 2005).

Recent studies suggest that Cognitive Behavioural Therapy (CBT) is an effective treatment for children and adolescents with SAD (Beidel, Turner, & Morris, 2000; Segool & Carlson, 2008). However, a study exploring long term outcomes after CBT (Kerns, Read, Klugman, & Kendall, 2013) found that, although initially responsive to CBT, children with any degree of social anxiety maintained less improvement after seven years in comparison to those with non-social anxiety disorders at pre-treatment. Thus, children with elevated symptoms of social anxiety may require an enhanced or extended treatment to maintain their gains into adulthood, whether or not social anxiety is considered their primary childhood difficulty. This is consistent with previous studies where adolescents with a principal diagnosis of SAD were found to retain their diagnosis post-treatment (Crawley, Beidas, Benjamin, Martin, & Kendall, 2008;

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Herbert et al., 2009). Indeed, national clinical guidelines in the UK (National Institute for Health and Clinical Excellence, 2013) have identified social anxiety as an area in need of further research and that possible add-ons or alternatives to CBT should be explored.

2. Role of self-compassion in social anxiety

Self-compassion has been highlighted as an important construct in mental health (Gilbert, 2014; Neff, 2003a). Based on a meta-analysis, MacBeth and Gumley (2012) found that self-compassion is associated with psychopathology with a large effect size. Associations were robust regardless of clinical status, gender or age. Furthermore, a recent systematic review of 14 studies has provided initial support that Compassion Focused Therapy (CFT) is more effective than no treatment (Leaviss & Uttley, 2014).

As self-compassion may act as a buffer to psychological distress, it is possible that enhancing self-compassion may benefit those with social anxiety. However, to date only two studies have explored this relationship. In Werner et al. (2012), adults with a diagnosis of SAD reported lower levels of self-compassion than healthy controls; this remained significant even after controlling for depression and general anxiety. The link between self-compassion and social anxiety has been a further exploratory finding (Potter, Yar, Francis, & Schuster, 2014).

Although only minimal research has explored the direct relationship between self-compassion and social anxiety, research suggests that self-compassion may be related to a number of factors and processes known to be associated with social anxiety. One such process is *fear of negative evaluation* whereby individuals with SAD are more likely to believe that everyone will notice them and judge them negatively (Werner et al., 2012). These fears tend to be based on past experiences and core beliefs (Clark & Wells, 1995) and can seriously impact an individuals' ability to cope with everyday situations. Individuals with higher levels of self-compassion have been found to be better able to keep negative situations in perspective and achieve more accurate self-evaluations, indicating that self-compassion is an important coping style when faced with negative interpersonal events (Leary, Tate, Adams, Allen, & Hancock, 2007). Similarly, Neff (2003a) found that those high in self-compassion were less likely to ruminate about past failings or to become overwhelmed by feelings of inadequacy. These findings suggest that individuals with higher self-compassion may be less likely to develop or be more able to cope with fears of negative evaluation, a hypothesis that has yet to be directly tested.

Secondly, individuals with SAD engage in more *self-focused attention*, in which they monitor their somatic, cognitive and internal processes in an attempt to eliminate the risk of negative social evaluation (Spurr & Stopa, 2002). This process reduces attention to external stimuli, resulting in a disconnection with the environment and a reliance on internal information to infer how one appears (Rapee & Heimberg, 1997). This then leads to self-critical ruminations, which are perceived as a failing of the self and reinforced by a lack of access to external disconfirmatory information (Cox, Fleet, & Stein, 2004; Padesky, 1997). A large study (N = 2187) found that those with high self-compassion engage in less self-focused processes, and that high self-compassion is a stronger predictor of lower social comparison, public self-consciousness and self-rumination than self-esteem (Neff & Vonk, 2009).

Finally, SAD is also characterised by a reliance on *cognitive and behavioural avoidance* strategies (McManus, Sacadura, & Clark, 2008; Rao et al., 2007). It may be that self-compassion could alter this relationship as it has been evidenced that increased self-compassion when facing difficulties is associated with a reduced need to engage in cognitive avoidance. For example, Neff, Kirkpatrick, and Rude (2007) found that those with high self-compassion experienced less self-evaluation anxiety than those with low self-compassion when completing a mock interview. Importantly, this study noted a negative relationship between self-compassion and thought suppression even when general anxiety was controlled for. Similarly, individuals with low self-compassion have been observed to function in a more avoiding manner (Krieger, Altenstein, Baettig, Doerig, & Grosse-Holtforth, 2013; Thompson & Waltz, 2008).

Taken together, the above findings suggest that low self-compassion may play a role in developing and/or maintaining social anxiety and that the processes outlined above may mediate the relationship between these two constructs.

3. Aims and hypotheses

While the above research illustrate a relationship between self-compassion and social anxiety, the specific pathway of effects and possible mediating roles of cognitive factors have yet to be fully elucidated. Notably, research with youths has lagged far behind that with adults. While our recent meta-analysis has replicated an association between self-compassion and psychopathology in adolescents (Marsh et al., under review), to date no research has examined the role of self-compassion in social anxiety in the adolescent population. This study therefore aimed to address the following hypotheses:

1. Social anxiety symptoms will be negatively correlated with self-compassion.
2. The above correlation will remain significant after controlling for symptoms of depression and generalised anxiety disorder.
3. Self-compassion will be negatively associated with three cognitive maintaining factors of social anxiety i) fear of negative evaluation, ii) cognitive avoidance and iii) self-focused attention.
4. The relationship between self-compassion and social anxiety will be mediated by the three above cognitive maintaining factors of social anxiety.

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