

# SELF-COMPASSION AND SHAME-PRONENESS IN FOUR DIFFERENT MENTAL DISORDERS

## Comparison with healthy controls

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### Background

The lack of self-compassion and shame-proneness may both be associated with a wide range of mental disorders (e.g. Gilbert, 2010). The aim of this study was to compare the levels of self-compassion and shame-proneness in samples of patients with anxiety disorders, depressive disorders, eating disorders, emotionally unstable personality disorder (BPD) and in healthy controls.

### Methods

#### Sample selection

- **Anxiety sample** criteria: 1) a primary diagnosis of phobic anxiety disorders or other anxiety disorders (code F40-F41); 2) a rating of 10 or higher on the GAD-7 scale.
- **Depressed sample** criteria: 1) a primary diagnosis of major depressive disorder, single episode or major depressive disorder, recurrent (code F32-F33); 2) a rating of 10 or higher on the PHQ-9 scale.
- **BPD sample** criteria: a primary diagnosis of emotionally unstable personality disorder (code F60.3).
- **Eating disorder sample** criteria: 1) a primary diagnosis of anorexia nervosa or bulimia nervosa (code F50.0 or F50.2); 2) a rating of 15 or higher on the three eating-disorder-specific subscales of the EDI scale.
- **Healthy controls** were recruited through an advertisement inviting participants with an interest in self-knowledge to participate in a study concerning the attitude toward the self. Respondents were eligible: 1) if they had a rating  $\leq 9$  on the GAD-7 scale; 2) if they had a rating  $\leq 9$  on the PHQ-9 scale.

#### Measures

**Self-Compassion Scale** (SCS-CZ, Neff, 2003; Czech version Benda, Reichová, 2016). The original English version is a 26-item self-report inventory. In the Czech version, six items were removed from the original scale (items 3, 9, 15, 21, 22 and 23) to achieve the same factor structure as in the original scale (see Benda, Reichová, 2016). The sum of scores of all twenty items was used for the statistical analysis.

**Test of Self-Conscious Affect-3** (TOSCA-3S, Tangney, Dearing, 2003). Respondents were presented with a series of 11 situations (scenarios) they may encounter in daily life. Each scenario was followed by 4 possible responses to the situation. For the purposes of the present study, only the *shame-proneness subscale* of the TOSCA-3S was used.

**Generalized Anxiety Disorder-7** (GAD-7; Kroenke et al., 2010). The GAD-7 has seven items describing the severity of the patient's anxiety over the past 2 weeks. The sum of scores of the GAD-7 items was used for the statistical analysis.

**Patient Health Questionnaire-9** (PHQ-9; Kroenke et al., 2010). The PHQ-9 has nine items describing the severity of the patient's depression over the past 2 weeks. The sum of scores of the PHQ-9 items was used for the statistical analysis.

**Eating Disorder Inventory** (EDI; Garner, Olmstead, & Polivy, 1983). The EDI comprises 64 questions, divided into eight subscales. Only the *eating-disorder-specific subscales* (ie, Drive for Thinness, Bulimia, Body Dissatisfaction) were used in this study.

#### Statistical analysis

Data was analyzed using the IBM SPSS Statistics software, Version 23. Associations between study variables were analysed by calculating the Pearson's correlation coefficients. Differences in self-compassion and shame-proneness were analyzed using a one-way analysis of covariance (ANCOVA) with Bonferroni correction. The effect sizes of the group comparisons were then calculated in terms of Cohen's d.

### Results

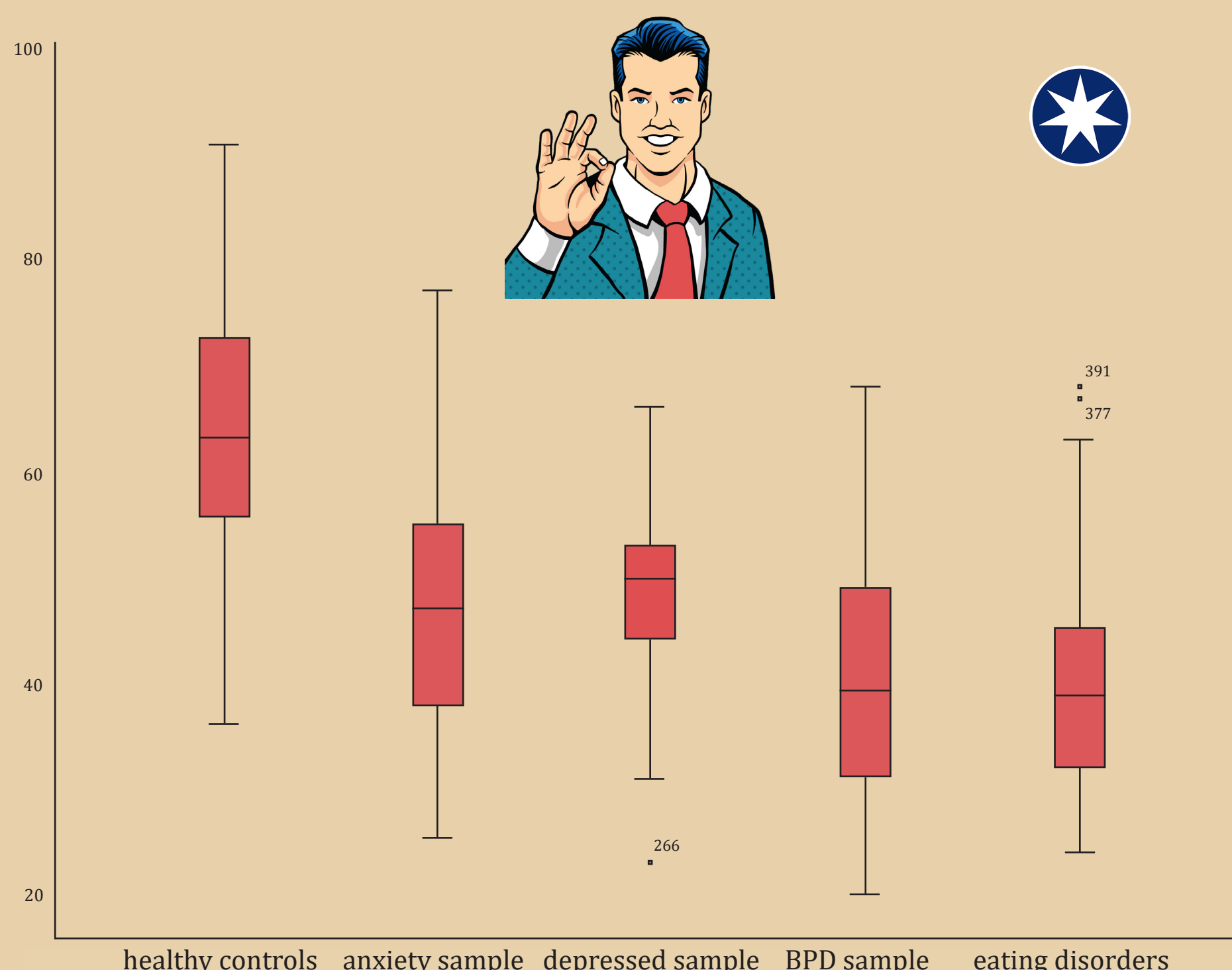
**Table 1** Correlations between self-compassion and shame-proneness in all samples.

anxiety sample	-.53**
depressed sample	-.40**
BPD sample	-.60**
eating disorder sample	-.48**
healthy controls	-.43**

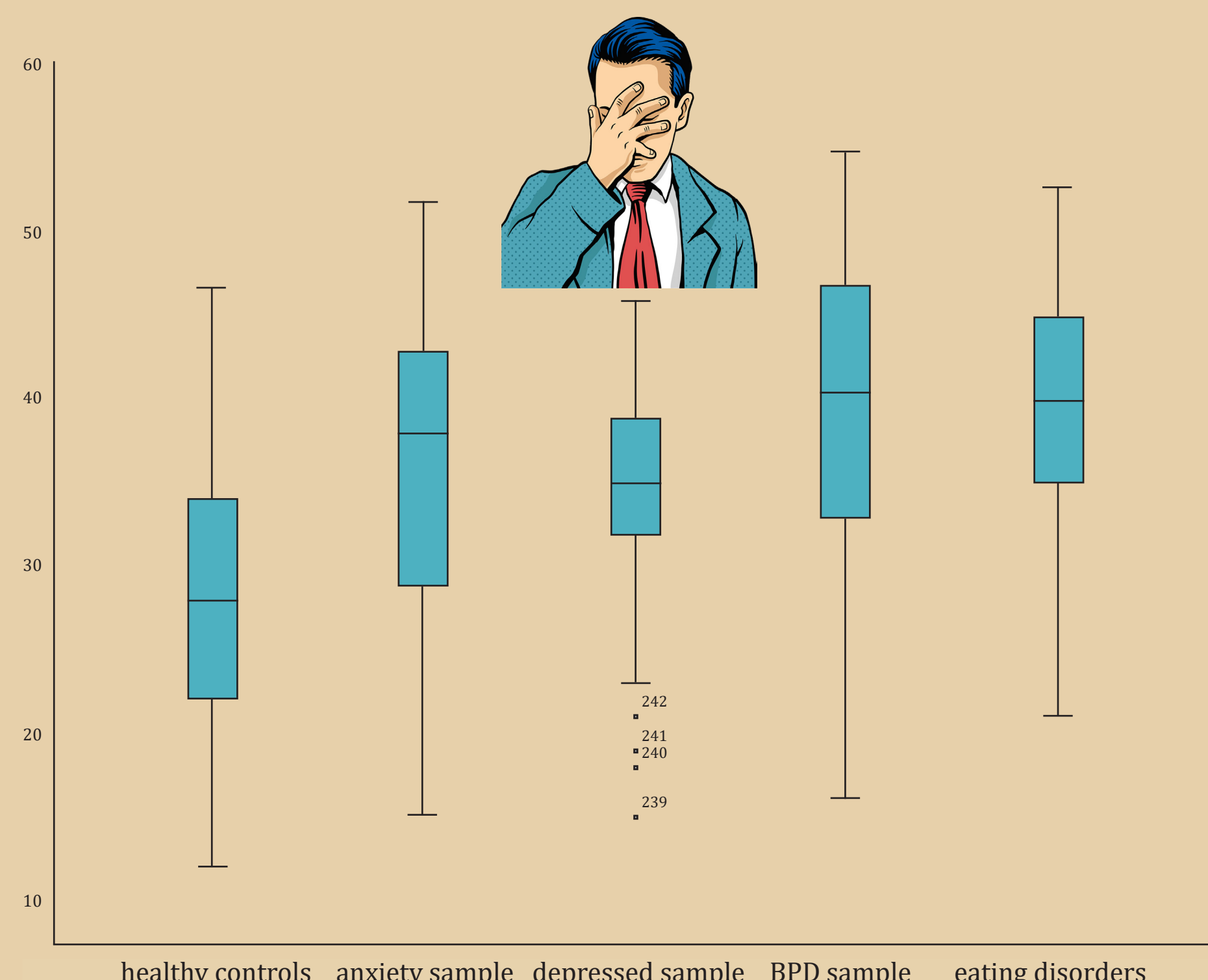
**Table 2** Effect-sizes (d) for comparisons between clinical groups & healthy controls.

	SCS-CZ	TOSCA-3S-S
anxiety sample vs. healthy controls	1.48	.98
depressed sample vs. healthy controls	1.61	.79
BPD sample vs. healthy controls	2.10	1.29
eating disorder sample vs. healthy controls	2.27	1.52

**Figure 1** Boxplot of self-compassion scores by group.



**Figure 2** Boxplot of shame-proneness scores by group.



#### Demographic characteristics

The final sample consisted of 58 patients with anxiety disorders (69 % females; age: M = 41.26, SD = 13.02), 57 patients with depressive disorders (66.7 % females; age: M = 43.46, SD = 13.68), 74 patients with emotionally unstable personality disorders (73% females; age: M = 31.55, SD = 8.58), 55 patients with eating disorders (100% females; age: M = 26.18, SD = 9.10) and 180 healthy controls (65.6 % females; age: M = 40.55, SD = 8.43).

#### Correlations between study variables

As expected, self-compassion was significantly negatively correlated with shame-proneness in all samples (all p's < .01, see Table 1).

#### Between-group differences in study variables

To determine if there were significant group differences in study variables, two ANCOVAs were conducted with the group as the independent variable, age as a covariate, and self-compassion and shame-proneness as the dependent variables. There was a significant effect of group on self-compassion ( $F(4,418) = 82.92, p < .05$ )

as well as shame-proneness ( $F(4,418) = 33.09, p < .05$ ) after controlling for age. Post hoc t-tests with Bonferroni correction, showed that all four clinical groups had significantly lower self-compassion and significantly higher shame-proneness than healthy controls (all p's < .001). **The magnitudes of difference in self-compassion and shame-proneness, between all clinical groups and healthy controls, were all large** (see Table 2). Boxplots showing differences in self-compassion and shame-proneness between samples are presented in Figures 1 and 2. Means and standard deviations for study variables within each sample are presented in Tables 3 and 4.

**Table 3** Means and standard deviations of self-compassion scores for each sample.

sample	N	M	males	females
anxiety sample	58	<b>47.52 (11.50)</b>	52.39 (11.32)	45.33 (11.03)
depressed sample	57	<b>48.37 (8.45)</b>	47.37 (6.02)	48.87 (9.47)
BPD sample	74	<b>40.18 (11.83)</b>	41.14 (11.13)	39.56 (12.34)
eating disorder sample	55	<b>40.16 (10.19)</b>	-	40.16 (10.19)
healthy controls	180	<b>64.31 (11.11)</b>	63.63 (10.90)	64.67 (11.25)

**Table 4** Means and standard deviations of shame-proneness scores for each sample.

sample	N	M	males	females
anxiety sample	58	<b>36.52 (8.90)</b>	30.56 (8.21)	39.20 (7.91)
depressed sample	57	<b>34.25 (7.04)</b>	35.11 (7.29)	33.82 (6.97)
BPD sample	74	<b>39.32 (9.06)</b>	35.66 (9.11)	41.69 (8.29)
eating disorder sample	55	<b>39.85 (7.26)</b>	-	39.85 (7.26)
healthy controls	180	<b>28.26 (8.02)</b>	26.60 (7.47)	29.14 (8.18)

### Discussion

Why do all clinical samples differ in self-compassion and shame-proneness from healthy subjects? We hypothesize, that the lack of self-compassion leads to the formation of shame whenever one experiences something that is perceived to be "wrong" in comparison with one's self-ideal. And since shame is a painful feeling, various defense or coping mechanisms are then automatically activated, resulting in various psychopathological symptoms. Further study of these mechanisms may lead to a **new understanding of the etiology of many mental disorders** as well as a **new understanding of the mechanisms of therapeutic change** in these disorders.

### Conclusions

In this study, the lack of self-compassion and shame-proneness proved to be transdiagnostic factors in four different mental disorders. We assume, that clients suffering from all these disorders may benefit from treatments or particular interventions that facilitate the development of self-compassion or shame management.

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