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Original Article

Effectiveness of the Mindful Self-Compassion (MSC) Program on Shame and Experiential Avoidance in Adolescents with Social Anxiety Disorder

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Abstract

Background and Objective: Adolescents with social anxiety disorder (SAD) frequently exhibit heightened shame and experiential avoidance, which exacerbate their emotional difficulties. The mindful self-compassion (MSC) program provides a structured approach to reducing these maladaptive patterns. The present study aimed to investigate the effectiveness of the MSC program on shame and experiential avoidance in adolescents with SAD.

Materials and Methods: The present study employed a semi-experimental design with a pre-test–post-test and a control group, including a two-month follow-up period. The statistical population encompassed all male adolescents with ASD who were referred to counseling and psychological services centers residing in Kerman City, Iran, during 2024. A purposive sample of 40 students was selected and randomly assigned to either the experimental (n=20) or control (n=20) group. Data collection instruments included the Social Anxiety Scale for Adolescents (SASA), Guilt and Shame Questionnaire (GASP), and Acceptance and Action Questionnaire–II (AAQ-II). The experimental group underwent eight 90-minute MSC program sessions, while the control group received no intervention. In addition, data analysis was conducted using repeated measures analysis of variance (RM-ANOVA).

Results: The findings indicated that the MSC program significantly reduced shame and experiential avoidance in the intervention group compared to the control group from follow-up ($P<0.05$).

Conclusions: The findings indicated that the MSC program led to a marked reduction in both shame and experiential avoidance, highlighting its strong influence on enhancing emotion regulation capacities. These improvements were sustained at the two-month follow-up, suggesting that the therapeutic effects of MSC are stable and enduring.

Keywords: Adolescents, Experiential avoidance, Mindful self-compassion (MSC), Shame, Social anxiety disorder (SAD)

Background

Social anxiety disorder (SAD) significantly compromises the quality of interpersonal communication among adolescents, thereby adversely impacting their performance across multiple functional domains [1]. The SAD involves a pronounced fear of negative evaluation in social situations that disrupts academic functioning, peer relationships, and overall psychological growth. Given its high global prevalence, the disorder poses a substantial public health challenge [2]. Adolescents with SAD face elevated risks for additional difficulties—including loneliness, depression, substance use, and suicidal behaviors. Although several treatments exist, many youths show limited improvement or fail to retain gains over time, underscoring the need for continued research to develop more targeted and effective interventions [3,4].

Shame plays a central role in causing and perpetuating social anxiety by inducing a pervasive negative self-evaluation, where individuals perceive themselves as fundamentally flawed or unworthy [5]. This internalized shame motivates socially anxious individuals to behave in more reserved and avoidant ways to evade exposure to real or imagined negative judgments by others, reinforcing fearful social withdrawal. Negative early life experiences can foster shame, which mediates social anxiety through mechanisms like self-criticism, further maintaining anxious social behavior [6]. Moreover, shame triggers rumination on past embarrassing social encounters, escalating feelings of inadequacy and increasing anxiety about future social interactions, a vicious cycle that strengthens social

avoidance and distress [7].

Another factor contributing to SAD in adolescents may be experiential avoidance. Experiential avoidance refers to the tendency to avoid or negatively appraise internal experiences, such as emotions, thoughts, memories, and bodily sensations, to reduce their frequency or impact [8,9]. This construct encompasses both the types of experiences avoided and the strategies employed to do so, including cognitive, emotional, and behavioral dimensions [10]. Common avoidance strategies (e.g., distraction, inhibition, denial, or suppression) aim to manage or eliminate unpleasant experiences, but paradoxically, they often prolong these experiences and exacerbate associated difficulties over time [11]. Research in both clinical and non-clinical populations has demonstrated that higher levels of experiential avoidance are linked to greater severity of anxiety disorders, depression, and social anxiety [12,13]. Moreover, findings suggest that experiential avoidance mediates the relationship between rumination and SAD [14]. Given its central role in the onset and persistence of psychological disorders, interventions targeting the reduction of experiential avoidance are considered highly valuable.

Mindful self-compassion (MSC) has been shown to effectively reduce shame [15,16] and experiential avoidance [17,18] by promoting a nonjudgmental, accepting attitude toward painful thoughts and emotions, thereby counteracting tendencies to evade internal experiences [19]. Self-compassion, defined as being kind and understanding toward oneself during times of distress, is strongly and inversely related to shame and experiential avoidance, indicating that higher levels of self-compassion are associated with reduced avoidance behaviors [20]. Mindfulness, a central component of MSC, enhances awareness and acceptance of present-moment experiences without reactive judgment and provides a basis for responding to distress with compassion rather than avoidance [21]. Empirical evidence indicates that self-compassion strengthens adaptive emotion regulation strategies, including acceptance and constructive cognitive reappraisal, thereby diminishing the need for avoidance [22]. Additionally, self-compassion mitigates the detrimental effects of stress and reduces psychological distress, which often drives experiential avoidance. For instance, mindfulness-based self-compassion training has been found to decrease experiential avoidance and foster self-kindness across diverse populations [23].

Research on SAD in adolescents is essential, as this developmental stage represents the period when symptoms commonly emerge and, if left unaddressed, often continue into adulthood [1]. Early intervention is particularly valuable because the adolescent brain retains considerable plasticity, offering opportunities to prevent long-term impairment and enhance treatment effectiveness [3]. Despite extensive research on SAD in adolescents, limited studies have examined interventions that simultaneously target shame and experiential avoidance. The MSC program has demonstrated efficacy in the adult population. However, its application and effectiveness in adolescents with SAD remain understudied. Adolescence is a sensitive developmental period characterized by heightened emotional reactivity and increased sensitivity to social evaluation, making early, adaptive interventions particularly important. By fostering self-compassion, emotional acceptance, and present-moment awareness, MSC may provide a unique mechanism for interrupting the avoidance cycles that perpetuate SAD. Implementing the MSC program in adolescent clinical settings has the potential to inform both preventive and therapeutic strategies that go beyond conventional symptom-focused interventions. Assessing its impact on shame and experiential avoidance would provide valuable insight into the emotional and cognitive processes that sustain SAD. Accordingly, the present study aimed to investigate the effectiveness of the MSC program on shame and experiential avoidance in adolescents with SAD.

Materials and Methods

Research Design

The present study employed a semi-experimental design with a pre-test–post-test and a control group, including a two-month follow-up period. The statistical population encompassed all male adolescents with ASD who were referred to counseling and psychological services centers residing in Kerman City, Iran, during 2024. To identify adolescents with SAD, the Social Anxiety Scale for Adolescents (SASA) [24] was administered, and participants scoring 93 or higher were considered eligible. Among those meeting the diagnostic and inclusion criteria, 40 adolescents were purposively selected and randomly assigned to the experimental (n=20) and control (n=20) groups using a lottery method. The sample size was determined based on Cohen's formula [25], with a medium to large effect size (Cohen's f=0.35) and a power of 0.85, which indicated 15 participants per group; to account for potential attrition, 20 participants were recruited for each group.

Inclusion and Exclusion Criteria

Inclusion criteria were willingness to participate in

the study, no receipt of psychological interventions in the past six months, diagnosis of SAD based on the SASA cutoff score [24], absence of severe psychiatric disorders (including psychotic disorders, major depressive disorder, and bipolar disorder), no experience of bereavement within the past six months, and no history of substance or alcohol use, as assessed by self-report. Exclusion criteria included simultaneous participation in other group therapies, missing more than two intervention sessions, unwillingness to continue therapy, experiencing bereavement during the intervention, requiring individual psychotherapy services, and relocation to a different geographical area.

Instruments

Social Anxiety Scale for Adolescents (SASA): The SASA is a 28-item instrument developed by Puklek [24] to assess adolescents' worries, fears, and social behaviors across various social situations. Items are rated on a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree), with total scores spanning from 28 to 140; higher scores indicate greater social anxiety, and scores above 93 are considered indicative of SAD. Ranta et al. reported a convergent validity of 0.72 with the Social Phobia Questionnaire and an internal consistency reliability (Cronbach's alpha) of 0.77 [26]. In an Iranian sample, Ebrahiminejad et al. reported a criterion validity of 0.70 using the Social Phobia Questionnaire and a Cronbach's alpha of 0.72. In the present study, the SASA demonstrated good internal consistency, with a Cronbach's alpha coefficient of 0.74 [27].

Guilt and Shame Questionnaire (GASP): The GASP, developed by Cohen et al. [28], is a 16-item self-report instrument designed to assess individuals' tendencies to experience guilt and shame. The questionnaire comprises two factors: guilt and shame; in the present study, only the shame subscale was administered. Items are rated on a seven-point Likert scale ranging from 1 (not at all) to 7 (very much). The shame subscale includes eight items, with total scores ranging from 8 to 56, where higher scores indicate greater levels of shame [28]. Cohen et al. reported a Cronbach's alpha of 0.78 for the shame subscale, and exploratory factor analysis indicated 34% of the variance was explained by this factor [28]. In an Iranian sample, Shahbazi et al. reported a Cronbach's alpha of 0.81 for the shame subscale, with content validity confirmed by expert evaluation. In the present study, the shame subscale demonstrated acceptable internal consistency, with a Cronbach's alpha of 0.73 [29].

Acceptance and Action Questionnaire–II (AAQ-II): The AAQ-II (Bond et al., [30]) is a ten-item self-report measure designed to assess experiential avoidance and psychological inflexibility. Items are rated on a seven-point Likert scale from 1 (never true) to 7 (always true), with higher scores indicating greater experiential avoidance. Confirmatory factor analyses support a single-factor structure, and Cronbach's alpha coefficients for reliability across various samples range from 0.78 to 0.88. Test–retest reliability over 3- and 12-month intervals has been reported as 0.81 and 0.79, respectively [30]. In Iran, the AAQ-II has been validated by Abbasi et al. in a student sample, with exploratory factor analysis revealing two factors: avoidance of emotional experiences and control over life. Internal consistency in different groups ranged from 0.71 to 0.89 [31]. In a study on Iranian adolescents, the Cronbach's alpha coefficient was 0.79, and convergent validity with the Social Anxiety Questionnaire was 0.56, indicating adequate psychometric properties for this population [32]. In the present study, the AAQ-II demonstrated good internal consistency, with a Cronbach's alpha coefficient of 0.79.

Procedure

Mindful Self-Compassion (MSC) Program: The MSC program was implemented over eight weeks, consisting of eight 90-minute group sessions, based on the protocol developed by Neff and Germer [33]. This protocol has previously been adapted and applied in Iran by Foroughi et al. [34]. A brief summary of the content of each session is provided below, with a detailed overview presented in Table 1. At the outset, both the experimental and control groups completed the pre-test assessments. Subsequently, the experimental group participated in the MSC intervention, while the control group was placed on a waitlist and did not receive any psychological intervention during this period. Upon completion of the intervention, both groups completed the post-test measures. Finally, a follow-up assessment was conducted two months after the intervention for both groups to evaluate the durability of the effects. During the intervention, three participants in the experimental group withdrew from the study due to non-attendance at treatment sessions. To maintain group equivalence, three participants from the control group were also removed using simple random sampling. Consequently, the final analysis included 17 participants per group.

Table 1. A summary of the MSC program sessions

Session	Therapeutic Goal	Content
1	Introduction to MSC	Participants were introduced to the principles of mindfulness and self-compassion. They explored the concept of self-kindness versus self-criticism and practiced a brief self-compassion meditation.
2	Practicing Mindfulness	Participants engaged in mindfulness exercises to increase awareness of present-moment experiences and learned to observe difficult emotions without judgment.
3	Discovering Self-Kindness	The group focused on cultivating self-kindness, replacing self-critical thoughts with supportive and compassionate language toward themselves.
4	Working with Difficult Emotions	Participants practiced techniques to approach painful emotions with acceptance, reducing avoidance and fostering emotional resilience.
5	The Inner Critic	The group explored the role of the inner critic, learning strategies to respond to self-judgment with compassion rather than harshness.
6	Meeting Difficulties with Self-Compassion	Exercises centered on applying self-compassion in challenging life situations and developing adaptive coping strategies.
7	Integrating Self-Compassion into Daily Life	Participants reflected on integrating MSC practices into everyday activities and social interactions.
8	Review and Maintenance	The final session reviewed all practices, discussed progress and challenges, and provided guidance for maintaining self-compassion skills beyond the program.

Data Analysis

Data were analyzed using the SPSS (version 27) software. Repeated Measures Analysis of Variance (RM-ANOVA) was employed to compare the experimental and control groups across the dependent variables.

Results

The final sample comprised 34 adolescents diagnosed with SAD. The mean age of participants was 16.35±1.11 years in the experimental group and 16.52±1.07 years in the control group. Table 2 presents the means and standard deviations (SDs) of shame and experiential avoidance scores for both groups at the pre-test, post-test, and two-month follow-up assessments.

Table 2. Descriptive findings for shame and experiential avoidance in the groups

Variable	Phase	Groups	Mean	SD	Shapiro-Wilk	
					Statistic	P
Shame	Pre-test	Experimental	46.01	7.52	0.97	0.88
		Control	45.06	9.83	0.90	0.09
	Post-test	Experimental	27.99	6.73	0.93	0.30
		Control	47.33	7.45	0.95	0.52
	Follow-up	Experimental	32.89	5.91	0.97	0.83
		Control	46.89	6.63	0.94	0.38
Experiential avoidance	Pre-test	Experimental	42.78	8.92	0.95	0.57
		Control	41.64	6.69	0.95	0.45
	Post-test	Experimental	27.21	7.21	0.89	0.06
		Control	43.33	5.48	0.96	0.72
	Follow-up	Experimental	31.53	9.38	0.97	0.86
		Control	39.69	7.97	0.96	0.67

As indicated in Table 2, participants in the MSC program exhibited a significant reduction in shame and experiential avoidance scores from pre-test to follow-up, whereas the control group showed no notable changes. The Shapiro-Wilk test indicated that the data were normally distributed across groups at all assessment points (P>0.05), supporting the use of parametric tests. The Levene's test confirmed homogeneity of error variances for both shame and experiential avoidance across assessment phases, and the Box's M test indicated that the covariance matrices were valid for multivariate analysis (P>0.05). The Mauchly's sphericity test revealed that sphericity was not violated for shame (W=0.96, P=0.58) or experiential avoidance (W=0.97, P=0.65); therefore, no corrections were needed for the F-values in the repeated measures ANOVA. According to these assumptions, RM-ANOVA was conducted to evaluate the effectiveness of the intervention across measurement stages. Multivariate results indicated that the MSC program significantly reduced shame and experiential avoidance over time (Pillai's Trace=0.44, F=9.26, P=0.01, η^2=0.22). Moreover, the interaction effect of time×group was significant (Pillai's Trace=0.54, F=11.88, P=0.01, η^2=0.27), indicating that the reduction was specific to the intervention group. Univariate analyses for each variable are presented separately in Table 3.

Table 3. Results of repeated measures ANOVA for the effectiveness of the MSC program on shame and experiential avoidance

	Source	Type III SS	df	MS	F	Sig.	η^2	95% CI for η^2
Shame	Time	1121.03	2	560.51	10.44	0.01	0.24	[0.16, 0.29]
	Time*Group	1880.21	2	940.10	17.52	0.01	0.35	[0.27, 0.40]
	Error	3433.31	64	53.64				

	Group	2972.81	1	2972.81	50.07	0.01	0.61	[0.54, 0.66]
	Time	1040.25	2	520.12	11.62	0.01	0.26	[0.18, 0.31]
Experiential	Time*Group	1268.73	2	634.36	14.18	0.01	0.30	[0.22, 0.35]
avoidance	Error	2862.95	64	44.73				
	Group	1515.03	1	1515.03	16.90	0.01	0.34	[0.26, 0.40]

The findings indicated that the MSC program significantly reduced shame (F=50.07, P=0.01, $\eta 2$=0.61) and experiential avoidance (F=16.90, P=0.01, $\eta 2$=0.31) in the intervention group compared to the control group at follow-up.

Discussion

The present study investigated the effectiveness of the MSC program on shame and experiential avoidance in adolescents with SAD. The first finding indicated that the MSC program was effective in reducing shame in adolescents with SAD compared to the control group, with effects maintained through the follow-up period. This result is consistent with previous research demonstrating the efficacy of self-compassion-based interventions in reducing self-conscious emotions in both adolescent and adult populations (Sajjadi et al., [15]; Westerman et al., [16]). In explanation, it can be stated that the MSC program effectively reduces shame by fostering a non-judgmental, kind attitude toward one's perceived flaws, cultivating mindfulness, and enhancing self-compassion, thereby reshaping self-relations, promoting acceptance, diminishing rumination, and interrupting shame cycles through feelings of common humanity [35]. Clinical evidence indicates that these processes lead to significant improvements in self-compassion and reductions in shame and anxiety, with continued mindfulness practice sustaining these gains and facilitating lasting changes in resilience and self-perception [36].

The second finding indicated that the MSC program was effective in reducing experiential avoidance in adolescents with SAD compared to the control group until the follow-up stage. This finding was consistent with Yela et al. [17], Scheepbouwer et al. [18], and other studies. In explanation, it can be stated that, based on theoretical foundations, the MSC program is effective in reducing experiential avoidance because it teaches individuals to approach difficult internal experiences with kindness and acceptance rather than avoiding them. The MSC program, rooted in mindfulness theory, emphasizes nonjudgmental awareness of the present moment and allows individuals to observe distressing thoughts, feelings, and emotions without impulsively reacting to suppress or escape them [22]. Self-compassion theory also suggests that responding to personal suffering with warmth and understanding reduces the fear and shame that often cause avoidance behaviors. By recognizing suffering as part of human commonality, individuals feel less isolated and are more willing to confront distressing experiences. The calming and supportive self-talk fostered in the MSC program counteracts the self-criticism and perceived threat that typically fuel avoidance [19]. Furthermore, neuropsychological models suggest that self-compassion activates the brain's attentional system, reduces amygdala threat responses, and enhances emotional regulation. This shift in emotional tone makes it easier to stay engaged with challenging experiences rather than withdraw. Over time, repeated exposure to difficult emotions within a compassionate framework builds psychological resilience [20]. The present study demonstrated that the MSC program is an effective intervention for reducing shame and experiential avoidance in adolescents with SAD. Several limitations warrant consideration when interpreting the findings of this study. First, the generalizability of the results is constrained by the regionally specific nature of the sample, the exclusive focus on male participants, and the reliance on self-report instruments, which may introduce response bias. Second, the absence of a longitudinal follow-up exceeding two months precludes definitive conclusions regarding the long-term sustainability of the observed effects. In addition, while the quasi-experimental design provides a robust framework, it inherently limits the ability to establish full causal inferences. Future research should employ larger, more diverse cohorts and extended follow-up periods to evaluate the durability of therapeutic outcomes. Moreover, investigating the specific mechanisms of change, exploring integrative treatment modalities, and conducting comparative efficacy trials against established evidence-based interventions would significantly advance this field of study.

Conclusion

The findings suggest that the MSC program effectively reduces shame and experiential avoidance in adolescents with ASD by cultivating a gentle, non-judgmental attitude toward oneself, which counteracts harsh self-criticism and shame-proneness. Through mindfulness, participants learn to observe uncomfortable emotions without resistance, reducing experiential avoidance and allowing healthier engagement with distressing feelings. The program fosters self-kindness and

common humanity, weakening isolation and self-stigma that worsen social anxiety symptoms. Adolescents gain improved emotional regulation and resilience, which help diminish avoidance behaviors and facilitate more adaptive social functioning. Overall, MSC offers a promising, accessible intervention to break the cycle of shame and avoidance integral to social anxiety in adolescents, promoting lasting mental health benefits. It is recommended that the MSC program be incorporated into psychotherapeutic interventions for individuals with ASD within counseling centers and psychological service settings.

Ethical Considerations

The current study was approved by the Research Ethics Committee of Islamic Azad University, North Tehran Branch, Iran (approval number: IR.IAU.TNB.REC.1404.375).

Data Availability Statement

The original contributions presented in the study are included in the article/supplementary material. Further inquiries can be directed to the corresponding author.

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Author Contributions

Conceptualization: Kobra Haji Alizadeh, Qamar Kiani; Data curation: Ramshad Tahmasbi; Investigation: Ramshad Tahmasbi; Methodology: Kobra Haji Alizadeh, Qamar Kiani; Project administration: Kobra Haji Alizadeh; Resources: Kobra Haji Alizadeh, Qamar Kiani; Software: Ramshad Tahmasbi; Supervision: Kobra Haji Alizadeh, Qamar Kiani; Writing–original draft: Ramshad Tahmasbi; Writing–review & editing: Kobra Haji Alizadeh.

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Conflicts of Interest

The authors declared that there is no conflict of interest.

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