Being kind to my socially anxious mind; A study of the relationship between self-compassion and social anxiety

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Abstract

Self-compassion is a relatively new construct in Western psychology. It involves a kind and accepting attitude towards oneself during failure, when experiencing difficulties, or disliking an aspect of oneself. In the face of social failure, self-compassion might be particularly useful for people with social anxiety. The present study aimed to examine the relationship between social anxiety and self-compassion. A total of 120 individuals completed online questionnaires measuring self-compassion, social anxiety, fear of negative evaluation, and self-focused attention. Results showed that higher levels of social anxiety, fear of negative evaluation, and self-focused attention were strongly related to less self-compassion. Self-compassion might, therefore, be a useful construct for people with social anxiety and explicit training in self-compassion may give rise to a more caring and kinder attitude towards oneself.

Keywords
Self-compassion, social anxiety, fear of negative evaluation, self-focused attention.

Introduction

It is a common sight. When a friend is in emotional pain due to failure, people feel the need to care and the urge to help and support their friend. Offering kindness to other people when they make mistakes or go through difficult times seems to be self-evident for most people. However, in the face of failure people can become highly self-critical and judgmental about their own flaws. Nevertheless, most people are not aware of this automatic reaction and the existence of an alternative self-attitude (Werner et al., 2012). A more adaptive way of treating oneself is self-compassion. Self-compassion involves a

kind, warm and accepting stance towards one's inadequacies and failures (Neff, 2003b). It is a healthier self-attitude when aspects of oneself or one's life are disliked (Neff, Rude & Kirkpatrick, 2006).

Self-compassion originally stems from Buddhism and entails three basic components: self-kindness, common humanity, and mindfulness (Neff, 2003a). Self-kindness stands for having a kind and understanding attitude towards oneself rather than being very judgmental and self-critical. Common humanity refers to the awareness that a person's experience is a shared one. In the face of failure, most people do not focus on the things they have in common with other people. They rather focus on their own misery and therefore they will feel more isolated and separated from the world (Neff, 2011). Thus, common humanity stands for the acknowledgement that almost everyone goes through difficult times in life. Mindfulness refers to a state of awareness in which thoughts and feelings can be approached in a nonjudgmental way. Being mindful implies that thoughts and feelings are not being changed or suppressed. Instead, thoughts and feelings should be approached in a balanced way rather than over-identifying with them (Neff, 2003a). Self-compassion turns out to be strongly related to psychological health (Neff, 2003b). It is positively associated with life satisfaction, social connectedness, and adaptive coping with failure, and negatively associated with self-criticism, depression, anxiety, rumination, and fear of failure (Neff, 2003b; Neff, Hsieh & Dejitterat, 2005; Neff, Kirkpatrick, & Rude, 2007).

Being self-compassionate seems to be particularly hard for people with anxiety disorders, specifically for people with social anxiety. Currently, social anxiety disorder is, apart from specific phobia, the most common anxiety disorder in The Netherlands (Schoemaker et al., 2013). Social anxiety typically begins in early to mid-adolescence and takes a chronic course (Clark & Beck, 2010). In addition, social anxiety disorder ranks third in the top ten diseases with the highest disease burden (Schoemaker et al., 2013). The main feature of social anxiety is an intense fear of social situations wherein negative judgment from others might occur (American Psychiatric Association, 2000; Clark & Beck, 2010). According to the cognitive theory, the core fear of social anxiety is a fear of negative evaluation (Clark & Beck, 2010). Other characteristics include: an overestimation of the chance and severity of negative judgment, rumination, an underestimation of one's own social performance, an excessive self-focus in social situations, and avoidance of social situations (Voncken & Bögels, 2011; Clark & Wells, 1995).

It seems likely that individuals with social anxiety have less self-compassion than healthy individuals. First of all, because people with social anxiety have negative beliefs about social performance standards and high self-criticism (Clark & Beck, 2010). They believe for instance that they must always sound intelligent in a conversation or that it is important not to show any signs of weakness to others (Clark & Beck, 2010). In a social situation this results in an extreme perception of internal cues. People with social anxiety also focus in specific on negative information. This is given attentional processing priority, while positive information holds less weight (Rapee & Heimberg, 1997). As a result, self-criticism and post-event rumination occur. Cox, Fleet, and Stein (2004) indicated that social anxiety is strongly associated with self-criticism, even when controlling for depression. Furthermore, Werner et al. (2012) revealed that individuals with social anxiety disorder have less self-kindness and greater self-judgment in comparison to healthy controls. Second, people with social anxiety are afraid of negative feedback in response to social awkwardness or mistakes. The primary focus in social anxiety is the fear of negative evaluation, in particular, of oneself. People do not make the comparison with others and their inadequacies or failures explicitly (Neff, 2011; Werner et al., 2012). In the face of social failure this leads to feelings of isolation. Werner et al. (2012) demonstrated that individuals with social anxiety disorder have indeed less of a connection to a common humanity and feel more isolated in comparison to healthy controls. Third, an important characteristic of social anxiety is the increased self-focused attention. Individuals with social anxiety focus in social situations excessively on their own thoughts, physiological responses, behavior, feelings, and images (Bögels & Mansell, 2004). The excessive awareness of oneself, rumination, and anticipatory anxiety might result in a lower level of mindfulness in social anxiety (Clark & Beck, 2010; Clark & Wells, 1995). Instead of a balanced approach, people with social anxiety over-identify themselves as being socially incapable.

Although several studies examined the relationship between self-compassion and anxiety in general, thus far only one study focused on self-compassion and social anxiety (Neff, 2003b; Raes, 2010; Werner et al., 2012). Werner et al. (2012) investigated self-compassion, fear of negative evaluation, and fear of positive evaluation in clinical cases with social anxiety disorder. They demonstrated that self-compassion was negatively related to social anxiety and fear of social evaluation. However, the relationship between self-compassion and self-focused attention was not examined in this study. The present study, therefore, aimed to partly replicate the study of Werner et al. (2012) with the addition of self-focused attention as an important construct in social anxiety. It is of importance to further explore and strengthen the relationship between self-compassion and social anxiety. Germer

and Neff (2013) point out that self-compassion can be seen as a skill that can be learned. Therefore, explicit training in self-compassion could be a meaningful addition to cognitive behavioral therapy which is currently the standard treatment of social anxiety (Werner et al., 2012).

In this study the relationship between social anxiety and self-compassion was further explored among women and men between 18 and 35 years old. Several hypotheses were tested. First, it was expected that social anxiety, fear of negative evaluation and self-focused attention would be negatively correlated with self-compassion. Second, it was hypothesized that, compared to participants with lower levels of social anxiety, participants with higher levels of social anxiety would report lower levels of self-compassion. It was also suggested that participants with higher fear of negative evaluation would have lower levels of self-compassion than participants with lower fear of negative evaluation. Furthermore, it was suggested that participants with high self-focused attention in social situations would have lower levels of self-compassion than participants with low self-focused attention in social situations. Additionally, it was expected that gender, fear of negative evaluation, and self-focused attention would be predictors of self-compassion.

Material and methods

Study population

In the present study 91 women (M = 21.4, SD = 3.2) and 29 men (M = 24.4, SD = 4.1) were included. The majority of participants (59.2%) were university-educated. Participants were eligible to participate if they were between the ages of 18 and 35, mastered the Dutch language and currently were not diagnosed with or treated for a mental disorder. As compensation Psychology students from Maastricht University received 0.5 participant points for extra course credit and among the other participants five times twenty euros were raffled.

Measurement instruments

Measurements instruments included the Self-Compassion Scale (SCS; Neff, 2003b), the Social Interaction Anxiety Scale (SIAS; Mattick & Clarke, 1998), the Liebowitz Social Anxiety Scale (LSAS-SR; Liebowitz, 1987), the Brief Fear of Negative Evaluation Scale (BFNE-S-N; Leary, 1983), and the Self-Focused Attention Scale (SFAS). The reliability of the questionnaires in the present study ranged from $\propto = .89 - .97$.

Procedure

Participants were recruited within the researcher's network, through advertisements and by using the Research Participation System SONA, which is exclusively accessible for Psychology students from Maastricht University. The questionnaires were conducted by using the online survey program ThesisTools.

Statistical analyses

The present study was a cross-sectional study using a survey design. Statistical analysis was conducted by utilizing the SPSS version 21.0. Different statistical methods were used to explore the relationship between the independent variables social anxiety, fear of negative evaluation, and self-focused attention, and the dependent variable self-compassion. An alpha level of .05 was chosen as a significance criterion.

Results

Pearson correlation coefficients were calculated to examine whether a relationship exists between self-compassion and social anxiety, fear of negative evaluation, and self-focused attention. Social anxiety in social interaction situations, as assessed by the SIAS, was significantly and negatively related to self-compassion, $r = -.42$, $p = .000$. Social anxiety and social avoidance, as assessed by the LSAS-SR, was also significantly and negatively related to self-compassion, $r = -.42$, $p = .000$. Thus, more social anxiety was associated with less self-compassion. Moreover, fear of negative evaluation, as assessed by the BFNE-S-N, was significantly and negatively related to self-compassion, $r = -.53$, $p = .000$. Thus, greater fear of negative evaluation was associated with lesser self-compassion. Furthermore, self-focused attention was significantly and negatively related to self-compassion, $r = -.40$, $p = .000$. This means that a higher self-focus was associated with less self-compassion.

An independent samples t-test showed that on average, participants of the group with a high degree of social anxiety, as assessed by the SIAS, had a lower level of self-compassion (M = 3.52, SD = 0.63), than participants of the group with a low degree of social anxiety (M = 4.23, SD = 0.79). This difference was significant ($t(118) = 5.43$, $p = .000$). On average, participants of the group with a high degree of social anxiety, as assessed by the LSAS-SR, had a lower level of self-compassion (M = 3.62, SD = 0.66), than participants of the group with a low degree of social anxiety (M = 4.14, SD = 0.84). This difference was significant ($t(118) = 3.76$, $p = .000$). Another independent samples t-test showed that there was a difference in self-compassion between the group with a low level and a high level of fear of negative evaluation. On average, participants of the group with a high level of fear

of negative evaluation had a lower level of self-compassion (M = 3.50, SD = 0.63), than participants of the group with a low level of fear of negative evaluation (M = 4.26, SD = 0.77). This difference was significant ($t(118) = 5.91, p = .000$). An independent samples t-test was also executed to test whether there was a difference in self-compassion between the group with low and high self-focused attention. On average, participants of the group with high self-focused attention had a lower level of self-compassion (M = 3.52, SD = 0.68), than participants of the group with low self-focused attention (M = 4.25, SD = 0.74). This difference was significant ($t(118) = 5.67, p = .000$).

In the regression analysis mean self-compassion was used as the dependent variable, while gender, fear of negative evaluation, and self-focused attention were used as independent variables. The regression analysis showed that fear of negative evaluation significantly predicts the amount of self-compassion ($\beta = -.40, p = .000$). Thus, participants with higher levels of fear of negative evaluation will show a lower level of self-compassion, than participants with lower levels of fear of negative evaluation. Furthermore, it indicates that both gender and self-focused attention don't predict the amount of self-compassion.

Discussion

The aim of the present study was to examine whether a relationship exists between self-compassion and social anxiety among women and men between 18 and 35 years old. The central hypothesis tested in this study was that social anxiety, fear of negative evaluation and self-focused attention were negatively related to self-compassion as indexed by scores on the Self-Compassion Scale. Results showed that more social anxiety, more fear of negative evaluation, and higher self-focused attention were all significantly associated with less self-compassion. Significant group differences were also found between the groups with a low level of symptoms and a high level of symptoms. The group with a high degree of social anxiety had significantly less self-compassion than the group with a low degree of social anxiety. The group with a high level of fear of negative evaluation had a significantly lower level of self-compassion, than the group with a low level of fear of negative evaluation. The group with high self-focused attention had also a significantly lower level of self-compassion than the group with low self-focused attention. Finally, fear of negative evaluation turned out to be a significant predictor for self-compassion for both women and men.

The present study showed a strong relationship between social anxiety and self-compassion, which is in line with the central hypothesis. Social anxiety involves high

self-criticism, rumination, underestimation of one's own social performance, an excessive focus of oneself, and overestimation of the chance and severity of negative judgment (Clark & Beck, 2010; Clark & Wells, 1995; Voncken & Bögels, 2011). These negative cognitive biases and social difficulties apparently make it hard for individuals with social anxiety to have a compassionate stance towards oneself, in particular during social failure. This implies that self-compassion might be a very useful construct for people with social anxiety because individuals that are more self-compassionate are able to be kind and understanding towards themselves during failure or when experiencing feelings of inadequacy. Furthermore, they can see imperfections as part of the human experience and are able to adopt a more balanced view of their negative emotions (Neff, 2008). Leary, Tate, Adams, Allen and Hancock (2007) point out that self-compassionate people are able to be more kind to themselves when they receive less positive reactions from other people. Self-compassionate people also experience situations wherein they receive less positive or neutral reactions as less distressing (Leary et al., 2007). Moreover, self-compassion is significantly associated with positive psychological strengths like happiness, optimism, and positive affect (Neff, Rude, and Kirkpatrick, 2006). Thus, it seems that a higher level of self-compassion might serve as a protective factor for anxiety and might buffer people against the psychological impact of negative situations (Leary et al., 2007; Werner et al., 2012). It is probable that people with social anxiety do not experience this buffering effect of more self-compassion. Therefore, explicit training in self-compassion might give rise to a more understanding attitude towards oneself during social failure. When people with social anxiety are able to deal in a more adaptive way with their anxiety, this might even contribute to fewer social anxiety symptoms.

Results indicated that self-compassion was more tightly linked to fear of negative evaluation. This is not very surprising since fear of negative evaluation is the core fear of social anxiety (Clark & Beck, 2010). People with social anxiety have worries about what other people might think of them. For instance, they worry that others notice their shortcomings or that they will not approve of them. Thus, instead of placing more importance on their own balanced self-examination, people with social anxiety see negative evaluations from others as more true and important (Werner et al., 2012). Neff, Hsieh and Dejitterat (2005) point out that individuals who are highly self-compassionate are able to take a more balanced perspective on their inadequacies. As a result, they probably have more positive perceptions of their abilities than individuals with a low level of self-compassion. Thus, self-compassion might lead to a more balanced view of the social abilities of oneself.

Several limitations to the present study must be acknowledged. First, participants were, besides advertisements and the Research Participation System SONA, approached within the researcher's network and, therefore, not randomly selected. This may have led to social desirability bias. However, attempts were made to reduce the chance of this bias by making participation anonymous and not fully inform participants of the goal of the research. In the information letter, information about social anxiety was left out and it was pointed out that the study was set up to explore self-compassion. Another limitation stems from the small male sample size. As a result gender was not equally distributed in the present study. Therefore, conclusions should be drawn with caution.

The present data were obtained from healthy participants within the researcher's network. Although the findings are consistent with most of the hypotheses, it is of importance to examine the generalizability of these findings to clinical cases. People with social anxiety disorder have probably higher levels of social anxiety, fear of negative evaluation, and self-focused attention than the cases used in this study. Thus, self-compassion could in particular be useful for the clinical practice. Moreover, given that cross-sectional studies provide limited information on the direction of causal pathways, it is of importance that longitudinal studies are being executed to investigate whether social anxiety is indeed the cause of less self-compassion. The cross-sectional nature of this research, makes it difficult to draw conclusions about the exact cause and effect. Furthermore, longitudinal studies are necessary to investigate the efficacy of explicit training in increasing self-compassion in people with social anxiety disorder in specific. Although research of training in self-compassion are at early stages of development, recent studies of the efficacy of specific training in self-compassion showed promising results (Gilbert & Procter, 2006; Neff & Germer, 2013). A study of compassionate mind training (CMT) investigated the efficacy in patients with chronic difficulties that already attended a cognitive-behavioral program (Gilbert & Procter, 2006). A total of twelve two-hour sessions of CMT resulted in a significant decrease in anxiety, self-criticism, depression, shame, inferiority, and submissive behavior. Neff and Germer (2013) developed the mindful self-compassion (MSC) program, another training aimed at increasing a more compassionate stance towards oneself. The MSC program lasts 8 weeks and consists of a variety of meditations and informal practices that people can use in daily life. A randomized controlled trial with a community sample showed that participants who took part in the MSC program had significantly larger increases in self-compassion, mindfulness, and well-being (Neff & Germer, 2013). These studies demonstrate preliminary evidence that explicit training in self-compassion is an effective way to develop a self-compassionate attitude.

The present study confirms that social anxiety and self-compassion are strongly related and that people with a high degree of social anxiety have significantly less self-compassion than people with a low degree of social anxiety. Moreover, important characteristics of social anxiety such as fear of a negative evaluation and self-focused attention also turned out to be negatively related to self-compassion. This implies that self-compassion can be seen as a useful construct for people with social anxiety. Explicit training could help people with social anxiety to become aware of a more adaptive self-attitude and give them tools to deal in a more healthy way with the negative cognitive biases and social difficulties.

Role of the student

Guna Schwanen was an undergraduate student working under the supervision of Dr. A. Grauvogl. The execution of the research, including the determination of the topic, the collecting of the data, and the processing of the results were done by the student. The supervisor gave frequently advise and feedback on the thesis.

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