

The Role of Self-Compassion for the Diagnosis of Social Anxiety Disorder in Adolescents

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Abstract : Social Anxiety Disorder (SAD) is characterized by a marked and persistent fear of social and/or performance situations in which one may be exposed to the scrutiny of others. SAD has its usual onset and is highly prevalent during adolescence; if left untreated, it often has a chronic and unremitting course. So, it seems important to understand the psychological processes that might predict the development of SAD. One of these processes may be self-compassion, which has been found to be associated with social anxiety in both adults and adolescents. Self-compassion involves three main components, each with a positive (compassionate behavior) and negative (uncompassionate behavior) pole – self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. The negative indicators of self-compassion (self-judgement, isolation, and over-identification) were found to be more strongly linked to mental health problems than the positive indicators (self-kindness, common humanity, and mindfulness). Additionally, negative associations were found between the positive indicators of self-compassion (self-kindness, common humanity, mindfulness) and psychopathology. The current study aimed to investigate the role of self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification in the likelihood of an adolescent presenting SAD by comparing groups of normative and socially anxious adolescents. The sample consisted of 32 adolescents (Mage = 15.88, SD = .833) of which 23 were girls. Adolescents were assessed through a clinical structured interview that led 17 to be assigned to the clinical group (presenting a primary diagnosis of SAD) and 15 to be assigned to the non-clinical group (presenting no clinical diagnosis). Variables under study were measured through the Self-Compassion Scale for adolescents (SCS-A), which assesses the six indicators of self-compassion presented above. Six separate models were tested, each with one of the subscales of the SCS-A as the independent variable and with the group (clinical versus non-clinical) as the dependent variable. The models considering isolation, over-identification, self-judgement, and self-kindness fitted the data and accurately predicted group belonging for between 75% to 84.4% of cases. Results indicated that the log of the odds of an adolescent presenting SAD was positively related to isolation, over-identification, and self-judgement and negatively associated with self-kindness. Findings provide support for the idea that decreased self-compassion may place adolescents at increased risk for experiencing clinical levels of social anxiety: on the one hand, adolescents with higher levels of isolation, over-identification, and self-judgement seem to be more prone to the development of psychopathological levels of social anxiety; on the other hand, self-kindness may play a protective role in the development of SAD in this developmental phase. So, if focusing on social feared consequences and perceiving to be different from others may be distinctive features of SAD, developing self-kindness may be the antidote to promote diminished levels of social anxiety and more.

Keywords : adolescents, social anxiety disorder, self-compassion, diagnosis odds-ratio

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