Mediating Role of Self-Compassion in the Relationship between Shame and Subjective Wellbeing in Young Adults

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Individuals sometimes experience setbacks that evoke deep feelings of shame, often resulting in self-imposed isolation and intensified self-criticism. In such moments, self-compassion serves as an understanding friend, offering support and enhancing wellbeing. The present study examined the mediating role of self-compassion in the relationship between shame (internal and external) and subjective wellbeing in young adults. Participants were 433 young adults (64% female) aged 18-32 years ($M = 20.56$, $SD = 2.01$) from a public university in Türkiye. The initial model showed that external shame negatively predicted self-compassion, and subjective wellbeing. The second model showed that internal shame significantly and negatively predicted self-compassion and was directly associated with subjective wellbeing. Also, self-compassion mediated the link between internal shame and subjective wellbeing. Finally, it is found that self-compassion has a partial mediating role in the relationship between both internal and external shame and subjective wellbeing. The findings suggest that both internal and external forms of shame negatively predict self-compassion, which, in turn, reduces subjective wellbeing in young adults. The results suggest that self-compassion and shame are promising targets for mental health interventions and research targeting young adults. Using self-compassion-based interventions can improve subjective wellbeing by supporting the development of adaptive coping mechanisms.

Keywords: Shame, self-compassion, external shame, internal shame, subjective wellbeing, young adults

Individuals have an instinctive need for social connection, care and validation. This fundamental need drives people to seek social bonds and acceptance, nurturing meaningful relationships and a sense of being wanted (Holt-Lunstad, 2021; Baumeister, 2012). However, when someone tries to avoid a situation or develops a negative self-perception, they become more vulnerable to feelings of internal and external shame (Sedighimornani, 2019; Gilbert, 2017; Maibom, 2010). Shame is a self-conscious emotion triggered by the perception of failing to meet personal or societal expectations, causing a person to feel flawed or unworthy (Ferreira et al., 2022; Sanchez et al., 2019; Gilbert, 2017). For instance, an individual might withdraw from social interactions after being social standing. There are two subtypes of shame: external and internal. Among subtypes, external shame arises from perceiving oneself through others' opinion and being sensitive to outward sources of criticism while internal shame involves self-directed negative evaluations and feelings (Gilbert, 2007). Some examples of externalized shame include criticizing others and projecting feelings of inadequacy onto others or constantly comparing self to others (Stuewig et al., 2010).

Individuals who experience high levels of shame struggle to find fulfillment in life, as they feel inadequacy and have self-criticism (Sullivan et al., 2020). As a maladaptive coping mechanism, they engage in self-destructive behaviors such as substance abuse, self-harm, or risky behaviors (Sheehy et al., 2019). Leary (2015) highlighted that people with stronger feelings of shame tend to experience fear of social rejection, which lowers overall life satisfaction. This further worsens negative emotional states and contributes to long-term psychological difficulties as they transition into adulthood (Schunk et al., 2022). When a sense of social security and acceptance is absent, a person may react to shame with defensive aggression or disengagement, instead of processing and addressing their emotions in a constructive way (Stuewig et al., 2010). This is especially concerning for young adults, as their struggle with identity and self-esteem make them more vulnerable to feeling of shame, potentially resulting in social withdrawal (Budiarto & Helmi, 2021; Passanisi et al., 2015). This cycle of shame and externalized blame contribute to psychological distress, negatively affecting subjective wellbeing and quality of life (Cepni et al., 2024).

Subjective well-being (SWB) refers to how individuals perceive and evaluate their experiences, shaping their happiness and life satisfaction. It reflects both their thoughts and emotions about their lives (Diener, 1984; Diener et al., 2018). SWB consists of subjective evaluations and emotional states, encompassing both the cognitive and affective dimensions of happiness (Salvador-Carulla et al., 2014). Higher SWB is associated with better psychosocial health and

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greater life satisfaction (Wilkes et al., 2019; Arslan, 2018). Individuals with greater SWB tend to be more satisfied with their lives and generally exhibit positive affect, which, in turn, predicts better emotional functioning and overall wellbeing (Arslan., 2023; Yıldırım & Arslan, 2022; Diener & Chan, 2011). Additionally, shame has been found to be related to lower SWB, as individuals with negative self-evaluations are more likely to experience diminished personal satisfaction and happiness (Mendes et al., 2020). Given its strong links to emotional and psychological health, promoting SWB through self-compassion can contribute to greater overall well-being and life fulfillment.

Self-Compassion

In the course of navigating life's challenges, people inevitably encounter setbacks that may evoke a profound sense of shame. This feeling can be overwhelming, leading to self-imposed isolation, heightened self-criticism, and a diminished sense of self-worth (Gilbert & Procter, 2006). Self-compassion is like having a warm, understanding friend by one's side when feeling down. Rather than engaging in self-judgement, self-compassion encourages a mindset of sense of kindness and understanding toward oneself in face of personal difficulties (Neff, 2003). It enables people to reinterpret shame-inducing experiences in a more accepting and less self-critical manner. Components of self-compassion are self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus over-identification (Neff et al., 2019; Neff, 2003). Developing a sense of common humanity is about one's capacity for compassion towards others (Neff & Germer, 2012). It involves recognizing one's experiences as part of the shared human experience, which helps with developing a sense of connection with others (Neff, 2011). Self-kindness is about treating oneself with care and understanding during difficult times, rather than self-criticism or judgement (Neff, 2003). Mindfulness is the practice of nonjudgmental observation, allowing individuals to acknowledge their emotional states without becoming overwhelmed (Neff, 2011).

Studies show that people who practice self-compassion develop greater awareness for one's suffering and nurtures self-acceptance (Chio, 2024). Those who practice self-compassion gain a more balanced perspective to challenges as it contributes to feelings of care and connection (Arslan, 2024; Arslan et al., 2024; Kramer et al., 2017). A study by Nadeau et al. (2021) demonstrated that participation in a self-compassion program significantly reduced internalized shame and depressive mood in female university students, leading to increased wellbeing. Similarly, Callow et al. (2021) found that higher self-compassion weakened the relationship between external shame and anxiety or depression, suggesting that fostering self-kindness and mindfulness can improve emotional resilience. Furthermore self-compassion significantly improved psychological wellbeing among childhood trauma survivors by reducing emotion regulation difficulties and trauma-related shame (Blankenship & Hogge, 2024). Similarly, Arslan et al. (2025) demonstrated the mediating role of self-compassion between the effects of adverse childhood experiences (ACEs) on psychological flexibility. Also, Etemadi et al. (2024) highlighted that self-compassion serves as a mediator between shame and mental health outcomes, leading to reduced levels of depression and anxiety. Overall, self-compassion acts as a mediator reshaping the experience

of shame, by promoting wellbeing even when life isn't perfect.

The Present Study

The current research aims to examine the mediating role of self-compassion in the relationship between both internal and external shame and subjective wellbeing in young adults. Given the Compassion-focused framework (Gilbert, 2009), the interaction between a perceived risk factor and the activation of the soothing system through self-compassion (protective or promotive factor) could explain the impact of shame on subjective wellbeing. This framework explains how self-compassion mediates the relationship between shame and subjective wellbeing by reducing negative self-evaluations and fostering psychological flexibility.

Shame is a distressing emotion that often results from a perceived failure to meet personal or social standards, leading to negative evaluations of self (Gilbert & Procter, 2006). Research has highlighted that both internal and external shame contribute to increased psychological distress, depression, and self-harm tendencies (Sheehy et al., 2019; Zhang et al., 2018), while self-compassion nurtures resilience and reduces these effects (Arslan, 2023; Johnson & O'Brien, 2013; Krieger et al., 2013). However, research on the mediating role of self-compassion in the relationship between both internal and external shame and subjective wellbeing in young adults is still limited. Most studies either examine self-compassion's general mental health benefits or treat shame as a single construct, overlooking distinctions between internal shame (self-criticism) and external shame (social judgment), which may require different coping strategies (Yaghoubi et al., 2021; Johnson et al., 2014). Therefore, the research hypotheses were structured as follows: (H_1) Internal shame, external shame, self-compassion, and subjective wellbeing would be significantly associated with each other. (H_2) Self-compassion would mediate the relationship between external shame and subjective wellbeing. (H_3) Self-compassion would mediate the relationship between internal shame and subjective wellbeing.

Method

Participants

This cross-sectional study used the convenience sampling method. Convenience sampling is a method of selecting participants based on their availability and accessibility, such as easily accessible students in a particular setting, rather than using a random selection method. The sample consisted of 433 individuals (64% female; 36% male) aged between 18 and 32 years ($Mean = 20.56$, $SD = 2.01$) with socioeconomic status [SES] distributed as follows: low SES= 26.3%; moderate SES= 45.5%; high SES=28.2%.. The term "young adult" is used to define the participants in this study, as they are undergraduate students between the ages of 20 and 32 attending a public university in Türkiye. Ethical approval was received from Burdur Mehmet Akif Ersoy University Ethics Board with decision number: GO 2025/1213.

Power Analysis

Power analysis was conducted using G*Power version 3.1.9.7 (Faul et al., 2007) to determine the minimum sample size needed for a study to test the study hypotheses. The default parameters determined for power analysis were alpha level 0.05, effect size

medium level (0.15), and high power (0.95). The minimum number of participants for these conditions was determined to be 119. This result indicated that the analyses conducted on the sample had an adequate level of power.

Measures

Self-Compassion. The Self-Compassion Scale-Short Form-SCS-SF (Raes et al., 2011) is used to measure participants' compassion and kindness towards themselves in face of difficult feelings. It consists of 12 self-report items scored on a 5-point Likert scale (*0 = almost never to 5 = almost always*). To compute a self-compassion score, the negative subscale items are reverse scored then a total mean is computed. Higher scores indicate higher levels of self-compassion. Some of the items include "When something upsets me, I try to keep my emotions in balance" and "I'm disapproving and judgmental about my own flaws and inadequacies". As a result of the adaptation of the scale into Turkish, it was found to be psychometrically adequate with a reliability rate of 0.83 in Turkish individuals (Arslan, 2023, 2024). The internal reliability of the measure in this study was .90.

Subjective Wellbeing. The Comprehensive Inventory of Thriving (CIT) is a self-report measure consisting of 54 items designed to evaluate individuals' emotional and cognitive wellbeing (Su et al., 2014). The CIT consists of 18 subscales, each measured by three items, capturing seven psychological constructs, including subjective wellbeing. In the present study, three subdimensions (Life satisfaction, Positive Feelings and Negative Feelings) comprising nine items related to subjective wellbeing were utilized. Participants respond using a 5-point Likert scale, ranging from *strongly disagree* (1) to *strongly agree* (5). Items of the Negative Feelings subdimension are reverse scored. Some example items of subjective wellbeing construct include "I am satisfied with my life" and "I feel negative most of the time". Elevated scores in these subdimensions indicate higher levels of subjective wellbeing. The CIT has demonstrated satisfactory psychometric properties with Turkish samples (Arslan, 2021, 2023). The internal reliability of the measure in this study was .84 for life satisfaction, .93 for positive emotions and .91 for negative emotions.

Shame. External and Internal Shame Scale- EISS (Ferreira et al., 2022) was developed to measure two distinct dimensions of shame: "internal shame" and "external shame". Example items include "I feel that others see me as uninteresting" for external shame and "I feel that I am different and inferior to others" for internal shame. The 8-item instrument utilizes a 4-point Likert scale, ranging from 0 ("Never") to 4 ("Always"), and assesses four fundamental domains of shame experiences, including inferiority/inadequacy, sense of isolation/exclusion, uselessness/emptiness, and criticism/judgment. Higher scores on the scale indicate higher levels of shame. The scale's validity has been confirmed through confirmatory factor analysis, supporting a higher-order structure that encompasses both external and internal shame dimensions. The Turkish adaptation of the scale (Arslan & Karacul, 2025) has demonstrated adequate psychometric properties in a Turkish adult population. The internal reliability of the measure in this study was .90.

Procedure

After obtaining approval from the ethics committee, an online link was prepared using Google forms. Online survey design included demographic questions and measures. The link was sent via social media sites and online messaging platforms including Instagram and WhatsApp group's specifically for that college's students. The survey introduction clearly outlined the purpose of the study and eligibility criteria. Voluntary participation was required for eligibility in the study and participants signed an electronic informed consent form prior to data collection. Participants were required to complete all questions in the survey to successfully submit their responses, ensuring no missing data. Besides, they were informed that their responses would remain confidential and that they could stop or withdraw at any time if they did not feel comfortable answering any of the questionnaire items. Furthermore, they were assured that no identifying information would be collected, maintaining the confidentiality of their responses. There were no incentives for participants to be part of the study.

Data Analyses

The data analysis was carried out in three steps. In the first step, descriptive statistics and the assumptions of the analyses were calculated. The skewness and kurtosis values were used to verify the normality assumptions (Kline, 2015; Tabachnick & Fidell, 2013). In the second step, Pearson product-moment correlations were used to determine the associations between the variables. In the final step, two separate mediation models were carried out to test the mediating role of self-compassion in the relationship between two forms of shame (internal and external) and subjective wellbeing in college students. To test the mediation model, model 4 for mediation is tested. Also, the bootstrap method the bootstrap method with 5000 replicate samples (95% confidence level) utilized to test the indirect effects of the mediator in the model (Hayes, 2022; Preacher & Hayes, 2008). The data is analyzed using SPSS v27 and PROCESS macro v4.2 (Hayes, 2022).

Results

The results of the descriptive statistics indicated that the skewness values ranged from -.02 to 81, and the kurtosis values ranged from -.34 to .76. As seen in Table 1, these values were within the acceptable range for normality, indicating that all variables in the study were relatively normally disturbed (Doornik & Hansen, 2008; Kline, 2015).

Table 1. Descriptive statistics and correlations for the study variables

	Min.	Max.	Mean	*SD*	Skew	Kurt
External Shame	.00	16.00	5.30	3.83	.43	–.48
Internal Shame	.00	16.00	4.82	3.74	.76	.01
Self-compassion	13.00	58.00	38.75	8.40	–.15	.01
Subjective wellbeing	–9.00	27.00	10.34	7.14	.35	.05
	1.	2.	3.	4.		
1. External Shame	-	.81**	–.50**	–.46**		
2. Internal Shame		-	–.56**	–.49**		
3. Self-compassion			-	.54**		
4. Subjective wellbeing				-		

**Correlation is significant at the .001 level (2-tailed).

Pearson product-moment correlations indicated that both internal and external shame had a significant and negative association with subjective wellbeing and self-compassion. On the contrary, subjective wellbeing had a positive correlation with self-compassion. Correlation results are presented in Table 1.
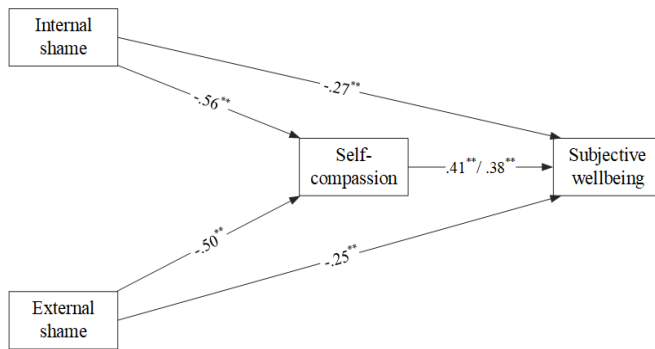
Figure 1. Standardized mediating effect of self-compassion. $^{**}p<.001$. Standardized regression estimates were presented. β value for external shame=.41; β value for internal shame=.38.

Mediation analysis was used to determine whether self-compassion mediated the association between each form of shame (external and internal) and subjective wellbeing in college students. In the initial model the mediating role of self-compassion between external shame and subjective wellbeing is tested.

Table 2. Unstandardized coefficients for the mediation model

Antecedent	Consequent			
	M_1 (Self-compassion)			
	Coeff.	SE	t	p
X (External shame)	−1.11	.09	−12.15	<.001
Constant	44.63	.60	74.75	<.001
	$R^2 = .25$			
	$F = 147.64; p < .001$			
	Y (Subjective wellbeing)			
X (External shame)	−.46	.08	−5.42	<.001
M (Self-Compassion)	.41	.04	9.10	<.001
Constant	−.85	1.79	−.47	<.001
	$R^2 = .34$			
	$F = 108.77; p < .001$			
	M (Self-compassion)			
Antecedent	Coeff.	SE	t	p
X (Internal Shame)	−1.26	.09	−14.02	<.001
Constant	44.81	.55	81.90	<.001
	$R^2 = .56$			
	$F = 196.62; p < .001$			
	Y (Subjective wellbeing)			
X (Internal Shame)	−.52	.09	−5.82	<.001
M (Self-Compassion)	.38	.05	8.16	<.001
Constant	.19	1.85	.10	<.001
	$R^2 = .34$			
	$F =111.92; p < .001$			

Unstandardized indirect effects of shame on wellbeing				
	Effect	BootSE	BootLLCI	BootULCI
Total effect	.85	.08	−1.01	−.69
Ext.–>SC–>SBW	−.39	.06	−.51	−.28
Total effect	−.93	.08	−11.7	−.78
Int.–>SC–>SBW	−.41	.07	−.55	−.28

The results showed that external shame negatively predicted self-compassion (β = −.50, p < .001), accounting for 25% of the variance. Further analyses revealed that external shame negatively predicted subjective wellbeing (β = −.25, p < .001). Self-compassion was also significantly related to subjective wellbeing (β = .41, p < .001). External shame and self-compassion accounted for 33% of the variance subjective wellbeing.

Next, another model is tested to examine the mediating role of self-compassion between internal shame and wellbeing. Internal shame significantly and negatively predicted self-compassion (β = −.56, p < .001), accounting for 31% of the variance in self-compassion. Also, internal shame was directly associated with subjective wellbeing (β = −.27, p < .001). Also, self-compassion mediated the link between internal shame and subjective wellbeing (β = .38, p < .001), as shown in Figure 1. Internal shame and self-compassion accounted for 34% of the variance subjective wellbeing. These findings suggest that self-compassion partially mediates the relationship between external and internal shame and subjective wellbeing.

Discussion

The purpose of this study is to examine the mediating effect of self-compassion on the relationship between shame and subjective wellbeing among young adults. The results of the study show that self-compassion has a partial mediating role in the relationship between both internal and external shame and subjective wellbeing by helping in the regulation of negative self-perceptions and emotional stress.

The current study identifies both direct and indirect pathways between the variables. First, the study examined direct pathways among the variables, finding that both external and internal forms of shame negatively predict self-compassion, which, in turn, reduces subjective wellbeing. Shame is fundamentally self-focused and isolating; it makes people feel defective, as if their flaws are permanent and unchangeable. Individuals who experience intense shame appear to present less self-compassion. This reduction in self-compassion is problematic because it reduces one's ability to cope with negative emotions, ultimately lowering subjective wellbeing. Individuals with higher levels of self-compassion are better at managing the negative effects of shame (Neff, 2003; Gilbert, 2007). This aligns with previous research highlighting the negative effects of shame on psychological health and the role of self-compassion in enhancing wellbeing (Sedighimornani et al., 2019; Sullivan et al., 2020). When individuals improve compassion towards self, they can view perceived flaws and failures with greater acceptance and understanding. Rather than feeling defective or unworthy, they recognize that imperfection is a universal human experience and that making mistakes does not diminish their intrinsic value. Young adulthood is marked by heightened self-awareness and sensitivity to social comparisons, making young adults particularly vulnerable to self-evaluative emotions like shame. Young adults who often seek external validation or are highly self-critical are more prone to shame-induced distress and would have difficulty engaging in self-kindness (Arslan & Karaçul, 2025). Especially, in Turkish culture where collectivist values are dominant, shame is often socially reinforced. Many young adults struggle with balancing individualistic values with traditional collectivist expectations (Kagitcibasi, 2017; Kagitcibasi & Ataca, 2005). They experience

harsh self-criticism due to societal and familial expectations (Wakelin et al., 2022). However, expressing feelings including shame in a healthy way is not generally accepted. As a result, they tend to internalize their feelings, which intensifies their experience of shame. This, in turn, increases the need for self-compassion. Encouraging self-compassion practices can help Turkish young adults navigate societal pressures while maintaining a healthy self-image and psychological balance.

Another finding of this study is that internal and external shame directly predict lower levels of subjective wellbeing. These results are consistent with previous studies that demonstrate the negative impact of shame on mental health, including a reduced sense of life satisfaction and emotional distress (Sanchez et al., 2019; Leary, 2015). Internal shame undermines an individual's ability to experience positive emotions, disrupts their overall wellbeing, and blocks the development of healthy self-acceptance and resilience. Previous research has shown that internal shame is strongly linked to higher levels of depression, anxiety, and other mental health issues, as individuals struggling with this form of shame may feel disconnected from others and unable to meet personal or societal standards (Sanchez et al., 2019). This is especially concerning for young adults as this stage is marked by career decisions, financial stability and relationship milestones (Arnett, 2000). Also, they can feel internal shame if they struggle to meet societal and familial expectations. For example, a young adult who is financially dependent on their parents or who couldn't form a stable romantic partnership may feel shame and consider self as a failure.

When people experience external shame, they are likely to engage in self-destructive behaviors in an attempt to manage the perceived threat to their social standing (Sheehy et al., 2019). As a result, external shame not only undermines feelings of belonging but also contributes to a negative self-image and a reduced sense of overall wellbeing. Individuals who are frequently exposed to external shame are more likely to experience lower life satisfaction and struggle with emotional regulation, further impacting their mental health and quality of life (Sullivan et al., 2020; Stuewig et al., 2010). For example, the curated nature of social media creates unrealistic comparisons, where young adults feel shame if they don't match the perceived success, appearance, or lifestyle of their peers. Such that, external shame related to body image is particularly relevant among young adults, due to influence of social media (Duarte et al., 2015). They can also experience external shame to difficulties with developing friendships and making individuals believe they are not likable or socially competent.

In addition, self-compassion is positively correlated with greater subjective wellbeing. In line with the results of the current study, Sheehy et al. (2019) demonstrated that self-compassion reduce the negative effects of shame on mental health outcomes such as depression and anxiety. Similarly, Callow et al. (2021) found that self-compassion moderates the relationship between external shame and mental health outcomes, further supporting the role of self-compassion as a barrier against shame's negative effects. These findings resonate with Neff's (2011) work, which shows that self-compassion fosters psychological flexibility, reduces negative self-evaluations, and helps individuals reframe shame-inducing experiences in a less self-critical manner. Young adults who consistently present self-compassion and intrinsic self-worth develop the ability to navigate shame in a way that protects and enhances their overall happiness and life satisfaction. Overall, the findings of the current study align with prior research suggesting that self-compassion can decrease the impact of shame on subjective wellbeing (Krieger et al., 2013; Zhang et al., 2018).

Limitations and Implications

The study has some limitations that should be taken into account in future research. Firstly, the data was only based on self-reported measures, using a convenience sampling approach, which may introduce bias despite the high reliability and validity of the instruments used. Hence, future research should utilize multiple assessment methods to explore the relationships between the variables. Secondly, the cross-sectional design of the study limits the ability to establish causal relationships among the variables. Longitudinal and experimental studies in the future could offer further insights into these associations. Third, the sample consisted of college students in an urban area of Türkiye, which could limit the generalizability of the results to other populations and age groups.

Despite these limitations, the study's findings have important implications for both research and practical applications. The results suggest that self-compassion and shame are promising targets for mental health interventions and research targeting young adults. The integration of self-compassion practices within compassion-based interventions can support the development of adaptive coping mechanisms and improve subjective wellbeing among young adults, who are more vulnerable to shame and identity-related distress. As internal shame is characterized by self-criticism and negative self-evaluations, *compassion-focused therapy* techniques such as guided imagery, compassionate self-talk, and mindfulness practices can help individuals adopt a kinder, more accepting view of themselves (Gilbert & Procter, 2006). Furthermore, workshops addressing the roots of shame would reduce the negative effects in daily life and subjective wellbeing. Future research could investigate how different cultures perceive shame and examine whether cultural variations impact the effectiveness of self-compassion interventions (Sanchez et al., 2019). Additionally, longitudinal studies on self-compassion training could provide deeper insights and help develop more effective interventions for sustaining improvements in wellbeing.

Compliance with Ethical Standards

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