

THE MEDIATORY ROLE OF SELF-COMPASSION IN THE RELATIONSHIP BETWEEN SOCIAL ANXIETY AND LONELINESS

Merve Er¹, İbrahim Gökşin Başer², & Gaye Saltukoğlu³

¹PhD Student in Department of Psychology, Fatih Sultan Mehmet Vakıf University/ İstanbul (Türkiye)

²Res. Asst./Department of Psychology, Fatih Sultan Mehmet Vakıf University/ İstanbul, (Türkiye)

³Prof. Dr./Department of Psychology, Fatih Sultan Mehmet Vakıf University/ İstanbul (Türkiye)

Abstract

The aim of this study is to examine the mediatory role of self-compassion in the relationship between social anxiety and loneliness among young adults. The study sample consisted of 356 young adults, 288 of whom were female (%80) and 68 of whom were male (%19.1). Participants had an average age of 24.05 which varied between 18 and 40 (SD=4.58). “Liebowitz Social Anxiety Scale”, “Self-compassion Scale”, “UCLA Loneliness Scale” and the demographic information form were used in the study. Regression analyses were primarily applied, and it was discovered that social anxiety predicted loneliness positively; on the other hand, self-compassion predicted it negatively. For mediatory analysis, SPSS PROCESS Program was employed. According to the results of mediatory analyses, self-compassion has a partial mediation role in the relationship between social anxiety and loneliness.

Keywords: *Social anxiety, loneliness, self-compassion.*

1. Introduction

Being noticed, recognized by other people, and communicating with them are among the basic needs of people (Peplau & Perlman, 1979). To avoid loneliness and meet the need for belonging, people tend to protect and maintain the relationships they have, even if these relationships are problematic. Therefore, it is possible to say that socialization is the common motivation of humanity (Baumeister & Leary, 1995).

Loneliness is an impulsive, distressing experience, just like depression, anxiety, and other negative emotional states. As a result of not being able to communicate with the environment as desired, or the communication is perceived as having poor quality, the communication being actualized doesn't meet the necessity, and an inconsistency emerges. Therefore, this situation is perceived as a deficiency in interpersonal relationships. This deficiency could be considered in terms of quantity (e.g., not having enough friends) and/or quality (e.g., not establishing enough intimate and quality relationships) as an uncomfortable experience for the person and manifests as a feeling of loneliness (Russell, Cutrona, Rose, & Yurko, 1984; Lopata, 1969; Perlman & Peplau, 1981; Heinrich & Gullone, 2006).

According to Horowitz, French, and Anderson (1982), some people who feel lonely have problems communicating with other people and believe that they are inadequate in interpersonal situations. As a result of their reluctance to take the necessary initiatives and avoid situations that require communication as much as possible, they cannot find enough opportunities to improve their social skills, and the possibility of making mistakes increases. As a result, some people experience manageable fear when confronted with social situations, while others experience extreme anxiety accompanied by physical symptoms such as nausea, flushing, trembling in the hands, and even panic attacks. When this situation interferes with the social life of people, it is called 'social anxiety' and is evaluated as a mental disorder (WHO, 2015; APA, 2013; Walsh, 2002).

According to the cognitive model of Clark and Wells (1995), the main cause of social anxiety is that people desire to have a positive impression on others, but do not believe that they are able to do so, that is, perceive themselves as inadequate. With the influence of people's previous experiences and cognitive predisposition, they develop many negative beliefs about themselves and their social environment. They tend to believe that when they enter a social environment, they would behave clumsily and in a way that is not accepted by society; and that these behaviors will eventually cause exclusion, and loss of value and status. When people perceive the social situation in this way, anxiety reactions increase

in a way that disrupts their functioning. Along with anxiety, some bodily reactions such as blushing and/or a rapid heartbeat may occur, and people become more anxious fearing that this situation will be noticed by other people. Indeed, this causes people to be constantly preoccupied with their appearance, feelings, and behaviors and not be able to pay enough attention to other people which is identified as seeing themselves as a 'social object' in the eyes of other people in social situations. As a result, the lack of outward attention and the tension brought by anxiety makes it difficult for people to treat other people warmly and therefore to receive a warm response from them. Consequently, social anxiety continues in a vicious circle by feeding on negative beliefs about the self and social environment (Clark & Wells, 1995; Bögels & Mansell, 2004). Hence, people with high social anxiety may prefer to be alone as they tend to avoid social situations unless there are people they trust and feel close to (Brown, Silvia, Myin-Germeys, & Kwapił, 2007). At the same time, the safety behaviors they perform to reduce anxiety can cause negative reactions from the people they communicate with, and this makes the person with high social anxiety less attractive to be chosen as a friend (Alden & Bieling, 1998).

In order for negative self-evaluation, which is a determinant of social anxiety, to change positively, it is important for people to approach themselves with compassion. As a matter of fact, even if people with high self-compassion evaluate their performance in a situation, they do not see this evaluation as a part of their personality. Therefore, their self-perceptions do not change depending on whether their performance is good or bad (Neff, Hsieh, & Dejitterat, 2005). The concept of self-compassion, which emerged from Eastern philosophy, could be defined as having a loving approach towards oneself (Self-kindness) instead of being harshly criticized (Self-judgment) in the face of mistakes and shortcomings; being aware of existing feelings and thoughts without making judgments (Mindfulness) instead of over-identifying (Over-identification) with the experiences that cause distress, and lastly being conscious of sharing with the perspective that many situations are the common experience of humanity (Common humanity) instead of being isolated by evaluating the experiences only as unique situations (Isolation) (Neff, 2003a). Therefore, self-compassion helps people be compassionate towards themselves and others by being aware of the imperfect nature of humanity (Neff, Kirkpatrick, & Rude, 2007; Neff, 2009). People with high self-compassion are less stressed because they accept the situation as it is they are in without judging themselves in a difficult situation. As a result of this, they are less afraid of making mistakes; they experience less negative mood states such as irritability, burnout, shyness, and inferiority complex (Gilbert & Procter, 2006).

Self-compassion is known to have a direct effect on loneliness. Self-judgment, the feeling of isolation from society, and over-identification with experiences are important factors that cause loneliness, and all these approaches are rarely seen in people with high self-compassion. Therefore, these people tend to feel less lonely (Akın, 2010a).

In the present study, the mediating role of self-compassion in the relationship between social anxiety and loneliness was examined. The hypotheses of the research are stated below:

H1: Social anxiety predicts loneliness positively.

H2: Social anxiety predicts self-compassion negatively.

H3: Self-compassion predicts loneliness negatively.

H4: Self-compassion is the mediating variable in the relationship between social anxiety and loneliness.

2. Methods

2.1. Participants and materials

The study sample consisted of 356 young adults, 288 of whom were female (%80) and 68 of whom were male (%19,1). Participants had an average age of 24.05 which varied between 18 and 40 (SD=4.58).

To collect data, a survey was prepared, which consisted of a Personal Information Form, the UCLA Loneliness Scale, the *Liebowitz Social Anxiety Scale*, and the *Self-compassion Scale*. All participants took part in the study online during the COVID-19 pandemic on a voluntary basis. On average, it took 15-20 minutes for participants to complete the survey.

Participants' demographic information was obtained through a "Personal Information Form", which includes personal questions about their age, gender, and grade and questions related to their parents/caregivers, such as their marital status, educational background, and occupation.

The UCLA Loneliness Scale (Russell, Peplau, and Cutrona, 1978) was used to assess the degree of loneliness. It is a four-point Likert-type scale that consists of 20 items in total and a minimum of 20 and a maximum of 80 points can be obtained from the scale. In the present study, Cronbach's alpha of the scale was .91.

The Liebowitz Social Anxiety Scale (Liebowitz, 1987) was used to measure social anxiety. It is a four-point Likert-type scale consisting of two sub-dimensions, 'Anxiety' and 'Avoidance'. Although the

same 24 items are included in both sub-dimensions, the 'Anxiety' dimension refers to the individual's anxiety about social interactions and performance; the 'Avoidance' dimension determines the level of avoidance from these environments. The scale can obtain a minimum of 48 and a maximum of 192 points by adding the two dimensions. In the present study, Cronbach's alpha of the 'Anxiety' dimension was .89, and of the 'Avoidance' dimension was .88. In this study, a total score (SA) was used, and Cronbach's alpha value was .94.

The Self-compassion Scale (Neff, 2003b) was used to measure self-compassion level. It is a five-point Likert-type scale consisting of 26 items and consists of six sub-dimensions: Self-kindness, Common humanity, Mindfulness, Isolation, Self-Judgment, and Over-identification. As each sub-dimension can be scored separately, a total score can be obtained by reverse scoring the items of the negative sub-dimensions. A minimum of 26 and a maximum of 130 points can be obtained from the scale as a total score. In this study, the total score (SC) was used and the Cronbach's alpha value was .92.

3. Results

In this section, analysis results are given. In accordance with the hypotheses of the study, firstly it is assumed that the distributions of the scale scores obtained from the data are normal distribution. While deciding about the distributions, and skewness/kurtosis measures, Kolmogorov-Smirnov Normality Test, histogram, and box plots were used. Then the correlation analyses were estimated between variables, and the loneliness of social anxiety was positive; self-compassion was found to predict negatively. Finally, multiple linear regression models were estimated for the mediation analysis-based SPSS PROCESS program was used. For this process assumptions of regression models (normality and multicollinearity) were tested.

Table 1. Multiple Linear Regressions for Mediator Variable.

Models		B	SE	β	t	R ²	Bootstrap LLCI	Bootstrap ULCI
SA→SC	Constant	104,94	4,075	-	25,747***	0,08	96,925	112,957
	SA	-0,247	0,044	0,282	-5,550***		-0,334	-0,159
SA+SC→UCLA	Constant	46,406	3,860	-	12,021***	0,22	38,814	53,998
	SA	0,096	0,025	0,181	3,713***		0,045	0,147
	SC	-0,235	0,0297	-0,387	-7,931***		-0,294	-0,177
SA → UCLA	Constant	21,685	2,468	-	8,784***	0,08	16,830	26,540
	SA	0,154	0,027	0,291	5,730***		0,0101	0,207

*p<0,05; **p<0,01;***p<0,001.

Table 2. Mediator Effects.

Mediator Effects	Total Effect	Direct Effect	Indirect Effect	Bootstrap LLCI-ULCI
	0,154	0,096	0,058	0,034-0,06

Table 1 shows that social anxiety significantly predicts self-compassion ($\beta=.28$, $R^2=.08$, $t=-5.55$, $p<.001$), and loneliness ($\beta=.29$, $R^2=.08$, $t=-5.73$, $p<.001$). Social anxiety in conjunction with self-compassion significantly predicts loneliness ($\beta_{SA}=.18/\beta_{SC}=-.39$, $R^2=.22$, $t_{SA}=3.71/t_{SC}=-7.93$, $p<.001$). Table 2 shows the mediator effects of self-compassion. According to the results, self-compassion has a partial mediation role in the relationship between social anxiety and loneliness.

4. Discussion

The aim of the present study was to examine the role of self-compassion as a mediator factor between social anxiety and loneliness and it was determined that self-compassion had a partial mediator role between social anxiety and loneliness. In the research, regression analyses were primarily applied, and it was discovered that as suggested in the hypotheses, social anxiety predicted loneliness positively and self-compassion negatively, and self-compassion predicted loneliness negatively. In addition, it was determined that self-compassion had a partial mediator role between social anxiety and loneliness. In other words, social anxiety causes an increase in the feeling of loneliness through decreasing self-compassion.

The findings obtained are consistent with the research in which social anxiety causes loneliness by the way of staying away from social environments, especially due to leading to avoidance of communicating with other people (Michela, Peplau, & Weeks, 1982), and through restriction of social life due to not being able to behave in accordance with the requirements of the environment (Burger, 1995).

However, the results of the mediator effect of self-compassion suggest that loneliness does not only arise from difficulties in social environments, but social anxiety probably affects people's approach to themselves in a negative way which may also be effective in the emergence of the feeling of loneliness in people. As a matter of fact, there are findings in the literature that 'self-judgment', 'over-identification', and 'isolation' which are the negative sub-dimensions of self-compassion, significantly predict loneliness (Crick & Ladd, 1993; Akin, 2010; Lyon, 2015; Ergün-Başak, 2012). It is possible that this could be stemmed from people's self-judgment having an accusatory attitude towards themselves by attributing the negative experiences and failures in social environments to internal reasons arising from themselves; seeing themselves as detached from other people as if, only they are experiencing them and over-identification with the negative feelings arising from negativity in social situations. It is possible that this could be stemmed from people's self-judgment and having an accusatory attitude towards themselves by attributing the negative experiences and failures in social environments to internal reasons arising from themselves. (Neff, 2003b; Blatt, D'Afflitti, & Quinlan, 1976; Reingenbach, 2009; Kirkpatrick, 2005). Similarly, Besser, Flett, and Davis (2003) observed in their research that people with a judgmental attitude toward themselves seek less social support and keep their distance from people. Accordingly, it can be interpreted that these people are more prone to loneliness.

Consequently, it can be said that social anxiety has an effect on the emergence of loneliness, either directly or by reducing self-compassion. Hence, it is expected that this research contributes to the scientific literature by stating the importance of self-compassion in preventing or reducing the experience of loneliness in people who suffer from social anxiety.

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