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External shame and its association with depression and anxiety: the moderating role of self-compassion

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ABSTRACT

Objective: The self-focused emotion of shame has been implicated in risk for psychopathology. However, this risk might be reduced by using emotion regulation strategies. To better understand the factors influencing emotion regulation and well-being in Australian university students, the current study investigated the relationships between external shame, a perception of judgement and negative evaluation from others, and core symptoms associated with psychopathology. The current study also explored whether self-compassion moderated these relationships.

Methods: Australian university students ($N = 392$) ranging in age from 18 to 55 years old ($M = 23.60$) completed questionnaires assessing trait external shame, self-compassion, and the psychopathology dimensions of depression, anxiety, and stress.

Results: There were strong positive associations between external shame and the core dimensions of psychopathology, along with strong negative associations between these variables and self-compassion. Self-compassion moderated the relationship between external shame and psychopathology in relation to depression and anxiety symptoms, but these findings were not replicated for stress.

Conclusions: The results have advanced our understanding of the experience of self-relevant emotional distress and core symptoms of psychopathology among Australian university students and have revealed that self-compassion may provide a way to regulate the negative affectivity associated with external shame in this context.

KEY POINTS

What is already known about this topic:

- (1) Shame follows evaluations of perceived failure and is associated with avoidant emotion regulation techniques and psychopathology.
- (2) Self-compassion activates the soothing emotion regulation system which can encourage more measured processing of negative self-relevant events.
- (3) External shame is emerging as a higher risk for psychopathology than internal shame or shame-proneness; both of which have been the predominant focus of enquiry to date.

What this topic adds:

- (1) Higher self-compassion reduced the strength of the external shame-anxiety and external shame-depression relationships in Australian university students.
- (2) Self-compassion may be an effective emotion regulation strategy to reduce the aversive effects of external shame on the severity of depression and anxiety symptomatology.
- (3) Self-compassion could be a way to regulate the negative affectivity associated with perceptions of external shame.

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Anxiety; depression; external shame; psychopathology; self-compassion; stress

Introduction

The mental health of young adults is internationally recognised as an important health issue, and a particularly at-risk population is that of Australian university students (Said et al., 2013; Stallman, 2010). Among university students, academic pressures can manifest as social isolation, burnout, reduced emotional and behavioural skills, and lower levels of

academic achievement (Fong & Loi, 2016). These experiences can lead to perceptions of failure and associated negative self-focused emotions, including shame (Turner et al., 2002). There is strong evidence that a higher propensity to experience internal shame, an intense source of self-focused emotion created by a global evaluation of oneself as being inherently flawed, inferior, worthless, or incompetent, can contribute to the development of psychopathology (Cândea

& Szentágotai-Tătar, 2018a; Lutwak et al., 2001; Porter et al., 2019; Proeve et al., 2018). However, comparatively less is known about the association between external shame, which is a negative evaluation of oneself as judged through the minds of others, and psychopathology (Gilbert & Woodyatt, 2017). Moreover, little research has investigated the experience of shame in university students and the focus in existing literature on internal shame-proneness means there is also limited understanding of effective emotion regulation strategies to attenuate the similarly aversive experience of external shame. The current study was thus designed to explore the association between external shame and core symptoms of psychopathology in a sample of Australian university students, and to examine self-compassion as a potential moderating variable in this relationship.

Studying at university is similar to other achievement contexts in that failure to achieve a desired outcome (i.e., poor grades) can result in feelings of failure and negative self-relevant emotions such as shame (Turner et al., 2002). Shame involves aversive self-appraisals that can elicit a range of acute negative feelings and a desire to physically shrink, hide, or escape; these distressing personal experiences have resulted in shame being categorised as one of the most painful and incapacitating of all human emotional experiences (Sedighimornani et al., 2019; Treeby & Bruno, 2012; Van Dijk et al., 2017). It is perhaps unsurprising that the feelings of self-contempt, perceptions of oneself as fundamentally flawed, and degrading self-evaluations that accompany the experience of shame can lead to a range of negative psychological outcomes including a higher risk for psychopathology (Kramer et al., 2017; Lutwak et al., 2001). Indeed, internal shame-proneness has been observed in student populations and is associated with higher levels of depression (Căndea & Szentágotai-Tătar, 2018a; Steindl et al., 2018), anxiety (Căndea & Szentágotai-Tătar, 2018a; Fergus et al., 2010), and stress (Gruenewald et al., 2004; Turner et al., 2002). The proposed mechanisms for these associations include negative self-evaluations for depression, and increased self-consciousness and physiological cortisol responses for anxiety and stress, respectively (Gruenewald et al., 2004; Porter et al., 2019). Moreover, there is growing evidence demonstrating the relationship between internal shame experiences and lower achievement-related self-esteem and self-worth (Turner et al., 2002), eating disorders (Keith et al., 2009), personality disorders (Kramer et al., 2017), alcohol use disorders (Treeby & Bruno, 2012), non-suicidal self-injury (VanDerhei et al., 2014), shyness and perfectionism (Lutwak et al., 2001), and anger dysregulation and interpersonal problems (Treeby & Bruno, 2012).

An influential hypothesis is that it is not the experience of shame itself that contributes to these negative psychological outcomes, but instead, it is the way in which that emotion is regulated once elicited (van Dijk et al., 2017). The intensity and pervasiveness of shame make it a challenging emotion to regulate effectively; shame responses are more strongly associated with ineffective suppressive and avoidant emotion regulation techniques which encourage internalisation (i.e., internal distress) and externalisation (i.e., anger) and increase the risk for associated psychopathological symptoms (Velotti et al., 2017). However, an alternative reappraisal and approach-oriented emotion regulation strategy is self-compassion (K. Neff, 2003a; Proeve et al., 2018). Self-compassion is “an orientation to care for oneself” (Leary et al., 2007, p. 887); it involves responding with self-kindness and warmth when experiencing internal distress, perceived failure, and pain (Neff, 2011). Self-compassionate individuals manage suffering and distress with non-judgemental understanding, thus self-compassion can serve as a “shield” against negative emotions that are associated with psychopathology (Sedighimornani et al., 2019).

Theoretically, self-compassion activates the soothing emotion regulation system that is associated with parasympathetic nervous system functioning and facilitates rest, safety, kindness, and care (Gilbert, 2009, 2014; Gilbert & Irons, 2005). Activation of the soothing system also promotes adaptive balance between the competing drive and threat emotion regulation systems, which encourage intensive goal-pursuit and protection or survival instincts, respectively. Overactivated drive or threat systems can lead to heightened self-judgement and self-criticism, and associated internal distress (Gilbert, 2014). There is also evidence that self-criticism is associated with co-activation of regions within the brain implicated in risk for depressive symptoms (J. J. Kim et al., 2020). By contrast, self-compassion and the self-soothing emotion regulation system have been strongly associated with a more adaptive self-view and various positive psychological outcomes including happiness, optimism, and life satisfaction (Dunne et al., 2016; Leary et al., 2007; K. Neff, 2003a; Neff, 2009; Neff et al., 2007; Sedighimornani et al., 2019), as well as lower shame-proneness, thought suppression, ruminative thinking, and general psychopathology (MacBeth & Gumley, 2012; Proeve et al., 2018; Woods & Proeve, 2014).

One reason self-compassion has such a strong association with adaptive psychological functioning is because an activated soothing system encourages a more measured response to perceived achievement- or goal-related failure and negative self-relevant

events. Leary et al. (2007), for example, revealed that self-compassion moderated reactions to historical, experimentally manipulated, or imagined scenarios involving failure, rejection, or embarrassment such that individuals higher in self-compassion were less likely to ruminate, become defensive, or experience negative affect. Breines and Chen (2012) further revealed that higher self-compassion helped individuals respond to a moral transgression, a personal weakness, or failure on an achievement task in a non-judgemental manner that facilitated a desire to make amends and self-improve. Moreover, higher levels of self-compassion have been found to reduce the strength of the association between the extremely high standards and critical self-evaluation observed in adolescents and adults with maladaptive perfectionism and depressive symptoms (Ferrari et al., 2018). When conceptualising shame as an emotion elicited following negative self-relevant events, it follows that the available evidence supports the suggestion that self-compassion can also temper the negative psychological consequences of internal shame and shame-proneness. This has been observed in both correlational studies (Ferreira et al., 2013; Woods & Proeve, 2014) and intervention research (Cândeia & Szentágotai-Táatar, 2018a; Johnson & O'Brien, 2013).

However, most existing research evidence relates to internal shame or shame-proneness rather than external shame. Although the qualitative experience of external shame is similarly distressing and incapacitating to that of internal shame, when experiencing internal shame, the individual is the judge of themselves (Gilbert & Woodyatt, 2017). By contrast, external shame is associated with an outward attentional focus and occurs when individuals imagine or anticipate negative judgement and evaluation from others (Gilbert & Woodyatt, 2017). The experience of external shame results from feeling looked down upon, devalued, incompetent or worthless in the eyes of others; consequently, external shame has been described as a form of stigma awareness and reflects a heightened sensitivity to outward sources of criticism or rejection (S. Kim et al., 2011). External shame has been positively associated with anxiety (Cândeia & Szentágotai-Táatar, 2018b), depression and stress (Proeve et al., 2018), and negatively associated with self-compassion (Ferreira et al., 2013). Importantly, preliminary evidence suggests that external shame is a more potent risk factor for psychopathology than internal shame (Gilbert, 2007). Specifically, external shame has been found to correlate more strongly with both depression (Kim et al., 2011) and anxiety (Cândeia & Szentágotai-Táatar, 2018b) than internal shame.

The outward focus on perceptions of others that is unique to external shame, relative to internal shame, means self-compassion may be an especially useful emotion regulation strategy in this context (Cândeia & Szentágotai-Táatar, 2018b). Regulation of external shame ordinarily relies on approaches that are entirely contingent on uncontrollable factors; such factors include restoring reputation, social standing, or approval in the eyes of others (Gilbert & Woodyatt, 2017). Self-compassion, by contrast, enables a positive self-view even when an individual has failed to live up to expectations, has performed or behaved poorly, compares unfavourably with others, or feels externally judged or devalued (Gilbert, 2009; Leary et al., 2007; Moffitt et al., 2018). Thus, given that (a) studying at university presents an academic achievement situation that can elicit perceptions of failure and external shame responses among students if performance does not meet expectation, (b) external shame has been implicated in risk for psychopathology, and (c) self-compassion may be an especially useful emotion regulation strategy to manage external shame, the current study was designed to investigate these relationships in a sample of Australian university students. In doing so, the current study aims to extend existing knowledge of the association between internal shame and risk for psychopathology by addressing the gap in current understanding of the links between external shame, self-compassion as an emotion regulation approach, and symptoms of psychopathology in university students. We hypothesised that external shame would positively correlate with core symptoms of psychopathology (depression, anxiety, and stress), that self-compassion would negatively correlate with core symptoms of psychopathology, and that external shame and self-compassion would be inversely related. We further anticipated that self-compassion would moderate the experience of external shame such that the external shame-psychopathology relationship would weaken with increases in self-compassion.

Method

Participants

Participants were 392 Australian university students (73.7% female) ranging in age from 18 to 55 years old ($M = 23.60$, $SD = 7.59$). Participants received partial course credit ($n = 352$, 89.8%) or were eligible to enter a draw to win a gift voucher ($n = 40$, 10.2%) as reimbursement for their time. The pattern of results did not differ substantially when males or those recruited via gift voucher incentive were removed. Therefore, the results for all participants are reported.

Participants identified as Caucasian (77%), Asian (12.8%), multiracial (4.6%), Indigenous (1.3%), or Latino (1%) with <1% of participants identifying as African American or Hispanic. Participants were single (46.9%), in a relationship (33.2%), married (8.7%), living with a partner (8.7%) or divorced (2.6%) and most reported working part-time or casual (47.2%), being a full-time student (39%) or working full time (7.1%) with <5% identifying as part-time or unemployed.

Measures

Psychopathology

The 21-item Depression Anxiety Stress Scale (DASS-21; Henry & Crawford, 2005) was used to measure the core symptoms of psychopathology. Participants indicated how much each statement (e.g., "I felt that life was meaningless") applied to them over the last week on a scale from 0 (*never*) to 3 (*almost always*). Depression, anxiety and stress subscale scores were calculated by summing the 7-items relating to each dimension, with higher scores revealing more severe symptoms. Internal consistency for all three axes in the current study was excellent (depression: $\alpha = .92$; anxiety: $\alpha = .86$; stress: $\alpha = .88$).

External shame

The 18-item Other as Shamer Scale (OAS; Goss et al., 1994) measured external shame. Participants indicated their agreement with each statement (e.g., "I feel other people see me as not good enough") on a scale from 0 (*never*) to 4 (*almost always*). A total score was calculated where higher scores indicated more external shame. Internal consistency in the current study was excellent ($\alpha = .96$).

Self-compassion

The 26-item Self-Compassion Scale (SCS; Neff, 2003b) measured levels of self-compassion. Participants indicated their agreement with each statement (e.g., "I try to see my failings as part of the human condition") on a scale from 1 (*almost never*) to 5 (*almost always*). A mean score was calculated with higher scores indicating higher levels of self-compassion. Internal consistency in the current sample was excellent ($\alpha = .93$).

Procedure

The study was conducted online. Participants provided demographic information and completed the questionnaires in counterbalanced order. Consent was implied through completion of the online survey and institutional

ethical approval was sought prior to the commencement of data collection.

Statistical analyses

The distribution of scores for depression, anxiety, stress, and OAS scores were non-normal. Therefore, prior to analyses, square root transformations were applied on the recommendation of Tabachnick and Fidell (2007). Transformation improved skewness (depression: pre = 1.16, post = 0.50; anxiety: pre = 0.98, post = 0.32; stress: pre = 0.63, post = -0.08; OAS: pre = 0.77, post = -0.02), thus transformed variables were used in the inferential analyses. Descriptive statistics (i.e., *M*, *SD* and *Mdn*) are provided using the non-transformed variables for ease of interpretation. There were no other violations of the regression assumptions.

Bivariate correlations were used to explore the relationships between psychopathology symptom scores, OAS and SCS scores. Three moderated regression analyses for each of the DASS-21 axes (depression, anxiety, and stress) were conducted using the PROCESS macro (Model 1) in version 26 of SPSS (Hayes, 2012). The moderation analyses tested whether there was a significant increase in variance explained (ΔR^2) when the OAS \times SCS interaction term was included in the regression model alongside the predictor (OAS) and moderator (SCS). Following significant interactions, simple slopes analyses were used to test the relationship between OAS scores and psychopathology symptom scores at low (1 *SD* below the mean), moderate (mean), and high (1 *SD* above the mean) levels of SCS.

Results

Relationships between self-compassion, external shame and core symptoms of psychopathology

Descriptive statistics (*M* and *SD*) and bivariate correlations for the main outcome variables are presented in Table 1.

Mean scores for depression and stress were in the normal-mild range, and anxiety scores were mild. Average OAS scores were well below the midpoint of the scale, and SCS scores were moderate falling just above the midpoint of the scale. Depression, anxiety and stress scores were positively intercorrelated, and all three of these distress axes scores positively correlated with OAS scores. By contrast, SCS scores were negatively associated with depression, anxiety, stress, and OAS scores.

Table 1. Descriptive statistics and bivariate correlations for depression, anxiety, stress, OAS and SCS scores ($N = 392$).

	<i>M</i>	<i>SD</i>	<i>Mdn</i>	1	2	3	4	5
1. Depression	4.88	4.62	3.00	-	.74*	.75*	.64*	-.60*
2. Anxiety	4.98	4.40	4.00		-	.70*	.53*	-.51*
3. Stress	7.11	4.53	7.00			-	.62*	-.63*
4. OAS	22.12	14.96	19.50				-	-.64*
5. SCS	3.15	0.63	3.11					-

Note. * $p < .001$; OAS = Other as Shamer Scale; SCS = Self-Compassion Scale.

Self-compassion as a moderator of the relationship between external shame and core symptoms of psychopathology

Depression

The moderated regression revealed a significant overall model that explained 47.81% of the variance in depression scores, $F(3, 388) = 132.56$, $p < .001$. As revealed in Table 2, OAS and SCS scores both contributed to the model. The OAS \times SCS interaction was significant, explaining an additional 1% of the variance in depression scores, $F(1, 388) = 8.02$, $\Delta R^2 = 0.0099$, $p = .005$. The simple slopes analyses revealed that the strength of association between OAS and depression scores weakened as SCS scores increased. These results, using transformed depression scores, are shown in Figure 1.

Anxiety

The model for anxiety scores was significant and explained 34.61% of the variance, $F(3, 388) = 82.36$, $p < .001$. OAS scores, SCS scores, and the OAS \times SCS interaction all significantly contributed to the model. The interaction term explained an additional 1.46% of the variance in anxiety scores, $F(1, 388) = 11.66$, $\Delta R^2 = 0.0146$, $p < .001$. Figure 1 displays the simple slopes analyses using the transformed anxiety scores;

the relationship between OAS and anxiety scores weakened with increases in SCS scores (see also Table 2).

Stress

The moderated regression for stress scores explained 47.68% of the variance, $F(3, 388) = 120.40$, $p < .001$. OAS scores and SCS scores significantly contributed to the prediction of stress scores. However, as shown in Table 2, there was no evidence of moderation, $F(1, 388) = 0.49$, $\Delta R^2 = 0.0006$, $p = .48$.

Discussion

Studying at university is a goal-focused activity, where disappointment with grades or performance can result in threatened academic identity, low self-esteem, negative self-relevant evaluations and associated distressing emotional responses (Turner et al., 2002). Indeed, university students report high levels of pressure and can experience shame about grades or scores that are perceived as a failure; these experiences can manifest in increased risk for elevated psychological distress and the development of core symptoms of psychopathology (Fong & Loi, 2016; Said et al., 2013; Stallman, 2010; Turner et al., 2002). Although the link between internal shame and psychopathology has been established, the current study was the first to investigate the relationships between perceptions of external shame, a unique source of negative self-focused emotion, and core symptoms of psychopathology in a sample of Australian university students. The current study also explored whether self-compassion moderated the strength of these relationships. As anticipated, higher levels of external shame negatively

Table 2. Moderated regression results for depression, anxiety and stress scores. Simple slopes analyses are reported for significant interactions ($N = 392$).

	<i>B</i>	<i>SE</i>	<i>t</i>	[95% <i>CI</i>]	<i>p</i>
Depression					
OAS	0.24	0.03	7.74	[0.18, 0.30]	< .001
SCS	-0.48	0.08	-6.09	[-0.64, -0.33]	< .001
OAS \times SCS	-0.08	0.03	-2.83	[-0.14, -0.03]	.005
Low SCS	0.29	0.04	7.71	[0.22, 0.37]	< .001
Moderate SCS	0.24	0.03	7.74	[0.18, 0.30]	< .001
High SCS	0.19	0.03	5.52	[0.12, 0.26]	< .001
Anxiety					
OAS	0.18	0.03	5.45	[0.12, 0.25]	< .001
SCS	-0.43	0.08	-5.53	[-0.59, -0.28]	< .001
OAS \times SCS	-0.10	0.03	-3.41	[-0.15, -0.04]	< .001
Low SCS	0.25	0.04	6.34	[0.17, 0.32]	< .001
Moderate SCS	0.18	0.03	5.45	[0.12, 0.25]	< .001
High SCS	0.12	0.04	3.24	[0.05, 0.20]	.001
Stress					
OAS	0.19	0.03	6.81	[0.14, 0.25]	< .001
SCS	-0.51	0.07	-7.35	[-0.64, -0.37]	< .001
OAS \times SCS	-0.02	0.03	-0.70	[-0.07, 0.03]	.484

Note. OAS = Other as Shamer Scale; SCS = Self-Compassion Scale.

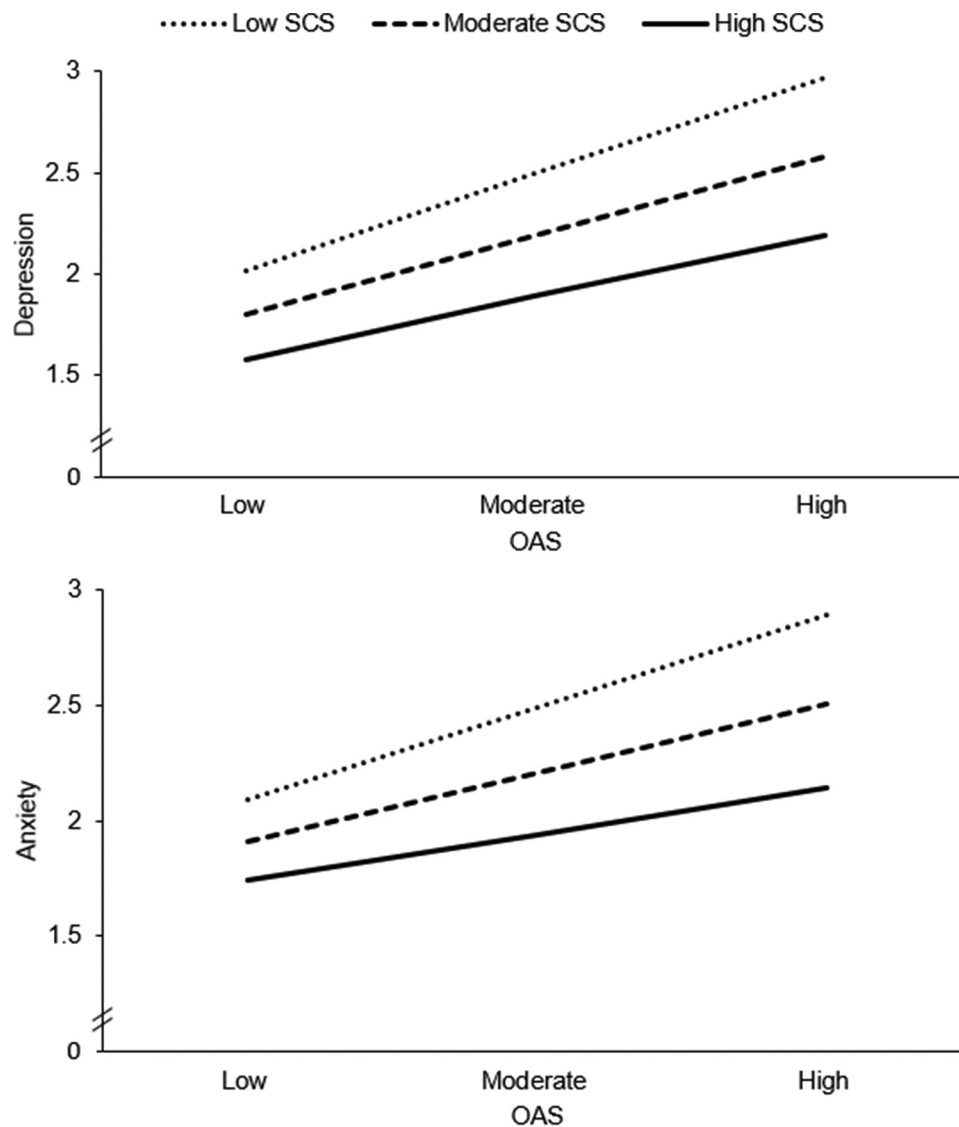


Figure 1. Simple slopes depicting the OAS \times SCS interaction for depression (top) and anxiety (bottom) scores. *Note.* OAS = Other as Shamer Scale; SCS = Self-Compassion Scale; y-axis scores have been square root transformed.

correlated with self-compassion and positively correlated with the three measured indices of psychopathology (depression, anxiety, and stress). Higher levels of self-compassion were also associated with lower depression, anxiety, and stress. Furthermore, self-compassion was found to moderate the external shame-depression and external shame-anxiety relationships. These relationships remained positive and statistically significant across low, moderate, and high levels of self-compassion. However, a moderation effect was observed through a reduction in the strength of these associations as levels of self-compassion increased. Contrary to expectations, there was no evidence of moderation for the external shame-stress relationship.

The moderation findings regarding depression and anxiety are consistent with previous literature revealing strong associations between internal shame-proneness and negative psychological outcomes, including higher risk for psychopathology in the form of depression and anxiety (Cândeia & Szentágotai-Tătar, 2018a; Fergus et al., 2010; Steindl et al., 2018). The results also support the suggestion that self-compassion can provide protection against the impact of negative emotions and the risk of associated psychopathology through promoting a more balanced reaction to negative achievement-related and self-relevant events and associated distressful self-appraisals and internal suffering (Breines & Chen, 2012; Cândeia & Szentágotai-Tătar, 2018a; Ferreira

et al., 2013; Fong & Loi, 2016; Leary et al., 2007). Importantly, the current findings have meaningfully extended existing literature, which has predominantly focused on internal shame or shame-proneness, by demonstrating that self-compassion may be a useful emotion regulation strategy in the context of external shame in a student population (Gilbert & Woodyatt, 2017).

External shame occurs when individuals perceive negative evaluation from others (Gilbert & Woodyatt, 2017). Typical responses to the experience of external shame involve attempts to change others' perceptions or regain approval, strategies that are externally contingent and largely uncontrollable (Gilbert & Woodyatt, 2017). This outward attentional focus and the difficulties associated with a reliance on externally driven coping mechanisms may be one reason why external shame has correlated more strongly with depression and anxiety than internal shame (Cândeia & Szentagotai-Tătar, 2018b; S. Kim et al., 2011). By contrast, self-compassion is an emotion regulation resource that resides within the individual and does not depend on external factors; it can elicit and facilitate the maintenance of a positive self-view even when feeling externally judged or devalued by others or following perceived bad performance (Gilbert, 2009; Leary et al., 2007; Moffitt et al., 2018; Turner et al., 2002). Thus, our findings have provided evidence that self-compassion and its inward focus on self-kindness and warmth may be a helpful emotion regulation approach in achievement contexts when perceiving negative judgement or evaluation from others (Cândeia & Szentagotai-Tătar, 2018b).

Similar to the outcomes observed for depression and anxiety, it was anticipated that self-compassion would moderate the relationship between external shame and stress. However, the results did not support this hypothesis. This finding was unexpected because positive associations between external shame and stress (Gruenewald et al., 2004; Porter et al., 2019), and negative associations between self-compassion and stress (Gilbert, 2009, 2014; Gilbert & Irons, 2005; Stutts et al., 2018) have been reported previously; both these bivariate associations were replicated in the present study. Moreover, these relationships have been equivalent in strength and directionality to those observed for depression and anxiety (Cândeia & Szentagotai-Tătar, 2018b; S. Kim et al., 2011), which was again observed in the present study. In fact, the relationships between external shame and stress and self-compassion and stress in the current study were stronger than those observed for anxiety. Self-compassion has been shown to boost parasympathetic nervous system functioning,

a physiological response that is incongruent with stress symptomatology (Gilbert, 2009, 2014; Gilbert & Irons, 2005). Furthermore, there is evidence to support a diminished physiological stress response among individuals with higher self-compassion (Arch et al., 2014; Bluth et al., 2016; Breines et al., 2015, 2014; Rockliff et al., 2008). The present findings are thus contrary to the expected physiological benefits of self-compassion on reducing stress responses related to external shame.

Depression and anxiety are internal emotional states characterised by a predisposition to experience distorted and negative thinking or biased appraisals of anticipated harm or danger, respectively (Daviu et al., 2019). Thus, according to theoretical models of negative emotionality, depression and anxiety are highly comorbid and conceptually linked through their joint association with negative affectivity (Willemsen et al., 2010). Stress, by contrast, is a less pathological response that is created by an identifiable external stressor. It is associated with a perception that situational demands exceed available resources and creates a physiological state of emergency within an individual (Daviu et al., 2019). Self-compassion may be a more effective moderator in the context of depression and anxiety as these processes relate to internally felt emotions; an internal emotion regulation system such as self-compassion may be especially effective to rebalance distorted or dysfunctional self-relevant negative affectivity (Willemsen et al., 2010). By contrast, when conceptualising stress as an emergency response to an external stimulus whereby negative affectivity is less prominent (Lovibond & Lovibond, 1995), it follows that an internal emotion regulation approach such as self-compassion may prove less effective.

Another consideration when interpreting the non-significant moderation effect for the external shame-stress relationship is that the feeling of guilt may be a form of negative affectivity that is more strongly related to stress responses than is shame. Shame is considered a more diffuse, but also a more painful and distressing, emotion than guilt as it involves a global appraisal of the entire self as being fundamentally flawed (Lutwak et al., 2001). By contrast, guilt can be directly attributed to engagement in specific unfavourable behaviours in an identifiable circumstance (Cândeia & Szentagotai-Tătar, 2018b; Cândeia & Szentagotai-Tătar, 2018a; Lutwak et al., 2001), for example, if a student believes they have not studied hard enough for an exam. The outcomes associated with these emotions also differ; shame leads to intense self-relevant negative affectivity whereas guilt results in increased tension and remorse (Cândeia & Szentagotai-Tătar, 2018b). Guilt,

therefore, may be a more stress-relevant emotion than shame and a different pattern of results may emerge when exploring self-compassion as a moderator of the guilt-stress relationship.

Although having contributed knowledge regarding the associations between external shame, core psychopathology symptoms and self-compassion, the current study is not without limitations. The cross-sectional design makes it difficult to speak to causality or ascertain the directionality of the observed relationships. That we did not gather information regarding the source(s) of the stress responses experienced by participants in the current study further limits the conclusions that can be drawn. As indicated by Stutts et al. (2018), when assessed cross-sectionally, lower levels of self-compassion can contribute to an appraisal of life as being more stressful and unfolding stressful events can “contaminate self-reports of self-compassion” (Stutts et al., 2018, p. 622). To better understand the unique relationships between external shame, self-compassion and stress, and whether self-compassion can moderate responses that are directly attributable to external shame, the timing of measurements of constructs is important. A longitudinal exploration and collection of further information regarding the relevance of unfolding environmental stressors to external shame, including those stressors commonly experienced by university students but also extending to stressors reported in different contexts and among other at-risk populations, would be valuable future research initiatives (Stutts et al., 2018).

Although possessing strong psychometric properties and replicable factor structure, only the DASS-21 was used to assess the core symptoms of psychopathology (Lovibond & Lovibond, 1995). This meant other important forms of negative affectivity relevant to the experience of shame (e.g., guilt) were not measured. In addition, the measure of external shame used in the current study, the OAS, although very internally consistent may only be assessing a narrow conceptualisation of this construct and could lack external validity and application across different specific contexts (i.e., perceptions of judgement from caregivers, teachers, peers, colleagues, or in romantic relationships). Indeed, the effectiveness of emotion regulation strategies for stress management have been found to depend on context, with differential effects observed across achievement versus interpersonal domains (Baker & Berenbaum, 2007). We also did not concurrently measure internal shame and the sample were university students who had mild to moderate levels of self-reported psychopathology; thus, the current findings cannot be generalised to a clinical population.

Future research could investigate whether the same moderation effects reported in the current study hold true when controlling for internal shame, or for individuals with clinically elevated symptomatology or clinical diagnoses. In addition, the current findings suggest that when the causal factor relates strongly to internal negative affectivity, self-compassion may work more effectively as an emotion regulation strategy than when the causal factor is an external stressor. Negative affectivity is not core to the stress response; an individual can be stressed by a situation but not negatively self-evaluate (Lovibond & Lovibond, 1995). Future research could thus test whether the mechanism underlying the observed moderation effects for depression and anxiety is indeed enhanced regulation of negative affectivity. Moreover, further research could directly compare the efficacy of self-compassion as a strategy to regulate emotional versus physiological distress symptoms, and the role of contextual and causal factors (Baker & Berenbaum, 2007; Proeve et al., 2018).

The present findings have important practical implications for interventions incorporating principles of self-compassion, and have contributed to the growing evidence for the use of self-compassion to assist university students who are experiencing anxiety associated with academic pressures, reduced emotional and behavioural skills, or self-focused emotional distress (Arimitsu, 2016; Ferrari et al., 2019; Fong & Loi, 2016). Moreover, the current results indicate that self-compassion, and its demonstrated capacity to diffuse both the affective and physiological symptoms of anxiety, may be especially effective as a strategy for the management of anxiety disorders (Cândeia & Szentagotai-Tătar, 2018b). External shame, and its focus on external judgement from others, has been more strongly related to social anxiety and generalised anxiety than internal shame (Cândeia & Szentagotai-Tătar, 2018b). There is also some evidence for the efficacy of training in compassion to reduce external shame in individuals with severe mental health disorders (Laithwaite et al., 2009). However, research in this area is limited (Proeve et al., 2018), and no research has yet explored the relative efficacy of self-compassion interventions for regulating external shame across different clinical disorders. Moreover, it is important that future research tests the efficacy of self-compassion emotion regulation interventions to manage external shame as this work has practical application for other related aversive experiences involving perceptions of external judgement, namely prejudice, stigma, and discrimination. Self-compassion is emerging as an

important protective factor in this context (Fredrick et al., 2019).

Conclusions

In conclusion, the current study has provided further evidence for the strong associations between external shame and core symptoms of psychopathology in a sample of Australian university students. We have also extended existing literature that had focused on internal shame and shame-proneness by identifying self-compassion as an emotion regulation strategy that may attenuate the similarly aversive experience of external shame, especially in relation to depression and anxiety symptomatology. This is an important contribution to current knowledge given that external shame is emerging as a higher risk for psychopathology than internal shame or shame-proneness, constructs that have been the overwhelming focus of empirical enquiry to date. That self-compassion did not similarly moderate the external shame-stress relationship suggests that the mechanism underlying the observed moderation effects may be the negative affectivity associated with the experience of both depression and anxiety. Overall, the findings indicate that self-compassion is an appropriate intervention target for the regulation of external shame, particularly as it relates to internal self-relevant negative affectivity. External shame is an aversive and incapacitating human emotional experience; its conceptual alignment with similarly aversive experiences (i.e., stigma) and its association with increased risk for psychopathology and poor mental health outcomes make this an important area of ongoing investigation.

Disclosure of interest

The authors report no conflict of interest.

Data availability statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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