ARTIGO ORIGINAL

Feelings of shame and the psychological well-being of adolescents: Fears of receiving compassion and social safeness as mediating processes

A vergonha e o bem-estar psicológico dos adolescentes: O medo de receber compaixão e os sentimentos de segurança e ligação aos outros como processos mediadores

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Abstract

Objectives: The current study aims to test the mediating role of fears of receiving compassion from others and of current feelings of social safeness and connectedness in the association between external shame and the psychological well-being of adolescents. We hypothesize that adolescents with higher levels of external shame may have lower psychological well-being indicators due to increased fear of receiving compassion from others and decreased feelings of social safeness. **Methods**: A total of 361 Portuguese adolescents of both sexes (43.8% boys; 56.2% girls), aged between 12 and 18 participated in this study by completing self-report measures to evaluate feelings of shame, fears of compassion, current feelings of social safeness, and the psychological well-being of adolescents. Data were analyzed through descriptive and correlational statistics, and the suitability of the model was tested via path analysis. **Results**: Results seemed to demonstrate that, in both sexes, adolescents' external shame is associated with psychological well-being. This effect was mediated by increased fear of receiving others' compassion and decreased connection and security feelings in social contexts. Specifically, results indicated that the tested model presented an adequate adjustment to the data, explaining 15.0% of the variance of fears of receiving compassion from others, 37.0% of the variance of current feelings of social safeness, and 46.0% of the variance of the psychological well-being of adolescents. **Conclusions**: This study contributes to a better understanding of the role that feelings of inferiority, fears of receiving compassion from others, and difficulty establishing safe and pleasurable relationships with others, in the social context, have on the psychological well-being of adolescents of both sexes.

Keywords: Adolescents; External shame; Fears of compassion; Psychological well-being; Social safeness; Exploratory study.

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Resumo

Objetivos: O objetivo do presente estudo foi testar o papel mediador do medo de receber compaixão dos outros e dos sentimentos de segurança e proximidade, em contexto social, na associação entre vergonha externa e o bem-estar psicológico dos adolescentes. Foi hipotetizado que adolescentes com elevados níveis de vergonha externa apresentem uma diminuição nos níveis de bem-estar psicológico, através do aumento do medo de receber compaixão e da diminuição dos sentimentos de segurança e proximidade em contexto social. **Métodos**: Participaram neste estudo 361 adolescentes portugueses de ambos os sexos (43,8% rapazes; 56,2% raparigas), com idade entre os 12 e os 18 anos, os quais completaram medidas de autorresposta relativamente a sentimentos de vergonha, medo da compaixão, sentimentos de segurança e de proximidade aos outros, e bem-estar percebido dos adolescentes. Os dados foram explorados através de estatísticas descritivas e correlacionais, e o modelo teórico proposto foi testado através de análises *path*. **Resultados**: Os dados pareceram demonstrar que, em ambos os sexos, a vergonha externa está associada a um decréscimo do bem-estar psicológico dos adolescentes, e que este efeito é mediado pelo aumento do medo de receber compaixão dos outros e pela diminuição dos sentimentos de segurança e conexão em contexto social. Os resultados indicaram que o modelo testado apresenta um adequado ajustamento aos dados, explicando 15,0% da variância do medo de receber compaixão dos outros, 37,0% da variância dos sentimentos de segurança e proximidade aos outros e 46,0% da variância do bem-estar psicológico dos adolescentes. **Conclusões**: Este estudo parece contribuir para uma compreensão mais aprofundada acerca da importância do papel dos sentimentos de inferioridade, do medo de receber compaixão dos outros, e dos sentimentos de segurança e proximidade, no contexto social, no bem-estar psicológico dos adolescentes.

Palavras-Chave: Adolescentes; Vergonha externa; Medo da compaixão; Sentimentos de segurança e ligação aos outros; Bem-estar psicológico; Estudo exploratório.

Introduction

Literature has shown an increasing interest in the study of quality of life in children and adolescents. Quality of life is considered an indicator of general well-being and is commonly defined by the World Health Organization (2020) as a multidimensional construct related to physical, emotional, mental, and social well-being. Quality of life in adolescence is particularly important since this developmental phase is characterized by several and crucial changes (Proctor et al., 2009; Salmela-Aro & Tuominen-Soini, 2010) that might influence their perception of health-related dimensions (Gaspar et al., 2012).

The series of psychosocial transformations that characterize adolescence makes this period especially sensitive and vulnerable in the face of social messages that express desirability, acceptance, and value in a social group (e.g., Gilbert & Irons, 2009). In this phase of life, there is also an increased concern regarding social approval, which is associated with a tendency to focus on competition and self-other evaluations to gain approval, status, and acceptance from others (Wolfe et al., 1986). These concerns tend to intensify difficulties with self-presentation, fears of rejection, or disapproval by a social group, and to be associated with shame (Gilbert & Irons, 2009).

Shame can be understood as a complex and powerful emotion that can be activated in the face of social threats, such as the experience of feeling rejected, diminished, ridiculed, or ostracized by others (e.g., Ferreira et al., 2020; Gilbert, 1998, 2007; Kaufman, 2004). According to the evolutionary perspective, shame emerges in the social context as a defensive response and as a warning sign of the experience of feeling threatened by the negative evaluation of others (Gilbert, 2002; Gilbert & Irons, 2009). Thus, shame directs the attentional focus for social threats (Gilbert, 2002) and usually arouses a set of defensive responses that aim to correct undesirable perceived personal features or attitudes. This painful self-conscious emotion has been emphasized as having a significant impact on people's sense of self and as a key factor for the development and maintenance of a wide range of mental health difficulties (e.g., Irons & Gilbert, 2005; Kim et al., 2011; Matos et al., 2013; Pinto-Gouveia

& Matos, 2011; Tangney & Dearing, 2002). Although research on shame feelings and its impact on well-being is scarce in adolescence, there is evidence that the experience of shame increases from adolescence to middle adulthood and is negatively associated with psychological well-being (Åslund et al., 2007; Cunha et al., 2012; Orth et al., 2010).

Several accounts have stressed that individuals with high feelings of shame and self-criticism can consider compassion and feelings of affiliation and warmth to be aversive or difficult and may present fears of compassion (i.e., fear of self-directed compassion, compassion towards others, and receiving compassion from others) (e.g., Gilbert et al., 2011, 2012; Longe et al., 2010; Rockliff et al., 2008). Gilbert et al. (2011) conceptualize fears of compassion as having three dimensions:

1. Fear of compassion for one's self, which involves fears or difficulties in expressing affiliative or compassionate feelings and attitudes towards ourselves, especially when things go wrong in our lives and in times of suffering.

2. Fear of compassion for others, which corresponds to the fear of expressing compassionate feelings and attitudes toward others (such as kindness, warmth, or care).

3. Fear of receiving compassion from others, which relates to the fear of receiving affiliative and compassionate attitudes, and a gentle understanding from others.

Fear of giving and receiving compassion have consistently been associated with psychopathology (e.g., insecure attachment; self-criticism; shame; fears of happiness; depression, anxiety, and stress; Gilbert et al., 2011, 2012; Kelly et al., 2013), making social connectedness and social safeness more difficult (Gilbert, 2010). Literature also shows that in the face of compassionate feelings, early negative backgrounds are connected to increased vulnerability to the development of aggressive attitudes and behaviors, fear reactions, resistance, and avoidance (e.g., Gilbert, 2010; Gilbert & Procter, 2006).

On the other hand, several studies have focused on the benefits of developing compassion and positive feelings and emotions in adults and adolescents, which seem to promote psychosocial adjustment, well-being, and social connectedness (Barnard & Curry, 2011; Gilbert & Irons, 2009; Neff & McGehee, 2010). In fact, it has been argued that the development of compassionate abilities and positive emotions seem to be promising for the adolescent population (Gilbert & Irons, 2009; Neff & McGehee, 2010). Although poorly studied in adolescent samples, research conducted with adults demonstrated that social safeness (i.e., the experience of feeling cared for, reassured and socially connected and safe) seem to be associated with adaptive strategies to deal more effectively with negative emotions and with positive affect and well-being (Gilbert, 2005). Further, positive affect (characterized by feelings of reassurance, warmth, support, and connectedness in social experiences) has been negatively linked with psychopathological indicators (e.g., feelings of shame, self-judgment, and submissiveness; Gilbert et al., 2008; Kelly et al., 2012).

Therefore, the current study aimed to examine the relationships between external shame, fear of receiving compassion, current feelings of social safeness, and adolescents' psychological well-being. Furthermore, this study also intended to test a path model on a sample of adolescents of both sexes to explore whether external shame is significantly associated with their psychological well-being and whether this association is mediated by fear of receiving compassion and current social feelings of safeness, while controlling the effect of age. We hypothesized that adolescents with higher levels of external shame might have lower psychological well-being indicators, due to increased fear of receiving compassion from others and decreased feelings of social safeness, support and connectedness.

Method

Participants

A total of 361 adolescents, 158 boys (43.8%) and 203 girls (56.2%), with a mean age of 14.32 years (SD = 1.47, range = 12 – 18), participated in the study. These adolescents were from the 7th to the 11th grade (M = 8.91, SD = 1.26), from middle and secondary public schools in the district of Coimbra, Portugal. One hundred eighty-five (51.2%) adolescents were in the early stage of adolescence (ages between 12 to 14), 170 (47.1%) were in the middle of adolescence (ages range = 15 to 17), and only 6 (1.7%) adolescents were in the late stage of adolescence (ages from 18 to 21). No significant gender differences were found concerning age [$t_{(359)}$ = -0.72, p = .793], and years of education [$t_{(359)}$ = -0.26, p = .494].

Procedures

The sample of the current study was part of the Ph.D. project entitled "The role of compassionate and competitive mentalities in adolescents' mental health: A programme for the promotion of self-acceptance and self-compassion skills". This wider research includes studying the impact of different emotion regulation processes on adolescents' well-being and mental health. The adolescents' sample was collected from middle and secondary public schools in central Portugal. The authorization for the sample collection was granted by the involved institutions' Ethics Committees and Boards (by the Portuguese Ministry of Education, by the Portuguese Data Protection Authority, and by the Ethics Committee of the Faculty of Psychology and Education Sciences of the University of Coimbra). The Board of Directors of Schools and parents were informed about the aims, purpose, and procedures of the study to give their informed and written consent. Participants were also informed about the procedures and aims of the study, voluntary participation, and confidentiality. The adolescents completed the measures in the classroom, and the researcher was present to assist and clarify instructions or answer questions about the content of the questionnaires, whenever necessary. Lastly, to avoid confounding amongst variables, a counterbalanced scale design was used.

Measures

The Others As Shamer Scale (OAS-2)

The OAS-2 (Portuguese version for adolescents by Cunha et al., 2017) consists of eight items measuring external shame (i.e., the perception that others evaluate and judge the self negatively). Respondents rated on a five-point Likert scale (0 = "Never" to 4 = "Almost always") the frequency of their feelings and experiences. Higher scores on this measure are indicative of higher external shame. The OAS-2 had a very good internal consistency, with a Cronbach's alpha of .82 for the original/adult version (Matos et al., 2015) and .92 for the adolescent's version (Cunha et al., 2017). In the current study, the scale presented a Cronbach's alpha value of .91.

Fears of Compassion Scale in Adolescence (FCS-A)

The FCS-A (Portuguese version by Duarte et al., 2014) is a self-report measure that comprises three subscales: (a) fears of compassion for self; (b) fears of compassion for others; and (c) fears of compassion from others, which assesses, specifically, how one reacts to signs of compassion from other people. Participants are asked to rate

each item using a five point-Likert scale ranging from zero ("Don't agree at all") to four ("Completely agree"). In the Portuguese version for adolescents (Duarte et al., 2014), Cronbach's alphas were .93, .86, and .88 for fears of compassion for self, fears of compassion to others, and fears of receiving compassion from others, respectively. For the current study, we only used the subscale fear of receiving compassion from others, which presented a Cronbach alpha of .89.

Social Safeness and Pleasure Scale (SSPS-A)

The SSPS-A (Portuguese version for adolescents by Miguel et al., 2019) is an 11-item self-report measure that assesses how people experience the world as safe, warm, and soothing. It reflects how people feel in different contexts of social interaction. Each item is rated on a five-point Likert scale (0 = "Never" to 4 = "Almost always"). Cronbach's alpha revealed values of .92 and .93 for the original (Gilbert et al., 2009) and the Portuguese versions (Miguel et al., 2019), respectively. In the current study, the Cronbach's alpha was .94.

Health-Related Quality of Life Measurement in Children and Adolescents – Short Version (KIDSCREEN-27)

The KIDSCREEN-27 (Portuguese version by Gaspar & Matos, 2008) contains 27 items divided by five dimensions (Physical Well-Being; Psychological Well-Being; Autonomy and Parents; Peers and Social Support; and School Environment). This self-report scale measures the children/adolescents' perception of their well-being and functioning. The response range is based on a five-point Likert scale (from 0 = "Never/not at all" to 5 = "Always"). Higher scores in this measure suggest a better quality of life. The Cronbach's alpha values were satisfactory across all five dimensions, ranging between .79 for physical well-being and .84 for psychological well-being (Ravens-Sieberer et al., 2006). According to the current study's purpose, only the psychological well-being dimension of the KIDSCREEN-27 was used; and presenting a Cronbach's alpha of .79.

Data Analysis

The present study had a cross-sectional design and aimed to test the mediator effect of fear of compassion from others and current feelings of social safeness between external shame and adolescents' psychological well-being. Descriptive statistics were performed to assess sample means and standard deviations and examine the study variables' associations. To interpret the effect sizes of Pearson's correlation, Cohen et al. guidelines (2003) were used (i.e., magnitudes between .10 and .30 were considered weak, .30 to .50 moderate and magnitudes above .50 strong). These data analyses were performed using the Statistical Package for the Social Science (SSPS, version 22.0; IBM SPSS, Chicago, IL).

Using the Analysis of Moment Structures software (AMOS, version 22.0; IBM® SPSS® Amos™ 22; Arbuckle, 2013), a series of path analyses were performed using the Maximum Likelihood method. The significance of direct, indirect, and total effects was examined through Chi-square tests. The Bootstrap resampling method, with 5000 samples and 95 percent bias-corrected confidence intervals, was used to test the mediational paths' significance. The effect was statistically significant (p < .050) if zero was not included in the interval between the lower and upper bound of the 95 percent bias-corrected confidence interval (Kline, 2011). The criteria recommended for a good model fit were: a non-significant Chi-square (χ^2; p > .05); a Comparative Fit Index (CFI) ≥ .95; a Tucker–Lewis index (TLI) ≥ .95; and a Root Mean Square Error of Approximation (RMSEA) ≤ .05 (Kline, 2011).

Results

Preliminary Analyses

Univariate and multivariate analyses were performed and indicated no severe violations of normal distribution ($|Sk|$ < 3 and $|Ku|$ < 8 – 10; Kline, 2011). Skewness values ranged from 0.03 (adolescents' psychological well-being) to 1.19 (external shame), and with kurtosis values ranging from 0.31 (fear of receiving compassion) to 3.46 (adolescents' psychological well-being).

Descriptive Statistics and Differences Between Sexes

Independent *t*-tests were computed to analyze group differences in all variables of the study. Means, standard deviations, *t*-test differences, and Cohen's *d* for all variables in each group (boys and girls) are displayed in Table 1. Results suggest that no significant differences were found between boys and girls in the variables under study.

Table 1

Means, Standard Deviations, t-Test, and its Significance, and Effect Size for Boys and Girls

	Boys (*n* = 158)		Girls (*n* = 203)		*t*	*p*	Cohen's *d*
	M	*SD*	*M*	*SD*			
External shame	7.34	6.41	9.28	7.26	-1.29	n.s.	0.28
Fears of receiving compassion from others	18.14	10.07	15.94	10.57	2.01	n.s.	0.21
Social safeness	42.40	8.56	42.88	8.44	-0.53	n.s.	0.08
Adolescents' psychological well-being	23.75	4.42	22.83	4.90	1.84	n.s.	0.20

Note. ns. = non-significant.

Correlations

Correlational analyses are presented for boys and girls in Table 2. Considering the girls' group, results revealed that positive correlations, with weak magnitudes, were found between age, external shame, and fear of compassion from others. However, in the same group, negative correlations, with small magnitudes, were found between age, current feelings of social safeness, and adolescents' psychological well-being. Furthermore, for both sexes, external shame correlated moderate and positively with fear of receiving compassion from others and moderate and negatively with current feelings of social safeness and adolescents' psychological well-being. In turn, fear of receiving compassion from others correlated moderate and negatively with current feelings of social safeness and adolescents' psychological well-being. Finally, a correlation between current feelings of social safeness and adolescents' psychological well-being was significant, positive and strong.

Table 2

Intercorrelation Scores on Self-Report Measures for Boys (n = 158; bottom side of the table) and Girls (n = 203; superior side, in bold)

	1	2	3	4	5
1. Age	—	.14*	**.14***	**-.22****	**-.26*****
2. External shame	-.03	—	**.41*****	**-.54*****	**-.53*****
3. Fears of receiving compassion from others	-.13	.37***	—	**-.39*****	**-.38*****
4. Social safeness	-.01	-.58***	-.49***	—	**.62*****
5. Adolescents' psychological well-being	-.12	-.58***	-.41***	.62***	—

Note.
*p < .05; **p < .01; ***p < .001.

Path Analysis

A fully saturated model with 20 parameters was initially examined. All path coefficients were statistically significant at the level of p < .050. An exception was verified concerning to the path coefficient between age and fear of receiving compassion from others (b_{age} = -.03; SEb = 0.35; Z = -0.01; p = .923). This path was removed, and the model was readjusted.

The readjusted model is presented in Figure 1 and explained 15.0% of the variance of fear of receiving compassion from others, 37.0% of the variance of current feelings of social safeness, and 46.0% of the variance of adolescents' psychological well-being. Model fit indices were examined and provided evidence for an excellent fit to empirical data [$CMIN/df$ = .01; TLI = 1.02; CFI = 1.00; NFI = 1.00; $RMSEA$ = .00, p = .951, 95% CI = .000 to .049].

Findings showed that external shame had a positive direct effect (β = 0.38) on fear of receiving compassion from others ($b_{external\ shame}$ = 0.58; SEb = 0.07; Z = 7.87; p < .001) and a negative direct effect of -0.44 and -0.29 on feelings of social safeness ($b_{external\ shame}$ = -0.54; SEb = 0.06; Z = -9.73; p < .001) and adolescents' psychological well-being ($b_{external\ shame}$= -0.20; SEb = 0.03; Z = -6.07; p < .001), respectively. In turn, fear of receiving compassion from others presented negative direct effects of -0.26 on feelings of social safeness ($b_{fear\ of\ receiving\ compassion}$= -0.21; SEb = 0.04; Z = -5.76; p < .001) and of -0.09 on adolescents' psychological well-being ($b_{fear\ of\ receiving\ compassion}$= -.04; SEb = .02; Z = -1.98; p < .050). Also, current feelings of social safeness showed a positive direct effect (β = 0.40) on adolescents' psychological well-being ($b_{social\ safeness}$ = 0.22; SEb = 0.03; Z = 8.31; p < .001).

Regarding indirect effects, results indicated that external shame presented an indirect effect of -0.10 on feelings of social safeness, mediated by fear of receiving compassion from others (95% CI = -0.16 to -0.06). Also, external shame showed an indirect effect of -0.25 on adolescents' psychological well-being, through fear of receiving compassion from others and feelings of social safeness (95% CI = -0.32 to -0.20). Finally, fear of receiving compassion also presented an indirect effect of -0.11 on adolescents' psychological well-being, via feelings of social safeness (95% CI = -0.16 to -0.06). These results seem to suggest that external shame may be associated with the adolescents' perception of decreased psychological well-being through higher levels of fear of receiving compassion from others and lower current feelings of social safeness.

Moreover, to examine if there was invariance of the model between the groups (boys and girls), a multi-group comparison was explored. It showed non-significant differences in the path coefficients from the final model between the two groups.

Figure 1

Final path model. Standardized Path Coefficients among Variables are Presented.
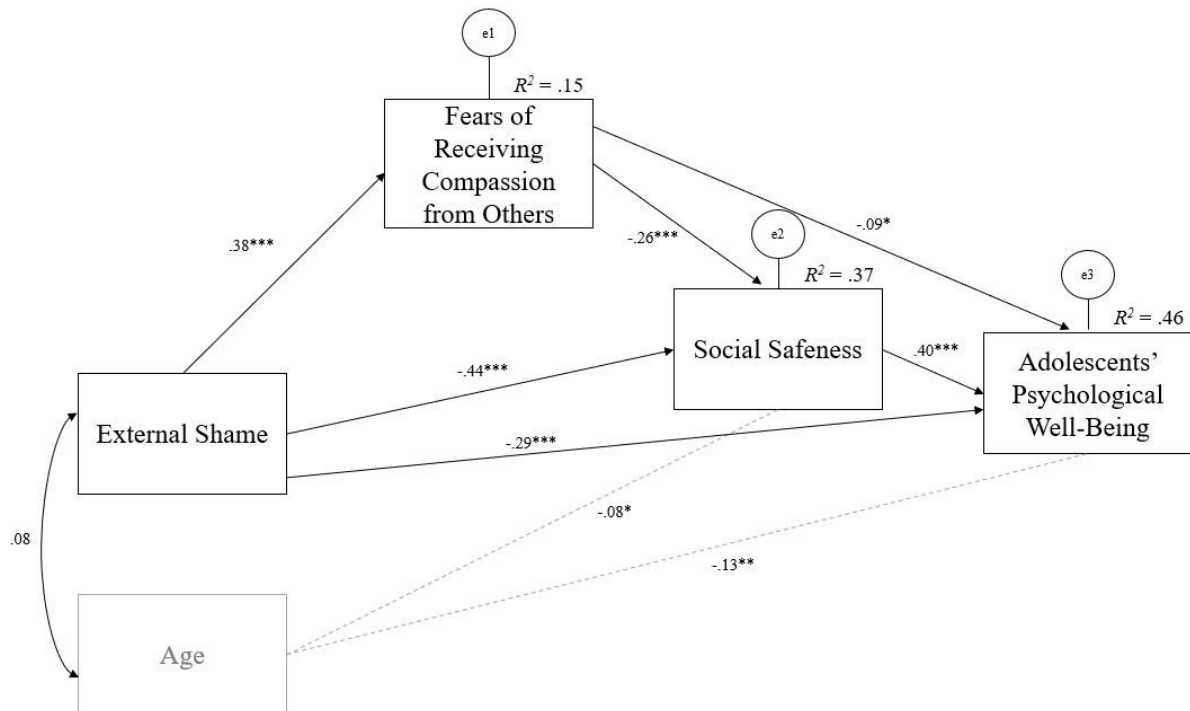
Note. * $p < .05$; ** $p < .01$; *** $p < .001$.

Discussion

Several studies have emphasized the association between feelings of shame (i.e., feelings that are activated in the face of social threats, involving experiences of inferiority) and the development and maintenance of a variety of mental health problems in adults (e.g., Irons & Gilbert, 2005; Kim et al., 2011; Matos et al., 2013; Pinto-Gouveia & Matos, 2011; Tangney & Dearing, 2002). However, the relationship between external shame and psychological well-being and the mechanisms which may explain this association has been left unexplored in adolescents. Findings of correlation analyses seem to support our initial predictions. They are in line with previous literature demonstrating that external shame was significantly and negatively associated with adolescents' psychological well-being (Mendes et al., 2019). Furthermore, correlation results seem to indicate that external shame was positively associated with the fear of receiving compassion from others and negatively with feelings of social safeness, support, and connectedness. These emotion regulation processes are, in turn, negatively linked to each other and are significantly associated with adolescents' psychological well-being. Additionally, it was interesting to note that age presented a significant and negative association with adolescents' psychological well-being. In fact, these findings follow previous research, which recognized that life satisfaction and quality of life decrease

during adolescence (e.g., Bisegger et al., 2005; Goldbeck et al., 2007). Considering this data, the effect of age was controlled in the model.

To better clarify the associations between the study variables, the current model was explored via path analyses. The model revealed an excellent fit to empirical data, accounting for 46.0% of adolescents' psychological well-being variance. Results seemed to demonstrate that although external shame has a direct effect on adolescents' psychological well-being, this association is also mediated by fears of receiving compassion from others and difficulties of establishing a secure and connected relationship with them. Our analyses showed that feelings of external shame directly explained 15.0% of the variance of fears of receiving compassion, and 37.0% of the variance of current feelings of safeness and connectedness was directly explained by external shame and indirectly through fears of receiving compassion. Further, results seem to indicate that the tested model is invariant for boys and girls, and there are no differences in the relationship between the studied variables. These findings are in line with our hypothesis, suggesting that, in the adolescents' population, despite external shame is directly associated with lower levels of psychological well-being, this relationship is also indirectly carried by emotional regulation processes (Mendes et al., 2019), such as fear of receiving compassion from others and social safeness. Thus, considering that external shame is based on the perception of oneself as inferior in others' minds, it is important to maintain safe social relationships. In this critical phase of adolescence, relationships with peers are the first to be established outside of a family context, and so they will become a reference for future relationships. If adolescents already have feelings of shame, they must develop relationships based on quality, care, and safety to increase their psychological well-being. In the association between external shame and psychological well-being, the fear of receiving compassion from others seems to have an important role. In this way, if one feels inferior in the mind of others, the fear of receiving compassion from them (many times viewed as a sign of weakness and vulnerability) could reinforce the sense of inferiority and shame, consequently having an impact on the adolescents' perception of their psychological well-being.

The current study presents some limitations that should be mentioned. Firstly, these findings are based on a cross-sectional design study, and therefore conclusions of causal relationships between the variables should be prevented. Future studies should explore if external shame effectively impacts adolescents' psychological well-being through a longitudinal design and explore whether fear of receiving compassion from others and current feelings of social safeness and connectedness may interfere in this association over time.

Secondly, the present study explored a model that addresses the impact of specific variables (e.g., external shame, fears of receiving compassion, and current feelings of social safeness) in adolescents' quality of life. Therefore, other relevant variables were not considered (such as mechanisms associated with psychological inflexibility). Hence, future studies should examine the role of these variables.

Another limitation is that the questionnaire protocol was exclusively composed of self-report measures, which may present some bias (e.g., social desirability) that may compromise the data's validity. Future research should consider using other assessment methodologies (e.g., structured interviews, and other sources of information, i.e., parents, teachers, peer group, or other significant figures). Lastly, participants were recruited in school units only from central Portugal, which may compromise the results' generalization to other samples. However, these schools were selected to encompass urban and rural backgrounds and to examine various socioeconomic contexts.

Despite limitations, the model examined in the present study may have relevant implications for future research and consider when developing intervention programs that promote quality of life and well-being in adolescents.

Since adolescence represents a critical developmental stage in which a series of psychosocial changes that may have a negative impact on mental health and psychosocial functioning occur (e.g., Gilbert & Irons, 2009; Irons & Gilbert, 2005), the study of these associations and the mechanisms that contribute to enhancing psychological well-being come out as particularly relevant.

This study seems to contribute towards a better understanding of the important role that feelings of inferiority, fears of receiving compassion from others and difficulty of establishing safe and pleasurable relationships with others have on the psychological well-being of adolescents of both sexes. Indeed, several studies in adult samples have suggested that compassion skills are positively associated with well-being indicators, such as social connectedness, positive affect, and happiness, and negatively linked with shame, self-criticism, rumination, and depression (e.g., Barnard & Curry, 2011; Goetz et al., 2010; Neff, 2003; Neff et al., 2007). Furthermore, several studies suggest that the development of compassion skills have a powerful effect on psychological and physical well-being (e.g., Hall et al., 2013; Jazaieri et al., 2014; Neff et al., 2007; Neff & McGehee, 2010; Pace et al., 2008). Considering its benefits, the promotion of these compassionate attitudes, both towards themselves and towards others, become the focus of training programs and clinical interventions for mental health problems (e.g., individuals with high levels of self-criticism and shame; Gilbert & Procter, 2006). Although self-compassion has been identified as a factor of well-being in adolescents, functioning as a "buffer" against a wide range of negative psychological health outcomes (Marsh et al., 2018), the study of emotional mechanisms that have an impact on adolescents' well-being has been scarcely investigated.

Our study findings support the relevance of working with adolescents with high levels of shame, fear of compassion, and low feelings of security and connection to a social group towards more compassionate ways of functioning. They seem to corroborate the importance of helping them develop alternative and adaptive emotion regulation processes and mechanisms.

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