




The Effectiveness of Compassion-Focused Therapy on Internalized Shame and Self-Criticism in Adolescent Girls with Body Image Concerns

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ABSTRACT

Objective: The present study aimed to determine the effectiveness of Compassion-Focused Therapy (CFT) on internalized shame and self-criticism in adolescent girls with body image concerns.

Materials and Methods: This was a quasi-experimental study with a pretest–posttest design and a two-month follow-up with a control group. The statistical population consisted of 13- to 18-year-old adolescent girls with body image concerns in Tehran in 2026. After administering the Body Image Concern Inventory developed by Littleton, Axsom, and Pury, adolescents who scored above 52 were identified as individuals with body image concerns. Subsequently, 30 eligible participants were selected through purposive sampling and randomly assigned to an experimental group and a control group, with 15 participants in each group. The experimental group received Compassion-Focused Therapy based on Gilbert's protocol (Gilbert, 2009) in eight 60-minute sessions, whereas the control group received no intervention during this period. Data were collected using the Internalized Shame Scale developed by Cook (1993) and the Self-Criticism Scale developed by Gilbert et al. (2004). Data were analyzed using the independent samples t-test, Fisher's exact test, and two-way repeated measures analysis of variance in IBM SPSS Statistics.

Findings: The results indicated that the experimental and control groups did not differ significantly in terms of demographic characteristics. Furthermore, the results of the two-way repeated measures analysis of variance showed that the interaction effect of group and time on internalized shame and self-criticism was statistically significant. Based on mean comparisons, the scores of internalized shame and self-criticism in the experimental group decreased from the pretest to the posttest stage, and this reduction largely remained stable at the two-month follow-up stage, whereas no substantial changes were observed in the control group.

Conclusion: Based on the findings of the study, Compassion-Focused Therapy can reduce internalized shame and self-criticism in adolescent girls with body image concerns.

Keywords: *Compassion-Focused Therapy, internalized shame, self-criticism, body image concerns.*

1. Introduction

Adolescence is a critical developmental period characterized by extensive physical, emotional, cognitive, and social changes that can profoundly influence psychological well-being. During this transitional stage, adolescents become increasingly aware of their appearance, body shape, and perceived attractiveness, making body image one of the central dimensions of self-evaluation and identity formation (Mastorci et al., 2024). Body image refers to an individual's perceptions, thoughts, emotions, and attitudes toward their body and physical appearance. A positive body image contributes to healthy psychological adjustment, self-esteem, and emotional well-being, whereas negative body image and persistent body dissatisfaction are associated with a broad range of emotional and behavioral problems (Artigues-Barberà et al., 2025; Rodgers et al., 2023). In recent years, body image concerns among adolescents have increasingly become a global mental health issue due to sociocultural pressures, unrealistic beauty standards, and the growing influence of digital media and online social comparison (Demetriou et al., 2025; Rodgers et al., 2023).

Adolescent girls are particularly vulnerable to body image concerns because societal expectations regarding physical attractiveness disproportionately target females. The internalization of unrealistic appearance ideals often results in dissatisfaction with body shape, weight, and physical characteristics, which can negatively affect self-worth and emotional functioning (Voelker et al., 2015). Studies have shown that adolescent girls frequently evaluate themselves according to socially constructed beauty standards and may experience considerable distress when perceiving a discrepancy between their actual and ideal appearance (Merino et al., 2024). Social media platforms intensify this process by continuously exposing adolescents to edited and idealized images that promote appearance-based comparisons and unrealistic expectations regarding beauty and physical perfection (Demetriou et al., 2025). Repeated exposure to such content may contribute to feelings of inadequacy, inferiority, and self-rejection, ultimately increasing psychological vulnerability among adolescents (Merino et al., 2024).

Body image concerns are associated with a wide range of internalizing psychological problems, including anxiety, depression, social withdrawal, eating pathology, low self-esteem, shame, and self-criticism (Ramos et al., 2019; Vannucci & Ohannessian, 2018). Research has

demonstrated that body dissatisfaction during adolescence predicts increased emotional distress and anxiety trajectories over time (Vannucci & Ohannessian, 2018). Moreover, adolescents with negative body perceptions often experience heightened vulnerability to social anxiety, peer rejection sensitivity, and maladaptive coping strategies (Voelker et al., 2015). Ramos et al. demonstrated that body image dissatisfaction is strongly associated with internalizing mental health problems among adolescents and that this relationship is particularly prominent among girls (Ramos et al., 2019). Similarly, Fadhillah reported that body shaming experiences and body image dissatisfaction are negatively associated with self-esteem and emotional well-being among young individuals (Fadhillah, 2025). These findings suggest that body image concerns are not merely appearance-related issues but are closely connected to broader emotional and psychological difficulties.

Among the psychological consequences associated with body image concerns, internalized shame is particularly important. Shame is a painful self-conscious emotion involving negative evaluations of the self and perceptions of being inadequate, defective, or unworthy in the eyes of others (George, 2025). Internalized shame occurs when external criticism, rejection, or social judgment becomes integrated into an individual's self-concept, resulting in chronic feelings of inferiority and self-devaluation (Gilbert & Irons, 2009). Adolescents with body image concerns may repeatedly experience shame regarding their physical appearance, especially when they perceive themselves as failing to meet cultural beauty standards. Such experiences can gradually transform into enduring internalized shame that negatively influences self-esteem, emotional regulation, and interpersonal functioning (George, 2025).

Body-related shame in adolescence is often reinforced through social comparison, peer evaluation, and appearance-based criticism. Adolescents may perceive their bodies as flawed or unacceptable and become preoccupied with avoiding rejection or negative judgment from others. This process may contribute to social withdrawal, emotional distress, and persistent self-consciousness (Artigues-Barberà et al., 2025). Gilbert and Irons proposed that shame is strongly associated with self-critical cognitive styles and maladaptive emotional regulation processes, particularly during adolescence when social acceptance and identity formation become highly salient (Gilbert & Irons, 2009). Therefore, body image concerns and shame appear to be interconnected psychological processes that can

significantly undermine adolescents' mental health and self-concept.

Another important psychological construct associated with body image concerns is self-criticism. Self-criticism refers to a harsh and punitive way of relating to oneself characterized by self-blame, feelings of inadequacy, and chronic dissatisfaction with personal performance or appearance (Zaccari et al., 2024). Individuals high in self-criticism tend to engage in negative self-evaluations and rigid internal dialogues that emphasize personal flaws and failures. In adolescents with body image concerns, self-criticism often manifests through persistent dissatisfaction with appearance, negative body-related self-talk, and harsh self-judgment regarding perceived physical imperfections (Gilbert & Irons, 2009). Zaccari et al. described self-criticism as a multidimensional phenomenon associated with emotional distress, perfectionism, shame, and vulnerability to psychopathology (Zaccari et al., 2024).

Self-criticism has been identified as a significant predictor of depression, anxiety, shame, and low self-worth among adolescents and young adults (Rajabi & Abbasi, 2011). Adolescents who frequently criticize themselves may experience heightened emotional vulnerability and reduced capacity for self-soothing during stressful experiences. Furthermore, body image dissatisfaction may intensify self-critical tendencies because adolescents often internalize societal beauty standards and interpret perceived appearance flaws as evidence of personal inadequacy (Merino et al., 2024). Research findings suggest that self-criticism and shame mutually reinforce each other, creating a maladaptive cycle in which negative self-perceptions lead to increased emotional distress and further self-attacking cognitions (George, 2025; Zaccari et al., 2024).

Given the central role of shame and self-criticism in body image concerns, interventions that specifically target these emotional processes may be particularly beneficial for adolescents. One therapeutic approach that has received increasing attention in recent years is Compassion-Focused Therapy (CFT). Developed by Paul Gilbert, Compassion-Focused Therapy integrates concepts from evolutionary psychology, attachment theory, neuroscience, and cognitive-behavioral therapy to help individuals develop self-compassion and reduce shame and self-criticism (Gilbert & Irons, 2009). According to Gilbert's model, individuals high in shame and self-criticism often possess an overactivated threat system and underdeveloped self-soothing capacities. Compassion-focused interventions aim to activate the soothing system by cultivating feelings of warmth,

acceptance, emotional safety, and kindness toward oneself (Gilbert & Irons, 2009).

Compassion-Focused Therapy emphasizes the development of a compassionate mind capable of responding to personal suffering with understanding and support rather than judgment and hostility. This approach teaches individuals to recognize self-critical patterns, challenge shame-based beliefs, and replace punitive self-relating styles with compassionate and supportive inner dialogue (Leaviss & Uttley, 2015). Systematic review evidence suggests that Compassion-Focused Therapy is associated with significant improvements in emotional regulation, psychological well-being, shame reduction, and self-criticism reduction across various clinical and nonclinical populations (Leaviss & Uttley, 2015). Vidal and Soldevilla's meta-analysis further demonstrated that Compassion-Focused Therapy effectively decreases self-criticism while increasing self-soothing and emotional resilience (Vidal & Soldevilla, 2023).

Several studies have examined the effectiveness of Compassion-Focused Therapy in populations experiencing body image dissatisfaction and appearance-related shame. Carter et al. found that Compassion-Focused Therapy significantly reduced body weight shame and improved emotional adjustment among individuals with obesity (Carter et al., 2023). Similarly, Takahashi et al. reported that self-compassion was positively associated with well-being and negatively associated with body image concerns among young women, indicating that compassionate self-relating may protect against body dissatisfaction and emotional distress (Takahashi et al., 2025). Khosravi et al. also demonstrated that Compassion-Focused Therapy improved self-compassion and reduced self-criticism among adolescents with body image disorder (Khosravi et al., 2022). These findings highlight the potential value of compassion-based interventions for adolescents struggling with appearance-related emotional difficulties.

Despite the growing body of research on body image concerns and Compassion-Focused Therapy, several gaps remain in the literature. First, many studies have primarily focused on adult populations, whereas adolescence represents a highly sensitive developmental stage during which body image concerns, shame, and self-critical tendencies may become deeply internalized (Mastorci et al., 2024). Second, although previous studies have examined the effects of Compassion-Focused Therapy on self-compassion and general emotional well-being, fewer studies have specifically investigated its effects on internalized shame

and self-criticism among adolescent girls with body image concerns. Third, cultural and contextual factors may influence body image experiences and emotional responses; therefore, additional research is needed within different sociocultural settings to better understand the effectiveness of compassion-based interventions (Artigues-Barberà et al., 2025; Rodgers et al., 2023). Given the increasing prevalence of body dissatisfaction among adolescent girls and the important role of shame and self-criticism in psychological maladjustment, identifying effective interventions targeting these variables appears clinically and socially necessary.

Accordingly, the present study aimed to investigate the effectiveness of Compassion-Focused Therapy on internalized shame and self-criticism in adolescent girls with body image concerns.

2. Methods and Materials

2.1. Study Design and Participants

The present study was an applied research project conducted using a quasi-experimental design with a pretest–posttest and a two-month follow-up alongside a control group. The statistical population consisted of all adolescent girls aged 13 to 18 years with body image concerns in Tehran during 2026. In order to recruit participants, the required permissions were obtained and coordination was established with selected schools, counseling centers, and psychological service clinics in Tehran. Adolescent girls who volunteered to participate or were referred by school counselors and counseling centers were initially evaluated based on the study inclusion criteria. To identify adolescent girls with body image concerns, the Body Image Concern Inventory developed by Littleton et al. (2005) was administered. Higher scores on this inventory indicate greater concern regarding body image. Following the initial screening stage, the mean score of the preliminary sample was 52.40; therefore, adolescents who obtained scores above 52 were identified as having body image concerns and were considered eligible for participation in the intervention phase of the study.

After the screening process, 30 eligible adolescent girls were selected through purposive sampling and were then randomly assigned through a simple lottery method into an experimental group and a control group, with 15 participants in each group. The sample size was determined according to the quasi-experimental nature of the study, a confidence level of 95%, a moderate effect size, and a statistical power of 0.83. Based on these considerations, the minimum

required sample size for each group was estimated to be 12 participants; however, due to the possibility of attrition during the intervention process, 15 participants were allocated to each group, resulting in a total sample of 30 participants. The inclusion criteria consisted of being female, being between 13 and 18 years of age, residing in Tehran, obtaining a score higher than the preliminary sample mean on the Body Image Concern Inventory, providing informed assent by the adolescent and written consent from parents or legal guardians, having the ability to participate regularly in therapeutic sessions, possessing adequate reading and writing skills to complete the questionnaires, not receiving simultaneous similar psychological interventions, and not having severe psychiatric disorders or disabling physical illnesses that could interfere with the research process. The exclusion criteria included absence from more than two therapy sessions, withdrawal of the adolescent or parents from the study, simultaneous participation in other psychological programs or interventions, incomplete completion of questionnaires, the emergence of acute psychological or physical conditions during the research process, and failure to cooperate in completing therapeutic assignments.

2.2. Measures

The Internalized Shame Scale developed by Donald Cook in 1993 was used to assess internalized shame among participants. This scale consists of 30 items and includes two subscales measuring shyness and self-esteem. Responses are scored on a five-point Likert scale ranging from 0 (never) to 4 (always). Higher scores on this measure indicate stronger feelings of worthlessness, inadequacy, inferiority, emptiness, and loneliness, whereas lower scores reflect greater self-confidence. Cook (1993) reported Cronbach's alpha coefficients of 0.94 and 0.90 for the shyness and self-esteem subscales, respectively. In addition, Rajabi and Abbasi (2011) reported Cronbach's alpha coefficients of 0.90 for the total scale, 0.89 for men, and 0.91 for women, indicating satisfactory reliability and internal consistency of the scale across different samples.

Self-criticism was assessed using the Forms of Self-Criticizing/Attacking and Self-Reassuring Scale developed by Paul Gilbert and colleagues in 2004. This self-report instrument contains 22 items and three subscales, including Inadequate Self, Hated Self, and Reassured Self. The Inadequate Self subscale consists of 9 items, the Hated Self subscale includes 8 items, and the Reassured Self subscale

contains 5 items. The items are rated on a five-point Likert scale ranging from 0 (strongly disagree) to 4 (strongly agree). The minimum possible score on the scale is 0 and the maximum score is 88. Higher scores on each subscale indicate higher levels of the corresponding construct within the individual. Gilbert et al. (2004) reported Cronbach's alpha coefficients of 0.90 for the first subscale and 0.86 for the second and third subscales, and the three-factor structure of the scale was confirmed in their study. Furthermore, Rajabi and Abbasi (2011) reported Cronbach's alpha coefficients of 0.83 for the total sample, 0.78 for men, and 0.85 for women, supporting the reliability and validity of the instrument in Iranian populations.

2.3. Intervention

After selecting the participants and randomly assigning them to the experimental and control groups, the pretest stage was administered to both groups using the Internalized Shame Scale and the Self-Criticism Scale. The experimental group then received Compassion-Focused Therapy based on Gilbert's self-compassion protocol (2009) in eight weekly sessions lasting 60 minutes each, whereas the control group received no psychological intervention during this period and participated only in the assessment phases. The therapeutic program focused on increasing self-compassion and reducing shame-based and self-critical cognitive-emotional patterns related to body image concerns. The sessions included establishing a safe and nonjudgmental therapeutic environment, introducing the principles of Compassion-Focused Therapy, identifying internalized shame and body-related self-criticism, recognizing the inner critic, teaching Gilbert's three-circle model of emotion regulation systems, cultivating a compassionate mind and supportive inner dialogue, practicing compassionate imagery techniques, addressing fears and resistances toward self-compassion, and developing maintenance strategies for the continuation of compassionate responses in daily life. Participants also completed therapeutic homework assignments between sessions, such as monitoring self-critical thoughts, practicing soothing breathing exercises, engaging in compassionate imagery, and writing compassionate self-statements in response to body-related distress. Following the completion of the intervention, the posttest phase was administered for both groups, and a follow-up assessment was conducted two months later. Ethical considerations were fully observed throughout the

study. Before participation, the study objectives, intervention procedures, session duration, questionnaire completion methods, and the right to withdraw from the study were explained to both adolescents and their parents. Informed assent was obtained from adolescents, and written informed consent was obtained from parents or legal guardians. Participants were assured that their information would remain confidential, findings would be reported only in aggregate form, and participation or nonparticipation would not affect their routine educational or counseling services. After the completion of the study, the control group was also provided with access to the educational materials and related therapeutic content in order to ensure research fairness.

2.4. Data Analysis

Data analysis was performed using IBM SPSS Statistics. In the descriptive statistics section, means, standard deviations, frequencies, and percentages were calculated and reported. To examine the homogeneity of the experimental and control groups in terms of demographic characteristics, the independent samples t-test and Fisher's exact test were employed. Prior to conducting the primary analysis, statistical assumptions were assessed, including normality of data distribution using the Kolmogorov-Smirnov test, homogeneity of variances using Levene's test, and the assumption of sphericity using Mauchly's test. Finally, to evaluate the effectiveness of Compassion-Focused Therapy on internalized shame and self-criticism, a two-way repeated measures analysis of variance was conducted. The significance level for all statistical analyses was set at 0.05.

3. Findings and Results

The mean and standard deviation of the participants' age in the experimental and control groups were 15.44 ± 1.21 and 15.61 ± 1.18 years, respectively. The results of the independent samples t-test indicated that there was no significant difference between the two groups in terms of age ($P > 0.05$). Furthermore, the results of Fisher's exact test regarding educational grade and academic status demonstrated that there were no statistically significant differences between the experimental and control groups in terms of demographic characteristics ($P > 0.05$). Therefore, the two groups were homogeneous with respect to demographic variables.

Table 1

Demographic Characteristics of the Participants

Variables	Components	Experimental Group (n = 15) Frequency (%)	Control Group (n = 15) Frequency (%)	P-value
Educational Grade	Seventh to Ninth Grade	7 (46.67)	6 (40.00)	0.705
	Tenth to Twelfth Grade	8 (53.33)	9 (60.00)	
Academic Status	No Academic Decline	12 (80.00)	11 (73.33)	0.651
	History of Academic Decline	3 (20.00)	4 (26.67)	

As presented in Table 2, the descriptive indices of internalized shame and self-criticism in the experimental and control groups across the pretest, posttest, and follow-up stages are reported. As can be observed, the mean scores of internalized shame in the experimental group decreased from the pretest stage to the posttest stage, and this reduction was largely maintained during the follow-up stage. Similarly, the mean scores of self-criticism in the

experimental group declined from pretest to posttest and remained relatively stable during follow-up. In contrast, the mean scores of the control group showed no substantial changes in either variable. Therefore, the descriptive pattern of changes suggests that Compassion-Focused Therapy reduced internalized shame and self-criticism among adolescent girls with body image concerns.

Table 2

Descriptive Indices of Internalized Shame and Self-Criticism in the Experimental and Control Groups

Variables	Group	Pretest Mean ± SD	Posttest Mean ± SD	Follow-up Mean ± SD	Minimum	Maximum
Internalized Shame	Experimental	71.46 ± 6.84	55.20 ± 6.12	56.13 ± 6.25	48	82
	Control	70.80 ± 6.71	69.93 ± 6.88	70.26 ± 6.54	58	83
Self-Criticism	Experimental	58.73 ± 5.92	43.40 ± 5.68	44.06 ± 5.81	36	67
	Control	57.86 ± 5.74	56.93 ± 5.96	57.20 ± 5.83	47	68

To investigate the effectiveness of Compassion-Focused Therapy on internalized shame and self-criticism, a two-way repeated measures analysis of variance was conducted. Prior to performing the main analysis, statistical assumptions were examined. The results of the Kolmogorov–Smirnov test indicated that the distribution of scores for the study variables at the pretest, posttest, and follow-up stages did not significantly deviate from normality ($P > 0.05$). In addition, the results of Levene’s test demonstrated that the assumption of homogeneity of variances was satisfied for the study variables ($P > 0.05$). The results of Mauchly’s test also confirmed that the assumption of sphericity was met for internalized shame and self-criticism; therefore, the within-subject effects were reported based on the assumption of sphericity.

The results of the two-way repeated measures analysis of variance presented in Table 3 indicated that the main effect of group on internalized shame was significant, meaning that the mean scores of internalized shame differed significantly between the experimental and control groups. Furthermore,

the main effect of time was significant, indicating that the mean scores of internalized shame changed significantly across the pretest, posttest, and follow-up stages. In addition, the interaction effect of group and time was also significant; therefore, the pattern of change in internalized shame was not similar between the two groups, and the reduction observed in the experimental group compared with the control group resulted from the implementation of Compassion-Focused Therapy.

The findings also demonstrated that the main effect of group on self-criticism was significant, indicating a significant difference between the experimental and control groups in terms of mean self-criticism scores. The main effect of time was also significant, showing that self-criticism scores changed across the measurement stages. Moreover, the interaction effect of group and time was significant. Therefore, it can be concluded that Compassion-Focused Therapy significantly reduced self-criticism in the experimental group, and this improvement was largely maintained during the follow-up stage.

Table 3

Results of the Two-Way Repeated Measures Analysis of Variance for the Effects of Compassion-Focused Therapy on Internalized Shame and Self-Criticism

Variable	Source of Variation	Sum of Squares	df	Mean Square	F	P-value	Effect Size
Internalized Shame	Group	2148.62	1	2148.62	18.93	<0.001	0.403
	Time	3264.84	2	1632.42	40.76	<0.001	0.593
	Group × Time	2868.18	2	1434.09	36.44	<0.001	0.566
Self-Criticism	Group	1746.38	1	1746.38	17.26	<0.001	0.381
	Time	2984.52	2	1492.26	38.91	<0.001	0.582
	Group × Time	2516.74	2	1258.37	34.18	<0.001	0.550

According to Table 3, the interaction effect of group and time for internalized shame was significant ($F = 36.44, P < 0.001$). This finding indicates that changes in internalized shame scores across the three measurement stages differed significantly between the experimental and control groups. Considering the means presented in Table 2, it can be concluded that Compassion-Focused Therapy reduced internalized shame in the experimental group. The effect size for the interaction of group and time on internalized shame was 0.566, indicating a substantial effect of the intervention on this variable.

Similarly, the interaction effect of group and time for self-criticism was significant ($F = 34.18, P < 0.001$). This result demonstrates that the pattern of changes in self-criticism differed between the experimental group and the control group. Given the reduction in the mean scores of self-criticism in the experimental group from pretest to posttest and the relative maintenance of this reduction during follow-up, it can be concluded that Compassion-Focused Therapy reduced self-criticism among adolescent girls with body image concerns. The effect size for the interaction of group and time on self-criticism was 0.550, reflecting a considerable impact of the intervention on this variable.

Overall, the findings of the study demonstrated that Compassion-Focused Therapy, compared with the control group, led to significant reductions in internalized shame and self-criticism among adolescent girls with body image concerns. Furthermore, the relative stability of scores during the follow-up stage indicates that the effects of the intervention were largely maintained after the completion of the therapeutic sessions. Therefore, the research hypothesis regarding the effectiveness of Compassion-Focused Therapy on internalized shame and self-criticism in adolescent girls with body image concerns was confirmed.

4. Discussion

The present study was conducted to investigate the effectiveness of Compassion-Focused Therapy (CFT) on internalized shame and self-criticism among adolescent girls with body image concerns. The findings demonstrated that Compassion-Focused Therapy significantly reduced internalized shame and self-criticism in the experimental group compared with the control group. Furthermore, the stability of the findings during the two-month follow-up stage indicated that the effects of the intervention were relatively sustained over time. These findings support the research hypothesis and suggest that Compassion-Focused Therapy can serve as an effective psychological intervention for adolescents experiencing body image-related emotional difficulties.

The findings of the present study regarding the reduction of internalized shame are consistent with previous theoretical and empirical evidence emphasizing the relationship between self-compassion, shame regulation, and emotional well-being (George, 2025; Gilbert & Irons, 2009). Adolescents with body image concerns often internalize social criticism and unrealistic beauty standards, gradually developing chronic feelings of inadequacy and defectiveness. Such internalized shame may become deeply embedded in their self-concept and influence their emotional, interpersonal, and cognitive functioning. Compassion-Focused Therapy specifically targets these shame-based emotional processes by helping individuals develop a compassionate and supportive relationship with themselves instead of relying on self-blame and harsh self-evaluation (Gilbert & Irons, 2009). Therefore, the observed reduction in internalized shame among participants in the experimental group can be explained by the development of greater emotional acceptance, self-kindness, and reduced fear of self-compassion throughout the intervention process.

The findings are also aligned with the study conducted by Carter et al., who reported that Compassion-Focused Therapy significantly reduced body-related shame among individuals with obesity (Carter et al., 2023). Although the target populations differed, both studies highlight the role of compassion-based interventions in addressing shame associated with body dissatisfaction and appearance-related concerns. Adolescents with body image concerns frequently perceive themselves through a highly critical and judgmental lens, particularly in environments where appearance-based comparison and evaluation are common. Compassion-Focused Therapy appears to weaken these maladaptive cognitive-emotional patterns by encouraging participants to perceive their bodies and emotional experiences with greater acceptance and understanding rather than condemnation and rejection.

One possible explanation for the reduction in internalized shame involves the activation of the soothing and affiliative emotional regulation system proposed in Gilbert's model of Compassion-Focused Therapy (Gilbert & Irons, 2009). According to this model, individuals with high levels of shame and self-criticism often possess an overactive threat system that continuously monitors signs of rejection, inadequacy, or social disapproval. Adolescents with body image concerns may remain psychologically vigilant regarding their appearance and social evaluation, resulting in heightened emotional distress and persistent shame. Compassion-focused practices such as soothing breathing, compassionate imagery, and supportive self-dialogue may reduce physiological and emotional threat responses while increasing feelings of emotional safety and self-acceptance. Consequently, adolescents may become less likely to interpret body-related experiences as evidence of personal worthlessness or failure.

The present findings are also consistent with research indicating that body image dissatisfaction is strongly associated with internalizing psychological difficulties among adolescents (Ramos et al., 2019; Vannucci & Ohannessian, 2018). Ramos et al. demonstrated that negative body image contributes significantly to emotional distress and internalizing symptoms, especially among adolescent girls (Ramos et al., 2019). Likewise, Vannucci and Ohannessian found that body image dissatisfaction predicts anxiety trajectories throughout adolescence (Vannucci & Ohannessian, 2018). Since shame is closely related to anxiety, fear of negative evaluation, and social comparison, reducing shame through Compassion-Focused Therapy may indirectly improve broader aspects of

emotional adjustment. In the present study, participants gradually learned to interpret body-related distress as a common human experience rather than as a sign of inferiority, which may have reduced feelings of isolation and emotional vulnerability.

Another important finding of the present study was the significant reduction in self-criticism among adolescent girls who received Compassion-Focused Therapy. This finding is highly consistent with the theoretical foundations of Compassion-Focused Therapy and previous empirical evidence emphasizing the central role of compassion in reducing harsh self-relating patterns (Gilbert & Irons, 2009; Vidal & Soldevilla, 2023). Self-criticism is often characterized by persistent self-attacking thoughts, feelings of inadequacy, and punitive self-evaluations. Adolescents with body image concerns frequently engage in negative internal dialogue regarding their appearance, comparing themselves unfavorably with others and interpreting perceived physical imperfections as personal failures. Over time, such self-critical cognitive styles may intensify emotional distress and reinforce shame-based self-perceptions.

The findings are consistent with the meta-analysis conducted by Vidal and Soldevilla, which demonstrated that Compassion-Focused Therapy effectively reduces self-criticism while increasing self-soothing capacities (Vidal & Soldevilla, 2023). Compassion-focused interventions encourage individuals to recognize and challenge the internal critic rather than automatically accepting self-critical thoughts as accurate reflections of reality. In the present study, participants were trained to identify their critical internal dialogue and replace it with more compassionate and supportive responses. This process likely contributed to the observed reduction in self-criticism by helping adolescents develop greater emotional flexibility and more adaptive self-evaluative patterns.

The findings are also in agreement with the study by Khosravi et al., who found that Compassion-Focused Therapy improved self-compassion and reduced self-criticism among adolescents with body image disorder (Khosravi et al., 2022). Similar to the present study, their findings suggest that adolescents experiencing appearance-related distress benefit substantially from interventions that focus on self-kindness and emotional acceptance. Adolescence is a developmental period characterized by heightened sensitivity to peer evaluation and social comparison, making adolescents particularly vulnerable to self-critical thinking patterns. Compassion-focused

interventions may provide adolescents with healthier emotional coping strategies that reduce the tendency to engage in harsh self-judgment during stressful or emotionally challenging situations.

The reduction in self-criticism observed in the present study may also be interpreted in light of recent research on body image and self-compassion. Takahashi et al. reported that higher levels of self-compassion are associated with lower body image concerns and greater psychological well-being among young women (Takahashi et al., 2025). Similarly, Merino et al. emphasized the important role of sociocultural and media influences in shaping body dissatisfaction and emotional distress among adolescents and young adults (Merino et al., 2024). Adolescents who constantly compare themselves to unrealistic appearance ideals may gradually develop internal narratives centered on inadequacy and imperfection. Compassion-Focused Therapy appears to counteract these maladaptive narratives by fostering a more accepting and supportive relationship with the self.

Another explanation for the effectiveness of Compassion-Focused Therapy in reducing self-criticism involves the modification of maladaptive attachment-related emotional schemas. George argued that shame and self-criticism are closely linked to attachment insecurity and traumatic emotional experiences (George, 2025). Adolescents who experience conditional acceptance, criticism, or appearance-based evaluation from others may internalize these experiences and develop chronic self-attacking tendencies. Compassion-Focused Therapy attempts to repair these emotional patterns by cultivating experiences of emotional warmth, safety, and acceptance. Through repeated compassionate exercises, adolescents may internalize a more supportive emotional stance toward themselves, thereby weakening habitual self-critical reactions.

The present findings also support the broader literature emphasizing the importance of positive body image and self-esteem during adolescence (Artigues-Barberà et al., 2025; Fadhillah, 2025). Artigues-Barberà et al. highlighted the role of emotional support, self-acceptance, and positive interpersonal experiences in promoting healthy body image among adolescents (Artigues-Barberà et al., 2025). Likewise, Fadhillah reported that body shaming and body dissatisfaction negatively influence self-esteem and emotional adjustment (Fadhillah, 2025). Since Compassion-Focused Therapy emphasizes emotional validation and nonjudgmental self-relating, it may strengthen adolescents'

capacity to tolerate perceived imperfections without engaging in self-devaluation or shame-based reactions.

The relatively stable findings during the follow-up stage are another important aspect of the present study. The maintenance of treatment gains suggests that Compassion-Focused Therapy may produce enduring emotional and cognitive changes rather than temporary symptom reduction. This stability may be related to the practical nature of compassion-based exercises, which participants can continue using after the intervention has ended. Techniques such as compassionate imagery, soothing breathing, supportive self-talk, and compassionate reflection may gradually become integrated into participants' daily emotional regulation processes. As a result, adolescents may continue benefiting from these skills beyond the formal treatment period.

Furthermore, the findings of the present study support the growing recognition of body image concerns as a significant public mental health issue (Rodgers et al., 2023). The increasing influence of social media and appearance-focused cultural standards has intensified body dissatisfaction among adolescents worldwide (Demetriou et al., 2025). Therefore, interventions that specifically target shame, self-criticism, and emotional vulnerability may be particularly important in preventive and therapeutic contexts. Compassion-Focused Therapy appears especially suitable for adolescent populations because it addresses emotional needs for acceptance, belongingness, and self-worth while promoting healthier forms of emotional self-regulation.

5. Conclusion

The findings contribute to the literature reviewed by Leaviss and Uttley, who concluded that Compassion-Focused Therapy demonstrates promising therapeutic benefits across different psychological difficulties (Leaviss & Uttley, 2015). The present study extends these findings by specifically demonstrating the effectiveness of Compassion-Focused Therapy for adolescent girls with body image concerns and by emphasizing its impact on internalized shame and self-criticism. Considering the strong relationship between these variables and broader emotional problems such as anxiety, depression, and low self-esteem, reducing shame and self-criticism may also contribute to improvements in overall psychological functioning.

6. Limitations & Suggestions

One of the limitations of the present study was the relatively small sample size, which may limit the generalizability of the findings to broader adolescent populations. In addition, the participants were limited to adolescent girls with body image concerns in Tehran, and therefore caution should be exercised when generalizing the findings to boys, other age groups, or different cultural contexts. Another limitation was the use of self-report measures, which may be influenced by response bias and participants' subjective perceptions. Furthermore, the follow-up period was limited to two months, making it difficult to determine the long-term sustainability of the intervention effects over extended periods of time.

Future studies are recommended to examine the effectiveness of Compassion-Focused Therapy in larger and more diverse samples, including adolescent boys and individuals from different cultural and socioeconomic backgrounds. Researchers may also compare Compassion-Focused Therapy with other evidence-based interventions, such as cognitive-behavioral therapy, acceptance and commitment therapy, or mindfulness-based approaches, in order to determine the relative effectiveness of these treatments for body image concerns. Additionally, future research could investigate the mediating roles of self-compassion, emotional regulation, and attachment styles in explaining therapeutic outcomes. Longitudinal studies with longer follow-up periods are also suggested to evaluate the durability of treatment gains over time.

The findings of the present study have several practical implications for mental health professionals, school counselors, and adolescent intervention programs. Compassion-Focused Therapy may be incorporated into school-based psychological services and counseling programs aimed at improving body image and emotional well-being among adolescents. Mental health practitioners working with adolescents may also benefit from integrating compassion-focused techniques into interventions targeting shame, self-criticism, and body dissatisfaction. In addition, educational workshops for parents, teachers, and school staff regarding the harmful effects of body shaming and self-critical communication may help create more supportive emotional environments for adolescents. Finally, the integration of compassion-based emotional education into adolescent mental health promotion programs may contribute to healthier self-perceptions, improved emotional

resilience, and reduced vulnerability to psychological distress.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed to this article.

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