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Research Paper: The effectiveness of Compassion-Focused Therapy on interpersonal sensitivity and competence perception in students with social anxiety

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Abstract

Objective: This study examined the effectiveness of a group counseling program based on Compassion-Focused Therapy (CFT) in reducing interpersonal sensitivity and enhancing perceived self-efficacy among male high school students with social anxiety.

Methods: A quasi-experimental pretest-posttest control group design was used. Thirty male students from District 1 of Mashhad, Iran, who met criteria for social anxiety, were selected through purposive sampling and randomly assigned to an experimental group (n = 15) or a control group (n = 15). Participants completed the Interpersonal Sensitivity Measure (IPSM), Perceived Competence Scale for Children (PCSC), and Social Anxiety Scale for Children-Revised (SASC-R) before and after the intervention. The experimental group received an eight-week CFT-based counseling program, held once weekly for 90 minutes and facilitated by a licensed psychologist trained in CFT, while the control group received no intervention. Data were analyzed using ANCOVA.

Results: The CFT-based program significantly reduced interpersonal sensitivity ($F(1, 27) = 18.215$, $p < .001$, $\eta^2 = 0.403$) and improved cognitive competence ($F(1, 27) = 6.67$, $p = .015$, $\eta^2 = 0.198$). No significant effects were observed for social or physical competence.

Conclusion: These findings provide evidence that CFT reduces interpersonal sensitivity and enhances cognitive competence among adolescents with social anxiety. Although effects did not extend to social or physical competence, the results highlight the potential of CFT as a feasible school-based intervention. Future studies should examine whether integrating behavioral components can extend benefits to externally validated competence domains. This research supports CFT as a culturally adaptable, school-friendly intervention for non-Western contexts.

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Introduction

Adolescence is a period of life characterized by vast biological, emotional, and social transformations. Being a vulnerable time, adolescents begin forming their identities, social networks, and coping with increasing academic and social pressures. Despite its being well-known to be an age of growth and promise, adolescence can be fraught with psychological vulnerabilities, such as the onset of anxiety disorders. Among these, social anxiety is the most prevalent disorder among adolescents and can be defined as an unusually strong and long-lasting fear of being criticized or embarrassed in social situations (Gharraee et al., 2018; Mackintosh et al., 2018). Recent international reports indicate that 13%–15% of adolescents experience social anxiety, and recent 2023–2024 epidemiological data confirm its growing prevalence and important impact on daily functioning (Kieling et al., 2024; World Health Organization [WHO], 2023).

Social anxiety has a strong association with severe impairment in school functioning, peer relationships, and emotional adjustment. Teenagers with this condition will usually be experiencing low self-esteem, social withdrawal, and criticism hypersensitivity. Social anxiety, without treatment, can carry on into adulthood and evolve into more severe disorders such as depression, substance disorders, or prolonged interpersonal impairment. Therefore, early detection and intervention are crucially important, particularly in school settings where teens live through daily social battles and spend the overwhelming majority of their time (Nafisi et al., 2020; Sessions et al., 2023).

Theoretically, cognitive-behavioral theories attribute the persistence of social anxiety to be a consequence of negative thought patterns, negative self-judgments, and helplessness regarding affective reactions. In this context, two constructs have been referred to in the literature: interpersonal sensitivity and perceived competence. Interpersonal sensitivity refers to the propensity to perceive social cues as hostile and respond with heightened wariness or distress to interpersonal criticism and thereby amplify social anxiety (Lee & Choi, 2024; Zhao et al., 2023). Perceived competence, however, reflects adolescents' belief in their capacity to cope well in intellectual, physical, and social contexts. High perceived competence acts as a protective factor in that it increases adaptive coping and reduces avoidance, whereas low perceived competence increases vulnerability to social anxiety and ill responses (Rose & Kocovski, 2021; Mackintosh et al., 2018). Together, these constructs are dependent variables for this study and represent pivotal mechanisms through which teenagers experience, interpret, and cope with social anxiety.

Although existing treatments such as Cognitive Behavioral Therapy (CBT) have been found to reduce social anxiety symptomatology, recent findings suggest that compassion-based treatment is also beneficial. Such interventions target the very specific underlying processes such as shame, fear of rejection, and self-criticism—

processes significantly engaged in the etiology and maintenance of social anxiety. Self-compassion, which involves the practice of responding to one's challenges with kindness, understanding of common human experience, and mindfulness in the present moment, has been linked to lower psychological suffering and more resilience (Neff, 2003; Frostadottir & Dorjee, 2019).

Compassion-Focused Therapy (CFT), founded by Paul Gilbert (2009), is an evidence-based treatment consisting of a controlled clinical intervention to enhance compassionate internal speech that is specifically geared to the needs of individuals with high levels of shame and self-criticism. CFT has its basis in evolutionary psychology and affective neuroscience and involves methods such as soothing rhythm breathing, guided imagery, and compassionate self-statements. Even though strong evidence supports the efficacy of CFT in working with adult clinical samples, its application among adolescent or school settings is unexplained (Cuppage et al., 2018; Dafters et al., 2022).

Emerging research has begun exploring the role of compassion-focused interventions in educational and clinical environments. For instance, Otsuka et al. (2017) concluded that self-compassion and anxiety in Japanese adolescents were enhanced and reduced, respectively, by a school-based compassion training program. Similarly, in Iran, Gharraee et al. (2018) established that CFT reduced symptoms of social anxiety and enhanced emotional regulation in patients with social anxiety disorder. Even with these hopeful findings, though, the majority of studies continue to be focused on adults or clinical samples, and relatively few are thinking about developmental and cultural specificity of adolescent boys from non-Western cultures.

Iranian teenage boys, on their part, may experience some socio-cultural school achievement expectations, emotion-constricting norms, and mental illness stigmatization. These issues are likely to enhance vulnerabilities and discourage seeking assistance. School-based and culturally suitable psychological interventions are, as such, urgently required because schools are accessible and non-stigmatizing venues where preventive and treatment programs can be rendered (Shavandi & Veshki, 2021; Sessions et al., 2023).

Moreover, although self-compassion has been cross-culturally associated with global emotional well-being, its role in improving perceived competence—that is, with regard to cognitive, physical, and social functioning—is less clear. Perceived competence is strongly related to motivation, engagement, and adaptation, and thus improving this construct may indirectly improve the efficacy of interventions to reduce social anxiety.

Together, these theoretical and empirical limitations underscore the need for formal, empathy-focused group treatments that target both interpersonal sensitivity and perceived competence among socially anxious youth. Translated into the school setting, such interventions might not only improve psychological adjustment, but also

participation in academic tasks and peer interactions.

Yet, to what extent can a compassion-focused advisory program reduce interpersonal sensitivity and increase perceived competence among adolescent boys reared within a multiculturally heterogeneous and high-stress school environment such as Iran's?

2.Methods

This study utilized a quasi-experimental pretest-posttest control group design to assess the effectiveness of a group counseling intervention based on Compassion-Focused Therapy (CFT) in a real-world school setting.

2.1. Participants and Sampling

The population in this research was all male students in high school aged between 14 and 17 who were in District 1 of Mashhad, Iran, in the 2023–2024 academic year. Out of this population, 30 students presenting with high scores on the Social Anxiety Scale for Children–Revised (SASC-R) and who fulfilled the inclusion criteria were chosen using purposive sampling. They were then randomly allocated to either the experimental group (n = 15) or the control group (n = 15). Purposive sampling was employed to include only students with clinically significant levels of social anxiety, for the effect of the intervention to be made most legitimate.

Inclusion criteria: A score of 50 or higher on the Social Anxiety Scale for Children–Revised (SASC-R), indicating clinically elevated social anxiety; Age between 14 and 17 years, Voluntary participation with written informed parental consent, No current psychiatric diagnosis or psychological treatment.

Exclusion criteria: Attendance of less than two sessions, Voluntary withdrawal at any stage of the study

2.2. Instruments

Social Anxiety Scale for Children–Revised (SASC-R)

This scale was developed by La Greca and Stone (1993) as a self-report measure of social anxiety for children and adolescents. It consists of 22 items, including 18 scored content items and 4 fillers, organized into subscales such as Fear of Negative Evaluation and Social Avoidance & Distress (in both new and general situations). Responses are rated on a 5-point Likert scale (1 = “never” to 5 = “always”), producing total scores between 18 and 90, with higher scores reflecting greater social anxiety. A cut-off score of 50 or above was applied to identify clinically significant social anxiety for participant inclusion. The scale demonstrates strong construct validity and temporal reliability in adolescent samples; in the present study, internal consistency was satisfactory (α = .82). It was included to screen and assess changes in anxiety symptoms resulting from the intervention.

Interpersonal Sensitivity Measure (IPSM)

This questionnaire was developed by Boyce and Parker (1989) to assess hypersensitivity to interpersonal cues. The IPSM is a 36-item self-report scale comprising five subscales: interpersonal awareness, need for approval, separation anxiety, timidity, and fragile inner self. Items are rated on a 4-point Likert scale (1 = “very unlike me” to 4 = “very like me”),

yielding total scores between 36 and 144, with higher scores reflecting greater interpersonal sensitivity. Previous studies have confirmed its construct validity and stability across adolescent samples; in the present study, internal consistency was high (α = .85). The IPSM was employed to detect changes in social-cue reactivity, which represented a key treatment target dimension.

Perceived Competence Scale for Children (PCSC)

This scale was developed by Harter (1982) to assess perceived competence in children. The PCSC includes 28 items across four domains: cognitive competence, social competence, physical competence, and general self-worth. Responses are standardized and converted into a 4-point Likert scale, with subscale scores calculated as the mean of their items. Total scores typically range from about 28 to 112, with higher scores indicating greater perceived competence. Previous studies have demonstrated strong construct and convergent validity in school-aged samples. In the present study, the cognitive, social, and physical subscales were emphasized according to research aims, and internal consistency was very good (α = .87). The PCSC provided a reliable estimate of self-reported competence, aligning with functional outcomes relevant to social functioning in adolescence.

2.3. Intervention and Control Conditions

The experimental group received an 8-week group counseling program based on CFT, conducted once a week for 90 minutes in a calm room in the school, and guided by a licensed psychologist trained in CFT skills.

The intervention included mindfulness practice, compassionate imagery, self-kindness practice, and emotion regulation techniques. The session plan was adapted from Gilbert's (2009) CFT manual. The detailed content of each session is provided in Table 1.

Table 1

Summary of the 8-week Compassion-Focused Therapy (CFT) Program

Session	Content
1	Introduction to group rules, psychoeducation on social anxiety, and overview of compassion-focused therapy.
2	Understanding self-criticism and shame; introduction to mindfulness practices.
3	Training in soothing rhythm breathing and relaxation techniques.
4	Developing compassionate imagery and creating a "compassionate self" persona.
5	Practicing compassionate self-talk and countering negative self-judgments.
6	Applying compassion techniques to social anxiety situations and role-playing exercises.
7	Enhancing emotional regulation strategies and resilience through compassion practices.
8	Review of skills learned, relapse prevention, and closure of the program.

The control group continued their routine school activities and did not receive any psychological intervention during the study period.

2.3. Procedure

This study adhered to the ethical standards outlined in the Declaration of Helsinki for studies involving human participants. Prior to data collection, formal clearance was obtained from the school authorities and the regional Department of Education. The participants provided written informed parental and student consent, apprising them that their involvement was entirely voluntary and could be discontinued at any time without consequence. Confidentiality and anonymity of data were maintained throughout at all times during the research. The identifying details were removed before statistical analysis and the dataset was used only for scientific purposes. Descriptive statistics (mean and standard deviation) were calculated to summarize demographic and baseline data. ANCOVA was used to compare posttest scores between groups, controlling for pretest scores. All assumptions for ANCOVA (normality, homogeneity of

variance, linearity, and independence of covariates) were checked using Kolmogorov–Smirnov tests, Levene's test, and residual plots. Effect sizes were reported using partial eta squared (η^2). Statistical analyses were conducted in SPSS version 23, with a significance level set at $p < .05$.

3. Results

The final sample consisted of 30 adolescent male high school students aged between 14 and 17 years ($M \approx 15.5$). All participants met the inclusion criterion of obtaining a score of 50 or higher on the Social Anxiety Scale for Children–Revised (SASC-R), indicating clinically significant social anxiety. None of the students had a current psychiatric diagnosis or were receiving regular psychological treatment. Participants were randomly assigned to either the experimental group ($n = 15$) or the control group ($n = 15$). No attrition occurred during the intervention, and all participants completed the study.

Prior to main analyses, the assumptions of ANCOVA were examined. The Kolmogorov–Smirnov test confirmed that all dependent variables were normally distributed ($p > .05$). Levene's test indicated that the homogeneity of variances assumption was met for interpersonal sensitivity ($F(1,28) = 0.74$, $p = .398$), cognitive competence ($F(1,28) = 0.63$, $p = .435$), social competence ($F(1,28) = 1.12$, $p = .299$), and physical competence ($F(1,28) = 0.89$, $p = .353$). Linearity was verified using scatterplots, and the homogeneity of regression slopes was confirmed via nonsignificant interaction effects ($p > .05$). Independent samples t-tests revealed no significant differences between the experimental and control groups at baseline (all $p > .05$), confirming equivalence prior to the intervention.

Table 2 presents the descriptive statistics (means and standard deviations) for all dependent variables across pretest and posttest assessments. As shown, participants in the experimental group demonstrated a reduction in interpersonal sensitivity and an increase in cognitive competence, while changes in social and physical competence were minimal. The control group showed no meaningful changes in any variable.

Table 2

Descriptive Statistics of interpersonal sensitivity and competence perception

variable	Descriptive Index	Experimental group		Control Group	
		Pretest	Posttest	pretest	posttest
Interpersonal Sensitivity	Mean	82.60	73.87	82.13	81.87
	SD	7.82	6.90	6.96	6.79
Cognitive Competence	Mean	14.40	17.00	14.00	14.07
	SD	2.03	2.07	1.89	1.63
Social Competence	Mean	15.33	15.87	15.47	15.20
	SD	1.29	1.64	1.06	1.18
Physical Competence	Mean	16.07	16.47	15.73	15.60
	SD	1.09	1.24	1.16	1.12

To examine group differences while controlling for pretest scores, ANCOVA analyses were conducted for each dependent variable. The results are summarized in Table 3.

Table 3

ANCOVA Results for Dependent Variables (Posttest, Controlling for Pretest Scores)

Variable	F(1,27)	p-value	Partial η^2
Interpersonal Sensitivity	18.21	< .001	0.403
Cognitive Competence	6.67	.015	0.198
Social Competence	1.19	.284	0.042
Physical Competence	0.68	.417	0.024

The analyses indicated that, after controlling for pretest scores, the intervention produced a statistically significant reduction in interpersonal sensitivity ($F(1,27) = 18.21$, $p < .001$, $\eta^2 = 0.403$) and a significant improvement in cognitive competence ($F(1,27) = 6.67$, $p = .015$, $\eta^2 = 0.198$) in the experimental group compared to the control group. Both effects were moderate to large in magnitude. In contrast, no significant group differences were found for social competence ($F(1,27) = 1.19$, $p = .284$, $\eta^2 = 0.042$) or physical competence ($F(1,27) = 0.68$, $p = .417$, $\eta^2 = 0.024$). These findings suggest that the intervention was effective in reducing interpersonal sensitivity and enhancing cognitive competence, but did not significantly influence social or physical competence.

4. Discussion

The present study investigated the effectiveness of a school-based group counseling program grounded in Compassion-Focused Therapy (CFT) for adolescent boys with symptoms of social anxiety. The ANCOVA results indicated that the intervention produced a significant reduction in interpersonal sensitivity and a

significant improvement in perceived cognitive competence, while no statistically significant effects were observed on perceived social and physical competence. These findings highlight the differential impact of CFT on intrapersonal versus externally referenced domains of competence.

The observed reduction in interpersonal sensitivity is theoretically consistent with the affect-regulation model of compassion (Gilbert & Procter, 2006). By strengthening soothing and affiliative systems, CFT counteracts the overactivation of the threat system and disrupts self-critical schemas, thereby reducing hypervigilance toward perceived social threat. This explanation is supported by empirical evidence showing that compassion-based interventions reduce self-criticism and threat-related reactivity (Cuppage et al., 2018; Vidal & Soldevilla, 2022). The large effect size obtained in this study (partial $\eta^2 = 0.403$) further suggests that the change is not only statistically but also clinically significant, representing meaningful improvement in adolescents' appraisals of and responses to peer-related social cues.

The improvement in perceived cognitive competence can be explained through emotion-regulation mechanisms that alleviate shame and self-criticism, thereby freeing cognitive resources for more adaptive self-appraisal. This interpretation is consistent with Neff's (2003) theoretical work linking self-compassion with positive self-evaluation, as well as with findings from Matos et al. (2018), who demonstrated that compassion-based training improved self-judgments in learning contexts. More recent studies have similarly found that compassion-focused interventions enhance academic persistence and lower performance anxiety in adolescents (Bluth et al., 2016; Halamová et al., 2023). In the current study, the CFT techniques employed—such as soothing rhythm breathing, compassionate imagery, and reframing self-talk—likely reduced self-demeaning thoughts, thereby facilitating more balanced evaluations of cognitive abilities. The moderate effect size (partial $\eta^2 = 0.198$) observed here underscores the practical relevance of such short-term interventions in educational contexts.

In contrast, the absence of significant effects on social and physical competence is noteworthy. These domains are inherently tied to external validation, peer comparisons, and observable performance (e.g., sports, peer approval). As such, they may not be readily influenced by intrapsychic processes emphasized in CFT over a short intervention period. Prior studies support this interpretation. Mousavi et al. (2023) and Lee and Choi (2024) observed that short-term compassion interventions enhanced internal self-appraisals but did not reliably transfer to externally referenced domains without supplementary behavioral components. Similarly, Hidding et al. (2023) and Varley et al. (2024) reported that digital or brief CFT interventions primarily improved self-compassion and reduced self-criticism but had minimal impact on social or performance-based competence indicators unless combined with behavioral exposure or skill-based practice. Nonetheless, a few

studies have reported more generalized effects. For example, Silveira et al. (2023) found that compassion training combined with peer interaction modules improved social competence, while Halamová et al. (2023) observed modest gains in physical self-perception in adolescents engaged in extended interventions. These discrepancies suggest that intervention format, duration, and contextual components are crucial determinants of whether compassion-focused interventions extend beyond internal self-judgments.

Taken together, the findings of the present study are largely consistent with existing literature supporting the efficacy of CFT for reducing internalizing symptoms, such as shame, self-criticism, and threat sensitivity (Vidal & Soldevilla, 2022; Millard & Wittkowski, 2023). At the same time, the lack of impact on social and physical competence echoes prior reports of limited or domain-specific effects following short-term interventions (Halamová et al., 2023; Silveira et al., 2023). Thus, the current results align with a growing consensus that intrapersonal affective changes can be achieved relatively quickly, while external competence perceptions require extended exposure, behavioral engagement, or contextual reinforcement. Culturally, these results are especially relevant in collectivist and achievement-oriented societies such as Iran, where shame and fear of negative judgment are salient features of adolescent development. Previous Iranian studies (e.g., Gharraee et al., 2018) similarly emphasize the role of compassion-based interventions in reducing social anxiety symptoms by addressing self-critical and shame-related processes.

Despite these promising results, several limitations must be acknowledged. First, the relatively small sample size (N = 30) and focus exclusively on male adolescents limit the generalizability of the findings. Future studies should replicate the intervention with larger, gender-mixed, and socioeconomically diverse samples to strengthen external validity. Second, reliance on self-report measures introduces potential biases, including social desirability and response style. Incorporating teacher ratings, peer reports, or behavioral performance tasks in future research would provide a more comprehensive assessment of intervention effects. Third, the intervention was conducted over a relatively short period and lacked follow-up assessments, restricting conclusions about long-term maintenance. To address this, future trials should include longitudinal follow-ups (e.g., 1-, 3-, and 6-month assessments). Fourth, treatment fidelity was not systematically monitored in this study; subsequent research should incorporate fidelity checklists or independent ratings to ensure consistent implementation. Finally, the absence of explicit behavioral or peer-based components may explain the null findings for social and physical competence. Future interventions may benefit from integrating behavioral exposure tasks, peer interaction exercises, or mastery-based activities alongside compassion training to facilitate transfer to externally validated competence domains.

In summary, the present findings indicate that school-based CFT interventions can

meaningfully reduce interpersonal sensitivity and enhance perceived cognitive competence in adolescents with social anxiety symptoms. At the same time, they highlight the need for further research into strategies that extend these benefits to externally referenced domains such as social and physical competence. By situating these results within both theoretical models and cross-cultural considerations, this study contributes to the growing body of evidence supporting the value of compassion-focused approaches in adolescent mental health.

5. Conclusions

This study demonstrated that a school-based group guidance program grounded in Compassion-Focused Therapy (CFT) was found to be effective on interpersonal sensitivity and perceived cognitive competence among adolescent boys with social anxiety symptoms, but not on perceived social and physical competence. These results provide evidence for the idea that CFT has a greater effect on intrapersonal affective processes and self-judgments of cognition than on external reference competence areas during the short-term time frame studied.

By targeting maladaptive self-critical schemas and promoting a more compassionate relationship with the self, CFT has the potential to help adolescents reduce shame and threat sensitivity, thereby enabling more adaptive cognitive self-appraisals. With adequate training and supervision, formal group CFT procedures could realistically be integrated into school counseling services as a possibly cost-effective way to treat internalizing symptoms, particularly in collectivist cultural environments where shame and fear of negative evaluation are prominent.

These results should be interpreted in light of the study's limitations, including the small and single-gender sample and absence of follow-up. Future studies with larger, gender-diverse samples, longer follow-up periods, and integration of behavioral or peer-mediated components are recommended to evaluate the generalizability and durability of the observed effects.

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Conflict of interest

The author declared no potential conflicts of interest with respect to the research, authorship, or publication of this article

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