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The Relationship Between Emotional Abuse and Flourishing: The Mediating Role of Shame and Self-Compassion

selda oz

seldaoz.oz@gmail.com

Ratibe Özdemir

Research Article

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Abstract

This study aims to examine the mediating role of shame and self-compassion in the relationship between emotional abuse and flourishing. The study group consisted of 458 university students enrolled in various undergraduate programs at XXXX University during the 2024–2025 academic year. Serial multiple mediation analysis within Structural Equation Modeling (SEM) revealed that emotional abuse significantly predicted shame positively and self-compassion negatively. Furthermore, shame was found to negatively predict self-compassion. The mediation analysis results showed that the direct relationship between emotional abuse and flourishing attenuated but remained significant with the inclusion of shame and self-compassion in the model. These findings suggest that shame and self-compassion function as partial mediators within the link between emotional abuse and flourishing, with self-compassion being positively linked to flourishing and negatively to shame.

Introduction

Human life encompasses processes consisting of various developmental stages. Childhood, as one of these processes, is considered important because it is a period that shapes individuals' future experiences (İnanç et al., 2008; Wilcox et al., 2004). It is predicted that negative experiences, especially those during childhood, are associated with destructive and lasting problems in later life (Terr, 1991; Felitti et al., 2019). Negative childhood experiences include all kinds of abuse, neglect, and other negative experiences that individuals experience during childhood (Demirkapı, 2014). It is well known that different types of childhood abuse are significantly related to mental health problems in childhood, and that these difficulties often continue into adulthood (Hughes et al., 2017). A recent meta-analysis examining the relationship between childhood sexual abuse and psychopathology found a positive correlation between childhood sexual abuse and depression, anxiety, PTSD, suicidal ideation, non-suicidal self-harm, anger, and substance use (Hashim et al., 2024). Another study examining the relationship between childhood physical abuse and mental health found a positive correlation between childhood physical abuse and major depressive disorder, ischemic heart disease, alcohol use disorder, eating disorders, and substance use disorder (Flor et al., 2025). Child abuse victims have a higher risk of developing mental health problems such as academic difficulties (Ochoa & Constantin, 2023), post-traumatic stress disorder (PTSD), obsessive-compulsive disorder, anxiety disorders, and somatoform disorders (Liveri et al., 2023), and eating disorders (Caslini et al., 2016). On the other hand, research results based on findings from 24 meta-analyses show a positive correlation between childhood sexual, physical, and emotional abuse and thoughts and behaviors of self-harm, indicating that emotional abuse is as harmful as physical abuse (Chia et al., 2025). Despite all this, emotional abuse has long been described as both the least recognized and least addressed form of maltreatment (Baker & Brassard, 2019; Brassard et al., 2020). While other types of child abuse, including physical abuse, sexual abuse, and neglect, have received far more attention for various reasons, emotional abuse appears to be both highly prevalent and more strongly associated with significant harm than other types of maltreatment (Mathews & Dube, 2025).

Emotional Abuse

Emotional abuse refers to experiences in childhood that involve verbally or behaviorally humiliating, belittling, frightening, or neglectful attitudes (Baker, 2021; Spinazzola et al., 2018; World Health Organization [WHO], 2020). Behaviors such as humiliation, threats, rejection, shaming, or constant criticism directly target a child's self-perception and damage their psychological integrity (Jaffee et al., 2018). Emotional neglect, on the other hand, is a more passive form of harm that occurs when caregivers fail to provide adequate emotional responses to a child's basic emotional needs, such as love, attention, security, comfort, and emotion regulation (Maguire et al., 2015). The fundamental difference between these two concepts is that emotional abuse is an active and aggressive form of intervention, while emotional neglect is a state of deprivation that manifests as unresponsiveness and inability to meet needs. While emotional abuse explicitly weakens a child's self-esteem, emotional neglect constitutes a more subtle but profound developmental risk factor due to the chronic failure to meet a child's emotional needs (Maguire et al., 2015; Humphreys et al., 2020). Recent studies have shown that emotional abuse experienced in childhood is negatively associated with emotional and psychological health problems in adulthood (Anda et al., 2020; Felitti et al., 2019; Hughes et al., 2017; Maguire et al., 2015; Masullo, 2023; Spinazzola et al., 2018). Emotional abuse has both short-term and long-term consequences, unlike those associated with physical and sexual abuse (Korolevskaia & Yampolskaya, 2022). Studies on emotional abuse show that, among all types of maltreatment, it has the strongest association with depressive disorders, suicidal tendencies, non-suicidal self-harm, bipolar disorder, substance abuse, peer rejection, and risky sexual behavior (Angelakis et al., 2019; Brassard et al., 2020; Dualibe & Osório, 2017; Gardner et al., 2019; Liu et al., 2018; Maguire et al., 2015). Emotional abuse can distort an individual's self-perception, leading to intense negative emotions (Mills et al., 2020). In particular, abused individuals may feel worthless, flawed, and inadequate (Miller & Valentine, 2006; Infurna et al., 2016). This negative self-perception increases the individual's tendency to blame themselves and develop self-criticism, thus paving the way for the emergence of feelings of shame (Sachs-Ericsson et al., 2010). The literature emphasizes that emotional abuse is a significant risk factor triggering feelings of shame in individuals (Kim et al., 2011; Webb et al., 2007). It has been shown that individuals exposed to emotional abuse feel guilt by holding themselves responsible for their negative experiences, and also feel deep shame because these experiences lead to a lasting loss of self-esteem (Stuewig & McCloskey, 2005). In a meta-analysis study examining the relationship between child abuse and shame, Zhang et al. (2025) determined that the relationship between emotional abuse and shame is stronger than that between emotional abuse and other types of abuse.

Shame

Shame is a distressing and painful emotional experience associated with a person's severely negative self-evaluation (Lewis, 2003; Tangney & Dearing, 2003). The feeling of shame arises when a person negatively evaluates their situation and realizes that this situation is incompatible with their self-image (Tangney & Dearing, 2003). The feeling of shame is often associated with the desire to hide, disappear, and die (Ferguson et al., 2015; Kim et al., 2011; Webb et al., 2007). Because the intensity of this

emotional state is perceived as an attack on the self-system, individuals want to take action to overcome it; however, since shame is a holistic attack on the self, overcoming this feeling can be quite challenging for individuals (Feiring, Taska, and Lewis, 1996; Ferguson et al., 2015). When the self experiences shame, it can be related to both the event itself and the negative consequences arising from that event. This can make regulating shame more difficult (Lewis, 2003; Ferguson et al., 2015; Kim et al., 2011). Experiencing shame frequently can lead to feelings of humiliation, worthlessness, and a desire to avoid social situations (Hammad et al., 2024; Klaassen, 2001). Shame is primarily related to a person's self-perception. For example, when a person receives negative feedback, shame may lead them to think "I am a bad person" instead of "I did something wrong" (Jones et al., 2023).

Shame resulting from abuse, trauma, violation, extreme humiliation, or betrayal predicts devastating and chronic mental health problems in children (Herman, 2011).Shame is considered a physiological response of individuals, particularly to threats to social relationships, and is generally associated with autonomic nervous system activity (Korolevskaia & Yampolskaya, 2022). In particular, shame stemming from abuse is associated with mental health issues such as depression, anxiety, and post-traumatic stress disorder (Freed & D'Andrea, 2015; Kim et al., 2011; Kotera et al., 2018; Pachankis et al., 2023). Among all types of abuse, the impact of emotional abuse has been most emphasized (Zhang et al., 2025).

The literature suggests that self-compassion is associated with regulating painful, self-directed emotions such as shame, and that individuals can reduce the intensity of these feelings by developing a kinder and more accepting attitude towards themselves (Gilbert & Procter, 2006; Kelly, Zuroff, Foa & Gilbert, 2010).

Self-Compassion

Self-compassion is defined as showing kindness to oneself when facing difficult experiences, accepting that these sufferings are a common part of humanity, and calming oneself with supportive feelings (Neff, 2003a). It involves acknowledging that no one is perfect and that making mistakes is natural; thus, one can accept oneself without shame (Germer, 2009). Self-compassion consists of three dimensions. The first dimension, self-kindness, is being understanding and loving towards oneself in the face of pain and failure (Neff, 2003a). The second dimension is awareness of shared experiences. Shared experiences include recognizing that pain and shortcomings are not unique to the individual but are common to humanity (Neff, 2007). The last dimension, mindful awareness, balances negative experiences by staying in the present moment, neither ignoring them nor getting stuck on them (Kabat-Zinn, 2003). These three dimensions of self-compassion interact with each other. Each sub-dimension influences and is influenced by the others (Neff, 2003a; Neff & Tirch, 2013).

Self-compassion is an important skill in mindfulness-based therapies for reducing the impact of negative childhood experiences (Neff & Germer, 2018). Furthermore, self-compassion has been seen as a means of compensating for negative childhood experiences (Gilbert & Miles, 2000). It has been concluded that

individuals with high levels of self-compassion are more understanding and compassionate towards themselves in the face of negative childhood experiences and are better able to compensate for their negative experiences more easily (Neff et al., 2005). Research indicates a negative correlation between self-compassion and emotional abuse, suggesting that self-compassion can help individuals cope with past negative experiences in a healthier way by increasing their psychological resilience (Pepping et al., 2015; Vettese et al., 2011). Furthermore, self-compassion has been shown to be negatively correlated with shame and negative self-esteem (Kelly et al., 2013; Wong & Mak, 2013).

In addition, previous research has shown that self-compassion reduces negative emotions while fostering positive constructs such as flourishing (Chan et al., 2022; Liu et al., 2024; Verhaeghen, 2024). In conclusion, it can be said that self-compassion plays a mitigating role in reducing the negative psychological effects of emotional abuse on individuals and is a protective factor, especially in coping with emotions such as shame. Self-compassion contributes to the development of a more supportive and healing inner voice following negative experiences in childhood (Neff & Germer, 2017). Research shows that individuals with high levels of self-compassion are more resilient to emotional abuse, better able to regulate feelings of shame, and experience higher levels of development (Pepping et al., 2015; Vettese et al., 2011; Gilbert et al., 2011; Zeller et al., 2015).

Flourishing

Flourishing refers to a multifaceted state of well-being that goes beyond simply being free from psychopathological symptoms; it encompasses finding meaning in life, developing positive social relationships, realizing potential by utilizing strengths, living with purpose and goals, and leading a psychologically functional life (Seligman, 2011). This concept is too comprehensive to be explained solely by the absence of psychological symptoms. Flourishing also includes various positive psychosocial dimensions such as experiencing positive emotions, feeling life satisfaction, demonstrating psychological resilience, and undertaking meaningful social roles. Flourishing is not only concerned with supporting human happiness but also encourages the realization of human potential by nurturing positive life experiences (Keyes, Myers, and Kendler, 2010). In the context of psychological well-being, flourishing includes functional aspects such as growth, validation, personal development, life purpose, environmental mastery, autonomy, and positive relationships with others (Keyes, 2007). Individuals with high levels of flourishing have positive attitudes towards themselves, feel that their lives have meaning, can manage their environment in ways that suit their needs, and can establish warm, trusting personal relationships with others. Furthermore, individuals with high levels of flourishing exhibit positive attitudes towards and accept the differences between people (Keyes, 2007). Additionally, there is a positive correlation between flourishing and psychosocial functioning, and a negative correlation with perceived helplessness (Keyes, 2007). On the other hand, it has been stated that negative childhood experiences such as abuse, neglect, mistreatment, and domestic violence experienced before the age of eighteen are negatively related to the healthy development of individuals (Felitti et al., 2019; Wang, 2022). Furthermore, there is an inverse relationship between flourishing and shame (Gilbert, 2020). For

example, shame negatively relates to the social component of flourishing by increasing the feeling of social threat, leading to withdrawal from interpersonal relationships and a decrease in social bonds. Harsh self-criticism stemming from shame reduces positive emotions, while avoidance-based coping strategies can weaken the sense of meaning and purpose in life (Hall & Fincham, 2015; Gilbert, 2020).

In this study, the relationships between emotional abuse, shame, self-compassion, and flourishing were examined using serial mediation analysis. Studies that comprehensively address the relationship between emotional abuse, shame, self-compassion, and flourishing within a holistic model have not yet been found in the literature. For this purpose, the following hypotheses were formulated:

H1. There is a positive relationship between emotional abuse and shame.

H2. There is a negative relationship between emotional abuse and self-compassion.

H3. There is a negative relationship between shame and self-compassion.

H4. There is a negative relationship between shame and flourishing.

H5. There is a positive relationship between self-compassion and flourishing.

H6. Shame and self-compassion will mediate the relationship between emotional abuse and flourishing. The hypothetical model is presented in Fig. 1. As shown in the figure, it is hypothesized that higher levels of emotional abuse will promote higher levels of shame, which in turn will decrease self-compassion levels.

The hypothetical model is presented in Fig. 1. As seen in the figure, it is hypothesized that higher levels of emotional abuse will promote higher levels of shame, which will in turn reduce the level of self-compassion.

Method

Study group

To determine the minimum sample size required for the study, an a priori power analysis was performed using the G*Power program (Version 3.1.9.7). The design was based on a multiple linear regression model using the final stage of the serial mediation model (three independent variables predicting the dependent variable: emotional abuse, shame, and self-compassion). The parameters used were a moderate effect size (f^2 = 0.15), a significance level (α) of .05, and 80% target test power (1-β). The analysis results showed that a minimum sample size of 77 was required to achieve 80.2% actual power (actual power = .802) (df numerator = 3, df denominator = 73, critical F = 2.730, decentralization parameter λ = 11.550). Given the current sample size of this study (n = 458), it is evident that the study has a sample size considerably larger than the targeted statistical power and the minimum sample size limit.

The study participants consisted of 458 undergraduate students: 233 female (50.9%) and 225 male (49.1%), aged 18-24 ($\bar{x}$ = 20.9, SD = 1.7), attending various departments of XXXX University during the 2024-2025 academic year. Table 1 shows the demographic characteristics of the participant

Table 1 *Demographic Characteristics of Participants*

Gender	n	%
Female	233	50.9
Male	225	49.1
Fakulty		
Faculty of Education	98	21.4
Faculty of Economics and Administrative Sciences	95	20.8
Faculty of Engineering	94	20.6
Faculty of Arts and Sciences	86	18.8
Faculty of Law	85	18.4
Education Lewel		
Undergraduate	298	65
Postgraduate	160	35
Perceived Socioeconomic Status		
Low	38	8
Middle	379	83
High	41	9

n=458

Data collection tools

***Personal Information Form*:** Prepared by the first researcher, includes gender, age, and other relevant variables**.**

Childhood Trauma Experiences Scale Short Form (CFS-SF): It is a five-point Likert-type scale consisting of 28 items and five subscales ("strongly disagree"(1), "disagree" (2), "somewhat agree" (3), "agree" (4) and "strongly agree" (5), developed by Bernstein et al. (2004) in order to learn about childhood trauma experiences. The subscales are physical abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect. The Cronbach alpha internal consistency coefficient for the ÇÖYÖ-SF, adapted to

Turkish by Kaya (2014), was .77. In this study, only the emotional abuse subscale was used, and the internal consistency coefficient was .70.

Trait Shame and Guilt Scale (TSS): It is a five-point Likert-type scale consisting of 15 items and three subscales (I did not feel that way (1), I felt that way (3), I felt that very strongly (5) ") developed by Marschall, Saftner, and Tangney (1994) to measure the guilt and pride levels of individuals. The subscales are shame, guilt, and pride. The Cronbach's alpha internal consistency coefficient for the scale adapted to Turkish by Bugay and Demir (2011) was .83 for shame, .81 for guilt, and .87 for pride. The shame subscale was used in this study. The internal consistency coefficient for the shame subscale was calculated as .76.

Self-Compassion Scale Short Form (SSC-SF): Developed by Neff (2003b). The Self-Compassion Scale is a five-point Likert-type scale (scored between "Never (1)" and "Always (5)") consisting of 11 items and a single dimension, which was short-form by Raes, Pommier, Neff, and Van Gucht (2011). The Cronbach alpha internal consistency of the scale, which was adapted to Turkish on a sample group of adolescents by Yıldırım and Sarı (2018), was calculated as.75. Since the participants of this study consisted of emerging adults, CFA was performed in order to provide evidence for the construct validity of the scale, and it was seen that the model-data fit of the scale was acceptable [$\chi 2/df = 2.2 p<0.05$; AGFI=0.95; IFI=0.93; GFI=0.97; CFI=0.93, RMSEA=0.5; SRMR=0.04]. Cronbach's alpha, an internal consistency coefficient, was calculated to assess the scale's reliability. The internal consistency coefficient of the scale was .73. Based on these values, the scale is both valid (Kline, 2014) and reliable (Büyüköztürk, 2014).

Flourishing Scale: Developed by Diener et al. (2009), this is an eight-item, 7-point Likert-type scale that assesses participants' perceptions of well-being through self-reporting, with responses ranging from 1 (strongly disagree) to 7 (strongly agree). The scale was adapted for Turkish by Fidan and Usta (2013), and Cronbach's alpha internal consistency reliability coefficient was .83. In this study, the internal consistency coefficient was .88.

Procedure

After obtaining permission from the relevant researchers for the use of data collection tools in this study, an application was made to the XXXXXX Scientific Research and Publication Ethics Board, and ethics board permission was obtained to initiate the data collection process (Issue no: E-87347630-659-976268, Date: 29.04.2023). Data collection process was conducted online via Google Forms. The purpose of the study, voluntary participation conditions, and information about data use were provided to the participants with the "Voluntary Participant Consent Form"; data were collected from the participants who gave their consent. The data collection process started on May 01, 2024, and ended on June 30, 2025. In order to prevent situations that could affect voluntary participation, the participants were reminded that they had the right to withdraw from the study at any stage without giving a reason. The data collection process took 10-15 minutes for each participant.

Data Analysis

First of all, confirmatory factor analysis (CFA) was conducted to test the construct validity of the "Self-Compassion Scale Short Form." As previously stated in the literature (e.g., Hu & Bentler, 1999; Jöreskog & Sörbom, 1993; Kline, 2015; Tabacnic & Fidel, 2015), $\chi 2/df \leq 2.5$; AGFI, IFI, GFI, NFI, CFI ≥ .90and RMSEA and SRMR ≤ .05 were considered acceptable indicators. Descriptive analyses were conducted to outline participant characteristics and evaluate the reliability of the study scales. Relationships between the variables were examined using SPSS 24 (IBM Corp., 2015). To assess the normality of the data distribution, both the Kolmogorov-Smirnov and Shapiro-Wilk tests were applied. Although non-significant outcomes were anticipated, both tests yielded significant results for all variables. Nonetheless, Tabachnick and Fidell (2015) suggest that skewness and kurtosis values within the ±1.5 range indicate normal distribution. This criterion reviewed skewness and kurtosis, revealing values between -0.23 and -0.36 for skewness and between -0.05 and -1.3 for kurtosis. Furthermore, an inspection of Q-Q plots and histograms supported the conclusion that the data followed a normal distribution, which justified using parametric statistical methods.

Findings

The primary aim of this study, which was to investigate the mediating role of shame and self-compassion in the relationship between emotional abuse and development, was analyzed using Structural Equation Modeling (SEM) with AMOS 24 software. The mediation model was tested in accordance with the approach proposed by Preacher and Hayes (2008).

Measurement Model

In this study, the two-stage analysis approach suggested by Anderson and Gerbing (1988) was adopted. SPSS 24 and AMOS 24 were used to analyze the data. Confirmatory factor analysis (CFA) was used to verify the factor loadings of four constructs (emotional abuse, shame, self-compassion, flourishing) and to assess model fit. First, the model fit the data adequately ($\chi 2/df = 1.6$ ($p < 0.01$), CFI = 0.95, TLI = 0.94, AGFI = 0.91, IFI = 0.95, GFI = 0.92, NFI = 0.94, SRMR = 0.03, RMSEA = 0.03). Internal consistency of the constructs was calculated using Cronbach's alpha and composite reliability (CR). Accordingly, it was determined that the reliability coefficient values for emotional abuse (α= .72, CR=.79), shame (α= .76, CR=.84), self compassion (α= .73, CR=.78), and flourishing (α= .88, CR=.91) exceeded the critical value of .70, which is an acceptable indicator of reliability (Hair, Black, Babin, Anderson, & Tatham, 2006). Fornell and Larcker (1981) suggested that the criteria for factor loadings and average variance extracted (AVE) values should exceed .5. The AVE for emotional abuse was .51, for shame .55, for self-compassion .51, and for flourishing .58. This indicates that all constructs meet the criteria suggested by Fornell and Larcker (1981). Therefore, the hypothesized measurement model is reliable and meaningful for testing the structural relationships among the examined constructs. The correlation coefficients between the variables were examined before the serial mediation test. Table 2 shows the correlation coefficients between the variables.

Table 2 *Descriptive analyses and correlations related to variables*

Variables	M	Sd	1	2	3	4
1. Emotional abuse	11.9	5.1	-			
2. Shame	13.1	4.8	.52**	-		
3. Self. compassion	12.9	4.7	-.55**	-. 54**	-	
4. Flourishing	35.5	7.7	-.55**	-.56**	.61**	-

n=458

Table 2 presents the descriptive statistics for the variables included in the study, along with the results of the correlation analysis examining their relationships. The findings showed significant correlations among all variables. Specifically, emotional abuse was found to be positively and moderately correlated with shame. Emotional abuse was found to be negatively and moderately correlated with self-compassion. Emotional abuse was also found to be negatively and moderately correlated with flourishing. Shame and flourishing were also negatively and moderately correlated. Conversely, self-compassion and flourishing were found to be positively and moderately correlated.

Structural Equation Model and Hypothesis Testing

The full structural model was tested. The results of the serial mediation analysis are presented in figüre 2.

Figure 2. Analysis of the serial mediation role of shame and self-compassion in the relationship between emotional abuse and flourishing. ($\chi^2/df = 1.5$, CFI = 0.95, TLI = 0.94, AGFI = 0.91, IFI = 0.95, GFI = 0.92, NFI = 0.94, SRMR = 0.04, RMSEA = 0.03)

Examination of the model fit indices ($\chi^2/df = 1.5$, CFI = 0.95, TLI = 0.94, AGFI = 0.91, IFI = 0.95, GFI = 0.92, NFI = 0.94, SRMR = 0.04, RMSEA = 0.03) indicated a good fit (Tabachnick & Fidell, 2013).

Hypothesis 1 was that emotional abuse would be positively associated with shame. The findings showed that emotional abuse predicted shame ($\beta = 0.66$, $p < 0.001$), thus confirming hypothesis 1.

Hypothesis 2 was that emotional abuse would be negatively associated with self-compassion. The findings indicated that emotional abuse predicted self-compassion ($\beta = -0.39$, $p < 0.01$), thus supporting hypothesis 2.

Hypothesis 3 was that shame would be negatively associated with self-compassion. The findings indicated that shame ($\beta = -0.37$, $p < 0.001$) predicted self-compassion. Therefore, hypothesis 3 was supported.

Hypothesis 4 was that shame would be negatively associated with flourishing. The findings indicated that shame ($\beta = -0.24$, $p < 0.001$) predicted flourishing, thus confirming hypothesis 4.

Hypothesis 5 was that self-compassion would be positively associated with flourishing. The findings indicated that self-compassion ($\beta = 0.38$, $p < 0.001$) predicted flourishing, thus confirming hypothesis 5.

Hypothesis 6 predicted that shame and self-compassion would mediate the relationship between emotional abuse and growth. The bootstrap method examined the mediating role of shame and self-compassion (Table 4). The results of the bootstrap analyses showed a significant indirect relationship between emotional abuse and growth through shame and self-compassion. Shame ($\beta = -0.12$, 95% BcCI [-.208, -.079], $p = 0.001$) showed a significant indirect relationship through self-compassion ($\beta = -0.32$, 95% BcCI [-0.220, -0.71], $p = 0.001$), and a combined relationship with both mediators ($\beta = -0.12$, 95% BcCI [-0.217, -0.069], $p = 0.00$). In this case, hypothesis 6 is supported. The results of the bootstrap analysis are presented in Table 3.

Table 3 *Results of mediation analysis with Bootstrap method (n=458)*

Model pathways	β	95% CI		p
		Lower bounds	Upper bounds	
Standardized Total Effect				
Emotional abuse→ flourishing	-.65	-716	-.580	0.00
Emotional abuse → shame	.66	.576	.748	0.00
Emotional abuse → self-compassion	-.63	-.713	-.561	0.00
Shame→ self compassion	-.37	-.543	-.210	0.00
Shame→ flourishing	-.38	-.530	-.229	0.00
Self compssion→ flourishing	.38	.260	.500	0.00
Standardized Direct Effect				
Emotional abuse→ flourishing	-.25	-.368	-.115	0.00
Emotional abuse → shame	.66	.576	.748	0.00
Emotional abuse → self-compassion	-.39	-.556	-.223	0.00
Shame→ self compassion	-.37	-.543	-.209	0.00
Shame→ flourishing	-.24	-.386	-.100	0.00
Self compassion→ flourishing	.38	.260	.500	0.00
Standardized Indirect Effect				
Emotional abuse → shame → self compassion → flourishing	-.12	-.220	-.071	0.001
Emotional abuse → shame → flourishing	-.32	-.558	-.172	0.002
Emotional abuse → self-compassion → flourishing	-.13	-.208	-.079	0.001

Discussion

This study aims to examine the relationship between childhood emotional abuse and flourishing, and the mediating role of shame and self-compassion. It was determined that shame and self-compassion play a mediating role in the relationship between emotional abuse and flourishing. This study aims to explain the "emotional abuse - shame - self-compassion - flourishing" relationship, which has only been examined to a limited extent in the literature, within a serial variable model, thus providing both a theoretical contribution and contributing to the identification of protective factors that can be used in psychological counseling practices.

The main findings of this study show a positive relationship between childhood emotional abuse and shame, while there is a negative relationship between emotional abuse and self-compassion and flourishing. These results are consistent with similar previous studies and significantly contribute to the existing literature (Feiring & Taska, 2005; Gilbert & Procter, 2006; Neff, 2003b).

The relationship between emotional abuse and shame is particularly noteworthy. Shame is a self-emotion characterized by a negative evaluation of a particular behavior and of self as a whole (Tangney & Dearing, 2002). Research has shown that shame is an internalized response to feelings of exclusion, criticism, and worthlessness in a social context (Stuewig & McCloskey, 2005). It has been observed that shame is a fundamental emotional response, especially in individuals who have experienced emotional abuse, and that these individuals construct their self-concepts as flawed, deficient, or unworthy of love (Kim et al., 2011). Therefore, in individuals who have experienced emotional abuse during childhood, shame can transcend being merely an emotional experience and transform into a cognitive-schematic construct associated with the individual's entire life. Over time, this shame can be associated with avoidance of social interactions, a negative self-image, and decreased life satisfaction (Harman & Lee, 2010).

At this point, the regulatory role of self-compassion becomes crucial. Self-compassion is the act of maintaining a kind, understanding, and accepting attitude toward oneself in the face of failures, mistakes, or painful experiences (Neff, 2003b). Our research has shown that self-compassion enhances an individual's psychological well-being by regulating feelings of shame stemming from emotional abuse. Specifically, the three components identified in Neff's (2003a) theory of self-compassion – self-kindness, shared humanity, and mindfulness – provide a crucial theoretical framework for explaining how this process works. Self-kindness involves supporting oneself in moments of pain. This shared humanity refers to accepting that suffering is a universal part of being human. Conversely, mindfulness involves recognizing painful emotions and accepting them without judgment rather than fighting them. These components help individuals perceive shame not as a catastrophe, but as a temporary human experience (Keng & Wong, 2017; Barnard & Curry, 2011).

Self-compassion can provide a significant internal resource for coping with the long-term consequences of emotional abuse. Gilbert et al.'s (2006) "compassion-focused therapy" approach also clearly demonstrates a correlation between self-compassion and the therapeutic aspect in individuals experiencing high levels of shame. This research found that individuals with self-compassion coped with shame in healthier ways and had higher levels of flourishing. This finding is consistent with the research of Trompetter et al. (2017), which showed a positive relationship between self-compassion and flourishing. In this case, it can be said that self-compassion is not merely an emotional regulation mechanism, but a powerful resource supporting flourishing, which is one of the positive psychological constructs. Furthermore, research has shown that increasing self-compassion leads to significant improvements in flourishing components, including life satisfaction, adding meaning to life, establishing positive relationships, and achieving personal goals (Neff & Germer, 2013; Zessin, Dickhäuser, & Garbade, 2015). Flourishing is defined as a multidimensional state of well-being characterized not only

by the absence of psychopathological symptoms but also by the individual's ability to utilize their psychological resources, create positive life experiences, and realize their potential (Keyes, 2002; Seligman, 2011).Seligman's PERMA model (Positive Emotion, Engagement, Relationships, Meaning, Accomplishment) explains the multifaceted nature of flourishing. It is based on the individual's ability not only to avoid negativity but also to derive satisfaction from life and lead a fulfilling life (Seligman, 2011). The role of self-compassion within this framework is not limited to alleviating psychological difficulties; it is also a fundamental building block that promotes psychological growth by supporting an individual's positive self-perception (Neff, 2003a; Gilbert, 2009). Self-compassion enables individuals to approach themselves with understanding and support in situations of failure, inadequacy, or humiliation. It enables them to mobilize their inner resources and cope healthily (Neff, 2003b; Barnard & Curry, 2011).

In this context, it can be said that self-compassion reduces the level of the positive relationship between emotional abuse and shame, while also playing a mediating role in the relationship between emotional abuse and flourishing. On the one hand, it protects the individual's psychological well-being by reducing negative emotions such as shame, feelings of worthlessness, and self-judgment (Kelly et al., 2009), while on the other hand, it supports positive psychological functions such as internal acceptance, compassion, forgiveness, and life satisfaction (Trompetter et al,, 2017; Wong & Mak, 2013). It has been observed that developing self-compassion enables individuals to achieve internal balance and establish more functional and meaningful relationships in a social context. This shows that flourishing is a structure directly related to social and emotional components.

The results of this study are limited to data obtained from university students studying at XXXXXX University. Therefore, future studies with different age groups will provide more information on this subject. Furthermore, the research data is limited to the self-assessment scales used in the study. Also, due to its cross-sectional research design, it prevents the establishment of a definitive causal relationship between the variables. Although the proposed serial mediation model is based on a strong theoretical foundation and a logical chronological order (past emotional abuse influencing current psychological processes, which in turn affect the current level of flourishing), the findings should be interpreted cautiously in terms of causality. Future longitudinal or experimental studies are important to test these findings and to more definitively reveal the causal aspect between the variables. The number of studies in the literature that combine the variables in the current study is quite limited. These findings can significantly contribute to a better understanding of the relationship between emotional abuse and individuals' psychological recovery processes. This could be important for psychological counseling and therapy practices. Furthermore, it is known that university students generally have low psychological resilience and flexibility, are inexperienced in coping with stressors, and may be more prone to negative emotions and reactions (Yang et al., 2025). Therefore, psychoeducation aimed at developing self-compassion can reduce self-criticism and negative self-perception in university students (Yang et al., 2025). It can also be incorporated into therapeutic processes in psychological counseling to strengthen self-compassion in coping with feelings of shame and to support the post-traumatic healing process. Comparative studies can be conducted across different study groups and geographic regions.

In conclusion, this study reveals that self-compassion reduces the negative relationship between emotional abuse and shame and is a powerful psychological resource that can restructure mental health by enhancing an individual's level of development. In this context, self-compassion is considered a protective and transformative psychological skill that serves as a fundamental building block for individuals to lead meaningful, fulfilling, and functional lives despite past traumatic experiences.

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Author Contribution

Ratibe Özdemir: Writing – review & editing, analysis, F.Selda Öz Soysal : Writing – review & editing, analysis

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Figures

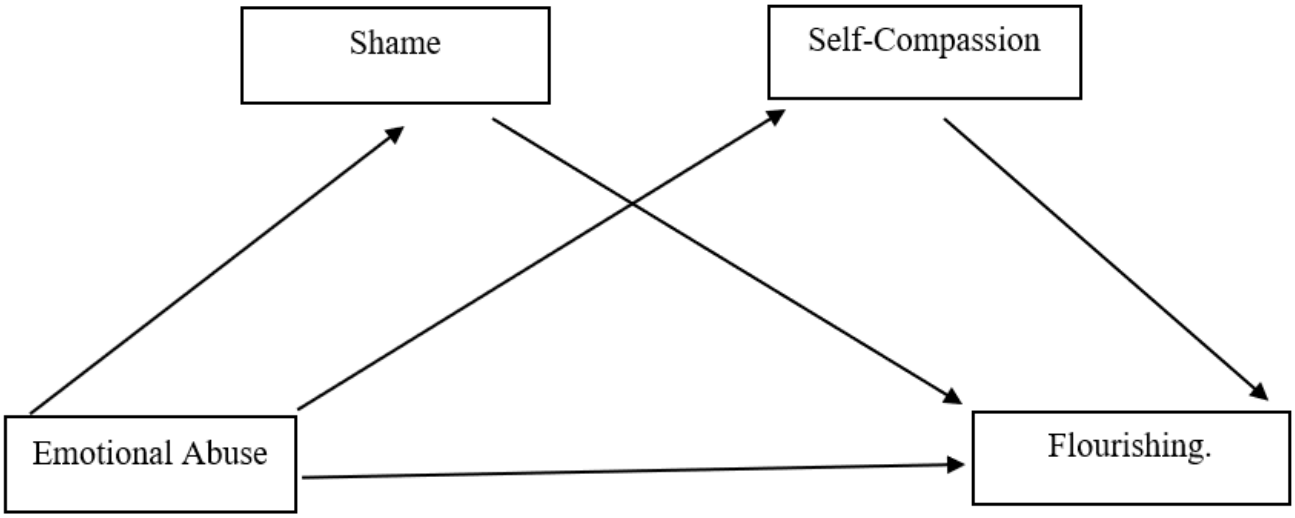


Figure 1

The hypothesized model in the study.

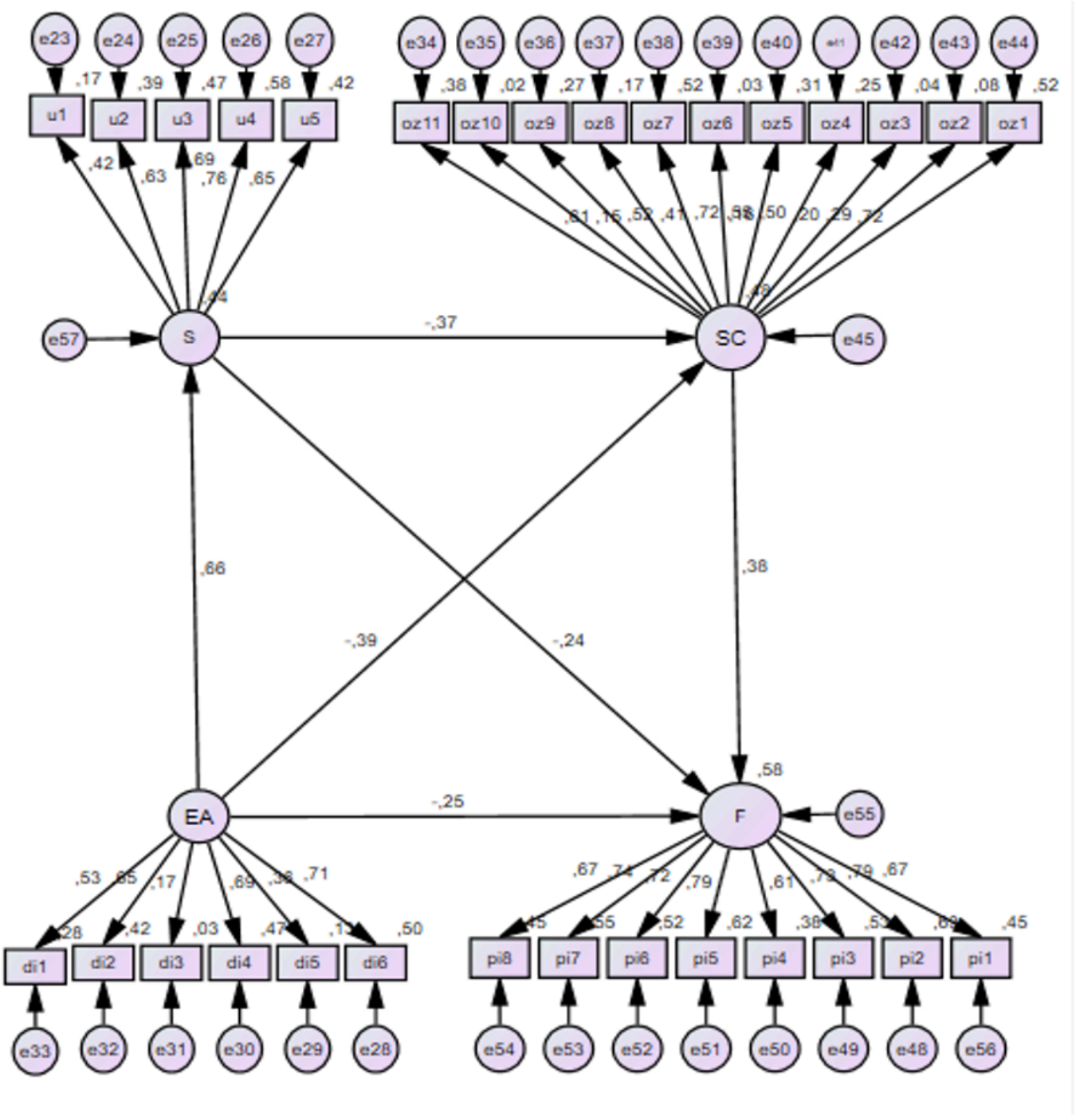


Figure 2

Analysis of the serial mediation role of shame and self-compassion in the relationship between emotional abuse and flourishing. (χ^2/df = 1.5, CFI = 0.95, TLI = 0.94, AGFI = 0.91, IFI = 0.95, GFI = 0.92, NFI = 0.94, SRMR = 0.04, RMSEA = 0.03)