

## **Mental health of Business Graduate of Higher Education Institute of KP, Pakistan: Relationship with Shame and Self-Compassion**

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### **ABSTRACT**

#### **Keywords:**

*Mental Health,  
Shame, Self-  
Compassion,  
Moderation Analysis,  
Psychological Well-  
Being, Non-Western  
Context, Emotional  
Resilience.*

Mental health challenges among university students have gained global attention, particularly in competitive academic environments. This study investigates the relationship between shame, self-compassion, and mental health among undergraduate business graduate students in KP, Pakistan. A cross-sectional design was employed, with data collected from 270 students using validated scales: the Experience of Shame Scale, Self-Compassion Scale, and General Health Questionnaire. Descriptive statistics, correlation analysis, regression, and moderation analysis were conducted using Jamovi software. The findings reveal a significant negative relationship between shame and mental health, highlighting the detrimental impact of shame on students' psychological well-being. Furthermore, self-compassion moderates this relationship, reducing the negative effects of shame on mental health. This underscores the protective role of self-compassion in fostering emotional resilience. The study contributes to the growing literature on student mental health by addressing the cultural and academic nuances of a non-Western context. Practical implications include the integration of self-compassion training and mental health support programs into business education. These findings provide actionable insights for improving student well-being and addressing mental health challenges in competitive academic settings.

### **INTRODUCTION**

Mental health has become a global priority, with university students experiencing high levels of psychological distress. According to the World Health Organization (2021), one in five students suffers from anxiety, depression, or stress. Business students, in particular, face intense academic competition, performance-based evaluations, and societal pressure for career success, making them more susceptible to mental health struggles (Kotera et al., 2018).

Shame, a complex emotional experience linked to feelings of inadequacy and fear of judgment, has been recognized as a key contributor to poor mental health (Callow et al., 2021). Research

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suggests that both internal and external shame predict anxiety and depression, particularly in high-pressure academic settings (Zhang et al., 2018). However, self-compassion—a practice of treating oneself with kindness and understanding—has been identified as a protective factor that can buffer the negative effects of shame and promote resilience (Neff, 2003; Swee et al., 2023).

In Pakistan, cultural norms emphasizing academic achievement and social reputation may intensify external shame and its impact on mental health. However, limited research has explored the interplay between shame, self-compassion, and mental health in Pakistani students. This study seeks to bridge this gap by examining these constructs among business graduate students, offering culturally relevant insights to support student well-being in competitive academic environments.

### **Objective**

1. *To examine the relationship between shame and mental health among IMSciences business students.*
2. *To explore the moderating role of self-compassion in the relationship between shame and mental health.*
3. *To identify cultural and contextual factors influencing shame, self-compassion, and mental health in the context of Pakistani business students*

## **LITERATURE REVIEW**

### ***Defining Shame: Internal vs. External Shame***

Shame is a multidimensional emotion, which can be felt as a sense of inadequacy or failure or even humiliation. It can be categorized into two primary forms: Shame internal and external. The source of internal shame is the perception of self as negative, usually a result of self-critical evaluations and a sense of personal inadequacy (Gilbert, 1997). This is the shame that keeps people feeling like they are not good enough, that they continue to fail at meeting their own standard or values.

On the other hand, external shame is generated from being judged or rejected by others. It is marked by increased sensitivity to social evaluation in the sense that people experience themselves to be lacking in other people's eyes (Callow et al., 2021). Both forms of shame are studied as contributors to psychological distress, but external shame was found to be more closely associated with social anxiety and depression due to its relational nature (Fong & Loi, 2016; Callow et al., 2021).

### ***Mechanisms Linking Shame and Mental Health***

Shame affects mental health so profoundly in the way it changes self-perception and social interactions. According to Gilbert (1997), shame elicits maladaptive behaviours like social withdrawal and self-criticism that compound feelings of depression and anxiety. Repeatedly replaying the sources of shame and painful emotions only serves to deepen an individual's anguish.

The theoretical framework is supported by empirical studies. For instance, for example, Zhang et al. (2018) demonstrated that shame significantly predicts depressive symptoms, while the effect is mediated by deficits in self-compassion. Similarly, Callow et al. (2021) showed that external shame is very highly correlated with anxiety and depression showing that external shame has serious negative impacts on mental health outcomes.

### ***Key Findings from Previous Research***

- **Internal Shame:** Based on their review of literature, Kotera et al. (2019) argue that internal shame was a significant predictor of mental health problems among students, especially in conjunction with self-criticism.
- **External Shame:** According to studies, like Swee et al. (2023) anxiety and self-doubt among college students promoted by external shame.
- **Cultural Contexts:** Even the experience of shame vary across cultures, with societal norms affecting the intensity and manifestation of shame related distress (Kotera et al. (2020).

### ***Shame in Academic Contexts***

Shame is particularly prevalent in academia because it shows up as feelings of inadequacy and the fear of failure in academic settings. In other words, for students perceiving that they do not reach their academic expectations, levels of internal and external shame might be evoked (Simola, 2019). It is all the more prevalent in areas where the stakes are high to perform and measure up to one's peers – as is the case in many competitive fields such as business studies. The shame experiences faced by business students have unique challenges. Because business programs are competitive, and they focus on leadership, decision making, and performance metrics, it's an area in which students can be very susceptible to outside appraisal (Kotera et al., 2018). In addition, the social pressure of succeeding in business careers creates another layer of the pressure contributing to the feeling of inadequacy and fear of failure.

These dynamics are of special relevance for business graduate students, where the school has a competitive academic culture. Further understanding of how this shame arises in this setting is critical to developing targeted interventions that can support the mental health of students.

Kotera et al. (2019) point out that dealing with internal and external shame by self-compassion training can greatly alleviate psychological distress on the academic environment.

### ***Overview of Mental Health Challenges***

One area in which university students have become a cause for concern across the globe is mental health. Academic pressure, social expectations and personal challenges account for high levels of psychological distress. As a result of social studies, anxiety, depression and stress were found to be the most prevalent mental health problems among tertiary-level students (Xue et al., 2023). Self-critical tendencies and the lack of self-compassion only add fuel to these issues as they promote rumination and prolonged emotional distress (Johnson & O'Brien, 2013).

These challenges are compounded in the case of business students studying in the competitive and high-performance environment of their programs. Kotera et al. (2018) finds that business students experience higher levels of anxiety and stress than their counterparts in other disciplines. Importantly, this highlights the necessity to deal with the special psychological problems of this group.

### ***Link between Mental Health and Shame***

Psychological literature documents well the relationship between mental health and shame. Shame is a deep emotional response to perceived inadequacies or failures that has been associated with exacerbating mental health problems such as depression and anxiety (Callow et al., 2021). Zhang et al. (2018) showed that shame is an important predictor of depressive symptoms, which is mediated by low levels of self-compassion.

Empirical studies have confirmed again and again that shame has a detrimental effect on mental health:

- **External Shame:** According to Callow et al. (2021) external shame exhibits a significant association with greater anxiety and depression. External shame is fuelled by the perception of what others think and believe about us; what we believe that others will think and believe, and feel that we will be rejected; is amplified and serves to accentuate feelings of isolation and low self-worth.
- **Internal Shame:** According to Kotera et al. (2019) mental health problems were particularly predicted by internal shame and self-criticism among students with high academic pressure.
- **Intervention Potential:** In addition, Swee et al. (2023) found that addressing shame through the use of self-compassion based interventions can greatly reduce depressive symptoms and anxiety and this relation should be further explored.

### ***Mental Health in Business Students***

Unique stressors the business students face compound the mental health challenges they face. The focus on leadership and competition and readiness for career in business education results in high expectations and intense performance pressure. According to Kotera et al. (2018), business students are especially prone to shame, because failure in one's studies or career means that one is inadequate as a person.

On top of that, there are societal perceptions of what success looks like in business that only make life even more stressful. Simola (2019) pointed out that students are discouraged to seek help and their distress is exacerbated due to the stigma of seeking help for mental health in professional settings. This accords with Zhao (2018) who finds self-compassion to be linked to diminished self-stigma, and to promote help seeking behaviours.

These challenges are most relevant to business graduate students. The institution's reputation for having a highly competitive environment and being academically rigorous makes students even more vulnerable to mental health issues. A nuanced understanding of the way shame and mental health relate to one another and the protective power of self-compassion is required to address these issues.

### ***Definition and Components of Self-Compassion***

Self-compassion is conceptualized as an adaptive emotional stance people take towards themselves during the experience of failure or distress. Neff (2003) defines self-compassion as a three-part construct:

1. **Self-Kindness:** Instead of criticizing yourself harshly, treating yourself with understanding and forgiveness.
2. **Common Humanity:** The realisation that suffering and imperfection are universal human experience, thus cutting out the feeling of isolation during tough times.
3. **Mindfulness:** A balanced awareness of emotions without over identification with negative thoughts or the suppression of them.

Together, these components are conducive to emotional resilience and psychological well-being, helping people to deal with psychological problems (Póka et al., 2023). Consequently, self-compassion is an important variable concerning how it moderates the link between shame and mental health.

### ***Self-Compassion as a Buffer***

Self-compassion is a protective mechanism against stress, shame, and mental health barriers. Thus, it buffers against the effects of self-criticism and social evaluation, and allows people to

react constructively to failure (Johnson & O'Brien, 2013). It has been proven by studies that it plays a major part in reducing different mental health problems:

- **Stress Reduction:** Fong and Loi (2016) highlight the significant role of self-compassion in reducing stress and burnout by fostering self-kindness.
- **Shame Alleviation:** Swee et al. (2023) found letter-writing exercises as self-compassion focused interventions led to a significant decrease in levels of external shame and anxiety.
- **Enhancing Emotional Resilience:** Zhao (2018) found that self-compassion minimizes self-stigma and promotes help-seeking behaviours, crucial for addressing mental health issues.

The buffering role is especially important in academia where stress and shame are amplified by performance pressure. Self-compassion is the way for business graduate students to counter these issues allowing them to strike a balance in the domain of failure and personal growth.

### ***Evidence of Moderation***

The moderating role of self-compassion in the relationship between shame and mental health is empirically supported. Key studies reveal:

- **External Shame and Anxiety:** Callow et al. (2021) demonstrated that self-compassion moderates the relationship between external shame and anxiety, reducing the severity of its impact on psychological well-being.
- **Self-Criticism and Depression:** Kotera et al. (2019) found that self-compassion counteracts the effects of internal shame and self-criticism, leading to improved mental health outcomes.
- **Cross-Cultural Insights:** According to Kotera et al. (2020) self-compassion is a consistent negative predictor of mental health problems in different cultural contexts as it is applicable across all cultures.

These findings are important for business graduate students in that they point to the potential role of self-compassion in reducing the negative consequences of shame on mental health. Self-compassion focused interventions could be integrated into academic as well as counselling programs for students to learn to manage emotional challenges.

### ***Theoretical framework: Relevant Theories***

1. **Gilbert's Evolutionary Model of Shame and Self-Criticism:** Gilbert's (1997) model suggests that shame is a deeply ingrained emotional response that evolved as a social defence mechanism to maintain group cohesion. It is triggered when individuals perceive themselves as falling short of social or personal standards, leading to feelings of inadequacy and self-criticism. This theory underlines the role of shame as a driver of psychological

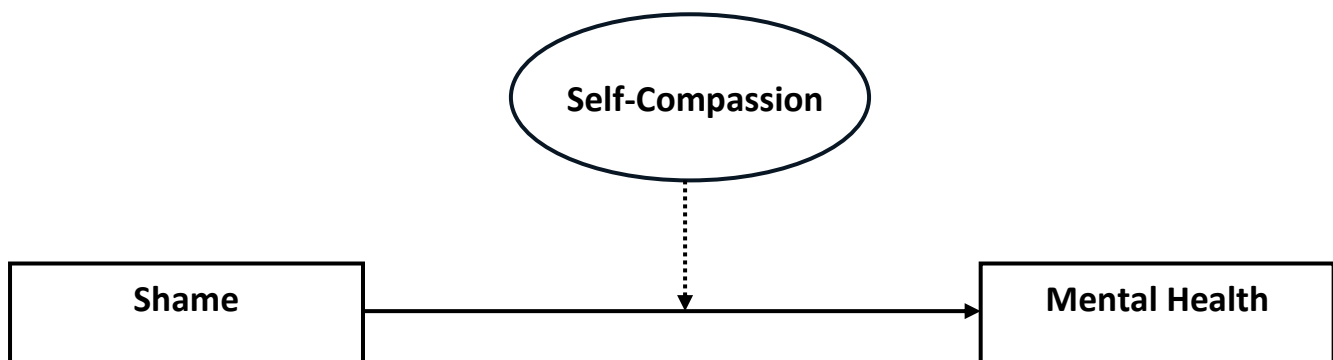
distress, particularly when individuals engage in excessive self-criticism (Gilbert, 1997). Internal and external shame are viewed as key contributors to depression and anxiety, especially in high-pressure environments like academic settings.

**2. Neff's Self-Compassion Theory:** Neff's (2003) self-compassion theory defines self-compassion as a healthy attitude towards oneself during times of failure or difficulty. It comprises three components:

- **Self-Kindness:** Treating oneself with understanding rather than harsh judgment.
- **Common Humanity:** Recognizing that suffering and imperfection are part of the shared human experience.
- **Mindfulness:** Maintaining a balanced awareness of emotions, neither suppressing nor exaggerating them.

Neff (2003) posits that self-compassion mitigates the impact of self-criticism and promotes resilience against stress and anxiety, thus serving as a protective factor in mental health.

**Figure 1:** Proposed Theoretical Model



*Explanation of Variables and Interactions*

- 1. Shame (Independent Variable):** Shame, both internal (self-critical) and external (social evaluation), is the core predictor of mental health outcomes in this model. It is expected to increase psychological distress, particularly in high-stress environments like those faced by business students.
- 2. Mental Health (Dependent Variable):** Mental health is conceptualized in terms of psychological well-being, including levels of anxiety, depression, and perceived stress. Poor mental health outcomes are hypothesized to be exacerbated by high levels of shame.
- 3. Self-Compassion (Moderating Variable):** Self-compassion serves as a buffer, reducing the adverse effects of shame on mental health. It promotes resilience by fostering self-kindness, emotional balance, and a sense of shared humanity.

### **Research Hypotheses**

**H1:** Business students exhibit higher levels of shame related to mental health compared to students in other disciplines.

**H2:** There will be a significant negative correlation between shame and mental health.

**H3:** Self-compassion will moderate the relationship between shame and mental health, potentially reducing the negative impact of shame on mental health.

### **METHODOLOGY**

The methodological framework for studying the relationship between shame, self-compassion, and mental health among business students. It covers research philosophy, approach, strategy, population, sampling, data collection, and analysis. The structured methodology ensures a systematic and culturally relevant investigation of these constructs.

This study employs a quantitative research approach to objectively measure relationships between shame, self-compassion, and mental health. Validated scales ensure data accuracy, while regression and moderation analysis are used to assess their impact on IMSciences business students' mental health outcomes.

This study follows a deductive research approach, testing hypotheses based on Gilbert's (1997) evolutionary model of shame and Neff's (2003) self-compassion theory. It examines the negative impact of shame on mental health and the moderating role of self-compassion, providing empirical insights in a non-Western academic context.

#### **Population, Sampling, and Data Collection Method**

The study targets undergraduate business students at IMSciences, as they face high academic and societal pressures that may influence shame, self-compassion, and mental health. Using stratified random sampling, students from all academic years are proportionally selected to ensure diverse perspectives. The sample size, determined using Slovin's formula, is 270 students, ensuring reliable and generalizable findings.

The study utilized an online survey via Google Forms for accessibility and efficiency in reaching business students familiar with digital platforms. The survey included four sections: demographic information, self-compassion (Neff's SCS), shame (ESS), and mental health (GHQ), using validated Likert-scale instruments. This method ensured reliable data collection, minimized respondent fatigue, and facilitated statistical analyses like correlation, regression, and moderation analysis.

This survey contained four key sections to measure demographic data, self-compassion, shame, and mental health. These measurements were made with validated instruments:



1. **Demographic Information:** Context was provided by questions on context individuals' gender, age, and year of study, employment status and access to mental health resources.
2. **Self-Compassion Scale (SCS):** To evaluate participants' level of self-compassion, this section used Neff's (2003) Self-Compassion Scale. A 5-point Likert scale was used to record responses in the range from "Almost Never" to "Almost Always."
3. **Experience of Shame Scale (ESS):** Intensity of shame respondents experienced in different contexts was measured with items and responses were collected on a 5-point Likert scale.
4. **General Health Questionnaire (GHQ):** Participants were asked how they had been feeling mentally in the past few weeks and their responses were assessed using a 4 point scale relating to well-being, confidence, and emotional strain.

### *Data Analysis Techniques*

The study used Jamovi for data analysis due to its accessibility and robust statistical capabilities. Techniques included descriptive statistics for summarizing demographic data, correlation analysis to examine relationships between shame, self-compassion, and mental health, regression analysis to determine the direct effect of shame on mental health, and moderation analysis to test self-compassion's buffering role. Reliability testing using Cronbach's alpha ensured measurement consistency, supporting the study's rigorous and systematic approach.

**Table 1:** Operationalization of Variables

Variable Name	Definition	Scale/Instrument	Items/Dimensions	Scoring Method
<b>Shame</b>	An emotion characterized by feelings of inadequacy, failure, or rejection, either internal or external.	Experience of Shame Scale (ESS)	Measures shame across personal, behavioural, and social contexts (e.g., self-criticism, humiliation).	5-point Likert scale (1 = Almost Never, 5 = Almost Always); higher scores indicate greater shame.
<b>Self-Compassion</b>	The ability to treat oneself with kindness and understanding in times of failure or distress.	Self-Compassion Scale (SCS) by Neff	6 dimensions: Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness, Over-Identification	5-point Likert scale (1 = Almost Never, 5 = Almost Always); higher scores indicate greater self-compassion.
<b>Mental Health</b>	Psychological well-being, including levels of anxiety, depression, and stress.	General Health Questionnaire (GHQ)	Measures levels of emotional strain, confidence, and general happiness over recent weeks.	4-point scale (0 = Better than usual, 3 = Much worse than usual); higher scores indicate poorer mental health.

## FINDINGS

Annexure 1, presents participant demographics. The sample consists of 270 students, with nearly equal gender representation (49.26% male, 50.74% female) and diverse academic backgrounds, predominantly from business-related programs. Employment status varies, with

35.93% working full-time, 32.96% part-time, and 31.11% unemployed. Living arrangements and access to mental health resources are also diverse, reflecting a well-represented student population.

**Table 1:** Descriptive statistics

	<b>X</b>	<b>Y</b>	<b>M</b>
<b>N</b>	270	270	270
<b>Mean</b>	3.15	1.57	3.17
<b>Median</b>	3.20	1.58	3.23
<b>Std. Deviation</b>	0.498	0.475	0.585
<b>Variance</b>	0.248	0.226	0.342
<b>Range</b>	2.88	2.83	2.96
<b>Minimum</b>	1.44	0.00	1.58
<b>Maximum</b>	4.32	2.83	4.54

The descriptive statistics (Table, 1) show that the sample consists of 270 observations. The mean values for X, Y, and M are 3.15, 1.57, and 3.17, respectively, with standard deviations indicating moderate variability. The range of values suggests a diverse distribution, with X having the highest maximum (4.32) and Y the lowest minimum (0.00), reflecting variation across the dataset.

**Table 2:** Correlations for the study variables

	<b>X</b>	<b>Y</b>	<b>M</b>
<b>X</b>	1		
<b>Y</b>	0.128	1	
<b>M</b>	0.759	0.040	1

Correlation analysis (Table, 2) reveals important insights into the association between shame, self-compassion and mental health. In part, the results agree with theoretical expectation, but also bring unique contextual nuance. It is clear from (Table, 4) that the study finds a weak positive correlation (**0.128**) between shame and mental health, indicating slight distress with increased shame. A strong positive correlation (**0.759**) between shame and self-compassion suggests self-compassion may act as a coping strategy. The negligible correlation (**0.040**) between self-compassion and mental health implies it moderates rather than directly improves well-being.

**Table 3:** Overall Model Test

<b>Model</b>	<b>R</b>	<b>R<sup>2</sup></b>	<b>F</b>	<b>df1</b>	<b>df2</b>	<b>p</b>
<b>1</b>	0.155	0.0241	3.30	2	267	0.038

*Note.* Models estimated using sample size of N=270

### **Model Fit and Significance**

The overall regression model (Table 3) shows an  $R^2$  value of **0.0241**, indicating that **2.41%** of the variance in mental health is explained by shame and self-compassion. While this value is relatively low, it reflects that other factors beyond shame and self-compassion likely influence

mental health, a finding consistent with broader psychological literature (e.g., Fong & Loi, 2016). The model is statistically significant ( $F=3.30$ ,  $p=0.038$ ), demonstrating that the predictors collectively explain a meaningful amount of variance in mental health.

**Table 4:** One-way Analysis of Variance (ANOVA)

	Sum of Squares	df	Mean Square	F	p
<b>X</b>	1.366	1	1.366	6.15	0.014
<b>M</b>	0.466	1	0.466	2.10	0.148
<b>Residuals</b>	59.263	267	0.222		

Note. Type 3 sum of squares

### ANOVA Results

The omnibus ANOVA test shows (Table 4) that shame ( $F=6.15$ ,  $p=0.014$ ) significantly contributes to the variance in mental health, while self-compassion ( $F=2.10$ ,  $p=0.148$ ) does not. This reinforces the importance of examining self-compassion's role as a potential buffer in the relationship between shame and mental health rather than as an independent predictor.

**Table 7:** Regression Analysis

#### Model Coefficients - Y

Predictor	Estimate	SE	t	p
<b>Intercept</b>	1.913	0.1857	10.30	<.001
<b>X</b>	-0.220	0.0886	-2.48	0.014
<b>M</b>	0.109	0.0755	1.45	0.148

### Predictor Contributions

The coefficients (Table,5) provides insights into the individual contributions of shame and self-compassion:

- **Shame (X):** Shame is a significant predictor of mental health ( $\beta=-0.220$ ,  $t=-2.48$ ,  $p=0.014$ ), suggesting a negative relationship. This indicates that higher levels of shame are associated with poorer mental health, consistent with Gilbert's (1997) model, which posits that shame exacerbates self-criticism and psychological distress.
- **Self-Compassion (M):** Self-compassion ( $\beta=0.109$ ,  $t=1.45$ ,  $p=0.148$ ) does not significantly predict mental health directly in this model. This aligns with findings from Callow et al. (2021), which suggest that self-compassion primarily acts as a moderator rather than a direct predictor of mental health outcomes.

### Regression Analysis

The regression analysis (Table, 5) shows that shame significantly predicts poorer mental health ( $\beta=-0.220$ ,  $p=0.014$ ), while self-compassion does not have a direct effect ( $\beta=0.109$ ,  $p=0.148$ ). The model explains only **2.41%** of mental health variance ( $R^2=0.0241$ ), indicating other

influential factors. Findings align with existing literature, suggesting self-compassion may act as a buffer against shame rather than directly improving mental health.

**Table 6:** Collinearity Statistics

	VIF	Tolerance
<b>X</b>	2.36	0.424
<b>M</b>	2.36	0.424

**Table 7:** Normality Test (Shapiro-Wilk)

Statistic	p
0.989	0.036

### Assumption Checks

1. **Co-linearity:** The Variance Inflation Factor (VIF) (Table 6) values for shame and self-compassion are both **2.36**, with tolerances of **0.424**, indicating no multicollinearity. These values fall within acceptable ranges, ensuring that the predictors are independent and suitable for inclusion in the model.
2. **Normality:** The Shapiro-Wilk test (Table 7) for normality ( $p=0.036$ ) indicates slight deviations from normality. While this might influence the robustness of the results, the large sample size ( $N=270$ ) helps mitigate this limitation (Field, 2013).

**Table 8:** Moderation Statistics

Effect	Estimate	SE	Z	p
X	-0.2438	0.0804	-3.03	0.002
M	0.0873	0.0746	1.17	0.242
X×M	-0.2204	0.0720	-3.06	0.002

### Moderation Analysis

The moderation analysis (Table 8) shows that shame significantly predicts poorer mental health ( $\beta=-0.2438$ ,  $p=0.002$ ), while self-compassion alone does not have a direct effect ( $\beta=0.0873$ ,  $p=0.242$ ). However, self-compassion moderates the relationship ( $\beta=-0.2204$ ,  $p=0.002$ ), reducing shame's negative impact on mental health. These findings highlight self-compassion as a protective factor, suggesting that fostering self-compassion could improve students' psychological resilience in high-pressure academic environments.

### DISCUSSION

The findings indicate that business graduate students experience moderate to high levels of shame, as evidenced by the descriptive statistics and the significant negative impact of shame on mental health. This aligns with prior research emphasizing the competitive and performance-driven nature of business education, which fosters environments where students are vulnerable to shame due to high academic and societal expectations (Kotera et al., 2018).

Shame in this context often stems from self-perceived inadequacies or failure to meet internalized standards of success, compounded by external judgment from peers, instructors, and family members (Gilbert, 1997). For business students, the pressures to achieve professional competence and future career success may further amplify feelings of inadequacy, making them more prone to shame compared to students in less performance-intensive disciplines.

Although comparative data with other disciplines is not part of this study, the results are consistent with broader findings in educational psychology that suggest competitive academic settings elevate shame levels (Simola, 2019). This provides support for H1 and underscores the need for tailored mental health interventions that address shame specifically in business education.

The results confirm a significant negative relationship between shame and mental health ( $\beta = -0.220$ ,  $p = 0.014$ ), supporting H2. This finding aligns with extensive literature demonstrating that shame is a predictor of poor mental health outcomes, including anxiety, depression, and stress (Callow et al., 2021; Zhang et al., 2018). The self-critical nature of shame fosters rumination, withdrawal, and feelings of worthlessness, which exacerbate psychological distress.

Gilbert's (1997) evolutionary theory of shame provides a theoretical framework for understanding these findings. Shame activates social-threat mechanisms, leading individuals to perceive themselves as devalued or unworthy in the eyes of others. This internalized shame is often associated with low self-esteem and heightened vulnerability to mental health challenges, particularly in contexts where external validation is highly valued, as in business education.

For business graduate students, the significant negative correlation highlights the pervasive impact of shame on their well-being. The cultural context, which emphasizes familial and societal expectations of academic and professional success, likely intensifies the emotional burden of shame. This finding highlights the importance of addressing shame as a critical component of mental health support for students.

The moderation analysis provides robust support for H3. The significant interaction term ( $\beta = -0.2204$ ,  $p = 0.002$ ) indicates that self-compassion moderates the relationship between shame and mental health, reducing the negative impact of shame on mental health outcomes. This finding aligns with Neff's (2003) self-compassion theory, which posits that self-compassion buffers individuals against the adverse effects of self-criticism and emotional distress.

High levels of self-compassion were found to weaken the relationship between shame and mental health, demonstrating its protective role. In line with Swee et al. (2023) who illustrated that self-compassion interventions decreased the severity of shame related mental health issues in academia, the study found that self-compassion interventions do reduce the severity of shame related mental health challenges in academic settings. Self-compassion creates the opportunity for students to respond to feelings of inadequacy with greater emotional resilience through the development of self-kindness, the acknowledgment of common humanity, and the practice of mindfulness.

However, developing self-compassion could be especially helpful for business students against the damaging effects of shame. These findings open the possibility that self-compassion focused interventions like mindfulness training, or self-compassion exercises might be critical to improving the psychological well-being of students. This is especially so because in the Pakistani cultural context, students experience shame and mental health issues based on external validation and societal expectations.

### **Integration with Literature and Theoretical Implications**

This research supports and extends existing literature by demonstrating how shame and self-compassion relate to one another and to mental health. Previous studies have showed that shame is a risk factor for mental health (Kotera et al., 2019; Zhang et al., 2018), and this study contributes to our understanding about the moderating effect of self-compassion in a non-Western and competitive academic context. Neff (2003) noted the universality of self-compassion as a protective factor, and the results underscore this as well and also show that it is relevant in culturally specific environments.

The findings also help to enhance the more general theoretical understanding of shame and self-compassion. The evolutionary model of shame proposed by Gilbert (1997) is reaffirmed and further evidence is exhibited as to how cultural and academic pressures enhance the psychological burden of shame. The results also provide empirical support for self-compassion as a buffering mechanism, extending Neff's framework to a diverse academic setting.

### **Practical Implications**

The results suggest practical implications for designing support and intervention for mental health. As business institutes have a competitive academic programme, educational institutions may include self-compassion training in student support services. However, workshops and programs that promote self-compassion can be beneficial for students to help them learn healthier coping mechanisms that will mitigate the negative impact shame has on their mental health.

Furthermore, awareness campaigns and institutional policies can help address the cultural and societal roots of shame, fostering a more supportive environment for students. Through an understanding of the particular challenges business students face, these initiatives can foster an environment for acceptance and resilience, leading to better psychological well-being for business students.

### ***Conclusion***

Mental health among the university students as a global concern where business students are particularly challenged in a highly competitive academic and the professional environment. This study explores the relationship between shame, self-compassion, and mental health among business students, highlighting how cultural and academic pressures intensify shame, negatively impacting mental well-being, while self-compassion moderates these effects, offering a protective role against psychological distress. This study emphasizes that intense shame feelings lead to poor mental and cause anxiety and depression. The findings highlight self-compassion as a crucial buffer, reducing the negative effects of shame and promoting emotional resilience in students.

This study shows a number of important conclusions regarding the influence of shame, self-compassion and mental health on each other. Of particular relevance to Pakistan is that high level of shame is elevated by cultural norms that stress the importance of academic success and professional achievement. As a result, these expectations cause many students to feel a heightened sense of self awareness and fear of failure which then intensifies feelings of inadequacy and shame. To conclude the cultural value of self-compassion is not as explicitly valued in Pakistan as it is in Western contexts, however the findings indicate that self-compassion is a universally relevant construct, which can moderate the detrimental effects of shame in different cultural contexts.

### ***Recommendation***

- **Promoting awareness and education** on mental health, shame, and self-compassion can help reduce stigma and create a supportive academic environment.
- **Enhancing institutional and peer support** through counselling services, mentorship programs, and faculty involvement can foster emotional resilience among students.
- **Implementing evidence-based interventions and policies** ensures sustainable mental health strategies, including therapy, research, and institutional reforms to address shame and promote self-compassion

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### Annexure 1: Demographics Frequency Distribution of the Sample

Frequency Distribution		Frequency	Percent	Cumulative Percent
Program of study	BBA	74	27.41	27.41
	BS Economics	12	4.44	31.85
	BS Social Sciences	24	8.89	40.74
	BS English	37	13.70	54.44
	BS Computer Sciences	29	10.74	65.19
	BS Software Engineering	20	7.41	72.59
	BS Accounting & Finance	44	16.30	88.89

	BS Data Sciences	20	7.41	96.30
	BS Sociology	10	3.70	100.00
<b>Gender</b>	Male	133	49.26	49.26
	Female	137	50.74	100.00
<b>Year of study</b>	1st year	52	19.26	19.26
	2nd year	76	28.15	47.41
	3rd year	75	27.78	75.19
	Last year	67	24.81	100.00
<b>Employment Status</b>	Part time	89	32.96	32.96
	Full time	97	35.93	68.89
	Unemployed	84	31.11	100.00
<b>Living Arrangements</b>	On-campus	87	32.22	32.22
	Off-campus	83	30.74	62.96
	With family	100	37.04	100.00
<b>Access to mental health resources</b>	Yes	129	47.78	47.78
	No	141	52.22	100.00
<b>Total</b>		270	100.00	