Social Desirability and Its Effect on Help-Seeking: Mediated by Shame

Angel. Lee[1] , Amirul. Iskandar[2]*

[1] Faculty of Social Sciences & Liberal Arts, Department of Psychology, UCSI University, Kuala Lumpur, Malaysia
[2] Department of Psychology, University of Malaya, Kuala Lumpur, Malaysia

* Corresponding author email address: amirul@um.edu.my

A B S T R A C T

Objective: The present study aimed to investigate the relationship between social desirability and help-seeking behavior, with shame as a mediating variable, among a sample of Malaysian participants.

Methods and Materials: This research employed a descriptive correlational design and was conducted on a sample of 391 participants from Malaysia, selected based on the Morgan and Krejcie sample size table. Standardized instruments were used to assess help-seeking (General Help-Seeking Questionnaire), social desirability (Marlowe-Crowne Social Desirability Scale), and shame (Experience of Shame Scale). Data were analyzed using SPSS-27 for descriptive statistics and Pearson correlation analysis, and AMOS-21 was employed to conduct Structural Equation Modeling (SEM) to test the hypothesized mediation model and assess the model fit using key indices such as CFI, RMSEA, and TLI.

Findings: Descriptive analysis revealed moderate levels of help-seeking (M = 4.62, SD = 1.13), high social desirability (M = 21.87, SD = 4.76), and elevated shame (M = 68.34, SD = 9.51). Pearson correlation analysis showed that social desirability was negatively correlated with help-seeking (r = −.41, p < .001) and positively with shame (r = .46, p < .001), while shame was negatively correlated with help-seeking (r = −.52, p < .001). SEM results indicated that the structural model had good fit (CFI = 0.97, RMSEA = 0.048, TLI = 0.96), with shame significantly mediating the relationship between social desirability and help-seeking. Both direct and indirect effects of social desirability on help-seeking were statistically significant.

Conclusion: The findings highlight that shame plays a critical mediating role in the negative relationship between social desirability and help-seeking behavior. Interventions aimed at reducing internalized shame and addressing socially desirable responding may be essential for improving help-seeking behaviors, especially in cultural contexts where stigma and social expectations are prominent.

Keywords: Help-seeking behavior; Social desirability; Shame; Mediation; Mental health stigma; Malaysia; Structural Equation Modeling.

1. Introduction

Shame is a self-conscious and deeply social emotion arising from the perception of having failed to meet societal or internalized standards, often resulting in feelings of unworthiness and a desire to hide or withdraw from social contact (F.W et al., 2016). This emotion has been extensively linked to avoidance behaviors, including reluctance to seek psychological help (Wood et al., 2017). Individuals who experience shame are more likely to engage in self-criticism and concealment, which further inhibits their openness to professional support (Doyle et al., 2022). Several studies have illustrated that shame contributes to negative self-perceptions, diminished self-esteem, and poor emotional regulation, all of which can obstruct help-seeking behaviors (Cameron et al., 2022; Çavuş et al., 2023). Particularly, shame-prone individuals often fear judgment or rejection when discussing mental health concerns, making them less likely to access available support systems (Chen et al., 2024).

The influence of shame on help-seeking is especially pronounced in cultures where honor, reputation, and familial expectations dominate social interactions. In such contexts, expressing psychological distress can be interpreted as personal weakness, bringing not only individual shame but also perceived shame upon one's family or community (Johnson, 2020). This is highly relevant in collectivist cultures like Malaysia, where communal values and face-saving behaviors often inhibit disclosure of personal vulnerabilities (Nur Arissa Aini Mohamad & Mohd.Nor, 2023). Shame, therefore, acts not only as an intrapersonal experience but also as a socio-cultural construct influenced by familial upbringing, cultural expectations, and gender norms (Fallah, 2023). Furthermore, studies have shown that shame mediates the effect of adverse childhood experiences and trauma on psychological outcomes, suggesting that early life experiences shape how individuals process and respond to emotional distress in adulthood (Aytaç & Durat, 2019; Thomson & Jaque, 2018).

Parallel to shame, social desirability refers to the tendency of individuals to present themselves in ways that will be viewed favorably by others, even at the expense of honesty or personal well-being. This tendency significantly affects self-report measures and has been found to distort individuals' responses to sensitive questions, including those related to mental health (Mahadevan et al., 2023). Social desirability can inhibit help-seeking by fostering denial, suppression of distress, or the construction of a socially acceptable self-image that minimizes psychological vulnerability (Omari et al., 2024). In environments where mental illness is stigmatized, socially desirable responding becomes a defense mechanism against potential social exclusion or discrimination (Kotera et al., 2022). For instance, Wood et al. found that individuals with high internalized shame and social desirability were more likely to mask their distress and avoid therapeutic interactions (Wood et al., 2017).

The intersection of shame and social desirability is particularly critical. While shame involves an internal judgment of the self, social desirability is concerned with external evaluations. Yet, both can function synergistically to suppress help-seeking. Individuals may experience shame about their mental health symptoms and simultaneously strive to maintain a socially acceptable facade, creating a double bind that further alienates them from professional support (Elfitasari & Winta, 2022). In particular, socially desirable tendencies may drive individuals to internalize societal norms that equate emotional distress with weakness, exacerbating feelings of shame (Kim et al., 2016). These dynamics are especially salient among populations with heightened sensitivity to reputation, such as university students and young professionals, who often find themselves caught between personal suffering and societal expectations of competence and self-reliance (Melizza et al., 2023).

Emerging research has also examined the moderating and mediating variables that influence the relationship between shame, social desirability, and help-seeking. For example, self-esteem has been repeatedly identified as a key factor shaping the impact of shame on psychological outcomes. Individuals with higher self-esteem are generally more resilient to the adverse effects of shame and are more likely to seek help when needed (Budiarto & Helmi, 2021; Çavuş et al., 2023). Conversely, low self-esteem can magnify the negative effects of shame and increase one's susceptibility to social desirability biases (Razmus et al., 2022). Studies suggest that interventions aimed at enhancing self-worth and reducing shame-based thinking could improve mental health help-seeking behavior, especially when combined with stigma-reduction strategies (Fiskum & Eik-Nes, 2023).

Help-seeking itself is a complex, multidimensional behavior influenced by cognitive, emotional, and social variables. While some individuals may perceive professional help as a resource for growth and coping, others may view it as a threat to their autonomy or image (Gök et al., 2020).

Research by Ningrum and Mulawarman revealed that gratitude and self-esteem are strong predictors of psychological help-seeking in adolescents, highlighting the importance of personal and moral values in shaping behavioral intentions (Ningrum & Mulawarman, 2024). Likewise, Omari et al. emphasized that demographic factors such as age, gender, and educational background also influence attitudes toward seeking help, with self-esteem playing a pivotal role in mediating these relationships (Omari et al., 2024). These findings are consistent with Kim and Choi's observation that self-esteem moderates the impact of avoidant attachment on help-seeking attitudes among university students (Kim & Choi, 2023).

Gender and cultural expectations further complicate the relationship between shame, social desirability, and help-seeking. In many societies, men are discouraged from expressing vulnerability or emotional distress, reinforcing a culture of emotional suppression and avoidance (Mahadevan et al., 2023). On the other hand, women, while often more open to emotional expression, face the burden of social judgments about propriety and self-control, which can inhibit their willingness to seek mental health support (Lagerström et al., 2025). The gendered dimensions of shame and social desirability have been especially evident in studies addressing sexual harassment, trauma, and self-esteem among women, which show how these experiences translate into internalized stigma and diminished psychological well-being (Chen et al., 2024; Nur Arissa Aini Mohamad & Mohd.Nor, 2023).

Despite growing awareness of these issues, there remains a significant gap in understanding how these psychological constructs interact to shape help-seeking behavior in Southeast Asian populations. While several studies have been conducted in Western contexts, there is limited empirical research from Malaysia that specifically addresses the mediating role of shame in the relationship between social desirability and help-seeking. Given Malaysia's unique sociocultural landscape, characterized by diverse ethnic groups, religious norms, and collectivist values, such research is both timely and necessary. Prior work suggests that social stigma surrounding mental illness is prevalent in Malaysian society, potentially discouraging individuals from openly addressing their psychological needs (Shehzad & Ahsan, 2023). Furthermore, studies by Kardiatun and Liyanovitasari emphasize that shame in response to body image, trauma, or perceived failure is often internalized, affecting both self-esteem and behavioral outcomes (Kardiatun, 2021; Liyanovitasari & Setyoningrum, 2022).

The present study seeks to address this gap by examining the relationship between social desirability and help-seeking behavior, with shame as a mediating variable, among a sample of Malaysian participants.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a descriptive correlational design to investigate the relationship between social desirability, shame, and help-seeking behavior among individuals in Malaysia. A total of 391 participants were recruited through convenience sampling, with the sample size determined based on the Morgan and Krejcie sample size table to ensure statistical adequacy for correlational and structural analyses. Participants included a diverse demographic range in terms of age, gender, and educational background, reflecting the broader Malaysian population. All individuals were informed about the purpose of the research and participated voluntarily, with anonymity and confidentiality guaranteed. Ethical approval was obtained from the relevant institutional review board prior to data collection.

2.2. Measures

2.2.1. Help-Seeking

The General Help-Seeking Questionnaire (GHSQ), developed by Wilson, Deane, Ciarrochi, and Rickwood in 2005, is a widely used instrument designed to assess individuals' intentions to seek help from various sources for emotional or psychological problems. The GHSQ includes 10 items that measure the likelihood of seeking help from formal (e.g., psychologist, doctor) and informal (e.g., friend, family) sources. Respondents rate each item on a 7-point Likert scale ranging from 1 (extremely unlikely) to 7 (extremely likely). The questionnaire can be adapted to specific problems or populations, increasing its utility across different contexts. Studies have consistently confirmed the questionnaire's construct validity and internal consistency, with reported Cronbach's alpha coefficients ranging from 0.70 to 0.90, supporting its reliability in diverse samples (Kim & Choi, 2023; Kim et al., 2016; Ningrum & Mulawarman, 2024).

2.2.2. Social Desirability

The Marlowe-Crowne Social Desirability Scale (MCSDS), developed by Crowne and Marlowe in 1960, is a

standard measure designed to assess the tendency of individuals to present themselves in a favorable light, regardless of truthfulness. The original version consists of 33 true-false items that reflect culturally sanctioned behaviors with low occurrence rates. Higher scores indicate greater social desirability bias. While the full version is still in use, several shorter forms (e.g., 13-item or 10-item versions) have also been validated to improve efficiency without compromising psychometric properties. The MCSDS has demonstrated strong internal consistency (α > 0.70) and test-retest reliability, and its construct validity has been supported in numerous psychological and behavioral research studies (Cox, 2021; Lotfi Saedabad et al., 2022).

2.2.3. Shame

The Experience of Shame Scale (ESS), developed by Andrews, Qian, and Valentine in 2002, is a 25-item self-report instrument that measures shame across three domains: characterological shame (e.g., personality flaws), behavioral shame (e.g., past actions), and bodily shame (e.g., appearance). Participants respond on a 4-point Likert scale from 1 (not at all) to 4 (very much), with higher total scores indicating greater experiences of shame. The ESS allows for a nuanced understanding of how shame manifests in different areas of life. The tool has demonstrated excellent internal consistency across its subscales (Cronbach's alpha ranging from 0.90 to 0.92) and has shown robust construct and criterion-related validity in clinical and non-clinical populations, confirming its utility in psychological research (Chen et al., 2024; Lagerström et al., 2025).

2.3. Data Analysis

Data were analyzed using both correlational and structural modeling techniques. Initially, Pearson correlation coefficients were computed using SPSS version 27 to examine the bivariate relationships between the dependent variable (help-seeking behavior) and each independent variable (social desirability and shame). These analyses provided preliminary insights into the direction and strength of associations among the variables. To further test the hypothesized mediation model—specifically whether shame mediates the relationship between social desirability and help-seeking behavior—a Structural Equation Modeling (SEM) approach was conducted using AMOS version 21. Model fit was evaluated using standard indices including the Chi-square statistic, Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), and Root Mean Square Error of Approximation (RMSEA). The combination of SPSS and AMOS provided a comprehensive analytic framework for examining both direct and indirect effects among the study variables.

3. Findings and Results

The sample consisted of 391 participants from Malaysia, including 153 males (39.1%) and 238 females (60.9%). Participants ranged in age from 18 to 45 years, with the majority falling within the 21–30 age range (n = 198, 50.6%), followed by those aged 31–40 (n = 124, 31.7%), 18–20 (n = 47, 12.0%), and 41–45 (n = 22, 5.6%). In terms of educational background, 169 participants (43.2%) held a bachelor's degree, 106 (27.1%) had completed secondary education, 72 (18.4%) possessed a diploma or associate degree, and 44 (11.3%) reported having a postgraduate qualification. These demographic characteristics reflect a relatively young and educated sample, suitable for investigating psychosocial constructs such as shame, social desirability, and help-seeking behavior.

Table 1

Descriptive Statistics for Study Variables

Variable	Mean (M)	Standard Deviation (SD)
Help-Seeking	4.62	1.13
Social Desirability	21.87	4.76
Shame	68.34	9.51

The descriptive statistics presented in Table 1 show that the mean score for help-seeking was 4.62 (SD = 1.13), indicating a moderate inclination to seek help among participants. The average score on the social desirability scale was 21.87 (SD = 4.76), suggesting a generally high tendency among participants to respond in socially approved ways. The mean shame score was 68.34 (SD = 9.51), indicating a relatively elevated level of shame experienced by the sample.

Before conducting the main analyses, the assumptions of normality, linearity, multicollinearity, and homoscedasticity were examined and confirmed. Skewness and kurtosis values for all variables were within the acceptable range of -1.96 to $+1.96$, indicating normal distribution (e.g., help-seeking: skewness $= -0.42$, kurtosis $= 0.37$; shame: skewness $= 0.51$, kurtosis $= -0.18$; social desirability: skewness $= -0.33$, kurtosis $= 0.12$). Scatterplots demonstrated linear relationships between variables.

Tolerance values were all above 0.80, and variance inflation factor (VIF) values were below 1.30, indicating no multicollinearity concerns. Additionally, plots of standardized residuals showed a random pattern, supporting the assumption of homoscedasticity. These results confirmed that the data met the assumptions required for Pearson correlation and Structural Equation Modeling analyses.

Table 2

Pearson Correlation Coefficients Between Study Variables

Variable	1	2	3
1. Help-Seeking	—		
2. Social Desirability	$-.41$ (p < .001)	—	
3. Shame	$-.52$ (p < .001)	.46 (p < .001)	—

Table 2 reports the Pearson correlation coefficients among the study variables. Help-seeking behavior was significantly and negatively correlated with social desirability ($r = -.41$, $p < .001$) and shame ($r = -.52$, $p < .001$), indicating that higher social desirability and higher shame are associated with reduced likelihood of seeking

psychological help. In contrast, social desirability was positively correlated with shame ($r = .46$, $p < .001$), suggesting that individuals who engage in socially desirable responding are more likely to experience higher levels of shame.

Table 3

Model Fit Indices for the Structural Equation Model

Fit Index	Value	Threshold Criteria
Chi-Square (χ^2)	142.67	—
Degrees of Freedom	74	—
χ^2/df	1.93	< 3.00
GFI	0.95	> 0.90
AGFI	0.92	> 0.90
CFI	0.97	> 0.95
TLI	0.96	> 0.95
RMSEA	0.048	< 0.06

The fit indices reported in Table 3 suggest that the structural model provided a good fit to the observed data. The Chi-square value was 142.67 with 74 degrees of freedom, and the ratio of χ^2/df was 1.93, which is well below

the recommended threshold of 3.00. Other fit indices also indicated strong model fit, including GFI = 0.95, AGFI = 0.92, CFI = 0.97, TLI = 0.96, and RMSEA = 0.048, all of which met or exceeded conventional cut-off values.

Table 4

*Path Coefficients for Total, Direct, and Indirect Effects in the Structural Model*

Path	B	S.E.	β	p
Social Desirability → Shame	1.23	0.21	.46	< .001
Shame → Help-Seeking	-0.08	0.01	$-.41$	< .001
Social Desirability → Help-Seeking (direct)	-0.06	0.02	$-.22$	.004
Social Desirability → Help-Seeking (indirect)	-0.10	0.02	$-.19$	< .001
Social Desirability → Help-Seeking (total)	-0.16	—	$-.41$	< .001

As shown in Table 4, the direct path from social desirability to shame was significant (B = 1.23, β = .46, p < .001), indicating that greater social desirability is associated with higher levels of shame. Shame significantly predicted lower help-seeking behavior (B = −0.08, β = −.41, p < .001). The direct path from social desirability to help-seeking was also significant (B = −0.06, β = −.22, p = .004). The indirect effect of social desirability on help-seeking through shame was also significant (B = −0.10, β = −.19, p < .001), suggesting that shame partially mediates this relationship. The total effect of social desirability on help-seeking was strong and negative (B = −0.16, β = −.41, p < .001), supporting the overall hypothesized model.

Figure 1

Structural Model of The Study
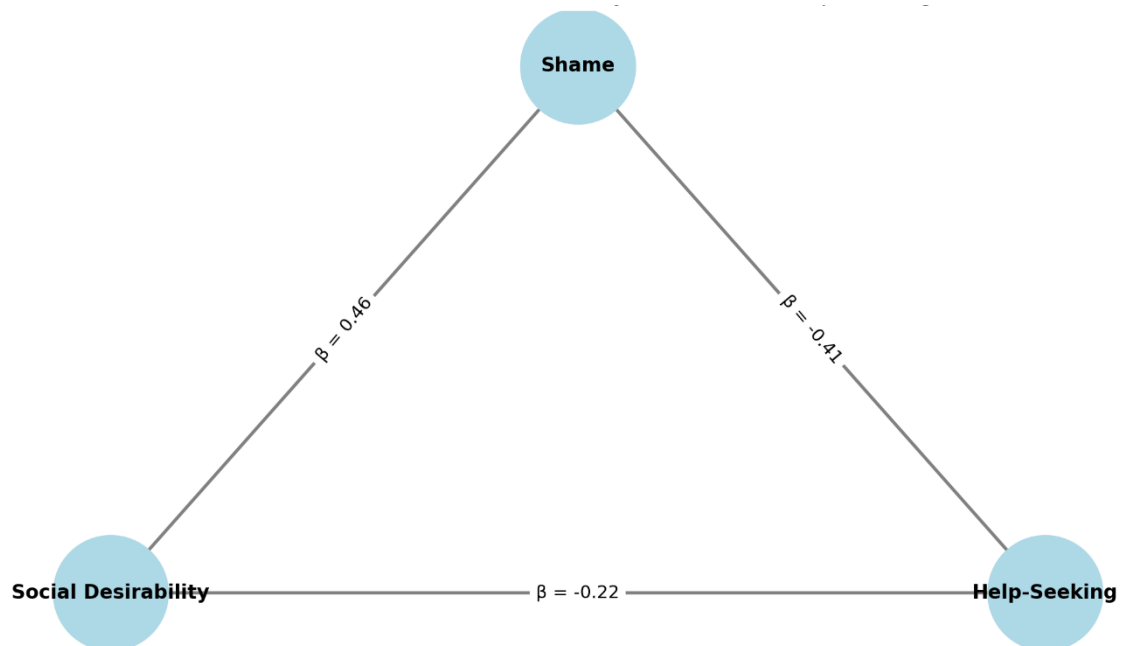
4.   Discussion and Conclusion

The findings of this study revealed significant relationships between social desirability, shame, and help-seeking behavior among Malaysian participants. Pearson correlation analyses indicated a negative relationship between social desirability and help-seeking, as well as between shame and help-seeking. Structural Equation Modeling further demonstrated that shame significantly mediated the relationship between social desirability and help-seeking behavior. These results suggest that individuals who exhibit higher levels of social desirability are more likely to experience shame, which in turn reduces their likelihood of seeking psychological help. In a cultural context where stigma around mental illness remains pervasive, such findings shed light on the psychological mechanisms that inhibit help-seeking, even in the presence of emotional distress.

The inverse relationship between social desirability and help-seeking aligns with previous studies indicating that individuals high in social desirability tend to avoid admitting psychological vulnerabilities due to fear of negative evaluation by others (Kotera et al., 2022; Omari et al., 2024). In collectivist societies like Malaysia, where preserving one's public image and avoiding shameful exposure is emphasized, the pressure to appear emotionally stable and socially acceptable can discourage individuals from acknowledging their psychological needs. This supports earlier research by Mahadevan et al., who found that individuals with greater concern for social status and external evaluation often suppress emotional expression in favor of socially endorsed behaviors (Mahadevan et al., 2023). Likewise, Ningrum and Mulawarman showed that students with a strong need for approval reported lower intentions to seek help, reinforcing the role of social desirability as a psychological barrier to accessing mental health services (Ningrum & Mulawarman, 2024).

Furthermore, the significant mediating role of shame in the relationship between social desirability and help-seeking offers insight into the psychological process underlying this behavioral avoidance. When individuals internalize societal expectations and perceive themselves as failing to meet these standards, they often experience shame—a painful emotion involving self-blame and feelings of worthlessness (F.W et al., 2016). As supported by Aytaç and Durat, individuals with unresolved shame related to childhood experiences or current struggles are more prone to withdrawing from supportive environments, including mental health services (Aytaç & Durat, 2019). The current findings extend this understanding by demonstrating that shame not only acts independently but also functions as a mediator that explains how social desirability translates into avoidant behavior regarding help-seeking.

Previous literature has also emphasized the central role of shame in obstructing help-seeking behavior. For instance, Cameron et al. found that higher levels of internalized shame were associated with reluctance to engage in treatment, especially among individuals who feared moral judgment or social disapproval (Cameron et al., 2022). Similarly, Doyle et al. revealed that shame-proneness significantly predicted sexual avoidance and psychological withdrawal in college students, highlighting shame's generalized effect on interpersonal engagement (Doyle et al., 2022). This is corroborated by Kim et al., who noted that interpersonal shame stemming from racism, cultural stigma, and emotional suppression significantly predicted negative attitudes toward help-seeking among Asian American populations (Kim et al., 2016). These findings parallel the current study, which observed shame as a central affective filter through which concerns about social approval manifest as emotional inhibition and avoidance of mental health services.

The association between shame and diminished help-seeking may also be understood through its impact on self-esteem and identity. Shame has been repeatedly linked with diminished self-worth, as shown in meta-analyses and empirical research (Budiarto & Helmi, 2021; Fallah, 2023). This erosion of self-esteem contributes to feelings of inadequacy and hopelessness, which further discourage individuals from seeking psychological support. For example, Fiskum and Eik-Nes demonstrated that interventions aimed at enhancing self-esteem among youth could simultaneously reduce internalized shame and promote open communication about emotional challenges (Fiskum & Eik-Nes, 2023). In the present study, the experience of shame appeared to internalize perceived social judgment, thereby exacerbating emotional withdrawal and reinforcing the perception that help-seeking would result in further shame.

Cultural expectations regarding self-control, emotional expression, and gender roles may also amplify the effects of social desirability and shame on help-seeking. In Malaysian culture, as in many Asian societies, emotional restraint is often valorized, and psychological difficulties may be perceived as personal failings (Kim, 2019). Consequently, individuals may avoid seeking help to prevent losing face or being perceived as weak by their peers and families. Shehzad and Ahsan found that internalized shame among retired military personnel in conservative societies often stemmed from traumatic experiences that were never disclosed due to social expectations regarding emotional stoicism (Shehzad & Ahsan, 2023). Likewise, Liyanovitasari and Setyoningrum reported that adolescent girls who experienced body shaming developed internalized self-judgment that discouraged open communication about their emotional states (Liyanovitasari & Setyoningrum, 2022). These findings align with the current results and highlight the social-cultural mechanisms that convert external pressure into internal emotional barriers.

Importantly, the present study also aligns with Wood et al., who demonstrated that internalized stigma and shame mediate the impact of social stigma on mental health recovery (Wood et al., 2017). The researchers emphasized that individuals who internalize negative societal messages about mental illness are less likely to seek support and more likely to suffer silently. Similarly, Elfitasari and Winta found that individuals who experienced body shaming often avoided help-seeking due to internalized self-blame and the desire to maintain a socially acceptable appearance (Elfitasari & Winta, 2022). These parallels underscore the importance of addressing shame and social desirability not as isolated traits but as embedded in wider systems of cultural norms and expectations.

Gender dynamics offer another layer of interpretation for these findings. While the present study did not focus on gender as a moderating variable, previous literature has documented that shame operates differently across genders. Women are more likely to internalize emotions such as shame due to societal messages about modesty and emotional propriety, especially in relation to body image and sexual experiences (Kardiatun, 2021; Nur Arissa Aini Mohamad & Mohd.Nor, 2023). For example, Melizza et al. showed that female students who experienced body shaming

reported significantly lower self-esteem and higher levels of shame, which interfered with their psychological well-being and openness to seeking help (Melizza et al., 2023). Men, on the other hand, often struggle with help-seeking due to expectations around masculinity, emotional suppression, and self-reliance (Mahadevan et al., 2023). These cultural scripts likely interact with social desirability tendencies to produce gender-specific barriers to mental health care.

Finally, the relevance of the findings extends to educational and clinical settings. Many Malaysian students and young adults may be suffering from mental health difficulties but refrain from seeking help due to a complex interplay of shame and the desire to present a competent, socially approved self-image. As Gök et al. argued, help-seeking attitudes among students are significantly shaped by perceived stigma and fear of judgment (Gök et al., 2020). Therefore, understanding and addressing these underlying psychological processes is essential for designing interventions that resonate with the cultural and emotional realities of the target population.

5. Limitations & Suggestions

Despite its contributions, this study has several limitations. First, the cross-sectional nature of the data prevents any causal inferences from being drawn regarding the directionality of relationships among variables. Longitudinal studies are needed to determine whether social desirability and shame precede or follow help-seeking behavior over time. Second, the reliance on self-report measures may introduce social desirability bias, especially since the very construct was one of the variables under investigation. Although standard, validated tools were used, the potential for underreporting shame or overreporting positive behavior remains. Third, the sample was limited to participants from Malaysia, which may restrict the generalizability of findings to other cultural or regional populations. Moreover, variables such as gender, socioeconomic status, and prior experiences with mental health services were not explored in depth, though they likely play a significant role in shaping help-seeking tendencies.

Future research should consider using longitudinal or experimental designs to examine how interventions targeting shame reduction or stigma awareness impact actual help-seeking behavior over time. Studies could also explore the role of additional mediating or moderating variables, such as self-compassion, emotional intelligence, or coping styles, in the relationship between social desirability and help-seeking. Gender-specific pathways should be further investigated to better understand how men and women experience shame and how this affects their attitudes toward psychological services. Additionally, qualitative studies could provide richer insights into the lived experiences of individuals navigating these emotional barriers, especially in communities where mental health remains a sensitive topic. Expanding the research to include diverse cultural settings would also contribute to a more global understanding of these psychological dynamics.

Practitioners should prioritize the creation of psychologically safe environments where clients feel accepted and free from judgment. Psychoeducation programs in schools and universities can help normalize emotional struggles and emphasize that seeking help is a sign of strength rather than weakness. Therapists should be attuned to the presence of shame and social desirability tendencies during clinical assessments and adapt their approaches to address these barriers directly. Confidentiality, anonymity, and culturally sensitive language should be emphasized in outreach efforts to reduce perceived risks associated with disclosure. Moreover, integrating self-esteem enhancement strategies into therapy and prevention programs may weaken the negative impact of shame and facilitate greater openness to psychological support.

Acknowledgments

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

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

Transparency of Data

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

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Authors' Contributions

This article is derived from the first author's doctoral dissertation. All authors equally contributed to this article.

References

Aytaç, A., & Durat, G. (2019). The Investigation of the Relationship Between Childhood Trauma and Feelings of Guilt- Shame and Self-Esteem in Karabuk University Students. *Sağlık Akademisi Kastamonu*, *4*(3), 144-187. https://doi.org/10.25279/sak.499339

Budiarto, Y., & Helmi, A. F. (2021). Shame and Self-Esteem: A Meta-Analysis. *Europe's Journal of Psychology*, *17*(2), 131-145. https://doi.org/10.5964/ejop.2115

Cameron, C., Kotera, Y., & Fido, D. (2022). The Relationship Between Sex Addiction and Shame Moderated by Overt and Covert Narcissism in a Gender-Balanced Adult Sample. https://doi.org/10.31234/osf.io/9m4fs

Çavuş, F., Çıvgın, U., & Yorulmaz, E. (2023). The Mediating Role of Self-Esteem in the Relationship Between Impulsivity, Shame and Gambling Severity. *5*(3), 228-238. https://doi.org/10.35365/ctjpp.23.3.05

Chen, X., Dai, B., Li, S., & Liu, L. (2024). Childhood Maltreatment, Shame, and Self-Esteem: An Exploratory Analysis of Influencing Factors on Criminal Behavior in Juvenile Female Offenders. *BMC psychology*, *12*(1). https://doi.org/10.1186/s40359-024-01758-x

Cox, S. J. (2021). *Gender Differences in Reporting Anger and Social Desirability Bias* The University of Texas at San Antonio]. https://search.proquest.com/openview/1140f0a8a1b5730fe3213b841222ee1c/1?pq-origsite=gscholar&cbl=18750&diss=y

Doyle, J. N., Cormier, L. A., & Hymers, M. J. (2022). Shame-Proneness Mediates Relations Between Borderline Personality Disorder Symptom Severity and Domains of Sexuality in Undergraduate Women. *The Canadian Journal of Human Sexuality*, *31*(2), 207-216. https://doi.org/10.3138/cjhs.2022-0002

Elfitasari, T., & Winta, M. V. I. (2022). The Role of Self-Esteem in Mediating Social Anxiety on Body Shaming Victims. *Psikostudia Jurnal Psikologi*, *11*(2), 249. https://doi.org/10.30872/psikostudia.v11i2.7405

F.W, S., Dekker, J., Peen, J., & Geert Jan, J. M. S. (2016). Narcissism, Self-Esteem, Shame Regulation and Juvenile Delinquency. *Forensic Science and Criminology*, *1*(1). https://doi.org/10.15761/fsc.1000105

Fallah, N. (2023). Socially Prescribed Perfectionism and Burnout Among Foreign Language Learners: The Role of Shame and Self-Esteem. *Language Teaching Research Quarterly*, *32*, 36-52. https://doi.org/10.32038/ltrq.2022.32.03

Fiskum, C., & Eik-Nes, T. T. (2023). Erfaringer Med Samtalekortene «Hei Kropp Og Selvfølelse»: En Kvalitativ Undersøkelse. *Tidsskrift for Norsk Psykologforening*, *60*(7), 414-422. https://doi.org/10.52734/nchg3914

Gök, F. A., Yazgan, E. Ö., Yildiz, T. A., & Duyan, V. (2020). Sosyal Hizmet Bölümü Öğrencilerinin Psikolojik Yardım Aramada Kendini Damgalama Durumunun Ve Benlik Saygısının Belirlenmesi. *Opus Uluslararası Toplum Araştırmaları Dergisi*, 1-1. https://doi.org/10.26466/opus.661207

Johnson, A. J. (2020). Examining Associations Between Racism, Internalized Shame, and Self-Esteem Among African Americans. *Cogent Psychology*, *7*(1). https://doi.org/10.1080/23311908.2020.1757857

Kardiatun, T. (2021). Body Shaming Dengan Harga Diri Dan Mekanisme Koping Remaja. *Jurnal Keperawatan Dan Kesehatan*, *12*(1), 13-23. https://doi.org/10.54630/jk2.v12i1.143

Kim, o. j., & Choi, b. y. (2023). The Moderating Effect of Self-Esteem on the Relationship Between Avoidant Attachment and Professional Help-Seeking Attitude in Undergraduate Students. *Korean Association for Learner-Centered Curriculum and Instruction*, *23*(7), 901-915. https://doi.org/10.22251/jlcci.2023.23.7.901

Kim, P. Y., Kendall, D. L., & Chang, E. (2016). Emotional Self-Control, Interpersonal Shame, and Racism as Predictors of Help-Seeking Attitudes Among Asian Americans: An Application of the Intrapersonal–interpersonal-Sociocultural Framework. *Asian American Journal of Psychology*, *7*(1), 15-24. https://doi.org/10.1037/aap0000032

Kim, Y. H. (2019). The Effects of Anxious Attachment on Social Anxiety in College Students: Mediation Effects of Self-Esteem, Shame and Narcissistic Vulnerability. *Korean Journal of Stress Research*, *27*(2), 174-182. https://doi.org/10.17547/kjsr.2019.27.2.174

Kotera, Y., Tsuda-McCaie, F., Edwards, A. M., Bhandari, D., Williams, D., & Neary, S. (2022). Mental Health Shame, Caregiver Identity, and Self-Compassion in UK Education Students. *Healthcare*, *10*(3), 584. https://doi.org/10.3390/healthcare10030584

Lagerström, M., Johnsson, P., Orrenius, B., Järvholm, K., Olbers, T., & Engström, M. (2025). Internalized Shame in Treatment-Seeking Adults With Obesity Class II-III and Its Association With Quality of Life, Body Image, and Self-Esteem. *Obesity Facts*, 1-12. https://doi.org/10.1159/000543448

Liyanovitasari, L., & Setyoningrum, U. (2022). Gambaran Harga Diri Remaja Yang Mengalami Body Shaming. *Pro Health Jurnal Ilmiah Kesehatan*, *4*(2). https://doi.org/10.35473/proheallth.v4i2.1758

Lotfi Saedabad, S., Basharpoor, S., & Rafiee rad, Z. (2022). The mediating role of social desirability in the relationship between personality traits and dysfunctional attitudes with adolescent aggressive behaviors [Research]. *Rooyesh-e-Ravanshenasi Journal(RRJ)*, *11*(4), 75-88. http://frooyesh.ir/article-1-3349-en.html

Mahadevan, N., Gregg, A. P., & Sedikides, C. (2023). How Does Social Status Relate to Self-Esteem and Emotion? An Integrative Test of Hierometer Theory and Social Rank Theory. *Journal of Experimental Psychology General*, *152*(3), 632-656. https://doi.org/10.1037/xge0001286

Melizza, N., Rahmawati, A., Arfianto, M. A., Mashfufa, E. W., Kurnia, A. D., & Masruroh, N. L. (2023). The Relationship Between Body Shaming and Self-Esteem in Students. *Kne Medicine*. https://doi.org/10.18502/kme.v3i2.13084

Ningrum, J. S., & Mulawarman, M. (2024). The Influence of Gratitude and Self-Esteem on Psychological Help-Seeking Behavior in Vocational School Students. *Counsenesia Indonesian Journal of Guidance and Counseling*, *5*(2), 105-115. https://doi.org/10.36728/cijgc.v5i2.3696

Nur Arissa Aini Mohamad, A., & Mohd.Nor, H. A. (2023). Experiences of Sexual Harassment and Its Association With the Levels of Depression and Self-Esteem Among Female Higher Education Students in Selangor. *International Journal*

of Academic Research in Business and Social Sciences, *13*(12). https://doi.org/10.6007/ijarbss/v13-i12/19782

Omari, O. A., Sawafi, A. A., Al-Adawi, S., Aldiabat, K., Dameery, K. A., Albashtawy, M., Alkhawaldeh, A., Musa, A., Sabei, S. A., Qadire, M. A., & Aljezawi, M. e. (2024). Assessing Attitudes Toward Seeking Psychological Professional Help Among Adolescents: The Roles of Demographics and Self-Esteem. *BMC psychology*, *12*(1). https://doi.org/10.1186/s40359-024-02294-4

Razmus, M., Czubak-Paluch, K., & Brytek-Matera, A. (2022). The Relationship Between Body Mass Index and Food Preoccupation in Women: A Moderated Mediation of Body-related Self-conscious Emotions and Self-esteem. *European Eating Disorders Review*, *31*(1), 188-196. https://doi.org/10.1002/erv.2955

Shehzad, G., & Ahsan, S. (2023). Moderating Role of Self-Esteem Between Traumatic Events and Internalized Shame Among Retired Army Officers. *HNJSS*, *4*(2), 544-559. https://doi.org/10.71016/hnjss/k1s9rt32

Thomson, P., & Jaque, S. V. (2018). Shame and Anxiety: The Mediating Role of Childhood Adversity in Dancers. *Journal of Dance Medicine & Science*, *22*(2), 100-108. https://doi.org/10.12678/1089-313x.22.2.100

Wood, L., Byrne, R., Burke, E., Enache, G., & Morrison, A. P. (2017). The Impact of Stigma on Emotional Distress and Recovery From Psychosis: The Mediatory Role of Internalised Shame and Self-Esteem. *Psychiatry research*, *255*, 94-100. https://doi.org/10.1016/j.psychres.2017.05.016