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4. The effectiveness of an interpersonal therapy- based program in reducing fear of criticism among individuals with obsessive-compulsive personality disorder.
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researcher, ensuring their involvement in all activities.

Overall, the program significantly reduced the fear of criticism among adolescents. It equipped them with practical tools and psychological skills to approach their negative thoughts with neutrality and acceptance. This aligns with the literature emphasizing the importance of fostering self-acceptance and reducing fear of criticism as critical factors in improving mental health outcomes.

This outcome can also be attributed to the diverse activities employed to reduce fear of criticism, which led to significant differences in the scores of the experimental and control groups on the Fear of Criticism Scale for adolescents with elevated depression. The experimental group underwent sessions of an Acceptance and Commitment Therapy (ACT)- based program with various activities, while the control group received no intervention. This finding aligns with the results of Harris and Greenberg (2015), who noted that ACT- based training programs help reduce fear of criticism by enabling adolescents to reframe their thoughts about criticism, decrease fusion with negative thoughts, and adopt behaviors more consistent with their core values.

The success of the program may also be attributed to the variety of activities, including group, storytelling, artistic, and physical exercises, whose effectiveness in reducing fear of criticism is well- supported by previous studies. Additionally, the inclusion of techniques such as modeling, role- playing, problem- solving, and assigning homework enhanced the program's richness. Reinforcement through appropriate incentives encouraged the development of skills such as observation, focus, attention, and adherence to instructions.

The findings demonstrate that the experimental group's exposure to diverse program activities and the lack of intervention for the control group led to significant improvements in the experimental group's scores on the Fear of Criticism Scale, while the control group showed no improvement.

The lack of reduction in fear of criticism among the control group can be attributed to their lack of exposure to the program's effective activities, a phenomenon supported by various studies highlighting the impact of psychological interventions on adolescents' self- concept development. For instance, Neff (2003) found that self- compassion enhancement through acceptance and commitment techniques contributes to reducing fear of criticism. The study revealed that individuals who practice self- compassion and treat themselves kindly in the face of failure improve their self- esteem while reducing feelings of shame or internal criticism.

Keng, et.al (2011) support this perspective, emphasizing that ACT strategies not only lower fear of criticism but also enhance adolescents' psychological resilience. The study reported significant reductions in fear of criticism and increased capacity to manage negative emotions among participants who underwent mindfulness training. Similarly, Seligman, et.al (2009) demonstrated that adolescents participating in self- compassion programs experience significant improvements in self- evaluation, enabling them to accept themselves more fully, which helps

alleviate fear of criticism. These findings suggest that individuals with higher levels of self- compassion are better equipped to overcome psychological challenges and manage internal conflicts, highlighting the strong association between self- compassion and fear of criticism.

Recommendations:

Based on the findings of this study, the researcher has proposed several recommendations:

1. Developing Specialized Awareness Programs: Programs should be designed to educate parents about the nature of fear of criticism among adolescents. These programs could include workshops and presentations offering practical strategies for engaging with adolescents, such as providing emotional support and fostering self- acceptance, with the aim of reducing their children's fear of criticism.
2. Encouraging Mental Health Professionals to Implement ACT- Based Sessions: Psychologists and therapists are encouraged to apply Acceptance and Commitment Therapy (ACT)- based interventions for adolescents experiencing heightened fear of criticism and depression. These sessions should focus on guiding adolescents to understand their emotions and manage them in healthy ways, thereby fostering psychological flexibility.
3. Training Educators to Support Adolescents: Teachers should receive training on effectively interacting with adolescents who have a high fear of criticism. This training should emphasize providing constructive feedback that encourages personal growth rather than criticism, as well as fostering a supportive classroom environment that respects individual differences. This approach aims to mitigate fear of failure and criticism.
4. Integrating ACT into School Curricula: Short educational modules on ACT principles should be introduced in schools. These modules could include exercises that help students cope with self- criticism and fear of external criticism, while learning to accept their negative thoughts without over- identifying with them. School psychologists should be trained to deliver these modules effectively.
5. Designing a Practical ACT- Based Guide: A comprehensive guide containing activities and exercises based on ACT principles should be developed to help adolescents address their fear of criticism in a healthy manner. This guide could be made accessible online and through social media platforms to maximize reach and availability. It should include daily exercises that promote self- acceptance and reduce excessive self- criticism.

Proposed Study:

In light of the results obtained from this study, the following research studies are proposed:

1. The effectiveness of an Acceptance and Commitment Therapy (ACT)- based program in reducing fear of criticism among a sample of adolescents with high social anxiety.
2. The effectiveness of a cognitive defusion- based program in reducing fear of criticism among a sample of individuals with avoidant

Additionally, role- playing and psychodrama activities were incorporated, where participants performed scenes that involved constructive responses to criticism. These activities helped them distinguish between constructive and destructive criticism and demonstrated how criticism could be used as an opportunity for learning and growth. Activities focusing on self- appreciation and receiving positive feedback were included to enhance self- confidence and psychological resilience, enabling participants to overcome anxiety related to criticism and develop mutual communication skills grounded in respect.

The findings of Neff, et.al (2007) support these outcomes, demonstrating that individuals with higher levels of self- esteem and self- compassion exhibit greater resilience to fear of criticism and are less affected by its negative impact on mental health. Similarly, the study by Bluth& Blanton (2014) indicated that activities involving direct social interaction and representation of self- threatening situations, such as psychodrama, contribute to enhancing participants' resilience and reducing sensitivity to criticism by helping them confront associated anxiety in a safe and supportive environment.

The program incorporated mindfulness activities as a core element of Acceptance and Commitment Therapy (ACT). Participants were trained to direct their attention to the present moment and to accept their thoughts and feelings without judgment. These activities included simple exercises such as focused breathing, observing thoughts as passing clouds in the sky, mindful walking, "supportive person" meditation, "inner child" meditation, mindful savoring, mindfulness of thoughts, room observation, mindful writing, tactile mindfulness, engaging with reading (The Gazelle story), and mindful listening to music. Kabat- Zinn (1990) indicated that mindfulness practices enhance self- awareness and promote self- acceptance, which can reduce the intensity of fear of criticism in individuals experiencing psychological challenges, such as depression. Mindfulness encouraged participants to engage with their negative thoughts in a neutral manner, recognizing them as transient experiences rather than fixed truths. Feldman, et.al (2007) also found that mindfulness practice improves coping strategies and reduces the impact of fear of criticism by fostering self- acceptance and self- compassion.

The program utilized visual media, including animated cartoons and short educational videos, to leverage their positive impact on adolescents. For instance, a short educational film titled How to Handle Negative Criticism was presented to enhance participants' ability to deal with criticism constructively. Bandura (1997) emphasized that observing positive role models reinforces self- efficacy and equips individuals to face challenges without intense negative emotions. This visual medium bolstered adolescents' confidence in their abilities and helped them overcome negative thought patterns.

Interactive activities such as the "Group Kindness Box" fostered a sense of compassion, empathy, and mutual support among participants. Additional activities included "Sharing Stories of Self- Compassion", role- playing, psychodrama, "Collaborative Drawing" and "Receiving and

Sharing Positive Feedback". These exercises supported participants in managing anxiety related to criticism and developing reciprocal communication skills rooted in mutual respect.

The program also integrated artistic and creative activities, such as drawing and writing, which contributed to reducing fear of criticism. These activities encouraged adolescents to collaborate and socially interact with peers during sessions. Moreover, they boosted participants' confidence by providing opportunities to share their creations in a supportive environment where peers offered encouragement and positive reinforcement. This cultivated an atmosphere of camaraderie, reducing psychological distress among adolescents with high levels of depression. Rector, et.al (2013) concluded that training in constructive social interaction skills reduces fear of criticism by enhancing a sense of internal security and self- confidence.

The program was distinguished by its use of positive reinforcements, such as praise and encouragement, to support constructive behaviors and stimulate internal change. Expressive activities, including drawing and role- playing, encouraged participants to express and accept their emotions without judgment. Neff (2003) demonstrated that fostering self- acceptance reduces fear of criticism by boosting self- confidence and reinforcing a sense of self- worth. The researcher's integration of expressive activities created a supportive environment that encouraged participants to confront negative thoughts with resilience.

The program incorporated direct and continuous evaluation of each session, allowing the researcher to assess the extent to which each activity's objectives were achieved and maintained, as well as its impact on reducing the targeted component. Hayes, et.al (2006) highlighted that continuous evaluation facilitates immediate adjustments and aligns activities with participants' individual needs. Participants were also assigned various homework tasks to reinforce the sessions' effects, encouraging them to practice the exercises in their daily lives. This approach helped transfer the skills learned during the sessions to real- life situations.

The researcher ensured that the activities were enjoyable and engaging for the adolescents, making them more inclined to attend sessions and motivated to participate. Positive reinforcements, both tangible (e. g., sweets and toys) and intangible (e. g., words of praise and gratitude), were employed to encourage positive behaviors. These reinforcements brought joy and happiness to the participants, enhanced their self- esteem, and contributed to the overall effectiveness of the program.

The researcher also paid attention to varying the roles assigned to adolescents based on the requirements of each activity. Sometimes participants took on active roles, such as helping organize the activity space or arranging tools and materials, while at other times, they assumed more passive roles, such as listening to a narrated story.

The small sample size facilitated active engagement, enabling participants to fully experience the program's activities. This allowed sufficient interaction among participants and between them and the

to the pre- test. This indicates a significant impact of the program in creating differences in the fear of criticism scores between the pre- test and post- test for the experimental group. In other words, this result suggests that the program is effective and has a substantial impact in reducing fear of criticism among the experimental group after its application.

To clarify and confirm the previous findings, the researcher calculated the means and standard deviations for the experimental group of adolescents with high depression in the pre- and post- test measurements on the Fear of Criticism Scale for Adolescents. The results showed that the mean scores for the pre- test were higher than

Table (5) Mean Ranks, Total Ranks, Means, Standard Deviations, and (W) and (Z) Values and Significance for the Control Group (N= 10) in the Pre- test and Post- test Measurements on the fear of Criticism Scale for Adolescents

Test& Values Dimension	Pre- Test				Post- Test				(W) Value	(Z) Value	Significance Level
	Mean Ranks	Sum Of Ranks	Mean	Standard Deviation	Mean Ranks	Sum Of Ranks	Mean	Standard Deviation			
Fear Of Criticism	5.17	15.51	19.100	1.370	3.13	12.52	19.010	1.563	12.52	0.256	Non- Significant

The results in previous table indicate that there are no statistically significant differences between the mean ranks of the control group of depressed adolescents in the pre- and post- program measurements on the Fear of Criticism Scale.

To further clarify and confirm the previous results, the researcher calculated the means and standard deviations for the control group of depressed adolescents in both the pre- and post- program measurements on the Fear of Criticism Scale. The results revealed a clear similarity between the mean scores of the control group in both the pre- and post- program measurements. This confirms the validity

Table (6): Ranks, Total Ranks, Means, Standard Deviations, and Values of (W)& (Z) and Their Significance for the Experimental Group (N= 10) in the Post- and Follow- up Measurements After the Program Implementation

Test& Values Dimension	Post- Test				Follow- Up Test				(W) Value	(Z) Value	Significance Level
	Mean Ranks	Sum Of Ranks	Mean	Standard Deviation	Mean Ranks	Sum Of Ranks	Mean	Standard Deviation			
Fear Of Criticism	4	12	9.800	1.135	4	16	9.900	0.875	12	0.345	Non- Significant

The results presented in previous table indicate no statistically significant differences between the mean ranks of the experimental group's scores on the Fear of Criticism Scale for Adolescents in the post- test and follow- up test.

To clarify and confirm the previous results, the researcher calculated the means and standard deviations for the experimental group of depressed adolescents in both the post- test and follow- up test after applying the program on the Fear of Criticism Scale for Adolescents. The results showed a clear convergence between the mean scores of the experimental group in both the post- test and follow- up test. This confirms the validity of the fourth hypothesis.

Discussion& Interpretation of the Study's Hypotheses Results:

The effectiveness of the Acceptance and Commitment Therapy (ACT)- based program in reducing fear of criticism among adolescents with high levels of depression can be attributed to its well- designed and targeted approach. The program specifically addressed fear of criticism through structured activities and narratives aimed at altering the

the post- test scores, which confirms the validity of the second hypothesis.

- Results of third Hypothesis: Hypothesis states that "There are no statistically significant differences between the mean ranks of the control group's scores of adolescents with high depression in the pre- test and post- test measurements on the Self- Criticism Scale for Adolescents". To verify the validity of this hypothesis, the researcher used the non- parametric Wilcoxon test to analyze the differences between the related groups and check the validity of this assumption. Table (5) presents the results obtained.

of Hypothesis 3.

- Results of fourth Hypothesis: Hypothesis states "There are no statistically significant differences between the mean ranks of the experimental group of depressed adolescents in the post- and follow- up measurements after the implementation of the program on the Self- Criticism Scale for adolescents". To validate this hypothesis, the researcher used the non- parametric Wilcoxon test to analyze the differences between the related groups and verify the accuracy of this hypothesis. The results are presented in Table (6).

relationship with negative self- critical thought patterns while fostering self- acceptance, psychological flexibility, and self- compassion.

The program emphasized reducing fear of criticism through strategies such as acceptance and willingness, mindfulness, cognitive defusion from self- critical thoughts, committed action (developing practical strategies to handle criticism and fear of criticism), self- esteem enhancement, and self- compassion. Activities like the "Safety Circles" game were used to create a sense of security and diminish fear of criticism within the group. The "Labeling Thoughts" game aimed to detach participants from the emotional influence of self- critical thoughts.

Stories such as Maryam's Journey to the Stage addressed fear of being criticized or receiving negative feedback from others. This story encouraged constructive acceptance of others' opinions, emphasizing that criticism is not catastrophic but can serve as an opportunity for growth, learning new skills, and improving one's work. Another story, The Gazelle, highlighted the importance of focusing on current efforts rather than succumbing to self- doubt, potentially leading to unexpected and positive outcomes.

control groups in terms of age, intelligence, socio- economic and cultural status, depression diagnosis, and pre- test scores of the fear of criticism scale. The testing was conducted collectively.

4. The program used in the study was implemented collectively on the participants in the experimental group, while the control group did not receive the program. The program was applied over approximately one and a half months, from 3rd September 2024 to 18th October 2024.
5. After completing the program, the researcher applied the fear of criticism scale collectively to the participants of both the experimental and control groups individually.
6. After a period of 30 days following the completion of the program, the researcher re- administered the fear of criticism scale collectively for the final time on 18th November 2024 to the adolescents in the experimental group to assess the continued effectiveness of the program.

Statistical Methods:

To achieve the study's objectives and test the validity of the study

Table (3) Mean Ranks, Sum of Ranks, Means, and Standard Deviations

Group Dimension	Experimental Group (N= 10)				Control Group (N= 10)				(U) Value	(Z) Value	H ² Value	Effect Size
	Mean Ranks	Sum Of Ranks	Mean	Standard Deviation	Mean Ranks	Sum Of Ranks	Mean	Standard Deviation				
Fear of Criticism	5.50	55	9.800	1.135	15.50	155	19.010	1.563	Zero	**3.868	0.485	substantial

**Significant at the (0.01) level

The results presented in previous table indicate statistically significant differences between the mean rank scores of the experimental and control groups of depressed adolescents on the Fear of Criticism Scale for adolescents, with the direction favoring the control group.

The effect size, or the strength of the program's impact on the overall fear of criticism score, was calculated using Cohen's η^2 values. These values indicate a substantial effect size, which suggests that the program had a substantial impact. Specifically, the percentage reduction in the average score of fear of criticism for the experimental group, post- program, compared to the control group, was 69.6%. This demonstrates a notable effect of the program in producing differences in fear of criticism scores between the experimental and control groups after its implementation. In other words, these results show that the program was effective and had a significant impact in reducing fear of criticism in the experimental group after its implementation.

To further clarify and confirm the previous results, the researcher

Table (4): Mean Ranks, Sum of Ranks, Means, Standard Deviations, and Values of (W)& (Z), Significance, (η^2) Values, and Effect Size for the Experimental Group (N= 10) in Pre- and Post- Program Measurements on the Fear of Criticism Scale for Adolescents

Test Dimension	Pre- Test				Post- Test				(U) Value	(Z) Value	η^2 Value	Effect Size
	Mean Ranks	Sum Of Ranks	Mean	Standard Deviation	Mean Ranks	Sum Of Ranks	Mean	Standard Deviation				
Fear Of Criticism	5.50	55	18.800	1.988	Zero	Zero	9.800	1.135	Zero	**2.809	0.138	Large

**Significant at the (0.01) level

The results in previous table reveal statistically significant differences between the rank means of the experimental group of adolescents with high depression in the pre- and post- test measurements on the Fear of Criticism Scale for Adolescents, with the difference favoring the pre- test measurement.

hypotheses, the researcher utilized the following statistical methods: The Mann- Whitney U test (non- parametric) for the significance of differences between independent groups to verify the validity of the first hypothesis, The Wilcoxon signed- rank test (non- parametric) for the significance of differences between related groups to verify the validity of the second, third, and fourth hypotheses, Eta Squared (η^2), Means, Standard Deviation, and Effect Size.

Results of the Hypotheses:

1. Results of the First Hypothesis: The first hypothesis states: "There are statistically significant differences between the mean ranks of the experimental and control groups of adolescents with high depression on the post- program assessment using the Fear of Criticism Scale for Adolescents, in favor of the control group". To verify the validity of this hypothesis, the researcher used the Mann- Whitney (U) test (non- parametric) to analyze the differences between independent groups, Table (3) presents the results obtained.

calculated the means and standard deviations for both the experimental and control groups of depressed adolescents after the program was applied to the Fear of Criticism Scale. The results indicated higher mean scores for the control group than for the experimental group after the program application, confirming the validity of the first hypothesis. This reinforces that the program was effective in reducing fear of criticism among the depressed adolescent participants in the study.

2. Results of second Hypothesis: Hypothesis 2 states: "There are statistically significant differences between the mean ranks of the experimental group of depressed adolescents on the Fear of Criticism Scale before and after the program, with the direction favoring the pre- test scores". To verify the validity of this hypothesis, the researcher used the non- parametric Wilcoxon test to analyze the differences between the related groups and confirm the hypothesis's accuracy. Table (4) presents the results obtained.

The effect size or the strength of the program's impact on self- criticism was calculated according to Cohen's standard using the values of (η^2), which represent the statistical magnitude of the effect. These values are classified as large showing that the mean scores for fear of criticism in the experimental group decreased by 37.1% in the post- test compared

Session Number	Session Topic	Session Objectives	Session Techniques	Session Tools	Session Procedures
The Sixth & Seventh Sessions	(Committed Action) Developing practical and constructive methods for handling criticism	negative thoughts, allowing them to approach difficult situations with greater confidence	Mindfulness, reinforcement, encouragement and motivation, dialogue and discussion, role- playing (psychodrama), play and participation, cognitive reframing, open discussion, homework assignments	Music clip, large sheets (Flipchart), colored pens, drawing tools, stickers or sticky notes, short instructional video	Reviewing The Homework. Practicing mindfulness activity: Mindfulness through music. Presenting groups with scenes to act out, featuring critical scenarios Fear of Criticism Map game. Open discussion about the difference between constructive criticism and destructive negative criticism Watching a short educational video titled How to Handle Negative Criticism Joint Drawing game. Practicing mindfulness activity: Mindfulness directed towards someone they feel anger towards. Homework assignment
		Homework from the previous session			
		Practice mindfulness activity (thoughts as clouds)			
		Writing and Drawing on Sticky Paper game			
		Labeling Thoughts Game			
		Storytelling: Maryam's Journey to the Stage			
		Practice mindfulness activity: Merging with reading (The Deer story)			
		To improve the adolescents' skills in handling criticism through role- playing and psychodrama (role- playing)			
		To enhance learning and cooperation among the group members			
		To help adolescents identify the sources of their fear of criticism and gain a better understanding of its nature			
The Eighth & Ninth Sessions	Self- Compassion & Self- Esteem	To enhance self- confidence in adolescents and reduce the impact of negative criticism on them	Mindfulness, reinforcement, prompting and encouragement, dialogue and discussion, role- playing, interaction and participation, open discussion, homework assignments	A box of positive affirmation cards, papers, cardboard cards, pens, and colored markers	Reviewing Homework. Practicing mindfulness activity: Mindfulness for a friend. Positive Affirmations Game. Receiving Positive Feedback. Practicing self- esteem activities, including: writing positive letters to oneself, reflecting on achievements and positive quality, sharing messages, and group discussion. Farewell And Closing. Readministering the fear of criticism scale for adolescents
		To foster self- compassion among the participants			

Procedures for Implementing the Study Tools:

The researcher followed the steps outlined below in the study:

1. The study sample was selected from adolescents aged 16 to 18 years who exhibited high levels of depression and a heightened fear of

criticism.

2. The sample was divided into two groups: an experimental group and a control group.
3. The researcher ensured equivalence between the experimental and

- meaningful life and achieve healthy psychological growth.
- The program will strengthen their psychological and emotional flexibility by training them to accept difficult thoughts and feelings and live in the present moment, thereby increasing their resilience and ability to cope with challenges.
 - Adolescents will discover their personal values and live according to them, creating a purposeful life.
 - The sense of kindness and self-compassion will grow, fostering greater self-care and empathy among adolescents.

- Their self-esteem and self-confidence will increase, reducing the negative influence of fear of criticism on their well-being.
- Adolescents will use external criticism as an opportunity for growth and learning.

The program consisted of 9 group sessions, conducted biweekly, with each session lasting between 30 to 45 minutes over a period of approximately three and a half months. Table (2) provides a summary of the program sessions.

Table (2) Summary For The Sessions Of The Acceptance And Commitment Therapy (ACT)- Based Program to Reduce Fear Of Criticism Among Adolescents With High Depression

Session Number	Session Topic	Session Objectives	Session Techniques	Session Tools	Session Procedures
First Session	Preliminary Session	<p>Establish a professional therapeutic relationship between the researcher and the participants</p> <p>Enable participants to get to know each other</p> <p>Introduce the principles of Acceptance and Commitment Therapy (ACT) and its objectives</p> <p>Build a positive rapport with the adolescents, encouraging them to open up and participate</p> <p>Create a safe and comfortable environment where adolescents feel at ease when sharing their thoughts and experiences, and encourage them to express their feelings and thoughts without fear of criticism or judgment</p> <p>Agree on the session rules</p> <p>Agree on the session schedules, number of sessions, and their duration</p>	<p>Positive reinforcement, encouragement and motivation, play and participation, dialogue and discussion, active listening, open-ended discussions, metaphor, mindfulness, homework assignments</p>	<p>A ball, paper and pens, a projector and PowerPoint slides to explain concepts, a container filled with Skittles (or colored balls/ or any multicolored candy), a poster or chart containing a list of colors and the tasks associated with each color</p>	<p>Welcome And Introduction Name Game</p> <p>Paired Sharing Activity</p> <p>Establishing Group Rules And Session Guidelines</p> <p>Building A Therapeutic Alliance</p> <p>Skittles Game</p> <p>Introduction To The Therapeutic Program And Its Objectives. Homework Assignment</p>
The Second& Third Sessions	Self-Awareness& Discussion of the Concept of Fear of Criticism and Identification of Maladaptive Coping Strategies	<p>To help adolescents understand the nature of their fear of criticism and how it affects them</p> <p>To enhance the feeling of safety within the group environment, which reduces the fear of criticism</p> <p>To encourage participants to describe things realistically without making self-judgments, thereby enhancing their ability to observe without becoming entangled in their thoughts</p> <p>To enable participants to identify maladaptive coping strategies for dealing with the fear of criticism</p> <p>To observe the impact of fear of criticism on social withdrawal</p> <p>To increase adolescents' awareness of how the fear of criticism and maladaptive coping strategies affect their behaviors and social relationships</p>	<p>Mindfulness, reinforcement, encouragement and motivation, dialogue and discussion, open discussion, therapeutic storytelling, role-playing, situational questions, play and participation, homework</p>	<p>Brown paper bags, a variety of household items such as paper clips, feathers, candy, pieces of aluminum foil, etc., a whiteboard or large paper board, colored papers or small cards, pens and coloring markers, stickers or adhesive tape, labels for categorizing strategies (such as: avoidance, procrastination, social withdrawal, self-criticism, etc.), raisins.</p>	<p>Reviewing The Homework From The Introductory Session.</p> <p>Practicing A Mindfulness Activity: Informal Mindfulness Using The Sense Of Touch And Focusing On Descriptions Rather Than Judgments.</p> <p>Safety Circles Game.</p> <p>Presenting A Series Of Real-Life Situations Involving Fear Of Criticism To Help Participants Think About How To Deal With It.</p> <p>Identifying Maladaptive Coping Strategies For Handling Fear Of Criticism.</p> <p>Practicing Mindfulness Activity: Tasting Raisins Homework Assignment</p>
Fourth& Fifth Sessions	Cognitive defusion /Unhooking from thoughts of fear of criticism	<p>To separate negative thoughts from the self and recognize them as mere words</p> <p>To reduce the fusion with negative thoughts by giving them names</p> <p>To teach participants how to observe their thoughts without engaging or becoming immersed in them, which helps improve their psychological flexibility and emotional regulation</p> <p>To enable participants to manage fear of criticism by diminishing the impact of</p>	<p>Mindfulness, imagination, reinforcement, encouragement and motivation, dialogue and discussion, metaphors, visualization, storytelling intervention, open discussion, modeling, experience transfer, homework</p>	<p>Whiteboard, sticky cards, pens, Maryam to the Stage story, The Deer story</p>	<p>Review Of The Homework</p>

judgment validity was evaluated. Items with an agreement rate of 71.43% or higher among experts were retained, while items with an agreement rate of 42.858% or higher were revised. Five items were modified, with agreement rates for revisions ranging from 42.86% to 85.71%, and ten items were removed entirely. This process resulted in the final version of the scale containing 30 items after the necessary modifications.

Reliability was measured using two approaches: Cronbach's alpha, which yielded a reliability coefficient of 0.825 for the scale, and split-half reliability corrected for scale length, which produced a reliability coefficient of 0.748.

✧ Raven's Colored Progressive Matrices for Intelligence: Developed by Raven and adapted for the Egyptian context (Emad Hassan, 2020), is a non-verbal intelligence test designed to assess cognitive abilities across age groups, ranging from 5 years old to older adulthood. The test consists of a series of designs, divided into three progressively difficult sections: A, AB, and B. Each section contains 12 items, for a total of 36 matrices or designs, with one missing segment in each. The individual must select the missing part from six given alternatives, with only one correct answer. A score of one is awarded for a correct answer and zero for an incorrect answer. The total score for the test is 36 points. Reliability of the test was calculated for Egyptian samples using the Kuder-Richardson formula, yielding a reliability coefficient of 0.85. As for validity, correlation coefficients between the test and some subscales of the Wechsler Intelligence Scale, the Porteus Maze Test, and the Sejan Board ranged from 0.28 to 0.52. Additionally, correlations between subscales of the Raven's test and the total score ranged from 0.45 to 0.73, and correlations between the subscales and the total score were between 0.87 and 0.93. All these correlations were statistically significant at the 0.01 level.

✧ The Socioeconomic and Cultural Status Scale of the Family: Developed by Mohamed Al-Behairy (2024) to assess the socioeconomic and cultural status of families. It consists of 36 items and was used in this study to exclude individuals whose socioeconomic and cultural levels fall below the average, as well as to calculate the equivalence between the experimental and control groups in terms of socioeconomic and cultural status.

The validity of the scale was calculated by several methods. One method was criterion-related validity, where Pearson correlation coefficients were calculated between the scores of a sample of 210 individuals on the scale and their scores on the Socioeconomic and Cultural Level Scale (prepared by Mohamed Saafan and Doaa Khattab, 2016). The correlation values for the three levels and the total score ranged between 0.792 and 0.841. The researcher also calculated the first-order exploratory factor validity, using a sample of 3,858 individuals from all age groups and educational levels across various governorates in Egypt. The total variance explained by the scale after orthogonal rotation was 80.303%, with item loadings on the first factor

(economic level) ranging from 0.798 to 0.834. Item loadings on the second factor (social level) ranged from 0.566 to 0.828, and item loadings on the third factor (cultural level) ranged from 0.509 to 0.714. Reliability was measured using two methods. The first was the split-half reliability after correction for scale length using the Spearman-Brown formula, with values for the three levels and the total score ranging between 0.846 and 0.894. The second method was test-retest reliability after 15 days, with values for the three levels and the total score ranging between 0.857 and 0.915.

Acceptance and Commitment Therapy- Based Program for Reducing Fear of Criticism among Adolescents with High Depression Levels:

1. The program was developed by the researcher with the goal of reducing fear of criticism among adolescents with high levels of depression (experimental group).
2. The program was designed based on the principles of Acceptance and Commitment Therapy (ACT), which helps adolescents accept their negative feelings and thoughts instead of avoiding or fighting them. The program enables participants to be more mindful of their present moments and to reframe their relationship with their negative thoughts and emotions, including fear of criticism. It emphasizes the understanding that thoughts are not necessarily facts, but rather psychological experiences that can change over time. This therapeutic approach helps adolescents engage with their life experiences more flexibly and positively, reducing fear of criticism and enhancing self-esteem. (Harris, 2009); (Hayes, et.al, 2012)

ACT is built on the concept of psychological flexibility, which involves six core processes aimed at improving individual mental health. These processes are: acceptance, cognitive defusion, being present, self-as-context, values clarification, and committed action. (Hayes, et.al, 2012) Research has shown that strengthening these processes helps adolescents reduce fear of criticism and increase psychological flexibility.

Program Objectives:

The primary goal of the program is to reduce fear of criticism among adolescents with high depression levels through a variety of activities. These activities address cognitive, emotional, and social aspects, ensuring the program based on Acceptance and Commitment Therapy (ACT) is comprehensive. It aims to shield participants from the adverse effects of stressful events and psychological pressures while helping them recognize that reducing fear of criticism is essential for their daily lives. The researcher expects the following outcomes upon completing the program:

1. Adolescents will accept their fear of criticism and the accompanying self-critical thoughts without avoiding or trying to eliminate them, reducing the psychological impact of these thoughts.
2. Adolescents will enhance their ability to manage the pain and negative emotions associated with fear of criticism effectively.
3. They will utilize their strengths, skills, and resources to create a

Study Sample: To assess the equivalence between the experimental and control groups, the researcher examined several variables that could potentially influence the study outcomes. Specifically, a comparison was made between the experimental and control groups of adolescents with high levels of depression regarding their age, intelligence, socioeconomic and cultural status, depression severity, and pre- test scores on the fear of criticism measure. This comparison was conducted using the Mann- Whitney U test, a non- parametric statistical method, to evaluate whether there were any significant differences between the two groups. The results of this analysis are presented in Table (1).

Table (1) Mean Ranks, Their Sums, U and Z Values, and Their Significance Between Depressed Adolescents in the Experimental and Control Groups for Age, Intelligence, Socioeconomic, Social and Cultural Status, Depression Scores, and Pre- measurement of Fear of Criticism

Group & Values Dimension	Experimental Group (N= 10)		Control Group (N= 10)		(U) Value	(Z) Value	Significance Level
	Mean Rank	Sum of Ranks	Mean Rank	Sum of Ranks			
Age	9.85	98.5	11.15	111.5	43.5	0.548	Not Significant
Intelligence	9.70	97	11.30	113	42	0.865	Not Significant
Socioeconomic Status	10.55	105.5	10.45	104.5	49.5	0.038	Not Significant
Social Status	11.25	112.5	9.75	97.5	42.5	0.579	Not Significant
Cultural Status	10.20	102	10.80	108	47	0.232	Not Significant
Depression	9.55	95.5	11.45	114.5	40.5	0.721	Not Significant
Fear Of Criticism	10.10	101	10.90	109	46	0.310	Not Significant

The results in previous table indicated the following: No statistically significant differences between the mean ranks of the ages of depressed adolescents in the experimental and control groups, indicating equivalence between the groups in terms of age, No statistically significant differences between the mean ranks of the intelligence scores of depressed adolescents in the experimental and control groups, indicating equivalence between the groups in terms of intelligence, No statistically significant differences between the mean ranks of the socioeconomic, social, and cultural levels of depressed adolescents in the experimental and control groups, indicating equivalence between the groups in terms of socioeconomic, social, and cultural status, No statistically significant differences between the mean ranks of the depression scores (total score) of the depressed adolescents in the experimental and control groups on the adolescent depression scale, indicating equivalence between the groups in terms of their scores on the depression scale, No statistically significant differences between the mean ranks of the fear of criticism scores for depressed adolescents in the experimental and control groups on the Fear of Criticism Scale, indicating equivalence between the groups in terms of pre- measurement of fear of criticism.

Study Instruments:

To achieve the study objectives and test the validity of its hypotheses, the researcher utilized the following instruments:

- Primary Data Form: Developed by the researcher to collect

information about the adolescent and their family, aiding in defining the characteristics and criteria of the study sample. The form included details such as the adolescent's name, gender, age, educational grade, issues they face, and additional information about their parents and siblings. It was administered to both the adolescent and their guardian. This form was evaluated by experts specialized in working with similar samples.

- Adolescent Depression Scale: Developed by the researchers (2024) to measure depression among adolescents, this scale comprises 32 items. It was utilized in this study to exclude adolescents with low depression levels and to ensure equivalence between the experimental and control groups in terms of depression scores.

The validation of the scale was conducted through multiple methods. Discriminative validity was assessed by comparing two groups: adolescents with high depression levels (N= 35) and adolescents without depression (N= 35). The mean scores for depression dimensions and the total depression score among adolescents with high depression ranged from 21.428 to 86.857, with standard deviations between 1.323 and 5.510. For adolescents without depression, the mean scores ranged from 12.742 to 53.114, with standard deviations between 2.439 and 8.877. The t- test values for differences between the two groups' scores on depression dimensions and the total score ranged from 12.234 to 19.106, all statistically significant at the 0.01 level. Expert judgment was another validation method employed, where a panel of experts reviewed the scale. Items with an agreement rate of 71.43% or higher were retained, while those with an agreement rate of 42.858% or higher were revised. Five items were modified, with agreement rates for revisions ranging from 42.86% to 85.71%. Eight items were removed entirely, resulting in the final version of the scale containing 32 items.

Reliability was measured using two approaches: Cronbach's alpha coefficient, with values ranging from 0.911 to 0.955 across dimensions and the total score, and split- half reliability corrected for scale length, with values ranging from 0.706 to 0.847.

- Adolescent Fear of Criticism Scale: Developed by the researchers (2024), comprises 30 items aimed at measuring fear of criticism among adolescents with high depression levels. This scale was used in the study to exclude adolescents with low fear of criticism scores and to ensure equivalence between the experimental and control groups regarding fear of criticism levels.

The validity of the scale was established using multiple methods. Discriminative validity was assessed by comparing two groups: adolescents with high depression levels (N= 35) and adolescents without depression (N= 35). The mean total fear of criticism score for adolescents with high depression levels was 17.571 (SD= 2.062), while the mean score for adolescents without depression was 10.228 (SD= 1.926). The t- test value for the difference between the two groups was 15.394, statistically significant at the 0.01 level. Additionally, expert

in the experimental group of depressed adolescents. Upon completing the program, the degree of fear of criticism was reassessed for both groups to evaluate the effectiveness and impact of the intervention on the experimental group. One month later, a follow-up measurement of fear of criticism was conducted for the experimental group to ensure the program's sustained effects.

Study Sample:

✧ Population of The Sample: The population of the sample consisted of adolescents with high levels of depression from certain international high schools, private universities, and psychiatric clinics in Cairo Governorate. These adolescents were aged between 16 and 18 years and were enrolled in the second and third years of high school or the first year of university.

✧ Study Sample: The study sample is divided into two subgroups:

1. Sample for Psychometric Properties Calculation: Two samples were used as follows:

- a. The first sample consisted of adolescents with high levels of depression (N= 35), aged between (16- 18) years. This sample was drawn from the same schools, universities, and psychiatric clinics as the main sample in Cairo Governorate, and included students from the second and third years of high school and the first year of university. This sample was used to calculate the psychometric properties of the Self- Criticism Scale.
- b. The second sample consisted of normal adolescents (N= 35), aged between 16 and 18 years. They were also drawn from the same schools, universities, and psychiatric clinics in Cairo Governorate, and included students from the same educational levels (second and third years of high school and first- year university students). This sample was used to calculate the psychometric properties (discriminant validity between divergent groups) of the Fear of Criticism Scale.

2. Primary Sample: The primary study sample consisted of 20 adolescents (N= 20), evenly divided into two groups: 10 adolescents in the experimental group and 10 adolescents in the control group. All participants were adolescents with high levels of depression.

They were purposively selected based on the following criteria:

- a. Age: Participants were aged between (16- 18) years. Many studies emphasize the significance of the adolescent stage due to the considerable psychological, physical, and social changes that adolescents undergo during this period. For example, the World Health Organization's (2018) study on mental health in adolescents reported that about half of all mental disorders begin by age 14, with many becoming evident between 16 and 18 years, including anxiety and depression disorders (World Health Organization, 2018). The overall average age of the sample was 17.4 years (SD= 0.553). The average age of the experimental group was 17.3 years (SD= 0.623), while the

average age of the control group was 17.5 years (SD= 0.407).

- b. No Severe Psychological Disorders: Participants had no severe psychological disorders such as schizophrenia, bipolar disorder, or advanced personality disorders, which would require intensive and more complex interventions, nor secondary disorders associated with depression, as per the diagnostic criteria of the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM- 5).
 - c. No Previous or Current Psychotherapy: No participant had received any individual or group psychotherapy in the past six months, nor were they undergoing such therapy during the program implementation period.
 - d. Exclusion of Adolescents with Sensory or Physical Disabilities: Adolescents with sensory or physical disabilities were excluded from the sample.
 - e. Intelligence Level: The participants' IQ scores, as measured by the Raven Progressive Matrices, were above average. The overall mean IQ of the sample was 94.75 (SD= 0.850). The mean IQ of the experimental group was 94.7 (SD= 0.674), and the mean IQ of the control group was 94.8 (SD= 1.032).
 - f. No Chronic Illnesses: None of the participants suffered from chronic illnesses.
 - g. Parental Status: Participants whose parents were deceased, disabled, or had chronic illnesses were excluded. Additionally, participants whose parents were separated or one parent was living abroad were excluded.
 - h. Socioeconomic and Cultural Status: Participants came from families with an average or higher socioeconomic, social, and cultural status, as measured by the Social Economic and Cultural Status Scale.
 - i. Living Situation: All participants lived with both of their parents.
 - j. Depression Levels: Participants were selected for high levels of depression, as determined by the depression scale. Adolescents with scores above the third quartile, indicating high mood disturbances, feelings of guilt, physical symptom complaints, and social withdrawal, were chosen.
 - k. Fear of Criticism: Adolescents who scored above the third quartile on the Fear of Criticism Scale were selected. The final sample consisted of 20 adolescents, divided into experimental and control groups. The participants were recruited from Zewail University of Science and Technology, Nile University, October University for Modern Sciences and Arts (MSA), Princeton International School, Amjad International School, Ishraq Psychiatric Hospital for Psychiatry and Addiction Treatment, Serenity Psychiatry Clinic, and Dr. Ihab Hendy Psychiatric Clinic in Cairo Governorate.
3. Equivalence between the Experimental and Control Groups in the

present moment. The study concluded by recommending that therapy for depressed adolescents focus on the core areas of their values- driven behaviors to effectively guide them toward recovery.

Commentary On Previous Studies:

The following insights have emerged from the previous studies:

1. There is a scarcity of studies addressing the issue of fear of criticism among adolescents in the Arab world, despite a substantial body of research in foreign environments emphasizing the importance of reducing and mitigating this fear. This is due to its significant role in restoring an individual's psychological effectiveness and achieving a state of balance and psychological adjustment.
2. Previous studies consistently show a positive correlation between fear of criticism and depression.
3. A study by Tariq& Yousaf (2020) indicated that fear of criticism is a significant predictor of depressive symptoms among adolescents.
4. Research has consistently shown that self- criticism is one of the most common psychological traits in adolescents with high levels of depression, which negatively impacts their mental health, as evidenced in studies by Cox, et.al (2004) and Zuroff, et.al (2014).
5. Previous studies have reached a consensus on the potential for reducing fear of criticism among adolescents with high levels of depression.
6. There is a positive correlation between fear of criticism and maladaptive psychological variables such as self- silencing (Tariq& Yousaf, 2020), shame (Atashpour& Emamghaisi, 2020), psychological inflexibility (Clarissa, et.al, 2019), and pessimistic marriage expectations (Zahra, et.al, 2024). Additionally, a negative correlation has been observed between fear of criticism and mental health variables such as self- esteem (Gittins& Hunt, 2020) and self- compassion. (Clarissa, et.al, 2019)
7. Fear of criticism is positively associated with various psychological disorders such as anxiety, social anxiety, depression, suicidal thoughts, self- harming behaviors, eating disorders, and personality disorders.
8. The study by Zahra, et.al (2024) highlighted the effectiveness of Acceptance and Commitment Therapy (ACT) in reducing fear of criticism and pessimistic marriage expectations through increasing psychological flexibility.
9. Atashpour& Emamghaisi (2020) found that ACT had minimal impact on reducing fear of criticism in a sample of methamphetamine users.
10. Previous studies agree on the effectiveness of ACT in reducing depression.
11. There is a clear deficiency in both Arab and international research concerning the application of Acceptance and Commitment Therapy (ACT) programs for treating depression in adolescents, as observed in the researcher's review.
12. Likewise, both Arab and international studies applying ACT- based interventions to alleviate fear of criticism in adolescents with elevated levels of depression are notably scarce, based on the researcher's

findings.

Study Hypotheses:

In light of the study's objectives, sample, and the findings of previous research, the following hypotheses have been formulated:

1. There are statistically significant differences between the mean ranks of the experimental and control groups of adolescents with high levels of depression in the post- test measurement of the Fear of Criticism Scale for Adolescents, with differences favoring the control group.
2. There are statistically significant differences between the mean ranks of the experimental group of adolescents with high levels of depression in the pre- and post- test measurements of the Fear of Criticism Scale for Adolescents, with differences favoring the pre- test measurement.
3. There are no statistically significant differences between the mean ranks of the control group of adolescents with high levels of depression in the pre- and post- test measurements of the Fear of Criticism Scale for Adolescents.
4. There are no statistically significant differences between the mean ranks of the experimental group of adolescents with high levels of depression in the post- test and follow- up measurements of the Fear of Criticism Scale for Adolescents.

Methodology& Procedures

Study Methodology:

The researcher adopted an experimental approach for this study, utilizing a two- group experimental and control design, with pre- test, post- test, and follow- up measurements. Below is a diagrammatic representation of the experimental design used in the study.

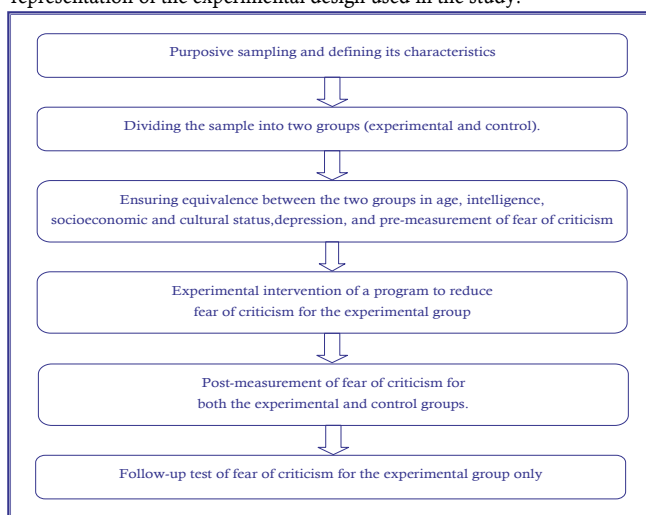


Figure (1) The experimental design used in this study

Figure (1) outlines the steps followed in the experimental procedures of this study. The sample, consisting of adolescents with high levels of depression, was purposefully selected, and its characteristics were defined. The sample was then divided into two groups: experimental and control. Equivalence between the groups was established regarding age, intelligence, and socioeconomic, social, and cultural status. A pre-measurement of fear of criticism was conducted for both groups.

The experimental intervention involved applying a program based on Acceptance and Commitment Therapy (ACT) to reduce fear of criticism

associated with depression in adolescence may influence how parental feedback is processed, contributing to the formation of self-perceptions and the development of fear of criticism.

✧ Studies on Acceptance and Commitment Therapy (ACT) and Fear of Criticism:

1. A study conducted by Clarissa, et.al (2019) aimed to investigate psychological inflexibility and self-compassion as mediating factors influencing therapeutic outcomes after Acceptance and Commitment Therapy (ACT) for clinical perfectionism and depression. The sample consisted of (53) individuals suffering from perfectionism and depression. The study used various tools, including the Multidimensional Perfectionism Scale (FMPS), the Quality of Life Scale, the Values Questionnaire, the Acceptance and Action Questionnaire, the Self-Compassion Scale, and the Self-Criticism Scale. The results, which were tested across variables such as fear of mistakes, work doubt, personal standards, quality of life, stress symptoms, functional impairment, and values-based living, showed that reducing psychological inflexibility played a mediating role in enhancing participants' quality of life after ACT. Meanwhile, self-compassion was a mediating factor in reducing fear of mistakes. According to the analysis models, the impacts varied depending on the baseline level of psychological inflexibility. Lower inflexibility resulted in greater improvements in quality of life, while higher inflexibility led to more significant improvements in distress and functional performance. Additionally, participants with moderate levels of self-compassion benefitted more from ACT.
2. Atashpour& Emamghaisi (2020) conducted a study to assess the effectiveness of ACT in reducing fear of criticism and shame among methamphetamine users. The sample comprised 38 male methamphetamine users, who were randomly divided into two groups: experimental group (20) participants and control group (18) participants. The experimental group received eight sessions of ACT, two per week, while the control group did not receive any treatment. The Self-Criticism Scale and the Internalized Shame Scale were administered. The results showed that ACT significantly reduced feelings of shame, but it did not have a significant impact on fear of criticism in the study sample.
3. A study conducted by Zahra, et.al (2024) aimed to evaluate the effectiveness of ACT in reducing fear of criticism and pessimistic marriage expectations among adolescent girls with neurotic perfectionism. The sample consisted of five (5) girls selected using purposive sampling. The study applied the Self-Criticism Scale (LSCS) and the Marriage Expectations Scale. The results indicated that ACT was effective in reducing fear of criticism and pessimistic marriage expectations by increasing psychological flexibility.

✧ Studies on Acceptance and Commitment Therapy (ACT) and Depression:

1. Mohammadreza, et.al (2020) conducted a study aimed at evaluating the effectiveness of Acceptance and Commitment Therapy (ACT) in improving symptoms of depression and sleep disorders in patients with painful diabetic neuropathy. The study sample consisted of (50) participants, aged between (35- 65) years. The Beck Depression Inventory (BDI) and the Pittsburgh Sleep Quality Index (PSQI) were administered. The results indicated that ACT led to a significant improvement in depressive symptoms in the intervention group. Regarding sleep quality, there was a notable improvement across all sleep quality measures, except for the sleep medication scale. Furthermore, the analysis revealed that the overall improvement in sleep quality for the ACT group was more pronounced, and these results remained stable until the end of the follow-up period.
2. Peter, et.al (2023) conducted a study to assess the effectiveness of ACT in treating depression in a national sample of veterans seeking treatment. The study included (831) participants who were initially diagnosed with depression. The Patient Health Questionnaire- 9 (PHQ- 9) was used to measure the severity of depressive symptoms, and the Acceptance and Action Questionnaire- II (AAQ- II) was used to assess psychological inflexibility. The results showed that ACT led to a reduction in depression symptoms.
3. After demonstrating that ACT is effective in treating depression, the experiences of patients undergoing ACT remained insufficiently explored. This prompted Jinping, et.al (2023) to conduct a study aimed at understanding how ACT is applied to adolescents with major depressive disorder (MDD) who achieved positive therapeutic outcomes. The study sample consisted of five (5) adolescents, aged between (12- 18) years, who were assessed using the Hamilton Depression Rating Scale (HAMD) and the Mood and Feelings Questionnaire (MFQ). The study identified four main themes: The first theme, Therapist- Client Relationship and Therapist Characteristics, described the importance of the therapist's acceptance and respect for adolescents with depression, highlighting the need for a trustworthy and sincere therapist. The second theme, Space for Exploration and Experimentation, reflected the ongoing process of accepting negative emotions and engaging in mindfulness practices during the healing journey. The third theme, Engagement in Important Activities, emphasized the role of personal values and committed actions. The fourth theme, Time Settings, highlighted the need for continuity and repetition of therapy sessions to ensure effectiveness, the adolescents made positive changes when supported by a therapist who was accepting, respectful, and trusted, within a therapeutic environment built on honesty. The study indicated that improvements arose from the adolescents' openness to their thoughts and emotions, which enhanced their ability to live in the

who meet the diagnostic criteria for depression as outlined in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM- 5) issued by the American Psychiatric Association, along with the items from the Adolescents Depression Scale (prepared by the researcher). These adolescents experience mood depression (feeling of distress or mood irritability), loss of enjoyment, and interest in activities, along with negative thoughts about themselves, others, and the future. They also experience constant feelings of guilt, self- blame, and low self- esteem, accompanied by physical symptoms and avoidance of social and recreational interactions with others. Their ages range from 16 to 18 years.

- ✧ Acceptance and Commitment Therapy (ACT): Acceptance and Commitment Therapy (ACT) is a type of cognitive- behavioral therapy based on a deep understanding of how individuals interact with their thoughts and emotions. The purpose of ACT is to enhance psychological flexibility, which is defined as the ability to accept one's personal experiences without avoidance, while focusing on personal values that motivate the individual to achieve their objectives. ACT encourages participants to find a balance between actively accepting uncomfortable thoughts and feelings and committing to the pursuit of their life objectives and values. (Hayes, et.al, 1999)

ACT involves using acceptance techniques and mindfulness (i. e., being aware of the present moment as it is, without dwelling on the past or getting lost in the future) alongside behavioral components related to accepting what happens without avoidance. It also involves distancing oneself from thoughts in a non- judgmental way and viewing the self as a context that includes all of these experiences. These strategies are combined with behavioral interventions to help individuals live a life consistent with what matters to them. (Brown& Gillard, 2016: 7)

ACT is defined as a contextual behavioral approach that combines techniques of behavior modification and mindfulness. Its aim is to increase an individual's psychological flexibility, which refers to the ability to refrain from judgment based on past experiences, allowing one to act effectively in response to thoughts, emotions, bodily sensations, and situational demands, in alignment with the personal objectives and values the individual has chosen. (Pahnke, et.al, 2019: 35)

Operational Definition: It is a therapeutic approach that focuses on active participation in life through six core processes: (acceptance and willingness, cognitive defusion, present- moment awareness, self- as- context, values, and committed action). This therapy encourages openness to internal experiences and the identification of thoughts and emotions that create obstacles to living a meaningful life. Its goal is to transform the relationship with these internal experiences, rather than attempting to alter the experiences themselves. (Hayes, et.al, 2014)

Previous Studies:

- ✧ Studies on Fear of Criticism in Depressed Adolescents:

1. A longitudinal study conducted by Gittins& Hunt (2020) aimed to evaluate the relationship between self- esteem and fear of criticism and depressive symptoms during early adolescence. The study involved (243) adolescents, aged (11- 13) years. The self- esteem scale, fear of criticism scale, and depressive symptoms scale were administered. The results showed a positive correlation between depressive symptoms and fear of criticism, and a negative correlation with self- esteem. Depressive symptoms and self- criticism increased over time, while self- esteem decreased. All these changes were interrelated.
2. Tariq& Yousaf (2020) conducted a study to examine the relationship between fear of criticism, self- silencing, and depressive symptoms in adolescents. The sample consisted of (121) adolescents, aged (15- 19) years. The English version of the Depression Experience Questionnaire and the self- silencing scale were used. The results showed a positive correlation between fear of criticism, self- silencing, and depressive symptoms. Hierarchical regression analysis revealed that fear of criticism and self- silencing significantly predicted depressive symptoms in adolescents. Additionally, girls were found to be more prone to experiencing depressive symptoms.
3. Lisanne, et.al (2023) conducted a study titled Sticky Criticism. Emotional and Neural Responses to Parental Praise and Criticism in Depressed Adolescents. This study aimed to explore how parental criticism and praise affect adolescents with depression. The sample consisted of (20) depressed adolescents and (59) healthy peers, aged (11- 17) years. Participants received personal negative, neutral, and positive evaluations supposedly from their mothers or fathers while undergoing an MRI scan. After each evaluation, adolescents were asked to report their mood. The results indicated that mood decreased following criticism and increased after praise in both groups. However, depressed adolescents showed a delayed mood response after praise, with no mood differences following criticism. Neuroimaging analyses showed that compared to healthy adolescents, those with depression exhibited increased activity in the subgenual anterior cingulate cortex, temporal pole, hippocampus, and parahippocampal gyrus in response to criticism. Praise aligned with adolescents' self- perceptions improved mood regardless of depressive status, while criticism aligned with their self- perceptions led to a slight mood elevation in depressed adolescents compared to healthy peers. Exploratory analyses revealed that depressed adolescents remembered criticism more than praise. These findings suggest that depressed adolescents may be more attuned to parental criticism, as evidenced by increased activity in the subgenual anterior cingulate cortex and hippocampus, leading to greater recall of criticism. In contrast with the low positive impact of praise, these results indicate that cognitive biases

among adolescents with high depression levels. The problem raises the following questions:

1. Are there differences between the mean ranks of the experimental and control groups of adolescents with high depression on the post- test of the Fear of Criticism Scale for Adolescents after applying the program?
2. Are there differences between the mean ranks of the experimental group of adolescents with high depression on the pre- test and post- test of the Fear of Criticism Scale for Adolescents after applying the program?
3. Are there differences between the mean ranks of the control group of adolescents with high depression on the pre- test and post- test of the Fear of Criticism Scale for Adolescents after applying the program?
4. Are there differences between the mean ranks of the experimental group of adolescents with high depression on the post- test and follow- up test of the Fear of Criticism Scale for Adolescents after applying the program?

Objectives of The Study:

1. To Investigate the effectiveness of an Acceptance and Commitment Therapy (ACT)- based program in reducing fear of criticism in a sample of adolescents with high levels of depression.
2. To Examine the impact of the program on reducing fear of criticism in the study sample of adolescents with high levels of depression over time, through follow- up measurements.

Significance Of The Study:

The significance of this research is outlined as follows:

1. Theoretical Importance:
 - a. Shedding light on adolescents with high levels of depression as a group that deserves further study, given their developmental characteristics, whether physical, mental, social, or emotional.
 - b. The scarcity of studies and research addressing the reduction of fear of criticism in adolescents with high levels of depression- within both the Arab and foreign contexts, based on the researcher's review.
2. Practical Importance:
 - a. This research may draw the attention of clinical psychologists and officials in the Ministry of Education to the need for the development and implementation of counseling and therapeutic programs that benefit adolescents with high levels of depression, particularly regarding self- criticism.
 - b. The ACT- based program in this research, through its group activities, may help adolescents with high levels of depression become more psychologically and socially integrated with their peers and the broader community.
 - c. The research provides a tool for measuring fear of criticism among adolescents with high levels of depression in the Arab context, which could be useful for future researchers.

Concepts Of The Study:

- ✧ Fear of Criticism: Fear of criticism, also known as Fear of Negative

Evaluation (FNE), is a type of social anxiety resulting from one's feelings of insecurity or fear from negative feedback or judgment emanating from others. This often leads to the avoidance of situations involving public performances or interaction due to feelings of embarrassment linked to such anxiety of being judged or criticized. (Leary, 1983)

It describes anxiety or tension a person undergoes when he or she expects judgment or criticism. The fear comes because of a major need for social acceptance and avoidance of the state of being rejected or disapproved of. (Gilbert, 2005)

It is also defined as a defense mechanism that is expressed through social withdrawal and poor social performance by an individual's avoidance reactions or failure in certain social situations; it occurs as the result of the expectation of the individual to receive a negative evaluation from people and thus tries to minimize the chance of being criticized through actions. (Gilbert& Irons, 2005)

Operational Definition: Fear of criticism is an exaggerated fear of negative evaluation from others regarding the adolescent and their behavior. This includes the fear of receiving criticism about their performance or achievements, or facing negative judgments. It is characterized by high sensitivity to others' criticism, heightened sensitivity to rejection, low social competence, and excessive efforts to avoid criticism or rejection. Adolescents with this fear may also tend to avoid situations where they could be exposed to criticism or negative evaluation. Operationally, it is expressed by the score adolescents with high depression obtain on the Fear of Self- Criticism Scale (developed by the researcher).

- ✧ Depression: Depression during adolescence is manifested as psychological distress within the educational or social environment in general. It may affect the adolescent mentally, cognitively, and behaviorally toward life situations. It leaves negative impacts on the individual's psyche, affecting various aspects such as psychological harm, poor social relationships, and low academic performance. In the future, it may lead to suicide or suicide attempts during adolescence. (Al- Satouf, 2014: 36)

It is a mood disorder that impacts the physical, emotional, social, and cognitive development of adolescents, characterized by feelings of sadness and a lack of interest or pleasure in activities. (Spiruit, et.al, 2019: 55)

It is defined as a psychological disorder marked by a depressed mood (irritable or easily agitated in adolescence), loss of interest, and feelings of guilt, low self- esteem, along with changes in sleep patterns, appetite, concentration, and energy levels. This condition can become chronic and recurrent, leading to functional impairments in daily activities. When mild, it can be treated with psychotherapy, but in moderate or severe cases, pharmacological treatment may be necessary. (Toro- Tobar, et.al, 2016: 473- 486)

Operational Definition: Adolescents with high depression are those

challenges or even socially embarrassing situations.

Studies indicate varying results regarding gender differences in fear of criticism. Adolescent females, in particular, have been found to report higher levels of self-loathing compared to their male counterparts. (Xavier, et.al, 2016)

The fear of criticism may be regarded as a self-evaluation process that imparts negative judgment about oneself and usually manifests through hostile internal dialogues whenever there is failure or social difficulty (Navarrete, et.al, 2021). Through this, researchers agree on one consensus: that processes involved in the fear of criticism, inclusive of negative self-judgment and the negative perceptions that come along with it, form significant factors in psychological suffering. Recent reviews indicate that fear of criticism seems to represent an important determinant in the development of various psychological disorders, because it is a transdiagnostic dimension and a factor of vulnerability that contributes to the chronicity and worsening of numerous psychological difficulties (Gilbert& Irons, 2005); (Werner, et.al, 2019). Fear of criticism is often linked to self-rejection or disgust and is associated with a pattern of self-criticism and doubts about personal abilities, leading to lower self-confidence and avoidance of situations where one may face judgment from others. This impedes individuals' ability to effectively cope with negative emotions, and this inability to manage such emotions increases the risk of depression in those with high levels of fear of criticism. (Gilbert, et.al, 2004)

Research literature documents a close relationship between fear of criticism and symptoms of depression, both in adults (Aruta, et.al, 2021); (Petrocchi, et.al, 2019) and children (Barcaccia, et.al, 2019); (McIntyre, et.al, 2018). Studies have shown that individuals with high levels of fear of criticism are more susceptible to severe psychological problems, such as suicide attempts, with the likelihood of such attempts being four times higher compared to those with lower levels of fear of criticism (Cox, et.al, 2004). In a cross-sectional study conducted by Faza& Page (2003), it was found that university students with high levels of fear of criticism and a history of suicide attempts exhibited higher levels of hopelessness and suicidal tendencies compared to their peers with lower levels of this fear. Furthermore, studies have indicated that individuals with high levels of fear of criticism are more likely to experience poor therapeutic outcomes, which makes effective therapeutic intervention more difficult. (Hermanto, et.al, 2020)

Fear of criticism is also characterized by a limited ability in affected individuals to self-soothe and provide reassurance to themselves, which may partly be because they lack internal emotional memories of other people who were kind and warm toward them. Cognitive therapists McKay and Fanning (1992), who developed a program to enhance self-esteem, pointed out that self-compassion or self-kindness is the key antidote to fear of criticism. According to them, self-compassion consists of three main components: understanding, acceptance, and forgiveness. Additionally, Gilbert& Irons (2005) proposed a model of compassion and

training aimed at helping people who suffer from high levels of shame and fear of criticism from others. This model would aim at enriching a number of key psychological components, such as the development of authentic interest in one's psychological well-being versus achievements. It enhances the ability to understand and empathize with one's own suffering; the acceptance of one's suffering and bearing one's limitations is also emphasized to avoid going into self-hatred, while treating oneself non-judgmentally would develop feelings of warmth towards oneself and self-acceptance. This interest in the development of this investigation of the cultivation of internal compassion and self-kindness is in concert with helping individuals deal with their suffering with increased psychological flexibility- the major process of Acceptance and Commitment Therapy.

Acceptance and Commitment Therapy belongs to a relatively new psychotherapeutic approach under cognitive-behavioral therapies. ACT has become a distinctive strategy in pursuing psychological flexibility through developing the ability to accept negative emotions and thoughts, commit to personal values toward taking steps in life that are deemed to be more meaningful. The treatment relies on the core principle of accepting internal experiences with no resistance; this way, their adverse impacts are minimized, and a person could begin overcoming those unhealthy reactions to the fear of criticism and painful thoughts and feelings accompanying it. ACT works particularly effective in promoting self-compassion, encouraging individuals to treat themselves kindly when facing adversities and negative thoughts, rather than entering into a vicious circle of fear of criticism and self-blame.

Over the years, ACT has undergone extensive research and studies, demonstrating its effectiveness in treating various disorders such as depression, anxiety, chronic pain, and eating disorders. It has also proven effective in improving quality of life, leading to its worldwide adoption as an evidence-based therapy (Hayes, 2004); (Hayes, et.al, 2011). This therapy offers a framework for changing one's relationship with negative thoughts, rather than attempting to change their content. Consequently, the importance of using ACT to treat individuals who suffer from high levels of fear of criticism is growing. This therapy shifts the focus from trying to eliminate negative emotions to enhancing acceptance, self-compassion, and commitment to positive personal values, ultimately improving quality of life and reducing psychological suffering.

Considering that lessening fear of criticism is important for adolescents, especially those with high levels of depression, to enhance mental health by alleviating symptoms of depression, to enhance self-compassion, psychological flexibility, adaptation ability to life challenges, and their performance regarding everyday tasks or social relationships, this study tries to investigate this issue.

Given the scarcity of previous studies related to the reduction of the fear of criticism in adolescents with high depression in both Arabic and international literature to the best of the researcher's knowledge, this study has been conducted in an attempt to determine whether an Acceptance and commitment therapy-based program can reduce the fear of criticism

adolescents' lives, affecting them on psychological, academic, and social levels. Depression is thought to afflict between 14% to 20% of all adolescents in several global studies, including Egyptian ones. (El- Ruffaie, et.al, 2009). According to a study by Kessler, et.al (2005), depression is one of the most common psychological disorders among adolescents, with one in five adolescents experiencing it at some point in their lives.

These statistics clearly demonstrate that depression is a major challenge during this developmental stage, affecting over 10% of adolescents in many countries. In Egypt, a study by Dina El- Sayed and Mohamed Ali (2014) found that the prevalence of depression among high school adolescents is approximately 18.7%, with a rate of 20.5% among girls. Additionally, depression in adolescence leads to significant social difficulties, as adolescents with depression often experience social isolation. According to Gibb& Abela (2001), about 40% of adolescents suffering from depression also face noticeable social difficulties, further complicating their psychological and social problems.

It is important, from this perspective, to pay due attention to the depression of adolescents and not to consider it independently from other psychological problems that could afflict them. Depression at this stage in one's life represents one of the most important psychological problems young people face today, for its symptoms affect all areas of life: social, academic, and emotional. It is a very sensitive period in life where self-identity and the ability to deal with society are developed.

Fear of criticism is a concept shared by various disciplines such as clinical psychology, sociology, and education, and is viewed as a form of social anxiety associated with the fear of negative judgment from others. This often leads individuals to avoid situations that might involve evaluation or criticism, which in turn affects social interaction and self-confidence (Leary, 1983); (Gilbert, 2001). This fear is common among individuals who experience high levels of self- criticism and has a significant impact on mental health and social relationships. (Gilbert& Irons, 2005)

In the context of adolescent development, fear of criticism is a crucial element that influences their psychological and social growth. Adolescents need support to develop self- assessment skills in positive ways, which can help them face challenges and accept mistakes as part of the learning and growth process (Gilbert, 2009). Given the significant negative impact of fear of criticism on these individuals' psychological and social development, it may drive them to form negative self- images that affect their social relationships and their ability to cope with difficult situations (Shahar, 2009). This self- evaluation can be healthy, reflective, and thoughtful, but it may also have harmful consequences for the individual. It requires psychological flexibility and balance in assessment so that fear of constructive criticism can enhance personal skills and foster growth. However, when this fear becomes excessive or harsh, it leads to feelings of helplessness, dissatisfaction with oneself, and regret, hindering personal development and leading to avoidance behaviors that may result in social isolation (Kannan& Levitt, 2013).

Whereas excessive fear of criticism is linked to low self- esteem and an inability to withstand failure, this trait reflects in an individual's performance and relations. Early studies into fear of criticism have included the study of differences between individuals with positive self- esteem and those individuals who have a proneness to develop excessive fear of criticism, especially during certain life experiences like poverty or stressors during school going age. Research evidence suggests that adolescents who have severe fear of criticism have far more negative psychological reactions under stress such as anxiety and depression than those with positive self- esteem. (Blatt, 1995); (Beck, 1983)

Fear of criticism manifests as a tendency to issue negative judgments towards actions, thoughts, and even the self. It is linked to feelings of worthlessness, helplessness, and incompetence (Blatt, 1995). Whelton and Greenberg (2005) explain fear of criticism as a psychological process that includes self- scrutiny, negative self- assessment, and harsh judgment, which leads to a negative self- dialogue that reinforces feelings such as shame, guilt, anger, and self- loathing. This dialogue can escalate into self- hatred, with the individual blaming themselves for failure, mistakes, or even personal flaws, thereby intensifying feelings of guilt and helplessness (Gilbert& Miles, 2000). The pathological consequences of fear of criticism are not only linked to the content of negative thoughts but also to the accompanying emotions, such as anger, contempt, and self- repulsion, which deepen the negative effects of criticism and increase psychological pressure. (Whelton& Greenberg, 2005)

Fear of criticism is characterized by demanding excessively high performance standards from oneself, which often leads to self- hostility when these standards are not met (Shahar, 2015). Failures can trigger feelings of self- loathing and disgust, and may even lead to thoughts of self- harm. According to several scholars, fear of criticism is developed at the perception of failure in meeting one's expectations or those of others through feelings of rejection or fear of being criticized by one's self or other people (Gilbert, et.al, 2004); (Thompson& Zuroff, 2004). Since self- identities and an individual's relationship with the self are formed within social contexts in which they experience how others perceive them, this emotion of shame very often interacts with fear of criticism, especially in cases in which expressing anger in response to other people's criticism or social devaluation is considered a threat. In such contexts, the general tendency of individuals is toward strategies relying on introspection, directing feelings inward by such defensive mechanisms as self- monitoring, self- blame, and social inhibition. These strategies form the fear of criticism as a safer way to cope with such emotions. (Gilbert& Irons, 2005)

It follows, therefore, that children and teens who have grown up in an atmosphere of love, support, and security are less likely to use self- blaming and social inhibition as pit stops from the fear of criticism. Positive experiences both at the level of the family and the community create a sense of acceptance and security in them; therefore, they are less likely to internalize negative feelings of themselves when faced with most

Problem of the study:

Depression is the leading cause of illness and disability worldwide, affecting more than 300 million people globally (WHO, 2017). It is a mental health disorder characterized by a negative mood, loss of interest and pleasure in activities, and a range of cognitive, physical, and behavioral symptoms. Depression is considered one of the major public health issues and is among the most common psychological disorders in children and adolescents. Depression during childhood and adolescence can lead to dysfunction in social interactions, family relationships, and academic performance, which negatively affects an individual's future professional and social life. Severe depression can also lead to suicide. (Clayborne, et.al, 2019); (Sagatun, et.al, 2016)

Reactive depression is one of the most prevalent mental disorders worldwide, including in the United States (Thornicroft, et.al, 2017), and it causes significant psychological suffering, affecting approximately 16.2 million Americans annually (American Psychiatric Association [APA], 2013). Individuals with depression often experience a lack of enjoyment and interest in activities, feelings of worthlessness, and disturbances in sleep, weight, and concentration. Depression is also the second leading cause of death among individuals aged 15 to 29. (WHO, 2017)

Estimates suggest that one in every 15 adults (6.7%) experiences depression annually, while one in every six individuals (16.6%) will experience a depressive episode at some point in their lives. Depression can occur at any time, but it often first appears in late adolescence or early adulthood, typically between the late teens and mid- twenties. Gender differences are evident in diagnostic rates, with females being diagnosed at higher rates than males. Approximately one- third of women worldwide will experience a severe depressive episode during their lifetime, with a hereditary likelihood of around 40% among first- degree relatives. (American Psychiatric Association, 2020)

Depression is common among adolescents globally, affecting an estimated 4 to 5% of adolescents each year. It can lead to serious social and educational difficulties and is a major risk factor for suicide. Despite the availability of effective treatments, only one in four young people suffering from depression receives treatment, and often, the depression is severe by the time they seek help (Lynch, et.al, 2019). Adolescence and early adulthood represent the peak period for the onset of new depression cases (Kessler, et.al, 2005). The lifetime prevalence of depression is 2.8% in children under 13 years, rising to around 10% in adolescents. (Hetrick, et.al, 2015)

Additionally, it has been found that rates of Major Depressive Disorder (MDD) are equally low between genders before puberty, but these rates rise significantly in females after puberty (Mojtabai, et.al, 2016); (Salk, et.al, 2017). Symptoms and depressive disorders occur more frequently in females compared to males, with this gender difference emerging as early as the onset of adolescence, at least by the age of 12. (Salk, et.al, 2017)

For many years, many researchers have argued that depression among

adolescents may be understood from many aspects: not only from the psychological domain but also from a physical, social, and academic perspective. Many studies have claimed that depression is a psychological disturbance, which seriously influences an adolescent's thinking, emotion, and behavior as that they experience loss of motivation and social withdrawal, leading to problems academically, behaviorally, and socially. It is also accompanied by a number of physical symptoms, including chronic fatigue, disturbed sleep- inability to fall asleep or too much sleep- altered appetite, either loss of appetite or overeating. These physical symptoms can eventually reduce the amount of daily activities of adolescents and further decrease their full participation in school and social life. A study by Friedrich (2007) suggests that depression may increase the likelihood of developing other health issues, such as chronic headaches and general body pain, further deepening the psychological impact.

In a study by Nolen- Hoeksema (2012), it was noted that depression can affect adolescents' academic performance in areas such as reading and mathematics, as they experience reduced concentration and social interaction with their peers, leading to a decline in academic achievement. Research also shows that depression in adolescents is closely linked to social difficulties, such as social withdrawal. Adolescents may struggle to form healthy social relationships due to the deterioration of their psychological state. Depression also leads to deterioration in family relationships and social interactions, affecting adolescents' ability to cope with various social challenges. (Salmela- Aro, et.al, 2009); (Gotlib& Hammen, 2002)

Many academic and psychological organizations have embraced this comprehensive approach to understanding adolescent depression. For instance, the American Academy of Pediatrics (1998) emphasizes that depression treatment should encompass multiple dimensions, including psychological and social support, in addition to behavioral interventions to strengthen social and communication skills in adolescents with depression.

According to Beck (1967), depression is closely linked to negative beliefs about the self, where the depressed individual views themselves as incompetent and unworthy of love or success. In this context, the fear of others' criticism becomes particularly significant during adolescence, a critical period for self- identity development. The heightened levels of self- critical thinking and excessive fear of criticism intensify depression. Multiple studies have shown that elevated fear of criticism is associated with feelings of shame and guilt and is considered a contributing factor to the development of depression in adolescents (Shahar, 2005). Furthermore, it is observed that adolescents with depression exhibit increased social withdrawal and poor social skills, as these negative beliefs are reinforced. (Joiner& Wagner, 1995)

In the last decade, depression at adolescence has been one of the focuses of growing interest among researchers. Already it is said to be a serious psychological and social problem that has a strong impact on

because it has great variability in the different manners in one's thought about themselves, estimation of their self-worth, and behavior towards one's self (Gilbert, 2021). It measures the fear of criticism through negative thought patterns directed to the self, such as self-hatred, self-blame, feelings of guilt, and shame. Its intensity and impact on the overall mental state of an individual are also measured. In this context, the fear of criticism is conceptualized in terms of three dimensions: firstly, strict and adverse self-evaluation; secondly, the impact of such criticism on individual behaviors and emotions; and lastly, it may act as a vulnerability factor that leads to the emergence or worsening of mental disorders such as depression and anxiety. (Zuroff, et.al, 2021)

Current scientific literature underlines the basic problem in researching the fear of criticism for its multifaceted and heterogeneous nature. According to Gilbert, the fear of criticism cannot be regarded as a discrete, unidimensional process; it includes varieties of forms, functions, and emotions and does not always equate to psychological distress. The fear of criticism does not always take on a maladaptive value but exists on a continuum from the adaptive to the maladaptive aspects of psychological experience. Sometimes, under certain circumstances, it can play an Eleonora positive role as a source of self-guidance through self-monitoring and self-evaluation. When the fear of criticism occurs, it can also be a conscious self-assessment that gives adaptive feedback about his behavior of increasing self-reflection or observing thoughts, feelings, behaviors, and wanted goals. It can also serve as a self-correction function in which it allows the person to recognize that he needs to change his behavior and nudge him toward the accomplishment of his goals more effectively. Thus, self-monitoring and self-evaluation can be very constructive, given that the criticism does not assume the character of emotional hostility. (Gilbert, 2005)

The manifestations of psychological mechanisms in people with a fear of criticism include the adoption of concepts of self-criticism, self-hatred, self-blaming, and fear of failure. These manifest the ambivalent relationship between a person and their feelings towards themselves through adversity or potential failures. The internal connection of concepts and beliefs affecting a person's perception of his self-worth and future success is attached to the fear of criticism. It may be defined as a process that undoubtedly influences a buildup of feelings of helplessness and psychological weakness, strongly, thus creating lower self-efficacy and a lowered coping ability. The fear of criticism seems to arise in circumstances where roles and responsibilities are not defined, during failure or setback situations, and when one is entangled with personal anxiety about how they are judged, specially in social and family systems that press on social worries. As visible from the research, scales of fear of criticism are represented by dimensions of self-hatred and self-blame, indicating increased psychological risks and mental disorders, such as major depression and anxiety. (Gilbert, 2000); (Zuroff, et.al, 2005)

Fear of criticism contrasts with psychological flexibility, as it represents a psychological phenomenon characterized by harsh and

negative self-evaluation and a fear of others' evaluations in the face of difficulties or failure, leading to feelings of helplessness and weakness, and reinforcing feelings of frustration and low self-esteem. On the other hand, psychological flexibility is the ability to adapt and cope with psychological difficulties in a healthy and effective manner. It enhances an individual's capacity to return to psychological balance after crises, rather than succumbing to negative emotions, self-criticism, or fear of criticism. Psychological flexibility involves the ability to be fully present and open to our experiences, enabling us to take actions guided by our values. In simpler terms, psychological flexibility is the ability to be present, open, and do what matters. Ultimately, being present, open, and doing what matters leads to a rich and meaningful life characterized by true vitality. (Harris, 2009)

According to various studies (Hayes, et.al, 2006); (Neff, 2016), individuals with psychological flexibility are able to manage fear of criticism in ways that do not negatively impact their mental health. While fear of criticism heightens feelings of helplessness and exacerbates anxiety and depression, individuals with psychological flexibility can adopt healthy strategies for dealing with fear of criticism, allowing them to remain resilient in the face of challenges and negative emotions without allowing them to take control of their lives. The ultimate goal in Acceptance and Commitment Therapy (ACT) is psychological flexibility.

Acceptance and Commitment Therapy (ACT) is one of the treatments falling under the third wave of cognitive-behavioral therapies, gradually developed by Hayes and colleagues (Hayes, 2016). This therapy primarily relies on the use of acceptance and mindfulness techniques as core strategies, with the primary aim of enhancing psychological flexibility. Psychological flexibility is a crucial psychological factor in reducing the fear of criticism, helping individuals accept their negative emotions without trying to avoid or change them, and thus live a life filled with meaning and fulfillment. (Zhang, et.al, 2018)

Aim of ACT is to change the individual's relationship with these experiences rather than changing the experiences themselves. It also enhances the ability to adapt to psychological barriers by encouraging individuals to take appropriate actions consistent with their values (Hayes, et.al, 2016). Accordingly, ACT can contribute to reducing fear of criticism in adolescents with high levels of depression by practicing mindfulness exercises and cognitive diffusion, helping them accept their negative feelings and thoughts without these emotions driving critical behaviors. It also encourages adolescents to connect with their negative emotions while simultaneously urging them to take actions that align with their personal values, contributing to enhancing their psychological flexibility and their ability to adapt to various challenges they face. (Plambeck, 2015)

Given the impact of fear of criticism on the mental health of adolescents with high depression, particularly in how it affects their behavior, social interactions, and overall mental well-being, this study will explore the effectiveness of an ACT-based program in reducing fear of criticism among a sample of depressed adolescents.

The developmental tasks of adolescence, including gaining autonomy from parents, increasing behavioral alignment with peer groups, and relying on social support from peers, reflect a growing need to mobilize personal resources and capacities. These demands may heighten adolescents' emotional susceptibility to stressful events (Larson & Sheeber, 2009); (Siegel, 2015). Consequently, adolescence is a critical period for the emergence of emotional and behavioral challenges (Polanczyk, et.al, 2015); (World Health Organization, 2018). This vulnerability can be attributed, in part, to the asynchronous development of brain regions, with the reward- oriented emotional system maturing earlier than the deliberate cognitive control system (Smith, et.al, 2013); (Steinberg, 2010). Such developmental dynamics may explain adolescents' heightened sensitivity to social signals and motivations, particularly related to peer rejection or acceptance (Nelson, et.al, 2016). For example, adolescents are more susceptible to social rejection or acceptance by peers, making them vulnerable to comparisons and critical self- evaluations. These tendencies can exacerbate their fragility when faced with disappointing experiences, often leading to feelings of shame and heightened fear of criticism. (Gilbert & Irons, 2009); (Xavier, et.al, 2016)

Whereas adolescence is a period of rapid growth both psychologically and cognitively, adolescents with depression may find this phase very challenging. Whereas most adolescents are still learning to perceive themselves positively and develop the necessary social skills through which to interact with their peers, a depressed adolescent will experience severe lowers in self- esteem, noticeable social withdrawal, and impaired abilities to maintain healthy relationships (Compas, et.al, 2017). Depression is associated with persistent negative mood states, feelings of helplessness, and withdrawal, which reinforce negative self- perceptions and exacerbate stress and anxiety levels (Harter, 2015). These effects directly affect their social interactions and behavior toward peers and teachers and may extend to familial relationships, deepening their sense of frustration and isolation. (Nolen- Hoeksema, 2013)

This social isolation significantly affects their social skills, making it more difficult for them to build healthy relationships and express their emotions naturally. In this context, communication with others becomes an additional source of psychological pressure rather than a means of support and emotional release (Nolen- Hoeksema, 2013). This effect is evident in their declining ability to participate in- group activities or form meaningful friendships, which leads to a cycle of failure and frustration.

Moreover, depression during adolescence is closely linked to other physical and emotional disorders such as sleep disturbances, appetite changes, and reduced energy levels, further complicating the adolescent's daily life. Studies show that depressed adolescents tend to develop a pattern of continuous negative thinking, perceiving themselves as incompetent or unworthy of love and attention. This leads to a severe decline in their quality of life and directly affects their academic and social performance. (Beck, 1967)

Research shows that the devastating impact of depression during this

developmental stage extends beyond the psychological domain to also include the social and emotional aspects of adolescents' lives, making them more susceptible to chronic psychological disorders such as social anxiety or social phobia. This leads to further deterioration in their ability to adapt to their social environment (Harter, 2015). Therefore, the need for early intervention and effective treatment is of paramount importance to prevent and alleviate these negative effects, contributing to the creation of a supportive environment that enhances the ability to adapt and fosters healthy psychological growth.

The focus on self- criticism and fear of criticism emerged in the early twentieth century, as research began to concentrate on internal psychological processes, such as self- criticism and fear of criticism, and their impact on mental health. Sigmund Freud (1923) is credited with formulating some of the earliest concepts of fear of criticism through his idea of the super- ego. Freud argued that the super- ego could be a source of internal criticism, exerting pressure on the individual by establishing ideal standards and comparing them to one's behavior, thus influencing self- esteem and behavior.

The concept of fear of criticism underwent significant development in the following decades, gaining prominence in the 1970s and 1980s when it became a subject of empirical study, particularly in relation to depression. Aron Beck (1976) proposed a cognitive model that illustrates the role of negative thinking, including fear of criticism, in depressive disorders. Although less well- known, the concept of fear of criticism has garnered significant attention from researchers in psychology, sociology, and education due to its profound impact on individuals' mental and behavioral health. Studies have demonstrated that elevated fear of criticism is associated with lower self- esteem, increased anxiety and depression, and contributes to higher rates of burnout and dissatisfaction with life. (Beck, 1976); (Gilbert, 2005)

The psychological approach to fear of criticism draws from psychosocial models and conceptualizes it as a psychological perception linked to individuals' self- assessments and their behavior. It is described as an exaggerated focus on self- definition and reflects a weakness in character, characterized by excessive preoccupation with achievement and self- esteem (Blatt & Luyten, 2009). This concept emerged in psychological literature as a mechanism aimed at self- improvement, but it can become detrimental when overemphasized. Excessive fear of criticism leads to diminished self- esteem and increased negative emotions such as failure, guilt, inferiority, and shame, which contribute to disorders like anxiety and depression. Some studies suggest that fear of criticism can act as a positive motivator for change if practiced consciously and balanced to achieve psychological adjustment (Blatt, 1995); (Dunkley, et.al, 2003). Most researchers agree that fear of criticism generally involves negative self- talk and harsh or negative self- judgment.

The fear of criticism is thus viewed as a psychological process dealing with negative self- comparison with others, mainly in cases of personal hardship or failure. It is a very complex form of a psychological process

Introduction:

Mental health is, therefore, the foundation in establishing the quality of life and well-being of individuals, especially during adolescence, which is a critical development stage between childhood and maturity. This phase is particularly characterized with high psychological problems, given the rising depression rates noticeable among adolescents. According to WHO (2017), depression is among the leading causes of global illness and disability and affects over 300 million people worldwide. This points out the great danger that is threatening mental health, especially in adolescents, who are most susceptible to this psychological disorder.

The fear of criticism is one of the most significant factors that worsens depression, since it is directly related to low self-esteem, greater feelings of shame, and self-blame. The literature underlines decreasing the level of fear of criticism either as a preventive measure or therapeutic one, which would enhance psychological balance and decrease the symptoms of depression. In this regard, Acceptance and Commitment Therapy is an innovative psychotherapeutic approach that targets the development of self-awareness, self-acceptance, and the enhancement of self-compassion all elements that contribute to increased psychological flexibility, a reduced fear of criticism, and ultimately, improved mental health.

Numerous studies have demonstrated that depression during adolescence is strongly linked to various psychological and behavioral challenges, including low self-esteem, difficulties in coping with social situations, and an increased likelihood of suicidal ideation. (Beck, 1967); (Nolen-Hoeksema, 2013)

Adolescence represents a very important period in human life. This period encompasses huge physical, psychological, and social transformations, marking large areas of differentiation within the shaping of individuality and further development. This step is anything but a simple transit from childhood to maturity and constitutes the basic structural moment in crystallizing one's self-concept and charting one's life course. Decision-making capabilities, adjustment to various challenges in life, independence, improvement of self-concept, and social relations- all are developed during adolescence. However, it also presents substantial psychological and emotional challenges, as many adolescents experience anxiety and depression due to these profound changes. (Arnett, 2014); (Steinberg, 2014)

Providing adolescents with a supportive and safe environment is essential for fostering their healthy development and equipping them to handle psychological and social pressures. Understanding adolescence and addressing the needs of individuals during this stage is a core component of developmental psychology and is critical for shaping social and educational policies aimed at improving youth well-being. These policies ensure the provision of a nurturing environment that facilitates their growth and development in alignment with their potential. (Larson, 2009); (Schulenberg, et.al, 2018)

Adolescence is one of the most challenging phases in human development, encompassing biological, emotional, cognitive, and social

domains (Siegel, 2015), distinguishing it from other developmental stages. This period is a critical window for identity formation and the acquisition of self-concepts, making it more susceptible to the emergence of psychological disorders. There is a notable rise in mental health issues during adolescence, including anxiety and depression, which significantly affect adolescents' psychological and social adaptation (Compas, et.al, 2017); (Harter, 2015); (Rapee, et.al, 2019). One of the most prominent psychological challenges adolescents face is the ability to regulate and manage emotions while developing a coherent and independent self-concept.

Adolescents often experience rapid mood fluctuations and heightened susceptibility to changes in their emotional responses, which, if left unmanaged, can contribute to the development of psychological disorders such as depression (Maji& Dixit, 2019); (Zhang, et.al, 2019). Depression during adolescence can be viewed as a failure to adapt to one of the developmental tasks central to this stage: emotional regulation. In this context, depression is characterized as a disorder stemming from an adolescent's inability to manage the emotional and cognitive shifts accompanying this developmental phase. Adolescents may naturally exhibit mood swings or express negative emotions, including depression and anger, influenced by a combination of biological and psychological factors that interact to shape their emotional responses. (Derakshan& Eysenck, 2011)

Hall (1904) introduced the concept of "developmental stress" to describe the pressures adolescents face as they navigate physical, psychological, social, and cognitive changes, including heightened emotionality and brain development. Research evidence suggests that typical developmental processes during this stage generally result in well-adjusted adults by late adolescence. However, the psychological pressures associated with this growth period increase the likelihood of developing depression. (Rapee, et.al, 2019)

Such personality traits as fear of criticism and dependency add to mental health differences at the adolescent age. They are strongly connected with the development of depression, which also involves suicidal thoughts, showing how individual characteristics can interact with the specific psychological difficulties inherent in this stage. (Beck, et.al, 1983); (O'Connor& Noyce, 2008)

In adolescence, individuals start to decrease their dependence on caregivers and move toward the development of a more independent, complex, and differentiated sense of self. The shift toward self-construction and the development of a coherent identity are one of the central developmental tasks defining this stage. According to Erikson, an individual's identity is developed based on the many experiences he or she has gained in childhood. These experiences, however, are not integrated as self-identity until the adolescent period. The process in a sense combines various self-perceptions from childhood into a coherent identity that integrates personal experiences and social influences- such as by parents and peers. (Gittins& Hunt, 2020); (Kopala-Sibley, et.al, 2015)

The Effectiveness of an Acceptance and Commitment Therapy-Based Program in Reducing Fear of Criticism in Adolescents with High Levels of Depression

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Summary

Background: Fear of criticism is a significant psychological factor affecting adolescents' mental health, particularly those with high levels of depression. Acceptance and Commitment Therapy (ACT) is an effective therapeutic approach that enhances psychological flexibility by fostering acceptance of negative thoughts and emotions while promoting self-compassion and commitment to value-driven actions. Shift from attempting to eliminate distress to embracing it as part of a meaningful life improves quality of life and reduces psychological suffering, ultimately alleviating fears related to criticism. However, research on the efficacy of ACT with adolescents remains limited, especially within Arab cultural contexts.

Aim: This study aimed to evaluate the effectiveness of an Acceptance and Commitment Therapy (ACT)-based program in reducing fear of criticism among adolescents with high level of depressive.

Method: The study utilized an experimental pretest- posttest- follow- up design with experimental and control groups. Twenty adolescents aged 16 to 18 years were recruited and divided equally between the two groups. Participants were assessed using the Adolescent Depression Scale and the Fear of Criticism Scale for Adolescents (both developed by the researchers), Raven's Colored Progressive Matrices for Intelligence (modified and standardized by Emad Hassan, 2020), and The Socioeconomic and Cultural Status Scale of the Family (developed by Mohamed Al-Beahry, 2024). The intervention program lasted for six weeks.

Results: A significant reduction in fear of criticism was observed in the experimental group compared to the control group. This improvement persisted during a follow- up assessment conducted one month after the program's conclusion, highlighting the sustained impact of the intervention.

Conclusion: The findings underscore the effectiveness of ACT in addressing fear of criticism among adolescents with high levels of depression. These results support the integration of ACT into therapeutic practices aimed at enhancing adolescent mental health and resilience.

KeyWords: Acceptance and Commitment Therapy (ACT), fear of criticism, adolescents, depression, psychological intervention.

فاعلية برنامج قائم على العلاج بالقبول والالتزام في خفض الخوف من النقد لدى عينة من المراهقين مرتفعي الاكتئاب

الخلفية: يعد الخوف من النقد أحد العوامل النفسية التي تؤثر بشكل كبير على الصحة النفسية للمراهقين، خاصة لدى من يعانون من مستويات مرتفعة من الاكتئاب، ويعتبر العلاج بالقبول والالتزام (ACT) نهجا علاجيا فعالا يعزز المرونة النفسية ويساعد على تقبل الأفكار والمشاعر السلبية، إذ يعمل هذا العلاج على تحويل الانتباه من محاولة التخلص منها إلى تعزيز القبول والتراحم الذاتي والالتزام بالعمل وفقا للقيم الشخصية لخلق حياة ذات معنى، مما يؤدي في النهاية إلى تحسين جودة الحياة وتقليل المعاناة النفسية. مما يساهم في خفض مستويات المخاوف المرتبطة بالنقد. ومع ذلك، لا تزال الدراسات التي تتناول فاعلية العلاج بالقبول والالتزام مع المراهقين محدودة، خاصة في البيئة العربية.

الهدف: هدفت الدراسة الحالية إلى تقييم فاعلية برنامج قائم على العلاج بالقبول والالتزام في خفض مستويات الخوف من النقد لدى عينة من المراهقين مرتفعي الاكتئاب.

المنهج: اعتمدت الدراسة على المنهج التجريبي والتصميم التجريبي ذي المجموعتين التجريبية والضابطة والقياس القبلي والبعدي والتتبعي، حيث شملت العينة ٢٠ مراهقا تراوحت أعمارهم ما بين (١٦ - ١٨) عاما، وتم تقسيم العينة إلى مجموعتين: مجموعة تجريبية خضعت للبرنامج القائم على العلاج بالقبول والالتزام ومجموعة ضابطة لم تخضع للبرنامج. كما تم استخدام أدوات قياس تضمنت مقياس الاكتئاب للمراهقين (إعداد الباحثان)، ومقياس الخوف من النقد للمراهقين (إعداد الباحثان)، ومقياس المصفوفات المتتابعة الملونة لرافن للذكاء (تعديل وتقنين عماد حسن، ٢٠٢٠)، ومقياس المستوى الاقتصادي الاجتماعي الثقافي للأسرة (إعداد محمد البحيري، ٢٠٢٤). **النتائج:** أظهرت النتائج انخفاضاً ملحوظاً في مستويات الخوف من النقد لدى أفراد المجموعة التجريبية مقارنة بالمجموعة الضابطة، واستمر التحسن خلال فترة المتابعة التي أجريت بعد شهر من انتهاء البرنامج.

الخلاصة: تشير النتائج إلى فاعلية العلاج بالقبول والالتزام في خفض الخوف من النقد لدى المراهقين مرتفعي الاكتئاب، كما تسلط هذه الدراسة الضوء على أهمية دمج هذا النوع من التدخلات في برامج الصحة النفسية الموجهة للمراهقين لتحسين مرونتهم النفسية وتعزيز جودة حياتهم.

الكلمات الانتباهية: العلاج بالقبول والالتزام (ACT)، الخوف من النقد، المراهقون، الاكتئاب، التدخل النفسي.

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