

## OTHERS

# Mental Health and Related Factors Among Japanese Graduate Trainees in Clinical Psychology

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**Abstract:** This study examined the mental health and related factors such as social comparison orientation, self-compassion, and perfectionism of 57 graduate trainees aspiring to become psychologists in comparison with 80 graduate students with other majors. The results showed that “Opinion comparison” subscale of social comparison orientation was significantly higher among trainees than among non-trainees, and higher among women than among men in both trainees and non-trainees. Social comparison orientation positively affects depressive symptoms, anxiety symptoms, and social function impairment among trainees but has no effect among non-trainees. Perfectionism was higher among first-year trainees than among second-year trainees, whereas no grade-based differences existed among non-trainees. Perfectionism positively affected social function impairment among non-trainees but not among trainees. However, self-compassion negatively affected depressive symptoms, anxiety symptoms, and social function impairment among both trainees and non-trainees. Furthermore, 89% of the trainees blamed themselves during practical training, expressing that both the trigger and content of self-blame were related to hesitation, anxiety, and lack of confidence. Overall, the results suggest that trainees should aim for personal growth over perfection, enhance their self-compassion rather than blaming themselves, and should not engage in social comparison. *J. Med. Invest.* 72:217-223, February, 2025

**Keywords :** graduate trainees, clinical psychology, mental health, self-compassion, social comparison orientation

## INTRODUCTION

Graduate trainees aiming to become psychotherapists are presumed to experience significant stress due to anxiety and regret in unfamiliar clinical settings. Nakano *et al.* (1) showed that trainees have significantly higher anxiety symptoms than non-trainees and that first-year trainees have significantly higher social function impairment than second-year trainees. However, the reason why psychotherapist trainees have more mental health problems has not been clarified.

Self-compassion has been recognized as a protective factor for mental health, while social comparison orientation and perfectionism are known as aggravating factors (2-4). Many trainees head to their new training sites feeling a great deal of stress. Stressful situations, experiencing new things, and interdependent construal of the self that values cooperation with others have been shown to increase social comparison orientation (5). The Japanese are group-oriented, and the results of comparison have great significance (6). Many trainees may enter clinical practice with the goal of achieving perfection, driven by their desire to help others and avoid causing any trouble. For those trainees, experiencing failure that causes problems for others may evoke strong feelings of remorse because it is the exact opposite of what they are aiming for. Self-compassion is effective in enhancing one's mental resilience and protecting one from feelings of remorse (7).

This study investigated depressive symptoms, anxiety

symptoms, social function impairment, social comparison orientation, perfectionism, self-compassion, and the tendency to blame oneself during training among graduate trainees aiming to become psychotherapists in Japan (hereafter, “trainees”) in comparison with graduate students majoring in a field other than psychology who receive no practical training (hereafter, “non-trainees”). Data on social comparison orientation, perfectionism, self-compassion, and the tendency to blame oneself during training were added to the data already obtained (1) and reanalyzed. Furthermore, free-text descriptions of the episodes of self-blame were analyzed qualitatively. This study is expected to provide crucial insights into the nature of training for graduate students aiming to become psychotherapists in Japan.

## MATERIALS AND METHODS

### Data collection

A survey was conducted with the help of four graduate schools and a private research firm, between November and December in 2022, when many Japanese first-year trainees were expected to have completed their pre-training study and had already begun off- and on-campus training.

Valid responses were obtained from 57 trainees (first-year trainees : 4 men, 19 women, and 1 unknown ; second-year trainees : 10 men and 23 women) and 80 non-trainees (first-year non-trainees : 17 men and 15 women ; second-year non-trainees : 24 men and 24 women). The mean age of the trainees was 26.7 years ( $SD = 8.07$ ) and that of the non-trainees was 24.1 years ( $SD = 1.64$ ).

This study was approved by the Ethical Review Committee of the first author's affiliated institution.

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## Measures

### Depressive symptoms

Depressive symptoms were measured using the Japanese version of the Patient Health Questionnaire-9 (PHQ-9) (8). It consists of nine items scored on a four-point scale ranging from 0 to 3. Scores between 0 and 4, 5 and 9, 10 and 14, 15 and 19, and 20 and 27 denoted no, mild, moderate, moderate to severe, and severe symptoms, respectively. The internal consistency of the scale was  $\alpha = .88$  in this study.

### Anxiety symptoms

Anxiety symptoms were measured using the Japanese version of the Generalized Anxiety Disorder-7 (GAD-7) (9). It consists of seven items rated on a four-point scale ranging from 0 to 3. Score between 0 and 4, 5 and 9, 10 and 14, and 15 and 21 denoted minor, mild, moderate, and severe symptoms, respectively. The internal consistency of the scale was  $\alpha = .92$  in this study.

### Social function impairment

Social function impairment was measured using the Japanese version of the Sheehan Disability Scale (SDISS) (10). It consists of three items: work/school disruption, social life disruption, and family life/home responsibilities disruption. These items are rated on an 11-point scale ranging from 0 to 10. The internal consistency of the scale was  $\alpha = .91$  in this study.

### Social comparison orientation

Social comparison orientation was assessed using the Japanese version of the Social Comparison Orientation Scale (11). It consists of two subscales: competence comparison which measures the tendency to compare one's competency with that of others, and opinion comparison which measures the tendency to worry about others' opinions and ideas, totaling 11 items. The items are rated on a five-point scale ranging from 1 to 5. The internal consistency of the scale was  $\alpha = .81$  in this study.

### Perfectionism

Perfectionism was evaluated using the Multidimensional Perfectionism Cognition Inventory (12). The scale consists of three subscales: personal standards, concern over mistakes, and pursuit of perfection, totaling 15 items. The items are rated on a four-point scale ranging from 1 to 4. The internal consistency of the scale was  $\alpha = .88$  in this study.

### Self-compassion

Self-compassion was assessed using the Japanese version of the Self-Compassionate Reactions Inventory (13). This consists of four reactions to eight hypothetical hardships. Respondents select two reactions that most closely resemble their own. The total score is the number of self-compassion reactions one selects. The internal consistency of the inventory was  $\alpha = .83$  in this study.

### Self-blame tendency in practical training

The trainees were asked, "Do you tend to blame yourself when things do not go well during practical training?" This item was rated on a 4-point scale ranging from 1 to 4.

### Episodes of self-blame

In an open-ended question, we asked trainees to describe specific episodes when they blamed themselves during practical training. There was no word limit on this question.

### Complaints or suggestions about practical training

The trainees were asked, "If you have any complaints or

suggestions for the improvement of the training, please write them here." without a word limit.

### Statistical Analysis

Descriptive statistics, including means and standard deviations, were calculated for all variables. Pearson's correlation analysis was conducted to examine relationships between depressive symptoms, anxiety symptoms, social function impairment, social comparison orientation, perfectionism, and self-compassion.

To compare group differences, independent samples t-tests were performed for social comparison orientation, perfectionism, and self-compassion between trainees and non-trainees. Additionally, t-tests were conducted to compare these variables, along with depressive symptoms, anxiety symptoms, and social function impairment, between first-year trainees and second-year trainees.

A two-way analysis of variance (ANOVA) was used to explore the effects of grade (first year vs. second year) and gender (men vs. women) on social comparison orientation, perfectionism, and self-compassion separately for trainees and non-trainees. One participant with unknown gender was excluded from gender-related analyses to ensure statistical accuracy.

Furthermore, a one-way ANOVA was conducted with group (first-year trainees, second-year trainees, and non-trainees) as the independent variable and PHQ-9, GAD-7, SDISS, social comparison orientation, perfectionism, and self-compassion as the dependent variables.

Finally, multiple regression analysis was performed to identify the predictive effects of social comparison orientation, perfectionism, and self-compassion on depressive symptoms, anxiety symptoms, and social function impairment separately for trainees and non-trainees.

## RESULTS

### Correlation analysis

Table 1a presents the means and standard deviations of trainees' scores and correlation coefficients among the variables. Self-blame tendency, social comparison orientation, perfectionism, depressive symptoms, anxiety symptoms, and social function impairment were positively correlated ( $ps < .05$ ). Self-compassion was negatively correlated with these variables ( $ps < .01$ ). Competence comparison was positively correlated with depressive symptoms, anxiety symptoms, social function impairment, the pursuit of perfection and concern over mistakes ( $ps < .01$ ). Opinion comparison was positively correlated with depressive symptoms, anxiety symptoms, social life disruption, and concern over mistakes ( $ps < .05$ ). "Personal standards" did not have a significant correlation with any of the variables.

Table 1b presents the means and standard deviations of non-trainees' scores and correlation coefficients among the variables. Perfectionism, depressive symptoms, anxiety symptoms, and social function impairment were positively correlated ( $ps < .05$ ). Self-compassion was negatively correlated with depressive symptoms, anxiety symptoms, social function impairment, pursuit of perfection, and concern over mistakes ( $ps < .05$ ). Competence comparison was positively correlated with depressive symptoms, anxiety symptoms, work/school disruption, social life disruption, and concern over mistakes ( $ps < .05$ ). Meanwhile, opinion comparison was not significantly correlated with any of the variables.

### T-tests comparing trainees and non-trainees

T-tests was conducted with group (trainees or non-trainees)

Table 1a. Means and standard deviations of trainees' scores and correlation coefficients among the variables

		M	(SD)	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	PHQ-9	7.95	5.78	-													
2	GAD-7	5.86	5.46	.90**	-												
3	SDISS	9.91	7.40	.83**	.82**	-											
4	"Work/School" disruption	3.88	2.78	.79**	.80**	.91**	-										
5	"Social Life" disruption	3.56	2.93	.84**	.81**	.95**	.83**	-									
6	"Family life" disruption	2.47	2.49	.61**	.58**	.85**	.61**	.71**	-								
7	Social comparison	37.46	7.54	.59**	.63**	.52**	.47**	.55**	.36**	-							
8	"Competence comparison"	22.72	5.79	.61**	.64**	.55**	.51**	.56**	.41**	.91**	-						
9	"Opinion comparison"	14.74	3.29	.27*	.32*	.21	.17	.26*	.11	.69**	.33*	-					
10	Self-compassion	8.60	4.42	-.64**	-.62**	-.52**	-.48**	-.49**	-.44**	-.49**	-.63**	-.01	-				
11	Perfectionism	40.04	9.03	.44**	.50**	.33*	.27*	.40**	.21	.54**	.56**	.26	-.47**	-			
12	"Personal standards"	13.46	3.70	-.13	-.04	-.13	-.16	-.07	-.11	.06	-.03	.19	.17	.59**	-		
13	"Pursuit of perfection"	12.65	4.33	.50**	.51**	.35**	.29*	.40**	.23	.47**	.56**	.10	-.61**	.87**	.24	-	
14	"Concern over mistakes"	13.93	3.80	.59**	.64**	.51**	.46**	.55**	.36**	.69**	.72**	.31*	-.58**	.81**	.14	.70**	-
15	Self-blame	2.26	0.77	.42**	.48**	.29*	.38**	.24	.15	.36**	.35**	.21	-.36**	.29*	-.13	.32*	.45**

\* $p < .05$ , \*\* $p < .01$

PHQ-9, patient health questionnaire-9 ; GAD-7, generalized anxiety disorder-7 ; SDISS, sheehan disability scale

Table 1b. Means and standard deviations of non-trainees' scores and correlation coefficients among the variables

		M	(SD)	1	2	3	4	5	6	7	8	9	10	11	12	13
1	PHQ-9	6.20	5.51	-												
2	GAD-7	4.01	4.45	.82**	-											
3	SDISS	7.95	6.27	.67**	.71**	-										
4	"Work/School" disruption	2.91	2.37	.67**	.67**	.95**	-									
5	"Social Life" disruption	2.68	2.31	.65**	.68**	.95**	.87**	-								
6	"Family life" disruption	2.36	1.98	.58**	.64**	.92**	.81**	.82**	-							
7	Social comparison	35.33	6.59	.20	.17	.16	.17	.23*	.05	-						
8	"Competence comparison"	22.20	4.38	.30**	.28*	.23*	.25*	.28*	.12	.91**	-					
9	"Opinion comparison"	13.13	3.20	-.01	-.04	.02	.02	.08	-.06	.82**	.50**	-				
10	Self-compassion	8.73	3.91	-.33**	-.30**	-.34**	-.30**	-.36**	-.29**	-.14	-.28*	.09	-			
11	Perfectionism	40.36	7.05	.23*	.26*	.30**	.33**	.28*	.24*	.21	.19	.18	-.15	-		
12	"Personal standards"	13.94	3.44	-.16	-.09	-.10	-.09	-.11	-.10	-.03	-.14	.13	.33**	.62**	-	
13	"Pursuit of perfection"	12.75	3.32	.21	.27*	.34**	.37**	.32**	.27*	.13	.13	.09	-.25*	.84**	.28*	-
14	"Concern over mistakes"	13.68	3.09	.46**	.40**	.44**	.44**	.42**	.37**	.37**	.44**	.17	-.45**	.69**	.01	.53**

\* $p < .05$ , \*\* $p < .01$

PHQ-9, patient health questionnaire-9 ; GAD-7, generalized anxiety disorder-7 ; SDISS, sheehan disability scale

as the independent variable, and social comparison orientation, perfectionism, and self-compassion as the dependent variables. Trainees showed significantly higher opinion comparison than non-trainees ( $t(135) = 2.86, p < .01, d = 0.50, 95\% \text{ CI } [0.15, 0.87]$ ). No significant differences were observed in the competence comparison, perfectionism, and self-compassion between trainees and non-trainees.

*T-tests comparing 1st-year trainees and 2nd-year non trainees*

Table 2 shows the results of t-tests comparing first-year trainees and second-year trainees. PHQ-9 ( $t(55) = 2.11, p < .05, d = 0.58, \text{ CI}[0.15, 6.37]$ ), SDISS ( $t(55) = 2.45, p < .05, d = 0.70, \text{ CI}[0.85, 8.95]$ ), and perfectionism ( $t(55) = 2.16, p < .05, d = 0.60, \text{ CI}[0.34, 10.05]$ ) scores of the first-year trainees were significantly higher than those of the second-year trainees.

*Two-way analysis of variance*

A two-factor analysis of variance was conducted with grade (first year or second year) and gender (men or women) as the independent variables, and social comparison orientation, perfectionism, and self-compassion as the dependent variables. Among trainees, perfectionism ( $F(1,52) = 4.23, p < .05, \text{ partial } \eta^2 = 0.08$ ) were significantly higher among first-year trainees than among second-year trainees. Among non-trainees, no significant differences existed based on the grade. Opinion comparison was significantly higher among women than among men in both trainees and non-trainees ( $F(1,52) = 5.48, p < .05, \text{ partial } \eta^2 = 0.10$  ;  $F(1,76) = 7.58, p < .01, \text{ partial } \eta^2 = 0.09$ ). Competence comparison was significantly higher among women than among men in non-trainees ( $F(1,76) = 4.55, p < .05, \text{ partial } \eta^2 = 0.06$ ).

**Table 2.** Results of t-tests comparing 1st-year trainees and 2nd-year trainees

Variable	1st Year (Mean ± SD)	2nd Year (Mean ± SD)	t-value	p-value	Effect Size (Cohen's d)
PHQ-9	9.83 ± 6.13	6.58 ± 5.18	2.11	.040*	0.58
GAD-7	7.58 ± 6.02	4.61 ± 4.72	2.01	.050	0.56
SDISS	12.75 ± 8.44	7.85 ± 5.85	2.45	.019*	0.70
Social comparison	39.13 ± 8.32	36.24 ± 6.79	1.39	.171	0.39
Self-compassion	8.17 ± 4.87	8.91 ± 4.10	-0.61	.547	-0.17
Perfectionism	43.04 ± 9.60	37.85 ± 8.04	2.16	.037*	0.60

\* $p < .05$ 

### One-way analysis of variance

A one-way analysis of variance (ANOVA) was conducted with group (first-year trainees, second-year trainees, and non-trainees) as the independent variable and PHQ-9, GAD-7, SDISS, social comparison orientation, perfectionism, and self-compassion as the dependent variables. A significant difference was found in PHQ-9 scores across the three groups ( $F(2, 134) = 4.052$ ,  $p = .020$ , *partial*  $\eta^2 = .057$ ). Post-hoc comparisons using the Bonferroni correction indicated that first-year trainees scored significantly higher than non-trainees ( $p = .017$ ).

Significant differences were also observed in GAD-7 scores across the three groups ( $F(2, 134) = 5.096$ ,  $p = .007$ , *partial*  $\eta^2 = .071$ ). Post-hoc comparisons using the Bonferroni correction revealed that first-year trainees scored significantly higher than non-trainees ( $p = .005$ ).

For SDISS, a significant difference was found among the three groups ( $F(2, 134) = 5.300$ ,  $p = .006$ , *partial*  $\eta^2 = .073$ ). Post-hoc comparisons using the Bonferroni correction revealed that first-year trainees scored significantly higher than both second-year trainees ( $p = .019$ ) and non-trainees ( $p = .007$ ).

In perfectionism scores, significant differences were observed across the groups ( $F(2, 134) = 3.122$ ,  $p = .047$ , *partial*  $\eta^2 = .045$ ). Post-hoc comparisons using the Bonferroni correction showed that first-year trainees scored significantly higher than second-year trainees ( $p = .042$ ).

No significant differences were observed in social comparison orientation ( $F(2, 134) = 2.752$ ,  $p = .067$ ) or Self-Compassion ( $F(2, 134) = 0.240$ ,  $p = .787$ ).

### Multiple regression analysis

Multiple regression analysis was performed with social comparison orientation, perfectionism, self-compassion, and self-blame as independent variables and depressive symptoms, anxiety symptoms, and social function impairment as dependent variables (Table 3).

Among trainees, social comparison orientation positively affected depressive symptoms ( $B = 0.25$ ,  $SE = 0.09$ ,  $\beta = 0.32$ ,  $p < .05$ ), anxiety symptoms ( $B = 0.25$ ,  $SE = 0.08$ ,  $\beta = 0.34$ ,  $p < .01$ ), and social function impairment ( $B = 0.34$ ,  $SE = 0.14$ ,  $\beta = 0.35$ ,  $p < .05$ ). Self-compassion negatively affected depressive symptoms ( $B = -0.55$ ,  $SE = 0.15$ ,  $\beta = -0.42$ ,  $p < .001$ ), anxiety symptoms ( $B = -0.41$ ,  $SE = 0.14$ ,  $\beta = -0.333$ ,  $p < .01$ ), and social function impairment ( $B = -0.59$ ,  $SE = 0.23$ ,  $\beta = -0.35$ ,  $p < .05$ ).

Among non-trainees, social comparison orientation did not affect depressive symptoms, anxiety symptoms, or social function impairment. Perfectionism positively affected social function impairment ( $B = 0.22$ ,  $SE = 0.10$ ,  $\beta = 0.24$ ,  $p < .05$ ). Self-compassion

negatively affected depressive symptoms ( $B = -0.40$ ,  $SE = 0.15$ ,  $\beta = -0.29$ ,  $p < .01$ ), anxiety symptoms ( $B = -0.30$ ,  $SE = 0.12$ ,  $\beta = -0.26$ ,  $p < .05$ ), and social function impairment ( $B = -0.47$ ,  $SE = 0.17$ ,  $\beta = -0.29$ ,  $p < .01$ ).

### Qualitative analysis of episodes of self-blame and complaints and suggestions about practical training

The KJ method (14) was used for analysis. Regarding self-blame during training, the response was “sometimes” (61%), “often” (19%), “always” (9%), and “never” (7%).

The analysis yielded 52 cards, 21 small groups, 5 medium groups, and 2 large groups (Table 4). The results showed that self-blame was triggered by repentance for not being proactive, not conducting psychological examination properly, being pointed out by a supervisor/a faculty member, and comparison with others. The content of self-blame included uncertainty and anxiety, for instance, about causing a trouble, as well as the painful realization of one's immaturity in clinical settings.

Regarding complaints or suggestions about practical training, we derived 27 cards, 15 subgroups, and 5 large groups (Table 5). Regarding the training schedule, there were requests for choosing the training sites and discussing the schedule. There were requests for “various short-term training sites”, while on the other hand, there were opposite requests for “few long-term fixed training sites”. Regarding on-campus training, the trainees requested the improvement of the SV system and complained they were assigned too few cases. About busyness, the trainees reported having too many training reports and having to balance one's master's thesis, job hunting, and training, among other concerns.

## DISCUSSION

This study revealed that Trainees showed significantly higher opinion comparison than non-trainees, and perfectionism were significantly higher among first-year trainees than among second-year trainees.

Social comparison orientation of trainees positively affected depressive symptoms, anxiety symptoms, and social function impairment. This suggests the risk of adverse effects on mental health when trainees compare themselves with others.

Trainees showed a significantly higher tendency to engage in opinion comparison, and this tendency may have a significantly negative impact on their mental health and social lives. Self-compassion was found to reduce depressive symptoms, anxiety symptoms, and social function impairment and negatively correlated with self-blame tendency, competence comparison,

Table 3. Results of multiple regression analysis

	PHQ-9											
	Total				Trainees				Non-trainees			
	B	SE	95%CI	β	B	SE	95%CI	β	B	SE	95%CI	β
(Intercept)	0.76	3.23	(-5.64, 7.15)		0.32	4.57	(-8.86, 9.49)		1.17	4.69	(-8.16, 10.51)	
Perfectionism	0.09	0.06	(-0.03, 0.20)	0.12	0.02	0.08	(-0.14, 0.17)	0.03	0.12	0.09	(-0.05, 0.29)	0.2
Social comparison	0.19	0.06	(0.06, 0.32)	0.24 **	0.25	0.09	(0.06, 0.43)	0.32 *	0.10	0.09	(-0.08, 0.28)	0.1
Self-compassion	-0.49	0.11	(-0.70, -0.28)	-0.36 **	-0.55	0.15	(-0.85, -0.24)	-0.42 ***	-0.40	0.15	(-0.71, -0.10)	-0.29 **
Self-blame					1.07	0.79	(-0.52, 2.67)	0.14				
R <sup>2</sup>	.30***				.53***				.15**			

\*p<.05, \*\*p<.01, \*\*\*p<.001

	GAD-7											
	Total				Trainees				Non-trainees			
	B	SE	95%CI	β	B	SE	95%CI	β	B	SE	95%CI	β
(Intercept)	-2.80	2.79	(-8.32, 2.73)		-5.59	4.14	(-13.89, 2.72)		-0.62	3.81	(-8.20, 6.96)	
Perfectionism	0.11	0.50	(0.02, 0.21)	0.18 *	0.06	0.07	(-0.08, 0.20)	0.10	0.13	0.07	(-0.01, 0.26)	0.20
Social comparison	0.18	0.06	(0.07, 0.29)	0.25 **	0.25	0.08	(0.08, 0.42)	0.34 **	0.06	0.07	(-0.09, 0.21)	0.1
Self-compassion	-0.39	0.09	(-0.57, -0.20)	-0.32 ***	-0.41	0.14	(-0.68, -0.13)	-0.33 **	-0.30	0.12	(-0.54, -0.05)	-0.26 *
Self-blame					1.46	0.72	(0.02, 2.90)	0.21 *				
R <sup>2</sup>	.32***				.56***				.15**			

\*p<.05, \*\*p<.01, \*\*\*p<.001

	SDISS											
	Total				Trainees				Non-trainees			
	B	SE	95%CI	β	B	SE	95%CI	β	B	SE	95%CI	β
(Intercept)	1.64	4.02	(-6.30, 9.59)		2.48	6.78	(-11.12, 16.08)		0.88	5.24	(-9.56, 11.32)	
Perfectionism	0.12	0.07	(-0.03, 0.26)	0.14	-0.03	0.11	(-0.26, 0.20)	-0.04	0.22	0.10	(0.03, 0.41)	0.2 *
Social comparison	0.20	0.08	(0.04, 0.35)	0.20 *	0.34	0.14	(0.06, 0.62)	0.35 *	0.07	0.10	(-0.13, 0.27)	0.1
Self-compassion	-0.53	0.13	(-0.80, -0.27)	-0.32 ***	-0.59	0.23	(-1.05, -0.14)	-0.35 *	-0.47	0.17	(-0.80, -0.13)	-0.29 **
Self-blame					0.46	1.18	(-1.90, 2.82)	0.05				
R <sup>2</sup>	.25***				.36***				.18**			

\*p<.05, \*\*p<.01, \*\*\*p<.001

PHQ-9, patient health questionnaire-9 ; GAD-7, generalized anxiety disorder-7 ; SDISS, sheehan disability scale

and perfectionism. Directing compassion toward oneself instead of being highly critical when one faces hardships in practical training may not only enhance mental health but also reduce the tendency to become overly depressed, compare one's competence with that of others, and strive for perfection.

First-year trainees exhibited elevated depression and anxiety symptoms, likely stemming from transitional stress, workload, and fear of failure. Higher SDISS scores suggest significant social function impairment, possibly driven by time constraints and emotional exhaustion. Increased perfectionism scores reflect heightened self-imposed pressure and fear of mistakes. These findings underscore the mental health vulnerabilities of first-year trainees. Ideally, they should be motivated by the joy of learning and personal growth rather than being overly preoccupied with achieving perfection. Opportunities to casually discuss concerns and learn basic stress management strategies could play a crucial role in helping first-year trainees develop effective

coping mechanisms and alleviate psychological distress.

The inclusion of “comparison with others” as a trigger for self-blame is consistent with the high level of opinion comparison among trainees. Faculty members should follow up and tell trainees that failure is food for growth and that there is no shame in asking questions during training.

Some requests were issues that the trainees needed to overcome themselves, for instance, balancing their master's thesis, job hunting, and training. However, there is room for consideration when it comes to discussing the schedule and SV system.

Overall, the results of this study suggest that not comparing oneself with others, aiming for personal growth rather than perfection, and enhancing one's self-compassion rather than blaming oneself when one makes a mistake can benefit trainees' mental health.

Table 4. Episodes of self-blame during practical training

Large groups	Medium groups	Small groups
Triggers of self-blame	Repentance	Not being proactive
		Not conduct psychological examination properly
		Not communicate with CL well
		Not make assessments well
		Not fully understand guidance
	Pointed out by a supervisor/ a faculty member	Pointed out at a conference
		Not able to answer questions from supervisor
		Training report corrected
		Reprimand from supervisor
	Comparison with others	Saw superior aspects of peer trainees
Different attitudes of supervisor toward peer trainee		
Content of self-blame	Uncertainty/ Anxiety	May have caused a misunderstanding
		May have caused their anxiety
		May have caused trouble
		Is this really the right way?
		What should have been done
		Might be inferior to peer trainees
	Immaturity	Experience
		Knowledge
		Skills
		Coping ability

Table 5. Complaints or suggestions about practical training

Training schedule	Want to discuss the schedule
	Do not want sudden schedule change
	Want to choose training sites
	Want few long-term fixed training sites
	Want various short-term training sites
Busyness	Too many training reports
	Too much training
	Balancing master's thesis, job hunting, and training
On-campus training	Too few cases
	SV system shall be improved
Training supervisor	Want kind and gentle guidance
	Different guidance from different supervisor
	Supervisor looks too busy to supervise
Trainees' position	The trainees' position is not understood
	Do not know what to do

## LIMITATIONS

This study had some limitations. First, data should have been collected before the training period as well for comparison purposes. The trainees may have been conscious of other's opinions even before the training period. Second, data should also have been collected before and after the COVID-19 pandemic, as the mental health of students may have been affected by the pandemic. Future studies should obtain longitudinal data on the mental health and related factors of trainees.

## DISCLOSURE STATEMENT

The authors report there are no competing interests to declare.

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