

# Does Self-Compassion Intervention Reduce Psychological Distress?

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## Abstract

The purpose of the present study was to investigate the effectiveness of the intervention based on self-compassion on reducing the psychological distress of students who are victims of bullying. This research was a quasi-experimental study with pre-test/post-test and had control and experimental groups. From the statistical population of male high school students, 40 students who were victims of bullying were identified and randomly divided into two experimental and control groups. The experimental group received 8 sessions of Neff (2019) self-compassion intervention. After completing the intervention program, post-test scores were obtained from both groups and analyzed using multivariate covariance analysis. The results showed that the intervention program is effective in reducing the stress, anxiety and depression of students who are victims of bullying. It is suggested to use interventions based on self-compassion for injured people.

**Keywords:** Self-Pity, Psychological Distress, Stress, Anxiety, Depression

**Abbreviations:** PD: Psychological Distress; DASS: Stress-Anxiety-Depression Scale; BVS: Bullying Victimization Scale.

## Introduction

Bullying is the most common type of violence in the social context, which occurs intentionally and frequently, through physical, verbal and relational forms in situations where there is a power difference [1]. Studies have proven that victimization of bullying is a high-prevalence school mental health concern worldwide [2], which can have short-term and long-term detrimental effects on students' health and well-being, as well as on their general functioning [3], and specifically causes anxiety, depression, suicidal thoughts [4], and reduced school psychological adjustment, feelings of insecurity and poor academic performance [5], and external

problems, such as substance abuse, violent and anti-social behaviors, and risky sexual behaviors [6].

Adolescents who are often victims of bullies are more likely to experience psychological and/or emotional distress [7]. Psychological distress (PD) is defined as suffering that manifests as symptoms of depression and anxiety, from mild to severe, when stress overcomes personal coping resources [8]. Some authors argue that stress should be considered as the third dimension of this situation [9]. Despite the well-known composite symptoms, due to the lack of official recognition of psychological distress as a mental health issue, efforts to create a standardized measure of psychological distress, identifying its factors and symptoms have multiplied over the years [10], so that it can be Understanding the potential contextual and effective processes that may have

a stronger or weaker effect on psychological distress, to develop appropriate and effective intervention programs [11].

Self-compassion is a self-relevant emotional self-regulation strategy and a potential protective factor that can reduce the negative effects of psychological distress [12]. The construct of self-compassion is conceptualized as a bipolar continuum from uncompassionate self-response (self-judgment, isolation, and over-identification) to compassionate self-response (kindness, shared humanity, and mindfulness) in moments of distress [13]. In a wide range of populations, it has been shown that self-compassion has a positive relationship with psychological well-being and has a negative relationship with depression and anxiety symptoms [14], which as an effective strategy can neutralize the negative effects of psychological distress [15].

Considering the harmful effects of being a victim of bullying at school on the psychological distress of adolescents, and the positive effect of self-compassion as a protective factor both in empowering victims to deal with negative experiences and in reducing the consequences of bullying behaviors [16], the need to pay attention to interventions based on Compassion is felt. However, studies focusing on the moderating role of the relationship between bullying victimization and psychological distress in non-Western cultures are limited [11]. Therefore, the present study tries to investigate the effectiveness of the intervention based on self-compassion on reducing psychological distress in Iranian adolescents.

## Methodology

### Study Design

The present research is practical in terms of its purpose and in terms of method, it is quasi-experimental in which a pre-test-post-test design with a control group is used.

### Sampling

To select the research sample, from the statistical population of all male high school students in Tabriz city in 2023, first, 40 students were screened using the bullying victim scale and randomly divided into two groups of 20 people, the experimental and the control group. After obtaining the consent of the participants, the members of the experimental group received one session of the self-compassion training program per week for 8 sessions of 60 minutes. All the subjects completed all the research tools in two times, pre-test and post-test. The data was analyzed using multivariate

analysis of covariance in SPSS24.

### Bullying Victimization Scale (BVS)

This questionnaire contains 26 items based on the bully/victim scale of Olweus (1996) and measures adolescent victimization in three subscales: physical, verbal and emotional in a 6-point Likert scale. The correlation coefficients of the whole scale with the emotional subscale ranged from a minimum of 0.87 to a maximum of 0.93, for the verbal subscale from a minimum of 0.75 to a maximum of 0.90, and for the physical subscale from 0.74 to 0.89. which shows a satisfactory and significant correlation between the victimization subscales and the total score. To measure the validity of the scale, the retest method has been used and the test has been performed twice with a time interval of 4 weeks and then the correlation coefficients between the two times have been calculated. The obtained coefficients for the whole test are 0.98, and for the emotional, verbal and physical domains are 0.98, 0.99 and 0.98, respectively [17].

### Stress-Anxiety-Depression Scale (DASS)

This scale is a self-assessment tool that includes 21 questions and three equal parts about each of the investigated indicators. Each question is graded on a four-point Likert scale (between zero and three). and each component is measured with 7 questions. Lovibond & Lovibond (1995) in a study of a normal sample calculated high internal consistency for depression, anxiety and stress scales of 0.89 and 0.89, respectively [18]. Also, in order to check the criterion validity of the depression-anxiety-stress scale, the simultaneous implementation of Beck depression, Zung anxiety and perceived stress questionnaires was used, and all correlations are significant at the 0.001 level [19].

### Intervention Based on Self-compassion

One self-compassion program that has received significant research attention is the Compassion-Based Intervention developed by Germer and Neff (2019). This is an 8-week program designed to foster self-compassion through meditation, forgiveness, emotional acceptance, mindfulness, group discussions, and experiential exercises [20].

### Findings

The participants in the research included 40 male high school students with an average age of 15( $\pm$ 1.4) years and from middle and low socioeconomic level (Table 1).

variables	group	pre-test		pos-test	
		M	SD	M	SD
Stress	Experimental	15.75	1.58	12.65	1.37
	Control	16.25	1.83	16	2.04
Anxiety	Experimental	13.15	2.26	11.05	1.08
	Control	12.87	1.7	13.29	1.86
Depression	Experimental	14.3	1.57	11.55	1.99
	Control	14.5	1.96	14.2	1.82

**Table 1:** Descriptive statistics of students' stress, anxiety and depression.

The results of Table 1 show that the average post-test scores of stress, anxiety and depression in the subjects of the experimental group decreased and were lower than the average scores of their pre-test, but the difference between the average scores of the post-test and the pre-test of stress, anxiety and depression in the subjects of the group Control is negligible. The results of the presumption of normality of the distribution of the dependent variable were checked using the Shapiro-Wilk test, and the z values calculated for stress

( $z=0.62$ ,  $P=0.35$ ), anxiety ( $z=0.85$ ,  $P=0.46$ ) and depression ( $z=0.93$ ,  $P=0.59$ ) in two groups was not significant at the  $P<0.01$  level and the assumption of normality was not rejected. The assumption of homogeneity of variance was checked and confirmed according to Levin's test ( $P=0.17$ ). The results of the M box test to check the assumption of equality of variance-covariance for the dependent variables were not statistically significant ( $P>0.01$ ). The results of multivariate covariance analysis are shown in Table 2.

variables	Source	Sum of squares	df	Mean squares	F	Sig	Partial eta squared	Observed power
Stress	Group	48.94	1	48.94	7.39	0.001	0.47	1
	Error	7.21	36	5.23		0.001		
	Total	67.24	40			0.001		
Anxiety	Group	88.36	1	88.36	5.71	0.01	0.35	0.89
	Error	8.29	36	7.47		0.01		
	Total	102.41	40			0.01		
Depression	Group	89.31	1	89.31	6.58	0.001	0.41	0.95
	Error	9.08	36	7.26		0.001		
	Total	105.58	40			0.001		

**Table 2:** Covariance analysis of the effects of self-compassion intervention on psychological distress.

Table 2 shows that the self-compassion training program is effective on the components of psychological distress. Because the calculated F for the psychological suffering component of stress ( $F=7.39$ ,  $\eta^2=0.47$ ), anxiety ( $F=5.71$ ,  $\eta^2=0.35$ ) and depression ( $F=6.58$ ,  $\eta^2=0.41$ ) is significant at  $P<0.05$  level. Therefore, it can be said that the self-compassion training program has a negative effect on the mentioned components and can explain the stress component by 47%, anxiety by 35%, and depression by 41%.

## Discussion

This research was conducted with the aim of investigating the effectiveness of compassion-based intervention on the

psychological distress of teenagers who are victims of bullying. The results of multivariate analysis of covariance showed Self-compassion training is effective in improving stress, anxiety and depression, and there is a significant difference between the two groups of students in the control and experimental groups as a result of self-compassion training. In explaining this finding, it can be said that compassion helps us to be kind to ourselves when we feel suffering, as a result, it arouses the desire to protect ourselves. This feeling is warm and caring instead of cold and judgmental, it wants to help instead of harm. In order to experience compassion, we must be willing to turn to suffering, however uncomfortable it may be. This requires attention so that we can be with the discomfort instead of avoiding or resisting it [20]. Accepting discomfort

removes us from the defensive state, so we feel less pressure and suffering. In other words, self-compassion represents a dynamic system in which the elements of self-compassion work together to reduce suffering and psychological distress [21]. Meta-analyses and review studies conducted in adult and adolescent populations show moderate to large effect sizes indicating an inverse relationship between self-compassion and negative mental states such as depression, anxiety, stress, and suicidal thoughts [22,23]. Therefore, levels of self-compassion are associated with less depression, anxiety, and negative affect. In line with these studies, the findings of this study also showed that self-compassion training can reduce the level of stress, anxiety and depression in students who are victims of bullying.

## Conclusion

The findings of this study showed that intervention based on self-compassion can be effective in reducing the consequences of bullying behaviors on victims and reduce the level of stress, anxiety and depression of bullying victims. So it can be said that self-compassion is a promising intervention against negative experiences that helps to improve the mental health of affected people.

## Limitations

The present study had several limitations. First, due to the nature of the self-report questionnaire, there was a possibility of response bias in the participants for acceptability. Future researches should try to use tools other than self-report tools such as clinical interviews to investigate psychological distress. Second, the use of accessible sampling limits the possibility of generalizing the results. It is suggested that other researches with the same program be conducted in other regions of the country and with a larger number of students.

## Ethical Standards

The current research, in compliance with ethical standards, includes; Obtaining permission from the Department of Education, good behavior, confidentiality of information, non-distortion of data, voluntary entry and exit of participants from the research have been implemented.

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