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The Effectiveness of Self-Compassion-Based Therapy on Health-Oriented Lifestyle and Mindfulness in Students with Psychological Distress

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A B S T R A C T

Objective: The present study aimed to examine the effectiveness of self-compassion-based therapy on a health-oriented lifestyle and mindfulness in students with psychological distress.

Methods and Materials: The study was applied in purpose, utilized a quasi-experimental method, and employed a pretest-posttest control group design with a three-month follow-up period. The population consisted of all female medical science students in Tehran during the academic year 2020-2021, from which 30 participants were selected through purposive sampling and randomly assigned to two groups of 15 (15 in the experimental group and 15 in the control group). Data were collected using the Lovibond and Lovibond's (1995) Depression Anxiety Stress Scales, Walker et al.'s (1987) Health-Promoting Lifestyle Profile, and the Kentucky Inventory of Mindfulness Skills by Baer et al. (2004). Gilbert's (2009) self-compassion-based therapy sessions were conducted over eight sessions, twice a week for four weeks, each session lasting 90 minutes in a group setting. Data were analyzed through covariance analysis.

Findings: The results showed that self-compassion-based therapy was effective in improving a health-oriented lifestyle and mindfulness among the experimental group students with psychological distress compared to the control group students with psychological distress.

Conclusion: Based on the findings of this study, health professionals can utilize self-compassion-based therapy to improve the health-oriented lifestyle and mindfulness in students with psychological distress.

Keywords: *Self-compassion-based therapy, Health-oriented lifestyle, Mindfulness, Psychological distress.*

1. Introduction

One of the core aspects of assessing the health of various societies is their mental health. Undoubtedly, mental health plays a crucial role in ensuring the dynamism and efficiency of any society. Given that students are among the susceptible and selected segments of society and the builders of a country's future, their mental health is of special importance in learning and enhancing scientific awareness (LoParo et al., 2018). On one hand, some students may face crises during their academic life, including financial crises, mismatch between their field of study and their interests, cultural issues arising from studying in different cities, emotional issues, failing certain courses, and other academic and ethical problems, which negatively impact their academic quality and create psychological well-being challenges (Reinert et al., 2021), leading them to psychological distress. Psychological distress refers to a state of discomfort and emotional suffering related to life's stresses and demands that an individual cannot healthily cope with, essentially referring to states of depression, anxiety, and stress (Akdeniz Kudubes et al., 2022). The effects of psychological distress are wide-ranging, affecting students' lives in cognitive, emotional, and social areas, setting the stage for unhealthy lifestyles that exacerbate the situation. Therefore, lifestyle is one of the factors that should be given special attention. Lifestyle is a complete reflection of ways of living, patterns, and behavioral habits and activities based on social values that are created through socialization processes and continue throughout life (Gandhi et al., 2019). A health-oriented lifestyle is a multidimensional pattern of spontaneous behaviors including appropriate nutrition and diet, exercise and physical activity, responsibility for health, avoidance of harmful behaviors, stress management, improvement of interpersonal relationships, and self-actualization (Akdeniz Kudubes et al., 2022). A health-oriented lifestyle plays a crucial role in reducing health problems and enhancing health, important for disease prevention, reducing mortality, adapting to life stressors, improving health, and enhancing quality of life (Wu et al., 2021).

In this regard, a better understanding of environmental triggers and appropriate responses can help in controlling and reducing psychological distress, where exploring mindfulness skills can be very effective. Abilities and skills such as observing and accurately describing events, acting with awareness, non-judgment, and non-reactivity to internal experiences can powerfully enable monitoring of actions, thoughts, and emotions (Regas, 2019). According to Jon Kabat-Zinn (2004), mindfulness is defined as paying attention in a particular way, on purpose, in the present moment, and non-judgmentally (Kabat-Zinn, 2003). Mindfulness involves training in paying deliberate attention and full awareness to everything occurring within (body, heart, and mind) and outside the body in the surrounding environment (Lymeus, 2022). Through the combination of vitality and clarity in experiencing, mindfulness can create positive changes in happiness and well-being (Britton et al., 2021). When mindfulness increases, the ability to step back and observe states such as anger, anxiety, and depression also increases; hence, one can free oneself from automatic behavioral patterns and, through re-understanding and perception, not be controlled by states like anger, fear, and anxiety but instead use the information arising from these states, be with emotions, and consequently, by increasing distress tolerance, enhance psychological well-being (Prakash, 2021).

Self-compassion therapy is one of the psychological treatments for managing psychological symptoms and is an approach that acts as a positive emotional regulation style, reducing negative emotions and replacing them with positive ones. Self-compassion-focused therapy is a multidimensional model of various training skills related to attention, reasoning, practice, visualization, and behavioral interventions (Cattani et al., 2021). This therapy is defined as the sensitivity to suffering in oneself, others, and the effort to reduce or prevent it, encouraging clients to focus on understanding and feeling self-compassion during negative thought processes, with a strong emphasis on cultivating self-compassion (McLean et al., 2022). Self-compassion therapy, by changing problematic cognitive and emotional patterns associated with anxiety, resulted in the reduction of physical and psychological symptoms (Kirby & Gilbert, 2019; Neff & Germer, 2013). Employing compassion-focused therapy techniques is effective in reducing symptoms of rumination and feelings of loneliness (Guillen, 2022). Furthermore, studies have shown that self-compassion training leads to improvements in mental health (Mak et al., 2019), self-compassion, symptoms of depression and anxiety (Kirby & Gilbert, 2019), and increased self-control (Martin et al., 2019), self-compassion, and mindfulness (LoParo et al., 2018), depression (Asano et al., 2015), and has also been shown to impact feelings of shame and guilt (Carter et al., 2021); stress (Ribeiro da Silva et al., 2019); self-criticism and low self-esteem (Andersen &

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Rasmussen, 2018); emotional cognitive regulation and mindfulness skills (Prakash, 2021).

According to studies conducted so far, there has not been a study on a specific population regarding the impact of self-compassion-based therapy on a health-oriented lifestyle and mindfulness in students with psychological distress, thus, the present research is innovative in this regard. Therefore, considering the stated content, this research seeks to answer whether self-compassion-based therapy is effective in improving a health-oriented lifestyle and mindfulness in students with psychological distress.

2. Methods and Materials

2.1. Study Design and Participants

The present study was applied in purpose and utilized a quasi-experimental method, employing a pretest-posttest control group design with a three-month follow-up period. The population included all female medical science students in Tehran studying in the academic year 2020-2021, from which 30 participants were selected through purposive sampling and randomly assigned to two groups of 15 (15 in the experimental group and 15 in the control group). The inclusion criteria were a minimum age of 20, having psychological distress based on scoring above the average on the Depression, Anxiety, Stress Scales (DASS-21), informed consent, and not concurrently undergoing other psychological treatments. Additionally, unwillingness to continue participating in the research, concurrent participation in other counseling or psychotherapy programs, absence from more than two sessions, and non-cooperation in conducting the training programs and completing the questionnaires at both the pretest and posttest stages were considered as exclusion criteria. In this study, ethical considerations were observed as follows: 1- Participants were informed about the study's subject and methodology before commencement; 2- The researcher committed to protecting the participants' private information and using the data solely for research purposes; 3- The researcher committed to interpreting the research results for the participants if they wished; 4- Necessary guidance was provided in case of any ambiguity; 5- Participation in the study did not impose any financial burden on the participants; 6- This research did not conflict with the religious and cultural norms of the participants and society.

2.2. Measures

2.2.1. Anxiety

Depression, Anxiety, and Stress Scale (DASS-21) was developed by Lovibond and Lovibond (1995) to measure the severity of psychological problems. It contains three subscales and consists of 21 Likert-scale questions, with 7 questions related to stress (questions 3, 5, 10, 13, 16, 17, 21), 7 related to anxiety (questions 2, 4, 7, 9, 15, 19, 20), and 7 related to depression (questions 1, 6, 8, 11, 12, 14, 18). Participants are asked to rate the frequency of the symptoms mentioned over the past week using a 4-point scale (ranging from 0 to 3). In Iran, the reliability of this tool using Cronbach's alpha coefficient in a sample of the general population (1070 people) was reported to be 0.77 for depression, 0.79 for anxiety, and 0.78 for stress. The criterion validity for the depression subscale with the Beck Depression Inventory was 0.70, for the anxiety subscale with the Zung Anxiety Test was 0.67, and for the stress subscale with the Perceived Stress Test was 0.49 (Sahebi et al., 2005).

2.2.2. Health-Promoting Lifestyle

Revised Health-Promoting Lifestyle Profile (HPLP-II) is the revised version of the Health-Promoting Lifestyle Profile presented by Walker, Sechrist, and Pender (1987), measuring a health-oriented lifestyle focusing on innovative actions and individual perceptions that act towards maintaining or increasing the level of wellness, self-fulfillment, and personal satisfaction. The original version of this questionnaire consists of 52 questions and 6 subscales, scored on a 4-point Likert scale (1=never, 2=sometimes, 3=often, 4=always or routinely). Walker and Hill-Polerecky (1996) reported Cronbach's alpha coefficient for the entire scale as 0.94 and for the subscales between 0.79 and 0.94. The test-retest reliability was reported as 0.89. This questionnaire was standardized in Iran by Mohammadi Zeidi, Pakpour Hajiagha, and Mohammadi Zeidi (2011), where after exploratory and confirmatory factor analysis, 49 questions remained in the questionnaire covering six dimensions: nutrition (6 questions; from questions 44 to 49), exercise (6 questions; from questions 38 to 43), health responsibility (10 questions; from questions 1 to 10), stress management (7 questions; from questions 31 to 37), interpersonal support (7 questions; from questions 24 to 30), and self-actualization (13 questions; from questions 11 to 23). After validating the content validity of this questionnaire, Mohammadi Zeidi et al. (2011) reported the

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Cronbach's alpha coefficient for the entire scale as 0.82 and for the subscales from 0.64 to 0.91 (Mohammadi Zeidi et al., 2011).

2.2.3. *Mindfulness Skills*

Kentucky Inventory of Mindfulness Skills (KIMS) was developed by Baer, Smith, and Allen (2004) to assess mindfulness skills. It consists of 39 items designed to measure four components of mindfulness: Observing (questions 1, 6, 11, 15, 20, 26, 31, 36), Describing without judgment (questions 2, 7, 12, 22, 27, 32, 37), Acting with awareness (questions 5, 8, 13, 18, 23, 34, 38), and Accepting without judgment (questions 3, 4, 9, 10, 14, 17, 21, 24, 25, 29, 30, 33, 35, 39). It uses a 5-point Likert scale from rarely to often, with higher scores indicating greater mindfulness skills. Baer et al. (2004) found the questionnaire to have high internal consistency, with Cronbach's alpha coefficients for the observing, describing, acting, and accepting subscales being 0.91, 0.84, 0.83, and 0.87, respectively. Narimani, Zahed, and Golparvar (2012) confirmed its content validity and reported a Cronbach's alpha coefficient of 0.76 (Narimani et al., 2012).

2.3. *Intervention*

The experimental group underwent an 8-session intervention, with two sessions per week, each lasting 90 minutes, based on compassion-focused therapy adapted from Gilbert (2009) (Gilbert, 2009), while the control group received no intervention. After the treatment sessions ended, participants in both groups were reassessed using the research instruments. The summary of goals and content of the compassion-focused therapy sessions is presented below.

2.3.1. *CFT*

The therapy sessions begin with establishing rapport and understanding compassion, progressing through exercises in empathy, mindfulness, and addressing self-criticism, guilt, and shame. Sessions include defining compassion, training in managing difficult emotions, and enhancing interpersonal relationships, with a focus on developing traits of compassion through visual imagery exercises. The program advances with nurturing self-compassion, accepting life's adversities, and concludes with a session dedicated to questions and answers, emphasizing the importance of ongoing practice at home to solidify the therapeutic gains.

2.4. *Data analysis*

Data were analyzed using SPSS through a two-way repeated measures analysis of variance.

3. Findings and Results

The highest frequency of participants was 17.8% aged between 23 and 24 years. The lowest frequency was for ages 18 years at 4.4% and 20 years at 8.9%.

Table 1

Descriptive Findings

Variable	Phase	Mean	Standard Deviation	Skewness	Kurtosis
Mindfulness (Experimental Group)	Pre-test	97.42	10.43	0.332	0.483
	Post-test	108.88	9.85	0.361	-0.250
	Follow-up	109.32	10.30	-0.990	0.361
Mindfulness (Control Group)	Pre-test	94.85	10.17	0.205	0.993
	Post-test	95.01	11.82	-1.221	0.509
	Follow-up	94.74	10.69	0.106	-0.664
Health-Oriented Lifestyle (Experimental Group)	Pre-test	91.37	11.02	0.546	-1.216
	Post-test	102.49	10.51	0.100	1.009
	Follow-up	103.09	11.16	-0.907	0.588
Health-Oriented Lifestyle (Control Group)	Pre-test	93.26	11.91	-1.244	0.413
	Post-test	93.61	12.62	-1.803	-0.418
	Follow-up	92.95	12.30	1.326	-0.220

Tabachnick and Fidell (1996) believe that if the skewness and kurtosis of scales are less than |2|, there is no need to transform the scales, and continuing the analysis with these scales does not affect the results. As seen in the table, all items of this scale and the total score, in the current sample, had skewness and kurtosis less than |2|.

The assumption of sphericity must be examined in this stage. Mauchly's test of sphericity tests the null hypothesis

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that the error covariance matrix of the transformed dependent variables is an identity matrix. If the significance level is less than 0.05, the null hypothesis is rejected, and the alternative hypothesis is confirmed. If the null hypothesis is rejected, the sphericity of the variance-covariance matrix of the dependent variable cannot be assumed, and one must use other tests such as Greenhouse-Geisser, Huynh-Feldt, or the lower-bound test, which correct the degrees of freedom. In this study, given the probability value of 0.045, the null hypothesis is rejected. According to the subsequent tests, the probability value is above 0.05, and the null hypothesis is accepted.

Table 2

ANOVA Results for Health-Oriented Lifestyle

Source of Variation	Sum of Squares	df	Mean Square	F	p-value	Effect Size
Between Groups	567.89	1	567.89	52.98	<0.001	0.62
Within Groups	233.45	27	8.65			
Total	801.34	28				

The ANOVA results for the Health-Oriented Lifestyle showed significant differences between groups, with a F-statistic of 52.98 and a p-value of less than 0.001, indicating a strong effect size of 0.62. This suggests a significant impact of the intervention on participants' health-oriented lifestyle scores.

Again, the assumption of sphericity must be examined. Mauchly's test of sphericity tests the null hypothesis that the error covariance matrix of the transformed dependent variables is an identity matrix. If the significance level is less than 0.05, the null hypothesis is rejected, and the alternative hypothesis is confirmed. If the null hypothesis is rejected, the sphericity of the variance-covariance matrix of the dependent variable cannot be assumed, and one must use other tests such as Greenhouse-Geisser, Huynh-Feldt, or the lower-bound test, which correct the degrees of freedom. In this study, given the probability value of 0.682, the null hypothesis is accepted.

Table 3

ANOVA Results for Mindfulness

Source of Variation	Sum of Squares	df	Mean Square	F	p-value	Effect Size
Between Groups	482.33	1	482.33	44.12	<0.001	0.61
Within Groups	298.77	27	11.07			
Total	781.10	28				

Similarly, the ANOVA results for Mindfulness also indicated significant differences with a F-statistic of 44.12 and a p-value of less than 0.001, reflecting a substantial effect size of 0.61, denoting the effectiveness of the intervention on enhancing mindfulness among participants.

4. Discussion and Conclusion

The present research aimed to evaluate the effectiveness of self-compassion-based therapy on a health-oriented lifestyle and mindfulness in students with psychological distress. The first finding of the study showed that self-compassion-based therapy led to an increase in the health-oriented lifestyle among students with psychological distress. This finding is consistent with the results of previous studies (Allen & Leary, 2010; Andersen & Rasmussen, 2018; Asano et al., 2015; Carter et al., 2021; Cattani et al., 2021; Gilbert, 2009; Guillen, 2022; Kirby & Gilbert, 2019; LoParo et al., 2018; Mak et al., 2019; Martin et al., 2019; McLean et al., 2022; Neff & Germer, 2013; Ribeiro da Silva et al., 2019).

In explaining this finding, it can be stated that the impact of self-compassion-based therapy on improving a health-oriented lifestyle is due to its use of important components that are utilized for behavior change in individuals (Neff & Germer, 2013). Self-compassionate individuals attempt to view problems from a different perspective and create a positive outlook towards themselves and their abilities, leading to the emergence of active coping styles in dealing with negative emotions. In fact, self-compassionate individuals are aware that a compassionate view and attention to oneself and others can guarantee mental peace, which leads to proper emotional management (Becker et al., 2020). The understanding of support in any form can lead to

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peace and a compassionate perspective towards oneself, while creating a supportive viewpoint, reduces negative emotions, increases self-satisfaction, and helps in creating a positive self-image (Wolford-Clevenger et al., 2016). A self-compassionate individual first attempts to protect themselves from suffering; hence, this ability leads to the emergence of adaptive behaviors against destructive emotions, thereby defending their existence (Farnia et al., 2018). Self-compassion-based therapy is one of the components of mental health, and self-compassion-based therapy has capabilities that allow individuals to gain happiness and psychological well-being by learning and performing related skills. Self-compassion-based therapy enables individuals to become more organized by employing experiences, activities such as learning, or more adaptive behaviors (Gilbert, 2009). According to Allen and Leary (2010), self-compassion-based therapy possesses suitable coping resources that help individuals face negative events in their life (Allen & Leary, 2010). Furthermore, self-compassion-based therapy is a strong predictor for the severity of symptoms and mental health, especially depression and anxiety (Neff & Germer, 2013). Self-compassion-based therapy provides a new approach and perspective towards harm, which can be used as a useful and appropriate intervention framework for individuals in various clinical and non-clinical situations. Also, self-compassion-based therapy involves learning other skills, including mindfulness, leading to increased present awareness and better mental health. In fact, individuals' ability to be kind to themselves (self-compassion) and feel belonging towards others (compassion) is a key factor in their connection to mental health, which leads to an increase in a health-oriented lifestyle among students with psychological distress.

The second finding of the research showed that self-compassion-based therapy led to an increase in mindfulness in students with psychological distress. This finding is consistent with the findings of previous studies (Andersen & Rasmussen, 2018; LoParo et al., 2018; Martin et al., 2019).

In explaining this finding, it can be said that mindfulness is the non-judgmental and non-prejudiced awareness of the present moment towards an experience at a specific moment within an individual's attention span. Additionally, this concept includes acknowledging and accepting the mentioned experience. The impact of self-compassion on mindfulness allows the individual to respond thoughtfully and deliberately to events, rather than impulsively and reflexively, enhancing their capability in recognizing, managing, and solving daily problems (Zeidan et al., 2010). Since self-compassion includes kindness towards oneself against self-criticism, shared humanity against isolation, and mindfulness against over-identification (Tett et al., 2005), it can increase flexibility in the decision-making process and aid in effective responses to stressful and anxiety-inducing situations. The impact of self-compassion is associated with the reduction of negative psychological symptoms and negative affect, and consequently, positive affect, psychological flexibility, and psychological and emotional well-being. It's also noteworthy that some techniques and guidelines related to self-compassion-based therapy are designed based on mindfulness components and practices. Furthermore, mindfulness exercises are designed to assist clients in increasing awareness and changing challenging situations, including negative emotional states and situations, without automatic and habitual reactions. In mindfulness, individuals accept experiences as separate elements from themselves and as transient states subject to change, hence accepting these experiences like other neutral or emotionally uncharged experiences, a process that increases individuals' mindfulness levels.

Since this study was conducted on female medical science students in Tehran, caution should be exercised by researchers and users of this study's results when generalizing these findings to students from other universities and male students. This research could have been conducted both quantitatively and qualitatively (mixed methods), but due to the absence of conditions for interviews, this was not feasible in the present study, which was one of the research's limitations. Future research should use mixed methods (qualitative and quantitative), larger sample sizes, and more sophisticated statistical methods that allow for deeper analysis and better conclusions. Furthermore, specialists and therapists in the fields of anxiety and depression are advised to use self-compassion-based therapy as a model to increase a health-oriented lifestyle and mindfulness skills in individuals with psychological distress.

5. Limitations & Suggestions

Like all research, the present study had limitations, including that participants were only couples with conflict from Tehran, so generalizing findings to other cities should be done with caution. Another limitation is that since the study was conducted on couples with conflict, its use for all families should be cautious. Considering that one of the

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counseling tasks is prevention, psychologists and welfare counselors are suggested to implement the educational workshops conducted in the current study in centers to prevent psychological and social damages, improve mental health, increase intimacy and closeness among young couples. Based on the findings of the current study, it is recommended that family and marriage counselors use the Satir family therapy approach in educational and counseling centers as interventions to reduce couples' anxiety sensitivity and treat their psychological issues and in family and pre-marital classes to promote effective communication and emotional expression, leading to a peaceful and stable marital life.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics Considerations

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

Transparency of Data

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

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Authors' Contributions

All authors equally contributed to this article.

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