


The Effectiveness of Mindfulness-Based Cognitive Therapy on Self-Blame and Cognitive Avoidance in Adolescents with Subclinical Depression

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ABSTRACT

Objective: The aim of the present study was to examine the effectiveness of mindfulness-based cognitive therapy on self-blame and cognitive avoidance in adolescents with subclinical depression.

Methods and Materials: This research utilized a quasi-experimental method with a pretest-posttest design and a control group. The statistical population of the present study consisted of all 16-17-year-old adolescents studying in public schools in District 2 of Sari during the 2023-2024 academic year. From 35 high schools in District 2 of Sari, two public schools, Sharif al-Olama and Al-Zahra, were randomly selected. A sample of 30 adolescents was selected using purposive sampling and assigned to experimental and control groups (15 participants each). Data were collected using the Beck Depression Inventory, Second Edition (Beck et al., 1961), the Self-Blame Scale (Thomson & Zuroff, 2004), and the Cognitive Avoidance Questionnaire (Sexton & Dugas, 2004). The mindfulness-based cognitive therapy program was conducted in eight 90-minute sessions for the experimental group, while the control group received no treatment. Data were analyzed using covariance analysis.

Findings: The findings indicated a significant difference in the posttest mean scores of the experimental group compared to the control group after controlling for pretest differences in self-blame and cognitive avoidance ($P < 0.001$).

Conclusion: Based on the findings, it is concluded that mindfulness-based cognitive therapy is effective in reducing self-blame and cognitive avoidance in adolescents with subclinical depression and that this intervention is applicable for adolescents with subclinical depression.

Keywords: *mindfulness-based cognitive therapy, cognitive avoidance, self-blame, depression, adolescents.*

1. Introduction

Each year, many students in schools across the country, despite having good abilities and talents for continuing their education, experience academic decline due to several factors, including depression and rumination (Rostami, 2021). Studies indicate that approximately 25% of adolescents experience at least one episode of depression by the age of 18. Depression during this period can have numerous negative consequences, ranging from physical problems like cardiovascular diseases (Olyae et al., 2022; Shima et al., 2014) to cognitive issues such as poor performance in attention, memory, and executive functioning (Amirtahmaseb et al., 2018; Changizi et al., 2021). Other research indicates that about 26% of individuals who experience depression during their lifetime first encounter this disorder between the ages of 12 to 17 (McDonnell et al., 2024; McKay et al., 2021; Wang et al., 2024). Since mental health problems and personality and behavioral patterns in adulthood are challenging to change, timely actions for diagnosing mental health issues in children and adolescents are a primary concern (Brunstein Klomek et al., 2019; Daly, 2022; Fuchs et al., 2021).

When an individual suffers from depression, they may hear a self-critical voice in their mind (Peyambari et al., 2021). This inner voice is a form of negative repetitive thinking known as rumination, aimed at devaluing oneself. Research indicates that adolescents, as one of the vulnerable groups, are at risk for various psychiatric disorders, have lower mental health, and exhibit self-blame (Sajadi et al., 2023). Self-blame is considered a vulnerability factor for depression and is positively related to many psychopathological symptoms (Pfeffer et al., 2024; Ullman et al., 2007). This factor hinders adaptive problem-solving, leads to increased negative thoughts, and prolongs and intensifies depressive episodes (Sahranavard & Moghni Zadeh, 2023). Additionally, cognitive avoidance is another influential variable in the emergence of psychological disorders, especially in depressed individuals. This includes suppressing unpleasant thoughts or memories by distancing them from the mind, distraction, avoidance of threatening stimuli, and transforming images into thoughts, all aimed at diverting attention from the distressing topic (Sajadi et al., 2023).

Types of cognitive avoidance strategies include thought suppression, thought substitution, distraction, avoidance of threatening stimuli, and transforming images into thoughts. Research has shown that excessive efforts to suppress

thoughts result in a paradoxical effect; the more individuals try to suppress thoughts, the more a vicious cycle forms, leading to an increase in the number and intensity of distressing thoughts, setting the stage for rumination and depression (Shima et al., 2014).

Among the significant problems adolescents experience during their teenage years, depression has garnered considerable attention from researchers. Among various therapeutic approaches, the effectiveness of mindfulness-based interventions for depression has been confirmed (Asvadi Ghoshe Gonbadi et al., 2023). Therefore, one of the approaches that plays a crucial role in enhancing individuals' psychological capabilities is mindfulness-based teachings and interventions. Mindfulness involves an open, non-judgmental awareness of what is happening now. Mindful individuals perceive internal and external realities freely and without distortion, and possess a high ability to deal with a wide range of thoughts, emotions, and experiences, whether pleasant or unpleasant. This approach teaches individuals to accept the existence of negative thoughts and feelings rather than trying to forcibly control or suppress them (Aghaei et al., 2023; Asvadi Ghoshe Gonbadi et al., 2023). Evidence suggests that mindfulness, by allocating attention in a specific, deliberate, moment-to-moment, and non-judgmental manner, can regulate cognitive processes, help with psychological flexibility, and is directly related to better emotional regulation (Shahini et al., 2023). Therefore, given this context and based on the reviewed literature and the need to address adolescent issues and enhance their psychological well-being, the present study aims to answer the question of whether mindfulness-based cognitive therapy is effective on self-blame and cognitive avoidance in adolescents with subclinical depression.

2. Methods and Materials

2.1. Study Design and Participants

This research is a quasi-experimental study with a pretest-posttest design and a control group. The statistical population of this study includes 16-17-year-old female adolescents with subclinical depression studying in public schools in Sari. A total of 30 female adolescents aged 16-17 years with subclinical depression, studying at the public high school Sharif al-Olama in Sari, were selected. This school was randomly chosen by lottery. The sampling method in this study is purposive non-random sampling. Among the 16-17-year-old female students in public high schools in Sari, one school was selected by lottery. Among the 11th-

grade classes, which fell within the studied age range, three classes were randomly chosen, and the Beck Depression Inventory, Second Edition, was distributed among them. From these, 30 individuals who met the inclusion criteria and were willing to cooperate were selected and randomly assigned to experimental and control groups. The sample size was determined using G*Power software. The selected individuals were randomly assigned (based on a lottery) to one of two groups: experimental (15 participants) and control (15 participants).

Inclusion criteria for the study were: age between 16-17 years, female gender, a score between 14-20 on the Beck Depression Inventory (BDI II), no serious psychiatric illness like psychosis, not undergoing psychological treatment or interventions during the study, and signing an informed consent form to participate. Exclusion criteria were: unwillingness to attend sessions, absence from more than two treatment sessions, and use of psychiatric medication in the past five months.

The target population of this study included 16-17-year-old female students in public schools in District 2 of Sari. To reach these individuals, one school was randomly selected by lottery. From among the 11th-grade classes within the studied age range, three classes were randomly chosen, and the Beck Depression Inventory, Second Edition, was distributed. From these, 30 students who met the inclusion criteria and were willing to cooperate were selected and randomly assigned to experimental and control groups. All three questionnaires were administered to both groups. The control group received no intervention, while the experimental group underwent eight sessions of mindfulness-based cognitive therapy. Posttests were administered to both groups afterward.

2.2. Measures

2.2.1. Depression

This inventory is one of the most commonly used scales for measuring depression, published by Beck and colleagues in 1961. It consists of 21 items related to various symptoms of depression, rated on a four-point scale from zero to three. The minimum score is zero, and the maximum is 63, obtained by summing individual item scores. Scores may be used to indicate overall depression levels: minimal or no depression (0-13), mild depression (14-19), moderate depression (20-28), and severe depression (29-63). Beck et al. (1996) reported a concurrent validity of 0.79 and a reliability of 0.67 for this inventory. Test-retest reliability

was 0.86 for psychiatric patients and 0.81 for non-psychiatric patients. Goudarzi (2006) calculated the internal consistency coefficient as 0.84 and the validity coefficient as 0.70 using the configuration method. According to Goudarzi, the correlation coefficient between the items of the 13-item and 21-item forms was 0.74, indicating the inventory's validity for use in Iran (Izanloo et al., 2021; Olyae et al., 2022). The reliability of the inventory in this study was calculated with a Cronbach's alpha coefficient of 0.84.

2.2.2. Self-Blame

The Levels of Self-Criticism Scale was designed by Thompson and Zuroff (2004), and its validity and reliability have been confirmed. This scale consists of 22 items measuring two components: comparative self-criticism (12 items) and internalized self-criticism (10 items) (cited in Shariati et al., 2016). Comparative self-criticism (CSC) is defined as a negative view of oneself compared to others, focusing on hostile or critical self-comparisons. Thus, one characteristic of CSC is interpersonal hostility (Thompson & Zuroff, 2004). Internalized self-criticism (ISC) is defined as a negative view of oneself against personal internal standards, without comparison to others, but seeing oneself as ineffective against one's own expectations. The validity and reliability of the self-criticism levels scale were evaluated by Thompson and Zuroff (2004) on a sample of 144 students. Factor analysis of the scale revealed two factors: comparative self-criticism and internalized self-criticism. Additionally, there was a significant relationship between the subscales and the neuroticism subscale of the personality traits questionnaire. In Iran, the validity and reliability of the self-criticism levels scale were confirmed in a study by Mousavi and Ghorbani (2006) using Cronbach's alpha, with coefficients of 0.87 for the internalized self-criticism subscale and 0.55 for the comparative self-criticism subscale. Furthermore, there was a significant positive relationship between the self-criticism scale components and the interpersonal problems questionnaire subscales. In Shariati et al.'s study (2016), Cronbach's alpha coefficients for the self-criticism levels scale were 0.88 for comparative self-criticism and 0.89 for internalized self-criticism (Sajadi et al., 2023).

2.2.3. Cognitive Avoidance

This questionnaire, designed by Sexton and Dugas, measures cognitive avoidance through 25 items rated on a

five-point Likert scale from one (completely false) to five (completely true). It assesses five cognitive avoidance strategies: 1) thought suppression, 2) substituting positive thoughts for worrying thoughts, 3) using distraction to interrupt worry, 4) avoiding situations and activities that trigger worrying thoughts, and 5) changing mental images into verbal thoughts. Sexton and Dugas' research demonstrated high internal consistency (Cronbach's alpha of 0.95) and test-retest reliability of 0.85 over six weeks. Hamidpour and Andouz (2010) found that the Persian version of this questionnaire had good internal consistency (Cronbach's alpha of 0.86) and test-retest reliability of 0.80 over two months. Basak Nejad, Moeini, and Mehrabi Zadeh reported a Cronbach's alpha coefficient of 0.91 for the total cognitive avoidance score, and 0.90, 0.71, 0.89, 0.90, and 0.84 for the thought suppression, thought substitution, distraction, avoidance of threatening stimuli, and transforming images into thoughts subscales, respectively. The validity coefficient through correlation with the White Bear Suppression Inventory was 0.48 (Shahini et al., 2023; Shima et al., 2014). In the present study, Cronbach's alpha coefficients for the cognitive avoidance scale were 0.89 for the total score, and 0.92, 0.79, 0.86, 0.91, and 0.86 for the thought suppression, thought substitution, distraction, avoidance of threatening stimuli, and transforming images into thoughts subscales, respectively.

2.3. Interventions

2.3.1. Mindfulness-Based Cognitive Therapy

The mindfulness-based cognitive therapy model was developed based on the cognitive-behavioral model. The educational sessions included mindfulness-based exercises, sharing individual experiences after practice, and learning cognitive-behavioral skills, conducted in eight sessions among the experimental group. The content of mindfulness-based cognitive therapy was introduced according to the educational protocol by Williams, Segal, and Teasdale (2002). Mindfulness training was conducted over eight 90-minute sessions, once a week for eight weeks (Aghaei et al., 2023).

2.4. Data analysis

The data obtained from the questionnaires were analyzed using SPSS 23 software, in both descriptive statistics (frequency, percentage, mean, standard deviation, and various samples) and inferential statistics (covariance analysis).

3. Findings and Results

Table 1 shows the descriptive data of the subscales of cognitive avoidance and self-blame variables in the experimental and control groups.

Table 1

Descriptive Statistics of Cognitive Avoidance Variable in the Experimental and Control Groups

Variable	Test	Experimental (M (SD))	Control (M (SD))
Thought Suppression	Pretest	15.40 (4.65)	15.60 (5.22)
	Posttest	9.13 (3.09)	15.27 (4.65)
Thought Substitution	Pretest	15.73 (3.21)	15.80 (3.12)
	Posttest	10.57 (3.28)	15.63 (2.78)
Distraction	Pretest	14.82 (2.14)	14.65 (1.81)
	Posttest	10.37 (2.10)	14.60 (2.61)
Avoidance	Pretest	11.69 (1.54)	11.91 (1.46)
	Posttest	8.54 (2.70)	11.86 (1.38)
Mental Image Transformation	Pretest	12.34 (1.83)	12.21 (1.60)
	Posttest	9.53 (1.47)	12.13 (1.51)
Cognitive Avoidance	Pretest	69.98 (8.57)	70.16 (6.07)
	Posttest	48.61 (8.10)	69.49 (8.78)
Internalized Self-Blame	Pretest	22.95 (3.72)	27.28 (2.78)
	Posttest	18.55 (2.01)	26.95 (3.48)
Comparative Self-Blame	Pretest	32.21 (3.90)	32.64 (1.72)
	Posttest	18.17 (2.92)	32.41 (2.44)
Self-Blame	Pretest	59.15 (4.80)	59.92 (2.91)
	Posttest	36.72 (2.99)	59.35 (4.50)

The Shapiro-Wilk test was conducted to ensure the normality of the data. If the significance level in the Shapiro-Wilk test, shown in this table as significance, is greater than 0.05, the data can be assumed to be normal with high confidence. Otherwise, the data distribution cannot be considered normal. Based on the above table and the significance levels for the research variables, it can be stated that the distribution of the variables is likely to be normal. Therefore, parametric tests can be used. The Box test shows

that the degrees of freedom are equal to (6) and the analysis of variance is equal to (1.460) with a significance level of 0.188, indicating that the homogeneity of variances can be accepted with high probability, meeting the minimum conditions for analysis. According to the results of the Levene's test for homogeneity of variances, the significance level is greater than 0.05, indicating that the assumption of homogeneity of variances in the groups is generally met.

Table 2

Results of Multivariate Covariance Analysis (MANCOVA) in Pretest and Posttest

Test Name	Value	F	Hypothesis df	Error df	Sig.	Power
Pillai's Trace	0.958	173.129	3	23	0.01	1.0
Wilks' Lambda	0.042	173.129	3	23	0.01	1.0
Hotelling's Trace	22.582	173.129	3	23	0.01	1.0
Roy's Largest Root	22.582	173.129	3	23	0.01	1.0

According to [Table 2](#), the results of multivariate covariance analysis (MANCOVA) on the scores of self-blame and cognitive avoidance variables in the experimental and control groups are shown. The results indicate that all MANCOVA tests (Pillai's Trace, Wilks' Lambda,

Hotelling's Trace, Roy's Largest Root) are significant at the level of $P < 0.01$. Therefore, it can be stated that there is a significant difference in at least one of the variables of self-blame and cognitive avoidance between the experimental and control groups.

Table 3

Results of MANCOVA Test on Variables

Source of Variation	Variables	Sum of Squares	df	Mean Squares	F	Sig.	Effect Size	Power
Group	Self-Blame	3782.148	1	3782.148	247.992	0.01	0.908	1.0
	Cognitive Avoidance	3286.771	1	3286.771	53.397	0.01	0.681	1.0

According to [Table 3](#), the results indicate that there is a significant difference in self-blame and cognitive avoidance between the experimental and control groups in the pretest and posttest at the 0.01 level. Overall, it shows that mindfulness-based cognitive therapy is effective on self-blame and cognitive avoidance in adolescents with subclinical depression, with a greater effect on self-blame.

4. Discussion and Conclusion

The main hypothesis of the present study is: mindfulness-based cognitive therapy is effective on self-blame and cognitive avoidance in adolescents with subclinical depression. The results of multivariate covariance analysis show that there is a significant difference between self-blame and cognitive avoidance in the experimental and control groups in the pretest and posttest at the 0.01 level. Overall, it shows that mindfulness-based cognitive therapy

is effective on self-blame and cognitive avoidance in adolescents with subclinical depression, with a greater effect on self-blame. This finding implicitly aligns with the results of some studies ([Aghaei et al., 2023](#); [Asvadi Ghoshe Gonbadi et al., 2023](#); [Bakhtiari et al., 2021](#); [Changizi et al., 2021](#); [Faustino et al., 2020](#); [Faustino, 2020](#); [Gholamrezaei et al., 2020](#); [Izanloo et al., 2021](#); [Jadidi Mohammadabadi et al., 2019](#); [Khakshour Shandiz et al., 2021](#); [Leaviss & Uttley, 2015](#); [McLean et al., 2022](#); [Ochghaz et al., 2020](#); [Olyaei et al., 2022](#); [Peyambari et al., 2021](#); [Rafsanjani akbarabadi et al., 2022](#); [Sajadi et al., 2023](#); [Shahini et al., 2023](#); [Tobin & Dunkley, 2021](#); [Zarastvand et al., 2020](#)).

Shahini et al. (2022) also showed in their study that mindfulness-based cognitive therapy training is effective in improving autobiographical memory retrieval, cognitive avoidance, and cognitive emotion regulation in patients with major depression. This study, conducted in a quasi-experimental pretest-posttest design with a control group,

showed that mindfulness-based cognitive therapy supports the improvement of autobiographical memory retrieval, reduction of cognitive avoidance, reduction of maladaptive cognitive emotion regulation strategies, and increase of adaptive cognitive emotion regulation strategies (Shahini et al., 2023). In explaining this finding, it can be said that since mindfulness is a non-judgmental and balanced experience that helps to clearly see and accept emotions and psychological signs as they occur, its training for adolescents with depression and consequently inefficient cognitive processing causes them to accept their emotions and psychological signs and effectively improves their self-blame and cognitive avoidance. According to Gilbert and colleagues (2012), the mindful component of this factor is that the person, instead of hiding or ignoring their flaws, clearly observes and accepts them. On the other hand, mindfulness and mindfulness techniques are considered a general tendency to be aware of experiences, where the individual has a non-judgmental and open view of their inner emotional and psychological experiences, becomes aware of their bodily feelings and experiences, and experiences them (Peyambari et al., 2021; Rafsanjani akbarabadi et al., 2022; Shahini et al., 2023). Mindfulness also encourages curiosity and open attention to inner experiences and familiarizes one with thoughts and feelings related to the body. Sajadi et al. (2023) also concluded in their study that mindfulness-based training is an important factor in improving self-blame and working memory in adolescents. Based on these findings, mindfulness-based training can be used in therapeutic and psychological programs to increase the mentioned variables (Sajadi et al., 2023). Therefore, if we can treat self-blame in adolescents and lead them to accept and have a non-judgmental view of experiences, we can reduce the likelihood of depression.

In other words, mindfulness-based cognitive therapy significantly improves autobiographical memory retrieval, reduces cognitive avoidance, reduces maladaptive cognitive emotion regulation strategies, and increases adaptive cognitive emotion regulation strategies in the posttest stage. Asvadi et al. (2023) also showed that mindfulness-based cognitive therapy and behavioral activation therapy are effective on cognitive avoidance and emotion regulation in individuals with generalized anxiety disorder (Asvadi Ghoshe Gonbadi et al., 2023). Therefore, this therapy can be used as an effective intervention method to prevent the mind from deviating from distressing topics that are responsible for maintaining depression in individuals.

5. Limitations & Suggestions

Financial and time constraints caused difficulties for the researcher in timely completion of this study. Data collection from participants was done using only questionnaires as tools. The sample group in this study consisted of only 16-17-year-old female adolescents studying in secondary schools, limiting the generalizability of the results to other age groups, male adolescents, and other schools. It is suggested to study the impact of educational programs to enhance the self-awareness and skills of students and adolescents. Using a different and larger statistical population from other cities to enhance the generalizability of the results is recommended. Employing other data collection methods, such as interviews by specialists, can ensure better response quality and respondent conditions.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

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

Transparency of Data

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

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Authors' Contributions

All authors equally contributed in this article.

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