



## Comparing the effectiveness of positive education and compassion-focused therapy in self-care, self-worth, well-being and responsibility of women with breast cancer

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### ABSTRACT

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**Background and Aim:** Today, cancer is considered as a major public health problem. Therefore, the purpose of this research was to determine the effectiveness of positive education and compassion-focused treatment in self-care, self-worth, well-being and responsibility of women with breast cancer. **Methods:** The current research was a quasi-experimental type with a pre-test and post-test-follow-up design. The statistical population of the study consisted of all women with cancer who referred to Bo Ali Hospital in the second half of 2019. According to Cochran's formula, 45 people were selected non-randomly as a statistical sample. The research tools included the self-care questionnaire of Rigel et al. (2009), the self-esteem questionnaire of Crocker et al. (2003), the Ryff psychological well-being scale (1989), and the California responsibility questionnaire (1987). Treatment based on positive psychology was held in 6 sessions for 6 weeks, 1 session per week and each session lasted 60 minutes. Compassion-based therapy was held in 12 sessions for 12 weeks, 1 session each week, and each session lasted 60 minutes. In the present study, the data were analyzed using covariance analysis and Bonferroni's post hoc test. **Results:** The research findings showed that positive education and treatment focused on compassion are effective in self-care, self-worth, well-being and responsibility of women with breast cancer ( $p < 0.001$ ). Also, these effects have sufficient stability and have maintained their effect in the long term. Also, there was no significant difference between the effectiveness of positive education and compassion-focused therapy on self-care, self-worth, well-being, and responsibility in women with breast cancer, and their difference was only with the control group ( $p < 0.001$ ). **Conclusion:** Counselors and psychotherapists can use these trainings to promote self-care, self-worth, well-being and responsibility of these people.



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## Introduction

Today, cancer is considered a major public health problem (Bagheri, 2018). Patients with richer personal resources have better physical and psychological status compared to patients with weaker personal resources (Nayak et al., 2017). One of the types of cancer is breast cancer.

One of the indicators of the progress of mental and physical health of a society, especially the group of cancer patients, is their self-care. Self-care will lead to the improvement of the patient's general health, active participation in the care process, and finally, reduction of treatment costs. Self-care refers to the correct and timely injection of chemotherapy, adherence to diet, appropriate physical activities, and increasing the quality of life (Panzini et al., 2017). Various studies worldwide show that self-care is the most important form of primary care in both developing and developed countries. A lot of efforts are being made to encourage people to do self-care through various ways such as designing health-related software, forming electronic support groups, etc. (Khankolabi et al., 2014).

Another variable that can be studied among cancer patients is self-esteem. Self-esteem is one of the results of the analysis and analysis of the interaction between mind, self and personality (Dimitriou, 2013). Self-esteem improves the level of general health, self-regulation, source of motivation, reduction of depression and improvement of social behavior, correct and appropriate way of facing incidents and daily life events, which shows its effects at different levels of personal, family, educational and social life. (Mohammadi & Arefi, 2015). In other words, self-worth based on perceived success or failure in the desired field affects the psychological well-being of people (Glovaka et al., 2018).

The third variable that can be considered among cancer patients is well-being. The sense of well-being actually means a person's overall evaluation of life, which is formed based on a person's goals and the level of access to them (Ryff, 2014). Psychological well-being has two interdependent cognitive and emotional components. The cognitive dimension means the cognitive assessment of people's level of mental health and quality of life, and the emotional dimension means having maximum positive emotion and minimum negative emotion (Navarro et al., 2017). People with a high sense of well-being experience more positive

emotions, have a positive evaluation of their past, present and future, others, events and incidents and describe them as pleasant. On the other hand, people with low well-being evaluate the mentioned items as unfavorable and experience more negative emotions (Gass et al., 2014).

Also, another variable to consider among cancer patients is responsibility. Responsibility means guarantee and commitment, so whenever the patient undertakes to do something, he actually accepts the responsibility of doing that work (Carol & Shabana, 2010). The sense of responsibility in patients is one of their personality traits, which is the ability to accept, answer and take on the duties that are asked of them for their illness, and the patient has the right to accept or not accept it (Davaei Markazi, 2012). Various treatments have been performed in order to reduce the problems of cancer patients and improve their quality of life. One of the treatments that can be used in addition to drug treatments is psychological treatments. In this regard, positive treatment can be mentioned. Seligman believes that the purpose of positive psychology is to emphasize the positive features and aspects of human beings such as personal growth, psychological well-being and flourishing instead of negative human aspects such as depression, anxiety and emotional disorders (Seligman, 2011). Various researches have confirmed the effectiveness of this treatment (Parsakia et al., 2022). Another psychological treatment for cancer patients is compassion-focused therapy. The concept of self-compassion is a component that can be important in the stressful and difficult conditions of patients; Self-compassion requires some kind of movement from difficult mental conditions towards its correction and improvement. In the sense that this structure requires a feeling of acceptance and kindness towards oneself and is caused by open mind and good heart and is not blocked by strong judgments and prejudices (Kord & Karimi, 2017). Various studies have confirmed the effectiveness of this treatment (Donek, 2020; Brufai, 2020).

Considering the high prevalence of cancer, especially breast cancer in Iran and the long survival of patients with this disease, which causes them to be more involved with the complications and consequences of cancer, it seems necessary to take measures to identify factors affecting the psychological issues faced by these patients. On the other hand, so far no

research has compared positive and compassion-focused treatments on breast cancer patients. Therefore, the purpose of this research is to determine the effectiveness of positive education and treatment focused on compassion in self-care, self-worth, well-being and responsibility of women with breast cancer.

### Method

The current research is a type of quasi-experimental research with a pre-test and post-test-follow-up plan with a control group and using the selection of subjects in the experimental and control groups. The statistical population of the present study was made up of all women with cancer who referred to Bo Ali Hospital in the second half of 2019, and their number is about 260. According to Cochran's formula, 45 people were selected non-randomly as a statistical sample (15 people for each group).

### Materials

**1. Patient self-care questionnaire.** This questionnaire was designed by Rigel et al. in 2009 and consists of three sections: 1) maintaining self-care (behavior of adherence to treatment regimen and symptom control); 2) self-care management (the ability to recognize changes in symptoms, evaluate the importance of the desired change, implement solutions and evaluate the effectiveness of treatment); 3) self-care confidence (perceived ability to share and participate in self-care). Each of these three dimensions is scored using a four-choice Likert scale and a standard score from 0 to 100 is assigned to the entire questionnaire. A higher score indicates better self-care and a score higher than or equal to 70 is considered as sufficient self-care.

**2. CSWS self-esteem scale.** In this study, in order to measure the self-esteem of the subjects, the 35-question self-esteem questionnaire of Kroker et al. (2003) was used. This questionnaire is designed as a seven-point scale (1 completely agree to 7 completely disagree) to evaluate the level of feeling of value, price, price and importance towards the subjects themselves. This scale includes seven sub-scales of self-worth towards family support, competition and superiority, physical and appearance aspects, love of God, academic and educational competence, piety and piety, and the level of approval from others. The reliability of the scale was reported as 0.82 with 1345 subjects, and 0.79 and 0.84 among men and women, respectively. In addition, a significant relationship between the self-esteem scale and social desirability (0.32), Rosenberg's self-esteem (0.34), and Lohanten

and Crocker's collective self-esteem (0.37) has been reported, which indicates the validity of the self-esteem scale. Also, in Zaki's (2012) research, gender in girls and boys was reported as 0.706 and 0.835, respectively.

**3. Ryff psychological well-being scale.** The psychological well-being scale was developed in 1989 by Ryff at the University of Wisconsin. This scale has 84 questions and includes 6 components of self-acceptance, positive relationship with others, autonomy, purposeful life, mastery of the environment and personal growth. In the 84-question form, each component has 14 questions. Scores from one to six are given for each statement. The psychological well-being score of each person is obtained from the sum of the scores of 6 components. A higher score indicates better psychological well-being. Cronbach's alpha obtained in the study of Ryff (1989) was obtained as follows: for self-acceptance (0.93); for positive communication with others (0.91); for autonomy (0.86); to master the environment (0.90); for purpose in life (0.90); for personal growth (0.87). The results of retest reliability were 0.82 for the whole scale and for the subscales of self-acceptance, positive relationships with others, autonomy, mastery of the environment, purposeful life, and personal growth, respectively. 0.71, 0.77, 0.78, 0.77, 0.70 and 0.78. In order to check the validity of life satisfaction scales, the Oxford happiness questionnaire and Rosenberg self-esteem questionnaire were used, and the correlation between the scores of these tests and the psychological well-being scale was 0.47, 0.58 and 0.46, respectively. (Biani et al., 2008; cited in Chitsazha, 2015).

**4. Responsibility questionnaire.** To measure responsibility, the responsibility measurement scale of the California Psychological Questionnaire (1987) was used, which has 42 questions. This questionnaire was first published by Harrison Goff in (1951) with 648 questions and 15 scales to measure 15 personality traits; Then in (1957) its scales were revised to 18 and again in (1987) by him and the number of questions increased to 162 and the number of subscales increased to 20 subscales. The 42-question responsibility measurement scale is used to measure characteristics such as conscientiousness, sense of commitment, hard work, seriousness, trustworthiness, behavior based on order and regulations and in accordance with the sense of responsibility. The answers of this questionnaire are scored as 0 and 1.

**5. Positive treatment.** In the present study, positive treatment was performed in 6 sessions of 60 minutes according to the table below.

Table 1. Positive treatment content

Session	Content
1	Introducing group members together and explaining the positive plan
2	Identifying and strengthening the strengths of the index and positive feelings and emotions
3	Passing and forgiveness and personal heritage

4	Gratitude and appreciation
5	The meaning of life and trust in God
6	Summarize and receive feedback

6. CFT. In the present study, compassion-based therapy was performed in twelve sessions of 45 to 60 minutes according to the table below.

Table 2. CFT content

Session	Content
1	getting to know the members and the therapist with each other, expressing the expectations of the group and the members from each other, explaining the rules of the group, creating a therapeutic relationship, listening to the narratives of the group members and empathizing with each other
2	Examining the way members deal with themselves (critical or compassionate style), defining self-criticism, shame and guilt, its causes and consequences
3	The definition of compassion and the observations that led to this therapy and the practice of kindness and compassion
4	What is self-compassion? Its features and skills
5	How self-compassion affects a person's mental states and introducing three emotional regulation systems and how they interact with each other.
6	Teaching the concept of mindfulness, its logic
7	How to perform mindfulness exercises (focusing on breathing and tracking feelings and thoughts and simply observing them without any reaction).
8	Examining homework and reviewing the previous session, managing difficult feelings and emotions
9	Examining the assignment and reviewing the previous session, mental imaging and teaching it
10	Examining homework and reviewing the previous session, cultivating self-compassion and introducing concepts
11	Examining homework and reviewing the previous session, accepting life and appreciating the positive aspects of life
12	Summarizing and feedback

### Implementation

Three groups of women with breast cancer were selected. First, women were pre-tested and then the selected patients were randomly divided into three groups. After that, the independent variable of positive education was applied to experimental group 1 and compassion-focused therapy was applied to experimental group 2, and the control group did not receive any intervention. After that, changes in the dependent variable were measured, and a follow-up phase was also conducted for two groups exposed to

the independent variable. Data analysis was done with SPSS software and analysis of covariance and Bonferroni's post hoc test.

### Results

In terms of demographic indicators, the average (standard deviation) age of the control group was 33.21 (6.15), the positive treatment group was 39.71 (9.15), and the compassion-based treatment group was 36.35 (7.59). In the following, the descriptive findings of the research are shown.

Table 3. Descriptive indicators related to research variables

Variable	Stage	Group					
		Positive treatment		CFT		Control	
		Mean	SD	Mean	SD	Mean	SD
Self-care	Pre-test	49/98	11/55	49/55	11/21	50/11	11/88
	Post-test	58/44	14/70	60/87	15/09	49/66	11/94
	Follow-up	58/92	14/76	61/00	15/66	49/55	11/31
Self-worth	Pre-test	122/56	18/71	124/54	19/10	123/55	19/65
	Post-test	148/93	20/05	150/31	21/10	122/09	19/17
	Follow-up	148/22	20/11	151/22	21/34	121/23	18/10
Wellbeing	Pre-test	123/60	19/54	125/23	20/64	124/11	21/44

	Post-test	164/46	21/74	170/78	21/88	123/58	20/56
	Follow-up	165/00	21/35	171/10	22/45	120/40	19/43
<b>Responsibility</b>	Pre-test	28/33	4/11	27/76	4/66	29/19	4/32
	Post-test	34/70	5/57	33/16	5/18	28/88	4/79
	Follow-up	34/15	5/65	33/55	5/46	27/00	4/11

Table 3 shows the mean and standard deviation of the variables of self-care, self-worth, well-being and responsibility. It shows that a significant change is felt in the experimental group compared to the control group and in the post-test compared to the pre-test, while no

significant change was observed in the follow-up phase compared to the post-test. Next, the presuppositions of using the covariance analysis test were checked and confirmed. The results of this test are reported in the table below.

4 .Results of multivariate covariance analysis						
Test	Value	F	Df hypo.	Df error	p	Effect size
<b>Pillai's trace</b>	0/932	977/132	7	23	0/001	0/489
<b>Wilks' lambda</b>	0/005	977/132	7	23	0/001	0/489
<b>Hotelling's trace</b>	324/655	977/132	7	23	0/001	0/489
<b>Roy's largest root</b>	324/655	977/132	7	23	0/001	0/489

According to Table 4, there is a significant difference between the experimental and control groups in terms of dependent variables in the post-test stage at  $p=0.001$ . And there is a

significant difference between the groups in at least one of the dependent variables (self-care, self-worth, well-being and responsibility).

Table 5. Results of univariate covariance analysis						
Variable	Source	SS	df	MS	F	p
<b>Self-care</b>	Pre-test	11/412	1	11/412	0/119	0/813
	Group	2311/187	2	1155/593	21/188	0/001
	Error	1422/198	27	52/674		
	Total	3744/797	30			
<b>Self-worth</b>	Pre-test	15/118	1	15/118	0/038	0/900
	Group	6221/100	2	3110/55	25/109	0/001
	Error	4356/199	27	161/340		
	Total	10592/417	30			
<b>Wellbeing</b>	Pre-test	16/332	1	16/332	0/311	0/786
	Group	5879/166	2	2939/583	22/177	0/001
	Error	4900/121	27	44/244		
	Total	10795/619	30			
<b>Responsibility</b>	Pre-test	9/267	1	9/267	0/352	0/700
	Group	105/000	2	52/500	5/142	0/001
	Error	265/300	27	9/826		
	Total	379/567	30			

According to Table 5, the F value of univariate covariance analysis is significant in all variables (self-care ( $F=21.188$  and  $p=0.001$ ); self-esteem

( $F=25.109$  and  $p=0.001$ ); well-being ( $F=22.107$  and  $p=0.001$ ); responsibility ( $F=5.142$  and  $p=0.001$ )).

Table 6. Bonferroni post hoc test results					
Variables	Group		Mean diff.	SE	p
<b>Self-care</b>	Positive treatment	CFT	2/43	0/454	0/067

		Control	8/78	2/18	0/001
<b>Self-worth</b>	Positive treatment	CFT	1/38	0/324	0/080
		Control	26/84	7/87	0/001
<b>Wellbeing</b>	Positive treatment	CFT	6/32	2/97	0/057
		Control	40/88	10/67	0/001
<b>Responsibility</b>	Positive treatment	CFT	1/54	1/50	0/882
		Control	5/82	2/00	0/010

According to Table 6, there is no difference between the effectiveness of positive education and compassion-focused treatment in self-care, self-worth, well-being and responsibility of women with breast cancer.

### Conclusion

This research sought to determine the effectiveness of positive education and compassion-focused therapy in self-care, self-worth, well-being and responsibility of women with breast cancer. The research findings showed that positive education is effective in self-care, self-worth, well-being and responsibility of women with breast cancer. This finding is implicitly consistent with the researches of Beshrpour, Kazemi and Salehi (2018), Darbani and Parsakia (2022), Celano (2020), Mazhar and Riaz (2020). In this research, the education model based on positivity was used in the educational sessions, using the positivity approach in the memories and real life of the patients. Positive emotions, mental and behavioral characteristics resulting from them change patients towards positive thoughts instead of negative thoughts in life. Also, in this research, the educational intervention based on a positive approach included therapeutic methods or intentional activities that were effective in promoting positive feelings and thoughts, positive behaviors, positive cognition and perception, increasing the well-being of patients and improving their mental health. Therefore, establishing regular positivity training sessions and encouraging patients to solve the problems and inadequacies in their living environment, which disturb their physical and mental health. And solving these problems with their own help, increasing their level of awareness and their adaptability to stressful factors can be useful in improving the health of this segment of the society. On the other hand, the components of positive education, including forgiveness and forgiveness towards others, increase psychological well-being by redirecting neutral or positive thoughts, emotions, and actions. This

positive information bias motivates social behaviors that prevent destructive responses in relationships and actually encourage positive thoughts, feelings, and behavior toward others (Worthington & Scherer, 2014).

On the other hand, the findings of the research showed that the treatment focused on compassion is effective in self-care, self-worth, well-being and responsibility of women with breast cancer. This finding is implicitly consistent with the researches of Ghanavati et al. (2018), van der Donk (2020), Brofai (2020), Yela (2020). Self-compassion-focused therapy is an integral part of mental and physical health. Strengthening this sense makes us able to deal with difficulties and make useful changes in life. A sense of self-compassion increases the interaction between the body and the brain, which can be soothing to the soul. By supporting ourselves, we create a psychologically safe base that helps us face the challenges in life. As a result, this sense of self-compassion can greatly help in motivating and increasing the sense of courage to make behavioral changes in humans. On the other hand, it can be said that compassion-focused therapy was founded on two main processes. The first process refers to all experiential processes that include increasing compassion and kindness to oneself and others. Also, the behavioral processes of this model include deconditioning, management, enhancing one's freedom, and helping relationships. The experiential processes of this model are related to the emotion management construct (Gilbert, 2010).

Also, the findings showed that there is no difference between the effectiveness of positive education and compassion-focused treatment in self-care, self-worth, well-being and responsibility of women with breast cancer. By reviewing past studies, no research has been done to compare positive education and compassion-focused therapy on psychological components. The limitations of the research include: limitations in controlling some disturbing

variables such as the severity of the disease, social, economic status, etc., repeated execution of questionnaires may cause fatigue of the subjects as well as sensitivity to the subject of the research and affect their answers in other stages of the test. The studied sample was only women with breast cancer, which may make it difficult to generalize the results to other patients. Therefore, in future researches, some disturbing variables such as disease severity, social, economic status, etc. should be controlled. It is suggested to use structured interviews in future researches. It is suggested to use different patients in future researches in order to compare the results and increase the generalizability of the results. Finally, according to the findings, it is suggested that counselors and psychotherapists use these trainings to promote self-care, self-worth, well-being and responsibility of these people. Also, it is suggested that counselors and psychotherapists use compassion-focused therapy in addition to drug treatments to increase the level of self-care, self-worth, well-being and responsibility of these patients.

#### Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

#### References

- Bagheri, S. (2018). Types and mechanisms of cancer chemotherapy. Tehran: Setargan Publications. (In Persian)
- Basharpour, S., Kazemi, N., & Salehi, M. N. (2018). The effectiveness of positive group psychotherapy on self-differentiation and death anxiety in women with breast cancer. *Journal of Sabzevar University of Medical Sciences*, 25 (5), 731-739. (In Persian)
- Brophy, K. (2020). The role of self-compassion in the relationship between attachment, depression, and quality of life. *Journal of Affective Disorders*, 260, 45-52.
- Carroll, A. B., & Shabana, K. A. (2010). The business case for corporate social responsibility: A review of concepts, research and practice. *IJMR*, 19, 85-105.
- Celano, C. M. (2020). A positive psychology intervention for patients with bipolar depression: a randomized pilot trial. *Journal of Mental Health*, 29 (1), 60-58.
- Chisazha, B. (2015). The effectiveness of cognitive-behavioral training on increasing the happiness and psychological well-being of people addicted to stimulants. Master's thesis, Islamic Azad University, Shahrood branch. (In Persian)
- Darbani, S. A., & Parsakia, K. (2022). The effectiveness of strength-based counseling on the self-esteem of marital conflicted women. *Psychology of Woman Journal*, 3(1), 46-55.
- Davaei Markazi, M. (2013). The effect of responsibility education on the decision-making styles of mothers towards their children. Master's thesis, Allameh Tabatabai University, Tehran. (In Persian)
- Ghanavati, S. A., Bahrami, F., Gouderzi, K., & Rozbahani, M. (2018). The effectiveness of compassion-based therapy on rumination and worry in women with breast cancer. *Health Psychology Quarterly*, 7(27), 152-168. (In Persian)
- Glowacka, Bergeron, Dubé & Rosen. (2018). When self-worth is tied to one's sexual and romantic relationship: Associations with well-being in couples coping with Genito-pelvic pain. *Archives of Sexual Behavior*, 47 (6), 1649-1661.
- Gonzalez-Hernandez, E., Romero, R., Campos, D., Burichka, D., Diego-Pedro, R., Baños, R., & Cebolla, A. (2019). Cognitively-Based Compassion Training (CBCT) in Breast Cancer Survivors: A Randomized Clinical Trial Study. *Integrative Cancer Therapies*, 17 (3), 684-696.
- Kord, B., & Karimi, S. (2017). Predicting emotional regulation based on self-compassion and body image of students. *Journal of Educational Psychology Studies*, 12(28), 207-230. (In Persian)
- Mazhar, A. F., Riaz, M. N. (2020). Effectiveness of positive psychotherapy for young adults with depressive symptoms. *J Pak Med Assoc*, 70 (5), 856-859.
- Mohammadi, P., & Arefi, M. (2015). The relationship between self-worth and communication styles with marital adjustment in women. *Journal of Cognitive Psychology and Psychiatry*, 2(4), 11-22. (In Persian)
- Navarro, D., Montserrat, C., Mali, S., Gonzalez, M., Casas, F., & Crous. (2017). Subjective well-being: What do adolescents say? *Child & family Social Work*, 22,175-184.
- Panzini, R. G., Mosqueiro, B. P., Zimpel, R. R., Bandeira, D. R., Rocha, N. S., & Fleck, M. P. (2017). Quality-of-life and spirituality. *International Review of Psychiatry*, 29 (3), 263-282.
- Parsakia, K., Darbani, S. A., Rostami, M., & Saadati, N. (2022). The effectiveness of strength-based training on students' academic

- performance. *Journal of Adolescent and Youth Psychological Studies*, 3(3), 194-201.
- Ryff, C. D. (2014). Psychological well-being. *Advances in the science and practice of eudemonia psychotherapy and Psychosomatics*, 83 (1), 10-28.
- Sadeghpour, A., Khalatbari, J., Seyf, A. A., & Shahriari Ahmadi, A. (2020). Comparing the effectiveness of compassion-focused therapy and mindfulness training on post-traumatic growth and cancer-related burnout in people with cancer. *Journal of Psychological Science*, 19(86), 193-202. (In Persian)
- Seligman, M. E. (2011). *Flourish: A visionary new understanding of happiness and well-being*. New York: Free Press.
- Van der Donk, L. J. (2020). The role of mindfulness and self-compassion in depressive symptoms and affect: A Comparison between Cancer Patients and Healthy Controls. *Mindfulness*, 11, 883–894.
- Worthington, E. L., & Scherer, M. (2014). Forgiveness is an emotion focused coping strategy that can reduce health risks and promote health resilience: Theory, review, and hypotheses. *Psychol Health*, 19 (3), 385-405.
- Yela, J. R. (2020). Self-compassion, meaning in life, and experiential avoidance explain the relationship between meditation and positive mental health outcomes. *Journal of Clinical Psychology*, <https://doi.org/10.1002/jclp.22932>