



## Comparing the effectiveness of self-compassion training and quality of life training on conditional self-worth, meaning of life, and emotional impulsivity among adolescents with coronavirus grief in Mashhad city

Ali Asghar. Isanejad<sup>1</sup>, Mohammad Reza. Saffarian Toosi<sup>2\*</sup> & Hamid. Nejat<sup>3</sup>

1. PhD student, Department of Educational Sciences and Counselling, Mashhad Branch, Islamic Azad University, Mashhad, Iran
2. \*Corresponding Author: Assistant Professor, Department of Educational Sciences, Mashhad Branch, Islamic Azad University, Mashhad, Iran
3. Assistant Professor, Department of Educational Sciences, Mashhad Branch, Islamic Azad University, Mashhad, Iran

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Corresponding Author's Info  
Email:

[reza.saffarian1965@gmail.com](mailto:reza.saffarian1965@gmail.com)

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### ABSTRACT

**Background and Aim:** The experience of bereavement has a significant impact on teenagers' views on life and their behavioral problems. The present study was conducted with the aim of investigating the effectiveness of quality of life training and self-compassion training on the meaning of life, self-worth and impulsivity of teenagers who mourned the death of their parents due to Corona. **Methods:** Among teenagers whose parents died due to corona disease, 36 teenagers were selected and randomly placed in three groups. In the pre-test, all members of the research sample completed the self-esteem questionnaires of Crocker et al. (2003), grief experience by Barrett and Scott (1989) and impulsivity by Barrett (1959). 12 training sessions were held for the members of the experimental groups. In the post-test, all members of the research sample completed the questionnaires again. The data were analyzed using multivariate covariance.

**Results:** The results showed that the provided interventions had a significant effect on improving the level of impulsivity, self-worth and the meaning of life of teenagers in the experimental group compared to the members of the control group. Also, by conducting follow-up tests, it has been determined that there is no significant difference between the effectiveness of the provided interventions in improving the research variables. **Conclusion:** These findings indicate the importance of paying attention to the cognitive and emotional structure of adolescents involved in the mourning process. Since teenagers face challenges in the process of facing life's challenges, they face challenges in their entire cognitive system towards life, the treatments that deal with reframing the mental structure of people regarding concepts such as the meaning of life, for this Teenagers seem useful.



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## Introduction

Adolescence is a critical and prominent stage in social and psychological development. Various disorders and illnesses can impact adolescents' interactions with their environment and alter their relationships with peers. Emotional experiences during this period can be more intense and unpredictable. One of the bitter experiences that adolescents may face during this period is the loss of loved ones or the experience of grief. Grieving, recognized as the experience of losing someone close, can inflict psychological and emotional damage on the surviving individuals. Grieving, following the loss of loved ones, is a natural process experienced by many individuals. However, some lack the necessary skills for grieving or fail to go through the grieving process for various reasons, leading to numerous psychological problems (Worden, 2018). This issue is more acute and sensitive during adolescence (Blandin & Pepin, 2017), especially for adolescents who have lost close family members during the COVID era (Salgi, Motalebi, & Gholamipour, 2020). These issues have led families and adolescents to face psychological and emotional crises (Gesi et al., 2020). According to Levinger's theory, individuals' reactions to grief vary, and behaviors in response to grief are largely individual and culture-centered (Levinger, 1992) and can differ based on individual differences, for instance, people with different levels of emotional impulsivity may have different reactions to crises (Mahmood Aliloo, Hashemi Nosratabad, & Karimpour Vazifehkhori, 2018).

Impulsivity is understood as the tendency and readiness to express rapid and unplanned reactions to internal and external stimuli, without considering the consequences and outcomes (Moeller et al., 2001). The behavioral perspective considers impulsivity as preferring short-term albeit low-value gains over long-term but more valuable achievements. According to the brain reward deficiency syndrome theory, impulsive behaviors, although somewhat associated with potential harm or loss, also provide the opportunity for some type of reward (Modestino et al., 2015).

Having meaning in life or feeling meaningless and empty is another variable related to grieving. If an individual does not fully go through the stages of grief, they may experience a sense of

meaninglessness and emptiness (Nematipour & Golzari, 2015). Life's meaning refers to a sense of connection with the creator of the universe, purposefulness in life, pursuing valuable goals, and achieving development. It encompasses individuals' beliefs about the existence of an ultimate purpose in life (Ho, Cheung, & Cheung, 2010) and is a predictor of life quality and mental health among people (Shiah et al., 2015).

As Levinger (1992) suggests in his theory, reactions to grief and loss of loved ones can differ based on individual differences (Levinger, 1992). Self-esteem, confidence, and self-worth are among the variables that can influence individuals' reactions to crisis situations differently (Zhang & Cai, 2012). Crocker and colleagues (2003) introduced a new concept in psychology - conditional self-worth - by emphasizing and seeking the bases of self-esteem (Crocker et al., 2003). Crocker and Wolfe (2001) believe that by examining specific sources of self-esteem, we can better understand self-esteem and behaviors. Conditional self-worth indicates the area where self-esteem is threatened due to past failures and flaws (Crocker & Wolfe, 2001). Therefore, individuals are likely to exhibit negative tendencies and reactions in areas of future events. Extensive efforts have been made to reduce the symptoms of grief disorder or bereavement syndrome. For instance, Shadman, Teimuri, and Amir Kalali demonstrated in their study that interpersonal psychotherapy is effective on the depression of adolescents experiencing grief (Shadman, Teimuri, & Amir Kalali, 2018).

However, COVID-19 restrictions led Iranian families, especially in the first year of the pandemic, to be unable to perform customary cultural and religious funeral rites for their deceased, disrupting the natural grieving process. Accordingly, therapeutic educational programs were needed to prevent the crisis resulting from the grief of loss in COVID-19 conditions for adolescents, focusing on its effect on components related to mental health. It seems that the current situation requires more educational interventions, as firstly, these conditions might be prolonged or replaced by another disease post-COVID, and secondly, the COVID-19 context demands adaptation and learning rather than treatment (Salgi, Motalebi, & Gholamipour, 2020). Using educational approaches such as self-compassion and

improving life quality can result in more sustainable outcomes for empowering adolescents.

The life quality education model emphasizes important life values and the pursuit of achieving them, teaching skills to identify needs and goals (Stanescu et al., 2019). According to Frisch's model, human life in general encompasses 16 principles including health, self-esteem, goals, money, work, recreation, learning, creativity, helping, love, friends, children, relatives, home, neighbors, and community (Frisch, 2005). A study showed that group training based on life quality is effective in reducing marital burnout and psychological well-being in couples (Vali, 2014). Teaching self-compassion skills is another educational content that can be beneficial and effective in critical conditions where self-harm occurs, such as grief disorder (Lenferink et al., 2017; Mousavi, 2019). Self-compassion involves a combination of mindful awareness of painful emotions, considering personal events as part of broader human experiences, and being kind to oneself when experiencing failure. It comprises multiple dimensions, with self-kindness meaning understanding oneself and avoiding self-judgment and criticism.

This study, in addition to focusing on a specific sample group, aims to address whether there is a difference between self-compassion training and life quality education in improving conditional self-worth, life meaning, and emotional impulsivity among adolescents experiencing COVID-19 grief in Mashhad.

### Method

The statistical population included all adolescents who had lost a family member during the COVID-19 conditions from March 2020 to October 2021, totaling 799 individuals according to statistics from the Health Department and the Civil Registration Office. Using purposive sampling, 36 adolescents were selected. The inclusion criteria were high scores on grief experience, age between 14 and 19, loss of a close relative during COVID-19 from 1398 to 1400, willingness to participate in the study, and absence of other specific illnesses. The exclusion criteria included missing more than three sessions, showing symptoms of a cold or similar to COVID-19, and voluntary withdrawal from the class.

### Materials

**1. Meaning in Life Scale:** Developed by Steger, Frazier, Oishi, and Kaler (2006) to assess the presence of meaning and the search for it, this scale's reliability, validity, and factorial structure have been examined in various studies with different samples. It consists of two subscales measuring the presence of meaning in life and the search for meaning. The total scores of questions 2, 3, 7, 8, and 10 indicate the individual's effort to find meaning, while the total scores of questions 1, 4, 5, 6, and 9 (with reverse coding for question 9) determine the meaningfulness of the individual's life. According to Steger and colleagues, the reliability of the subscales for the presence of meaning and the search for meaning are respectively 0.70 and 0.73. In this study, reliability was also measured using the Cronbach's alpha test.

**2. Self-Worth Scale:** Developed by Luhtanen and Crocker (2003), this 35-item scale uses a seven-point Likert scale (1-Strongly Disagree to 7-Strongly Agree) to assess the extent of self-worth. The scale's reliability with 1345 subjects is reported to be 0.82, and among men and women respectively 0.79 and 0.84. The test-retest reliability (over a three-month interval) was calculated to be 0.75. In Crocker's study, the reliability was reported as 0.87, and significant correlations were found between the Self-Worth Scale and social desirability (0.32), Rosenberg's self-esteem (0.34), and Luhtanen and Crocker's (2003) collective self-esteem (0.37), indicating the scale's validity (Crocker et al., 2003).

**3. Impulsivity Questionnaire:** Developed by Barrett and Scott (1989), the BIS-11 impulsivity questionnaire is explained by Barrett on three axes: 1- Motor impulsiveness as acting without thought, 2- Non-planning impulsiveness as the lack of forethought or consideration of details, and 3- Attentional impulsiveness as the ability to foresee the future. It assesses three factors of cognitive impulsiveness, motor impulsiveness, and non-planning. The scale contains 30 questions, with items scored on a four-point Likert scale (from "Rarely/Never" (score 1) to "Almost Always/Always" (score 4)). Ten negative questions are reverse-scored. Additionally, questions 5-11-28-6-24-26-9-20 represent cognitive impulsiveness, 2-3-4-17-19-22-25-16-21-23-30 represent motor impulsiveness, and 14-18-27-1-7-8-12-13-10-15-29 represent non-planning. The reliability of

the scale using Cronbach's alpha for the entire test is 0.83, and for the motor, attentional, and non-planning subscales respectively: 0.74, 0.76, and 0.77. In Iran, Ekhtiari et al. reported an alpha coefficient of 0.78 for attentional impulsiveness, 0.63 for motor impulsiveness, and 0.47 for non-planning impulsiveness, and 0.83 for the entire test (Ekhtiari et al., 2008). Results have shown that this scale correlates well with other self-

assessment impulsiveness questionnaires, such as Zuckerman's sensation-seeking scale, Eysenck's impulsiveness scale, and the behavioral inhibition and activation scales (Stanford et al., 2009).

**4. Self-Compassion-Based Therapy:** In this study, self-compassion-based therapy was conducted in twelve 60-minute sessions based on the protocol prepared by Neff (2002).

**Table 1. The content of self-compassion-based therapy session**

Session	Content
1	Preliminary and explanatory session, explaining the causes and benefits of these sessions, explaining the social psychological damages of COVID-19 in terms of changes in mourning conditions, and motivating to continue the sessions and prevent potential dropouts.
2	Introduction to compassion-focused therapy and its importance in life, teaching the basic principles of compassion-focused therapy and its impact on the brain system, teaching the process of regulating the three main emotional systems (interaction between the function of the old brain and the new brain).
3	Teaching mindfulness practice, sensitivity to suffering in the present moment (here and now), teaching case-based conceptualization based on compassion: identifying existing problems and symptoms, the current context of problems, the impact of past life, main threats and formed fears, security strategies, unintended consequences.
4	Visualization of self-compassion, visualization of compassion towards others and receiving compassion from others, visualization of a safe place, establishing a compassionate and flexible relationship between different aspects of self and creating compassionate sensitivity, empathy and sympathy towards oneself.
5	Continuation of mental relaxation exercises, detailed visualization of a safe place and implementation of the empty chair technique with the participation of attendees.
6	Creating a compassionate identity, nurturing a compassionate mind, emphasizing the importance of training a kind mind.
7	Managing difficult emotions and feelings, client awareness of their ongoing struggle with depression and anxiety and the pains endured in difficult life relationships, using creative hopelessness and a non-blame perspective (a lens free of shame).
8	Living deeply, emphasizing valuable goals and choosing a path to care for health, exploring and discovering core values that give meaning to life.
9	Changing relationships, discovering new methods and adopting a broad approach, becoming aware and freeing from avoidance and control methods, strengthening compassionate behaviors, including developing intelligent behaviors, gaining power, courage, and kindness.
10	Practicing the content of previous sessions based on role-playing and active participation through behavioral activation techniques in difficult and frightening activities.
11	Targeting negative biases in life (intervention to end the war), focusing on positive points and strengths in life, becoming the creator of one's own valuable goals and paths according to completing an 8-item form: job and work life, family, social life, education, physical health, spirituality, social participation, recreation and leisure.
12	Review and overall summary of previous sessions, providing sufficient exercises and introducing additional resources for study and post-testing.

**5. Quality of Life-Based Therapy:** In this study, quality of life-based therapy was conducted in

twelve 60-minute sessions based on the protocol prepared by Frisch (2005).

**Table 2. The content of therapy based on quality of life session**

Session	Content
1	Establishing communication and introducing members, stating the rules of the group, outlining the objectives and introducing the training course, obtaining commitment from participants to attend the sessions, introducing and discussing life quality, life satisfaction, and happiness.

2	Reviewing the previous session's discussion, defining therapeutic life quality, introducing dimensions of life quality, introducing sixteen life domains that constitute overall life quality, identifying problematic issues among members, summarizing the discussion, and providing feedback.
3	Reviewing the previous session's discussion, introducing CASIO as the five roots of starting with one of the dimensions, introducing C as the first strategy and its application in the sixteen dimensions of life quality.
4	In this stage, all participants list their limitations and environmental conditions and engage in a discussion session about the nature of these.
5	Reviewing the previous session's discussion, discussing CASIO, introducing A as the second strategy in the sixteen dimensions of quality, presenting an exercise on individuals' attitudes.
6	Reviewing the previous session's discussion, discussing CASIO, introducing S as the third strategy for increasing life satisfaction, teaching principles of life quality, presenting an exercise on life standards and criteria.
7	Reviewing the previous session's discussion, discussing principles related to life quality, introducing I as the fourth strategy and applying this principle to increase satisfaction, presenting an exercise for writing individual values.
8	In this session, through a discussion, participants compare values, standards, and attitudes written in previous sessions and correct some of their cognitive errors.
9	Reviewing the previous session's discussion, continuing the discussion on principles, discussing the domain of relationships and applying important principles in the field of relationships, introducing O as the fifth strategy.
10	Providing a summary of the topics discussed in previous sessions, summarizing and teaching CASIO in different life conditions, and applying principles in different life dimensions and CASIO in the sixteen life domains.
11	In this session, through role-playing, some participants apply these strategies and discuss the outcomes.
12	In this session, muscle and mental relaxation (relaxation) exercises are taught by a yoga instructor, and finally, participants respond to the post-tests.

### Implementation

For data analysis, descriptive indices such as mean, standard deviation, skewness, and kurtosis were examined using SPSS 23 software, and mixed between-within groups variance analysis was used to test the research hypotheses.

### Results

In this study, the subjects were divided into control and experimental groups, comprising 5 males and 7 females in the control group. In the self-compassion training group, there were 6 males and 6 females, and in the quality of life training group, there were 5 males and 7 females.

The educational background distribution of participants was also examined, with 1 member in ninth grade, 3 in tenth, 5 in eleventh, 2 in twelfth, and 1 in university in the control group. In the self-compassion training group, there were 2 in ninth grade, 2 in tenth, 5 in eleventh, and 3 in twelfth. In the quality of life training group, there were 3 in ninth grade, 2 in tenth, 4 in eleventh, 2 in twelfth, and 1 in university. The questionnaires on meaning in life, self-worth, impulsivity, and grief were administered to the research members in all three groups, in both pre-test and post-test periods. Results can be seen in Table 3.

**Table 3. The mean and standard deviation of pre-test and post-test scores for experimental and control groups**

Variable	Group	Pre-test		Post-test	
		X	S <sub>x</sub>	X	S <sub>x</sub>
Meaning in life	Control	40.166	3.270	40.083	2.843
	Compassion	41.160	2.886	46.333	3.700
	Quality of life	40.333	2.146	45	2.696
Self-worth	Control	158.416	2.108	158	2.044
	Compassion	158.50	3.882	164.50	3.261
	Quality of life	157.666	3.922	163.166	2.443
Impulsiveness	Control	50	4.763	49.833	4.724
	Compassion	48.416	5.743	43	6.701
	Quality of life	49.333	5.399	43.666	4.811

Given that we had two experimental groups, to examine the effectiveness of the interventions on the research variables, a repeated measures analysis of variance was used. This

presupposition examined the linear relationship between the pre-test and post-test of the research variables. The homogeneity of variances in the groups was also assessed (Table 4).

**Table 4. The results of examining the assumptions of analysis of variance with repeated measurements**

Variable	Homogeneity of variances		Box's M	
	Levene	p	F	p
Meaning in life	0.585	0.563	27.730	0.301
Self-worth	5.840	0.007		
Impulsiveness	1.633	0.211		

The results of the preliminary test analyses indicated adherence to the normal distribution of data and the presupposition of variance homogeneity. Additionally, the Box's test showed that the F obtained for this test was not significant at the 0.05 level ( $P > 0.05$ , Box's  $M = 27.730$ ,  $F = 1.139$ ), indicating the

homogeneity of covariance matrices. Therefore, due to the non-adherence to the Levene's test presupposition for the self-worth variable, the Greenhouse-Geisser correction test was used to report the effectiveness of the interventions (Table 5).

**Table 5. The results of analysis of covariance**

Effect	Source	SS	Df	MS	F	sig	Effect size
<b>Within-group</b>	Meaning in life	182.362	2.679	68.080	20.877	0.000	0.419
	Self-worth	55.647	2.679	20.774	6.370	0.001	0.180
	Impulsiveness	495.465	2.679	184.967	56.721	0.000	0.662
	Group*Meaning if life	68.088	1	68.088	31.622	0.000	0.522
	Group*Self-worth	18.384	1	18.384	6.639	0.015	0.186
	Group*Impulsiveness	42.135	1	42.135	19.569	0.000	0.403
<b>Between-group</b>	Group (Meaning in life)	59.350	1	59.350	13.291	0.001	0.314
	Group (Self-worth)	61.919	1	61.919	13.866	0.001	0.323
	Group (Impulsiveness)	179.595	1	179.595	40.219	0.000	0.581

According to the results in Table 5, it is observed that the difference in mean research variables across the three measurement stages is significant ( $P < 0.01$ ) and the difference in mean research variables between the experimental and control groups in the two measurement stages is significant ( $P < 0.01$ ) and the mean of research variables in the experimental and control groups is significant ( $P < 0.01$ ); thus, the null hypothesis is rejected. Given the rejection of the null hypothesis, it can be concluded that self-compassion training and quality of life training in the experimental groups had a greater impact on improving the research variables compared to the control group. The "practical significance" of this impact for the life meaning variable is 0.419,

for the self-worth variable 0.180, and for the impulsivity variable 0.662, meaning that 42%, 18%, and 66% of the improvement in research variables among the members of the experimental groups can be explained through the experimental variables. To compare the results obtained in the post-test on members of both experimental groups compared to the control group members, the Bonferroni test was used. The results of the Bonferroni test showed that separately there is also a significant difference between the experimental and control groups in the post-test, but no significant difference is observed between the means of the experimental group members in the post-test (Table 6)

**Table 6. The results of Bonferroni's post-hoc test**

Variable	Groups	Mean diff.	SE	p
Meaning in life	Compassion*QoL	0.420	0.684	1.000
	Compassion*Control	5.320	0.677	0.000

	QoL*Control	4.900	0.674	0.000
<b>Self-worth</b>	Compassion*QoL	0.624	0.818	1.000
	Compassion*Control	6.529	0.809	0.000
	QoL*Control	5.906	0.805	0.000
<b>Impulsiveness</b>	Compassion*QoL	-0.067	0.877	1.000
	Compassion*Control	-5.643	0.868	0.000
	QoL*Control	-5.396	0.863	0.000

### Conclusion

The findings obtained from the statistical analysis of the research data indicate a significant difference in the mean levels of life meaning, self-worth, and impulsivity among members of the experimental groups compared to the control group in the post-test. Additionally, the results from the effect size coefficient show that the interventions of life quality training and self-compassion training did not demonstrate a significant difference in effectiveness in improving life meaning and self-worth, and in reducing the average impulsivity. These findings are consistent with various research outcomes that have confirmed the effectiveness of life quality training on different variables (Golparvar & Bahari, 2014; Ibrahim et al., 2021; Saliman, Sudrajat, & Hartati, 2020; Seifi Gandomani et al., 2016; Yousefi & Sobhani, 2019), as well as numerous studies indicating the effectiveness of self-compassion training in improving various variables (Arimitsu & Hofmann, 2015; Ghadampour et al., 2017; Khalajzadeh & Hashemi, 2019; Levin et al., 2014; Neff & Pommier, 2013; Rasulian, 2019; Yarnell & Neff, 2013).

To explain these findings, it can be said that individuals experiencing grief are at risk of developing depressive syndromes and anxiety disorders, with life events being the primary factor in exacerbating these syndromes. One of the most important domains in life quality is physical health, which pertains to an individual's perception of their ability to perform daily activities and tasks (Yousefi et al., 2009). Among these resources, life meaning is considered a factor that helps to cope with unfavorable situations, enhancing psychological well-being and life quality (Hu & Hirsh, 2017). Life meaning, as a psychological construct, also has a therapeutic rationale (Frankel, Schmukler, & Servén, 2004). Frankl believed that the search for meaning is the primary motivation for humans, and the meaningfulness of life serves as a fundamental component of individuals' mental

and psychological well-being. Indeed, the mechanism of action in these interventions and trainings is that individuals become empowered to prevent or reduce the level of mental disorders while coping with stress. Since many of the problems individuals face in life result from their inability to analyze personal issues correctly, feel out of control and inadequate to face difficult situations, and lack awareness to solve life problems appropriately, life quality training has prepared individuals to face problems and thus has made their personality more resistant to stress and risky situations. In other words, life quality training has increased individuals' knowledge and attitude towards their capabilities, facilitating their adaptation to various environments and helping them face everyday situations in ways acceptable to family and society.

On the other hand, the findings showed that self-compassion training led to improved life meaning and self-worth levels and reduced impulsive behaviors in adolescents. It can be said that since life meaning is identified as an important predictor for psychological well-being and life quality (Ho, Cheung, & Cheung, 2010; Melton & Schulenberg, 2008; Pillion et al., 2017), the lack of this concept directly leads to higher levels of depression (Mascaro & Rosen, 2016), suicidal thoughts (Edwards & Holden, 2001), drug addiction (Henrion-Caude et al., 2002), and so on. As individuals involved in the grieving process experience emotional dysfunction, receiving self-compassion training can increase the likelihood of purposeful behavior to meet these emotional needs, enhancing control over impulses as emotional awareness and mindfulness increase (Javidnia, Mojtabaei, & Bashardost, 2022). Additionally, since self-compassion, by creating a balanced cohesion between concern for oneself and others, ensures psychological well-being (Parsakia & Darbani, 2022), psychological flexibility in life quality and self-compassion in reducing the fear of making mistakes play an intermediary role.

Individuals with high levels of self-compassion, even at a moderate level, benefit more from therapeutic and educational interventions, as self-compassion is associated with a high level of life satisfaction. Self-compassion training, by changing individuals' mindsets about perceived competence loss and creating psychological flexibility against self-criticism and self-blame, improves mental health.

The limitations of the study include the coincidental factor, the measurement tool factor, the study being conducted only among adolescents in Mashhad, and the lack of control over economic and social stratification. It is suggested that longitudinal studies in such groups could provide more accurate information about the personality and psychological characteristics that hypothesize such conditions. Researchers in future studies, in addition to the follow-up phase, should consider long-term follow-ups and use them to gain more confidence in the results from the defined interventions. The findings of this study and other similar studies, while clarifying some important issues in society, create the groundwork for greater accuracy and emphasis on the application of training based on personal development in resolving conflicts. Considering these realities and the results of the present study, it is essential to create facilities to increase therapists' capabilities and apply these theories in treating individuals affected by high-impact events like the COVID-19 pandemic, such as grief and other internal and interpersonal conflicts, to improve and enhance the quality of life of community members.

#### Conflict of Interest

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

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