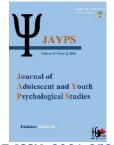


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Effectiveness of Mindfulness-Based Cognitive Therapy on Psychological Distress Syndromes, Rumination, and Self-Compassion in Students with Psychological Distress

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ABSTRACT

Objective: The current research was conducted with the aim of evaluating the effectiveness of Mindfulness-Based Cognitive Therapy (MBCT) on psychological distress syndromes, rumination, and self-compassion in students experiencing psychological distress.

Methods and Materials: This study was applied in nature and employed a quasi-experimental design, specifically a pretest-posttest control group design with a three-month follow-up period. The statistical population consisted of all female medical science students in Tehran during the academic year 2020-2021, from which 30 individuals were selected through purposive sampling and randomly assigned into two groups of 15 (15 in the experimental group and 15 in the control group). Data were collected using the Lovibond and Lovibond (1995) Depression, Anxiety, and Stress Scales, the Nolen-Hoeksema and Morrow (1993) Rumination Scale, and the Neff (2003) Self-Compassion Scale. Mindfulness-Based Cognitive Therapy sessions were conducted in 8 weekly 90-minute group sessions. Data were analyzed through analysis of variance.

Findings: The results of the data analysis indicated that Mindfulness-Based Cognitive Therapy was effective in reducing rumination, psychological distress syndromes, and in increasing self-compassion among students in the experimental group experiencing psychological distress, compared to the control group students who also experienced psychological distress.

Conclusion: Based on the results of this study, health professionals can use Mindfulness-Based Cognitive Therapy to improve rumination, psychological distress syndromes, and self-compassion among students experiencing psychological distress.

Keywords: Mindfulness-Based Cognitive Therapy, psychological distress syndromes, rumination, self-compassion.

1. Introduction

ne of the key indicators for assessing the health of different communities is the mental health of that community. Undoubtedly, mental health plays a significant role in ensuring the dynamism and efficiency of any society. Since students are among the susceptible, elite members of society and the builders of the future of every country, their mental health is of particular importance in learning and increasing scientific awareness (Sokratous et al., 2023). On the other hand, some students may face crises during their academic lives, including financial crisis, mismatch between their field of study and their interests, cultural problems due to being in different cities (place of study), emotional issues, failing in certain courses, and other academic and ethical issues, which have a destructive role in their academic quality and the creation of psychological well-being challenges (Mechraoui, 2023; Moreno-Agostino et al., 2023), leading them to experience psychological distress. Psychological distress is a state of emotional suffering and distress associated with the stresses and demands of life that the individual is unable to cope with healthily and essentially refers to states of depression, anxiety, and stress (Dotti Sani et al., 2023; Ranney et al., 2022). The effects of psychological distress are extensive and cast a shadow over students' lives in cognitive, emotional, and social areas, setting the stage for the emergence of rumination, which worsens the situation (Rahmati et al., 2020).

Rumination plays a significant role in the relationship between life's stressful events. It is considered a coping mechanism for negative mood, involving self-focus, selfreflection, and repetitive and passive focus on negative emotions (Ramezani et al., 2023). Rumination is a negative information processing process that maintains the impact of stressful events (Shaaban, 2020). In fact, rumination is defined as a type of coping style where the individual continually focuses on the symptoms, causes, and consequences of the problem and does not benefit from effective action to solve the issue (Feng et al., 2019). Rumination and worry are two forms of repetitive thinking and contain negative content that leans towards the past and future (Kovács et al., 2020; Nikoogoftar & Sangani, 2020). Individuals with high levels of rumination do not analyze bad and negative situations; instead, they blame and cannot find adequate and effective solutions to their problems (Gorini et al., 2018; Pavandi et al., 2022). However, individuals' responses to life stressors depend on their psychological characteristics, including self-compassion.

Self-compassion is defined as being kind to oneself when things are going poorly, essentially considered as a trait and an effective protective factor for fostering psychological resilience, mental health, and social adaptability (John Jamir Benzon et al., 2022; Shin et al., 2023; Soleymany & Sarifi, 2023). Self-compassion means being connected with one's own suffering and pain instead of avoiding or disconnecting from it, creating a desire to alleviate the pain and being kind to oneself. It also encompasses non-judgmental attitudes towards inadequacies, pain, and failures because the individual experience is part of broader personal experiences (Akbarzadeh & Zahrakar, 2022; Campagna, 2022). Moreover, self-compassion does not confront self-threats because in this cognitive process, the individual does not consider others' evaluations and standards in self-assessment (AghaDavoud Marnani et al., 2022; Aliche, 2023; Aminifar et al., 2023). Self-compassion is a process where individuals' goals are to adapt to problems and adopt a compassionate mindset towards themselves. This entails active adaptation, acceptance of flaws, and awareness of thoughts, emotions, and experiences that are emotionally distressing (Abedini et al., 2022; Movahedrad et al., 2023; Noroozi et al., 2021). Compassionate individuals understand and support themselves, maintaining an open and non-judgmental attitude towards themselves. These individuals can recognize that difficult life circumstances are a natural and common experience among all people (John Jamir Benzon et al., 2022).

Considering the characteristics of psychological distress syndromes, rumination, and self-compassion in the research literature, certain clinical interventions appear more appropriate for improving these factors. One of these interventions is Mindfulness-Based Cognitive Therapy (Bao, 2022). One of the reasons for the increase in psychological and medical research around mindfulness is that it can delineate new dimensions of the mind-body relationship. Results have shown that this type of been effective in treating both intervention has psychological and physical symptoms (Emamverdi & Taher, 2020; Foroozandeh & entezari, 2020). Mindfulness is defined as a state of aroused attention and awareness of what is happening in the present moment (Frostadottir & Dorjee, 2019). In John Kabat-Zinn's definition (2003), mindfulness is defined as training attention in a particular way, purposefully, in the present moment, and nonjudgmentally (Kabat-Zinn, 2003). Mindfulness involves training to pay deliberate attention and full awareness to everything that occurs internally (body, heart, and mind) and externally in

the surrounding environment (Borjali, 2013). Mindfulness, by combining the clarity and alertness of experimental experiences, can create positive changes in happiness and well-being. The main goal of Mindfulness-Based Therapy is for clients to become aware of the effects of mental reactivation through self-monitoring, remain in a mindful state through creating and employing the state of presence, and sit in observation of their thoughts, emotions, or bodily sensations through repeated exercises with intentional direction of attention to a neutral object (e.g., the flow of breath). Mindful individuals perceive internal and external realities freely and without distortion; they have a great ability to deal with a wide range of thoughts, emotions, and experiences (pleasant and unpleasant) (Foroozandeh & entezari, 2020; Frostadottir & Dorjee, 2019). Studies have shown that Mindfulness-Based Therapy is effective in treating disorders such as chronic pain, depression, and selfcompassion. Additionally, Mindfulness-Based Therapy is effective in reducing stress symptoms in women (Borjali, 2013; Cillessen et al., 2022; Foroozandeh & entezari, 2020; Frostadottir & Dorjee, 2019; Grensman et al., 2018; Hertenstein et al., 2012; Hervás et al., 2016; Kim et al., 2010; Kocsis & Newbury-Helps, 2016; Tavakoli & Ebrahimi, 2020).

According to the reviews conducted, so far, no study on a specific population has researched the effectiveness of Mindfulness-Based Cognitive Therapy on psychological distress syndromes, rumination, and self-compassion in students experiencing psychological distress; therefore, the present research has this innovation. Thus, given the stated information, the current research aims to answer the question of whether Mindfulness-Based Cognitive Therapy is effective in improving psychological distress syndromes, rumination, and self-compassion in students experiencing psychological distress.

2. Methods and Materials

2.1. Study Design and Participants

The present study is applied in terms of its objectives and quantitative regarding data gathering. The research design is descriptive-correlational, conducted using path analysis. The study population consisted of women experiencing emotional divorce who were attending counseling and psychology centers (both private and public) in District 2 of Tehran during 2020-2021. A convenience non-random sampling method was used for sample selection. In this type of sampling, individuals are selected based on the relative

ease of access to them. Since accurate statistics of women experiencing emotional divorce were not available, those diagnosed with emotional divorce by therapists were selected as samples upon their consent, following visits to counseling and psychology centers in District 2 of Tehran. Considering the correlational nature of the study, the required sample size was estimated at 280 individuals, which increased to 400 to account for a 30% attrition rate. Finally, 368 individuals were selected as the research sample.

Initially, by visiting the website of the Psychology and Organization, National Welfare Counseling the Organization, and the National Youth Organization, and accessing contact numbers and addresses of counseling centers and offices, a telephone contact was established with the centers, and a meeting was requested after discussing with the technical manager and explaining the research objectives. In the meeting, after explaining the ethical principles, technical managers were asked to collaborate by discussing with center counselors and explaining the research goals. Subsequently, by converting questionnaires into electronic formats, they were made available to the centers, and after completion by participants, the questionnaires were collected.

2.2. Measures

2.2.1. Psychological Distress

Depression, Anxiety, and Stress Scale (DASS-21) was developed by Lovibond and Lovibond (1995) and measures the severity of psychological problems. It contains three subscales and includes 21 questions with a Likert scale, with 7 questions each related to stress (questions 3-5-10-13-16anxiety (questions 2-4-7-9-15-19-20), 17-21), depression (questions 1-6-8-11-12-14-18). The respondent must rate the frequency of the mentioned symptoms over the past week using a 4-point scale (ranging from 0 to 3). In Iran, the reliability coefficient of this tool using Cronbach's alpha coefficient in a sample from the general population (1070 people) has been reported as 0.77 for depression, 0.79 for anxiety, and 0.78 for stress, and the criterion validity of the depression subscale with Beck's Depression Inventory was 0.70, the anxiety subscale with the Zung Anxiety Test was 0.67, and the stress subscale with the Perceived Stress Test was 0.49 (Kazemi Rezaei et al., 2023). The Cronbach's alpha coefficient in the current study was found to be 0.98.



2.2.2. Rumination

Rumination Response Scale (RRS) was designed and developed by Nolen-Hoeksema and Morrow (1993) to measure rumination. It contains 22 questions and is rated on a four-point Likert scale from never (score 1) to always (score 4), where a score of 33 is the cutoff point for the questionnaire, with scores below 33 indicating low rumination and scores above indicating high rumination. Studies have shown that this questionnaire has appropriate validity and reliability, and apart from content validity, its Cronbach's alpha coefficient is 0.93 (Azizi et al., 2023). The Cronbach's alpha coefficient in the current study was found to be 0.98.

2.2.3. Self-Compassion

Self-Compassion Scale (SCS) was created by Neff (2003) to examine individuals' self-compassion, consisting of 26 items and six components: self-kindness (questions 5-12-19-23-26), self-judgment (questions 1-8-11-16-21), common humanity (questions 3-7-10-15), isolation (questions 4-13-18-25), mindfulness (questions 9-14-17-22), and overidentification (questions 2-6-20-24). This questionnaire is scored on a five-point Likert scale from strongly disagree (score 1) to strongly agree (score 5), with higher scores indicating greater self-compassion. Items 1, 2, 4, 6, 8, 11, 13, 16, 18, 20, 21, 24, and 25 are scored in reverse. Khosravi, Sadeghi, and Yabande (2013) have confirmed content validity and reported that the Cronbach's alpha coefficient for self-kindness is 0.81, self-judgment is 0.79, common humanity is 0.84, isolation is 0.85, mindfulness is 0.80, overidentification is 0.83, and the total scale is 0.76 (Soleymany & Sarifi, 2023). The Cronbach's alpha coefficient in the current study was found to be 0.84.

2.3. Intervention

2.3.1. Mindfulness-Based Cognitive Therapy

Mindfulness-Based Cognitive Therapy (MBCT) involves structured sessions focusing on mindfulness practices,

cognitive behavioral techniques, and discussions to help participants deal with psychological distress, rumination, and self-compassion (Foroozandeh & entezari, 2020; Tavakoli & Ebrahimi, 2020):

Session 1: Introduction and Mindfulness Basics Introduce MBCT, discuss the concept of mindfulness, and practice mindful breathing.

Session 2: Perception and Creative Responding

Explore the connection between perception and stress, and introduce different mindfulness practices.

Session 3: Mindfulness in Daily Life

Integrate mindfulness into daily activities and routines.

Session 4: Staying Present

Focus on maintaining mindfulness in challenging situations and developing strategies to stay present.

Session 5: Acceptance and Allowing/Letting Be

Discuss acceptance and practice mindfulness exercises that promote letting go of control.

Session 6: Thoughts are Not Facts

Explore the nature of thoughts and practice recognizing and disengaging from unhelpful thought patterns.

Session 7: How Can I Best Take Care of Myself

Discuss self-care and compassion, and explore ways to integrate self-compassion into daily life.

Session 8: Using What Has Been Learned to Deal with Future Moods

Review key concepts, discuss applying mindfulness and cognitive strategies to future challenges, and plan for maintaining mindfulness practice.

2.4. Data analysis

Data were analyzed through analysis of variance.

3. **Findings and Results**

The highest percentage of individuals, 17.8%, were aged between 23 and 24 years. The lowest frequencies were for the ages of 18 years at 4.4% and 20 years at 8.9%.

Table 1 Descriptive Statistics

Variables	Minimum	Maximum	Mean	Standard Deviation	Skewness	Kurtosis
Psychological Distress	1	63	39.0963	19.26364	-0.455	-1.414
Stress	0	21	12.5481	6.87274	-0.447	-1.366
Anxiety	0	21	12.5111	6.34678	-0.360	-1.268
Depression	1	21	14.0370	6.40476	-0.475	-1.369





Self-Compassion	61	103	80.3630	5.09552	1.182	6.141
Self-Kindness	5	25	12.6148	5.38930	0.434	-1.128
Self-Judgment	5	25	17.6593	5.4937	-0.424	-1.167
Common Humanity	4	20	10.8815	4.77720	0.312	-1.253
Isolation	4	20	13.6963	4.65732	-0.249	-1.342
Mindfulness	4	18	10.9407	3.39394	0.048	-1.019
Over-Identification	7	20	14.5926	4.13990	-0.330	-1.398
Rumination	527	88	60.8444	11.83124	-0.232	-1.581

Tabachnick and Fidell (1996) believe that if the skewness and kurtosis of the scales are less than |2|, there is no need to transform the scales, and continuing the analysis with these scales does not impair the results. As seen in Table 1, all items of this scale and the total score, in the current sample, had skewness and kurtosis less than |2|.

Mauchly's test of sphericity tests the null hypothesis that the error covariance matrix of the transformed dependent variables is an identity matrix. In this test, 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 accepted, and it is necessary to use one of the other three tests: Greenhouse-Geisser, Huynh-Feldt, or the lower-bound, which correct the degrees of freedom. In this study, given that the probability value is 0.045, the null hypothesis is rejected. Based on the next three tests, the probability value is higher than 0.05, and the null hypothesis is accepted.

Table 2

Analysis of Variance Results for Psychological Distress

Effect	Value	F-Value	df	Error df	р	Partial Eta Squared	
Pillai's Trace	0.984	396.277	2	13	p < .001	0.984	
Wilks' Lambda	0.016	396.277	2	13	p < .001	0.984	
Hotelling's Trace	60.966	396.277	2	13	p < .001	0.984	
Roy's Largest Root	60.966	396.277	2	13	p < .001	0.984	

Based on Table 2 and the probability column, the null hypothesis (i.e., the equality of means across pre-test, post-test, and follow-up times) can be rejected because the probability value is less than the minimum first type error probability (0.05). Hence, all test statistics, including Pillai's trace, Wilks' lambda, Hotelling's trace, and the largest root,

also vote to reject the null hypothesis. Therefore, it can be concluded that Mindfulness-Based Cognitive Therapy has an effect on changing psychological distress syndromes in students with psychological distress up to the follow-up stage.

 Table 3

 Analysis of Variance Results for Rumination

Effect	Value	F-Value	df	Error df	р	Partial Eta Squared
Pillai's Trace	0.958	147.861	2	13	p < .001	0.958
Wilks' Lambda	0.042	147.861	2	13	p < .001	0.958
Hotelling's Trace	22.748	147.861	2	13	p < .001	0.958
Roy's Largest Root	22.748	147.861	2	13	p < .001	0.958

Regarding the variable of rumination, in this study, given that the probability value is 0.682, the null hypothesis of Mauchly's test of sphericity is accepted. Based on the Table 3 and the probability column, the null hypothesis (i.e., the equality of means across pre-test, post-test, and follow-up times) can be rejected because the probability value is less

than the minimum first type error probability (0.05). Therefore, all test statistics, including Pillai's trace, Wilks' lambda, Hotelling's trace, and the largest root, also vote to reject the null hypothesis. Therefore, it can be concluded that Mindfulness-Based Cognitive Therapy has an effect on



rumination in students with psychological distress up to the follow-up stage.

 Table 4

 Analysis of Variance Results for Self-Compassion

Effect	Value	F-Value	df	Error df	р	Partial Eta Squared
Pillai's Trace	0.537	7.551	2	13	p < .001	0.537
Wilks' Lambda	0.463	7.551	2	13	p < .001	0.537
Hotelling's Trace	1.162	7.551	2	13	p < .001	0.537
Roy's Largest Root	1.162	7.551	2	13	p < .001	0.537

Also, regarding the sphericity assumption for the self-compassion variable, in this study, given that the probability value is 0.682, the null hypothesis is accepted.

The test results are shown in Table 4. Based on this table and the probability column, the null hypothesis (i.e., the equality of means across pre-test, post-test, and follow-up times) can be rejected because the probability value is less than the minimum first type error probability (0.05). Therefore, all test statistics, including Pillai's trace, Wilks' lambda, Hotelling's trace, and the largest root, also vote to reject the null hypothesis. Therefore, it can be concluded that Mindfulness-Based Cognitive Therapy has an effect on mindfulness in students with psychological distress up to the follow-up stage.

4. Discussion and Conclusion

The present research aimed to evaluate the effectiveness of Mindfulness-Based Cognitive Therapy (MBCT) on psychological distress syndromes, rumination, and selfcompassion in students experiencing psychological distress. The first finding of the research indicated that MBCT was effective in reducing psychological distress syndromes in students experiencing psychological distress. Mindfulness not only significantly reduces stress in individuals but also decreases physiological (reduction in cortisol) and psychological levels of stress and anxiety concurrently. This has led to MBCT being considered one of the evidencebased treatments in the area of stress reduction. MBCT can assist individuals in releasing themselves from automatic thoughts, habits, and unhealthy behavioral patterns, and thus plays a significant role in behavioral regulation (Borjali, 2013; Frostadottir & Dorjee, 2019). MBCT is effective in increasing muscle relaxation and reducing worry, stress, and anxiety. The primary mechanism of mindfulness is attention regulation because focusing attention repeatedly on a neutral stimulus like breathing creates a suitable attentional environment (Foroozandeh & entezari, 2020; Hertenstein et al., 2012; Tavakoli & Ebrahimi, 2020). Mindfulness-based training, by correcting negative cognitions, allows for dialogue and engagement with life's problems and decision-making, reducing negative emotions, pressure, stress, anxiety, and consequently, feelings of energy depletion, fatigue, and sadness, meaning a reduction in depression (Cillessen et al., 2022; Tavakoli & Ebrahimi, 2020).

The second finding of the research showed that MBCT was effective in reducing rumination in students with psychological distress. This finding is consistent with the results previous studies (Cillessen et al., 2022; Foroozandeh & entezari, 2020; Frostadottir & Dorjee, 2019; Grensman et al., 2018; Hervás et al., 2016; Kocsis & Newbury-Helps, 2016; Tavakoli & Ebrahimi, 2020). Regarding the effectiveness of MBCT, the primary focus is on present moment mental events in a non-judgmental state, helping individuals to recognize and perceive their negative emotions without avoidance or punishment and without drowning in those emotions, but instead considering mental events as transient and passing (Foroozandeh & entezari, 2020; Frostadottir & Dorjee, 2019; Grensman et al., 2018; Kocsis & Newbury-Helps, 2016). Researchers believe that MBCT reduces rumination by directing individuals' attention to the present moment, preventing them from putting themselves under the stress and pressure of dealing with negative thoughts, thus reducing rumination (Cillessen et al., 2022; Tavakoli & Ebrahimi, 2020). This is particularly important as rumination is prevalent across a wide range of psychological issues. Studies showed that MBCT not only reduces rumination in individuals but is also effective in other mood disorders and individuals with high levels of stress, potentially leading to a reduction in rumination, suggesting that rumination is a general and similar construct across psychological disorders with no significant differences in its operational mechanism (Grensman et al., 2018; Hervás et al., 2016; Kocsis & Newbury-Helps, 2016; Tavakoli & Ebrahimi, 2020).



The third finding of the research showed that MBCT was effective in enhancing self-compassion in students experiencing psychological distress. This finding aligns with the results of previous studies (Abedini & Joibari, 2023; Aliche, 2023; Chan et al., 2022; Conversano et al., 2020; Hollis-Walker & Colosimo, 2011; Kazemi Rezaei et al., 2023; Leeuwerik et al., 2020; Neff, 2016; Neff & Germer, 2013; Raes, 2011; Roeser et al., 2023; Soleymany & Sarifi, 2023; Thimm, 2017). In explaining the effectiveness of MBCT on self-compassion, it can be said that mindfulness, as a process involving paying attention to the present moment in a particular, purposeful, and non-judgmental manner, can play a significant role in improving selfcompassion. Mindfulness is not a technique for understanding the past or correcting past wrong ways of thinking but helps in bringing awareness to the underlying stimuli of cognitions, emotions, and behaviors, aiding in understanding the hidden themes of life (Frostadottir & Dorjee, 2019). In the process of mindfulness, the individual realizes that emotions consist of thoughts, bodily sensations, raw feelings, and impulses without judgment or blame. Furthermore, the individual understands that emotions like anger often signify deeper and broader inefficiencies in how we connect with ourselves, others, and the world, indicating that emotions provide internal and external information and are signs that should be observed at the moment without judgment or blame (Tavakoli & Ebrahimi, 2020). Thus, in mindfulness, through non-judgmental attitude training towards emotions and observing their different physical, mental, and impulsive dimensions, people learn not to habitually engage in emotions such as self-unfriendliness but to attend to and react to them differently. Essentially, mindfulness is a method for arranging the mind and acts like a microscope revealing the deepest patterns of the mind; when observed in action, thoughts and emotions disappear on their own, and the individual develops greater selfcompassion, thereby logically stating that MBCT is effective in enhancing self-compassion.

5. Limitations & Suggestions

Since this research was conducted on female medical science students in Tehran, caution should be exercised by researchers and users of this research's results when generalizing these findings to students from other universities and male students. This study could have been conducted both quantitatively and qualitatively (mixed-methods), but due to the lack of interview conditions, this

possibility was not available in the current study, which was one of the research limitations. Future studies should use mixed-methods designs (qualitative and quantitative), larger sample sizes, and more sophisticated statistical methods that allow for deeper analysis and better conclusions. Also, experts and therapists in the field of anxiety and depression are advised to use MBCT as a model for reducing psychological distress syndromes, rumination, and enhancing self-compassion in working with individuals with psychological distress.

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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 contributed equally.

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