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Effectiveness of Compassion Therapy on Psychological Well-being and Feelings of Shame and Guilt in Underachieving Gifted Adolescents

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ABSTRACT

Objective: Attention to the psychological problems of underachieving gifted students is crucial; thus, the present study aimed to investigate the effectiveness of compassion therapy training on the psychological well-being and feelings of shame and guilt in underachieving gifted adolescents.

Methods and Materials: This research was semi-experimental with a pre-test, post-test, and follow-up design, including a control group. The statistical population consisted of all female students from the first-grade high schools of the National Organization for Development of Exceptional Talents in Isfahan in the academic year 2022-2023. From this population, a sample was purposefully selected based on the criteria for underachievement and was then randomly assigned to the experimental (15 individuals) and control (15 individuals) groups. The experimental group received compassion therapy intervention (Gilbert, 2009) over the course of one month, spanning 8 sessions of 90 minutes each. The research instruments included the Academic Achievement Questionnaire (Salehi, 2014), Psychological Well-being (Ryff, 2002), and Feelings of Guilt (Eysenck, 2007). Mixed analysis of variance was used for data analysis.

Findings: The findings indicated that the mean scores of the post-test and follow-up for psychological well-being in the experimental group showed a significant increase ($F = 103.859, P < 0.001$), and the scores for feelings of guilt showed a significant decrease ($F = 84.716, P < 0.001$).

Conclusion: The compassion therapy program can positively impact the enhancement of psychological well-being and the improvement of feelings of guilt in underachieving gifted adolescents.

Keywords: *Feelings of guilt, Psychological well-being, Underachieving gifted adolescents, Compassion therapy.*

1. Introduction

Giftedness refers to superior intelligence, cognition, creativity, and high motivation in a child, distinguishing them from most peers and enabling them to contribute valuable offerings to society (Ozcan & Kotek, 2015). Gifted students have long been the focus of educational specialists due to their potential for significant achievement (Özbek & Dağyar, 2022). According to the National Association for Gifted Children (2015), a gifted student is defined as one who, when compared to peers of similar age, experience, and environment, demonstrates potentially higher levels of achievement. The prevailing expectation is that gifted students are motivated and successful, performing excellently in school. However, sometimes this expectation is unmet, and a small fraction of gifted students, despite their high intelligence, fail to achieve adequate progress and exhibit poor performance. Their academic performance lags behind their abilities and talents, leading to a phenomenon known as underachievement, where they are referred to as underachievers or unsuccessful (Cash & Lin, 2021; Eyni et al., 2021; Özbek & Dağyar, 2022).

Underachievement is a term applicable to all students but may have more severe consequences for gifted and talented students, becoming a significant issue for them and their families. It has long been recognized as a problem for some gifted children (Alexopoulou et al., 2019). The term underachievement refers to the discrepancy between a student's school performance and their actual ability (Jenaabadi et al., 2015; McCoach & Siegle, 2003). Underachieving students show a substantial gap between expected and actual achievements, as determined by teachers and grades. This gap should not directly result from a learning disability and must persist over an extended period. Underachievement is defined as a significant difference between academic performance and some manifestations of actual ability, such as academic progress as observed by teachers and parents, intelligence, and creativity criteria (Aghajanpourian Vahid et al., 2022; Oreshkina & Greenberg, 2010).

One of the psychological variables associated with the academic achievement of underachieving gifted students is psychological well-being (Cash & Lin, 2021). This construct is one of the intriguing topics in the life and performance of gifted students. Examining this variable in gifted students highlights the reality that despite their high cognitive and intellectual abilities leading to progress and high-level

performance, they may also experience problems in terms of well-being and mental health (Lee & Park, 2016; Ryff & Singer, 2006). Therefore, understanding and examining the emotional, social, and mental health characteristics of gifted children can further accelerate their talents, with psychological well-being being one of the most critical issues. Psychological well-being means having a positive feeling in life, where the individual strives to realize their potential and abilities (Lee & Park, 2016).

One of the emotional states related to psychological well-being is guilt, encompassing feelings ranging from self-disappointment and sadness to feelings of being stained and stigmatized. Guilt represents a judgment about one's behavior or actions, allowing the individual to change behavior or actions that negatively impacted others (Luck & Luck-Sikorski, 2022). Robinaugh and McNally (2010) argue that guilt is not a cognitive state but an emotional one. Guilt in children reduces their psychological well-being and quality of life (Robinaugh & McNally, 2010). Sisk (2021) believes that guilt in underachieving gifted students causes their performance in the environment to be accompanied by fear and anxiety, making it difficult for them to adapt well to different settings (Sisk, 2021).

One of the therapies that can effectively reduce psychological disorders is compassion therapy, introduced as a third-generation therapy. The main element of compassion therapy is kindness combined with a deep awareness of the suffering of oneself and other beings, along with efforts to alleviate it (Gilbert, 2009; Gilbert & Procter, 2006). Compassion therapy is an approach emphasizing emotional regulation using cognitive and behavioral principles, involving self-care and compassion in facing hardships or perceived deficiencies (Neff, 2011; Neff & Pommier, 2013). Self-compassion enhances the interaction between body and brain, aiding as a mental solace (Saffari Bidhendi et al., 2022; Safikhni Gholizadeh et al., 2024). Compassion-focused therapy (CFT) is a non-directive, client-centered method that increases the client's intrinsic motivation towards change by exploring and resolving their doubts. Unlike other therapies, it directly addresses and resolves the client's ambivalence and resistance to change (Rezayi & Nastiezaie, 2023). Research shows that self-compassion is crucial in moderating individuals' reactions to distressing situations, including failure, rejection, embarrassment, guilt, frustration, and other negative events (Elison et al., 2006). Neff and Pommier (2013) state that high self-compassion is associated with psychological well-

being and protects individuals from anxiety (Neff & Pommier, 2013).

No research has been conducted on the psychological problems of underachieving gifted students; however, on the effectiveness of compassion-based therapy, Stoeberl et al. (2020) found that self-compassion training could reduce negative perfectionism and, consequently, depression (Stoeberl et al., 2020). Candea and Szentagotai-Tatar (2018), in a study of 136 people, found that self-compassion is a useful strategy for regulating shame and guilt and cognitive re-evaluation (Candea & Szentagotai-Tatar, 2018). Gilbert and Procter (2006), in a group therapy approach, showed that compassion training is effective for individuals with high self-criticism, significantly reducing depression, anxiety, submissive behaviors, self-criticism, shame, and self-contempt (Gilbert & Procter, 2006). Neff (2011) showed that self-compassion training improves self-confidence and mental health (Neff, 2011). Given the lack of research on the psychological problems of underachieving gifted adolescents and the significant focus on their academic issues, along with the notable effectiveness of compassion-based therapy in the realm of emotional disorders, this study aims to investigate the effectiveness of compassion therapy on the psychological well-being and feelings of shame and guilt in underachieving gifted adolescents. This raises the question of whether compassion therapy affects the psychological well-being and feelings of shame and guilt in underachieving gifted adolescents.

2. Methods and Materials

2.1. Study Design and Participants

The present study used a semi-experimental pre-test, post-test, and follow-up design (one month after the post-test) with a control group. The statistical population included all 13 to 15-year-old female students recognized as gifted and studying in the first-grade high schools of the National Organization for Development of Exceptional Talents in Isfahan during the academic year 2022-2023. The sample included those students who met the criteria for academic underachievement. Purposeful sampling was used to identify and include them in the sample, where underachievement criteria involve the discrepancy between intellectual potential and academic performance, as mentioned in previous research. Upon entering the gifted school, two methods were used to select underachieving gifted students. The first method involved assessing academic performance by teachers, and the second was completing the Academic

Achievement Questionnaire. For the first method, three teachers (mathematics, language, and science) were asked to rate the academic performance of gifted students in their class as excellent, expected, or below expectations. The second method involved administering the Academic Achievement Questionnaire (Salehi, 2014), consisting of items on objective achievement (student's GPA, teacher's opinion, and parent's opinion on the student's academic status) and subjective achievement (academic satisfaction, sense of academic success, and academic persistence) to all students. Initially, each section of the questionnaire was completed by the relevant individuals. Finally, students who scored the lowest on the Academic Achievement Questionnaire and whose academic performance was rated below expectations by teachers were selected. Thirty students were randomly selected from this group and then randomly assigned to experimental (15 individuals) and control (15 individuals) groups, remaining in the study throughout the intervention phases. Information related to them was used in the pre-test, post-test, and follow-up stages to generalize the findings to the statistical population. After the pre-test, the experimental group received compassion therapy intervention in eight 90-minute sessions, twice a week, conducted in groups. The control group received no psychological treatment during this period. After the educational sessions, both experimental and control groups completed the study questionnaires again, and the follow-up phase was conducted one month later.

Inclusion criteria were the willingness to participate in the study, an age range of 13 to 15 years, an IQ of 130 or above, and poor academic performance. Exclusion criteria included non-cooperation in therapy sessions, absence for more than one session, and parental disapproval for participation. Ethical considerations were observed by obtaining consent from participants and assuring them they could withdraw from the intervention at any time and that the study results would be reported anonymously.

2.2. Measures

2.2.1. Academic Achievement

Developed by Salehi (2014), this questionnaire consists of 30 items scored on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree), with scores ranging from 30 to 150, where higher scores indicate greater academic success. Salehi (2014) confirmed the instrument's validity using internal consistency and reported a Cronbach's alpha

reliability of 0.84 (Yengimolki et al., 2015). In the present study, the Cronbach's alpha reliability was 0.88.

2.2.2. Guilt

Developed by Eysenck (2007) to measure feelings of guilt, this scale consists of 30 items scored on a 0-1 scale, with scores ranging from 0 to 30. Hariri (2008) reported reliability coefficients of 0.67 and 0.68 using Cronbach's alpha and split-half methods, respectively (Mahmoudpour et al., 2021). In this study, the Cronbach's alpha reliability was 0.90.

2.2.3. Psychological Well-Being

Developed by Ryff in 1989, this questionnaire includes 84 questions across six subscales: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance, with each subscale containing 14 questions. Questions are scored on a 6-point Likert scale from strongly disagree (1) to strongly agree (6), with scores ranging from 84 to 504. Ryff and Singer (2006) reported suitable reliability for the scale using Cronbach's alpha, with coefficients ranging from 0.72 to 0.89 for the well-being components. In Iran, Moltafet and Kheir (2011) reported internal consistency for the subscales of purpose in life, personal growth, and environmental mastery as 0.92, 0.91, and 0.81, respectively, using Cronbach's alpha. Bayani et al. (2008) confirmed the scale's validity using construct validity, correlating it with the life satisfaction scale, happiness questionnaire, and self-esteem questionnaire, yielding respective values of 0.48, 0.58, and 0.17 (Rezayi & Nastiezaie, 2023). In this study, the Cronbach's alpha reliability for the questionnaire was 0.75.

2.3. Intervention

2.3.1. Compassion Therapy

The compassion therapy intervention, developed by Gilbert in 2009 for adolescent, young adult, and adult groups, was delivered in eight 90-minute sessions (Gilbert, 2009):

Session 1: Introduction and Pre-test Administration

The first session is focused on introducing group members to each other and establishing group rules. The session includes an explanation of the study variables and an introductory overview of compassion-based therapy. Participants are provided with a clear understanding of the

intervention's objectives, and the pre-test is administered to assess baseline measures.

Session 2: Understanding Compassion

This session provides an in-depth explanation of what compassion is and how compassion-based therapy can help address various problems. The discussion includes the definition of compassion, its importance, and the mechanisms through which it operates to enhance well-being and reduce feelings of shame and guilt.

Session 3: Cultivating Compassion and Empathy

Participants learn about developing compassion and empathy, focusing on increasing their range of emotions related to caring for others' well-being. The session includes exercises on compassionate thinking, focusing on compassion, compassionate behavior, and compassionate imagery. Participants are encouraged to reflect on compassion towards others and its impact on their own well-being.

Session 4: Learning Forgiveness and Acceptance

This session focuses on teaching forgiveness, including accepting mistakes and forgiving oneself to facilitate change. Participants are guided through exercises to increase warmth, energy, mindfulness, and acceptance of challenges and changes. The session emphasizes the importance of wisdom, strength, warmth, and non-judgmental attitudes in overcoming life's challenges.

Session 5: Developing Valuable and Elevated Emotions

Participants are taught how to cultivate valuable and elevated emotions to interact effectively with their environment. The session includes mindfulness exercises, examining beliefs that lead to unhelpful emotions, and discussing the advantages and disadvantages of these emotions. The aim is to foster feelings that contribute to a positive and productive life.

Session 6: Learning Responsibility and Self-compassion

Responsibility is a key component of self-compassion training. Participants learn to recognize self-critical thoughts and develop new, more effective perspectives and feelings. The session includes compassionate color exercises, compassionate voice and imagery exercises, and letter-writing based on compassion to reinforce these concepts.

Session 7: Compassionate Letter Writing and Emotional Practice

This session involves exercises in compassionate letter writing, addressing anger with compassion, and overcoming fears of compassion. Participants practice these skills to prepare for the end of the group sessions. The focus is on

consolidating what has been learned and applying it to real-life situations.

Session 8: Review, Summary, and Post-test Administration

The final session is dedicated to reviewing and summarizing the key points of the intervention. Participants reflect on their experiences and progress. The session concludes with the administration of the post-test to measure the changes from the baseline. Participants are encouraged to continue applying the principles of compassion therapy in their daily lives.

2.4. Data analysis

Descriptive statistics (mean and standard deviation) and inferential statistics (Shapiro-Wilk test for normality, Levene's test for equality of variances, and ANCOVA) were used to analyze the data. Statistical results were analyzed using SPSS-25 software.

3. Findings and Results

The mean age and standard deviation of the participants in the study were 14.45 and 2.78, respectively. Descriptive statistics for psychological well-being and guilt are presented in [Table 1](#).

Table 1

Descriptive Statistics of Psychological Well-being and Guilt in Groups and Measurement Phases

Variable	Time	Pre-test	Post-test	Follow-up
Psychological Well-being	Group	Experimental	Control	Experimental
	Mean	154.66	150.99	184.32
	SD	39.95	36.19	43.70
Guilt	Mean	20.58	19.30	13.88
	SD	3.88	3.45	3.23

Descriptive findings in [Table 1](#) show that the mean scores for guilt in the post-test and follow-up decreased compared to the pre-test, and the mean scores for psychological well-being in the post-test and follow-up increased compared to the pre-test. In both cases, no significant changes were observed in the control group.

To examine the effect of the self-compassion approach on psychological well-being and guilt, mixed analysis of variance was used. Before performing this test, the assumptions, including normality of data distribution, equality of error variances, and equality of covariance matrices between groups, must be checked. The results of the Kolmogorov-Smirnov test to check the normality of the data distribution showed that the obtained Z value was not significant in all measurement phases of the two dependent variables ($P > .05$). Therefore, the assumption of normality of data distribution is met. Additionally, the results of the

Levene's test to check the equality of error variances in the three tests for guilt and psychological well-being indicated that the obtained F values were not significant ($P > .05$). Consequently, there was no significant difference between the error variances of the groups, and the assumption of homogeneity of error variances is met, allowing the use of mixed analysis of variance. Furthermore, the results of Box's M test to check the assumption of equality of observed covariance matrices of the dependent variables between groups showed that the obtained F values for the variable guilt were not significant at the .05 level. Therefore, it can be said that in both dependent variables of the study, the assumption of equality of observed covariance matrices is met.

[Table 2](#) presents the results of the between-group analysis of variance.

Table 2

Between-Group Analysis of Variance

Variable	Source	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Psychological Well-being	Time * Group	2421.008	1	2421.008	101.584	.001	.637
	Group	2475.208	1	2475.208	103.859	.001	.642
Guilt	Time * Group	216.008	1	216.008	116.998	.001	.669
	Group	156.408	1	156.408	84.716	.001	.594

As shown in Table 2, the effect of the group ($F = 103.859$) and the interaction of time and group ($F = 101.584$) for psychological well-being are significant at the .001 level. Similarly, the effect of the group ($F = 84.716$) and the

interaction of time and group ($F = 116.998$) for guilt are also significant at the .001 level. Table 3 presents the results of the Bonferroni test for mean comparisons.

Table 3

Bonferroni Test for Mean Comparisons

Variable	Time	Mean Difference	Standard Error	Sig.
Psychological Well-being	1 - 2	-14.550	1.087	.001
	1 - 3	-9.083	.891	.001
	2 - 3	5.467	.609	.001
Guilt	1 - 2	3.433	.254	.001
	1 - 3	2.283	.248	.001
	2 - 3	-1.150	.177	.001

The examination of the means in Table 3 shows that the differences between the means of psychological well-being and guilt in the first time (pre-test) with the second time (post-test) and the third time (follow-up), as well as the second time (post-test) with the third time (follow-up), are significant at the .001 level.

4. Discussion and Conclusion

The present study aimed to investigate the effectiveness of compassion therapy on the psychological well-being and feelings of shame and guilt in underachieving gifted adolescents. The results confirmed the hypothesis that compassion therapy affects the psychological well-being and feelings of shame and guilt in underachieving gifted students.

To explain the first finding of the study regarding the effectiveness of compassion therapy training on increasing psychological well-being in underachieving gifted students, it can be stated that achieving positive emotions, happiness, and overall psychological well-being is a challenging goal for underachieving gifted students. In this study, compassion-based therapy helped participants overcome problems and recognize individual competencies in facing situations with positive focus, regular planning, and condition evaluation. These activities allowed participants to express their emotions appropriately and maintain their emotional health and cohesion. The adaptive regulation and management of emotions enable students to moderate positive and negative feelings, achieve a better understanding of situations, and learn to manage their emotions, thus enhancing their psychological well-being. This finding is consistent with the results of prior studies (Căndea & Szentágotai-Tătar, 2018; Gilbert, 2009; Neff,

2011; Saffari Bidhendi et al., 2022; Stoeber et al., 2020) on the effectiveness of compassion therapy in improving psychological well-being.

Another explanation is that compassion-based therapy, by increasing self-compassion, facilitates emotional changes for greater self-care and support, enhances the ability to accept distress, and reduces emotional disturbances (Gilbert, 2009; Gilbert & Procter, 2006). In fact, this therapy helped underachieving gifted students control their emotions and ruminations, learn to regulate inappropriate behaviors, and improve their mental health, which was effective in increasing their psychological well-being. Individuals with high self-compassion are more inclined to accept their role and responsibility in negative events (such as poor academic performance in subjects), view negative events in relation to what they are, but ruminate less about these events, and consequently, experience fewer negative emotions in response to their mistakes.

Zeidan et al. (2010) believe that increased self-compassion is associated with reduced negative psychological symptoms and negative emotions, leading to increased positive emotions and psychological well-being. It is worth noting that some of the strategies and guidelines related to compassion-based therapy are designed based on mindfulness components and exercises (Zeidan et al., 2010). To explain this finding, it can be said that mindfulness exercises were used to help students increase awareness and change challenging situations, including negative emotional states, without reacting automatically and habitually. In mindfulness, individuals accept experiences as separate elements from themselves and as transient states, seeing them as subjects for change. Therefore, rather than exploring or avoiding these experiences cognitively or behaviorally, which can both be painful, they accept these experiences like

any other neutral or non-emotionally charged experiences and eventually internalize them.

To explain the second finding of the study regarding the effectiveness of compassion therapy in reducing feelings of shame and guilt in underachieving gifted students, based on the views of Neff and Pommier (2013), it can be said that self-compassion involves being kind to oneself, viewing experiences as part of human life, and being aware of painful thoughts and feelings without being caught up in them. In this intervention, self-forgiveness was one of the most important variables that could help individuals process events in which they felt guilt and shame (such as failing an exam) more adaptively (Neff & Pommier, 2013). In this study, compassion therapy strategies helped underachieving gifted students re-evaluate their maladaptive cognitions that caused feelings of shame and guilt about themselves and replace them with being loved, understood, and cared for instead of self-criticism (Gilbert & Procter, 2006). This finding aligns with the results of prior studies (Cândeia & Szentágotai-Tátar, 2018; Gilbert, 2009; Mahmoudpour et al., 2021) on the effectiveness of compassion therapy in reducing feelings of guilt.

Another explanation is that guilt is recognized as a self-conscious emotion triggered by self-reflection and negative self-evaluation. If an individual does not have appropriate emotion regulation, they can intensify this feeling by giving themselves feedback about their thoughts, intentions, and behaviors (Mahmoudpour et al., 2021; Safikhni Gholizadeh et al., 2024). Therefore, since compassion therapy can play an effective role in regulating emotions, using compassion therapy strategies in this study helped underachieving gifted students provide more appropriate feedback to their behaviors, reducing the intensity of guilt. In a third explanation of this finding, it can be said that in compassion-based therapy, underachieving gifted students were taught not to avoid or suppress their painful feelings. As a result, they could recognize their experiences, show compassion towards them, and develop a compassionate attitude towards themselves. In other words, in the process of delivering this intervention, students realized that mistakes are a common human experience and that harsh judgment is useless. Instead, they should accept it consciously and compassionately as a part of their life experiences.

5. Limitations & Suggestions

The limitations of this study include that the sample was exclusively 13 to 15-year-old underachieving gifted female

students in Isfahan, so caution should be taken in generalizing the results. The second limitation was the lack of information and control over additional education that teachers might have provided to these students. In line with this and the results of the present study, therapists and mental health professionals are advised to address these limitations in future research and repeat the study with a larger sample size in other regions and age ranges. Additionally, professionals in this field are encouraged to use the compassion therapy approach as a model to enhance the psychological well-being and reduce feelings of shame and guilt in underachieving gifted students.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics Considerations

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

Transparency of Data

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

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Authors' Contributions

All authors equally contributed to this article.

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