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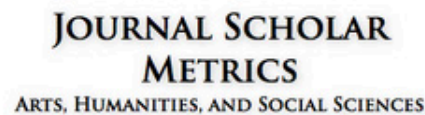
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Effectiveness of Self-compassion Training on Repetitive Negative Thinking and Psychological Distress in Victims of Bullying

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ABSTRACT

The study aimed to analyze the effectiveness of self-compassion training on recurrent negative thinking and psychological distress in students' victims of bullying. A quasi-experimental study was carried out with pretest/posttest measures and a control group. The sample of participants was obtained in 2023 among male secondary school students in the city of Tabriz (Iran). Fifty students who were victims of bullying were selected as participants and were randomly divided into the experimental group and the control group. The experimental group received 8 sessions of self-compassion training over two months, one 90-minute session per week. All participants completed the evaluation instruments in pre-test and post-test. Data were analyzed using multivariate analysis of covariance. The results showed that self-compassion training had a significant effect on reducing the components of psychological distress and negative thinking ($p < .001$), reducing anxiety, depression, and negative thoughts after self-compassion training.

Keywords: self-compassion, psychological distress, negative thinking, victims of bullying.

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Novelty and Relevance

What is already known about the topic?

- Self-compassion is considered an important protective factor for dealing with negative experiences and suffering.
- Self-compassion reduces the harmful effects of self-criticism and self-judgment and improves psychological well-being.

What this paper adds?

- The study shows the effect of self-compassion training as a protective factor in the context of bullying.
- Self-compassion can be useful in schools to reducing stress, anxiety and depression of the victims of bullying.

Violence in the school environment has long been a topic of interest in scientific, social, legal and health communities due to its negative consequences (Montes, Sanmarco, Novo, Cea, & Arce, 2022). Bullying is the most common type of violence in the social context, which occurs intentionally and repeatedly, through physical, verbal and relational forms in situations where there is a power difference (Zhang & Jia, 2023). Being a victim of bullying refers to a situation in which a student repeatedly and over time receives such violent actions from one or more of his peers (bullies) (Núñez Fadda, Castro Castañeda, Vargas Jiménez, Musitu Ochoa, & Callejas Jerónimo, 2022). The prevalence of bullying behaviors based on gender differences in different countries has been reported between 5% and 65% (Lee, Harris, & Kim, 2022). Regarding the gender of the victims, research has shown that boys are more vulnerable to threats, intimidation, physical aggression and attacks on personal belongings, while girls are more vulnerable to verbal abuse and social rejection (Balluerka, Aliri, Goñi Balentziaga, & Gorostiaga, 2023; Núñez Fadda *et alii*, 2022). Recent findings show that such differences are ambiguous in specific socio-cultural contexts and are evolving due to historical changes in gender inequalities (Smith, López-Castro, Robinson, & Görzig, 2019).

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Research to date has clearly established that exposure to bullying is a high-prevalence school mental health concern worldwide (Zhang & Jia, 2023), which can have detrimental short- and long-term effects on students' health and well-being, as well as on their general functioning (Mohammadi, Badri, FathiAzar, & Nemati, 2021; Schoeler, Duncan, Cecil, Ploubidis, & Pingault, 2018), and specifically cause anxiety, depression, suicidal thoughts (Burger, 2022), and decrease psychological adjustment at school, feelings of insecurity, and poor academic performance (Jantzer et alii, 2022), and externalizing problems, such as drug use, violent and antisocial behaviors, and risky sexual behaviors (Eastman et alii, 2018). Adolescents who are bullied at school are 2.6 times more likely to develop psychiatric disorders than other students (Bowornkittikun, 2020), and may be more prone to psychological distress (Xie & Cui, 2022).

Psychological distress is defined as suffering that manifests as symptoms of depression and anxiety, from mild to severe, when stress overcomes personal coping resources (Nuñez Fadda et alii, 2022). Some authors argue that stress should be considered as the third dimension of this situation (Mulder, 2008). It is argued, people who suffer from psychological distress is more likely to re-victimize (Thunberg & Bruck, 2020). Being in such a traumatizing cycle causes behavioral and emotional problems in response to the bullying experience and increases the suffering of the victims (Giusti et alii, 2020). It seems that maladaptive social-cognitive processes, such as rumination, repeated negative self-evaluation and hostile attribution bias, play the main role in the occurrence of negative consequences resulting from victimization experiences (Fekih-Romdhane et alii, 2023).

Repetitive negative thinking is a cognitive process that refers to excessive and persistent thinking about one's experiences or problems (present, past or future) with negative content, automatic emergence and often accompanied by negative emotions (Yan et alii, 2022). which includes rumination (repetitive thinking about the past) and worry (repetitive thinking about the future) (Harrison, Moulds, & Jones, 2022). Beck's cognitive theory (2002) believes that when people face stressful events, they show deep dysfunctional attitudes that lead to negative thoughts and views towards themselves, society and the future, which may easily lead to depression (Beck & Haigh, 2014). Several empirical studies have shown that victimized people direct the symbols of negative thoughts (Fekih-Romdhane et alii, 2023; Yan et alii, 2022), and it may be related to mental and emotional disorders. Negative thinking, level of depression, anxiety, loneliness and perceived stress are more related (Buschmann, Horn, Blankenship, Garcia, & Bohan, 2018; Zagaria, Ballesio, Vacca, & Lombardo, 2023). Although a long tradition of empirical studies has established the negative consequences of victimization (Balluerka et alii, 2023; Nuñez Fadda et alii, 2022; Zhang & Jia, 2023), this research area still lacks a theoretical focus on psychological mechanisms and processes. which may explain the relationship between negative interpersonal experiences (victimization) and its negative consequences in the lives of adolescents. Understanding these mechanisms is necessary for the development of prevention and intervention programs that can reduce the suffering of victims (Gini, Marino, & Spada, 2019), and it highlights the need for effective interventions to promote the psychological health of this group of students.

Self-compassion can be a psychological resource for coping with problems and obstacles in daily life (Chan et alii, 2022; Neff, 2023), and as a self-related emotional self-regulation strategy and a potential protective factor that can reduce the effects of negative thoughts and psychological distress (Neff, 2023; Wu, Cao, Lin, Zhou, & Chi, 2022). Self-compassion as a holistic system consists of six components that can be defined in the groups of compassionate self-responsivity (kindness, shared humanity, and mindfulness) and reduction of unkind responsivity (reduced self-judgment, isolation, and overidentification) (Neff et alii, 2019). It has been shown in a wide range of populations

that self-compassion has a positive relationship with psychological well-being and a negative relationship with depression and anxiety symptoms (Eccles, Sowter, Spokes, Zarotti, & Simpson, 2023; Marsh, Chan, & MacBeth, 2018; Rojas, Catalan, Diez, & Roca, 2023; Walton, Baranoff, Gilbert, & Kirby, 2020), and as an effective strategy can neutralize the negative effects of psychological distress (Lee *et alii*, 2022).

On the other hand, empirical research has shown that victimization experiences may deprive people of the ability to take care of themselves (Doyle & Sullivan, 2017). It can be interpreted that when people are victims of bullying, they usually choose to avoid pain, suppress emotions, and deny their experiences, which may create a lower level of self-compassion (Yan *et alii*, 2022). Some studies have shown that self-compassion neutralizes the harmful effects of self-critical thoughts on depression and prevents people from suicidal behavior (Karimi, Mohammadi, & Rahimi, 2020; Zhao, Yang, Ma, & Qin, 2022). People with self-compassion pay attention to recent experiences in a balanced and calm manner (Neff, 2023), relieve their fears, re-evaluate negative thoughts and reduce depression (Collett, Pugh, Waite, & Freeman, 2016; Khoramniya, Foroughi, Goodarzi, Bahari Babadi, & Taheri, 2020). Despite these important results, the effects of the self-compassion training program to reduce the suffering of bullying victims are not yet clear, and the results of research on the effects of intervention programs for the consequences of victimization (such as negative thoughts and psychological distress) are very rare and controversial. It is exciting (Palladino, Nocentini, & Menesini, 2019). Especially in non-western cultures, fewer studies and more research gaps are felt in the field of compassion-based interventions in the field of bullying victims (Zhang & Jia, 2023). Therefore, a clearer understanding of whether the influence of individual characteristics or skills and psychological training, such as self-compassion, are related to victimization and its consequences over time is an important priority for research (McWood, Erath, & El-Sheikh, 2023).

METHOD

Design and Participants

This is quasi-experimental study with a pre-test/post-test and a control group. The statistical population of the research was all male students of Tabriz high school in 2023. To select the Participants, 62 students' victims of bullying were screened in a targeted manner using the Illinois Bully Scale (Espelage & Holt, 2001). The necessary admission criterion for Participants were not receiving similar or related psychological training, study in secondary school, willingness and informed consent to participate in the research (Figure 1 display the flow-chart for selecting Participants). Among the screened participants, a number of 12 finally do not participate in the study due to lack of cooperation and lack of consent. A number of 50 Participants declared their readiness and were randomly divided into Experimental and Control groups, each group consisting of 25 Participants.

Procedure

First, a research permit was obtained from the Faculty of Psychology of Tabriz University and approved by the Biomedical Ethics Committee of Tabriz University. The pretest scores of psychological distress and repetitive negative thoughts were obtained from Experimental and Control groups. After the end of the self-compassion training program process, both the control and experimental groups answered the scales again and the post-test data were collected.

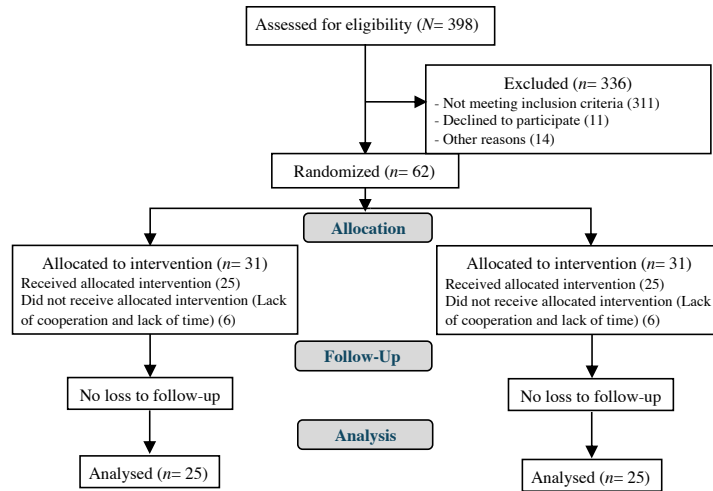


Figure 1. Flowchart for selecting Participants.

Instruments and Measures

Illinois Bully Scale (IBS; Espelage & Holt, 2001). The IBS was used to measure bullying victimization among students. This scale has 18 items and three subscales of perpetration of bullying (i.e., “I hurt other students”), victim of bullying (i.e., “other students hit and pushed me”) and fighting (i.e., “if someone fights with me, I beat them”). In this study, only the IBS victim bullying subscale, which was standardized for Iranian high school students, was used. Questions are scored on a Likert scale and Participants indicate their level of agreement with the statements on a scale of never= 0, and up to seven times or more= 4. Cronbach’s alpha= .87 for the whole scale, and .71 for subscale victims, which indicates sufficient internal consistency of the scale (Akbari Balootbangan & Talepasand, 2015).

Depression, Anxiety and Stress Scale-21 (DASS-21; Lovibond & Lovibond, 1995). The DASS-21 was used to evaluate negative emotional states in depression, anxiety, and stress. This scale has 21 items and three subscales of depression, anxiety, and stress. Participants indicate their level of agreement with the statements on a 4-point scale from 0= none to 3= always. Had been reported a Cronbach’s alpha for anxiety subscale of .91, stress subscale of .84 and depression subscale of .9. This scale has been validated for the Iranian population (Maleki Kambakhsh, Masoudi, Bagheri Shirvan, & Babazadeh, 2021) with a Cronbach’s alpha for the three subscales above .92.

Repetitive Negative Thinking Questionnaire-10 (RTQ-10; McEvoy, Mahoney, & Moulds, 2010). The RTQ-10 was used to measure students’ repetitive negative thinking. This is a 10-item single-factor scale. The questions are scored on a Likert scale and the participants indicate their level of agreement with the statements on a 5-point scale from completely false= 1 to completely correct= 5. Validation of the RTQ-10 in both non-clinical and clinical populations has shown high internal reliability (Cronbach’s alpha above .89), and its validity was obtained by using the correlation coefficient with the *Beck Depression Questionnaire 42* (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). For the Iranian validation Akbari (2017) reported a favorable retest reliability of .76, and the convergent validity with the *Beck Depression Questionnaire* with a correlation of .78.

Intervention

The self-compassion training program was taught to the Experimental group during two months and one session every week and each session was 90 minutes long in the school counselor's office, but the control group did not receive such training. This training program was conducted by the responsible author of the article, who has 15 years of experience in psychological counseling in schools. The structure of this educational program was designed and developed by Neff and Germer (2013), and Smeets *et alii* (2014). This is an 8-week program designed to foster self-compassion through meditation exercises, group discussions, and experiential exercises (Smeets, Neff, Alberts, & Peters, 2014). The contents of the training sessions are reported below:

First session. Getting to know the training process, introducing the therapist and the group members to each other, Introduction of basic skills to focus the mind through meditation focused on breathing. This stage is considered for all subsequent actions of the training program.

Second session. Explaining self-compassion: explaining what compassion is and what it is not; explaining the relationship of compassion with pain and suffering and stressful experiences.

Third session. Communicating with your feelings and needs and relating it to compassion, learning self-acceptance, sensitivity, non-judgment, and self-care.

Fourth session. Discovering the inner voice of compassion and self-love, practice learning to listen; identify your thought patterns; learn to create qualities of warmth, gratitude, and joy in your relationships.

Fifth session. Effectively dealing with challenging situations, giving credit to emotions, examining the emotions of anger, sadness, and anxiety, and explaining about fragile feelings and unfulfilled needs, teaching the skill of dealing effectively with negative thoughts and stressful situations.

Sixth session. Use self-compassion when dealing with difficult emotions, instead of criticizing yourself, be kind to yourself; create a sense of self-worth; accept your difficult feelings without judgment.

Seventh session. Communication with your positive aspects, examining the negative biases of one's life and emphasizing the good qualities; Identifying the characteristics of kind people and looking for them in oneself; Perceiving positive emotions by focusing on one's positive aspects.

Eighth session. integrated training and enjoying life, practicing soothing breathing techniques; Identifying and letting go of irrational beliefs; Relying on the good things; Practicing the previous steps daily.

Data Analysis

Data were collected from both groups in the pre-test and post-test stages, and the central indicators were analyzed using descriptive statistics and the research hypothesis using the multivariate analysis of covariance method in SPSS-24.

RESULTS

Participants included 50 male high school students of the seventh, eighth and ninth grades with a *Mean* age in experimental group of 15 years (*SD*= 1.4) years and the control group of 15 years (*SD*= 1.3), and from medium and low socio-economic levels. For a comparison of the condition of the control and experimental groups in the dependent variables, see the results of Table 1.

Table 1 shows that the Mean (*SD*) post-test scores of dependent variables in the experiment group were 14.8 (1.37) for stress, 11.07 (1.08) for anxiety, 11.29 (2.06) for

Table 1. Comparison of Means and Standard Deviations in dependent variables between the Control and Intervention groups.

Variables	Group	Pre-test		Post-test	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Stress	Experiment	15.75	1.58	14.8	1.37
	Control	16.25	1.83	16	2.04
Anxiety	Experiment	13.15	2.26	11.07	1.08
	Control	12.87	1.7	13.29	1.89
Depression	Experiment	14.3	2.57	11.29	2.06
	Control	14.5	1.96	14.2	1.83
Negative Thinking	Experiment	35.99	3.37	31.2	4.52
	Control	34.7	3.8	35.83	3.14

depression, and 31.2 (4.52) for negative thinking. Also, the Mean (SD) post-test scores of the control group were 16 (2.04) for stress, 13.29 (1.89) for anxiety, 14.02 (1.83) for depression, and 35.83 (3.14) for negative thinking.

Multivariate covariance analysis was used to investigate the effectiveness of the self-compassion training on dependent variables in the experimental group. The results of the assumption of normality of the dependent variable distribution were checked using the Shapiro-Wilk test and the z values for stress ($z = .62$, $p = .35$), anxiety ($z = .85$, $p = .46$), Depression ($z = .93$ and $p = .59$) and negative thoughts ($z = 1.27$ and $p = .09$). The assumption of homogeneity of variance was checked and confirmed based on Levine's test for all dependent variables.

Table 2 shows the F test score calculated for stress ($F = 4.08$, $p = .046$), anxiety ($F = 9.62$, $p = .01$), depression ($F = 15.2$, $p = .001$) and negative thoughts ($F = 12.19$, $p = .001$). It is clear that the value of p for each dependent variable is smaller than .05. Therefore, the difference in the mean scores of the post-test between the two experimental and control groups in the variables of stress, anxiety, depression and negative thinking are confirmed at the 95% confidence level. Using the partial eta squared (η^2), it is determined that self-compassion training reduces the mean scores of the experimental group in the variables of stress by 9% ($\eta^2 = .09$), anxiety by 25% ($\eta^2 = .25$), depression by 41% ($\eta^2 = .41$), and negative thinking by 53% ($\eta^2 = .53$).

Table 2. Multivariate covariance analysis of the effects of self-compassion training on dependent variables

Variables	Source	Sum of squares	df	Mean squares	<i>F</i>	<i>p</i>	η^2	Observed power
Stress	Group	48.94	1	48.94	4.08	.046	.09	.55
	Error	131.21	43	12.43				
	Total	304.25	50					
Anxiety	Group	88.36	1	88.36	9.62	.01	.25	.89
	Error	259.34	43	9.82				
	Total	373.81	50					
Depression	Group	89.31	1	89.31	15.2	.001	.41	1
	Error	257.62	43	13.2				
	Total	405.31	50					
Negative Thinking	Group	206.28	1	206.28	12.19	.001	.53	1
	Error	318.64	43	8.51				
	Total	749.79	50					

Notes: *df*= Degree of Freedom; η^2 = Partial eta squared.

DISCUSSION

This study aimed to investigate the effect of self-compassion training on psychological distress and negative thoughts. The results showed that the self-compassion training

program has an effect on reducing stress, anxiety, depression and negative thoughts of students who are victims of bullying. Based on previous studies by (Khoramniya *et alii*, 2020; Marsh *et alii*, 2018; Rojas *et alii*, 2023; Walton *et alii*, 2020), the self-compassion training program improves the levels of kindness and compassion both for oneself and also for others. The improvement of anxiety, depression and negative thoughts in bullying victims after the self-compassion training program, in general with the results of previous compassion-based training in this field consistent in both general and clinical populations (Afshariyanzadeh, Bayat, & Esfahani, 2021; Chan *et alii*, 2022; Eccles *et alii*, 2023; Han & Kim, 2023; Karimi *et alii*, 2020; Li, Wu, & Wu, 2022).

From the point of view of theories based on compassion, the effect of self-compassion training on the research sample could be effective for several reasons. First, it helps the participants to improve their acceptance of inner feelings and become aware of their pain and suffering through mindfulness exercises. Therefore, teaching compassion in the first step teaches the participants not to avoid their feelings and not to suppress them. Secondly, improving the awareness of their suffering in the present moment can help them to reduce the use of inefficient emotion regulation methods, such as rumination, which increases feelings of guilt, worthlessness, and significantly reduces interest and pleasure in daily activities and life. As a result, they adjust their emotions in an appropriate way (Lee *et alii*, 2022; Neff, 2023). These skills play an important role in adapting to stressful and anxiety-provoking events in life. The results of studies show that cultivating self-compassion may reduce symptoms of depression, anxiety, and stress by increasing mental awareness and emotion regulation, and improving the ability to engage in self-compassionate actions while not engaging in symptom-focused rumination and cognitive and behavioral avoidance (Han & Kim, 2023; Wu *et alii*, 2022). Ultimately, this may enable them to reconstruct unpleasant events as meaningful stimuli, or growth stimuli (Chan *et alii*, 2022). Such a positive re-evaluation of negative experiences may be effective in transforming emotional distress into positive emotions and create a lasting sense of prosperity and meaning in life (Pérez Aranda *et alii*, 2021). On the other hand, in short, in cognitive models, distorted or ineffective thinking that affects people's mood and behavior is the common feature of all psychological disorders. Changing these distorted thoughts by re-evaluating and changing realistic thinking leads to improved mood and behavior (Beck & Haigh, 2014). Within this perspective, self-compassion can teach people the ability to effectively deal with stressors through cognitive reappraisal, which is an adaptive form of emotion regulation, and reduce levels of stress, depression, and anxiety (Li *et alii*, 2022).

According to social mind theory (Gilbert, 2017), receiving compassion may facilitate the development of a soothing system in emotion regulation, which can enable a person to calm down in difficult situations. Some studies have confirmed these views by showing that compassion can have dual positive effects on physiological and psychological well-being (Chan *et alii*, 2022; Di Bello *et alii*, 2020). Specifically, compassion may suppress sympathetic activity and increase parasympathetic influence, thereby calming potential stress responses (Stellar, Cohen, Oveis, & Keltner, 2015). Additionally, compassion may increase heart rate variability mediated by the vagal response, which is associated with higher positive affect and lower negative emotions such as anxiety and depression (Di Bello *et alii*, 2020). Theoretically and empirically, the increase of positive emotions through self-compassion leads to the expansion of cognitive curiosity and psychological flexibility. This topic helps to expand thoughts and causes many solutions to come to the human mind and it is possible to deal with events and experiences with an adaptive strategy, as a result, it helps in creating and increasing the desired level of distress tolerance. It can be effective (Tran, Vo-Thanh, Soliman, Khoury, & Chau, 2022).

In addition, it can be said about the effectiveness of self-compassion training on reducing recurring negative thoughts. Rumination and worry are negative thought processes that can deepen depressed mood by repeatedly reviewing negative experiences (Buschmann *et alii*, 2018; Zagaria *et alii*, 2023). Rumination is more focused on past events and worry is described as repeated thinking about future risks and uncertainties (Harrison *et alii*, 2022). The negative spontaneous thoughts derived from them through the influence on emotion regulation processes cause the use of ineffective coping strategies against emotional experiences that are associated with negative moods and unpleasant emotions such as shame and guilt. Experimental evidence shows that the representation of negative thoughts in the memory causes emotional disturbance and negative mood, and the negative mood, in turn, fuels repeated negative thoughts, and in this way, a vicious cycle of mood and negative thoughts occurs in a person (Jansen, Hoja, & Meneghetti, 2021). The consequences of this vicious cycle may be that rumination exacerbates psychopathology, and with an emotional lens, impairs focus and context sensitivity. On the other hand, worry causes uncertainty and predicts anxiety by pointing out the dangers that lie in the future.

Consistent with this theoretical explanation, research has shown that suppression leads to more negative thoughts and more distress, while accepting thoughts leads to fewer thoughts, as well as lower levels of depression and anxiety (Fekih-Romdhane *et alii*, 2023; Yan *et alii*, 2022). Since self-compassionate people are not overly self-critical, they may be more able to acknowledge their weaknesses and past hurts that need to be changed with the participation of people in the self-compassion training program and acquiring the necessary skills regarding acceptance and increasing the levels of mindfulness through meditation exercises, observing the contents of negative experiences without reacting and making the mind inclined to pay attention to their non-permanent and impersonal nature and information. Since such experiences are common to many people, it can greatly reduce the experiential flow of recurring negative thoughts and it is possible that self-compassion training can neutralize recurring negative thoughts by re-evaluating negative experiences in a self-supportive, situational and emotionally flexible context (Schlosser, Jones, Demnitz-King, & Marchant, 2022), and by teaching the skill of cognitive dissonance, instead of equating themselves with repeated negative thoughts and experiences, the victims of bullying observe and accept them without any judgment and thereby avoid getting involved, suppressing, controlling or repeating them. Acquiring such skills through self-compassion training allows them to examine and understand their incompatible patterns of thoughts, feelings and behavior and take steps to correct them (Razvani & Sajjadian, 2018). As previous research has highlighted the role of self-compassion in reducing the likelihood of developing psychopathology through reducing self-negative thinking, Self-compassion training may act as a protective buffer against anxiety and depression symptoms by reducing negative thoughts and reduce repetitive negative thoughts (Yip & Tong MW, 2021).

The current study had some limitations. First, although the main strength of this study was the two-month pre-test/post-test quasi-experimental design, this time frame does not show long-term effects. Therefore, a long-term prospective study design can clarify the lasting effects of self-compassion on the psychological problems of bullying victims. Second, due to the available selection of subjects, the generalization of the results to other groups, especially clinical people, is limited. It is suggested that this program be implemented on other groups as well. Finally, the findings were based on personal reports that there is a possibility of bias for social approval. Therefore, other studies can use clinical interviews to investigate the effect of self-compassion.

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