



Comparing the effectiveness of compassion-focused therapy and emotion-focused therapy on the mental well-being of high school female students with suicide attempts

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Abstract

Introduction: We conducted the present study to compare the effectiveness of Compassion-Focused Therapy (CFT) and Emotion-Focused Therapy (EFT) on the mental well-being of high school female students with suicide attempts.

Materials and Methods: The statistical population of this study included female high school students who attempted suicide and were referred to the counseling center in Bojnord City, Iran, in 2022-2023. Forty-five students were selected through the convenience sampling method and they were randomly assigned into three groups (CFT, EFT, and the control). The participants fulfilled the Mental Well-being Questionnaire of Keyes and Magyar-Mo (2003). The experimental groups received interventions in eight ninety-minute sessions. We analyzed the data using MANCOVA test, ANOVA test, and SPSS version 20.

Results: The results revealed a significant difference between the mean scores of the three groups in the post-test and follow-up stages in social well-being ($P < 0.01$). While, the mean score of mental well-being was higher in CFT group.

Conclusion: We concluded that both compassion-focused therapy and emotion-focused therapy impact significantly on mental well-being, while compassion-focused therapy is more effective on mental well-being in female high school students with suicide attempts.

Keywords: Compassion-focused therapy, Emotion-focused therapy, Mental well-being, Suicide

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Introduction

Adolescence is the transition period from childhood to adulthood. Important behavior patterns that can affect a person's life

throughout it are formed in this period (1). Due to technological, cultural, and fast-paced social changes in communities, adolescence is associated with many physical, psychological,

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and social problems (2). Today, suicidal ideation has increased among adolescents as a global public health issue (3). Therefore, society conducts great efforts to improve adolescents' mental health and well-being. Based on the studies, a high level of mental well-being and inner and stable happiness are associated with higher psychological and physical health (4).

Mental well-being or life satisfaction is a field of positive psychology that investigates the cognitive evaluation of people's satisfaction, dissatisfaction, and emotions (positive and negative values) of their school, work, and daily life situations (5).

Mental well-being due to the connectively with the mindset causes life satisfaction and increases self-efficacy in the path of life (6). The Emotion-Focused Therapy (EFT) approach has been used by researchers and consultants in American society, Canada, and several other countries since the 80s and has achieved very good results. The foundation of EFT is self-realization and personal development. Therefore, the main level of emotional performance is adaptation to information and practical preparations that adapt people to their environment and increase their health (7).

Also, the core principle of Compassion-Focused Therapy (CFT) is compassionate mind cultivation (8). Compassion means having a positive attitude towards yourself when things go wrong. Self-compassion is considered a trait and an effective protective factor in developing emotional flexibility. Self-compassion includes self-kindness versus self-judgment and self-criticism, human connection versus isolation, and mindfulness versus over-identification with others (9).

In this regard, Bagian Koulemarz et al. (10) and Rezaei et al. (11) concluded that both treatments based on acceptance and commitment and focused on compassion affected the psychological well-being and quality of life of those affected by the immune system deficiency virus.

As a result, according to the emphasis of these two approaches on the role of emotions and facilitating change through the development of personal growth, this study aims to compare the effectiveness of (compassion-focused therapy) and (emotion-focused treatment) on the mental well-being of high school female students with suicide attempts took place. Therefore, the main question of the study is whether the effect

of compassion-focused therapy and emotion-focused therapy on the mental well-being of high school female students is different from suicide attempts.

Materials and Methods

The statistical population of this clinical trial study included female high school students who attempted suicide and were referred to the counseling center of the (Department of Education) in Bojnord City, Iran, in 2022-2023. Forty-five students were selected and randomly assigned in three groups. The participants fulfilled the questionnaire in three stages of pre-test, post-test, and a one-month follow-up.

Research instrument

A) *The Mental Well-Being Questionnaire*: This questionnaire was developed by Keyes and Magyar-Mo (2003) to measure emotional, psychological, and social well-being. It consists of 45 questions and includes three dimensions of emotional well-being (12 questions), psychological well-being (18 questions) and social well-being (15 questions).

The internal validity of the emotional well-being subscale was 0.91 in the positive emotion section and 0.78 in the negative emotion section. The psychological and social well-being subscales had an average internal validity of 0.40 to 0.70. The total validity of these scales was ≥ 0.80 . The Persian version of this questionnaire had the internal consistency coefficient based on Cronbach's alpha equal to 0.80 for the total questionnaire and 0.86, 0.80, and 0.61 for its subscales, respectively (12).

We conducted compassion-focused therapy and emotion-focused therapy based on the valid evidences in in eight training sessions (13-15). Three psychological experts from the Islamic Azad University Science and Research checked the validity of the therapeutic sessions as content validity.

Results

Table 1 presents the demographic variables in three groups, and Table 2 presents the descriptive indicators related to mental well-being. The mean scores of mental well-being and its components in the experimental groups were more significant than those in the control group.

Also the follow-up scores did not change significantly, which indicates the persist effect of the interventions.

Table 1. Demographic characteristics of the students by groups

Variable	Compassion-focused therapy		Emotion-focused therapy		Control	
	Number	Percentage	Number	Percentage	Number	Percentage
Age						
12-15 (Year)	5	11.11	6	13.33	7	15.55
15-18 (Year)	10	22.22	9	20	8	17.77
Education						
7 th grade	-	0	2	4.44	2	4.44
8 th grade	2	4.44	3	6.66	1	2.22
9 th grade	3	6.66	1	2.22	4	8.88
10 th grade	5	11.11	6	13.33	1	2.22
11 th grade	4	8.88	3	6.66	5	11.11
12 th grade	1	2.22	-	0	2	4.44
Gender						
Female	15	33.33	15	33.33	15	33.33
Male	-	-	-	-	-	-

Table 2. The mean and standard deviation of the mental well-being scores in three group in the pre-test, post-test, and follow-up stages

Scale	Group	Compassion-focused therapy		Emotion-focused therapy		Control	
		Mean	SD	Mean	SD	Mean	SD
Emotional well-being	Pre-test	27.47	3.50	26.47	4.91	26.93	3.90
	Post-test	31.73	3.43	33.13	4.52	26.87	3.89
	Follow-up	34.60	3.74	36.07	4.22	26.40	3.83
Psychological well-being	Pre-test	41.87	12.79	41.87	11.75	42.27	12.49
	Post-test	48.87	11.69	50.47	37.47	10.69	10.60
	Follow-up	52.13	11.31	53.13	36.93	8.87	10.18
Social well-being	Pre-test	36.00	6.23	35.67	37.07	5.66	7.21
	Post-test	45.73	5.39	42.07	35.20	5.13	8.22
	Follow-up	49.60	5.44	46.13	33.53	4.67	8.44
Mental well-being	Pre-test	105.33	19.08	104.00	20.70	106.27	19.49
	Post-test	126.33	18.30	125.67	20.69	99.53	16.21
	Follow-up	136.33	18.65	135.33	20.28	96.87	14.33

We used the Kolmogorov-Smirnov test to assess the normal distribution of the data. The results indicated the normal distribution. Also, we used Mauchly's test of sphericity to check the equality of variances intra-subjects and Levene's test to assess the homogeneity of

variances. The results of the Levene's test of the experimental groups were not significant for the depression variable; therefore, the variances of the experimental groups are the same. So, we used variance analysis with repeated measures (Table 3).

Table 3. The results of the variance analysis with repeated measures on mental well-being scores in emotion-focused therapy group, the compassion-focused therapy group, and the control group

Variable	Sum of squares	Degrees of freedom	Mean square	F	P	Impact rate	Test power
Step	7303.57	2	3651.79	411.22	0.00	0.91	1
Step-Group	8633.81	4	2158.45	243.06	0.00	0.92	1
Group	13604.81	2	6802.41	6.56	0.00	0.92	0.89
Error	43527.11	42	1036.36				

According to the results of Table 3, there is a significant difference between the scores of the steps (pre-test, post-test, and follow-up) in

these groups. There is also a significant difference between the mental well-being of the subjects in the three groups.

Table 4. The results of the analysis of variance with repeated measures on the mean scores of the components of mental well-being

Component	Variable	Sum of squares	Degree of freedom	Mean square	F	P	Impact rate	Test power
Emotional well-being	Step	681.61	2	340.81	204.16	0.00	0.83	1
	Step-Group	433.50	4	108.37	64.92	0.00	0.76	1
	Group	237.59	2	118.80	7.90	0.00	0.27	0.94
	error	631.57	42	15.04				
Psychological well-being	Step	680.40	2	340.20	44.39	0.00	0.51	1
	Step-Group	1443.87	4	360.97	47.10	0.00	0.69	1
	Group	845.91	2	422.96	3.51	0.04	0.14	0.62
	error	5064.76	42	120.59				
Social well-being	Step	1107.38	2	553.69	223.13	0.00	0.84	1
	Step-Group	1294.84	4	323.71	130.45	0.00	0.86	1
	Group	574.50	2	287.25	7.31	0.00	0.26	0.92
	error	1650.39	42	39.29				

According to the results of Table 4, there was a significant difference between the scores of the three stages in these groups. Also, we found a significant difference between the scores of mental well-being components of the experimental groups and the control group: emotional well-being ($f= 7.90$, $P < 0.01$), psychological well-being ($f= 51.3$, $P < 0.05$), social well-being ($f= 31.7$, $P < 0.05$).

Discussion

In this study, we compared the effectiveness of Compassion-Focused Therapy (CFT) and Emotion-Focused Therapy (EFT) on the mental well-being of high school female students with suicide attempts. We concluded that compassion-focused and emotion-focused therapy have positive effects on mental well-being and its components.

In this line, Hadian et al. assessed 30 students with sleep disorders through the Mental Well-being Scale, and Sleep Disorder Questionnaire. They showed that CFT positively affected the components of mental well-being (positive and negative emotions) (20). In another study, Mousavi et al. studied 40 women with Systemic Lupus Erythematosus (SLE) using the mental well-being questionnaire by Molavi et al. They found showed that CFT significantly increased the mental well-being of patients (21). Also, Farrokhzadian and Mirderikvand assessed 30 people with moderate to severe depression through Geriatric Depression Scale (GDS) and Ryff's Psychological Well-being Scale. The results showed that CFT reduced the level of depression and increased the psychological well-being of old people (22).

Also, MacBeth and Gumley investigated 20 individuals through Neff's Self-Compassion Scale and concluded that CFT is an important

explanatory variable in understanding mental health and resilience (23).

Kargar et al. evaluated 45 patients recovering from COVID-19 disease using Sullivan's Pain Catastrophizing Scale (PCS) and Keyes and Magyar-Moe's Mental Well-Being Scale. They concluded that emotion-focused therapy, and commitment, and acceptance therapy affected mental well-being (16).

Also, Ardestani et al. assessed 30 elementary school teachers using Ryff's Psychological Well-being (PWB), Social Acceptance BY Crown Marlow, and Fellner's Social Competence Scale. They showed that EFT increased teachers' psychological well-being, social acceptance, and social competence (24). Keshavarzi et al. studied 30 incompatible couples referred to a counseling center using Keyes and Magyar-Moe's Mental Well-Being Scale and McMaster Family Assessment Device (FAD).

The results indicated the effectiveness of emotion-focused therapy in increasing the mental well-being and functioning of incompatible couples (25). Also, Behvandi et al. investigated 45 patients with primary headache symptoms referred to the neurology clinic. These patients responded to perfectionism and intolerance of uncertainty scales. The results showed that emotion-focused integrated therapy based on compassion reduced the intolerance of uncertainty and perfectionism in patients with primary headaches (26). In addition, Mohammadi et al. assessed 45 spouses of veterans using the psychological-marital problems questionnaire of veterans' wives. They found that both CFT and EFT were effective in reducing the psychological-marital problems of veterans' wives (27).

Conclusion

The results indicate the effectiveness of both interventions of compassion-focused therapy and emotion-focused therapy on the mental well-being of female high school students with suicide attempts, while compassion-focused therapy has greater effects than emotion-focused therapy. Therefore, the trainers of cultural and family centers and schools can use these interventions to prevent personal problems and conflicts through short-term training courses for adolescents. In addition to being preventive, these interventions will make the students more aware of the problem and prepare them to seek help in critical situations and suicide attempts.

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Conflict of Interests

The authors declare no conflict of interest.

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Ethical Considerations

This article is the result of the doctoral thesis of Islamic Azad University, Science and Research Branch, Tehran. The students participated voluntarily, and confidentiality and other ethical considerations were observed.

Code of Ethics

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Authors' Contributions

FB, Overall research leadership process; FP, Research design and data collection; HM, writing the first edition of the manuscript and data analysis; all authors discussed, reviewed, and approved the results of the final version of the manuscript.

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