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Original Article

The Effectiveness of Compassion-Focused Therapy Intervention on Suicidal Ideation and Social Acceptance in Adolescent Girls

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Abstract

Background and Objective: Adolescent girls experiencing stress and psychological pressure may engage in behaviors that can contribute to suicide ideation and difficulties in social functioning. The present study aimed to assess the effectiveness of compassion-focused therapy intervention on suicidal ideation and social acceptance in adolescent girls.

Materials and Methods: This research followed the protocols of an applied study with a quasi-experimental pre-test-post-test design with a control group. The statistical population consisted of adolescent girls aged 15 to 18 years in Tehran, Iran. The study sample comprised 30 adolescent girls recruited via convenience sampling, according to established inclusion and exclusion criteria. Subsequently, participants were randomly assigned to two groups: an experimental group (n = 15) and a control group (n = 15).

A pretest was administered to both groups before the intervention. The experimental group received the compassion-focused treatment program across eight sessions, each lasting 60 minutes, over the course of one month. The data were collected using the Beck Scale for Suicidal Ideation and the Marlowe–Crowne Social Acceptance Questionnaire. The data were analyzed using the analysis of covariance test in the SPSS (version 26) software.

Results: The findings indicated that compassion-focused therapy had a significant effect on suicidal ideation and social acceptance in adolescent girls ($p < 0.01$), and its effect on reducing suicidal ideation was greater than that of social acceptance.

Conclusions: Compassion-focused therapy can be used by school psychologists and counselors to reduce suicidal ideation and improve social acceptance among adolescent girls.

Keywords: Compassion-focused therapy, Social acceptance, Suicidal ideation

Background

Adolescent girls frequently encounter a multitude of psychological pressures and stresses as a consequence of the numerous transformations they undergo in their lives. Such psychological pressures can precipitate a range of crises. In some cases, these stresses may lead them to engage in self-harm. Suicide remains a significant issue for adolescents and young adults aged 15 to 29 [1]. A meta-analysis study indicated that 22.3% students worldwide experience suicidal ideation and 3.2% attempt suicide at some point in their lives [2]. This behavior often stems from feelings of helplessness and lack of resilience in the face of aggressive impulses, as well as an unconscious desire to punish oneself or others [3]. Maladaptive emotion regulation strategies often drive high-risk behaviors. Some adolescents tend to engage in high-risk behaviors as a means of venting their emotions or expressing their inner anger. Given that girls tend to spend more emotional energy than boys on their personal affairs and social relationships, this tendency can create greater dependence on others and, in the face of rejection or feelings of failure from friends, family, or peers, lead to suicidal ideation [4]. The findings demonstrate that at least half of adolescents who die by suicide have previously self-injured [4,5].

Suicidal behavior includes a spectrum of suicidal ideation, suicide plan, and suicide attempt to complete suicide. Suicidal ideation is the first step of the suicidal spectrum, which refers to thoughts about intentional self-death and indicates the presence of plans to commit suicide in people who do not see the necessary reasons to continue living [6]. Suicidal ideation, as a strong predictor of death

by suicide, is an important variable that needs to be studied because people with suicidal ideation are at a higher risk of attempting suicide in comparison to people without suicidal ideation. People with suicidal ideation are deeply distressed and psychologically disturbed. They are associated with a wide range of psychological problems and are a warning sign that threatens the health of adolescents [7,8].

Another important change and transformation during adolescence that causes psychological stress and behavioral problems in adolescents is their attitude and feelings of social acceptance and non-acceptance. As a core psychological imperative, social acceptance underscores the critical importance of interpersonal relationships during adolescence. Specifically, camaraderie, reciprocal acceptance, friendships with peers, and attraction to the group are considered highly influential factors[9,10].

Achieving social acceptance and acceptability can elicit a sense of pleasure, which can affect quality of life. Social acceptance results from several social phenomena, such as social influence, conformity, social judgment, and individual attitudes [11]. Social acceptance represents an individual's integration into a civil society, characterized by the endorsement of its prevailing norms and values. Arising from mechanisms of social influence, conformity, social judgment, and interpersonal feedback, this acceptance motivates behaviors that are culturally valued and approved by others; in turn, the perception of being socially accepted cultivates a positive attitude toward one's own socialization experience [12]. Feelings of social rejection among adolescents are usually associated with emotional problems [13], internet addiction, and psychological distress [14,15].

Compassion-focused therapy is one of the effective therapeutic methods for improving psychological components and general health [16]. The conceptual framework for this construct derives from the evolution of cognitive-behavioral therapies. Compassion-based therapy has been developed as an effective protective factor for cultivating emotional resilience to reduce pain, suffering, anxiety, and depression. Compassion-Focused Therapy (CFT) is defined as a therapeutic approach that fosters self-acceptance of one's own undesirable traits and life events. This concept is operationalized through Neff's tripartite model of self-compassion, which posits an interaction between: (i) Self-Kindness versus Self-Judgment (prioritizing self-care over self-criticism); (ii) Common Humanity versus Isolation (recognizing shared human fallibility to prevent withdrawal); and (iii) Mindfulness versus Over-Identification (maintaining equanimity to avoid amplifying distress)[17,18].

Compassion-focused therapy can increase social support and improve social adjustment by using kindness with oneself and others. In addition, a substantial body of research has validated the effectiveness of Compassion-Focused Therapy (CFT) in improving mental health outcomes [8], alleviating stress and chronic pain [19], and fostering self-care [20]. Corroborating these findings, a study by Pol et al. demonstrated that CFT not only promotes self-development but is also efficacious in decreasing depression, anxiety, and stress, while simultaneously increasing psychological well-being [21].

The necessity of conducting this study is highlighted by the fact that suicidal ideation is a significant health issue among adolescents. Due to concerns about social acceptance at this age, various problems may arise in both individual and social behaviors. Given the lack of interventional research, it is crucial to explore compassion-focused therapy as a means to address suicidal ideation and enhance social acceptance, thereby preventing negative consequences. The main objective of the present study is to investigate the effectiveness of compassion-focused treatment for adolescent girls' suicidal ideation and social acceptance.

Materials and Methods

The present study followed the protocols of a quasi-experimental study with a pretest and posttest design with a control group, conducted in Tehran, Iran, from May 2024 to October 2024.

Selection and Description of Participants

The study population included 30 adolescent female students in Tehran, Iran, who agreed to participate in the study. Prior findings, including posttest means of 12.25 (±1.60) for suicidal ideation and 12.15 (±2.55) for social acceptance, served as the basis for the sample size calculations in this study [22].

Sample Size Determination

To ensure adequate statistical power, an a priori sample size calculation was conducted using G*Power software, with a significance level (alpha) set at 0.05 and a desired statistical power established at 0.90. After determining the sample size, participants were randomly allocated to the experimental or control group.

The participants (n=30) were assigned unique identification numbers (1-30) and then randomly assigned to either the experimental group (even numbers) or the control group (odd numbers),

resulting in 15 participants in each group (Figure 1). The inclusion criteria for the study were [1] obtaining a score higher than the cutoff point in the suicidal ideation questionnaire (score 5), [2] scoring below the established cutoff point of 8 on the social acceptance questionnaire, [3] not receiving any concurrent psychological interventions during the study period, [4] expressing voluntary willingness to participate; [5] having no history of psychotic disorders, [5] exhibiting no dependence on psychotropic substances, and [6] not undergoing concurrent pharmacological or psychotherapeutic treatment under the supervision of a mental health professional. On the other hand, the exclusion criteria comprised [1] missing more than two therapy sessions, [2] demonstrating irregular attendance at training sessions, and [3] withdrawing consent and expressing unwillingness to continue participation.

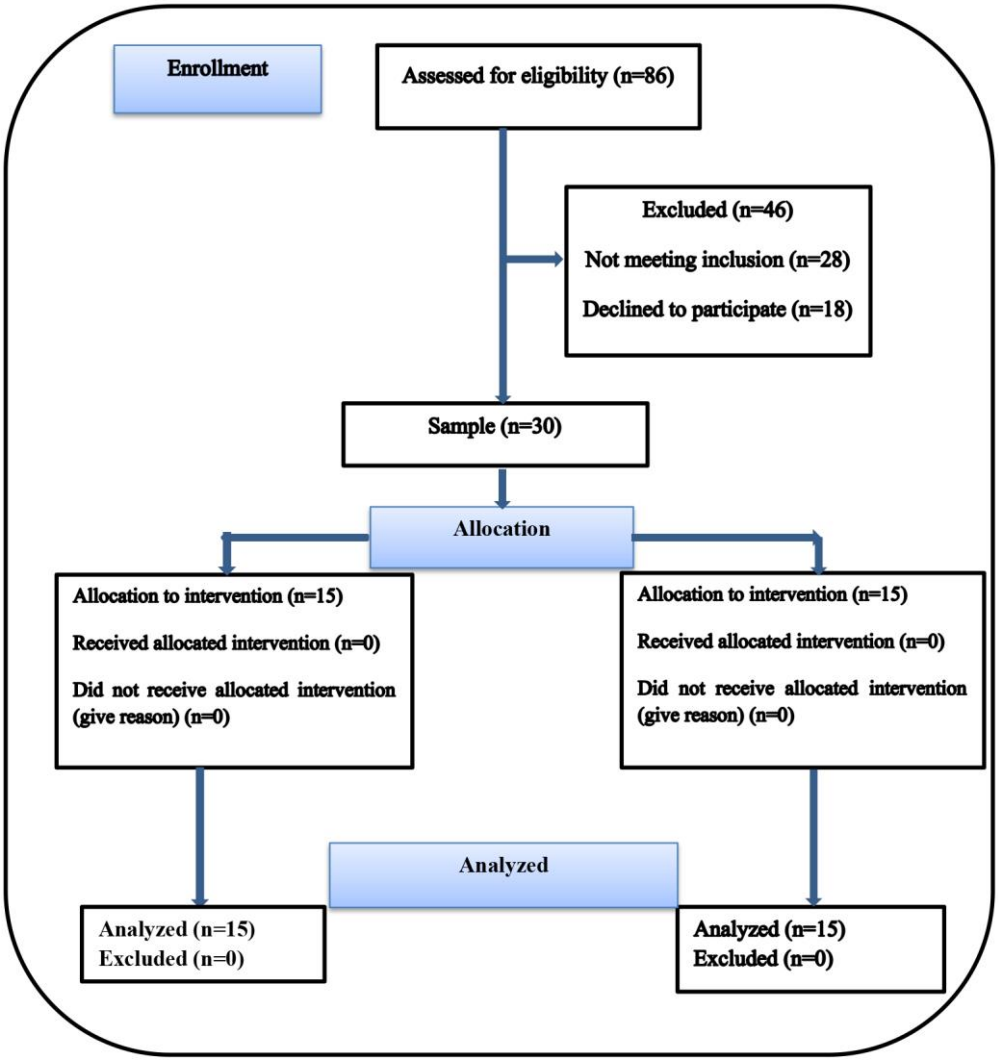

Figure 1. CONSORT flow diagram of the study

Data Collection and Measurements

2.4.1. Beck Suicidal Ideation Scale (BSIS): This scale [22] is a 19-question self-assessment tool based on a 3-point scale from 0 to 2, with (0) meaning no suicidal ideation, [1] somewhat suicidal ideation, and [2] intensely suicidal ideation. In this questionnaire, the suicide risk score can be determined as follows: score (0-5) low suicide risk, score [6-19] high suicide risk, score [20-38] very high suicide risk. It should be noted that the questionnaire instructions state that if the subject has scored zero in response to the first 5 questions (i.e., no suicidal ideation), there is no need to answer the remaining 14 questions; however, in cases where responses indicate the presence of either active or passive suicidal ideation, the participant must proceed to complete the subsequent 14 items. This scale correlates with Beck's Hopelessness Scale and Beck's Depression Inventory from 0.94 to 0.75. Beck's Suicidal Ideation Scale has high reliability. Using Cronbach's alpha, coefficients of 0.87 to 0.97 were obtained, and using the test-retest method, the

test's reliability was 0.74 [23], indicating that Beck's scale correlates with Goldberg's Depression Scale by 0.76. Moreover, the reliability of Beck's scale was 0.95 using the Cronbach's alpha method and 0.75 using the split-half method [22].

Social Acceptance Questionnaire (SAQ): This questionnaire, developed by Marlowe–Crowne [24] for adolescents and adults, consists of 33 questions, each scored 0 or 1. Each item on the questionnaire is dichotomously scored, with a score of 0 representing an undesirable response and a score of 1 reflecting a desirable response. The total score, calculated by summing all item scores, ranges from 0 to 33. Based on this total score, the perception of social acceptance is categorized as follows: scores between 0 and 8 indicate an absence of social acceptance; scores from 9 to 19 signify moderate social acceptance, characterized by a tendency to conform to social rules and norms; and scores between 20 and 33 denote high social acceptance, reflecting individuals who are secure from social rejection and consistently adhere to social norms. Consequently, a total score below 20 indicates a low perception of social acceptance. Regarding the instrument's psychometric properties, Marlowe and Crowne reported a favorable construct validity coefficient of 0.91.

Furthermore, the questionnaire's reliability, as measured by Cronbach's alpha, was reported to be 0.89 [24]. In the current study, the questionnaire's overall reliability coefficient, as measured by Cronbach's alpha, was 0.76.

Procedure

After receiving research approval, the first author of this study visited a girls' high school in Tehran, Iran. To determine the research sample, given the large number of students and multiple eleventh-grade classes, 86 female students were identified at this educational center. Through convenience sampling and a researcher-conducted screening process based on inclusion criteria, with assistance from the school principal and counselor, 40 female students were identified to participate in the study; however, 10 were ultimately excluded due to exclusion criteria and participant satisfaction. After exclusion, 30 students were included in the study. Then, the researcher randomly assigned these students to two groups (15 in the experimental group and 15 in the control group). The researcher administered a pretest to both groups simultaneously, and then implemented an eight-session compassion-based therapy intervention program for the experimental group, lasting 60 minutes and delivered twice a week. Participants in the control group received no intervention; the content and structure of the experimental sessions are outlined in Table 1.

Following the intervention, a posttest was administered to both groups. In accordance with ethical guidelines, the researcher briefed participants on the study's objectives beforehand, guaranteed their right to withdraw from the research at any stage, and obtained their informed consent prior to participation.

Respondents completed the Persian versions of the questionnaires in a quiet and private environment. The questionnaires were completed self-administered under the supervision of a trained research assistant, who provided guidance when needed.

Data Analysis

The data were subjected to both descriptive and inferential statistical analysis. At the descriptive level, means and standard deviations were calculated for each group. At the inferential level, preliminary analyses were conducted to ensure the assumptions of parametric tests were met: the Shapiro-Wilk test was utilized to assess the normality of the data, Box's M test was employed to evaluate the homogeneity of covariance matrices, and finally, analysis of covariance (one-way ANCOVA) was employed to test the hypotheses. Statistical analyses were performed using the SPSS (version 26) software.

Description Compassion-Focused Therapy Protocol

The compassion-focused therapy program was administered to participants in the experimental group through a series of eight 60-minute sessions over one month, following a protocol developed from Gilbert's (2010) compassion-focused therapy framework. The sessions were facilitated in a group setting and overseen by the researcher [25].

Table 1. Description of the compassion-focused therapy protocol (Gilbert, 2010)

Subject	Brief Description
Introduction and implementation of the pretest	First, the objectives of the sessions were established, and general guidelines were formulated with due consideration for participant confidentiality and personal privacy. Subsequently, participants were instructed to form pairs, introduce themselves to one another, and then present their partner to the larger group. Finally, the pretest was administered.
Description of Compassion-Focused Therapy (CFT)	Compassion-focused therapy (CFT) centers on understanding what compassion is and how it can help address various emotional and psychological challenges. The protocol includes mindfulness training, with the second session focusing on body and breathing exercises. It also provides insight into the brain systems associated with compassion.
Familiarity with compassionate people and aspects of	Exploring the characteristics of compassionate individuals and practicing compassion toward others, cultivating warmth and kindness directed toward the self, developing an understanding of shared human fallibility to foster a

compassion	sense of common humanity, counteracting self-destructive tendencies, training in strategies to increase warmth and energy, mindfulness, acceptance, wisdom, and strength. Reinforcing a warm, non-judgmental orientation toward oneself and one's experiences.
Encouraging participants to practice compassion	Involves helping them recognize and assess their own personalities as either "compassionate" or "uncompassionate." This can be achieved through exercises designed to cultivate a "compassionate mind." Participants can engage in activities that guide them in recording their thoughts and feelings, as well as in experiencing mindfulness for the first time.
Dealing with Emotions	Teaching styles and methods of expressing compassion (verbal compassion, practical compassion, momentary compassion, and continuous compassion) and applying these methods in daily life.
Self-care	This program teaches participants compassion skills in several areas: compassionate attention, reasoning, behavior, imagery, feeling, and perception. Dimensions of self-criticism, self-criticism, and self-compassionate using the Gestalt empty chair technique, finding the tone and intonation of the inner self-criticism and self-compassionate voice during internal dialogue, and its similarity to the dialogue pattern of important people in life. Applying self-compassion skills in everyday life and dealing with emotional and interpersonal problems they encounter in everyday life.
Transforming Relationships	Participants were tasked with maintaining a weekly log to document critical thoughts, compassionate thoughts, and instances of compassionate behavior. Therapeutic exercises included identifying sensory components conducive to compassionate imagery, such as colors, places, and music associated with feelings of compassion, followed by instruction in compassionate mental imagery techniques. Additional skills cultivated during the intervention comprised rhythmic soothing breathing, mindfulness practices, and the composition of compassionate letters.
Summarizing and reviewing the content of all sessions	Summarizing and concluding the session, answering members' questions, evaluating the overall experience, thanking members for their participation, and conducting a posttest.

Results

In the study, 30 participants were included. Results revealed that the mean ± SD of age for the control and experimental groups was 16.00 ± 1.93 and 16.00 ± 1.76, respectively. There was no significant difference in age between the groups (P < 0.05).

Table 2. Descriptive statistics of research variables

Variable	Stage	Group			
		Experimental		Control	
		Mean	SD	Mean	SD
Suicidal Ideation	Pretest	16.60	2.21	17.00	2.83
	Posttest	12.60	1.91	16.20	1.63
Social Acceptance	Pretest	7.73	3.94	8.60	2.41
	Posttest	12.33	1.22	9.13	1.63

Table 3. Results of multivariate analysis of covariance

Variables	Source	S.S	D.F	M.S	F	Sig.	η2
Suicidal Ideation	Corrected Model	145.555a	2	72.778	39.581	0.000	0.746
	Intercept	13.842	1	13.842	7.528	0.011	0.218
	Pretest	48.355	1	48.355	26.299	0.000	0.493
	Groups	69.313	1	69.313	37.697	0.000	0.583
	Error	49.645	27	1.839			
	Total	195.200	29				
Social Acceptance	Corrected Model	94.844a	2	47.422	31.211	0.000	0.698
	Intercept	45.570	1	45.570	29.993	0.000	0.526
	Pretest	18.044	1	18.044	11.876	0.002	0.305
	Groups	67.726	1	67.726	44.575	0.000	0.623
	Error	41.023	27	1.519			
	Total	135.867	29				

As presented in Table 2, there were no statistically significant differences between the control and experimental groups in the mean scores of any variables at baseline, indicating that the groups were comparable prior to the intervention (p > 0.05); In contrast, the mean ± standard deviation of the posttest suicidal ideation (12.60 ± 1.91) and posttest social acceptance (12.33 ± 1.22) variables showed significant differences, respectively (p < 0.05).

According to Table 3, the F values from the posttest results on suicidal ideation and social acceptance (p < 0.001). Effect sizes were calculated using partial eta-squared (η^2) coefficients, which quantify the proportion of total variance in the dependent variable that is attributable to a specific independent factor, analogous to the R^2 statistic in regression analysis. In the present study, eta squared coefficients indicate that the intervention of this study contributed to suicidal ideation (58.3%) and social acceptance (62.3%).

Discussion

The present study aimed to examine the efficacy of Compassion-Focused Therapy (CFT) in reducing suicidal ideation and enhancing social acceptance among adolescent girls. The findings demonstrated that CFT significantly decreased suicidal ideation and associated risk markers in the experimental group compared to the control group. This outcome aligns with previous research documenting the therapeutic benefits of CFT [19,5,8]. Moreover, research by Ghodrati Torbati et al. indicated that self-compassion training can reduce stress and depression and improve psychological well-being [26]. The core principles of compassion-focused therapy suggest that soothing thoughts, images, and behaviors should be internalized. When individuals

achieve this important goal, they can maintain a calm mindset when facing internal stimuli, which helps to reduce negative emotions and thoughts [11]. Additionally, compassion-focused therapy encourages individuals to confront their painful feelings rather than avoid or suppress them. This approach fosters the recognition and acceptance of their experiences [27].

Through the therapeutic process, participants cultivated a range of adaptive skills, including attentional sensitivity, caring motivation, sympathy, empathy, distress tolerance, and the adoption of a non-judgmental perspective. This focus helps them to free their thoughts from mental traps, allowing them to face challenges mindfully rather than reacting impulsively. As a result, individuals with high levels of compassion often cultivate positive relationships; they demonstrated lower rates of self-destructive behavior, self-criticism, and rumination following the intervention. These abilities contribute to a reduced experience of negative emotions like stress, anxiety, hopelessness, and depression, which in turn leads to lower instances of suicidal ideation.

Another finding of this study was that compassion-focused therapy effectively enhanced girls' social acceptance. This finding aligns with the existing body of research [20,21,17,28]. The observed effect can be attributed to the mechanisms underlying Compassion-Focused Therapy (CFT), which enables individuals to disrupt the maladaptive cycle of negative self-perception and self-criticism. Central to this process is the cultivation of compassion, conceptualized as an adaptive form of self-acceptance that encompasses both oneself and the undesirable aspects of one's life circumstances [29]. Compassion is a positive psychological trait that improves people's acceptance of others. People with a higher level of compassion tend to have greater self-compassion, a sense of common humanity, and enhanced mindfulness. Consequently, individuals become more adept at regulating and balancing their emotions, are more inclined to experience positive affective states, and are more likely to adopt adaptive strategies for dealing with stressful issues and situations in social life [30]. In addition, this therapy helps them free themselves from dysfunctional social behaviors, feel a social bond with others, and, through this feeling, overcome the fear of rejection and isolation, leading to better social behavior [29]. Therefore, compassion-focused therapy helps develop social self-efficacy rather than avoidance and escape from social relationships, and to avoid destructive behaviors by using compassionate and self-compassionate techniques.

Conducting applied research involves limitations for researchers due to various internal and external influencing variables, and this study is no exception. The primary limitation of this research is the failure to include a follow-up phase to monitor the persistence of treatment gains, meaning that long-term durability of treatment was not assessed. To increase the internal validity of this study, future studies should investigate and validate the follow-up results. Another major limitation of this study was the use of self-report methods for data collection.

Conclusion

According to findings, it is recommended that school psychologists and counselors in educational centers use this treatment method when working with adolescents who have suicidal ideation and feel left out. The compassion-focused therapeutic intervention was found to be effective in reducing suicidal ideation and improving social acceptance among adolescent girls who engage in high-risk and harmful behaviors.

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Ethical Considerations

The Ethics Committee of Iran University of Islamic Azad University, Tehran, Iran, approved the present study with the code IR.IAU.TNB.REC.1403.131.

Conflicts of Interest

The authors have no competing interests to declare in relation to this work.

Author Contributions

Conceptualization, Methodology, Software, Supervision, Formal analysis, Resources, Writing–original draft, Writing–review and editing: Bahman Kord

Data curation, Software, Formal analysis, Resources, and Writing–original draft: Mahdi Ghiasi.

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References

1. Jegede TO, Jegede TO, Omoaregba JO.et al. Suicide attempts and correlates among in-school adolescents in Benin City, Nigeria. Discov Psychol. 2024;81(4). [DOI: 10.1007/s44202-024-00196-5]
2. Predescu E, Sipos R. Self-harm behaviors suicide attempts and suicidal ideation in a clinical sample of children and adolescents with psychiatric disorders. Children (Basel). 2023;10(4):725. [DOI: 10.3390/children10040725] [PMID] [PMCID]

3. Maleki G, Hassanzadeh R, Fakhri M K. Structural equations modeling of social support with suicide ideation by mediating role of life satisfaction in students. Pajouhan Sci J. 2022;20(3):169-76. [DOI: 10.61186/psj.20.3.169]
4. Nawaz RF, Reen G, Bloodworth N, Maughan D, Vincent C. Interventions to reduce self-harm on in-patient wards: systematic review. bjPsych Open. 2021;7(3)e80. [DOI: 10.1192/bjo.2021.41] [PMID] [PMCID]
5. Fernandes AC, Dutta R, Velupillai S, Sanyal J, Stewart R, Chandran D. Identifying suicide ideation and suicidal attempts in a psychiatric clinical research database using natural language processing. Sci Rep. 2018;8(1):7426. [DOI: 10.1038/s41598-018-25773-2] [PMID] [PMCID]
6. Choi SB, Lee W, Yoon JH, Won JU, Kim DW. Risk factors of suicide attempt among people with suicidal ideation in south korea: a cross-sectional study. BMC Public Health. 2017;17(1):579. [DOI: 10.1186/s12889-017-4491-5] [PMID] [PMCID]
7. Finlay-Jones A, Strauss P, Perry Y, et al. Group mindful self-compassion training to improve mental health outcomes for lgbtqia+ young adults: rationale and protocol for a randomised controlled trial. Contemp Clin Trials. 2021;102:106268. [DOI: 10.1016/j.cct.2021.106268] [PMID]
8. Lee WK, Joo YS. Adolescent extracurricular activity participation: associations with parenting stress mother–adolescent closeness and social skills. Children Youth Serv Rev. 2020;116:Article105110. [DOI: 10.1016/j.childyouth.2020.105110]
9. Alto M, Handley E, Rogosch F, Cicchetti D, Toth S. Maternal relationship quality and peer social acceptance as mediators between child maltreatment and adolescent depressive symptoms: gender differences. J Adolesc. 2018;63:19-28. [DOI: 10.1016/j.adolescence.2017.12.004] [PMID] [PMCID]
10. Haihambo N, Layiwola DM, Blank H, Hurlemann R, Scheele D. Loneliness and social conformity: a predictive processing perspective. Ann N Y Acad Sci. 2025;1547(1):5-17. [DOI: 10.1111/nyas.15324] [PMID] [PMCID]
11. Antonopoulou K, Chaidemenou A, Kouvava S. Peer acceptance and friendships among primary school pupils: associations with loneliness self-esteem and school engagement. Educ Psychol Pract. 2019;35(3):339-51. [DOI: 10.1080/02667363.2019.1604324]
12. Abu Al Karsaneh O, Al Anber A, Al Shboul S, et al. Impact of anxiety and depression on the level of asthma control among Jordanian adults with asthma. J Asthma Allergy. 2024;17:463-76. [DOI: 10.2147/JAA.S457875] [PMID] [PMCID]
13. Bayrami M, Movahedi Y, Karazi Notash H, Albort S. Comparison of social acceptance and public health students with and without internet addiction. Chj. 2017;9(2):20-8. [LINK]
14. Bottaro R, Valenti GD, Faraci P. Internet addiction and psychological distress: can social networking site addiction affect body uneasiness across gender? a mediation model. Eur J Psychol. 2024;20(1):41-62. [DOI: 10.5964/ejop.10273] [PMID] [PMCID]
15. Ghafari Z, Hoseinzadeh M, Hashemipour M. Compassion-focused therapy effectively reduces self-criticism negative thoughts and enhances forgiveness in women post-marital infidelity. J Pract Clin Psychol. 2025;13(4):347-54. [DOI: 10.32598/jpcp.13.4.1069.1]
16. Neff KD. Self-compassion: an alternative conceptualization of a healthy attitude toward oneself. self and identity. 2003; 2(2):85-102. [DOI: 10.1080/15298860309032]
17. Neff KD. Beretvas S. The role of self-compassion in romantic relationships. Self Identity. 2013;12(1):78-98. [DOI: 10.1080/15298868.2011.639548]
18. Lutz J, Berry MP, Napadow V, et al. Neural activations during self-related processing in patients with chronic pain and effects of a brief self-compassion training - a pilot study. Psychiatry Res Neuroimaging. 2020;304:111155. [DOI: 10.1016/j.pscychresns.2020.111155] [PMID] [PMCID]
19. Lathren CR, Sloane PD, Zimmerman S, Bluth K, Silbersack J, Wretman CJ. Mindful self-compassion training for nursing assistants in long-term care: challenges and future directions. J Am Med Dir Assoc. 2020;21(5):708-09. [DOI: 10.1016/j.jamda.2019.12.017] [PMID]
20. Pol SM, de Jong A, Trompetter H, Bohlmeijer ET, Chakhssi F. Effectiveness of compassion-focused therapy for self-criticism in patients with personality disorders: a multiple baseline case series study. Pers Ment Health . 2024;18(1):69-79. [DOI: 10.1002/pmh.1597] [PMID]
21. Sansone R, Wiederman M, Sansone L. The self-harm inventory (shi): development of a scale for identifying self-destructive behaviors and borderline personality disorder. J Clin Psychol. 1998;21(3):549–53. [DOI: 10.1002/(sici)1097-4679(199811)54:7<973::aid-jclp11>3.0.co;2-h] [PMID]
22. Beck AT, Steer RA, Sanderson WC, Skeie TM. Panic disorder and suicidal ideation and behavior: discrepant findings in psychiatric outpatients. Am J Psychiatry. 1991;148(9):1195-9. [DOI: 10.1176/ajp.148.9.1195] [PMID]
23. Nabipour S,Rafiepour A,Haji Alizadeh K. The effectiveness of mindfulness-based cognitive therapy training on anxiety of death and thoughts of suicide of patients with cancer. Zahedan J Res Med Sci. 2018;20(1):e10534. [DOI: 10.5812/zjrms.10534]
24. Leite W, Beretvas, S. Validation of scores on the marlowe-crowne social desirability scale and the balanced inventory of desirable responding. Educ Psychol Meas. 2005;65:140-54. [DOI: 10.1177/0013164404267285]
25. Ghodrati Torbati A, Nejat H, Toozandehjani H, Samari AA, Akbari Amarghan H. Effect of compassion-focused therapy (cft) on blood cortisol and cognitive-emotion regulation in drug abusers. JJHS. 2020;12(1):32-7. [DOI: 10.5812/jjhs.100148]
26. Hosseini Barzanji A, Kurd B. A review study on self-compassion and its place in psychological Health. Avicenna J Neuro Psycho Physiology. 2019; 6(2):57-66. [DOI: 10.32598/ajnpp.4.3.400]
27. Babakhani A, Kord B. Investigating the effects of self-compassion training on spiritual health and social acceptance of students. Health Spirt Med Ethics. 2025;12(1):17-26. [DOI: 10.32598/hsmej.12.1.266.3]
28. Asayesh A, Dokhtmohammad S, Sareshteh A. The effectiveness of self-compassion training on reducing self-criticism levels and improving self-concept clarity in students with physical disabilities. Rooyesh. 2021;10(5):119-28. [LINK]
29. Damavandian A, Golshani F, Saffarinia M, Baghdasarians A. Effectiveness of compassion-focused therapy on aggression self-harm behaviors and emotional self-regulation in delinquent adolescents. J Psychol Sci. 2022;21(112):797-818. [DOI: 10.52547/JPS.21.112.797]
30. Rossetti MG, Perlini C, Girelli F, Zovetti N, Brambilla P, Bressi C, and Bellani M. Developing a brief telematics cognitive behavioral therapy for the treatment of social isolation in young adults. Front Psychol. 2024;15:1433108. [DOI: 10.3389/fpsyg.2024.1433108] [PMID] [PMCID]