

Research Paper: The Effects of Compassion-Focused Therapy on Social Adjustment in Female Prisoners



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ABSTRACT

Background: Prisoners are a vulnerable group; prison stay experience has several adverse effects on their lives.

Objectives: Compassion-Focused Therapy (CFT) is among the prominent therapies that have proven effectiveness in resolving various problems in individuals. The present study aimed to determine the effects of CFT on the social adjustment of female prisoners.

Materials and Methods: This was a descriptive, quasi-experimental study with a pre-test-post-test and a control group design. The research population comprised all female prisoners in Rasht City, Iran, in 2017. By the convenience sampling method, 30 individuals were randomly assigned in two groups of experimental and control. Both groups completed the Cognitive Emotion Regulation Questionnaire (CERQ) before the intervention. The experimental group received eight 90-minute sessions of CFT; however, the controls received no intervention. The obtained data were analyzed using descriptive statistics and Multivariate Analysis of Covariance (MANCOVA) in SPSS.

Results: The Mean±SD age of the experimental and control groups was 32.8(8.1) and 33.3(8.6) years, respectively. The Mean±SD score of social dis-adjustment scores of the experimental group decreased from 16.1(4.8) in the pre-test to 12.2(3.9) in the post-test ($P<0.001$). However, the Mean±SD scores of the dis-adjustment in the control group decreased from 15.7(4.5) in the pre-test to 15.4(4.3) in the post-test; this change was not statistically significant.

Conclusion: The study results suggested that CFT improved the decline of social dis-adjustment in female prisoners.

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1. Introduction

Individuals with self-compassion enjoy a better mental health status, compared to those with decreased self-compassion. This is because their experience of pain and failure has improved through self-condemnation [1], feeling of isolation [2], expanding thoughts and emotions [3]. Besides, having a sense of self-compassion indicated one's attempt to avoid the experience of pain. This leads to the emergence of active coping styles for the promotion and maintenance of mental health. Patients with self-compassion experience less pain and deficits than others and have a supportive view of themselves. Such an attitude reduces depression and anxiety and increases life satisfaction in them [4].

A self-compassionate individual firstly tries to protect oneself from the experience of suffering. Therefore, self-compassion leads to compromised behaviors to maintain and improve mental health. Self-compassion is also associated with effective self-regulation strategies to cope with stress. Coping strategies used by individuals to cope with stress are mostly emotional-focused; individuals use problem-based strategies to a decreased extent. Self-compassion is more involved with experiencing emotions than avoiding them. Therefore, the odds of avoiding issues are less in individuals with self-compassion. Instead, they implement more problem-based strategies, i.e. crucial in reducing anxiety and depression [5].

Self-compassion turns the worst emotions into positive ones, e.g., it alters the feeling of inadequacy or failure with positive emotions, such as feelings of kindness and self-perception; thus, it guarantees numerous psychological benefits associated with high self-esteem [6]. Furthermore, the concept of self-compassion is a strong predictor of mental health status. In Compassion-Focused Therapy (CFT), people learn not to avoid their painful feelings and not suppress them, so they can first recognize their experience and feel compassionate about it [7]. Highly self-compassionate individuals treat themselves with kindness and concern when experiencing negative events. Self-compassion, in addition to protecting a person from different mental states, contributes to the enhancement of positive emotional states. For example, compassion is related to emotions, such as social bonding and life satisfaction [8].

Compassion also serves to meet the basic needs of autonomy and competence, as well as communication [9]. Individuals with higher self-compassion report more

emotional coping skills and are more capable of differentiating between their feelings and the mood regeneration of negative emotional states [10].

Individuals with higher self-esteem better compromise with interpersonal conflict resolution and experience less emotional disturbance. People who comfortably compassionate themselves have more desirable mental health and well-being. Accordingly, such a person is encouraged to change a life with modesty and modify his/her harmful and undesirable behavior patterns. Thus, self-compassion could be considered in various ways as an emotion-regulation strategy, in which disturbing and undesirable experiences are not prevented; instead, they are being accepted. Therefore, positive emotions substitute negative ones, and the person finds new coping methods [11]. The focus of CFT is to facilitate emotional change for more care and self-protection that undermines attack, increases admission, and reduces emotional disturbance. Thus, it enables a person to facilitate his/her emotions and obtain better self-control [12].

People with a higher compassion level demonstrate more positive behaviors in their relationships. Self-compassion increases the odds of compatibility during divorce and improves the emotions of trust and health, resulting in less emotional disturbances and higher emotional well-being [13]. Individuals with different personality traits, like compassion, could maintain their well-being and their mental health in the family, community, and work environment. Every person requires to meet the needs that are essential to effectively managing life and not prevent others from meeting their needs [14]. Responding responsibly facilitates meeting needs in terms of others and the social environment [15].

Considering numerous problems of prisoners, especially female ones, attention to these methods is of importance. Limited research data are available in this regard. Besides, there is a lack of research on the effectiveness of CFT on emotional and social adjustment, as well as data on applying such research outcomes in treatment and counseling settings. The crime rate and its associated damages are increasing in society. In addition, investigating the factors that prevent individuals from committing or preparing to commit a crime is a subject in the field of psychology, which can be discussed and investigated. Moreover, it is an important issue; therefore, the present study aimed to investigate the effects of CFT on Social Adjustment (SA) in female prisoners.

2. Materials and Methods

This was a quasi-experimental study with a pre-test-post-test and a control group design. The statistical population comprised all female prisoners in Lakan Prison in Rasht City, Iran, in 2017; of them, 165 individuals were selected by convenience sampling method. After obtaining permission from the authorities, the Cognitive Emotion Regulation Questionnaire (CERQ) was distributed among all studied female prisoners. After completing the questionnaires, among those whose scores of cognitive emotion regulation were a standard deviation below the mean score, 30 subjects were selected according to the inclusion criteria, of whom 15 were randomly assigned to the experimental group and 15 in the control group. Based on the effect size of 0.25, alpha 0.05, and the power of 0.80 in the two groups, the minimum number of samples for achieving the desired power was 15 people in each group (N=30). The study inclusion criteria were to spend at least two months in prison, the age range of 25-50 years, and the willingness to participate in the intervention sessions regularly. The study exclusion criteria were consuming psychological medications and the lack of cooperation with the therapist. The ethical considerations of the present research were as follows: 1. All individuals received written information about the research and voluntarily participated

in the research. 2. It was assured to the study individuals that all their information remains confidential and will only be used for research purposes. 3. To comply with privacy, the name of the study participants was not recorded in the data. Meanwhile, people were explained that they could discontinue research participation at any research stage. Next, CFT sessions were conducted using lecture and group discussion in 8 sessions of 90 minutes for the experimental group; however, the controls received no intervention (Table 1).

Bell's Compliance Questionnaire is a 160-point scale developed by Bell (1961) and consists of 5 subscales, and has 5 components of home-based adaptation, job matching, health adjustment, emotional adaptability, and social adjustment. The test has 32 questions with yes/no answering options (yes option receives one score, and no option received zero scores). The higher the score is, the lower the compatibility [16]. In one study, the reliability and validity of this test were obtained as 0.84 and 0.80, respectively [17]. The validity and reliability of this scale in this study were measures as 0.79 and 0.83, respectively.

Descriptive statistics were used to describe the demographic characteristics of study participants as well as the pre-test, post-test data. Multivariate Analysis of

Table 1. The content of CFT sessions

Session	Contents of Sessions
First	Pre-test implementation, introduction to the general principles of CFT, the conceptualization of self-compassion education.
Second	Identifying and introducing the components of compassion, familiarity with the characteristics of compassion, a review of the individuals' self-compassion.
Third	Fostering a sense of warmth and kindness towards oneself, nurturing and understanding that others also have problems (fostering a sense of shared humanity) against self-restraint and shame, self-assertiveness training, shaping and creating more and varied emotions about people's issues for increasing care and attention to your health (self-cultivation).
Fourth	Soothing breathing exercises, practical exercises to create companionate images, the image of a safe place, and practice to paint compassionately.
Fifth	Understanding and the application of fostering a compassionate mind (forgiving and non-judgmental acceptance and teaching tolerance), practicing compassion toward others, practice compassion manipulation by others.
Sixth	Rewriting painful memories, accepting mistakes, and forgiving oneself for mistakes to accelerate changes.
Seventh	Teaching to write compassionate letters for ourselves and others, practicing functional emotions (fear of compassion).
Eighth	Summarizing and presenting strategies for reviewing and practicing the skills provided in past sessions to help the subjects to cope with different living conditions in various manners (providing solutions for maintaining and applying this therapeutic approach in everyday life).

Covariance (MANCOVA) was used to determine the significance of the effect of the independent variable on the dependent variable. Data analysis was done using SPSS 18 software.

3. Results

The mean±SD age of the experimental and control groups was 32.8(8.1) and 33.3(8.6) years, respectively. Besides, the Mean (SD) duration of imprisonment in the experimental and control groups was 16.1(4.3) and 15.9 (3.18) months, respectively.

MANCOVA was used to determine whether these changes were statistically significant. Applying this test requires observing a few initial assumptions. First, Levene's test was used to examine the homogeneity of error variances. Levene's test data indicated that the equality of variances was also observed ($P < 0.05$, $F = 0.22$) (Table 2). Moreover, to test the homogeneity of the covariance matrix, the Box test was used, and the relevant results indicated a default setting ($P < 0.05$, $F = 1.37$, $\text{Box} = 17.91$). Shapiro-Wilk test was applied to evaluate the normal distribution of the data. The achieved results indicated that the data distribution was normal ($P < 0.05$). As per Table 3, MANCOVA results suggested that CFT has been effective in SA.

According to Table 3, CFT was effective in SA ($F = 86.52$, $P < 0.001$). Therefore, the hypothesis that CFT is effective in the SA of female prisoners was approved.

4. Discussion

The present study data suggested that the Mean±SD score of social dis-adjustment decreased from 16.1(4.8)

in the pre-test to 12.2(3.9) in the post-test ($P < 0.001$). However, the social dis-adjustment scores of the control group decreased from 15.7(4.5) in the pre-test to 15.4(4.3) in the post-test; this change was not statistically significant. The results of this hypothesis were consistent with those of the research by Saadati et al. [18].

In other words, to increase SA in female prisoners, training and focus were on the fact that most of what we have in mind are not designed by us; therefore, we are not our fault. Understanding this point is essential in CFT. Clarifying this aspect when people are rejected or feel that they have lost control of their minds, has a crucial role in eliminating the sense of worthlessness, uselessness, and the lack of goodness. We have not selected the rebellious brain created over millions of years of evolution, our genetic tendencies, the sense we possess, and the many emotional memories we have gained in our social conditions. The time we spend helping people to understand the issue that is not our fault is beneficial and helps them adopt a more objective and more incisive approach to their problems [19, 20]. For a group of female prisoners who devalue others, the mindfulness technique is essential, and the most critical part of the treatment exercises is the concentration on compassion. Companionate thinking, companionate behavior, and companionate visualization are generated and conducted with the mindfulness [21].

It is best, to begin with, self-compassion and self-criticism variables, the obvious characteristic of CFT, to explain the results of the present research. Self-criticism thinking is usually a chronic thought, i.e. a rather considerable barrier to preventing positive emotions. In other words, such thinking, for some people, makes them feel

Table 2. Mean±SD pre-test-post-test scores of social adjustment in the experimental and control groups

Variable	Group	Mean±SD		P
		Pre-test	Post-test	
Social Adjustment	Experimental	16.1±4.8	12.2±3.9	0.01
	Control	15.7±4.5	15.4±3.3	0.71

AJNPP

Table 3. The results of evaluating the effects of CFT on social adjustment in the studied female prisoners

Sources of Change	Sum of Squares	df	Mean of Squares	F	P
Social adjustment	581.26	1	581.26	86.52	0.001
Error	181.4	27	6.72		

AJNPP

afraid of having a sense of intimacy with others or makes this experience difficult for them. Such concern is closely related to self-criticism [22]. Furthermore, one of the constructs associated with self-criticism is self-compassion. Self-compassion reflects having a compassionate attitude towards self when exposed to internal weaknesses and biopsychological pain [23]. This construct is highly related to the mental health as well as adaptive psychological function, and its high levels are associated with higher satisfaction with life, emotional intelligence, and social communication; while its low levels are associated with the symptoms of depression, anxiety, embarrassment, self-criticism, and the fear of failure [24].

The treatment protocol of the present study highly emphasized on self-criticism and self-compassion variables. Much emphasis was placed on psychoeducation training to eliminate shame and increase the empathic understanding of self and self-related problems during the treatment sessions. Seemingly, as per previous studies, these two variables are key factors in treating various psychological disorders. The construct of self-compassion could be considered as a protective factor, where its increase makes individuals more resistant to mental disorders. However, self-criticism is considered a significant risk factor [25]. CFT also focused on mindfulness exercises that were repeatedly raised in sessions and as homework in the form of imaginative exercises and a safe place for clients. As the definition of compassion implies, "compassion involves being sensitive to one's suffering and that of others with a deep commitment to the attempt to eliminate it, i.e. deep attention and vigilance with motivation" [26]; accordingly, mindfulness is an essential component of CFT. Mindfulness exercises improve the psychological flexibility of the clients. Additionally, using the mindfulness experiment of self-assessments does not allow inconveniences and embarrassments to control their behavior; by flexibly modifying viewpoints, they achieve a broader and more transcendental perspective [27].

The study participants were requested to pay attention to the thoughts and feelings that took place at the time of the exercise, and pay their attention to chocolate without judging it and turn their attention to chocolate. Chocolate exercises provide the opportunity to engage in mindfulness in an activity that is often performed automatically or without mindfulness. Many study participants reported that the experience of eating consciously was very different from the usual eating experience. In the usual experience, attention is concentrated on numerous subjects, and the taste of food is not understood. These comments suggest the main point, i.e.

focusing on activities that are carried out automatically in the usual way, significantly changes the nature of the experience. Increased awareness of experience could lead to increased freedom in selecting actions in various situations. The study participants were encouraged to mindfully have a meal during the week after the first session [28, 29]. Mindfulness teaches people how to view their inner and outer worlds with curiosity, kindness, and the lack of judgment [30]. Therefore, mindfulness has taught the studied females not to judge others and accept them as they are. This does not mean passivity in social relations; the first step in establishing communication and maintaining a social relationship is to establish this relationship without negative attitudes about others.

A study limitation was entering prison, especially the females' section was restricted and led to delay in teaching; providing a suitable environment for training female prisoners was another limitation of this study. Moreover, the generalization of the results to other populations should be made with caution, as there are differences in the knowledge, attitude, and culture of subjects. The effect of CFT should be investigated in male prisoners to make the results more reliable and generalizable. The counseling centers should pay more attention to the effectiveness of CFT; because of its positive effects on managing emotions in women. It is advisable to focus on the long-term self-compassion education and the mechanism of the effect of these training on regulating self-conscious excitements and other unpleasant excitements. It is suggested that these training be considered as part of life skills not only for prisoners, but also for the community per their age, gender, and education. CFT could significantly impact reforming and empowering individuals.

The present study results suggested that CFT improved the decline of social dis-adjustment values in the studied female prisoners.

Ethical Considerations

Compliance with ethical guidelines

All ethical principles were considered in this article. The study participants were informed about the purpose of the research and its implementation stages and signed the informed consent. They were also assured about the confidentiality of their information. Moreover, they were allowed to leave the study whenever they wished, and if desired, the results of the research would be available to them. This article is the result of

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Authors' contributions

All authors contributed equally in preparing all parts of the research.

Conflict of interest

The authors declared no conflicts of interest.

References

- [1] Albertson ER, Neff KD, Dill-Shackleford KE. Self-compassion and body dissatisfaction in women: A randomized controlled trial of a brief meditation intervention. *Mindfulness*. 2015; 6(3):444-54. [DOI:10.1007/s12671-014-0277-3]
- [2] Allen AB, Leary MR. Self-Compassion, stress, and coping. *Social and Personality Psychology Compass*. 2010; 4(2):107-18. [DOI:10.1111/j.1751-9004.2009.00246.x] [PMID] [PMCID]
- [3] Allen AB, Goldwasser ER, Leary MR. Self-compassion and well-being among older adults. *Self and Identity*. 2012; 11(4):428-53. [DOI:10.1080/15298868.2011.595082] [PMID] [PMCID]
- [4] Baer RA, Lykins EL, Peters JR. Mindfulness and self-compassion as predictors of psychological wellbeing in long-term meditators and matched nonmeditators. *The Journal of Positive Psychology*. 2012 May 1;7(3):230-8. [DOI:10.1080/17439760.2012.674548]
- [5] Baker LR, McNulty JK. Self-compassion and relationship maintenance: The moderating roles of conscientiousness and gender. *Journal of Personality and Social Psychology*. 2011; 100(5):853. [DOI:10.1037/a0021884] [PMID] [PMCID]
- [6] Berry KA, Kowalski KC, Ferguson LJ, McHugh TL. An empirical phenomenology of young adult women exercisers' body self-compassion. *Qualitative Research in Sport and Exercise*. 2010; 2(3):293-312. [DOI:10.1080/19398441.2010.517035]
- [7] Birnie K, Speca M, Carlson LE. Exploring self-compassion and empathy in the context of Mindfulness-Based Stress Reduction (MBSR). *Stress and Health*. 2010; 26(5):359-71. [DOI:10.1002/smi.1305]
- [8] Bluth K, Blanton PW. The influence of self-compassion on emotional well-being among early and older adolescent males and females. *The Journal of Positive Psychology*. 2015; 10(3):219-30. [DOI:10.1080/17439760.2014.936967] [PMID] [PMCID]
- [9] Breines JG, Thoma MV, Gianferante D, Hanlin L, Chen X, Rohleder N. Self-compassion as a predictor of interleukin-6 response to acute psychosocial stress. *Brain, Behavior, and Immunity*. 2014; 37:109-14. [DOI:10.1016/j.bbi.2013.11.006] [PMID] [PMCID]
- [10] Maratos FA, Montague J, Ashra H, Welford M, Wood W, Barnes C, et al. Evaluation of a compassionate mind training intervention with school teachers and support staff. *Mindfulness*. 2019:1-4. [DOI:10.1007/s12671-019-01185-9]
- [11] Yu NX, Chan JS, Ji X, Wan AH, Ng SM, Yuen LP, Chan CL, Chan CH. Stress and psychosomatic symptoms in Chinese adults with sleep complaints: mediation effect of self-compassion. *Psychology, Health & Medicine*. 2019; 24(2):241-52. [DOI:10.1080/13548506.2018.1546014] [PMID]
- [12] Braehler C, Gumley A, Harper J, Wallace S, Norrie J, Gilbert P. Exploring change processes in compassion focused therapy in psychosis: Results of a feasibility randomized controlled trial. *British Journal of Clinical Psychology*. 2013; 52(2):199-214. [DOI:10.1111/bjc.12009] [PMID]
- [13] Barczak N, Eklund RC. The moderating effect of self-compassion on relationships between performance and subsequent coping and motivation. *International Journal of Sport and Exercise Psychology*. 2018:1-3. [DOI:10.1080/1612197X.2018.1511620]
- [14] Kyeong LW. Self-compassion as a moderator of the relationship between academic burn-out and psychological health in Korean cyber university students. *Personality and Individual Differences*. 2013; 54(8):899-902. [DOI:10.1016/j.paid.2013.01.001]
- [15] Evans S, Wyka K, Blaha KT, Allen ES. Self-compassion mediates improvement in well-being in a mindfulness-based stress reduction program in a community-based sample. *Mindfulness*. 2018; 9(4):1280-7. [DOI:10.1007/s12671-017-0872-1]
- [16] Germer CK, Neff KD. Self-compassion in clinical practice. *Journal of clinical psychology*. 2013; 69(8):856-67. [DOI:10.1002/jclp.22021] [PMID]
- [17] Miyagawa Y, Taniguchi J, Niiya Y. Can self-compassion help people regulate unattained goals and emotional reactions toward setbacks? *Personality and Individual Differences*. 2018; 134:239-44. [DOI:10.1016/j.paid.2018.06.029]
- [18] Neff KD, McGehee P. Self-compassion and psychological resilience among adolescents and young adults. *Self and identity*. 2010; 9(3):225-40. [DOI:10.1080/15298860902979307]
- [19] Neff KD. The self-compassion scale is a valid and theoretically coherent measure of self-compassion. *Mindfulness*. 2016; 7(1):264-74. [DOI:10.1007/s12671-015-0479-3]
- [20] Karakasidou E, Stalikas A. The Effectiveness of a Pilot Self-Compassion Program on Well Being Components. *Psychology*. 2017; 8(04):538. [DOI:10.4236/psych.2017.84034]
- [21] Neff KD, Germer CK. A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology*. 2013; 69(1):28-44. [DOI:10.1002/jclp.21923] [PMID]
- [22] Boersma K, Håkanson A, Salomonsson E, Johansson I. Compassion focused therapy to counteract shame, self-criticism and isolation. A replicated single case experimental study for individuals with social anxiety. *Journal of Contemporary Psychotherapy*. 2015; 45(2):89-98. [DOI:10.1007/s10879-014-9286-8]
- [23] Barnard LK, Curry JF. Self-compassion: Conceptualizations, correlates, and interventions. *Review of General Psychology*. 2011; 15(4):289-303. [DOI:10.1037/a0025754]



- [24] Shapira LB, Mongrain M. The benefits of self-compassion and optimism exercises for individuals vulnerable to depression. *The Journal of Positive Psychology*. 2010; 5(5):377-89. [DOI:10.1080/17439760.2010.516763]
- [25] Neff K. Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self Identity*. 2003; 2(2):85-101. [DOI:10.1080/15298860309032]
- [26] Voci A, Veneziani CA, Fuochi G. Relating Mindfulness, Heartfulness, and Psychological Well-Being: the Role of Self-Compassion and Gratitude. *Mindfulness*. 2019; 10(2):339-51. [DOI:10.1007/s12671-018-0978-0]
- [27] Duarte J, Pinto-Gouveia J, Cruz B. Relationships between nurses' empathy, self-compassion and dimensions of professional quality of life: A cross-sectional study. *International Journal of Nursing Studies*. 2016; 60:1-1. [DOI:10.1016/j.ijnurstu.2016.02.015] [PMID]
- [28] Sun X, Chan DW, Chan LK. Self-compassion and psychological well-being among adolescents in Hong Kong: Exploring gender differences. *Personality and Individual Differences*. 2016; 101:288-92. [DOI:10.1016/j.paid.2016.06.011]
- [29] Pauley G, McPherson S. The experience and meaning of compassion and self-compassion for individuals with depression or anxiety. *Psychology and Psychotherapy: Theory, Research and Practice*. 2010; 83(2):129-43. [DOI:10.1348/147608309X471000] [PMID]
- [30] Terry ML, Leary MR, Mehta S. Self-compassion as a buffer against homesickness, depression, and dissatisfaction in the transition to college. *Self and Identity*. 2013; 12(3):278-90. [DOI:10.1080/15298868.2012.667913]

