

PalArch's Journal of Archaeology of Egypt / Egyptology

INVESTIGATING THE EFFECTIVENESS OF COMPASSION-BASED EDUCATION ON THE SENSE OF SHAME AND GUILT AND RESILIENCE IN TEENAGERS WITH EMOTIONAL FAILURE

*Farahnaz Alavi¹, Zohre Sepehri Shamloo², Somayyeh Mohammadi³,
Seyeda bolghasem seyedan⁴*

¹Master Student of Family Counseling, Faculty of Educational Sciences and Psychology,
Ferdowsi University of Mashhad

²Department of Psychology, Faculty of Educational Sciences and Psychology, Ferdowsi
University of Mashhad

³Family Counseling, Faculty of Educational Sciences and Psychology, Ferdowsi University
of Mashhad

⁴Department of Psychology, Mazandaran University, and Torbat Heydariyeh University

¹F.alavi28@gmail.com, ²z.s.shamloo@um.ac.ir, ³Mohammadii.som7241@gmail.com

⁴Sa.seyedan@yahoo.com

Farahnaz Alavi, Zohre Sepehri Shamloo, Somayyeh Mohammadi, Seyeda Bolghasem Seyedan. Investigating The Effectiveness Of Compassion-Based Education On The Sense Of Shame And Guilt And Resilience In Teenagers With Emotional Failure--Palarch's Journal Of Archaeology Of Egypt/Egyptology 17(10), 179-190. ISSN 1567-214x

Keywords: Self-Compassion Therapy, Sense Of Shame And Guilt, Resilience, Teenagers

ABSTRACT

The present study aims to investigate the effectiveness of compassion-based education on shame and guilt and resilience of teenagers with emotional failure. The selected method is quasi-experimental with a pre-test and post-test design as well as a control group. The statistical population of this study includes all teenager girls who referred to the counseling center. The sampling of this research is selective, and the subjects were randomly assigned to experimental and control groups. The instruments of this study are the shame and guilt questionnaire of Kuhn, Wolf, Panther and Insko 4, and the Connor-Davidson Resilience Scale. The intervention consists of 8 120-minute sessions of compassion-based education that were presented only to the experimental group. The results of covariance analysis show an

increase in resilience ($p < 0.02$), a decrease in shame ($p < 0.04$) and a reduction in sense of guilt ($p < 0.001$). The findings show that self-compassion training has been effective in the reduction in sense of shame and guilt and the increase in resilience of teenagers with emotional failure.

INTRODUCTION

Growth is a stressful phenomenon for all people, which is changing constantly and unpredictably in difficult processes (Medi, 2013; Chandra Sasarapa, Ramakrishna, Rome and Manjnath, 2016). In the course of human growth, there are very sensitive periods influencing all stages of life. Adolescence is among such periods. Adolescence is one of the growth stages, which is a difficult transition process for teenagers, as it is necessary to experience difficult and constructive adaptation.

The ability to create a stable and meaningful relationship is one of the key social and human capacities. Love attachment is a way to accomplish this. During the adolescence, close friendships and other human connections are essential for promoting physical and mental health. One experiences significant changes in relationships with peers; as well as interpersonal problems, which is one of the issues one experiences in his/her relations with others (Horney, 1950, Larry, 1957, Horitz, 1994, Sydan, Bazet, 2017). These problems are recurring issues in interpersonal relationships which are linked to a type of psychological disorder (Lu, 2011) and involves problems in decision-making, popularity, intimacy, and obedience. A romantic relationship is a challenging quest that people see as the main goal in life, and failure in these relationships is a common, very emotional, stressful, and painful experience (Amman, Tirdest, Aslani, 1395). The dissolution of such relationships leads to tensions and disturbances. Meanwhile, some features can be found that helps the person to resolve the crisis in another way. One of these features is resilience, a variable protecting individual from submission to tension (McAlister and McKinnon, 2008).

Resilience or the ability to adapt positively to disaster and damage is a psychological issue that has been investigated in relation to an individual's response to cancer, damaging tension, and problematic situations of life. Some consider resilience as a response to a particular event, and others see it as an efficient and stable coping style (Lamwell, Dip, Alison, Langer, Moore et al., 2009).

Resilience: The power or ability to return to the original form, position, etc., after being bent, compressed, or stretched, but in the terminology, it is the ability to recover readily from illness, depression, adversity (Long, Expectancy, Bliss, 1396). Resilience has an important role in capability, flexibility, and ability to master or return to normal form after facing intensive stress and challenge. Resilience is characterized by a person's response to stressful events and failures of life. Resilience is one of the most useful

components in stressful situations. Sense of shame and guilt is one of the emotions against resilience.

Shame is the product of complex mental activities, evaluating people from their actions according to one's own standards, rules, and objectives and their global assessment of themselves (Lewis, 2000, quoted by Griley, Khorakian, and Maharati, 1392). People who have experienced shame tend to hide, shrink and avoid from their own or others' view. This situation is totally negative and painful, and because of the "global" nature of the person experiencing this strong feeling, he may experience impotent in speech, confusion in thinking, and disorder in behavior. Shame arose from the difference between self and self-criticism. Shame is not created by a particular event or condition, but by the individual's interpretation of the event. According to Erickson, shame arose when the person is fully exposed to it, and is aware of others views toward himself. Shame arose from being seen by others. In the experience of shame, a person wishes to hide and disappear. But shame does not apply to an event that has been publicized (Griley, Khorakian, Maharati. 1392).

The emotional state of guilt or regret occurs when people value their behavior as a failure, but focus on their specific characteristics or their functions that lead to failure (Louis, 2000, quoted by Griley, Khorakian, Maharati, 1392). Although people are frustrated with failure, this frustration is not as intensive as the shame. An individual fully focuses on behavioral actions. People experiencing the feeling of guilt do not feel despair and are able to get rid of these emotional conditions, and pay the price of their right actions for themselves and others (Grilley, khorakian, and Maharati, 1392). As it was said before, in the sense of guilt, what has been done is the subject of evaluation, not "self" (I've done this bad thing), which leads to emotional experiences, motivational patterns and different behaviors. Many studies have shown that a moderate sense of guilt is an adaptive moral emotion, especially when social behaviors and interpersonal adaptation are considered (Tangney, 1995; quoted by Saeidi et al., 1391).

When shame happens, the teenager considers himself as a humble, worthless, and faulty person (Harder, 1995, Lewis, 1971, Natsanson, 1992, Tangney and Deering, 2002, Ellison, 2006, Rajabi, Abbasi, 2010). When the teenager makes a moral mistake, he feels guilty.

To help people solve problems and issues, there are different approaches to psychology. One of these structures is compassion-based education.

Neff (2003) defines self-compassion as a three-component instrument. Self-kindness against self-judgment (self-perceiving instead of judging or criticizing, kind of kindness and support for our shortcomings and incompetence), Shared Humanity against isolation (acknowledging that all humans are faulty and make mistakes), mindfulness against extreme alignment (a balanced and clear awareness of the experiences of the present that causes

the painful aspects of an experience not to be ignored, nor repeatedly occupy the mind). The combination of these three components indicates whether one is compassionate about himself or not.

The fundamentals of this training are based on the idea that external thoughts, factors, images and exhilarating behaviors should be internalized, and therefore the human mind, as it responds to external factors, also calms down in the face of the inner life.

The hypotheses presented in this study are:

1: Group therapy of compassion-based education increases the resilience of teenagers with emotional failure experience.

2: Group therapy for compassion-based education reduces the sense of shame and guilt in teenagers with emotional failure experience.

Therefore, in this research, we attempt to examine the effectiveness of self-compassion education on the sense of shame and guilt and the level of resilience.

METHODOLOGY

The present study is a quasi-experimental using pre-test, post-test, and a control group. In this plan, there is an experimental group and a control group, both with a pre-test. Then, an experimental intervention of eight sessions was done in a group, after which, for determining the effectiveness of the independent variable on the experimental group, a post-test was performed for both experimental and control groups. The statistical population consisted of all referrals to the counseling center, who first interviewed, and the girls who had experienced failure in a romantic relationship were selected and randomly assigned into two groups. The available sampling method was targeted. About 17 people were in the experimental group and 17 in the control group. Then, compassion-based training was conducted as an intervention on the experimental group and the control group did not receive the compassionate-based training treatment. At the same time, they have been monitored and did not receive any other training from outside during the test run. After the end of the study, training sessions were also held for the control group. Based on an interview conducted on volunteers, based on a criterion and patterns, subjects were assigned into the test and control group, including their consent to attend sessions, lack of psychiatric disorders, drug independence, aged between 15 and 18, lack of physical violence, lack of other medical and non-pharmacological treatments. Exclusion criteria include: non-attendance at meetings constantly (less than 7 sessions).

Guilt and shame proneness scale (Gasp, Cohen, Wolf, Pennett, Inesko, 2011): This scale measures people's inclination to shame and guilt emotions. The questionnaire consists of 16 items measuring the sense of shame and guilt on a five-point scale from 1 totally disagree to 5 totally agree and the respondent should rate his answer on the basis of this scale. On this scale, scenarios of

situations that people face in their everyday lives and their reactions to these situations are presented. Then, the participants in the research are asked to imagine themselves in that position and determine the likelihood of their reaction in these conditions on a five-point scale. Factor analysis by scale makers showed that sense of guilt has two sub-scales for assessing negative behaviors and doing remedial actions following individual violations, and shame is composed of sub-scales of negative self-assessment and discriminatory behavior following public disclosure of the violation.

Cohen et al. (2011) obtained two optimal alpha coefficients (from 0.61 to 0.71) for the sub-scales of this scale in two separate studies. Kamali (1392) used factor analysis method to extract two factors of sense of guilt and shame, which had 12 and 4 clauses, respectively. Also, in his research, the coefficients of alpha were 0.83 and 0.05 respectively for senses of guilt and shame. In the present study, the Persian version of the questionnaire is used, which has been used in Kamali's research. To determine the validity of the scale, the factor analysis method was used by the main component method with varimax rotation. The KMO coefficient was 0.82 and Bartlett's spherical coefficient was 1233, and the alpha coefficient of the clauses of guilt was 0.80 and the alpha coefficient of shame was 0.43.

The scale of resilience (Conner Davidson, 2003): This scale measures the ability to adapt to tension and damage. The design of this tool has two purposes, measuring the resilience in clinical and normal samples, and assessing the rate of change in resilience scores in response to treatment (Campbell Sylves, Cohen and Stein, 2006). This scale is a 25-item tool measuring resilience in five-degree Likert measurements from always false (0) to always true (4). A preliminary study on the morphometric characteristics of this scale in the normal population and patients showed that this internal consistency tool had sufficient convergent and divergent validity tests. The results of exploratory factor analysis showed that this scale is a multidimensional tool and has confirmed the existence of five factors of competence, personal strength, trust in personal instincts, tolerance of negative emotions, positive acceptance of change, safe relationships, control and spirituality for this scale. The reliability and validity of sub-scales have not yet been verified, and only a resilient overall score for research purposes is currently valid (Canner and Davidson, 2003). Mohammadi (2005) has standardized this scale for use in Iran. He performed this scale on 248 people and its reliability was obtained by measuring the internal consistency of Cronbach's alpha of 0.89. In this study, the reliability of the questionnaire was evaluated through Cronbach's alpha and the reliability coefficient was 0.91.

FINDINGS

The participants included 32 female students aged between 15 and 17 years old. In Table 1, the pretest and post-test scores of participants are presented in variables of resilience, shame and guilt.

Table 1: Mean and standard deviation of pre-test and post-test scores of resiliency, shame and guilt in experimental and control groups.

Control group		Experimental group		Test	Variable
Standard of deviation	Mean	Standard of deviation	Mean		
4/31	35/12	8/69	27/25	Pre-test	resilience
6/87	36/81	3/89	87/25	Post-test	
2/67	24/75	3/25	32/93	Pre-test	shame
3/55	27/50	2/77	16/31	Post-test	
3/34	31/50	11/15	35/87	Pre-test	guilt
3/10	32/81	2/44	14/43	Post-test	

In **Table 2** to 4, the results of covariance analysis are presented to examine the effectiveness of compassion-based education on the sense of shame and guilt and resilience in teenagers with emotional failure, in high school female students.

Table 2. Summary of the results of the covariance analysis test to examine the effectiveness of compassion-based education on resilience.

Effect size	Significance level	F	Level of freedom	Total Squares	Source of changes
0/18	0/02	6/33	1	636/22	intervention
			29	2912/06	Error variance
			32	3549/96	total

Table 3. Summary of the results of the covariance analysis test to examine the effectiveness of compassion-based education on sense of shame.

Effect size	Significance level	F	Level of freedom	Total Squares	Source of changes
			1		intervention
			29		Error variance
			32		total

Table 4. Summary of the results of the covariance analysis test to examine the effectiveness of compassion-based education on the sense of guilt.

Effect size	Significance level	F	Level of freedom	Total Squares	Source of changes
			1		intervention
			29		Error variance
			32		total

In **Table 2**, the results of the covariance analysis show that there is a significant difference between the participants in the experimental and control group in the resiliency variable score. It is concluded that the experimental intervention has been effective. The effect size is used to determine how effective this pattern has been in practice. According to the results of the table, the effect size in the experimental group was 18.1, which means that the 18% increase observed in the resilience score of the experimental group was due to the intervention.

According to Table 3, the results of the covariance analysis show that there is a significant difference between the scores of participants in the experimental and

control group in the sense of shame component. It is therefore concluded that the experimental intervention has been effective. Also, according to the results of the table, the effect size in the experimental group was 12/0, meaning that 12% of the observed decrease in the shame score of the experimental group was due to the treatment intervention.

In **Table 4**, the results of the covariance analysis test showed that there is a significant difference between the scores of the participants in the experimental and control group in the sense of guilt component. It is therefore concluded that the experimental intervention has been effective. Also according to the results of the table, the effect size in the experimental group was 49. This means that 49% of the observed decrease in the sense of guilt score of the experimental group was due to treatment intervention.

DISCUSSION AND CONCLUSION

The purpose of this study was to investigate the effectiveness of compassion-based education on the sense of shame and guilt and resilience of teenagers with emotional failure.

One of the emotions one can experience is an emotional failure. The skills and ways of coping with different emotional failures are one of the inner experiences of an individual after an emotional breakup, feeling guilty and embarrassed.

The results of the study showed that there is a significant difference between the sense of shame and guilt in the experimental group and the control group. That is, participants in the experimental group, after receiving compassion-based education, felt less guilty and less shameful than that of the control group. The research results are consistent with studies of Davis (2014), Hall and Jennifer (2014), Denise and Becker (2015).

In explaining these findings, it can be said that emotional failure is one of the most painful experiences in a person's life, especially during teen ages, but what is very important is the way person deals with this challenge. Following an emotional failure, one considers oneself faulty and guilty. One of the components of self-compassion is compassion and kindness to one's self rather than self-judgment. During training sessions, with the necessary exercises and training this component, considering that human may make a mistake and that all human beings commit mistakes, people have experienced less negative emotions, sense of guilt, and shame.

In addition, with the mindfulness component, negative thoughts and rumination decreased in the experimental group. In fact, self-compassion, which made people judge them less strictly, and accept the negative events of life more easily. Self-

compassion makes it easier for people to take responsibility for negative events and ruminate less negative events.

Another studied component of this research is resilience. The results of the research showed that compassion-based education leads to an increase in the level of a teenager's resilience. Research by Neff et al. (2007) suggests that self-compassion brings up emotional resilience that is consistent with the findings of this study.

Also, the results of this study are based on the findings of Neff and Maggie (2010) that a compassionate-based attitude would help people see a link between themselves and others. In the study of Abbasi, Koolemarz, Aayadi, Dargahi (1394), self-compassion, cognitive avoidance, and emotional self-regulation were compared in students with/out learning disabilities. The results showed that self-compassion and self-regulation in ordinary students are more than students with learning disabilities. Therefore, the results are indirectly consistent with the results of this study. Moreover, the research by Ghazanfari, Shafiee (2017) on the effectiveness of compassionate therapy on ineffective attitudes and quality of life in disabled patients is indirectly consistent with the present study.

Studies of Gilbert & Prokert (2006) and Gilbert & Aronnes (2007) also found that compassion-based education leads to a reduction in symptoms of anxiety and depression among individuals, which is consistent with this study. In many people with a psychological disorder, the system of threat and self-protection is somewhat overwhelming, resulting in high levels of stress and worry. On the other hand, the system of satisfaction and relief also has a lower level of growth in individuals. Because they've never had the opportunity to evolve this system. Compassion-based therapy is like mind physiotherapy, and through evolution, the system increases resilience against depression and anxiety.

Resilience is an event that a person is exposed to, unwantedly. But the response type of the individual is different. Self-compassionate training makes the person feel like he can take an appropriate approach toward the event that has happened. Increasing resilience will be easier to withstand emotional failure.

At the third session, the experimental group was trained to learn about their roles and responsibilities and they learned that they should not have an inappropriate self-judgment. The experimental group members learned that emotional failure might happen for any human being and they should not blame themselves and constantly review negative thoughts. In the fifth session, they learned that by enhancing resilience they can analyze and confront the events occurred. The experimental group experienced a greater resilience rather than the control group by learning to accept the painful aspects of experience while at the same time not being mentally engaged in the experience.

It should be noted that this research, like other studies, has had limitations such as available sampling, sample size, and generalizability.

It is recommended to conduct this study on adolescents. It is also recommended to conduct such a study on men too.

APPRECIATION

The cooperation of the professors of Ferdowsi University of Mashhad and Consultation

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