### Original Article

# The Effectiveness of Compassion Focused Therapy on Developmental Assets in Adolescent with Cancer

Parastoo Sadat Fasih<sup>1</sup>, Narges Razeghi<sup>2\*</sup>

<sup>1</sup> Department of Psychology. Islamic Azad University, Science and Research Branch, Tehran, Iran <sup>2</sup> Department of psychology, Professor Hesabi Branch, Islamic Azad University, Tafresh, Iran

Received: 19 October, 2021; Revised: 20 November, 2021; Accepted: 30 November, 2021

#### Abstract

**Background and Aim:** The efficiency of The Compassion-Focused Therapy on development assets in adolescent with cancer were examined.

**Materials and Methods:** The study was carried out as a quasi-experimental study with pretest/posttest design and a control group. The study population consisted of 30 teenagers at the age range of 12-18 years. They were selected through simple random sampling method and grouped in control and experimental groups. The experimental group attended eight training sessions (90 min) of Compassion Focused Therapy. Data gathering tools were developmental assets scale Minnesota.

**Results:** The MANCOVA showed that compassion-focused therapy had a positive and significant effect on more elements on developmental assets (P<0.01). So that there was a significant difference between the control and experiment groups in terms of the elements support, empowerment, constructive use of time, commitment to learning, positive values, social competencies, and positive identity (P<0.01). However, the difference was not significant with the expectations (P>0.05).

**Conclusion:** The findings showed that CFT was effective in improving social relationships and acceptability by others through special concentration on awareness, expressing love, and kindness in teenagers with cancer.

Keywords: Compassion-focused therapy, Developmental assets, Adolescent, Cancer

\*Corresponding Author: Narges Razeghi, Assistant Professor, Islamic Azad University Tafresh Branch, Tafresh, Iran. Email: narges\_razeghi@yahoo.com. ORCID: 0000-0002-3847-2842

Please cite this article as: Fasih PS, Razeghi N. The Effectiveness of Compassion Focused Therapy on Developmental Assets in Adolescent with Cancer. Int. J. Appl. Behav. Sci. 2021;8(4):35-44.

#### Introduction

Development of positive psychology has created notable changes and seminal studies in different fields of behavioral sciences. Positive psychology focuses on individuals' talents and capabilities rather than the disorders and problems. It tries to identify the constructs and methods that lead to individuals' happiness and wellbeing (1). This perspective is based on ecological theory where an individual is studied in a complicated system of relationships and mutual agreement between the active

and growing man and the environment structure and its specifications, which are required for development. Therefore, to have an adequate psychological wellbeing, along with personal traits, the youth and juveniles need resources supplied by the society's integrated systems. Therefore, according to positive psychology, developmental assets are important constructs in education and living environment of young adults. Developmental assets are positive structures and all children and teenagers need them for their development (2). The history of psychology is full of concepts about improvement of mental health, emotional and though processing methods, and improvement of psychotherapy methods. Along with expansion of studies in this field, a new construct known as "self-compassion" is introduced in psychology. Gilbert (3) utilized this construct in his and treatment works eventually introduced compassion focused therapy (CFT) theory. The historical trend of formation of this therapeutic model is rooted in failure to improve negative emotion through behavioral-cognitive treatments (4).

One of the issues covered by positive psychology is developmental assets. The framework of developmental assets was first introduced by Benson (5) based on the positive development potentials that the youth need for a successful growth and with an emphasis on the role of society in juveniles' wellbeing. This framework is a set of developmental experiences and supports that become important in the  $2^{nd}$  decade of life (6). Developmental assets are positive structural schemas and key constructs in education and living environment of an individual on which all children, juveniles, and youth depend. Developmental assets are a set of relationships, skills, opportunities and values that help juveniles to have more chance of success at school, avoid risky behaviors, have a higher resilience, and enjoy a higher wellbeing in life (7). Developmental assets are comprised of 40 elements that are divided into two sets of internal and external developmental assets. It is assumed that the more elements of developmental assets are provided in childhood and young ages, the more potentials of the individual are actualized and more positive developments happen. External developmental assets refer to the factors found in the environment of the youth. These factors, support,

nurture, and empower the individual and adjust expectations and boundaries. Using these assets, the individual can have a better use of time (8). The external assets are provided by parents, family members, school officials, and society (9). According to Minnesota Research Institute (9), external assets are positive experiences that children and the youth receive from people and social systems in daily life. When these assets are supplied by formal and informal systems in the society, the youth can enjoy positive developments. Internal developmental assets include commitment, values, and competencies rooted in the juvenile and youth. Lefcourt (10) defines internal assets as the internal specifications that guild the individual to make more positive choices and feel more confidence, purposefulness, and motivation. According to Liasko and Mackyer (11), internal developmental assets are internalized values, skills, and competencies in the youth that guide them in their choices and improve the sense of purpose and control in life. Therefore, the internal developmental assets are comprised of four subscales viz. internal, commitment to learning, positive values, social competencies, and positive identity. Furthermore, external developmental assets are comprised or four subscales of support, empowerment, boundaries and expectations, and constructive use of time (11). It is assumed that when an individual experiences these assets during childhood and young age, they can realize their maximum potentials. Benson et al. (12) and Scales and Taccogna (13) studied the effects of developmental assets on the youth's lives. They argued that the more developmental assets provided to the youth, the less the risky behaviors. Alvarado (14) showed that with more developmental assets, the juveniles have more positive relationships with society members. People with more developmental assets tend to participate more in social structure and have higher achievements as school (7). In their study, Scales and Taccogna (13) showed that developmental assets structures in teenagers improve achievement at school and in life. Young people with more developmental assets tend to be more flexible, resilient, and interested in being an outstanding student at school (9). Results of another study indicate that better Health Perception is associated with greater experience of Developmental Assets. Results suggest the impact of a subset of Developmental Assets on Health prediction, with Internal Assets being the strongest predictors (15). Another article presents the distribution of the students for levels of wellbeing and developmental assets, as well as the significant differences found between students in psychological wellbeing and developmental assets and the correlations between their dimensions (16).

Rather than pathological treatment in the late years of life, positive development approach emphasizes on early prevention through improving strengths and competencies (17). In this regard, self-compassion has a special role in the development of family psychology and mental health. Self-compassion is a relatively new psychological construct rooted in ancient Buddhistic psychology. Neff (18) developed Buddhistic meditation and introduced the concept of selfcompassion as a self-assessment tool. Neff (19) defined self-compassion as a construct with three elements viz. self-kindness against self-judgment (understanding oneself rather than judging or criticizing oneself; a form of kindness and support for defects and lack of competency); common humanity against isolation (admitting that everyone has defects and makes mistakes); and mindfulness against overidentification (clear and balance awareness of the moment experiences so that the painful aspects of an experience are neither neglect nor frequently engage the mind). The combination of these three elements represents an individual who has self-compassion (20). Self-compassion entails warm-heartedness and self-care (in the face of hardships of life), common feeling (in the face of problems in creating warm relationships with others), acceptance of defect and mistake as a common aspect of humanity, self-aware mentality, openness to experience, and living in the moment (neither to forget painful experience, nor to have destructive mental engagement). Selfcompassion rejects our internal reactions to threats, self-criticism, and isolation (21). Self-compassion is a defense against mental moods like anxiety, stress, and depression and leads to support for the individual (22, 23). Compassion is а multi-aspect and multidimensional process that is developed through caring behaviors by parents. Therefore, compassion is a set of emotional, cognitive, and motivational elements that intervene in one's ability to utilize opportunities for growth along with kindness and care (24). High self-compassion happens with more acceptance and resilience. However, self-compassion as a healthy self-attitude leads individuals to selfconfirmation and reform, acceptance of mistakes, higher stable self-confidence, and violence avoidance (25, 26). Several studies have shown that higher selfcompassion is related to lower anxiety and depression (18, 27, 20), (25). There are other studies that argue higher self-compassion is correlated with lower mental disorders, higher mental wellbeing, and higher resilience to stress (3), (28), and (27). Individuals with higher self-compassion solve their inter-personal conflicts by considering their own and others' needs Since self-compassion entails emotional (29). mindfulness (30), individuals with higher selfcompassion do not avoid painful feelings and instead they move closer to such feelings through kindness and understanding humanity common feelings. Through this, the negative feelings are turned into more positive feelings and the individual finds an opportunity to have a more accurate perception of the condition and make better choices to change themselves or the situation. Individuals with higher self-compassion tend to accept their failures and imperfections without judgment rather than denying them. In addition, instead of seeing themselves and problems unique, believe that problems and imperfections are common in humanity (18). A main part of CFT activities is focused on the capabilities of showing compassion (31). Several studies have confirmed effectiveness of CFT in attenuating negative emotions and paranoid thoughts (32), lowering stress, improving peace, and palliation effects (33), lowering negative emotions and pessimistic thoughts and improving self-esteem (32), (34), lowering stress, improving peace, and palliation (33); reducing self-harming behaviors (35), increasing the patient's ability to tolerate ambiguity and reduce anxiety about death (36), increasing self-esteem and resilience (37) and improvement of self-criticizing and self-destructive thoughts in different groups of participants .

Since self-compassion and CFT in particular are new constructs in psychology, there is a dire need for more studies on effectiveness of them. In light of this, the present study is an attempt to examine effectiveness of CFT in developmental assets in teenagers with cancer under Mahak Charity Institute. Novelty of the study is

To measure developmental assets, DASM (5) was used.

in the fact that the effects of the treatment on developmental assets in teenagers with cancer are examined. In addition, this study is the first of its kind in Iran.

# Methods

The present study is an applied quasi-experimental study with pretest-posttest design and a control group. The study population consisted of 12- to 18-year-old boys and girls from Mahak Charity Institute who were studying in the first and second year of high school and had been diagnosed with cancer for at least one year and were in stage 1 or 2. Sampling of this research was done by cluster random sampling; Out of 10 pediatric cancer diagnosis and treatment centers in Tehran, one center was randomly selected. Among the clients of this center, 90 adolescents aged 12 to 18 years were randomly selected and finally 30 of them were examined as a research sample. Subjects were randomly divided into two equal groups of control and experimental (n=15).

The participants were selected after negotiations with an oncologist expert in children and teenagers field based on checking medical files of the candidates at the age range 12-18 years old. After selecting the sample group, a briefing session was held for the adolescents with their families and complete explanations were provided regarding the total work and the distance and time of the sessions, and in the same session, the ambiguities of the subjects were answered. In addition to age, other inclusion criteria include: not using chemotherapy and radiation therapy at the moment, have a minimum of physical and cognitive ability to participate in intervention sessions, no history of receiving other psychotherapy interventions and Conscious satisfaction with the treatment method and research process. Exclusion criteria include: Having advanced type of cancer, having other types of cancer and not being in the early stages of treatment.

All stages of the study were performed with the full consent of the subjects and their families.

# Materials

**Developmental Assets Scale of Minnesota (DASM)** 

This scale is designed to measure two elements including internal and external capital assets. Each element is comprised of four subscales so that the whole tool is comprised of eight subscales. The subscales of internal (personal) developmental assets are learning, positive values, social competencies, and positive identity and the subscales of external (contextual) developmental assets are support, empowerment, expectation, and constructive use of time. The scale consists of 58 statements designed based on Likert's four-point scale (1= rarely, ..., 4= always/ very much). External developmental assets: These assets are covered by 26 statements in DASM. Minnesota Research Institute (2002) reported total reliability of the tool equal to 0.81 and in 2005 the reliability of the eight subscales was reported on average equal to 0.81 based on Cronbach's alpha. In addition, reliability for the five background scales was obtained equal to 0.88. In Iran, DehghanHesar (38) reported the reliability of the tool based on Cronbach's alpha for the external subscales equal to 0.89. Moradi (39) supported the reliability based on Cronbach's alpha and validity based on confirmatory factor analysis. Sharif Mousavi (40) used explorative factor analysis to measure construct validity of the tool using the data collected from a sample group through main elements analysis method for 26 statements (external statements). By omitting three statements, he showed that the remaining 23 statements can be categorized into three main factors of family, school, and others. Reliability coefficient for the subscales family, school, and others are 0.81, 0.79, and 83 respectively. Golestane et al. (41) measured Cronbach's alpha for family (0.94), school (0.88), and others (0.80). RezaieVarmazyar et al. (42) reported reliability of the tool based on Cronbach's alpha for external developmental assets equal to 0.87.

Internal developmental assets: The assets are measured by 32 statements in the tool. According to Minnesota Institute (2002) reliability of the tool is 0.81 and in 2005 reliability of the eight subscales based on Cronbach's alpha was reported on average equal to 0.81 and 0.88 for the five background subscales. In Iran, DehghanHesar (38) reported the reliability of the tool based on Cronbach's alpha for the internal subscales equal to 0.84. Moradi (39) supported the reliability based on Cronbach's alpha and validity based on confirmatory factor analysis. RezaieVarmazyar et al. (42) reported reliability of the tool based on Cronbach's alpha for the whole tool and the internal developmental assets equal to 0.92 and 0.89 respectively. The statements are designed based on Likert's four-point scale (1= never or rarely; 2= sometime or occasionally; 3= usually or mostly; 4= alwaysor too much).

The DASM was administered among the candidates and they received required information needed before filling out the tool. Thirty candidates who obtained less DASM scores were selected and allocated to control and experiment groups (n=15 each). A briefing session was held for the participants and their families about the whole process, session schedule, and to answers if any. Afterwards, CFT protocol (43) was implemented in eight weekly sessions (90min) in the experiment group and the control group received no education or treatment. The participants filled out the questionnaire once more after the last sessions.

#### Summary of the educational content based on CFT (Gilbert, 2009)

Session one: introduction to CFT, primary introduction, establishing connection, introduction to the concept of self-compassion and empathy.

Section two: Introduction to the sources of humane pain, emotions, and emotional systems.

Session three: Introduction to the three elements of kindness and empowerment for showing compassion, empowerment about others and one's pains without avoiding or neglecting the pain.

Session four: mindfulness and the skills along with practicing physical check and palliative breathing.

Session five: Teaching the four key features of showing compassion and practicing creating a safe place and compassionate painting.

Session six: Kind attention and kind feeling skills; the styles and methods of expression kindness.

Session seven: Teaching kind sensory experience and kind imaging.

Session eight: kind behavior skills and writing a compassionate letter; introducing solutions for following and using the treatment method in daily life.

#### Results

Table 2 lists the mean, standard deviation, min, and max scores of the elements of developmental assets in the experiment and control group in pretest and posttest phases.

As listed in Table 3, there is a significant differences between the control and experiment groups in terms of the elements support (F=26.88, P<0.01), empowerment (F=8.54, P<0.01), constructive use of time (F=7.04, P<0.05), commitment to learning (F=5.12, P<0.05), positive values (F=34.35, P<0.01), social competencies (F=25.18, P<0.01), and positive identity (F=37.88, P<0.01). However, the difference was not significant with the element expectations (F=1.50, P>0.05).

The sig. of the group interaction effect (independent) \* pretest (covariate) for developmental assets is higher as 0.05 (P>0.05). This means that correlation of regression slopes is met and covariance analysis can be used to examine the effect of independent variables on dependent variables.

#### Discussion

The question "if CFT is effective in developmental assets and pain management?" was answered. The findings showed that CFT was effective in improving developmental assets in teenagers with cancer. This finding is consistent with Seekiset al. (44), Elain and Hollins (45), Jimènezet al. (46), Farrell et al. (47), Benson et al. (6), and Greenberg et al. (48). In addition, findings are consistent with Jativa and Angeles Cerezo (49) who maintained that self-compassion is relatively a mediator between psychological sacrifice and maladaptation. They also argued that self-compassion attenuates the negative consequences in the teenagers who have been victims of violence. As the findings indicated, CFT improved social relationships and acceptability by others through special concentration on awareness, expressing love, and kindness. By direction compassion towards oneself, the individual steps toward alleviating pain and improving self-

Variable	-	sex		Cancer stage			Duration of cancer (year)		
	Male	Female	Stage 1	Stage 2	1-3	3-6	6-9		
Number	13	17	11	19	14	10	6		

#### Table 1: Demographic characteristics.

**Table 2:** Descriptive indicators of Developmental Assets.

Variable	Group	Number	Phase	Mean	SD	Min	Max
	Experiment	15	Pre-test	24.93	8.07	16	41
Support		15	Post-test	31	6.69	23	43
	Control	15	Pre-test	28.67	6.91	18	38
		15	Post-test	28.80	6.80	18	38
Empowerment	Experiment	15	Pre-test	14.60	3.33	11	23
		15	Post-test	15.87	3.31	11	25
	Control	15	Pre-test	16.33	2.38	12	21
		15	Post-test	16.33	2.38	12	21
Expectations	Experiment	15	Pre-test	14.47	3.38	8	21
-	•	15	Post-test	14.73	2.94	11	21
	Control	15	Pre-test	15.73	3.55	8	21
		15	Post-test	15.73	3.56	8	21
Constructive use of time	Experiment	15	Pre-test	8.87	1.85	6	12
		15	Post-test	10.27	2.12	6	13
	Control	15	Pre-test	10	2.10	8	14
		15	Post-test	10	2.10	8	14
Commitment to learning	Experiment	15	Pre-test	15.07	3.79	10	23
C	1	15	Post-test	15.67	3.81	11	23
	Control	15	Pre-test	16.80	3.03	11	21
		15	Post-test	16.80	3.03	11	21
Positive values	Experiment	15	Pre-test	18.07	2.43	15	23
	1	15	Post-test	20.93	2.81	17	27
	Control	15	Pre-test	18.93	1.98	15	21
		15	Post-test	18.93	2.02	15	21
Social competencies	Experiment	15	Pre-test	17.40	2.99	12	22
L	1	15	Post-test	21.40	2.32	18	26
	Control	15	Pre-test	18.87	2.90	15	22
		15	Post-test	18.80	2.93	15	22
Positive identity	Experiment	15	Pre-test	9.33	2.22	6	12
e e	1	15	Post-test	13.608	2.38	9	18
	Control	15	Pre-test	10.27	1.49	7	12
		15	Post-test	10.40	1.59	7	13
Developmental assets	Experiment	15	Pre-test	122.73	22.71	93	17:
<b>T</b>	I · · · ·	15	Post-test	143.47	21.5	113	194
	Control	15	Pre-test	135.60	17.3	113	162
		15	Post-test	135.80	17.4	113	162

development, which leads to an understanding of the compassionate ego. Then, through creating sensitivity and awareness about others and one's needs and empathy, one improves their understanding and perspective about their and others' performance. Through learning new ways of thinking and reasoning, a new balanced viewpoint is achieved and this improves positive emotions, sense of having a goal in life, and social support. Through learning compassionate attention, teenagers concentrate their attention in a way that is helpful and supportive for others. For instance, reminiscence of memories of others' kindness to one and vice versa improved the sense of mental security in the teenagers; so that they felt stronger purpose in participation and undertaking fruitful responsibilities. Through improving compassionate behaviors, the teenagers lowered tensions and facilitated growth and development. This

Source of	Variable	SS	DF	MS	F	<b>P-Value</b>	SE
change Crown	Support	140.38	1	140.38	26.88	0.001	0.57
Group	Support	6.47	1	6.47	20.88 8.54	0.001	0.37
	Empowerment		1				
	Expectations	0.39	1	0.39	1.50	0.234	0.07
	Constructive use of time	11.29	1	11.29	7.04	0.015	0.26
	Commitment to learning	1.47	1	1.47	5.12	0.035	0.20
	Positive values	53.19	23	53.19	34.35	0.001	0.63
	Social competencies	81.11	23	81.11	25.18	0.001	0.56
	Positive identity	101.75	23	101.75	37.88	0.001	0.65
	Support	104.45	20	5.22			
	Empowerment	15.16	20	0.76			
	Expectations	5.23	20	0.26			
Error	Constructive use of time	32.05	20	1.60			
	Commitment to learning	5.73	20	0.29			
	Positive values	30.97	20	1.55			
	Social competencies	64.43	20	3.22			
	Positive identity	53.72	20	2.69			
	Support	28131	30				
	Empowerment	8011	30				
	Expectations	7267	30				
	Constructive use of time	3206	30				
Total	Commitment to learning	8247	30				
	Positive values	12118	30				
	Social competencies	12367	30				
	Positive identity	4512	30				

Table 3: Result of covariance analysis for comparison of experimental and control groups in Developmental assets.

does not mean, however, to avoid problem and on the contrary, the participants had a chance to improve their courage to challenge their problems. Through CFT, the participants learned to keep the warm and supportive thoughts even in their fight and that they can keep fighting as far as they follow this approach. In this way, they had a chance to relate to adult's roles, participate in decision making, and improve selfadjustment through improving the sense of value and usefulness. Studies have shown that compassion can be an important part of self-identity, while it can improve self-image as well. That is people show compassion to receive love in return (50). Therefore, through accepting the viewpoint that selfcompassionate individuals accept failures and defects without judgment, rather than denying or overemphasizing them and finding failure and defect a commonalities of humanity, rather than seeing them as unique experiences of themselves (18), the teenagers managed to improve their wellbeing and social relationships through practicing compassionate identity and improve their viewpoint in the face of life events. Compassionate self-reform is focused on growth and development with optimism as its basis so that rather than concentrating on anger, hopelessness, and shortages in the past, the individual tries to focus on one's capabilities. In this way, the individual tries to focus on success, hope, and the tasks that can empower them to reach their desires. In addition, by decreasing self-blame and passing the stage "not my fault," the individual experiences a new approach to support, motivation, and kindness and tries to improve the future perspective.

Findings are consistent with Benson et al. (6) who showed that several developmental effects have a role to play in school achievements including family support, relationship with adults outside the family, caring school, and providing opportunities for teenagers to feel being useful. For instance, through learning services, justice, and discipline at school, higher expectations, positive effect of peers, and participation in activities outside the school, teenagers find more motivation for development and feel more social competencies. To explain this finding, learning a new way of loving oneself and others through developing positive emotions and a specific type of positive emotion leads to wellbeing, which in turn motivates the individuals to improve their knowledge and awareness. In fact, this arousal is coincident with success and energy, improves the sense of being cared, accepted, attached, and depended on others, which in turn creates a new attitude that motivates the individual to study more and have deeper engagement with new materials. Overall, the positive growth and development creates satisfaction, peace, and commitment to repeat such an experience. Consistent with this explanation, (48) studied several cases and found that the most preventive methods based on school and youth development methods are those that improve social and personal assets of students and improve the environment at school. To explain this statement, by learning the elements of compassion including mindfulness (awareness of what is happening at the moment in a balanced and clear way, so that the negative aspects of life are neither neglected nor ruminated on; (51); self-kindness (selfcare and self-understanding rather than adopting judgmental and critique viewpoint to less pleasant personality trains); and common humanity (to accept the fact that everyone has defects and fail and might commit unhealthy behaviors), individuals can solve their conflicts in a peaceful manner, improve their social skills with their peers, spend quality time at home, and be more responsible. Therefore, we can conclude that while the aspects of self-compassion are conceptually separated from each other and experienced as different things in phenomenological level, they interact with each other, trigger each other, and there is synergy among them. Evidences have shown that a specific level of mindfulness is needed before an individual could experience a psychological path from negative experiences to self-kindness and common humanity. Still, mindfulness has a stronger role in creating the two other elements; a neutral and non-judgmental mood with mindfulness lower selfcriticizing and improve self-understanding (52). Therefore, mindfulness directly leads to higher selfkindness. Moreover, adopting a balanced viewpoint of mindfulness is the opposite of isolation and separation from other so that it increases the sense of dependence and relationship (53).

Like any research work, the present study is not free of limitations, which should be taken into account in interpreting the findings. The study was limited to teenagers with cancer and this limits generalizability of the findings. Persistency of the effects of a treatment or education is one of the priorities of any research work; therefore, lack of follow-up is another limitation of this work. Given that compassion appeared as a way to improve health and promote growth and wellbeing, and that individuals with higher developmental assets participate in more social structure and have better performance at school, promoting this skill as a part of curriculum can lead to a higher adaptability and success in teenagers. In addition, psychologists and educational consultants can used this method to improve development potentials and improve educational performance of students.

#### Conclusion

The findings showed that CFT was effective in improving social relationships and acceptability by others through special concentration on awareness, expressing love, and kindness in teenagers with cancer.

### Acknowledgment

The authors wish to express their gratitude to the patients and families for their valuable contributions.

# **Conflict of Interest**

The authors declare that they have no conflict of interest.

#### References

1. Seligman ME, Csikszentmihalyi M. Positive psychology: An introduction. 2000;55(1): 5. APA.

2. Scales PC, Benson PL, Roehlkepartain EC, Sesma A, van Dulmen M. The role of developmental assets in predicting academic achievement: A longitudinal study. IJA, 2006;29(5):691-708.

3. Gilbert P. Compassion: Conceptualization, Research and use in Psychoterapy. New York: Routledge Publication; 2005.

4. Gilbert, P. Introducing of Compassion Focused Therapy. BJPsych Advances. 2009;15:199-208.

5. Benson P L. Mobilizing communities to promote developmental assets: A promising strategy for the prevention of high-risk behaviour. FSA; 1998;11:220- 38.

6. Benson PL, Scales PC, Hamilton SF, &Semsa A. Positive youth Development: Theory, Research and Applications In R. M Lerner (Ed.). Handbook of child psychology, Hoboken, NJ: Wiley. 2006.

7. Scales PC, Benson PL, Roehlkepartain EC, Sesma A, van Dulmen M. The role of developmental assets in predicting academic achievement: A longitudinal study. JOA, 2006;29(5):691-708.

8. Wentzal, K. R. Social relationships and motivation in middle school: The role of parents, teachers, and peers. JEP. 1998;2:202-9.

9. Jackson C. A study of the relationship between the developmental assets framework and the academic success of atrisk elementary to middle school transitioning students. DBU. 2010.

10. Lefcourt H. Humor. In C.R. Snyder, & S.J. Lopez (Eds.), Handbook of Positive psychology. New York: OUP. 2002.

11. Liasko E, Mackyer, J. Relationships among Developmental Assets, Age, Smoking Behaviors among Youth. IU. 2005.

12. Benson PL, Leffert N, Scales PC, Blyth DA. Beyond the village rhetoric: Creating healthy communities for children and adolescents. ADS. 1998;2:138-59.

13. Scales PC. Taccogna J. Developmental assets for success in school and life. DES. 2001;66(6):34.

14. Alvarado M. The Confluence of Developmental Assets, Ethnic Identity, and Acculturative Stress on Thriving of a Predominately Hispanic Adolescent Population. Ph.D. Dissertation, TAMU. 2009. 15. Soares Ana, Pais-Ribeiro José L. Silva Isabel, Personal and contextual developmental assets predictors of health perception in adolescence, UCU. 2020;14(2):e-2263.

16. De Carvalho. Nuno Archer &HenriquesVeiga. Feliciano, Psychological well-being and developmental assets: assessment in adolescent students, JRP. 2020;14(2). Lisbon, Portugal.

17. Lerner RM, Lerner JV, Almerigi JB, Theokas C, Phelps E, Gestsdottir S. Positive Youth Development, participation in community youth development programs, and community contributions of fifth-grade adolescents finding from the first wave of the 4-H study of positive youth development. JEA. 2005;25(1):17-71.

18. Neff D. Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. SIJ. 2003;2:85-102.

19. Neff K. D. The development and validation of a scale to measure self-compassion. SIJ. 2003;2:223-50.

20. Neff K D, Pisitsungkagarn K, Hseith Y. Self-compassion and self-construal in the United States, Thailand, and Taiwan. IACCP. 2008;39:267-85.

21. GermerC,& Neff KD. Mindfulness Self-compassion Training (MSC). November, Santa Monica. CA: Insight LA. 2013.

22. Westphal Maren L. Leahy R, Norcini P, Andrea. W.Selfcompassion and emotional invalidation mediate the effects of parental indifference on psychopathology, JPR. 2016;242:186-91.

23. Bluth K, Eisenlohr-Moul TA. Response to a mindfulselfcompassion intervention in teens: a within-person association of mindfulness, self-compassion, and emotional wellbeing outcomes. JOA. 57;108–18.

24. Tirch Dennis, Schoendorff Benjamin, Silberstein Laura R. The ACT Practitioner's Guide to the Science of Compassion: Tools for Fostering Psychological Flexibility Publisher: NHP, 2014, ISBN: 1626250553, 9781626250550.

25. Gorbani N, Watson PJ, Chen Z, Norballa F. Self-compassion in Iranian Muslims: relationship with integrative self-knowledge, mental health, and religious orientation. IJPR. 2012;22:106-18.

26. Wong KF; Yau SY. Nurses experience in sprituality and spritual care in Hong Kong. ApplNurs Res; 23(4): pp 242-244. World Health Organization. Access to Controlled Medications Programme: Framework. Geneva, Switzerland: WHO; 2007. Available at:

http://www.who.int/medicines/areas/quality\_safety/Framework\_A CMP\_withcover.pdf .Accessed November 2, 2010.

27. Feldman C, Kuyken W. Compassion in the landscape of suffering. IJCB. 2011;12:143-55.

28. MacBeth A, Gumley A. Exploring Compassion: a metaanalysis of the association between self- compassion and psychopathology. JCP; 32: 545-552.

29. Yarnell L, Neff KD. Self-compassion, Interpersonal Conflict

Resolutions, and Wellbeing. JSI. 2013;12:1-14.

30. Bent, S. Goleman, T. Emotional alchemy: How the mind can heal the heart. New York: TRP; 2001.

31. Ashworth F, Gracey F, Gilbert P. Compassion focused therapy after traumatic brain injury: Theoretical foundations and a case illustration. JBI. 2011;12(02):128-39.

32. Lincoln TM, Hohenhaus F, Hartmann M. Can paranoid thoughts be reduced by targeting negative emotions and self-steem? An experimental investigation of a brief compassion-focused intervention. CTR. 2013;37(2):390-402.

33. Heriot-Maitland C, Vidal JB, Ball S, Irons C. A compassionatefocused therapy group approach for acute impatients: Feasibility, initial pilot outcome data, and recommendations. BJCP. 2014;53(1):78-94.

34. Imrie S, & Troop NA. A pilot study on the effects and feasibility of compassion- focused expressive writing in Day Hospice patients. PSC. 2012;10(2):115-22.

35. NeamatiZade, Z., &Mojtabaee, M. Effectiveness of Self-Compassion Focused Therapy on reducing of function of self-harm behaviors in Juvenile offenders of Tehran Juvenile Correction and Rehabilitation Center. International Journal of Applied Behavioral Sciences, 2016. 3(3), 30-38. https://doi.org/10.22037/ijabs.v3i3.17380.

36. BaharvandiBehnaz, KazemianMoghadamKobra, Haroon RashidiHomayoon, The Effectiveness of Compassion-Focused Therapy on Ambiguity Tolerance and Death Anxiety in the Elderly, JAP. 2020;6(1):13-26.

37. MazaheriZhara , MirsifiFard Leila Saadat , Mohamad Ali VatankhahVahideh , DarbaniSeyed Ali, Effectiveness of Compassion-Focused Therapy (CFT) on Self-Esteem and Resilience in Children and Adolescents with Divorced Parents, JCMH, Arak Branch, Islamic Azad University, Arak, Iran. 2020;7(2):280-93.

38. Dehghan Hesar M, Hejazi Moughari E, Kareshki H. The relationship between developmental assets and self-regulation with moral identity in first grade high school female students, Master Thesis in Educational Sciences, Tehran university; 2011.

39. Sepehr Noush Moradi F. The relationship between developmental assets and psychological well-being with the mediating role of hope in high school students. Master Thesis. Faculty of Psychology, University of Tehran. 2015.

40. Sharif Mousavi F. The relationship between developmental assets and academic engagement with the mediating role of academic resilience. Master Thesis, Faculty of Psychology, University of Tehran; 2014.

41. Golestaneh SM, Soleimani L. Dehghani Y. The relationship between developmental assets and academic achievement: with the mediating role of psychological capital. JPA. 2017;4(1):127-50. Tehran. Iran.

42. Rezaee Varmazyar MA, Sa'di Pour A, Ebrahimighavam S, Delavar A, Asadzsdeh H. Structural model of the mediating role of internal developmental assets and psychological assets in the link between external developmental assets and students' academic engagement. Bi-Quarterly JESS. 2018;18(7).

43. Gilbert Paul, The Compassionate Mind (Compassion Focused Therapy), 2009, translated by EthbatyMehrnoush, Feyzy Ali, EbnSina Pub, Tehran. Iran. 2018.

44. Seekis V, Bradley GL, Duffy A. The effectiveness of selfcompassion and self-steam writing tasks in reducing body image concerns. JBI. 2017;23:206-13.

45. Elaine Beaumont CJ, Hollins M. Exploration of a training programme for student therapists that employs Compassionate Mind Training (CMT) to develop compassion for self and others. JAP:2016:22:5-13.

46. Jimènez L, Dekovic M, Hidalgo V. Adjustment of school-aged children and adolescents growing up in at-risk families: Relationships between family variables and individual, relational and school adjustment. JCYS. 2009;31(6):654-61.

47. Farrell AD, Sullivan TN, Kliewer W, Allison KW, Erwin EH, Meyer AL, Esposito L. Peer and school problems in the lives of urban adolescents: Frequency, difficulty, and relation to adjustment. JSP. 2006;44(3):169-90.

48. Greenberg MT, Weissberg RP, O'Brein MU, Zins JE, Fredericks L, Resnik H, Elias MJ. Enhancing school-based prevention and youth development through coordinated social, emotional and academic learning. JAP. 2003;58(6-7):466.

49. Jativa R, Angeles Cerezo M. The meditating role of selfcompassion in the relationship between victimization and psychological maladjustment in asample of adolescent. JCAN; 2014;38:1180-90.

50. Crocker J, Canevello A. Creating and undermining social support in communal relationships: The role of compassionate and self-image goals. JPSP. 2008;95:555-75.

51. Brown KW, Ryan RM. The benefits of being present: Mindfulness and its role in psychological Well-being. JPSP. 2003;84:822-48.

52. Jopling, D. A. Self-knowledge and the self. New York: Routledge; 2000.

53. Sa'eedi Z, Bahrami E, Ali Pour A. Self-control and health: The moderating effect of self-compassion. JHP. 2015;19(5):85-98.

© Parastoo Sadat Fasih, Narges Razeghi. Originally published in the International Journal of Applied Behavioral Sciences (https://journals.sbmu.ac.ir/ijabs/index), <u>18.12.2021</u>. This article is an open-access article under the terms of Creative Commons Attribution License (<u>https://creativecommons.org/licenses/by/4.0/</u>); the license permits unlimited use, distribution, and reproduction in any medium, provided the original work is properly cited in the International Journal of Applied Behavioral Sciences. The complete bibliographic information, a link to the original publication on https://journals.sbmu.ac.ir/ijabs/index, as well as this copyright and license information must be included.