

Effectiveness of Compassion-Focused Therapy on Cognitive Emotion Regulation in Bullying Girl Students

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Abstract

The aim of this study was to determine the effectiveness of the Compassion Focused Therapy (CFT) on cognitive emotion adjustment in bullying female students of first stage high school in Khorramabad city. The method of this study was quasi-experimental with pre-test and post-test with control group. The study population included all high school students of Khorramabad city who were selected by purposeful sampling from 30 students. Participants completed the Illinois Navigation Bullying Questionnaire and the Cognitive Emotion Regulation Questionnaire, then the selected samples were randomly divided into experimental and control groups. The experimental group received 8 sessions of 90 minutes of compassionate focused therapy but the control group received no intervention. Finally, post-test was performed for both groups. The data were analyzed using multivariate analysis of covariance. The results showed that Compassion Focused treatment had an impact on Cognitive Emotion Adjustment in Bullying Students.

Keywords: Bullying, cognitive emotion regulation, compassion-focused therapy

Introduction

Bullying at school is one of the problematic behaviors of adolescence as a social problem that has overshadowed the lives of many students involved in it (Nuggud, 2015). Psychologists believe that bullying is a phenomenon that damages social, emotional, and academic domains (Chu, et al., 2015). The limited ability to regulate emotion is one of the most important reasons for the occurrence and involvement of bullying cases (Gul, et al., 2018). Difficulty in emotion regulation has been observed in behaviors that lead to unhealthy behavioral outcomes (Harrison, et al., 2016). One of the treatments that failed to improve negative emotions in cognitive behavioral therapy is compassion-based therapy (Gilbert, 2014). Roman, et al. (2011) believe that research on violent behaviors in schools, with its implications, is one of the educational priorities and policies. Given the urgent need to develop psychological safety, prevention of bullying and victimization and empowerment of adolescents, the present study aimed to determine the effectiveness of compassion-focused therapy on cognitive emotion regulation of bullying students. Therefore, the research hypothesis is as follows. Compassion-based therapy affects cognitive emotion regulation in bullying students.

Method

This was a quasi-experimental study with pretest-posttest design and control group. The present study is of practical purpose. The statistical population of the study consisted of all female students of bullying students in the first high school year of the academic year 96-97 in Khorramabad city, which were 18979 students. Purposeful sampling method was used to select the research sample. Theoretical framework of the present study was Gross Emotion Regulation Theory. This model classifies emotional adjustment strategies according to when they influence this process during the evaluation of potential situations or during the adjustment of response tendencies. Gilbert (2014) concluded in a study that compassionate therapy training can reduce emotional problems. Therefore, given the effectiveness of compassion-based therapy on anxiety and emotional disorders, this study aimed to answer the question whether compassion-based therapy affects emotion regulation in bullying students? It was done.

The tools used in the study were as follows:

The Splack and Holt Bullying Questionnaire, the reliability of Cronbach's alpha for total and subscales of bullying, victimization, conflict were 0.90, 0.83, 0.71 and 0.89, respectively. In the present study, Cronbach's alpha coefficient were 0.87 and for bullying, conflict and victim subscales 0.75, 0.74, and 0.78, respectively.

The Cognitive Emotion Regulation Questionnaire Granfsky, et al., (2014) the reliability of the total score using Cronbach's alpha coefficient and test-retest coefficient as 0.91 and 0.73, respectively. In this study Cronbach's alpha coefficient was 0.93.

Result

To analyze the research hypothesis, the covariance analysis method was used to control the effects of pretest as an auxiliary random variable. Before performing the analysis, its defaults were first analyzed and after the defaults were established the analysis was performed. Table 1 shows the descriptive statistics of the variables by category.

Table 1 Descriptive statistics of the variables studied at the pretest and posttest stage

Location	Cognitive emotion regulation components	<u>Groups</u>			
		experimental Group		control group	
		Mean	SD	Mean	SD
pre-exam	self-blame	15.67	1.79	15	2.38
	Rumination	16.27	2.21	15.33	1.67
	Blame others	16.20	1.97	15.73	1.87
	Catastrophic	15.87	1.95	15.47	1.64
	Acceptance	7.33	2.61	7.53	1.55

	Focus on planning	7.27	1.94	7.20	2.07
	Positive refocus	7.47	2.06	6.87	1.18
	Positive reassessment	7.40	1.80	7.67	1.83
	Perspective	7.07	1.98	6.93	1.22
		5.93	1.16	14	2.13
	self-blame				
	Rumination	5.87	1.30	14.40	1.54
Post-test	Blame others	5.87	1.18	15	2
	Catastrophic	5.53	0.09	14.53	1.59
	Acceptance	17.67	1.63	8.40	1.76
	Focus on planning	17.80	1.08	8.20	2.07
	Positive refocus	18	1.51	7.60	1.35
	Positive reassessment	17.67	1.11	8.47	2.23
	Perspective	17.53	1.76	7.73	1.48

The results of multivariate analysis of covariance on the mean scores of post-test variables in the two groups showed that there was a significant difference between the experimental and control groups in terms of dependent variables. The statistical power of the test is 0.80, which means that the test was able to reject the null hypothesis of 80%. According to Table, F value of self-blame component 4.63, rumination component 18.87, blame others component, 10.11, catastrophic component, 10.15, acceptance component, 14.74, Focus on planning component 10.58, positive refocusing component, 6.80, perspective component, 14.45, all of which were at the significant level.

Table 2 Results of multivariate analysis of covariance for the mean of the post-test scores of the levels of research variables in the experimental and control groups

Sources of change	Mean squares	Df	F	Sig	Partial Eta Squared
self-blame	11.85	1	4.63	0.044	0.20
Rumination	18.78	1	18.87	0.001	0.49
Blame others	8.21	1	10.11	0.005	0.35
Catastrophic	21.69	1	10.15	0.005	0.35
Acceptance	31.09	1	14.74	0.001	0.44
Focus on planning	16.69	1	10.58	0.004	0.36
Positive refocus	12.33	1	6.80	0.017	0.26
Positive reassessment	2.12	1	1.51	0.23	0.074
Perspective	18.37	1	14.45	0.001	0.43

Conclusion and discussion

The results showed that compassion-focused therapy affected all components of cognitive emotion regulation except reassessment. People who had high self-compassion were more likely to accept their role and responsibility in negative events. They can see negative events as they are, but are less likely to report negative events and less excited about their mistakes. They experience negative emotions and consequently use less maladaptive emotion regulation strategies. Compassionate mind-based cognitive therapy facilitates emotional change for more self-care and self-support, increases ability to accept discomforts, and reduces emotional disturbances. This treatment enables one to more easily control and control themselves. The present study was a cross-sectional study that did not allow time sequences to be determined. Also, the self-report of the instrument used was one of the limitations of the study because it could facilitate the emotion regulation process. Therefore, it is recommended that long-term compassion-based therapy be considered in students' cognitive emotion regulation.

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