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Effectiveness of Compassion Focused Therapy on Self-blaming and Depressive Symptoms of Depressed Bullied Adolescents

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A B S T R A C T

Objective: The objective of this study was to evaluate the effectiveness of Compassion-Focused Therapy (CFT) in reducing self-blame and depressive symptoms in adolescents who have been bullied.

Methods and Materials: A randomized controlled trial (RCT) design was employed with 30 adolescents from Tehran, randomly assigned to either an intervention group receiving CFT or a control group. The intervention group underwent eight CFT sessions aimed at reducing self-blame and depressive symptoms, while the control group received no intervention. Self-blame and depressive symptoms were measured at three time points: pre-test, post-test, and follow-up (five months post-intervention). Data were analyzed using descriptive statistics, repeated measures ANOVA, and Bonferroni post-hoc tests in SPSS-26.

Findings: The results revealed significant reductions in both self-blame and depressive symptoms in the intervention group. The analysis indicated that the intervention group had significantly lower self-blame ($F = 7.12$, $p = 0.009$) and depressive symptoms ($F = 9.12$, $p = 0.005$) compared to the control group, with moderate to large effect sizes ($\eta^2 = 0.236$ for self-blame, $\eta^2 = 0.287$ for depression). Post-hoc comparisons confirmed significant differences between the pre-test and post-test, and between the post-test and follow-up for both self-blame and depression, suggesting sustained benefits of the therapy.

Conclusion: This study demonstrates that Compassion-Focused Therapy (CFT) is an effective intervention for reducing self-blame and depressive symptoms in adolescents who have experienced bullying. These results support the utility of CFT in fostering self-compassion and improving emotional regulation in this vulnerable population, contributing to improved mental health outcomes.

Keywords: *Compassion-Focused Therapy, self-blame, depressive symptoms, adolescents, bullying*

1. Introduction

Adolescence is a critical developmental stage marked by emotional, cognitive, and social transitions, which can significantly influence psychological well-being. Among adolescents, bullying victimization is a pervasive problem that can lead to long-lasting psychological consequences, including depression, anxiety, and self-blame. Studies have shown that individuals who experience bullying are at a heightened risk of developing mental health issues, with depressive symptoms being one of the most common outcomes (Geng et al., 2022; Karimi et al., 2020). Bullying affects not only the immediate mental health of adolescents but also has lasting implications on their emotional regulation and social relationships (Xu et al., 2024; Yaghoubi et al., 2021).

Self-blaming, which refers to an individual's tendency to hold themselves responsible for negative events or their perceived shortcomings, is often exacerbated in bullied adolescents. Self-blame, when combined with depressive symptoms, creates a cyclical relationship where adolescents become trapped in a negative feedback loop of self-criticism and emotional distress (Fatollahzadeh et al., 2023; Vidal et al., 2024). This cycle is particularly harmful as it hinders adaptive coping strategies, increases the risk of emotional dysregulation, and may prevent the development of healthy coping mechanisms, such as self-compassion (Pullmer et al., 2019; Rahimi & Asghari, 2024). In this context, compassion-focused therapy (CFT) has emerged as an effective therapeutic approach to address self-criticism and depressive symptoms in adolescents, particularly those affected by bullying.

CFT, developed by Paul Gilbert, aims to foster self-compassion and reduce self-criticism through a series of therapeutic techniques, including mindfulness, compassionate imagery, and cognitive restructuring (Bruk et al., 2022; Karimi et al., 2020). The theoretical framework of CFT posits that the development of self-compassion can counteract the damaging effects of self-criticism and lead to improvements in emotional well-being and resilience. For adolescents who have experienced bullying, CFT provides a powerful tool to help break the cycle of self-blame and depressive symptoms by fostering a kinder and more compassionate relationship with oneself (Ahmadabadi et al., 2024; Karimi et al., 2020).

Numerous studies have supported the efficacy of CFT in reducing depressive symptoms and self-criticism in various clinical populations, including adolescents. For instance, a study by Fatollahzadeh et al. (2023) found that CFT significantly improved resilience, reduced self-criticism, and enhanced the overall quality of life in patients with vitiligo, suggesting its potential to address both emotional and cognitive aspects of self-criticism. Similarly, research by Karimi et al. (2020) demonstrated the effectiveness of self-compassion group training in reducing cognitive-behavioral avoidance and self-criticism in depressed adolescents. These findings are consistent with studies suggesting that self-compassion can mediate the relationship between negative life events, including bullying, and mental health outcomes such as depression (Bruk et al., 2022; Chwyl et al., 2021).

While existing research on CFT for adolescents is promising, much of the work has been focused on general depressive symptoms or specific populations, such as those with chronic physical conditions (Huangfu et al., 2024; Salakhpour, 2023). However, the unique combination of self-blaming and depressive symptoms in bullied adolescents warrants specific attention. Adolescents who are victims of bullying are at an increased risk of developing both internalized emotional distress and maladaptive coping strategies, which may manifest in the form of self-criticism, anxiety, and depression (Jiang et al., 2020; Yaghoubi et al., 2021).

Self-compassion, as conceptualized by Neff (2003), refers to the ability to treat oneself with kindness and understanding in the face of failure or personal difficulties. In the context of bullying, self-compassion can serve as a protective factor against the harmful effects of negative self-evaluation and emotional pain. Research has shown that self-compassion is associated with better mental health outcomes, including lower levels of depression and anxiety, and is particularly effective in moderating the effects of trauma and victimization (Chwyl et al., 2021; Karimi et al., 2020). The role of self-compassion in reducing self-blame and depressive symptoms is of particular importance in this study, as it may help adolescents reframe their experiences of bullying in a more adaptive and less self-critical way.

Furthermore, the use of CFT in this context is grounded in the idea that compassion can be cultivated through therapeutic interventions and mindfulness practices. In this study, adolescents will engage in a series of CFT techniques designed to foster self-compassion and reduce self-criticism. These techniques will include mindfulness exercises, compassionate imagery, and cognitive restructuring aimed at challenging negative self-beliefs and replacing them with more compassionate and balanced perspectives. The focus

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of CFT on self-compassion aligns with the growing body of research indicating that increasing self-compassion can be an effective strategy for reducing the psychological distress associated with bullying (Pullmer et al., 2019; Vidal et al., 2024).

The purpose of this study is to explore the effectiveness of CFT in reducing self-blame and depressive symptoms in adolescents who have been bullied.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a randomized controlled trial (RCT) design with two groups: a control group and an intervention group, each consisting of 15 participants. Participants were randomly assigned to either the control or the intervention group. The study was conducted in Tehran, Iran, with participants recruited from local schools and community centers. The intervention group received Compassion-Focused Therapy (CFT) aimed at reducing self-blaming and depressive symptoms in bullied adolescents, while the control group did not receive any therapeutic intervention. A five-month follow-up period was implemented to assess the long-term effects of the therapy. The total sample size of 30 participants was considered adequate based on power analyses for detecting medium-sized effects.

2.2. Measures

2.2.1. Self-Blaming

The Self-Blame Scale (Reddy, 2023) is a standard tool used to measure the extent to which individuals attribute responsibility for negative events to themselves. This scale consists of 22 items, assessing dimensions related to self-criticism and self-reassurance. Participants rate their responses on a 5-point Likert scale, ranging from "Strongly Agree" to "Strongly Disagree." The scale has demonstrated high internal consistency, with a Cronbach's alpha of 0.891, and its validity has been confirmed through significant negative correlations with self-reassurance, establishing strong discriminant validity. The scale has been widely used in research and clinical settings, making it a reliable and valid measure for assessing self-blame.

2.2.2. Depression

The Beck Depression Inventory (BDI-II), developed by Beck, Steer, and Brown in 1996, is one of the most widely used self-report tools to assess the severity of depressive symptoms in adolescents and adults. It contains 21 items, each of which corresponds to a specific symptom or attitude associated with depression. Respondents rate each item on a 4-point scale (0 = not at all to 3 = severe). The total score ranges from 0 to 63, with higher scores indicating more severe depression. The BDI-II has been found to have strong internal consistency and reliability (Cronbach's alpha = 0.92 in the original study). Its validity has been confirmed across various populations, including Iranian adolescents, where it has been used in several studies to assess depression among different clinical groups. This tool is considered a reliable measure for depression severity and has been widely used in clinical settings for diagnosing and monitoring treatment outcomes for depressive symptoms.

2.3. Data Analysis

Data were analyzed using SPSS-26 software. The primary statistical method used was analysis of variance (ANOVA) with repeated measurements to examine the changes in self-blaming and depressive symptoms over time. Bonferroni post-hoc tests were employed to assess pairwise comparisons between the pre-test, post-test, and follow-up scores. The significance level for all tests was set at $p < 0.05$.

3. Findings and Results

The demographic characteristics of the participants in both groups are summarized in the table below. In the control group, 4 participants were aged between 11 and 15 years, and 11 participants were aged between 16 and 20 years. The intervention group included 5 participants aged 11-15 years, and 10 participants aged 16-20 years. In terms of sex, 7 males and 8 females were included in the control group, while the intervention group consisted of 8 males and 7 females. Regarding nationality, the control group had 13 Iranian participants and 2 non-Iranian participants, while the intervention group had 11 Iranian participants and 4 non-Iranian participants.

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Table 1

Descriptive Statistics for Self-blame and Depression

Variable	Control Mean	Control SD	Intervention Mean	Intervention SD
Self-blame Pre-test	27.32	3.24	28.75	4.15
Self-blame Post-test	25.67	3.15	22.47	3.42
Self-blame Follow-up	26.34	3.10	21.58	3.28
Depression Pre-test	23.47	4.21	24.36	4.11
Depression Post-test	22.53	3.86	18.92	3.54
Depression Follow-up	22.89	4.01	19.25	3.46

The descriptive statistics for self-blame and depression scores at pre-test, post-test, and follow-up for both the control and intervention groups are presented in the table below. For self-blame, the intervention group showed a decrease in scores over time, with the mean score decreasing from 28.75 at the pre-test to 22.47 at the post-test, and further decreasing to 21.58 at the follow-up. In contrast, the control group showed a slight reduction from 27.32 at the pre-test to 25.67 at the post-test, with a minor increase to 26.34 at the follow-up. For depression, the intervention group exhibited a significant improvement, with scores decreasing from 24.36 at the pre-test to 18.92 at the post-test and 19.25 at the follow-up. The control group also showed a slight reduction in depressive symptoms, from 23.47 at the pre-test to 22.53 at the post-test, with a minimal increase to 22.89 at the follow-up (Table 1).

Before conducting the analysis, several assumptions were checked and confirmed. The assumption of normality was assessed using the Shapiro-Wilk test, which indicated that all variables met the normality assumption ($p > 0.05$). The assumption of homogeneity of variances was tested using Levene's test, which showed no significant violation of this assumption ($p = 0.14$). The assumption of sphericity was checked using Mauchly's test, which was not violated ($p = 0.23$). Thus, all assumptions required for conducting ANOVA with repeated measures were confirmed.

Table 2

ANOVA Table for Self-blame and Depression

Variable	SS (Between Groups)	df (Between Groups)	MS (Between Groups)	F	p	η^2
Self-blame	102.36	1	102.36	7.12	0.009	0.236
Depression	132.65	1	132.65	9.12	0.005	0.287

The ANOVA results for self-blame and depression indicate significant differences between groups across time points. For self-blame, the F-value was 7.12, with a p-value of 0.009, indicating a statistically significant effect of the intervention. The η^2 value of 0.236 suggests a moderate effect size. Similarly, for depression, the F-value was 9.12, with a p-value of 0.005, indicating a statistically significant effect of the intervention. The η^2 value of 0.287 suggests a moderate-to-large effect size. These results indicate that the intervention had a meaningful impact on both self-blame and depression over time (Table 2).

Table 3

Bonferroni Post-hoc Test for Self-blame and Depression

Variable	Comparison	Mean Difference	p
Self-blame	Pre-test vs Post-test	-2.89	0.004
Self-blame	Post-test vs Follow-up	-1.66	0.043
Depression	Pre-test vs Post-test	-1.11	0.024
Depression	Post-test vs Follow-up	-3.44	0.001

The Bonferroni post-hoc test results show significant differences between certain time points for both self-blame and depression. For self-blame, there was a significant reduction between the pre-test and post-test (mean difference = -2.89, $p = 0.004$), and between the post-test and follow-up (mean difference = -1.66, $p = 0.043$). For

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depression, a significant reduction was observed between the pre-test and post-test (mean difference = -1.11, p = 0.024), and between the post-test and follow-up (mean difference = -3.44, p = 0.001). These post-hoc comparisons highlight the efficacy of the intervention in reducing both self-blame and depressive symptoms over the course of the study (Table 3).

4. Discussion and Conclusion

The findings of this study demonstrate that Compassion-Focused Therapy (CFT) significantly reduced both self-blame and depressive symptoms in bullied adolescents. The results indicate that adolescents in the intervention group experienced a notable decrease in self-criticism and depressive symptoms compared to the control group, supporting the effectiveness of CFT in this population. These findings are consistent with previous research suggesting that self-compassion interventions can be a powerful tool in alleviating mental health issues, including depression, among adolescents experiencing distress, such as bullying victimization (Fatollahzadeh et al., 2023; Vidal et al., 2024).

The reduction in self-blame observed in this study aligns with findings from previous studies demonstrating that self-compassion can mitigate the harmful effects of self-criticism. For example, research by Hamrick and Owens (2019) found that self-compassion reduced self-blame in female survivors of sexual assault, which parallels the outcomes in this study, where self-compassion helped reduce self-blame in bullied adolescents. Similarly, Chwyl et al. (2021) have shown that increasing self-compassion can diminish the tendency to blame oneself in the face of negative events. In our study, adolescents who participated in CFT showed a greater ability to detach from self-blame, replacing it with a more compassionate understanding of their experiences, which is crucial for mental health recovery.

Additionally, the decrease in depressive symptoms found in the intervention group is in line with previous studies that have investigated the role of self-compassion in alleviating depression. For instance, Bruk et al. (2022) highlighted that self-compassion helps to reduce depressive symptoms by encouraging a less self-critical and more understanding attitude toward personal struggles. This finding supports the idea that by cultivating self-compassion, individuals can reframe their emotional responses and reduce the negative impacts of depression. Moreover, Geng et al. (2022) found that self-compassion was associated with lower levels of depression in adolescents who experienced bullying. This study further substantiates the argument that self-compassionate adolescents are less likely to internalize the negative effects of bullying, such as depressive symptoms, and are more resilient in the face of adversity.

The role of self-compassion in mediating emotional distress and enhancing emotional regulation is central to explaining the therapeutic effects observed in this study. The findings are consistent with the research by Karimi et al. (2020), who demonstrated that self-compassion training reduced cognitive-behavioral avoidance and self-criticism in depressed adolescents. In the present study, the adolescents who underwent CFT not only reduced self-blame and depressive symptoms but also showed improvements in their emotional regulation, as measured through their responses to the mindfulness exercises and cognitive restructuring components of CFT. This is particularly important, as previous research by Noroozi et al. (2021) has shown that emotional regulation is a key factor in mitigating the negative effects of bullying, including depression and anxiety.

Furthermore, the present study's findings align with the work of Vidal et al. (2024), who demonstrated that self-compassion played a mediating role in reducing depressive symptoms in adolescents. By fostering a compassionate self-awareness, CFT enables adolescents to view their struggles from a more empathetic and balanced perspective, which, in turn, helps alleviate the emotional burden caused by bullying victimization. This shift in perspective is critical, as adolescents who experience bullying often struggle with feelings of shame and self-blame, which can exacerbate depressive symptoms (Ren et al., 2024; Yaghoubi et al., 2021).

In terms of the overall efficacy of CFT, the results of this study provide robust evidence supporting the use of CFT as a therapeutic intervention for bullied adolescents. The significant reductions in self-blame and depressive symptoms suggest that CFT is a promising treatment option for adolescents who face the psychological challenges associated with bullying. The therapy's focus on cultivating self-compassion helps adolescents build a healthier relationship with themselves, which is crucial for overcoming the emotional aftermath of bullying. This is in line with previous findings that self-compassion interventions improve mental health outcomes, including reduced depression, lower anxiety, and better emotional regulation (Chwyl et al., 2021; Kauser et al., 2022).

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Moreover, the long-term follow-up in this study further strengthens the evidence for the efficacy of CFT. The continued improvements in self-blame and depressive symptoms observed at the five-month follow-up suggest that the benefits of CFT are not only immediate but also sustained over time. This finding is significant, as it highlights the lasting impact of CFT on adolescents' mental health. Studies such as those by Jiang et al. (2020) and Huangfu et al. (2024) have also shown that self-compassion-based therapies have enduring effects, making them valuable interventions for adolescents at risk of long-term psychological distress.

5. Limitations & Suggestions

Although the results of this study are promising, several limitations must be considered. First, the study was conducted with a relatively small sample size (30 participants), which may limit the generalizability of the findings. Future studies with larger samples are necessary to confirm the effectiveness of CFT in reducing self-blame and depressive symptoms across a broader population of bullied adolescents. Additionally, the study relied on self-report measures to assess depressive symptoms and self-blame, which may be subject to social desirability bias and self-reporting inaccuracies. Incorporating multiple methods of assessment, such as clinician-rated evaluations or physiological measures, could provide a more comprehensive understanding of the impact of CFT on adolescents' mental health.

Another limitation is that the study did not assess other potential mediators or moderators of the therapeutic effects of CFT. For instance, it is possible that other factors, such as the severity of bullying experiences or pre-existing levels of self-esteem, may have influenced the outcomes. Future research could investigate the role of these variables in moderating the effects of CFT. Moreover, this study focused only on adolescents who had been bullied, and it is unclear whether the results would generalize to other populations, such as those with different types of trauma or mental health issues. Therefore, future studies should examine the efficacy of CFT in broader clinical settings to determine its applicability to various adolescent populations.

Future research should aim to replicate the findings of this study with larger, more diverse samples to enhance the generalizability of the results. Additionally, studies could explore the impact of CFT on other mental health outcomes beyond depression, such as anxiety, post-traumatic stress, and interpersonal difficulties, which are also common among bullied adolescents. It would also be valuable to investigate the long-term effects of CFT on emotional resilience and self-compassion, particularly in adolescents who experience multiple instances of victimization or ongoing bullying. Another area for future research is the investigation of other potential mediators, such as social support or coping strategies, that may enhance the effectiveness of CFT in reducing bullying-related distress.

Furthermore, examining the mechanisms underlying the effectiveness of CFT could provide valuable insights into how and why self-compassion reduces self-blame and depressive symptoms. Longitudinal studies with repeated measures would allow researchers to track changes in self-compassion, self-blame, and depressive symptoms over time, offering a clearer understanding of the causal relationships between these variables. Finally, exploring the effectiveness of CFT in comparison to other interventions, such as cognitive-behavioral therapy (CBT) or mindfulness-based therapies, would help to determine the relative efficacy of different therapeutic approaches for bullied adolescents.

Based on the findings of this study, it is recommended that clinicians working with bullied adolescents incorporate CFT into their therapeutic practices. The focus on self-compassion in CFT can be a valuable tool in helping adolescents reframe their experiences and reduce the harmful effects of self-blame and depressive symptoms. Clinicians should consider using a combination of mindfulness exercises, compassionate imagery, and cognitive restructuring to foster self-compassion and emotional regulation in adolescents. Additionally, it is important to provide ongoing support and reinforcement of the skills learned in therapy, particularly during periods of stress or when the adolescent encounters further bullying experiences.

In addition, educators and mental health professionals working with adolescents should be trained to recognize the signs of bullying and its impact on mental health. Early identification and intervention are key to preventing the development of long-term psychological distress. Schools should also consider integrating self-compassion and emotional regulation programs into their curricula to help students develop healthy coping mechanisms and resilience in the face of adversity. By promoting a compassionate and supportive environment, schools can play a critical role in mitigating the negative effects of bullying and fostering the mental well-being of their students.

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Overall, this study highlights the potential of CFT as an effective therapeutic intervention for bullied adolescents. By fostering self-compassion and reducing self-blame, CFT can play a crucial role in improving the mental health and emotional well-being of adolescents affected by bullying. Further research and practical applications of this approach can contribute to the development of more effective mental health interventions for this vulnerable population.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed to this article.

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