

## RESEARCH

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## ARAŞTIRMA

## Açık Erişim

## Exploring the Effects of Self-Compassion Development Program for Adolescents on Self-Compassion, Fear of Self-Compassion and Subjective Well-Being

*Ergenlere Yönelik Öz-Şefkat Geliştirme Programının Öz-Şefkat, Kendine Şefkat Vermekten Korkma ve Öznel İyi Oluş Üzerindeki Etkisini İncelenmesi*

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### ABSTRACT

The aim of this study is to examine the impact of the Self-Compassion Program prepared by the researcher on adolescents' self-compassion, fear of self-compassion, and subjective well-being. An experimental process of 2x3 (experimental group/control group X pre-test /post-test/follow-up test) was designed to examine the impact of the Self-Compassion Program on dependent variables. The research was conducted with 18 Secondary school students. The sample of the study was created by impartially assigning participants who scored below the group average from preliminary test measurements with the Short Form of the Self-Compassion Scale and the Fear of Compassion Scale to the experimental (N= 9) and control (N= 9) groups. A 6-week Self-Compassion Development Program was applied to the participants. The follow-up test was applied 6 weeks after the program ended. According to the results, it was observed that as a result of the 6-week Self-Compassion Program, participants' self-compassion and subjective well-being scores increased while their fear of self-compassion scores decreased. It was found that during this change, the phenomenon of "backdraft" appeared, resulting in an increase in monitoring measurements taken 6 weeks after the end of the Self-Compassion Program.

### Article Information

#### Keywords

Self-Compassion  
Fear of Self-Compassion  
Subjective Well-Being  
Adolescence  
Backdraft

#### Anahtar Kelimeler

Öz-Şefkat  
Şefkat Korkusu  
Öznel İyi Oluş  
Ergenlik  
Yangın Patlaması

#### Article History

Received: 17/08/2021

Revision: 08/02/2022

Accepted: 18/02/2022

### ÖZET

Bu çalışmanın amacı, araştırmacı tarafından hazırlanan Öz-Şefkat Geliştirme Programının ergenlerin öz-şefkat, öz-şefkat korkusu ve öznel iyi oluşları üzerindeki etkisini incelemektir. Öz-Şefkat Geliştirme Programının bağımlı değişkenler üzerindeki etkisini incelemek için 2x3'lük bir deneysel süreç (deney grubu/kontrol grubu X ön test / son test / izleme testi) tasarlanmıştır. Araştırma 18 ortaokul öğrencisi ile gerçekleştirilmiştir. Çalışma grubu Öz-Şefkat Ölçeği Kısa Formu ve Şefkat Korkusu Ölçeği ile yapılan ön test ölçümlerinden grup ortalamasının altında puan alan katılımcıların deney (n= 9) ve kontrol (n= 9) gruplarına yansız atanması yoluyla oluşturulmuştur. Katılımcılara 6 haftalık Öz-Şefkat Programı uygulanmıştır. İzleme testi program sona erdikten 6 hafta sonra uygulanmıştır. Elde edilen sonuçlara göre 6 haftalık Öz-Şefkat Geliştirme Programı sonucunda katılımcıların öz-şefkat ve öznel iyi oluş puanlarının arttığı, öz-şefkat korkusu puanlarının ise azaldığı görülmüştür. Bu değişim sırasında yangın patlaması (backdraft) fenomeninin ortaya çıktığı ve Öz-Şefkat Geliştirme Programı'nın bitmesinden 6 hafta sonra alınan izleme ölçümlerinde artışın sağlandığı bulunmuştur.

Cite this article as: Yıldırım, M., & Sarı, T. (2022). Exploring the effects of self-compassion development program for adolescents on self-compassion, fear of self-compassion and subjective well-being. *Turkish Psychological Counseling and Guidance Journal*, 12(64), 109-129.  
<https://doi.org/10.17066/tpdrd.1096012>

**Ethical Statement:** The research was reviewed and approved by the Social and Human Sciences Scientific Research and Publication Ethics Committee of Abant İzzet Baysal University (05.01.2017-2017/01).

## INTRODUCTION

Adolescence is a critical period of development between childhood and adulthood, during which a number of adult characteristics are acquired as they pass from childhood to adulthood. The effort to create a unique identity (Erikson, 1956), physical and biological changes (Christie & Viner, 2005; Koç, 2004) intense emotional seesaws (Steinberg, 2004), and emergence of sexual characteristics (Dorn & Biro, 2011) cause a variety of developmental crises to be experienced by the adolescent. Overcoming the crises in a healthy way during this period is important for developing a successful identity (Marcia, 2002). The inability to overcome these developmental crises in a healthy way raises a number of problems. Research shows that there is a broad range of psychological problems experienced during adolescence. Suicide (Andriessen et al., 2017), depression (Mojtabai et al., 2016), exam anxiety (Güler & Çakır, 2016), unhealthy sexual behaviors (Boislard et al., 2016), violent behaviors (Exner-Cortens, et al., 2017), and school discharge (Gubbels et al., 2019) are some of them. At the same time, the inability of adolescents to develop a successful identity negatively affects their subjective well-being (Eryılmaz & Aypay, 2011). Therefore, it can be said that adolescents need a number of emotional-cognitive-behavioral skills to deal with the crises they encounter during their development period in a healthy way (Neff & McGehee, 2010). Self-compassion is one of the skills that will support overcoming adolescence in a healthy and productive way (Bluth et al., 2016). It is noted that self-compassion plays a role in enhancing well-being in adolescents (Bluth & Blanton, 2015; Sun et al., 2016), protecting against psychopathology (Bluth et al., 2015; Lathren, Bluth & Park, 2019; Muris et al., 2015; Neff & McGehee, 2010), and preventing risky behavior (Jiang et al., 2016; Xavier et al., 2016). Indeed, research on adolescents shows that self-compassion is positively associated with concepts that indicate positive mental health, such as psychological well-being (Sun et al., 2016), subjective well-being (Bluth & Blanton, 2015), resilience (Aydın Sünbül, 2016; Bluth et al., 2018, Neff & McGehee, 2010), and negatively associated with concepts that indicate negative mental health, such as depression, anxiety, and stress (Muris et al., 2016). At the same time, adolescents with high levels of self-compassion are satisfied with their bodies and show healthier eating behaviors. (Pullmer et al., 2019).

Self-compassion is a concept closely related to psychological health (Baer et al., 2012; Neff, 2011). Self-compassion is defined as people's being affectionate towards themselves in the face of their inadequacies and failures, showing an understanding perspective instead of being judgmental about themselves, and accepting their inadequacies and failures as a natural part of being human (Neff, 2003a; Raes et al., 2011). In this regard, it can be said that self-compassion allows you to look at the crises encountered in adolescence from a more balanced point of view, know that these crises can be experienced by all people, and evaluate these crises as an opportunity for development (Bluth & Eisenlohr-Moul, 2017). An experimental study aimed at increasing adolescent self-compassion levels showed that participants' self-compassion and mindfulness levels increased after a 6-week Self-Compassion Program, while their stress, anxiety, and depression levels decreased (Bluth et al., 2016). Similarly, in a study conducted by Bluth & Eisenlohr-Moul (2017), it was observed that adolescents' well-being levels increased after the 8-week Self-Compassion Program. Again, in another experimental study with adolescents, it was found that a self-compassion-oriented intervention increases life satisfaction and the level of self-compassion (Bluth, Roberson & Gaylord, 2015).

Based on his clinical observations, Gilbert (2009) noted that compassion had an impact on well-being, but observed that some people were resistant to experiencing a life of compassion, and based on this, he

came up with the concept of fear of compassion. Fear of compassion can be defined as people feeling fear and anxiety about experiencing compassion, and avoiding the experience of compassion (Gilbert et al., 2011). Fear of compassion has been studied in 3 dimensions according to the direction and flow of life. The first is the fear of self-compassion. Some people are fearful, suspicious, and resistant to being affectionate for their inadequacies and failures, being kind to themselves, and being sensitive to their emotional needs. This fear, suspicion and resistance may be related to people's belief in that they do not deserve tolerance and compassion, or it may be related to evaluating the need for tolerance and compassion as a weakness (Gilbert et al., 2011). The roots of fear of self-compassion are based on past experiences of neglect and abuse, lack of adequate care, and frequently being exposed to criticism (Boykin et al., 2018). The mentioned past negative experiences prevent a person from displaying an understanding, caring and affectionate attitude towards himself/herself and lead to the emergence of various psychological problems in adolescence and adulthood. For example, Xavier et al., (2016) examined the relationship between fear of self-compassion and depression, distress, self-hatred, risk-taking, and self-injury in a study they conducted with 782 adolescents aged 12-18 years. According to the findings, it was observed that depression, everyday distress, self-hatred, risk-taking, and self-injury behaviors increased in parallel with the increase in fear of self-compassion. Pauley and McPherson (2010) found that patients with depression find it easier to be cruel and critical of themselves than to be tolerant and caring. But this does not mean that people shall remain prisoners of their past lives and that people who have been subjected to neglect and abuse in their past lives shall remain indifferent, critical, and judgmental towards themselves. Because being caring and helpful to one's own pain and inadequacies is a skill that can be learned. As a matter of fact, at the end of the program, which included elements such as group guidance, meditation and group discussions which aimed to improve the level of compassion, Jazaieri et al. (2013) found that while participants' self-compassion scores increased, their fear of compassion scores decreased.

The fact that adolescents develop a caring, tolerant and compassionate attitude towards themselves also contributes to their subjective well-being (Bluth et al., 2016; Mendes et al., 2022). Subjective well-being can be seen as making an assessment of one's own life (Eryılmaz, 2009). According to Lyubomirsky et al. (2005), determinants of subjective well-being can be considered under three headings. These are genetic factors, living conditions (demographic variables such as age, gender, socioeconomic level, education level), and purposeful activities (creating life goals, building social relationships, gratitude, forgiveness, exercise, etc.) As it will be difficult to change genetic factors and living conditions, it has been stated that studies to increase subjective well-being can be provided through purposeful activities (Lyubomirsky et al., 2005). As a matter of fact, self-compassion is an effort to help oneself in the face of suffering and failures and is a conscious choice (Germer, 2009). Research reveals the strong relationship of self-compassion with subjective well-being (Allen et al., 2012; Neff et al., 2007).

As can be seen, self-compassion plays an important role in maintaining the mental health of adolescents and increasing their well-being. A study on the level of self-compassion among university students has been conducted in Turkey (Sarıcaoğlu & Arslan, 2019). However, no experimental research aimed at increasing the level of self-compassion of adolescents has been encountered in Turkey. Therefore, in this study it was aimed to examine the impact of the Self-Compassion Program on self-compassion, fear of self-compassion, and subjective well-being levels of adolescents. The current study is the first experimental study aimed at increasing the level of self-compassion of Turkish adolescents. It is assumed that the results obtained from the study will allow making an intercultural comparison by comparing

them with the results of research conducted in other countries and will be a source for future research and will contribute to the studies of practitioners working with adolescents.

To conclude, the purpose of this study is to investigate the effectiveness of the Self-Compassion Development Program prepared and implemented for adolescents on self-compassion, fear of self-compassion, and subjective well-being.

Within the scope of the research, answers to the following questions are sought;

1. Is there a significant difference between the self-compassion scores of the adolescents in the experimental group and the control group in terms of pre-test, post-test, and follow-up test?
2. Is there a significant difference between the scores of fear of self-compassion among the adolescents in the experimental group and the control group in terms of pre-test, post-test, and follow-up test?
3. Is there a significant difference between the subjective well-being scores of the adolescents in the experimental group and the control group in terms of pre-test, post-test, and follow-up test?
4. When the self-compassion scores of the adolescents in the experimental and control groups are compared in terms of pretest-posttest, pretest-follow-up test and posttest-follow-up test, is there a statistically significant difference between these measurements?

## METHOD

### Research Design

This research was designed using the 2x3 (experimental group/control groupXpre-test/post-test/follow-up test) mixed pattern method to determine the impact of the Self-Compassion Program developed by the researcher on self-compassion, fear of self-compassion, and subjective well-being scores of participants. Pre-test, post-test, follow-up test control group pattern is one of the frequently used experimental patterns used in research in education and psychology. According to this pattern, participants selected from the population are impartially assigned to experimental and control groups. In the first stage, preliminary measurement is applied to both groups. Here, participants who are in the experimental group participated in the experimental environment prepared by the researcher, while participants who are in the control group are not exposed to any action, and a measurement is made again after the experiment (Karasar, 2016). According to the assumption of this model, the source of the difference that occurs after the experiment and persists in follow-up measurement is the experimental process itself. In this way, the impact of the experimental environment, which is treated as an independent variable, on the feature that is treated as a dependent variable is tried to be tested. Table 1 shows the steps of the experimental process related to the current research. Accordingly, pre-tests were applied to the experimental and control group at the same time. The experimental group participated in the 6-week experimental process, and at the end of 6 weeks, post-test measurements were applied to both the experimental and the control group. Follow-up measurements were conducted 6 weeks after the post-test measurements.

**Table 1. Stages of experimental process**

Group	Process 1	Process 2	Process 3	Process 4	Process 5
Experimental	Pre-Test	Experimental Process (Self-Compassion Program)	Post-Test	6 Week Rest	Follow-Up Test
	Control	Pre-Test	-	Post-Test	6 Week Rest

### Data Collection and Creation of Working Group

The working group formed in order to test the effectiveness of the Self-Compassion Program consists of students in grades 6 and 7 who continue their education in a public school in the 2016-2017 academic year. In order to form a working group of the research, the Short Form of Self-Compassion Scale, Fear of Compassion Scale, and the Subjective Well-Being Scale for Adolescents were applied to 133 students who continued their education at the concerned public school. It was found that there were 33 students who scored below the group average from the Short Form of Self-Compassion Scale and Fear of Compassion Scale. As a result of the interviews, it was observed that 20 students volunteered to participate in the study. 20 volunteers were randomly assigned to the experimental and control groups. But since 1 of the participants in the experimental group did not participate in session 4, 5 and 6, the data obtained from this participant and the data of a participant in the control group with scores equivalent to the participant who did not attend the mentioned sessions were excluded from evaluation in order to ensure equivalence between the groups. Finally, the study was completed with 18 (9 experimental, 9 control) participants. The average age of the experimental group was 12.44 while the average age of the control group was 12.56.

### Ethical Statement

This study was completed in accordance with the Helsinki Declaration. In line with this, the study was permitted by Abant İzzet Baysal University, Social Sciences Human Research Ethics Committee (2017/1).

### Data Collection Tools

Self-Compassion Scale Short Form, Fear of Compassion Scale and the Subjective Well-Being Scale for Adolescents were used as data collection tools in this study. In this section, measurement tools will be introduced in detail.

**Self-Compassion Scale Short Form.** The Short Form of Self-Compassion Scale, prepared by Raes et al., (2011), was adapted to Turkish adolescents by Yıldırım and Sarı (2018). The Turkish form of the scale consists of 11 articles and a single factor. Articles 1, 4, 8, 9, 10 and 11 on the scale are reversed and the total score is received, and high scores indicate a high level of self-compassion. In a study conducted on Turkish adolescents, the factor load of the 10th article remained below .30 and the article was removed from the scale (Yıldırım & Sarı, 2018) Positive articles on the scale were collected into one factor while negative articles into another, and thus the scale had a single-factor structure consisting of two sub-components. The resulting two components were found to account for 44.87% of the total variance. In the CFA, the two-factor structure of the scale was confirmed. In this way, it was understood that CFA confirms the model which occurred as a result of EFA and which is in accordance with the theoretical foundations of self-compassion. Finally, the internal consistency coefficient of the scale was calculated as .75.



***Fear of Compassion Scale.*** The Fear of Compassion Scale was developed by Gilbert et al., (2011) and adapted into Turkish by Necef and Deniz (2018). The scale measures the fear of compassion in three sub-dimensions. These are "Being afraid to show tolerance and compassion to others", "being afraid to welcome the compassion from others" and "being afraid to show tolerance and compassion to ourselves". This scale is a likert-type measuring tool consisting of 35 articles in total. Each subscale is scored in itself. In the current research, only the articles found in the "being afraid to show tolerance and compassion to ourselves" sub-dimension of the scale were used. The internal consistency coefficient was calculated as .93 for the sub-dimension "being afraid to show tolerance and compassion to ourselves", and the relationship between the scores taken from the Fear of Compassion Scale and the scores taken from the Self-Compassion Scale and the Life Satisfaction Scale was examined for the correlation validity of the scale, and it was found that there was a significant relationship between these measurements. The internal consistency coefficient of the sub-dimension "being afraid to show tolerance and compassion to ourselves" used in the current research was calculated as .91. In previous studies, no findings were found indicating that the scale could be used in an adolescent sample. For this reason, the factor structure of the scale was verified with Confirmatory Factor Analysis. Analysis showed that the chi-square value was statistically significant ( $\chi^2=494.49$ ,  $N=800$ ,  $p=0.00$ ). When the fit indices of CFA analysis are examined, the calculations are as follows: RMSEA=0.075, RMSR= 0.070, GFI= 0.92, NFI= 0.97, CFI= 0.97 and NNFI= 0,97. Accordingly, it can be said that the RMSEA, RMSR, and GFI values were acceptably fit, while the NFI, CFI, and NNFI values were perfectly fit. It is observed that the single factor of the sub-dimension "being afraid to show compassion to ourselves" revealed in both the original form (Gilbert et al., 2011) and Turkish adaptation (Necef & Deniz, 2018) of Fear of Self-Compassion Scale has been confirmed and that the factor loads of the scale articles were between .43 and .76. In this way, it can be said that the sub-dimension "being afraid to show compassion to ourselves" of the Fear Self-Compassion Scale, is a valid and reliable measurement tool that can be used in adolescents.

***Subjective Well-Being Scale for Adolescents.*** Subjective Well-Being Scale for Adolescents is a measurement tool developed by Eryılmaz (2009) for use in happiness research conducted with adolescents. The scale is a likert-type measuring instrument consisting of 15 articles and 4 sub-dimensions. These factors were named as "Satisfaction in Family Relationships (4 articles)", "Satisfaction in Relationships with Other Important Persons (4 articles)", "Life Satisfaction (3 articles)", and "Positive Emotions (4 articles)". High scores taken from the scale indicate that the measured feature is observed in excess. This measurement tool can be evaluated according to the subscale scores or can be interpreted based on the total score. As a result of the reliability analysis Cronbach's alpha value was found as 0.83 for Satisfaction in Family Relationships, as 0.73 for Satisfaction in Relationships with Other Important Persons, as 0.81 for Life Satisfaction, and as 0.66 for Positive Emotions.

***Self-Compassion Program.*** The independent variable of this research is the Self-Compassion Program developed by the researchers. The theoretical foundations and content of the Self-Compassion Program are parallel to the Mindfulness-Based Self-Compassion Programs that Kristin Neff has brought to the literature (Arimitsu, 2016; Bluth et al., 2016; Jazaieri et al., 2014; Neff & Germer, 2013; Neff, 2018). When the literature was examined, it was observed that similar programs were implemented in between 3 to 10 sessions, with a number of warm-up games, self-compassion exercises, and meditation studies (Arimitsu, 2016; Bluth et al., 2016; Jazaieri et al., 2014; Neff & Germer, 2013).

In this study, the exercises suggested by Neff (2017) were used to inform adolescents about the concept of self-compassion, to use self-compassion to cope with crises encountered during adolescence, to develop their mindfulness, to notice the self-judgmental attitudes that arise in the face of failures and inadequacies, to develop a self-compassionate attitude in the face of failures and inadequacies, to be able to see failures, and inadequacies as a natural part of being human, to develop self-compassion skills, and to strengthen their self-caring side. In addition, warm-up games and events were used to ensure group dynamics. The general objectives and sub-objectives of the Self-Compassion Program are presented in Table 2.

**Table 2. General objectives and sub-objectives of the Self-Compassion Program**

General Objectives		Sub-objectives
Session 1	Configuring the Group	<ul style="list-style-type: none"> <li>● Introduction</li> <li>● Configuring the group process</li> <li>● Defining group rules</li> <li>● Information about the concept of self-compassion</li> <li>● Information about the characteristics of adolescence</li> </ul>
Session 2	Developing Mindfulness Skill	<ul style="list-style-type: none"> <li>● Establishing trust within the group</li> <li>● Informing the members of the correct breathing methods and relaxation exercises</li> <li>● Increasing the level of mindfulness</li> <li>● Creating a safe place</li> </ul>
Session 3	Developing Awareness of Self-Affection and Common Grounds (Being a Human)	<ul style="list-style-type: none"> <li>● Noticing self-judgmental attitudes that arise in the face of failures and inadequacies</li> <li>● Developing a self-caring attitude in the face of failures and inadequacies</li> <li>● Seeing failures and inadequacies as a natural part of being human</li> </ul>
Session 4	Developing Self-Compassion	<ul style="list-style-type: none"> <li>● Developing self-compassion skills</li> </ul>
Session 5	Developing Self-Compassion	<ul style="list-style-type: none"> <li>● Strengthening the self-compassionate aspect</li> </ul>
Session 6	Termination	<ul style="list-style-type: none"> <li>● Evaluating the group process</li> <li>● Encouraging group members to apply the gains in the group process in real life</li> <li>● Application of post-tests</li> <li>● Farewell</li> </ul>

### Analysis of Data

The SPSS 22.0 package program was used to test the impact of the Self-Compassion Program prepared for adolescents. Distribution characteristics in small samples can be spread from the normal distribution to the right or left (Karasar, 2016: pp. 292). Therefore, it is recommended that the data collected from small samples be analyzed by nonparametric methods. Considering that the working group created for the purpose of testing the Self-Compassion Program was composed of 18 people, it was decided to use nonparametric tests. Thus, while the Mann Whitney U test was used to analyze the differences between the experimental and control groups, the Friedman Test and the Wilcoxon Signed Ranks test were used to examine the change (pre-test, post-test and follow-up test comparison) in data obtained from the experimental and control groups (Kilmen, 2015: pp.127-128).

## RESULTS

### Findings on the Impact of Self-Compassion Program on Adolescent Self-Compassion Levels

The results of the Mann Whitney U test conducted for comparison of self-compassion pre-test, post-test and follow-up test scores of experimental and control groups are presented in Table 3.

Table 3. Results of the comparison of self-compassion pre-test, post-test, and follow-up test scores between the experimental and control group

Score	Groups	N	$\bar{X}_{rank}$	$\sum_{rank}$	U	Z	p
Pre-test	Experimental Group	9	7.56	68.00	23.00	-1.55	0.136
	Control Group	9	11.44	104.50			
Post-Test	Experimental Group	9	11.61	104,0	21.50	-1.68	0.094
	Control Group	9	7.39	65.50			
Follow-up Test	Experimental Group	9	13.44	121.00	5.00	-3.15	0.001
	Control Group	9	5.56	50.00			

$p < 0,05$

As seen in Table 3, there were no statistically significant differences between the self-compassion pre-test scores ( $U = 23.00$ ,  $Z = -1.55$ ,  $p = 0.136$ ) and the post-test scores ( $U = 21.50$ ,  $Z = -1.68$ ,  $p = 0.094$ ) of adolescents in the experimental group and control group. Follow-up test scores differ statistically in favor of the experimental group ( $U = 5.00$ ,  $Z = -3.15$ ,  $p = 0.001$ ). Friedman Test results of the comparison of self-compassion pre-test, post-test, and follow-up test scores between the experimental and control group are presented in Table 4.

Table 4. Results of the comparison of self-compassion pre-test, post-test, and follow-up test scores between the experimental and control group

Groups	Scores	N	$\bar{X}_{rank}$	$\chi^2$	df	p
Experimental	Pre-test	9	1.11	13.41	2	0.001
	Post-test	9	2.11			
	Follow-up Test	9	2.78			
Control	Pre-test	9	2.44	3.56	2	0.168
	Post-test	9	1.61			
	Follow-up Test	9	1.94			

$p < 0.05$

As shown in Table 4, there is a statistically significant difference between the self-compassion pre-test, post-test and follow-up test scores of the experimental group ( $\chi^2 = 13.41$ ,  $p < 0.05$ ). However, there are no statistically significant differences between the self-compassion pre-test, post-test and follow-up test scores of the control group ( $\chi^2 = 3.56$ ,  $p > 0.05$ ). The results of the Wilcoxon test, conducted in order to determine differences between the measurements of the experimental group are presented in Table 5.



**Table 5. Analysis results for comparison of self-compassion pre-test, post-test and follow-up test scores of adolescents in the experimental group**

Compared Scores	Groups	N	$\bar{X}_{rank}$	$\sum_{rank}$	Z	p
Pre-Test- Post- Test	Decreasing	1	3.00	2.00	-2.31	0.021
	Increasing	8	5.25	42.00		
	Equal	0				
Pre-Test- Follow-up Test	Decreasing	0	0.00	0.00	-2.67	0.008
	Increasing	9	5.00	45.00		
	Equal	0				
Post-Test- Follow-up Test	Decreasing	1	2.00	2.00	-2.03	0.043
	Increasing	6	4.33	26.00		
	Equal	2				

p<0,05

Table 5 shows a significant difference between the self-compassion pre-test and post-test (z=-2.31, p=0.021), pre-test and follow-up test (z=-2.67, p=0.008) and post-test and follow-up test (z=-2.03, p=0.042) scores of the experimental group. Accordingly, it is understood that the follow-up test scores are statistically significantly higher than the pre-test and post-test scores, and the post-test scores are statistically significantly higher than the pre-test scores.

#### Findings on the Impact of Self-Compassion Program on Adolescents' Fear of Self-Compassion

The results of the Mann Whitney U test conducted for intergroup comparison of pre-test, post-test and follow-up test scores obtained from experimental and control groups are presented in Table 6.

**Table 6. Results of the comparison of “fear of self-compassion” pre-test, post-test, and follow-up test scores between the experimental and control group**

Score	Groups	N	$\bar{X}_{rank}$	$\sum_{rank}$	U	Z	p
Pre-Test	Experimental Group	9	11.22	101.00	25.00	-1.372	0.170
	Control Group	9	7.78	70.00			
Post-Test	Experimental Group	9	7.50	67.50	22.50	-1.60	0.110
	Control Group	9	11.50	103.50			
Follow-up Test	Experimental Group	9	5.78	52.00	7.00	-2.96	0.003
	Control Group	9	13.22	119.00			

p<0,05

As can be seen in Table 6, there is no significant difference between the fear of self-compassion pre-test (U=25.00, Z=-1,372, p= 0.170) and post-test (U=22.50, Z=-1.60, p= 0.110) scores of the adolescents in the experimental and control group. Follow-up test scores differ statistically in favor of the experimental group (U=7.00, Z=-2.96, p=0.003). The Friedman test results for comparison of “fear of self-compassion” pre-test, post-test and follow-up test scores of the experimental and control group are presented in Table 7.

**Table 7. Results of comparison of self-compassion pre-test, post-test, and follow-up test scores between the experimental and control group**

Groups	Scores	N	$\bar{X}_{rank}$	$\chi^2$	sd	p
Experimental	Pre-test	9	2.89	16.22	2	0.000
	Post-test	9	2.11			
	Follow-up Test	9	1.00			
Control	Pre-test	9	1.22	9.25	2	0.010
	Post-test	9	2.33			
	Follow-up Test	9	2.44			

p<0,05

As can be seen in Table 7 there is no statistically significant difference between the fear of self-compassion pre-test, post-test and follow-up test scores of the experimental group ( $\chi^2 = 16.22$ ,  $p < 0.05$ ) and the control group ( $\chi^2 = 9.25$ ,  $p < 0.05$ ). The results of the Wilcoxon test, which was conducted to determine the differences between measurements are presented in Table 8.

**Table 8. Analysis results for comparison of fear of self-compassion pre-test, post-test and follow-up test scores of adolescents in the experimental group and control group**

Group	Compared Scores	Groups	N	$\bar{X}_{rank}$	$\sum_{rank}$	z	p
Experimental Group	Pre-Test-Post- Test	Decreasing	8	5.50	44.00	-2.55	0.011
		Increasing	1	1.00	1.00		
		Equal	0				
	Pre-Test-Follow-up Test	Decreasing	9	5.00	45.00	-2.66	0.008
		Increasing	0	0.00	0.00		
		Equal	0				
	Post-Test-Follow-up Test	Decreasing	9	5.00	45.00	-2.67	0.008
		Increasing	0	0.00	0.00		
		Equal	0				
Control Group	Pre-Test-Post- Test	Decreasing	1	3.50	3.50	-2.25	0.024
		Increasing	8	5.19	41.50		
		Equal	0				
	Pre-Test-Follow-up Test	Decreasing	1	3.50	3.50	-2.25	0.024
		Increasing	8	5.19	41.50		
		Equal	0				
	Post-Test-Follow-up Test	Decreasing	2	2.75	5.50	-0.54	0.588
		Increasing	3	3.17	9.50		
		Equal	4				

When Table 8 is examined, it is observed that there is a significant difference between the scores of the experimental group's pre-test and post-test ( $z = -2.55$ ,  $p = 0.011$ ), pre-test and follow-up test ( $z = -2.66$ ,  $p = 0.008$ ) and post-test and follow-up test ( $z = -2.67$ ,  $p = 0.008$ ) of the fear of self-compassion scale. According to the table, it is understood that the pre-test scores of the experimental group were significantly higher than the post-test and follow-up test scores, while the post-test scores were significantly higher than the follow-up test scores. When the results of the control group are examined, it is seen that there are significant differences between the pre-test and post-test ( $z = -2.25$ ,  $p = 0.024$ ) and pre-test and follow-up test ( $z = -2.25$ ,  $p = 0.024$ ) scores of fear of self-compassion scale. Accordingly, it is understood that the pre-test scores of the control group are significantly lower than the post-test and follow-up test scores. In addition, no significant differences were found between the scores of post-test and follow-up test ( $z = -0.54$ ,  $p = 0.588$ ).

## Findings on the Impact of Self-Compassion Program on Subjective Well-Being Levels of Adolescents

Results of the Mann Whitney U test for comparison of subjective well-being pre-test, post-test and follow-up test scores obtained from experimental and control groups are presented in Table 9.

**Table 9. Results of the comparison of subjective well-being pre-test, post-test, and follow-up test scores between the experimental and control group**

Score	Groups	N	$\bar{X}_{rank}$	$\sum_{rank}$	U	Z	p
Pre-Test	Experimental Group	9	7.61	68.50	23.50	-1.50	0.133
	Control Group	9	11.39	102.50			
Post-Test	Experimental Group	9	11.89	107.00	19.00	-1.90	0.057
	Control Group	9	7.11	64.00			
Follow-up Test	Experimental Group	9	12.39	111.50	14.50	-2.30	0.021
	Control Group	9	6.61	59.50			

$p < 0.05$

As can be seen in Table 9, there is no statistically significant difference between the scores of the subjective well-being pre-test ( $U=23.50$ ,  $Z=-1.50$ ,  $p=0.133$ ) and post-test ( $u=19.00$ ,  $Z=-1.90$ ,  $p=0.057$ ) scores of adolescents in the experimental group and the control group. Follow-up test scores differ statistically significantly in favor of the experimental group ( $U=14.50$ ,  $Z=-2.30$ ,  $p=0.021$ ). The Friedman test results for comparison of subjective well-being pre-test, post-test and follow-up test scores of the experimental and control group are presented in Table 10.

**Table 10. Analysis results for comparison of subjective well-being pre-test, post-test and follow-up test of scores of adolescents in the experimental group and control group**

Groups	Scores	N	$\bar{X}_{rank}$	$\chi^2$	sd	p
Experimental	Pre-test	9	1.11	14.857	2	0.001
	Post-test	9	2.22			
	Follow-up Test	9	2.67			
Control	Pre-test	9	2.61	5.88	2	0.053
	Post-test	9	1.83			
	Follow-up Test	9	1.56			

$p < 0.05$

As can be seen in Table 10, there is a statistically significant difference between the subjective well-being pre-test, post-test and follow-up test scores of the experimental group ( $\chi^2=14.857$ ,  $p < 0.05$ ). However, there is no statistically significant difference between the subjective well-being pre-test, post-test and follow-up test scores of the control group ( $\chi^2 = 5.88$ ,  $p > 0.05$ ). The results of the Wilcoxon Test with Bonferroni correction, which was applied to determine the differences between scores of the experimental group, are presented in Table 11.

**Table 11. Analysis results for comparison of subjective well-being pre-test, post-test and follow-up test of scores of adolescents in the experimental group and control group**

Compared Scores	Groups	N	$\bar{X}_{rank}$	$\sum_{rank}$	Z	p
Pre-Test- Post- Test	Decreasing	0	0.00	0.00	-2.53	0.012
	Increasing	8	4.50	36.00		
	Equal	1				
Pre-Test- Follow-up Test	Decreasing	0	0.00	0.00	-2.52	0.012
	Increasing	8	4.50	36.00		
	Equal	1				
Post-Test- Follow-up Test	Decreasing	0	0.00	0.00	-1.84	0.066
	Increasing	4	2.50	10.00		
	Equal	5				

p<0,05

When Table 11 is examined, it is seen that there is a significant difference between the subjective well-being pre-test and post-test ( $z=-2.53$ ,  $p=0.012$ ) and pre-test and follow-up test ( $z=-2.52$ ,  $p=0.012$ ) of the experimental group. It is understood that pre-test scores are statistically significantly lower than follow-up test scores and post-test scores. At the same time, there was no significant difference between the post-test and follow-up test scores ( $z=-1.84$ ,  $p=0.066$ ).

## DISCUSSION

When the post-test scores taken at the end of the six-week Self-Compassion Program were examined, no significant differences were found between the experimental and control group scores, but it was observed that the self-compassion scores of the experimental group were significantly higher than those of the control group in the follow-up tests conducted 6 weeks after the experimental procedure. Similarly, when the scores of the experimental group from the pre-test, post-test, and follow-up test were examined, it was found that the follow-up test scores were significantly higher than the pre-test scores, and there were no significant differences between these three tests in the control group. As a result, it was understood that the Self-Compassion Program was effective in increasing the levels of self-compassion of the experimental group.

When the literature was examined, a limited number of experimental studies aimed at increasing the level of self-compassion in adolescents were found. For example, Arimitsu (2016) applied a seven-session Self-Compassion Program to a group with an average age of 19 in Japan. This program consists of meditation studies and exercises aimed at developing self-compassion. As a result of the study conducted with participants with low levels of self-compassion, a significant increase in the level of self-compassion of the experimental group was observed. In addition, there was an increase in self-esteem and positive emotion scores of people participating in the Self-Compassion Program, while there was a decrease in their scores of depression, anxiety, negative emotions, shame and guilt. Based on these findings, Arimitsu (2016) stated that the program can be applied to people with low levels of self-compassion in cultures where self-criticism is high. A similar study was conducted by Bluth et al. (2015). In this study, a mindfulness-based Self-Compassion Program was applied to adolescents aged 10-18 years. It was observed that the self-compassion and mindfulness scores of the participants in the experimental group increased and negative emotions, stress, anxiety and depression scores decreased after the six-session Mindfulness-Based Self-Compassion Program. Boggiss et al., (2020) administered a short-term self-compassion intervention for adolescents with type 1 diabetes. As a result of this intervention, an increase was observed in the self-care behaviors, healthy eating attitudes and self-compassion levels of the

adolescents. In another study, a mobile app was developed that directed the adolescents to perform self-compassion exercises, and 20 adolescents conducted activities aimed at developing self-compassion in accordance with the content of this mobile app for 30 days. According to qualitative data obtained from participants, it was stated that adolescents' self-compassion levels could be increased through mobile applications (Donovan et al., 2016). In a study conducted on adolescents in Turkey, it was found that the program applied to develop self-compassion was effective in reducing risky behaviors (Sargül, 2021).

As can be seen, both studies found in the literature and current study results show that studies aimed at increasing adolescent self-compassion levels are promising. These results show that it is possible to increase the level of self-compassion in adolescents (Arimitsu, 2016; Bluth et al., 2015). Adolescence is a complex period in which emotional, social and physical development continues rapidly (Çelik et al., 2008). While entering adolescence, several problems (body image, addiction, risky behavior...etc.) may occur. Additionally, according to the observations made by the researcher during the implementation of the Self-Compassion Program, it was observed that adolescents face high expectations from their families, friends and teachers, such as being the most popular teenager, being the most successful student, and being the most compatible friend, and experience compelling emotions (such as anger, helplessness, and inability) in the face of these expectations. So, it can be said that adolescents go through a number of difficulties and need to be caring, tolerant and helpful towards themselves as they leave these difficulties behind. Therefore, the development of self-compassion skills can be seen as important for adolescents to establish healthy relationships, to recognize themselves, to reveal their abilities and to deal with problems in a healthy and functional way. In short, an increase in self-compassion levels may have been observed as this program contributed to participants' being more caring, tolerant and helpful towards themselves and responded to the needs of young people in adolescence.

On the other hand, although an increase has been observed in the level of self-compassion of participants because of the Self-Compassion Program, no significant differences have been found between the post-test scores of the experimental and control group. Similarly, while there was no significant difference between the post-test and pre-test scores of the experimental group, the follow-up test scores were significantly higher than the pre-test scores. In other words, while the increase in the level of self-compassion of the experimental group was not reflected in the post-tests, it was reflected in the follow-up tests conducted 6 weeks after the finalization. Kristin Neff (2018) made recommendations to practitioners working on self-compassion. He noted that the level of self-compassion may not increase rapidly after self-compassion meditations/trainings, even in some cases, the level of self-compassion may decrease after self-compassion meditations/trainings. Neff (2018) describes this phenomenon as "backdraft". Accordingly, when some people start to look at themselves in a compassionate and tolerant way, they can see their pain, helplessness, and incompetence that they have not seen/wanted to see before. This is just like opening a door to a burning house. The fire is lighter when the door is closed, but only when the door is opened, the fire can be controlled. The door is opened for controlling the fire and a backdraft happens. In other words, when people start to look at themselves in a compassionate and tolerant way, the scene they encounter may prevent their self-compassion levels from increasing. Because the process of accepting people's own suffering, inadequacies or failures is a difficult process. This can prevent people from looking at themselves in a compassionate and tolerant way, or slow down the development of this point of view. In addition, self-compassion allows people to realize what they need and help themselves to meet this need (Germer, 2009). It can take time for people to recognize their



needs and take behavioral steps to meet those needs. For this reason, self-compassion comes across as an experience that we can live deeper and deeper over time and which we can gradually learn.

When the post-test measurements taken at the end of the 6-week Self-Compassion Program were examined, no significant differences were found between the scores of the experimental and the control group, but the follow-up measurements taken 6 weeks after the experimental procedure showed that the fear of compassion scores of the experimental group were significantly lower than those of the control group. Indeed, when the scores obtained by the experimental group from the pre-test, post-test and follow-up test are examined, it is seen that the post-test scores are significantly lower than the pre-test scores and the follow-up test scores are significantly lower than the post-test scores. But similar declines were not observed in the control group. As a result, it can be said that the Self-Compassion Program has been effective in reducing the levels of fear of compassion in the experimental group.

Fear of compassion can be defined as people's feeling of fear and anxiety about experiencing compassion, and thus avoiding the experience of compassion. A limited number of studies have been found on this concept which was put forward by Gilbert (2009). For example, in a study aimed at increasing participants' levels of compassion, a program with elements such as group guidance, meditation, and group discussions were applied, and eventually it has been observed that participants' self-compassion scores increased, while their fear of compassion scores decreased (Jazaieri et al., 2013). This research finding appears to be consistent with the current research findings. The decrease in fear of compassion scores can be seen as a natural consequence of people participating in activities aimed at increasing their level of self-compassion. Because one of the main factors causing low levels of self-compassion may be that people are afraid and worried about showing compassion to themselves (Joeng & Turner, 2015).

In addition, when the pre-test, post-test and follow-up tests of the experimental group were examined, it was observed that the fear of compassion scores of the participants in the experimental group decreased. But no significant difference was found between post-test scores of the experimental group and the control group. Even if this indicates that the post-test scores of participants in the experimental group for fear of compassion decreased compared to the pre-test scores, this decrease was not enough to create a significant difference between the experimental group and the control group. As a matter of fact, when some people start to look at themselves in a compassionate and tolerant way, they can see their pain, helplessness, and incompetence that they have not seen/wanted to see before (Neff, 2018). Because self-compassion offers people to look at themselves in an unbiased way (Neff, 2003a). For this reason, people who have just begun to experience self-compassion in their lives may have been concerned about dealing with negative emotions that they will be alone with. This fear, suspicion and resistance may be related to people's belief in that they do not deserve tolerance and compassion, or it may be related to evaluating the need for tolerance and compassion as a weakness (Gilbert et al., 2011). Again, people who have just begun to experience self-compassion in their lives may have had difficulty in being compassionate and tolerant of themselves and leaving these judgments behind. As a matter of fact, Neff (2018) stated that self-compassion is a skill that can develop over time.

When the post-test measurements taken at the end of the six-week Self-Compassion Program were examined, no significant differences were found between the experimental and control group scores, but it was observed that the subjective well-being scores of the experimental group were significantly higher than those of the control group in the follow-up measurements taken 6 weeks after the experimental procedure. When the results of the comparison between the groups were examined, it was found that the

post-test scores of the experimental group were significantly higher than the pre-test scores, and there was no significant difference between the follow-up test scores and the post-test scores. No significant differences were found between the subjective well-being pre-test, post-test and follow-up test scores of the control group. As a result, the Self-Compassion Program can be said to be effective in increasing the subjective well-being levels of the experimental group. But this effect is not reflected in the post-test measurements of subjective well-being, as in self-compassion, but is reflected in the follow-up tests. It is thought that this situation may be related to self-compassion and subjective well-being changing together. More clearly, the participants' subjective well-being levels increased in parallel with the increase in self-compassion levels. As a matter of fact, self-compassion and subjective well-being are closely related concepts. In many studies, it has been reported that there is a positive relationship between self-compassion and subjective well-being as well as life satisfaction, which is the cognitive dimension of subjective well-being (Allen et al., 2012; Bluth & Blanton, 2014; Neff, 2003b; Tel & Sarı, 2016; Zessin Dickhäuser and Garbade, 2015).

One of the theoretical foundations for explaining the nature of subjective well-being is the theory of social comparison (Diener et al., 2009). According to this theory, what determines the level of subjective well-being is the comparison between the strengths and weaknesses of a person with his or her social environment. As is known, being aware of common grounds, which is one of the sub-dimensions of self-compassion, means that people's inadequacies, suffering, and failures are a natural consequence of being a human (Neff, 2003a). Therefore, when comparing themselves with others, people with a high level of self-compassion may think that they can have similar pain, sadness, and inadequacies. In this way, a person does not personalize negative situations and knows that they can experience negative emotions because of being a human, and thinks that they may have inadequate sides, pains and failures, just like other people. In this way, people with a high level of self-compassion can contribute to the level of subjective well-being, thinking that they are not alone in the face of problems and negatives, and that others can experience similar problems.

From another point of view, self-compassion can be considered as a healthy and strong method of coping with negative situations (Neff, 2003a). In this way, self-compassion functions as an internal resource (Bluth & Eisenlohr-Moul, 2017). With the presence of this source, adolescents can cope with difficult situations more comfortably. In this way, people can be more active in the face of problems by seeing themselves stronger when they manage to cope with the difficult situations they face. In other words, with an increase in the level of self-compassion, people's level of psychological robustness (Bolat, 2013; Neff & McGehee, 2010) and, based on this, the level of subjective well-being may increase.

In addition, during and after the implementation of the Self-Compassion Program, the researcher had the opportunity to observe the participants. During this process, it was observed that participants shared what they learned during the program with their friends in the school environment and showed them a caring, moderate, and helpful attitude during their difficult times. Therefore, participants attempted to help their social environment by using the knowledge and skills acquired in the Self-Compassion Program. In this way, adolescents may also have improved their self-compassion levels by offering wise help to people who share the same class and school. This may have contributed to the level of subjective well-being by increasing the quality of adolescents' relationships.

## Conclusion and Suggestions

According to the findings, the Self-Compassion Program has been shown to be effective in increasing adolescents' levels of self-compassion and subjective well-being and reducing their fear of self-compassion. Another important finding of the research is that adolescents' self-compassion levels do not develop linearly. When people start looking at themselves in a caring and compassionate way after a long time, the first thing they will see will be how much they have neglected their own needs by this time. This can lead to some compelling emotions, such as anger and sadness. Neff (2017) called it backdraft. This phenomenon refers to the process of responding to a fire in a confined space. The fire is lighter when the door is closed but the fire can be controlled only when the door is opened. The door is opened to control the fire and a backdraft can occur when oxygen suddenly enters inside.

This is one of the first studies aimed at increasing the level of self-compassion of adolescents in Turkish culture. In this regard, new studies are needed to reach more in-depth findings on the subject. Repeating the similar research with different dependent variables (e.g., perfectionism, psychological well-being, empathy, shame, guilt, etc.) can produce important results in terms of determining the areas in which the Self-Compassion Program is more effective. At the same time, conducting the research in larger samples can contribute to examining the impact of the program with more valid results. In the international literature, it is seen that online self-compassion development interventions are applied (Donovan et al., 2016; Mitchell et al., 2018). Since online interventions are both less costly and more accessible, the effectiveness of the interventions to develop self-compassion on online platforms can be examined in our country. In addition, trainings for mental health professionals can be organized. In these trainings, content, and strategies to increase the self-compassion levels of adolescents can be discussed.

Finally, this research has some limitations. The first of these is related to the working group of the research. In the study, 9 participants were in the experimental group and 9 participants were in the control group. It is quite difficult to generalize the findings of a study with this number of participants. This is a significant limitation. The other limitation is that participants in the experimental and control group of the research study at the same secondary school. Participants in the experimental and control group had an environment in which they would interact with each other during the experimental process. Therefore, this variable, which cannot be controlled, can be considered as a limitation of research. Finally, this research was conducted with secondary school students studying in a public school.

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### **Author Contribution**

Both the authors collaborated to write this article. They equally contributed in each step of the study.

### **Conflict of Interest**

It has been reported by the authors that there is no conflict of interest.

### **Funding**

No funding support was received.

### **Note**

This article is produced from the master's thesis of the first author, conducted under the supervision of second author, who guided first author in all stages of the study.

### **Ethical Statement**

This study was completed in accordance with the Helsinki Declaration. In line with this, the study was permitted by Abant İzzet Baysal University, Social Sciences Human Research Ethics Committee

**Ethics Committee Name:** Abant İzzet Baysal University, Social Sciences Human Research Ethics Committee.

**Approval Date:** 05.01.2017

**Approval Document Number:** 2017/01