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Effects of Compassion-Based Education Program on Students' Compassion Levels and Life Satisfaction[1]

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Abstract

A key construct in the field of positive psychology, compassion is considered a positive emotion as well as an important human strength. It refers to being cognizant of the troubles and pain felt by others or the individual him- or herself, and being willing to take action to relieve those problems. This study examined the effects of a Compassion-Based Education Program (CBEP) on secondary-school students' compassion and life-satisfaction levels. It adopted an experimental design that included a pre-test, post-test, and follow-up test, with control and placebo groups. There were 13 adolescents in the experimental group, 12 in the placebo group, and 12 in the control group. The researchers' CBEP was implemented in the experimental group only. Activities not related to compassion education, but which could reasonably be expected to contribute to secondary-school students' educational and future professional development, were carried out with the placebo group, and no intervention took place in the control group. Nas and Sak's Compassion Scale (CS) and Çivitçi's Turkish-language version of Huebner's Multidimensional Students' Life Satisfaction Scale (MSLSS) were used as data-collection tools. The analysis results indicated that there were significant differences between the experimental group's CS pre-test and post-test scores, and between the same group's pre-test and follow-up test scores, with the latter being higher in each case. The experimental group's MSLSS post-test scores were also significantly higher than their pre-test scores. However, the difference between the same group's pre-test and follow-up test scores on the MSLSS was non-significant. Likewise, there was no significant difference between the MSLSS post-test and follow-up test scores of any of the three groups.

Keywords: compassion, compassion-based education program, life satisfaction, secondary-school students.

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Introduction

A key construct in the field of positive psychology, compassion is considered a positive emotion as well as an important human strength (Hökelekli, 2013; Peterson, 2017; Pommier, 2010; Tarhan, 2017). It refers to being cognizant of the troubles and pain felt by others or the individual him- or herself, and being willing to take action to relieve those problems (Cole-King & Gilbert, 2011; Goetz et al., 2010; Gilbert, 2009a; 2009b; Nas & Sak, 2020). As such, compassion benefits both the individual and society (Goldin & Jazaieri, 2017), and it is effective in alleviating negative emotions, dealing with negative psychological situations (Salazar, 2016), and facilitating socialization (Curtis et al., 2012). In addition to being deemed a positive emotion, it has been classified as a biological feature (Gilbert, 2014), a motivation that triggers particular behaviors (Schopenhauer, 2017), a religious quality (Karagöz, 2020), a type of strength of character (Hefferon & Boniwell, 2014), a virtue important to education (Hökelekli, 2013; Peterson, 2017), and a multidimensional construct (Jazaieri et al., 2014). Unsurprisingly, given this diversity of definitions, it has been studied extensively in diverse fields, including evolutionary science, psychology, and neuroscience (Houston, 2019).

The pivotal importance and necessity of compassion have been attested in many cultural and social contexts. In Eastern traditions, compassion is thought to have a healing effect on the mind and body (Vivino et al., 2009). Compassion helps socialization (Curtis et al., 2012), the development of prosocial behaviors (Leiberg et al., 2011), well-being (Jazaieri et al., 2014), the reduction of stress and anxiety (Jazaieri et al., 2018), and the development of a sense of social justice (Williams, 2008), as well as improving individuals' ability to receive and offer social support (Cosley et al., 2010; Sprecher & Fehr, 2005).

It has been suggested that compassion increases relationships and closeness between people (Salazar, 2015). Conversely, it has been found to have a negative relationship with non-adaptive traits and behaviors including narcissism, social anxiety, and verbal aggression (Salazar, 2016). In addition, Pommier (2010) argued that as well as being linked to positive psychological states such as happiness, and improved social relations, compassion might protect people against negative emotions such as anxiety, fear, and anger. Salazar (2016) subsequently suggested that compassion could effectively reduce negative emotions and boost people's ability to cope with negative psychological situations. Compassionate individuals tend to support others by taking their well-being into account on a complementary basis; and those who have compassionate goals tend to have more constructive and positive attitudes in their relations with others, and therefore cause less harm (Crocker & Canevello, 2008).

Life satisfaction tends to be discussed in the literature as an aspect of subjective well-being, i.e., people's subjective evaluations (Diener, 2000) or cognitive judgments (Pavot & Diener, 1993) about their own lives. Subjective well-being consists of three components: positive emotion, negative emotion, and life satisfaction. The first two comprise its emotional dimension, and the third, its cognitive dimension (Diener et al., 1985). As such, life satisfaction is related to the cognitive dimension of subjective well-being, and the constructs of well-being and subjective well-being could both refer to, or even be re-conceptualized as, life satisfaction.

As an essential indicator of well-being, life satisfaction is an indispensable part of positive psychology (Gilman & Huebner, 2003; Veenhoven, 1988). The first research on life satisfaction in that context was carried out by Neugarten et al. (1961). Shin and Johnson (1978) subsequently discussed it as an aspect of the construct of happiness, and defined it as an

evaluation of individuals' own quality of life according to their own pre-determined criteria. Veenhoven (1988) used the constructs of happiness and life satisfaction interchangeably, on the basis that both were closely related to quality of life. Appleton and Song (2008), on the other hand, asserted that life satisfaction included six different components: 1) income level, 2) occupation and social status, 3) opportunities and social mobility, 4) welfare conditions, 5) government policy and environment, and 6) family and social relations. Further studies have confirmed that life satisfaction is closely related to such factors as income level (Kabasakal & Uz Baş, 2013) and personal success (Şahin, 2008), as well as one's sense of individual integrity, sense of family integrity, and self-esteem (Çeçen, 2008); being an employee or not (Soylu & Kabasakal, 2016); expectations of the future, religious belief, and loneliness (Tuzgöl Dost, 2007); job satisfaction (Keser, 2005); and mindfulness (Şahin, 2019). It has been claimed that the life-satisfaction level of individuals who experience burnout is generally low, and that their life satisfaction decreases as a result of both high emotional exhaustion and depersonalization (Şahin, 2008). Diener and Seligman (2002) argued that people with high life satisfaction are very happy, while people with low life satisfaction are very unhappy; and that the former rarely think about committing suicide, tend to feel positive emotions in their daily lives, and focus on good memories rather than bad ones.

Previous studies have documented both a positive relationship between compassion and life satisfaction (Espín et al., 2018) and a positive impact of compassion on well-being (Jazaieri et al., 2014). Moreover, the few studies that have touched on that topic (Allen et al., 2012; Kim & Ko, 2018) have mostly examined the relationship between life satisfaction and self-compassion. This may be because, in essence, life satisfaction is an individual's cognitive evaluation of his/her own life (Diener, 1984), while self-compassion is defined as an individual's sensitivity to his/her own life, and by implication, as acceptance of the pain, failures, and inadequacies that are part and parcel of being human (Neff, 2003a).

Studies of self-compassion make it clear that this construct is related to life satisfaction indirectly, i.e., via factors affecting it, and directly (Neff, 2003a, 2003b). They also suggest that self-compassionate individuals might feel more satisfied with their lives, as well as more motivated, thanks to having intrinsic reasons to learn and develop (Neff, 2009). A better understanding of self-compassion could also yield important new insights into people's well-being, insofar as it partially reflects how people deal with problems pertaining to their health, mental capacity, and living conditions (Allen et al., 2012). Unsurprisingly, self-compassion is closely linked to mental health and balance (Neff, 2003b), and has a positive relationship with psychological well-being (Homan, 2016), hope, and life satisfaction (Yang et al., 2016). It has been noted that the self-compassion program developed by Neff and Germer (2012) can effectively increase its participants' mindfulness and well-being; reduce their depression, anxiety and stress; and increase their life satisfaction, happiness and quality of life. And Kim and Ko (2018) argued that self-compassion might promote life satisfaction, self-care, and participation in beneficial activities, while also helping to prevent sleep disorders and mental-health symptoms.

Given the documented positive relationships between compassion and life satisfaction (e.g., Espín et al., 2018), between self-compassion and life satisfaction (Allen et al., 2012; Kim & Ko, 2018) and between self-compassion and psychological well-being (Zessin et al., 2015), it can reasonably be concluded that self-compassion is directly related to psychological forces such as happiness and optimism (Hollis-Walker & Colosimo, 2011; Neff, 2016).

Happiness and life satisfaction are widely accepted as quality-of-life indicators (Diener & Lucas, 2000). Another factor that plays a vital role in increasing the life quality of individuals is the development of compassion (Allen et al., 2012). Given that there are positive relationships between compassion and happiness (Erdoğan, 2017) and between compassion and life satisfaction (Espín et al., 2018; Jazaieri et al., 2014), it would be reasonable to expect that compassion-based education and interventions will contribute to increasing life satisfaction as well as compassion. Educational institutions, as well as home and family environments, could provide suitable conditions for the development of compassion. Offering such compassion-based programs in schools would be relatively straightforward to organize (Küçükaydın, 2015), especially as teachers' role in developing their students' compassion is considered vital (Kıral & Başdağ, 2017). Indeed, it has been suggested that activities and exercises germane to compassion could be implemented at every level of education, and even that whole compassion-based education programs should be devised (Jazaieri, 2018).

Secondary school is a period that broadly coincides with adolescence, during which students spend more time with their peers and tend to become more involved in violence and aggression both inside and outside of their schools' boundaries (Delfabbro et al., 2006; Durmuş & Gürgan, 2005; Spencer & Bryant, 2000). Specifically, their unwanted behaviors come to include bullying, fighting, and verbal teasing (Baldry & Farrington, 1999), and various means of preventing such phenomena have been proposed (Orpinas et al., 1995). Among such proposed solutions, instilling compassion in school culture is regarded as an important one (Sayar & Manisalıgil, 2016). Specifically, it has been argued that adopting a compassion-based approach in school environments could help reduce destructive behaviors including but not limited to violence, aggression, anger, abuse, and bullying. In parallel, reducing risky behaviors such as drug abuse, violence, aggression, and sexual victimization could positively affect secondary-school students' life satisfaction (Proctor et al., 2009). Moreover, it is possible that the students who receive compassion-based education not only experience an increase in their compassion levels, but are also more likely to exhibit positive behaviors towards their families, friends, schools, and other areas of their lives. Therefore, in this study, a compassion-based education program was developed, and its effects on secondary-school students' compassion and life-satisfaction levels were measured.

In this study, Compassion-Based Education Programme (CBEP) was applied to middle school students. The main reason for applying the programme to this group is that this period, which is the beginning stage of adolescence, is a critical threshold in terms of the social-emotional development of the individual. Especially students in this age group constitute a suitable target group for compassion-based interventions, as they are open to developing skills such as empathy, self-awareness and sensitivity to others (Bluth & Eisenlohr-Moul, 2017). In the literature, compassion or self-compassion-based intervention studies with individuals in pre-adolescence and adolescence are limited in number and most studies have focused on university students or adult groups (Neff & Germer, 2013; Yang et al., 2024). In the Turkish context, there is no systematically structured and implemented compassion education programme at the secondary school level. This situation makes the study strong in terms of filling an important gap in the literature. In addition, the current programme differs from previous applications in the literature by offering a holistic approach that is not only focused on compassion or self-compassion, but also includes motivation to help others, prosocial behaviours and social sensitivity. In this respect, the study offers a unique and pioneering intervention model for secondary school students and provides contributions that can form the basis for similar studies in the future.

The main hypotheses of the study were determined as follows.

H_1: CBEP is effective in increasing the compassion levels of secondary school students.

H_2: CBEP is effective in increasing life satisfaction levels of secondary school students.

Method

Research Design

In this study, an experimental design was adopted and the effect of the independent variable (CBEP) on the dependent variables (compassion and life-satisfaction) was examined (Heppner et al., 2013). Therefore, pre-/post/follow-up tests of the experimental/placebo/control groups were analyzed (Büyüköztürk, 2014).

Table 1

Experimental Design of the Study

Group	Assignment	Step 1	Step 2	Step 3	Step 4	Step 5
Experimental Group (n=15)	Random	Pre-test	CBEP	Post-test	Break (5 weeks)	Follow-up Test
Placebo Group (n=15)	Random	Pre-test	Guidance Activities	Post-test	Break (5 weeks)	Follow-up Test
Control Group (n=15)	Random	Pre-test	No Intervention	Post-test	Break (5 weeks)	Follow-up Test

The researchers' CBEP was implemented in the experimental group only. Activities not related to compassion education, but which could reasonably be expected to contribute to secondary-school students' educational and future professional development, were carried out with the placebo group; and no intervention took place in the control group. After the treatments prepared for the experimental and placebo groups were completed, the post-test phase started, and two instruments – CS and MSLSS – were administered for post-test purposes. Five weeks after the post-test, the same instruments were re-administered to all three groups as a follow-up test.

Determining Group Membership

After ethical approval was obtained for the study, 67 students were recruited and given the pre-test. Scales were applied for the pre-test and the total scores of each student were determined and the mean of the total scores obtained from the two scales were ranked from small to large. After the ranking, group numbers were written as 1-2-3, 3-2-1, 2-1-3, 2-3-1, 1-3-2, 3-1-2 opposite the total mean scores of the first 45 students. Following the numbering, the students were organised into three groups and lots were drawn between the groups. Thus, experimental (n=15), placebo (n=15) and control (n=15) groups were constituted. Afterwards, interviews were conducted with the students, and they and their parents were informed about the study and intervention.

Prior to the experiment, one-way analysis of variance (ANOVA) was run to establish whether there was a significant difference between the mean scores of the students obtained from the CS and MSLSS pre-tests. It was determined that there was no significant difference among the CS pre-test mean scores of the experimental ($\bar{x}$=67.30, SD=12.94), placebo ($\bar{x}$=65.58, SD=8.46), and control groups ($\bar{x}$=67.66, SD=14.75) (F_{2-34}=0.98, $p>0.05$). Likewise, there was no significant difference among the MSLSS pre-test mean scores of the

experimental ($\bar{x}$=107.69, SD=10.62), placebo ($\bar{x}$=110.16, SD=12.82), and control groups ($\bar{x}$=110.16, SD=11.91) (F_{2-34}=0.186, p>0.05).

Compassion-Based Education Program

Preparation Stage

The preparation process of the program was based on the literature on compassion (Alcaraz-Cordoba et al., 2024; Cernadas Curotto et al., 2023; Figley, 2002; Finlay-Jones et al., 2023; Houston, 2019; Gilbert and Choden, 2014; Goetz et al, 2010; Jaiswal et al., 2024; Jazaieri et al, 2014; Kim et al., 2024; Kishimoto et al., 2023; Neff, 2003a; 2003b; Peterson, 2017; Stamm, 2002; 2005; 2010; Teale Sapach et al., 2023; Xie et al., 2024). There are many intervention, therapy and training programs focusing on compassion in the literature (Aledeh et al., 2024; Beaumont & Hollins Martin, 2015; Chow et al., 2023; Kirby et al. 2017; Neff & Germer, 2013; Ozawa de Silva & Dodson-Lavelle, 2011; Pace et al. 2013). In addition, national and international literature and sources were reviewed. Compassion research, trainings, exercises, therapies and activities related to compassion in the literature and resources were examined. As a result of the review, studies with applicability for middle school level were identified and a draft program of 10 sessions was created. The session contents in the draft program were presented to seven field experts. In line with the feedback from the experts, activities and studies deemed appropriate (Atalay, 2018; Decker et al., 2015; Germer, 2018; Gilbert, 2009a; 2009b; Işık, 2019; Kabat-Zinn, 2019; Yalvaç Arıcı, 2014) were included in the sessions. After the sessions were ready, a four-week pilot study was conducted. In the pilot implementation, attention was given to points such as student participation, the appropriateness and length of the sessions, the compatibility and comprehensibility of the activities with the goals, and the evaluations of the students in the pilot implementation were taken and notes were taken according to the observations made by the educator/researcher. Thus, taking into account the suggestions of the field experts and the results of the pilot application, modifications were made to some sessions in the training program. For example, the duration of the sessions for the explanation/presentation part was reduced, role-playing/drama and similar activities were increased to make the students more active, and thus the aims of the sessions were made more concrete. In addition, the locations of some activities (activity implementation, video/film watching, presentation, etc.) in the sessions were changed. As a result, a program consisting of 10 sessions, one session per week, was prepared (Table 2).

Implementation Stage

This program was prepared by the first researcher and implemented by the researcher. While the researcher was working as a school counsellor in a state school, he implemented the training program for students in a school different from the school where he worked. The program was implemented as one session per week. The average session length was 75 minutes with ten-minute breaks. In line with the purpose and activities of the sessions, preliminary preparations (provision of materials, tools and equipment, preparation of presentations-video recordings, etc.) were made each week. Specific methods and techniques (expression, explanation, discussion, peer sharing, role playing, watching short films and videos, story interpretation, forming mini-groups, inviting guests, video chat via Zoom program, etc.) were followed for each session. Each session started with a brief summary of the previous week's activities and the session was introduced in this way. After each session, while the evaluation was made by the students, the educator/researcher summarized the session and

ended the session of the day. The implementation process of the program coincided with the COVID-19 pandemic period. In this sense, physical distance was observed to prevent contact between students, students were provided to wear masks, and disinfectant was kept at the entrance of the conference hall where the training was presented. For the important needs of the students in terms of cleanliness and hygiene, such as hand washing, 10-minute breaks were provided for the sessions. In addition, at the end of each session, a self-assessment was made by the trainer/researcher and a report was prepared.

Table 2

Compassion-Based Education Program – Sessions

Aim of Session 1: To know the definition and importance of the concept of compassion Sub Objectives: - Meet - Information about the training program - Create group rules - Gaining awareness of compassion	**Aim of Session 6:** Compassion for animals and nature Sub Objectives: - Understand the importance of showing compassion to animals - Knowing the need to protect animals - Knowing the necessity of being compassionate towards nature - Recognizing the importance of protecting natüre
Aim of Session 2: To understand the characteristics of compassion Sub Objectives: - To know the necessity of having motivation for compassion - Recognizing the relationship between compassion and sensitivity - Knowing that compassion can develop through empathy - Understanding tolerance for difficulties - Trying to understand others without judging/ blaming/criticizing them - Learning compassionate listening - Recognize the importance of compassionate attention	**Aim of Session 7:** To know the concepts related to compassion Sub Objectives: - To recognize the relationship between the concepts of justice, empathy, sympathy and conscience with compassion - Understanding the relationship between the concepts of kindness, pity and forgiveness and compassion
Aim of Session 3: Being compassionate to others (a) Sub Objectives: - Define being compassionate to others - Knowing the importance and necessity of being compassionate to others - Understanding the benefits of being compassionate to others - Raising awareness about compassion - Being blessed by showing compassion to others	**Aim of Session 8:** To know the situations that prevent being compassionate Sub Objectives: - To gain awareness about the compassionate world - Knowing the meaning of compassion fatigue - Knowing the meaning of fear of compassion
Aim of Session 4: Being compassionate to others (b) Sub Objectives: - To experience being compassionate to others - Know how to show compassion to disadvantaged individuals (e.g. disabled) - Empathizing with disadvantaged individuals - Developing sensitivity towards disadvantaged individuals	**Aim of Session 9:** To know the situations that prevent being compassionate Sub Objectives: - To gain awareness about the compassionate world - Knowing the meaning of compassion fatigue - Knowing the meaning of fear of compassion

Aim of Session 5: Knowing how to be self-compassionate Sub Objectives: - Defining being self-compassionate - Knowing the importance and benefits of being compassionate to oneself - Tolerance of one's own pain/suffering - Realizing how to be understanding of their mistakes - Maintaining calm in situations where it is inadequate - Showing kindness to oneself in times of failure	**Aim of Session 10:** Know how to say goodbye with compassion Sub Objectives: - To know how to say goodbye with kindness - Using compassionate expressions when saying goodbye - Making loving wishes when saying goodbye - Evaluation of the training process - Termination

Data Collection Tools

Compassion Scale

The CS was designed to ascertain the compassion levels of 12 to 18-year-olds. Based on the EFA run on the data collected from 756 students in secondary and high schools, its 20 items were categorized. This structure was then tested with CFA, and the obtained fit values (χ^2/Sd=1.927; RMSEA=0.042, RMR=0.06, IFI=0.96, CFI=0.96, NFI=0.91, RFI=0.90, GFI=0.94, AGFI=0.92) were found to have a very good fit. The internal consistency coefficient of the CS was found to be 0.89, and the semi-reliability coefficient was 0.75, indicating that this measurement tool is valid and reliable. All 20 items are answered on the same Likert scale, ranging from 1=never to 5=always, and none are reverse-scored. The range of scores obtained from the CS varies between 20 and 100, with higher scores indicating higher levels of compassion (Nas & Sak, 2021).

Multidimensional Students' Life Satisfaction Scale

Huebner's (1994) original version of the MSLSS was developed to evaluate the life satisfaction of adolescents, and included 40 items divided into five dimensions: family, friends, school, self, and living environment. Responses are given on a four-point Likert scale ranging from 1=never to 4=always, with higher scores indicating higher life satisfaction. The scale was adapted into Turkish by Çivitçi (2007), and subsequently re-checked for validity and reliability. The Turkish version of the scale consists of 36 items with factor loadings of 0.34 and above, explaining 44.50% of the total variance. In the Turkish version, nine items – i.e., 3, 4, 9, 13, 22, 25, 30, 32, and 35 – are reverse-scored. The overall Cronbach's alpha internal-consistency coefficient of the Turkish MSLSS was found to be .87 (Çivitçi, 2007).

Data Analysis

To decide whether parametric tests are appropriate for data analysis, the Shapiro-Wilk test was used. Its results indicated that none of the three participant groups' data were normally distributed at any time point or on either instrument. In addition, it was found that the skewness and kurtosis coefficients of both the compassion and life-satisfaction variables in the pre/post/follow-up-test measurements did not meet the critical threshold of ±1 in the case of any group. A homogeneity test subsequently established that the variances in the compassion variable were not equal in the pre-/post-/follow-up-test data obtained from any group, but were equal at all three of these time-points in the case of variances in the life-satisfaction variable. In short, the findings of the normality test and skewness/kurtosis values, as well as the results of Levene's test, showed that the data were not normally distributed. Therefore, non-parametric tests were used.

Specifically, the Friedman Test was used to examine whether there were significant within-group differences in scores on the three different test administrations; and in cases where a significant difference was found, the Wilcoxon signed-rank test was used to determine the source of such difference. And, to analyze inter-group differences between the post/follow-up test results, Kruskal-Wallis H testing and – when significant differences were found – Mann-Whitney U testing were used.

Ethical Issues

All procedures for studies involving human participants were performed following the ethical standards of the institutional and/or national research committee and the 1964 Declaration of Helsinki and its subsequent amendments or similar ethical standards. The Ethical Committee of Van Yüzüncü Yıl University approved the study (Approval Number: 85157263-604.01.02-E.95161).

Findings

The Effects of the CBEP on Secondary-school Students' Compassion Levels

All three groups' CS pre/post/follow-up test mean scores, standard deviations, and pre-test/post-test and pre-test/follow-up-test differences are presented in Table 3.

Table 3

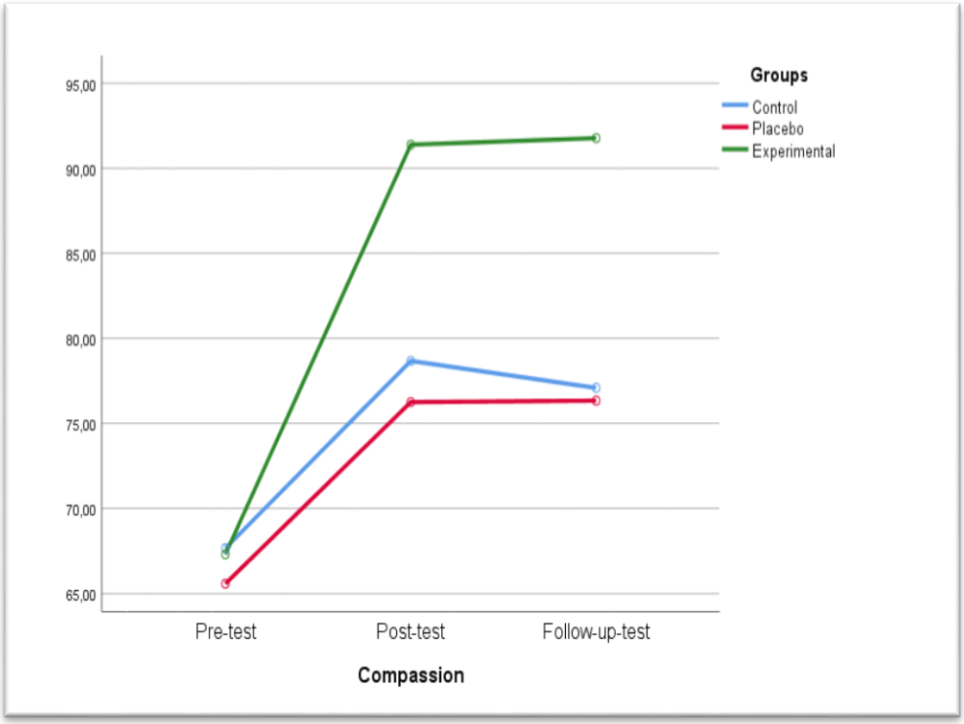
Descriptive Statistics, Compassion Scale Pre/Post/Follow-up Test Results, by Group

								Differences among the measurements	
		Pre-test		Post-test		Folow-up-test			
Group	n	Mean	SD	Mean	SD	Mean	SD	Pre-test/Post-test	Pre-test/Follow-up test
Experimental	13	67.30	12.94	91.38	4.83	91.76	7.14	24.08	24.46
Placebo	12	65.58	8.46	76.25	8.76	76.33	8.02	10.67	10.75
Control	12	67.66	14.75	78.66	16.27	77.08	13.68	11.00	9.42

As Table 3 indicates, there were differences among the CS scores of all groups before and after the intervention. However, the differences between all test results of the placebo/control groups were relatively small, compared to the parallel difference in the experimental group's scores. These differences can also be discerned in Figure 1.

Figure 1

Graph of Changes over Time in CS Scores, by Group



The results of Friedman testing of the experimental group's pre/post/follow-up test CS scores are presented in Table 4.

Table 4

Friedman Test Results, Experimental Group's CS Pre/Post/Follow-up Test Scores

	n	Mean Rank	df	X^2	*p*
Pre-test	13	1.00			
Post-test	13	2.31	2	20.462	0.000
Follow-up test	13	2.69			

p<.01

As this table suggests, there was a significant difference between the all results of the experimental group (X^2=20.462; p<0.001). To determine this difference, all possible pairs of test results were compared.

Table 5

Experimental Group's CS Pre/Post/Follow-up Test Scores

		n	Mean Rank	Sum of Ranks	z	*p*
Pre/Post-test	Negative rank	0	0.00	0.00	-3.181	0.001
	Positive rank	13	7.00	91.00		
	Equal	0				
Pre/Follow-up Test	Negative rank	0	0.00	0.00	-3.181	0.001
	Positive rank	13	7.00	91.00		
	Equal	0				
Post/Follow-up Test	Negative rank	4	7.50	30.00	-1.088	0.276
	Positive rank	9	6.78	61.00		
	Equal	0				

p<.05

As Table 5 shows, there were significant differences between the experimental group's pre/post-test scores (z=-3.181; p<0.05), and between its pre/follow-up test scores (z=-3.181; p<0.05). It can be concluded that this observed difference favored the positive ranks, namely, the post/follow-up test scores. However, there was no significant difference between the experimental group's post/follow-up test scores (z=-1.088; p>0.05).

Next, the placebo group's CS pre/post/follow-up test scores were compared using the Friedman test, the findings of which are provided in Table 6.

Table 6

Friedman Test Results, Placebo Group's CS Pre/Post/Follow-up Test Scores

	n	Mean Rank	df	X^2	*p*
Pre-test	12	1.13			
Post-test	12	2.33	2	14.652	0.001
Follow-up Test	12	2.54			

p<.01

As this table reveals, there were significant differences among all tests of the placebo group (X^2=14.652; p<0.001). To determine this difference, all possible pairs of test results were compared using the Wilcoxon signed rank test, the results of which are shown in Table 7.

Table 7

Placebo Group's CS Pre/Post/Follow-up Test Scores

		n	Mean Rank	Sum of Ranks	z	*p*
Pre/Post-test	Negative rank	0	0.00	0.00	-2.937	0.003
	Positive rank	11	6.00	66.00		
	Equal	1				
Pre/Follow-up Test	Negative rank	1	6.50	6.50	-2.551	0.011
	Positive rank	11	6.50	71.50		
	Equal	0				
Post/Follow-up Test	Negative rank	4	7.50	30.00	-0.268	0.789
	Positive rank	7	5.14	36.00		
	Equal	1				

p<.05

From Table 7, it can be seen that there were significant differences between the placebo group's pre/post-test scores (z =-2.937; p<.05) and between its pre/follow-up-test scores (z=-2.551; p<.05). It can be seen that this observed difference favored the positive ranks, i.e., the post/follow-up test scores. However, there was no significant difference between this group's post/follow-up-test scores (z=-0.268; p>.05).

The pre/post/follow-up test CS scores of the control group were also compared using Friedman testing, the results of which are presented in Table 8.

Table 8

Friedman Test Results, Control Group's CS Pre/Post/Follow-up Test Scores

	n	Mean Rank	df	X^2	*p*
Pre-test	12	1.42			
Post-test	12	2.38	2	6.426	0.040
Follow-up Test	12	2.21			

p<.05

As this table indicates, there were significant differences among the control group's pre/post/follow-up test scores (X^2=6.426; p<0.005). To determine this difference, all possible pairs of test results were compared using the Wilcoxon signed-rank test, the results of which are provided in Table 9.

Table 9

Control Group's CS Test Results of Control Group

		n	Mean Rank	Sum of Ranks	z	p
Pre/Post-test	Negative rank	2	5.75	11.50	-2.167	0.030
	Positive rank	10	6.65	66.50		
	Equal	0				
Pre/Follow-up Test	Negative rank	3	3.67	11.00	-2.198	0.028
	Positive rank	9	7.44	67.00		
	Equal	0				
Post/Follow-up Test	Negative rank	6	6.50	39.00	-0.537	0.592
	Positive rank	5	5.40	27.00		
	Equal	1				

p<.05

From Table 9, it can be seen that there were significant differences between the control group's pre/post-test scores (z=-2.167; p<0.05) and between its pre/follow-up-test scores (z=-2.198; p<0.05). This observed difference was again in favor of the positive ranks, namely post-test score. However, there was no significant difference between the control group's post/follow-up test scores (z =-0.537; p>0.05).

Table 10

Kruskal-Wallis H Test Results, Comparison of All Groups' CS Post-test Scores

	n	Mean Rank	df	X^2	*p*
Experimental	13	26.58	2	10.512	0.005
Placebo	12	13.08			
Control	12	16.71			

p<.05

Next, the CS post-test scores of the three groups of participants were compared using the Kruskal-Wallis H test for independent samples. The findings of such testing, presented in Table 10, show that there was a statistically significant difference between the groups (X^2=10.512; SD=2; p<0.05). To determine this difference, all possible pairings of groups' scores were compared using the Mann-Whitney U test (Table 11).

Table 11

Mann-Whitney U Test Results, Pairwise Comparisons of All Groups' CS Post-test Scores

	n	Mean Rank	Sum of Ranks	U	z	*p*
Experimental/Placebo	13	18.15	236.00	11.000	-3.652	0.000
	12	7.42	89.00			
Experimental/Control	13	15.42	200.50	46.500	-1.717	0.086
	12	10.38	124.50			
Placebo/Control	12	12.17	146.00	68.000	-0.231	0.817
	12	12.83	154.00			

p<.05

As Table 11 indicates, there was a statistically significant difference between the post-test scores of the experimental/placebo groups (U=11.000; p<0.01). It was revealed that the scores of the experimental group were higher than those of the placebo group. In addition, no significant difference was observed between the post-test scores of the experimental/control groups (U=46.500; p>0.05) or those of the placebo/control groups (U=68.000; p>.05).

Table 12

Kruskal Wallis H Test Results, Comparison of All Groups' CS Follow-up Test Scores

	n	Mean Rank	df	X^2	*p*
Experimental	13	28.19			
Placebo	12	13.79	2	14.506	0.001
Control	12	14.25			

p<.05

Then, the CS follow-up test scores of the three groups were compared using the Kruskal-Wallis H test for independent samples, the findings of which are presented in Table 12, which shows a statistically significant difference between the groups (X^2=14.506; SD=2; p<0.05). To determine this difference, all possible pairings of groups were compared using the Mann-Whitney U test, and the results are shown in Table 13.

Table 14

Mann-Whitney U Test Results, Pairwise Comparisons of All Groups' CS Follow-up Test Scores

	n	Mean Rank	Sum of Ranks	U	z	*p*
Experimental/Placebo	13	18.08	235.00	12.000	-3.600	0.000
	12	7.50	90.00			
Experimental/Control	13	17.12	222.50	24.500	-2.918	0.004
	12	8.54	102.50			
Placebo/Control	12	12.79	153.50	68.500	-0.203	0.839
	12	12.21	146.50			

p<.05

As Table 14 makes clear, there were statistically significant differences between the follow-up-test scores of the experimental/placebo groups (U=12.000; p<0.01) and between those of the experimental/control groups (U=24.500; p<0.05). Mean-rank and sum-of-ranks data indicated that the scores of the experimental group were higher than those of the placebo/control groups. However, there was no significant difference between the follow-up test scores of the placebo/control groups (U=68.500; p>0.05).

The Effects of the CBEP on Secondary-school Students' Life Satisfaction

All groups' pre/post/follow-up-test mean scores, the standard deviations of those scores, and differences between the groups' pre-test MSLSS scores are shown in Table 13.

Table 15

Descriptive Statistics, All Groups' MSLSS Pre/Post/Follow-up Test Scores

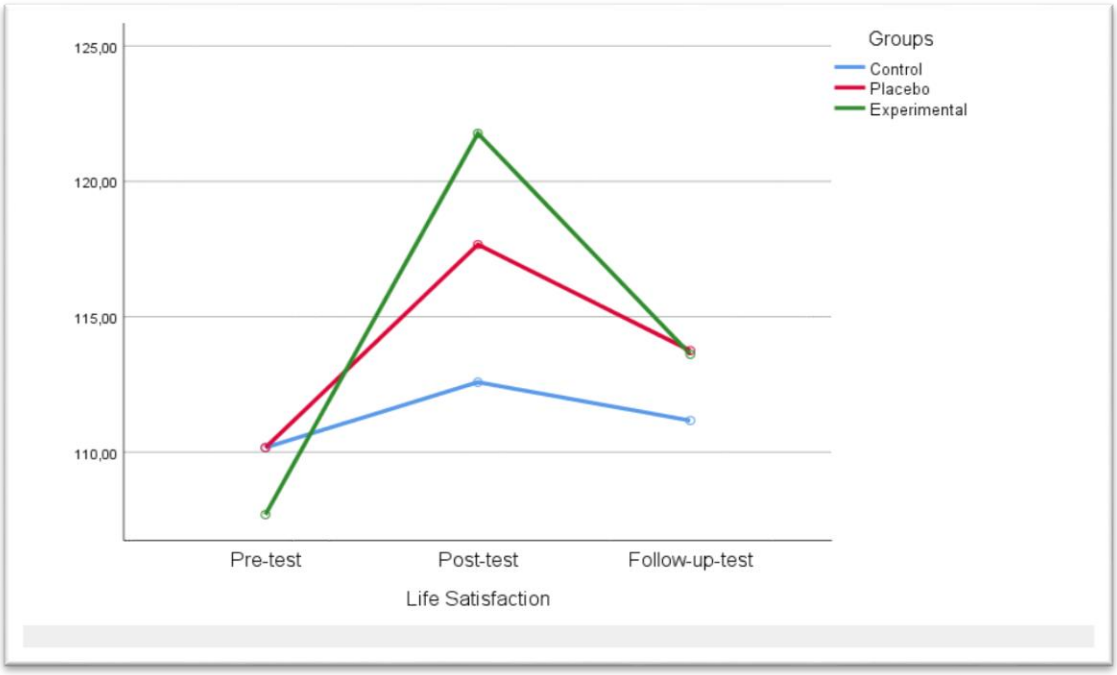
								Score differences between measurements	
Group	n	Pre-test		Post-test		Follow-up Test		Pretest-Posttest	Pretest - Follow-Up-Test
		Mean	SD	Mean	SD	Mean	SD		
Experimental	13	107.69	10.62	121.76	9.48	113.61	14.52	14.07	5.92
Placebo	12	110.16	12.82	117.66	15.77	113.75	14.13	7.50	3.59
Control	12	110.16	11.91	112.58	19.81	111.16	13.89	2.42	1.00

p<.05

As the above table indicates, there were differences between the MSLSS scores of all groups before and after the experiment. Notably, as illustrated in Figure 2, the differences between the pre/post-test scores, and between the pre/follow-up test scores, were relatively small in both the placebo/control groups, but higher in the experimental group.

Figure 2

Graph of Changes over Time in MSLSS Scores, by Group



The experimental group's MSLSS pre/post/follow-up test scores were then compared using a Friedman test. The findings of that test, presented in Table 15, indicate significant differences among those three sets of scores (X^2=7.538; p<0.005). To determine those differences, all possible pairings of groups' scores were compared using a Wilcoxon signed-rank test (Table 16).

Table 16

Experimental Group's MSLSS Pre/Post/Follow-up Test Scores

	n	Mean Rank	df	X^2	*p*
Pre-test	13	1.62			
Post-test	13	2.62	2	7.538	0.023
Follow-up Test	13	1.77			

p<.05

As Table 16 shows, there was a significant difference between the pre/post-test scores of the experimental group (z=-2.691; p<0.05). In light of the mean rank and sum of ranks of the difference scores, this observed difference favored the positive ranks, namely the post-test score. There was no significant difference between the experimental group members' pre/follow-up test scores, on the one hand (z=-1.223; p>0.05), or between their post/follow-up test scores, on the other (z=-1.923; p>0.05).

Table 17

Experimental Group's MSLSS Pre/Post/Follow-up Test Scores

		n	Mean Rank	Sum of Ranks	z	*p*
Pre/Post-test	Negative rank	5	6.20	31.00	-2.691	0.007
	Positive rank	7	6.71	47.00		
	Equal	0				
Pre/Follow-up Test	Negative rank	5	5.90	29.50	-1.223	0.221
	Positive rank	7	6.93	48.50		
	Equal	0				
Post/Follow-up Test	Negative rank	7	6.79	47.50	-1.923	0.054
	Positive rank	5	6.10	30.50		
	Equal	0				

p<.05

When the placebo/control groups' respective MSLSS pre/post//follow-up test scores were compared using the Friedman test for dependent samples, it was found that there were no significant differences across these three time-points in either case (placebo: X^2=3.500; p>0.005; control: X^2=0.667; p>0.005).

Comparison of all three participant groups' MSLSS post/follow-up test scores using Kruskal-Wallis H testing for independent samples, meanwhile, determined that there were no statistically significant inter-group differences between the groups at either of these time-points (post-test: X^2=1.193; SD=2; p>0.05; follow-up test: X^2=0.271; SD=2; p>.05).

Conclusion, Discussion and Implications

As a result of the analysis, it was seen that the compassion levels of the students who participated in the CBEP increased after the experimental procedure, and this increase continued until the follow-up test was administered. Accordingly, it is understood that compassion-based education is effective in increasing compassion. When the literature is examined, it is seen that similar results have been obtained in the previous studies. In a study conducted by Ozawa-de Silva and Dodson-Lavelle (2011), a group of children was offered a Cognitive-Based Compassion Education Program, and it was stated that the children who attended the program shared positive experiences. The results of the same study showed that children were positively affected by the concepts and practices pertaining to compassion. In another study, an eight-week training program was applied, and it was seen that the program enhanced prosocial responses such as compassion (Kemeny et al., 2012). In an experimental study, the effects of Buddhist meditation intervention on empathy, awareness, and self-compassion were examined, and self-compassion increased in the experimental group (Wallmark et al., 2012). Jazaieri et al. (2013) found that the compassion and self-compassion levels of the subjects who participated in the Compassion Development Training program increased. Another study by Reddy and other scholars (2013) showed that Cognitive-Based Compassion Training applied to adolescents contributed to adolescents' being compassionate towards others. Moreover, it was stated that the self-compassion levels of individuals who received Compassion Development Training increased (Scarlet et al., 2017). Maratos et al. (2019) found that individuals participating in the Compassionate Mind Training program experienced an increase in their self-compassion levels. Bennett-Levy et al. (2020) stated that Art-Based Compassion Skills Training boosted compassion for others and contributed to the development of self-compassion. The Mindfulness-Based Stress Reduction intervention increased mindfulness and self-compassion (Conversano et al., 2020). It was stated that the Compassion Development intervention program was effective in reducing the compassion

fatigue of individuals and increasing their compassion satisfaction (Lacson & Agnes, 2021). As it could be understood from the studies, education programs based on compassion effectively increase individuals' levels of compassion. In this regard, it was understood that compassion could be taught, developed and gained by offering various training sessions or preparing structured programs (Cernadas Curotto et al., 2023; Wear & Zerconi, 2007).

There was a significant increase in the compassion levels of the students who were provided with compassion training. However, it was observed that there was a slight increase in the level of compassion of the students who did not participate in the compassion training. It is thought that this situation might be related to the process in which the experimental intervention was applied. Nevertheless, in this period when the Covid-19 pandemic affects our lives, students could be much more sensible and sensitive to their families, environment, and peers. It was stated that family relationships could be effective in protecting the psychological resilience of individuals against the harmful effects of Covid-19 (Dinç, 2020). Strong family relationships could be effective in developing self-compassion (Neff & McGehee, 2010) and increasing happiness (Hollis-Walker & Colosimo, 2011) in adolescents. Given the pandemic process, Covid-19 brings many difficulties and negatively affects individuals' coping strategies, but people with high self-compassion have more positive emotions and therefore these individuals could cope with stressful situations more effectively (Mantelou & Karakasidou, 2019). In this sense, as well as drawing attention to the difficulties in the Covid-19 process, it is emphasized that these difficult times can be overcome thanks to compassion (Neville, 2020; Teale Sapach et al., 2023). When recent studies (e.g., Sonis et al., 2020) were examined, it was understood that more emphasis is placed on humanism and the importance of communication between individuals, and additionally compassion needs to be focused on once again considering the Covid-19 epidemic process (Xie et al., 2024). Because, in difficult times such as Covid-19, it is thought that individuals might experience more mercy and sympathy, and individuals might be more sensitive. It is stated that the feelings of mercy, love, and self-compassion are effective in overcoming the difficulties that arise during the Covid-19 process (Gates et al., 2021; Kavaklı et al., 2020). In addition, it is seen that in cases of any crisis, trauma and epidemic, being more compassionate is emphasized, and attention is drawn to solidarity and goodness (Alcaraz-Cordoba et al., 2024; Sayar, 2020). Moreover, people need to be more compassionate and show compassion during the Covid-19 epidemic, and the crisis it brings (Martinez, 2020). Therefore, it can be stated that students might be more emotional, more sensitive, and more empathetic due to the situations that arise during the Covid-19 process, and this tendency could contribute to their level of compassion (Alcaraz-Cordoba et al., 2024).

In this study, a significant difference was found between the compassion scale pre-test and post-test scores of the students in the placebo group. This increase, which occurred despite not receiving the compassion education programme, started to decrease in the follow-up test. It is acknowledged that the observed increase in compassion levels within the placebo group during the post-test phase may, in part, be influenced by non-specific factors such as peer interaction or indirect contact with the school counselor during the study process. These incidental influences are commonly observed in psychoeducational research, particularly in school settings where social dynamics are difficult to isolate completely. However, the subsequent decline in compassion scores at the follow-up phase, and the absence of a significant difference between the pre-test and follow-up test in the placebo group, suggest that these gains were not sustained and likely not attributable to structured or targeted

intervention. This pattern strengthens the interpretation that the experimental program had a unique and lasting impact.

Depending on CBEP, it was found that the compassion levels of the students who received compassion training increased more than the compassion levels of the students who did not receive compassion training. In the literature, it is understood that there is an array of studies which corroborate this finding (Aktaş & Bozdoğan, 2016; Küçükaydın, 2015). In the experimental studies, the activities (Coşkun, 2019; Gül, 2019) and educational programs (Avşaroğlu, 2019) carried out for the experimental group students positively affected the students' sense of compassion and increased their level of compassion. In addition, in studies in which the Self-Compassionate Awareness program was applied (Neff & Germer, 2013; Yela et al., 2019), the program increased compassion for others, and it was effective in increasing self-compassion. Meditation interventions were found to increase self-compassion (Wallmark et al., 2012), and Compassion-Focused Therapy was found to be effective at increasing compassion (Goad & Parker, 2020; Vrabel et al., 2024). It was determined that the self-compassion and compassion levels of the students who received training on compassion increased (Ko et al., 2018). Consequently, it could be stated that the findings of the study provide further evidence in line with the findings of the present study (Aledeh et al., 2024).

It was determined that the life satisfaction levels of the students who participated in CBEP increased at the end of the experimental treatment, but this increase decreased during the follow-up test. It was understood that the applied education program had a positive effect on the life satisfaction of the students, albeit partially. When the literature on life satisfaction and well-being was examined, there were a plethora of studies supporting this finding of the present study. A nine-week Compassion Development Training was held, and it was effective on well-being (Jazaieri et al., 2013). Compassion-based practices positively affected individuals' well-being (McClelland et al., 2018). In studies in which Compassion-Focused Therapy was conducted (Craig et al., 2018; Haj et al., 2018; Petrocchi et al., 2024), individuals' mood, anxiety, depression, and anxiety levels improved after the intervention. In studies where the Self-Compassionate Awareness program (Yela et al., 2019) and the Compassion Meditation training (Malaktaris et al., 2020) were carried out, compassion-based interventions supported well-being. Considering the results of the studies and the findings of the present, it could be said that compassion-based training, therapies, and interventions were effective in promoting the individuals' life satisfaction.

In this study, it was determined that students' life satisfaction increased at the the post-test, but it decreased in the follow-up test period. This situation might be related to psycho-social factors affecting students. For example, while students continued face-to-face education until the post-test was administered, immediately after this process, there was a shift towards distance education in accordance with the Covid-19 precautions, lockdowns were imposed, and many restrictions were introduced in social life (Rodríguez-Martínez et al., 2023). This situation caused students to stay away from their school environment, friends, teachers, stay at home all day long, spend more time with technology, experience psychological problems, thereby decreasing their social relations (Direktör, 2021; Kaplan, 2021; Kaplan et al., 2021; Li et al., 2023). In addition, it was stated that some students could not study and learn at the desired level during the distance education process since they could not access or have technological opportunities (Kaplan, 2021). This situation was regarded as a loss in the field of education (Asandaş & Hacıcafereoğlu, 2021). However, the process in which the follow-up test was applied coincided with the week when the students took the high school entrance

exam (June 6, 2021). Therefore, the students might have experienced more anxiety and stress. Given that anxiety, worry, and stress factors could affect life negatively (Ender Sarıçalı, 2020; Jack & Oster, 2023; Yardım & Karakuş, 2015), it is possible that students' life satisfaction could decrease during this process. Therefore, the life satisfaction of the students was at a high level in the period when the training programme was implemented and in the post-test implementation period, but in the follow-up implementation period, it may have affected the decrease in their life satisfaction due to the above-mentioned situations.

It was found that the life satisfaction levels of the students who participated in the CBEP increased, but the life satisfaction levels of the other students who did not participate in the education program did not increase. On the basis of this finding, it can be said that compassion-based education is an effective way to increase individuals' life satisfaction. This finding reveals the relationship between compassion and life satisfaction. As stated in previous studies in the literature (Jazaieri et al., 2014; Espin et al., 2018), there is a positive relationship between compassion and life satisfaction. Besides, it is stated that compassion significantly predicts life satisfaction (Avşaroğlu & Güleş, 2019) and compassion is effective in increasing well-being (Jazaieri et al., 2014).

In the present study, it was found that the life satisfaction levels of the students who participated in the compassion-based education increased after the experimental treatment; however, it was observed that this increase did not last long. The increase in life satisfaction could be attributed to how students evaluate their lives. Life satisfaction reflects the subjective evaluation of many situations (family, friends, school, self, environment) in one's life area (Huebner, 1991). It is thought that one of the factors affecting life satisfaction is the Covid-19 epidemic, and it is estimated that the continuation of the epidemic has a negative effect on students' life satisfaction. Because the pandemic process could cause pessimistic feelings and thoughts in adolescent students (Eryılmaz & Şiraz, 2019). Nevertheless, Ryan and Deci (2001) stated that diseases made life more complex, and therefore it was stated that diseases reduced life satisfaction. In the study conducted by Zacher and Rudolph (2021), the Covid-19 epidemic had negative effects on the psychological well-being of individuals, and there was a decrease in the life satisfaction of individuals in this process (Li et al., 2023). Thus, it could be stated that the Covid-19 and the diseases, difficulties, and anxiety factors associated with the epidemic might negatively affect the students' life satisfaction (Jack & Oster, 2023).

The experimental treatment process took place in a period when Covid-19 was effective in terms of both the number of cases and the number of patients. In addition, right after the last session in which the treatment was completed, a 17-day full closure decision was taken across the country due to the Covid-19 pandemic, a lockdown was imposed, and face-to-face education was suspended in schools (Ministry of Internal Affairs, 2021). This situation has caused stress, anxiety, fear, and anxiety throughout society and has become a source of trauma (Jack & Oster, 2023; Türkçapar, 2020). Therefore, it has become more difficult to cope with the difficulties, painful events, and stress that arise during the Covid-19 pandemic (Beato et al., 2021). The closure of schools due to the pandemic, lockdowns, spending time at home, the increase in the time allocated to the digital environment, being away from teachers and friends, and the decrease in social relations negatively affected the adaptation process of adolescents and caused them to become more anxious individuals (Direktör, 2021; Kaplan et al., 2021). Due to the epidemic, the opening and closing of schools at short intervals, the possibility of postponement of exam dates and the uncertainties about the future have caused students to experience much more anxiety and concern. Because uncertainty itself might be a

stress and anxiety factor. In addition, situations such as depression, dissatisfaction, and anxiety as a result of uncertainty could cause individuals to feel weak and affect their lives negatively (Yardım & Karakuş, 2015). In this context, it could be stated that students who are worried about their future in an atmosphere of insecurity and suspicion, such as the Covid-19 process (Kaplan et al., 2021) might have low life satisfaction. Considering this situation, it could be stated that the developments and uncertainties in the field of education and society during the Covid-19 pandemic had a negative impact on students' life satisfaction. In addition, students who stay away from face-to-face education might have experienced the anxiety of not being able to prepare adequately for the national exam administered for transition to high schools. It could be said that students' negative thoughts predominate due to their anxiety about the exam process. Considering that the students (8th grade) participating in the study group of the research are in a more disadvantageous position in terms of both their life satisfaction in different areas (school, self, environment, etc.) and their depression tendencies (Çivitçi, 2009), it can be stated that the students suffer from the process. In addition, the approach of national exam date may have triggered their negative emotions (Ender Sarıçalı, 2020). Negative emotions weaken individuals more mentally and reduce their capacity to cope with difficulties. However, the fact that students who want to learn, go to school, strive for personal development or meet their peers (Flanagan, 1978) cannot fulfil their wishes due to Covid-19 precautions might have caused a lack of morale and motivation. Given all these, it is thought that there could be many factors that cause the students' life satisfaction to decrease or increase in the process of the follow-up test application.

In the present study, a compassion-based education program was developed and conducted employing secondary school students. Researchers could examine the impact of the program on different groups (such as high school and university students, disabled people, and protected children). In this study, the impact of the program on compassion and life satisfaction was examined. Researchers can examine the effects of this program on some other factors (such as depression, anxiety, phobias, anger, violence, aggression, fairness, compassion, empathy, gratitude, academic achievement, hope, self-esteem). This research was carried out based on a quantitative approach. Researchers can resort to qualitative methods (such as interview) to supplement quantitative data. This research was carried out during the Covid-19 pandemic, and it was thought that the pandemic affected students' compassion and life satisfaction levels. In future studies, taking into account the effects of global crises such as COVID-19, it is recommended that the measurements be re-performed and included in the analyses as a control variable. In this way, the impact of the implemented programme can be evaluated more clearly and free from external factors. In addition, the current study was conducted during the COVID-19 pandemic, and the negative psychological effects such as uncertainty, anxiety and social isolation caused by this period on students may have had indirect effects on the functionality of the programme. For this reason, re-application of the study in the normalisation process after the pandemic will make an important contribution in terms of testing the validity and generalisability of the findings obtained.

The developed program could be applied by teachers within the framework of classroom activities or by psychological counsellors within the scope of preventive-developmental guidance. The sessions in the program were limited only to the activities conducted in the educational environment. Practitioners could include various additional activities (such as assignments and keeping journals) outside of the session. In this study, teachers and parents were not included in the process while the program was being

implemented. Practitioners could collaborate with families and teachers. Practitioners might give students a certificate of attendance or wear a badge after the training program is over.

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