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Comparison of the Effect of Compassion_based Techniques and Cognitive_Behavioral Schema Therapy Techniques in Reducing Loneliness and Emotion Regulation Difficulties in Runaway Adolescent Girls

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Abstract: Although girls' running away from home may seem to be an individual phenomenon at first glance, it is the source of many deviant and anti-social behaviors due to the detrimental consequences it has on social order. The purpose of this study was to compare the effect of training compassion-based techniques and schema therapy cognitive and emotional techniques in reducing loneliness and emotional dysregulation in runaway adolescent girls. In this study, a single subject design was used. The statistical population of the study includes all runaway adolescent girls (age range 12-19) of Hamedan city in 1398 that referred to the Social Emergency Center of Hamedan. The sampling method is purposive sampling. Four girls were selected as the sample based on the study entry and exit criteria and filled out questionnaires of UCLA loneliness scale and difficulties in emotion regulation scale before and after the educational intervention and the data were analyzed using visual charts. The data showed that compassion-based training had a better effect than schema therapy cognitive and emotional techniques in reducing loneliness and emotion dysregulation in runaway girls. Also, the effect of both training methods was also confirmed on reducing loneliness and emotional dysregulation of runaway girls. It is recommended to use these training methods in order to reduce the problems of this group and also to prevent the occurrence of this phenomenon in other adolescent groups.

Keywords: Compassion, schema, loneliness, emotion regulation difficulties, runaway girls

Introduction

Adolescence is one of the most sensitive and important periods of life because of the changes in individual dimensions. Girls experience more stress than boys and usually respond emotionally to these changes. One of the easiest ways to resist such stresses is to run away from home (Moazami, 2004). Running away from home is a maladaptive behavior in which a child or adolescent deliberately leaves the house because of external attractions without any permission from his or her parents or his/her legal guardian and do not come back (Zargar,Poorkamali, Moradi & Zargar, 2009). Browne and Falshaw (1988) define a runaway as someone who leaves the house without permission and stays out for the night or a longer time, and the statistics they provide is one in five people in America, where girls are more at risk. Slesnick (2004) also states in his study that the

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majority of those who run away from home in the United States are teenagers and 86% are aged 14-17. Recent studies in Iran estimate the average age of girls running away from home to be 12 years, but their age range is from 12 to 19 (Arjomand Kermani & Rajabzadeh, 2011). According to Masoudnia and Fallah (2014), the rate of Iranian running away adolescents has increased by 20 percent over the past 15 years. Research shows that in 70% of the cases, the unorganized family is the cause of the girls running away from home (Zamiri, 2009; Hashemi, Fatemi Amin & Fouladian, 2011). Running away from home exposes young people to a variety of risks including violence, crime, drugs, prostitution, AIDS and other sexually transmitted diseases and health problems. Young people running away from home have high levels of behavioral problems including substance abuse (Johnson, Whitbeck & Hoyt, 2005), school dropout (De Man, 2000), membership in criminal groups (Yoder, Whitbeck & Hoyt, 2003), criminal activities (Hammer, Finkelhor & Sedlack, 2002) sexual intercourse, sexual abuse, depression, self-harm, suicide and family rejection at the community level and various types of emotional and social trauma (Quotation from Pergamit, 2010; Karami, 2013).

Girl's runaway is a phenomenon with multiple causes. Its roots can be found in psychological and individual factors. Many studies have confirmed the role of psychological and personality traits in this social phenomenon, as also noted by Saki, Safa, Jazayeri, Asti, Jariani and Saki (2007), Zareinejad and Mir Hashimi (2016), Salemi, Zehtab Najafi and Soltani (2013), McEvoy and Mahoney (2011) and Brosan, Hoppitt, Shelfer, Sillence and Mackintosh (2011). Other causes may include age, marital status, interpersonal relationships, economic status (Zaer & Khedmatgozar Khostel, 2014), childhood sexual assault, strong desire to be with friends, desire to have greater independence (Slesnick, Patton & Dashora, 2011), male relatives' domestic violence including father and brother, school failure, psychological characteristics, poverty and lack of family financial resources, and inappropriate use of home and family media facilities (Ferdowsian & Mehri, 2014).

Another problem associated with girls running away from home is loneliness. Research shows that loneliness is one of the influential factors in this respect. Shafi'i (2015), for instance, examined the relationship between maladaptive schemas and loneliness and the defense mechanisms in runaway girls in Shiraz. Loneliness is a state of perceiving or experiencing lack of relationship with others, and includes key elements such as the undesirable sense of lack or loss of a companion, the unpleasant and negative aspects of a lost relationship and losing the qualitative level of the relationship with others (De Jong-Gierveld, 1998). Loneliness is a common experience in adolescents, but it can have a detrimental effect on a person's physical, mental, and emotional health. It increases stress and anxiety, and high-risk behaviors such as smoking and substance abuse, school dropout, depression, and shyness and causes reduced self-esteem and increased suicide risk in adolescents (Tajvidi & Zeyghami Mohammadi, 2012).

Another problem adolescents face as the result of the emotional changes in this period of life is the emotions regulation problems. Emotion regulation is defined as "external and internal processes that are responsible for recording, evaluating, and modifying emotional reactions, and in particular temporal patterns of attainment" (Gross, 2009; Gratz & Roemer, 2004). It is a process by which individuals modulate their emotions to achieve a desired outcome (Aldao, Nolen, & Schweizer, 2010; quoted by Khalilzadeh, Mikaeli Mani & IssaZadegan, 2017). The problems associated with emotion regulation have been introduced in recent years as one of the effective and determining factors in the individuals' inclination, especially the youth and adolescents, to display high-risk behaviors (Mikaeli Mani, 2014). Difficulty in emotion regulation is defined by problems in awareness, understanding and acceptance of emotions, lack of access to adaptive strategies in the face of different

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emotions, or the inability to control one's behavior when confronted with severe emotional arousal (Gratz & Roemer, 2004). Studies show that emotional regulation difficulties have a significant relationship with psychopathology. According to these studies, runaway girls are anxious, depressed, and have dysfunctional attitudes (Zareinejad & Mir Hashimi, 2016). Another study found that runaway girls scored lower on traits such as emotional stability, independence, predictability, and adherence to ethics (Rasoulzadeh Tabatabai, Besharat & Bazyari Meymandi, 2005).

Considering the mentioned issues and looking at the research background related to runaway girls and the problems that they are experiencing, identifying these factors through educational processes can prevent social, psychological and physical harm of runaway girls.

One of the treatments recently highlighted in the field of psychology is compassion-based therapy. Compassion-based therapy was formulated by Paul Gilbert in response to the observation that many people, especially those with a high sense of shame and self-criticism, have a problem to create a compassionate and self-supporting inner voice when entering traditional treatments. According to the basic principles of compassion-focused therapy, extrinsic thoughts, factors, images, and behaviors must be internalized, in which case the human mind, as it responds to external factors, calms down when faced with these intrusions (Gilbert, 2014). Neff (2009) defines compassion as a construct with three components including self-compassion as against self-judgment (self-comprehension rather than judgment or criticism, and a kind of compassion and support against deficiencies and inadequacies), human commonalities against isolation (admitting that all human beings are incomplete and make mistakes), and mindfulness against extreme assimilation (balanced, clear awareness of experiences of the present time that cause the painful aspects of an experience to be neither overlooked nor repeatedly occupied by the mind (Quotation from Ghaffarians & Khayatan, 2018).

Self-compassion techniques emphasize relaxation, peace of mind, self-compassion, and mindfulness, which play an important role in the relaxation of one's mind, reducing stress and negative self-reflection (Gilbert, 2014). Compassion is a skill that can be learned (Gilbert, 2009; quotation from Ahmadpour Dizaji, Zahrakar & Kiamansh, 2016). Studies in this field show that teaching the techniques related to this type of therapy can enhance psychological strengths such as hope, self-esteem, mental health and positive emotions (Beaumont & Hollins Martin, 2016), cooperation, self-control, decisiveness (Asadi Gandomani, Nessaian, Adib Sereshki & Karimloo, 2013), self-concept and assertiveness (Ghaffarian & Khayatan, 2018), meta-societal behavior (Leiberg, Klimecki & Singer, 2011). It also plays a role in healing early maladaptive schemas (Nouri & Naghavi, 2018), depression, anxiety, rumination, and stress (Noorbala, Borjali & Noorbala, 2013; Ozyesdl & Akbag, 2013).

Another recently introduced treatment in the third wave of cognitive-behavioral therapies is schema therapy. Schema therapy was established by Young, Klosko and Weishaar (2003), and attempts to apply and integrate the principles and strategies of cognitive-behavioral therapies and components of such theories as attachment, object relationships, structuralism and psychoanalysis to provide a new therapeutic model. Schema therapy addresses the deepest layers of cognition and targets early maladaptive schemas and uses patients' cognitive, empirical, behavioral, and interpersonal strategies to overcome early maladaptive schemas. Schema Therapy integrates three categories of techniques and uses these techniques in the treatment process. These three categories include cognitive, behavioral and experimental techniques. Cognitive techniques help people to question the schemas so they can create a healthy sound in their minds and build a healthy mindset

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and empower it (Young, Klosko & Weishaar, 2003, translated by Hamidpour & Andooz, 2007).

However, a behavior does not change simply because one has formed new schemas. Thinking and feeling differently does not necessarily lead to a change in behavior. Therefore, new skills need to be learned to learn new behaviors (Arnetz & Van Genderen, 2009). The final step in changing the schemas is to change the behavior of the schemas. Behavioral techniques need to force the patient to change the long-term behavioral patterns that have been used, validated and reinforced in his or her life schemes (Young, Klosko & Weishaar, 2003; translated by Hamidpour & Andooz, 2007).

Training these techniques can be effective in modifying and reducing early maladaptive schemas. In a study by Darabi, Borjali, and Azami (2014), it was found that training cognitive techniques could be effective in reducing the severity of early maladaptive schemas. This effect was reported to be greater than the effect produced by emotional techniques. In another study, Tabatabaei Barzaki, Sohrabi and Karimi Zarchi (2013) examined the effectiveness of training emotional techniques finding that training these techniques can improve the schemas of depressed people.

As it was previously mentioned, the girls' runaway phenomenon is considered as an important social harm that has adverse consequences for the individual and the society. Given the increasing trend of this social phenomenon at the community level and the need to examine the methods to control it, providing the necessary education to this age group can help to improve and prevent an increase in the number of these girls. Therefore, given the lack of research in the field of compassion-based and schema-based therapies in the two aforementioned areas and considering no training has been provided to runaway girls, a question arises: Does training compassion-based techniques and schema therapy cognitive and emotional technique affect reducing loneliness and emotion regulation problems in runaway girls?

Material and Method

In this study, a single-case design was used. This design has different varieties; in the present study, the A-B with follow-up version was used. In such designs, the subjects can be between 1 and 20 people, but each subject is dealt with individually. Sometimes, in clinical and educational settings, we cannot use group designs that require repetition or omission of the independent variable. One reason for this is the existence of high-risk behaviors (such as escape, suicide, self-harm, etc.) in these subjects. The small number of the participants and the specificity of their characteristics as well as their heterogeneity may be other reasons. In this case, the researcher uses single-case designs. In the present study also, due to the mentioned reasons, i.e. high-risk behaviors, heterogeneity and the small number of runaway girls in the crisis intervention center (about 3 to 10 people per month) and the short duration of their stay in the center, it was not possible to use group designs with at least 15 participants. Therefore, this study, which is a single-case study, used A-B with follow-up. In this design, environmental conditions (A) were, first, carefully measured and the initial behavior of the subject was investigated. Experimental procedure (B) was, then, performed. Next, the dependent variable was evaluated. The statistical population of the study included all runaway adolescent girls (aged 12-19–first and second grade high school students) in Hamedan in 2019 referring to Hamedan social emergency center. The sampling method in this study was purposive sampling. Out of the sample population, four runaway girls were selected based on the inclusion and exclusion criteria.

Inclusion criteria included being 12 to 19 years old and having been at least away from home once, having

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no severe mental disorders or chronic illnesses, being interested in receiving educational services, having completed at least primary education. The exclusion criteria also included taking psychiatric drugs and participating in other educational and therapeutic programs simultaneously. After selecting the participants, the necessary arrangements were made for the training of these individuals in Hamedan Welfare Organization. The sessions were held twice a week in eight sessions of individual training using schema therapy techniques and eight sessions of training in compassion-based techniques. First, Russell, Peplau, and Curtona's Loneliness Questionnaire (UCLA) and Gratz and Roemer's Emotion Regulation Difficulty Questionnaire (DERS) were administered to the subjects and their baseline status was observed. Then, the techniques were individually taught in eight sessions. After completing the training sessions and one month after the training, the questionnaires were re-administered to the subjects and their scores were used as follow-up. Descriptive statistics (mean and standard deviation), repeated measurement statistical test and visual charts on the SPSS software version 20 were used for data analysis.

Compassion-Based Training Protocol: This training protocol was developed based on Gilbert's (2009) research activities and have been used in Savari's (2018) dissertation. Summary of training sessions related to this protocol are as follows: Session one: Introducing and establishing a therapeutic relationship, getting to know the participating members, asking members' purposes for attending meetings, outlining the general purposes of the training sessions, describing workshop training, and providing workshop rules; Session two: conceptualizing the three-dimensional model of brain emotional systems and mindfulness techniques and training relief-respiratory technique; Session three: Identifying self-criticism, expressing self-criticism effects, self-critical analysis, separation of self-criticism from the main part of the character by imagery, Session four: Understanding the concept of self-correction, the difference between self-sacrifice and self-criticism, explaining the characteristics of the self-suffering person, introducing self-suffering imagery technique; Session five: Attention to self-suffering identity with emphasis on the characteristics of wisdom, gentleness, lack of judgment and courage, assessment on anger, familiarity with its functions; Session six: Exploring the roots of fear of compassion, teaching compassionate practice, and receiving compassion from them; Session seven: Reconstructing hard emotional memories with an emphasis on taking a compassionate identity and further nurturing of the relief system and creating interpersonal relationships; Session eight: Overview of the topics in prior session, investigating educational concepts and types of homework, investigating the views of the survey participants about the effectiveness of workshops and assignments and the changes made in them (Savari, 2018).

Schema-based training protocol: This training protocol was developed based on Young's model (Young, Klosko & Weishaar, 2003; translated by Hamidpour & Andooz, 2007). The first and second sessions were devoted to introducing individuals, briefing each person on the tasks, schema training, guidelines and general rules of teamwork, and explaining Young's schema model. In the third, fourth, and fifth sessions, training cognitive techniques challenging schema such as schema validity, redefining the evidence verifying schema , evaluating the advantages and disadvantages of patient coping styles, establishing a dialogue between healthy and unhealthy aspects of the schema, developing a training card and completing the schema registration form were focused on. In the sixth, seventh, and eighth sessions, we trained behavioral modeling techniques that included encouraging the subjects to abandon traumatic coping styles and practice effective coping behaviors such as behavior change, motivation, reassessment of the advantages and disadvantages of continuing a behavior and

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practicing healthy behaviors and preparing people for ending the sessions.

Russel, Peplau and Curtona's Loneliness Questionnaire (UCLA): This questionnaire was designed to find a way to solve adolescent problems. In this questionnaire, 'never' is rated as (1), 'rarely' is rated as (2), 'sometimes' is rated as (3) and 'always' is rated as (4). But the score related to items 1, 5, 6, 9, 10, 15, 16, 19, 20 is reversely scored. The scores range from 20 (minimum) to 80 (maximum). So, the average score is 50. A score above the mean indicates greater severity of loneliness. The reliability of this test was reported to be 0.78 in the revised version. Reliability of the test was assessed by Russell, Pelau and Ferguson (1978) using retesting method and reported to be 0.89 (Quotation from Naderi & Haghshenas, 2010). This scale was translated by Shokrkon and Mirdarikvand and after piloting it and making reforms, it was implemented (Naderi & Haghshenas, 2010).

Gratz and Roemer's Emotion Regulation Difficulty Questionnaire (DERS): The Initial Emotion Regulation Difficulty Scale is a self-report 36-item assessment tool that was formulated to clinically assess the difficulty of emotional regulation. The answers range from 1 indicating 'almost never' to 5 denoting 'almost always', on a Likert scale. Factor analysis confirmed the existence of six factors, all of which had a Cronbach's alpha coefficient of above 0.80. The results showed that this scale had a high internal consistency of 0.93 (Azizi, Mirzaei & Shams, 2010).

Results

The subjects in the compassion-based training group were 15 and 16 years old. The first subject was the first child of a family of six and the second subject was the second child of a family of five. The subjects in the cognitive-behavioral techniques group were both 16 years old, the third subject was a single child, and the fourth subject was the first child of a family of four.

In presenting the results of this study, each research question has been discussed separately.

Question 1: Is there a significant difference between training compassion-based techniques and schema-based techniques in their effect on reducing runaway girls' loneliness?

To address the first research question of the study, a linear chart of the pre-test and post-test scores and follow-up related to the loneliness variable is presented.

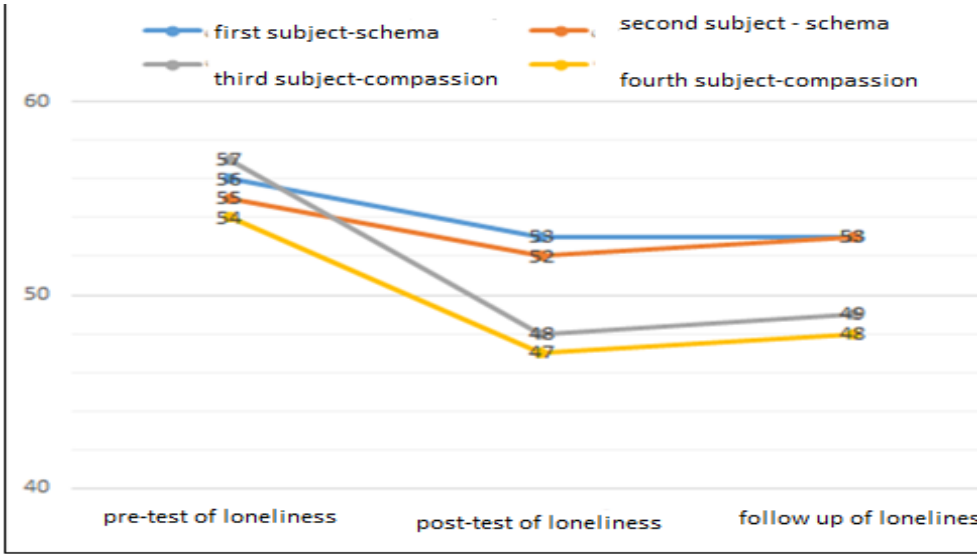


Figure 1. The effect of training compassion-based techniques and schema techniques on reducing loneliness

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As demonstrated in Figure 1, the results showed that both techniques, i.e., compassion-based and schema-based techniques, were effective in reducing feelings of loneliness. The results also showed that there was a difference between the effect of compassion-based training and schema-based techniques on reducing runaway girls' feeling of loneliness. The scores related to these changes are presented in Table 1.

Table 1. The Results Related to the Effect of Teaching Compassion-Based and Schema-Based Techniques on Reducing Loneliness

Phase	Based on schema		Based on compassion	
	First subject	Second subject	Third subject	Forth subject
Pre-test	56	55	57	54
Post-test	53	52	48	47
Follow-up	53	53	49	48
Recovery Index	0.05	0.03	0.14	0.11

According to Table 1, and since the rate of recovery in schema-based and compassion-based techniques training is, respectively, 0.05, 0.03 0.14 and 0.11, it can be concluded that training compassion-based techniques had a higher effect on reducing loneliness.

Question 2: Is there a significant difference between training compassion-based techniques and schema-based techniques in their effect on reducing the emotional problems of runaway girls?

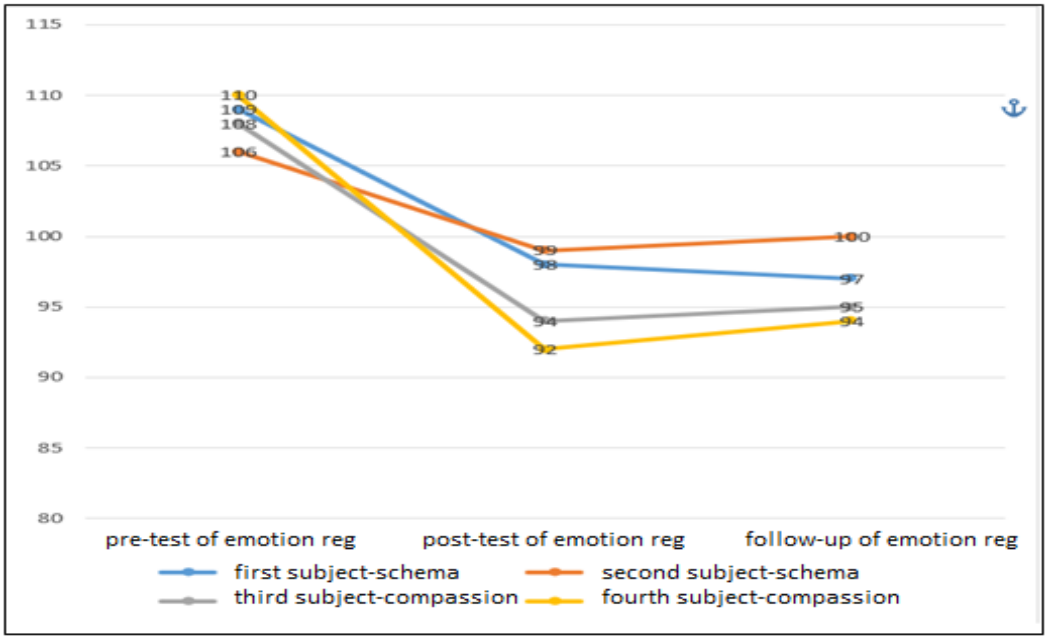


Figure 2. The effect of compassion-based and schema-based techniques on reducing emotion regulation problems

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As shown in Figure 2, both compassion-based and schema-based techniques have been effective in reducing the scores related to emotion regulation difficulties. The results also show a difference between compassion-based techniques and schema-based techniques in the effect they have on reducing emotion regulation problems. The scores related to these changes are presented in Table 2.

Table 2. Learning Outcomes of Compassion-Based and Schema-Based Techniques Related to Reducing Emotional Regulation Problems

Phase	Based on schema		Based on compassion	
	First subject	**Second subject**	**Third subject**	Forth subject
Pre-test	109	106	108	110
Post-test	98	99	94	92
Follow-up	97	100	95	94
Recovery Index	0.11	0.05	0.12	0.14

According to Table 2, the rate of recovery in schema-based techniques in the first and second subjects was 0.11 and 0.05, respectively, and the rate of recovery in compassion-based techniques in the third and fourth groups was 0.12 and 0.14, respectively. The results showed that training compassion-based techniques had a better effect than the schema-based method on reducing emotional regulation problems.

Discussion

The results indicated that there was a significant difference in the feelings of loneliness and emotion regulation difficulties between the two methods of compassion-based techniques and cognitive-behavioral techniques of schema. These findings indicate that training compassion-based techniques is more effective in reducing the feeling of loneliness and emotional regulation problems in runaway girls than cognitive-behavioral techniques. This result is in line with the findings of Ghaffarians and Khayatan (2018) and Qasemabadi, Khalatbari, Ghorban Shiroudi and Rahmani (2019), Bagean Koulemarz, Karami, Momeni and Elahi (2019), Movahedi (2018), Dasht Bozorgi (2018) and Kelman, Evare, Barrera, Muñoz and Gilbert (2018).

With regard to the impact on loneliness, it can be stated that compassion-based techniques are taught because of their emphasis on kindness rather than self-judgment and sensitivity to their own and others' suffering. A dedicated effort to heal oneself and others can lead to better communication with others and elimination of communication barriers between the individual and others, which, in turn, affects the feeling of loneliness. In this method, using the strategies to identify inner fears and to develop skills such as empathy and focusing on compassionate imagery, feelings and behaviors, one can overcome internalized emotions that hinder contact with others and take steps to reduce the feeling of loneliness.

One of the elements of compassion, i.e. perception of personal experience as part of the broader human experience, rather than separation and isolation, is a very good explanation for this question. According to this compassion principle, when one's suffering and individual failures are shared, one's insensitivity and judgment are reduced. As a result, self-judgment and, consequently, the feelings of loneliness and isolation decrease (Neff, 2003).

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Another justification may be because of the emphasis on compassion for others in teaching compassion-based techniques and imagery techniques, and the emphasis on compassion-related emotions and considering the fact that loneliness arises when one's contact and relationships with others are false and there is no shared emotional experience in the relationships between the two individuals, compassion-based techniques have been more effective than cognitive techniques in reducing the feeling of loneliness. By activating the relief system and stimulating oxytocin, endorphin and parasympathetic activities, compassion-based techniques make one feel less threatened and better able to assess oneself in relation to others (Gilbert, 2010; translated by Esbati & Feisi, 2018). As Gilbert acknowledges, compassion-based teaching is more comprehensive than other teaching methods because it utilizes cognitive, behavioral, meditative, and mindfulness techniques to teach different compassionate skills to individuals (Gilbert, 2010; translated by Esbati & Feisi, 2018).

Concerning the greater impact of compassion on emotion regulation difficulties, one explanation might be that the techniques taught in the compassion-based approach included the techniques that helped people to emotionally deal with their problems. For example, in an empty chair technique, people are asked to engage with their emotions such as anger, hatred, and anxiety, to give their emotions a chance to speak and confront them and to hear their emotion voice and be able to properly manage their emotions by focusing on compassionate emotions and nurturing feelings and resistance. Also, in the compassionate letter writing technique, the individuals were helped to process their unpleasant experiences and look at them in a compassionate way, reflecting genuine care and concern out of sympathy and devoid of judgment, and be sensitive to their discomfort and needs, which reduced the negative emotions about themselves and regulated the emotions in the individuals.

Given that the techniques used in schema training were cognitive and behavioral and focused mainly on how individuals think and perceive to help change them through recognizing maladaptive and dysfunctional schemas, replacing them with healthy thoughts using behavioral modeling techniques and considering the fact that no emotional techniques were used in this method, the results showed that compassionate techniques had a better effect on reducing adjustment problems. The logic of schema-based training is to emphasize the resolution of cognitive conflicts and distortions, irrational beliefs, and false schemas and thoughts and working on these beliefs and modifying them, which has been less effective than compassion-based techniques.

Using compassion training is a way to help people develop and experience a sense of encouragement, security, and comfort through compassion and self-compassion. In fact, compassion training refers to specific activities that develop compassionate skills, especially those effective in regulating emotions (Gilbert, 2010; translated by Esbati & Feisi, 2018). Affordable relationships with oneself and others are a source of happiness and health. Research has shown that if individuals can cultivate self-compassion, compassion, and affection based on a clear understanding of how the mind works, and compassion for themselves, they can equip themselves with the ability to create happiness for themselves and others (Gilbert, 2009).

Due to the time constraints and short-term presence of these girls in Social Emergency Center of Hamedan, intensive training sessions were conducted, which may reduce the effect of time on the education process. So, Longitudinal and multi-step surveys should be conducted to identify the evolution and influence of the method of teaching compassion-based techniques and the training cognitive-behavioral techniques of schema.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or pub-

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