



## The Effectiveness of Compassion Focused Group Therapy on Sociotropy, Sensitivity to Rejection & Angry in Girls Sensitive to Rejection in Ahvaz

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### ABSTRACT

The aim of this study was to investigate the effect of compassion-based therapy on sociotropy, sensitivity to rejection and angry in adolescent female students sensitivity to rejection. This study employed a semi-experimental method and used a pre-test and post-test design with experimental and control groups. The population included all female students of high school in Ahvaz in 2017 (2018-2015s.c). From among 100 students who were registered to participate in the study, 30 students who had received highest score in the test of sociotropy, sensitivity to rejection and angry; were selected randomly and randomly assigned in the experimental (15 students) and control (students) groups. The instruments of this study were Robins Personal Style Questionnaire (1994), sensitivity of rejection of Downey & Feldman (1996) and Children's Inventory of Anger of Nelson (2000). The experimental group received 8 sessions of the compassion-based therapy. The analysis of covariance showed that compassion-based therapy decreased students' sociotropy, sensitivity to rejection and angry ( $P < 0.041$ ). It was then concluded that compassion-based therapy can be used by psychologist as a new and effective method to decrease sociotropy and sensitivity to rejection in female students sensitive to rejection.

**Key words:** Compassion Focus Therapy, Sociotropy, Sensitivity to Rejection, Angry, Female Students Sensitive to Rejection

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abandoned in society; and its members are totally disregard him [2].

### INTRODUCTION

Every human being has an urgent need for others acceptance, because social acceptance, refine him to the variety of physical and emotional problems and confides himself against problems [1]. William James, a century ago, said that we are not only the social animals we want to be with each other, but we have the instinctive motive that our fellowmen pay attention to us, and of course we need attention with their support, and no punishment is more outrageous than the fact that man

Rejecting the common character of the individual that all people experience it, however, people considerably in reaction to it are different; some people react to rejection with dignity and composure and some will answer to rejection in such a way that are not consistent with the health and their relationships; they react, for example, through anger, discomfort and withdrawal. Some people have extreme sensitivity to feelings of rejection, and this can justify why some people are more vulnerable to the experience of rejection [3]. The characteristic of people with high sensitivity to rejection is the expectation of rejection and

anxiety related to it in interpersonal relationships, which this anxiety expectation in turn leads to a higher rejection. Individuals who are allergic to rejection have extreme attention to signs and symptoms of rejection, and extreme reactions to these symptoms [4].

Considering that adolescence and puberty are one of the most sensitive periods of human life that makes a person feel different and behave differently, attention to this age group is necessary. One of the needs of humans during adolescence requires the approval of others, especially peers, to receive approval from others, who, if they do not receive this admission, feel strongly isolation, rejection, and lack of roots in society [5], and all the studies done in this area indicative this fact that those who feel that they are not being accepted (both real and imagined.) are severely damaged by these deprivations, For example, Siegel and the Senate believe that admission and exclusion by the group have a profound effect on the behavior of adolescents. Adolescents admitted in school and social settings work well, on the contrary, adolescents who have been rejected by their peers are more likely to have aggressive behavior. [6] Those who are high sensitive to rejection are worried because of anxiety related to feelings of rejection and react to this symptom in difficult ways. [7]. Even some studies have found a negative relationship between sensitivity to rejection and cognitive functions such as logical reasoning and nonverbal intelligence[8]Despite the consequences of sensitivity to sensitivity; not paying attention to this group, there will be a lot of personal and social harm. In any research, both domestic and foreign, no solution has been found for the problems of this group.

In the treatment of compassion, it is emphasized that our ability to feel safe in the social world derives from the experience of how others feel and feel about us. When they show us pleasure and interest in communicating with us, we feel secure; in other words, people spend a lot of time thinking about the feelings of others towards themselves; and they have particular ability to recognize the thoughts of others (that is, the theory of mind); and many of our goals are related to the assurance of approval and respect from others.

It creates the feeling from others in your mind: First, the world is safe, and you can know that

others do not attack you, or they do not exclude you because they value you. Secondly, you are able to make a meaningful role for mutual support and sexual relations; and thirdly, getting this message from others as a value for you has a direct impact on your physiological systems and your healing system, but many of the clients point out that they are afraid of others thinking about them, for example, sound strange, weak, incomplete and bad. Working with these internal representations can be experienced as a soothing experience. When people think that others do not understand or are not interested in them, they feel threatened and react defensively, and they can be confronted with these feelings by changing this inner thought. In this treatment, clients are trained to become aware of themselves and become more supportive and protective to themselves through the imagination of a caring person, or through the mere perception of a more affectionate voice that can be helpful and instructive. In this therapy, it is believed that the relief that human beings have with each other can be derived from within (Adams) [9].

The research on self-compassion shows that increased love is a protective factor against shame and distortion of the physical image in women with eating disorders and women without eating disorders [10]; self-love with a low level depression, obsessive-compulsive thoughts and anxiety are related. High levels of self-love are associated with higher sense of competence [11] and adaptive emotional coping styles such as seeking protection and acceptance rather than avoiding academic failure is related with self-compassion [12]. According to the above mentioned, compassion focused-therapy is also an important and its need to research. Because, despite the effects and consequences of self-compassion, most of us live in cultures that do not emphasize self-love. Instead, we are told that if we are not self-critical, we are lazy and let's get caught up. It is said to us that no matter how hard we have tried, it's important to be good enough [13]. Compassion focused therapy has identified three aspects of the compassion, our kindness toward others, the kindness we feel from ourselves towards self, and the seal we directly experience to ourselves [3]; therefore More research on this cultural aspect is required. Another factor that makes the present research necessary is the effects of traits such as sociotropy, sensitivity to rejection and angry; angry is one of the clinical challenges. This

turbulent feeling that is present in everyday life and in proving the need to pay attention to this excitement; the fact that anger is a feature of a wide range of clinical disorders and in various disorders of personality, physiognomy, behavioral disorders, schizophrenia, bipolar disorder, Organic brain disorders, impulse control disorders, and pioneering aggressive behaviors; sufficient [14].

And in the context of sociotropy, those who are socialists have an intense social acceptance that provokes too much of the people who are important to them. sociotropy is associated with depression. Sociologists are socially dependent and demanding guidance from others, and they use a helpless coping style in the face of everyday problems and tensions [15].

This research could be a guide for families with adolescent children, school counselors, and other mental health professionals involved with adolescents.

In the area of research on compassion focused therapy, the following points can be noted: According to Io, Sire-Zwan, King and Ital in the year 2017, an intervention that increases self-compassion reduce shame related to the symptoms of PTSD. Results remained stable after two and four weeks after treatment. And the participants reported more satisfaction. According to this study, compassion focused therapy can be useful as a primary treatment or complementary treatment. [1]

Kenny and Elvira (2016) have shown that compassion focused therapy can reduce symptoms of schizophrenia through increased awareness and emotion regulation. [17]

According to Boerema, Hankensen, Salmontonsen, [27], treatment focused on compassion reduces social anxiety and self-criticism and increases love [18].

Skinta, Liza, Wales, and Dale (2015) Through an intervention aimed at investigating HIV-related stigmas in gay and bisexual men; show that in HIV-positive individuals seeking HIV-mediated specialist medical services, Willingness to eat drugs, expose and disclosure in relation with the sexual partner, the ability of the individual to benefit from the necessary supportive networks, increased after being treated with loving care, as

well as the results of a significant increase in the well-being of people with HIV positive symptoms Gavelt is also possible to conclude from this study that the combination of ACT and CFT treatments is effective in reducing HIV-related stigma; it can be concluded from the functional side that CFT has this effect through reinforcing the thinking and relative judgment of issues rather than Definitive evaluation of issues. This skill reduces emotional avoidance, self-labeling and psychological stress [19].

Shahabi and Hemneir (2016) studied the effectiveness of compassion focused therapy on the increase of forgiveness among maladaptive women. The results showed that self-compassion training had a significant effect on the forgiveness of incompatible women, and women showed a significant increase in forgiveness in the experimental group. According to the findings of this study, an interceptive method of self-compassion as an effective method for increasing the capacity of forgiving women can be suggested. Sidi, Arkan (2015), according to a research that he conducted, showed that compassion focused - therapy was effective in reducing the student's neglect [20].

According to a research conducted by Zarei (2014), compassion-based therapy can affect depression and control of blood glucose levels in diabetic patients [21]

#### **This research seeks to answer the following hypotheses:**

1: compassion focused therapy affects sociotropy, sensitivity to rejection and anger in girls sensitive to rejection in Ahwaz.

1-1: compassion focused therapy affects the sociotropy of girls sensitive to rejection in Ahwaz.

2.1 compassion focused therapy affects the exclusion sensitivity in girls sensitive to rejection in Ahwaz

3-1: compassion focused - therapy affects the anger in girls sensitive to rejection in Ahwaz.

#### **MATERIALS AND METHODS**

##### **Research method, community and statistical sample**

This study was a semi-experimental (pre-test-post-test with control group). The statistical population in this study is all adolescent girls' in Ahvaz who are between the ages of 13 and 20 years old and studying in the academic year of

1996-97. The first sample consisted of 100 female students who were selected by randomly sampling. Finally, 30 students who received the highest scores in three different questionnaires of anger, rejection sensitivity and sub-scale of sociotropy selected, They were selected and randomly assigned to control and control groups.

## Measures

### Robbins Personal Style Questionnaire

This questionnaire was created in 1994 by Robbins *et al.* And measures two personality styles: sociotropy and autonomy; each of these styles has 24 questions and collects 48 questions; And questions 1-3-5-7-9-11-13-15-17-19-21-23-25-27-29-31-32-33-35-37-39-41-43-45 and 47 related to autonomy and rest of the questions related to sociotropy. Each of these styles has 3 subscales. The subcategories of sociotropy are: Concerns about others thinking and evaluating (such as; being very sensitive to others' criticisms), dependency (such as; avoiding those who like to be difficult for me), and the subscale of pleasing others (such as, often, other needs and desires more considered than my own needs and desires). autonomy also includes self-critical subscales (for example, when I feel that I'm just an average person, I'm upset), the need for control (like; based on how others feel to me , I judge myself) and defensive separation (like; I'd love to distance myself from others). The questionnaire is scored as 6 options and score 1 for the cases when the individual fully agrees, 2 for the cases when the individual agrees, the number 3 opposes the number for the cases for which the person somewhat agrees, Number 4 for when the person is against, The number 5 applies for cases in which the person is somewhat disagree and uses the number 6 for cases in which the person is completely opposed. Robbins *et al.* (1994), report Cronbach's alpha coefficient for sociotropy 88.8 for autonomy 7.7 [22]. The validity of this questionnaire, which was correlated with the Beck Depression Inventory was 0.2 and its test-retest reliability was 0.27. The sociotropy scale was correlated with the with the Depression Scale (RDEQ) that Their correlation level was 0/84 and the correlation coefficient of self-esteem with self-criticism scale of this questionnaire was calculated to be 0.5 [23]. In Iran, the reliability and validity of the revised questionnaire of the personality style questionnaire were obtained using Cronbach's alpha coefficient for sociological and self-observation scales of 0.79 and 0.67 respectively. Also, the validity of this questionnaire was 0.773

for socialism and 71.7 for self-observation [24], and in another research [23], the Cronbach's alpha coefficient for socialization was 81.81 and for its test-retest reliability was 83.83 And the validity of this questionnaire by removing two questions (Questions 19 and 20); was acceptable. In the present research, only 24 questions related to sociotropy are used.

### Rejection Sensitivity Questionnaire

The Downey and Feldman (1996) questionnaire consists of 18 questions, each consisting of 18 questions consisting of two parts and scaled according to a 6-point Likert scale. Section A measures the level of anxiety of individuals in the context of rejection, and for example One of the items is that how much you concern that your classroom will give you a pamphlet or not? Which for scoring it; used one for very worrying situations, and so the number 6 is used for cases that are low worrying. Part B measures the probability of being accepted, which is based on a 6-point Likert scale, for example how likely is it to be expected that your class will give you a pamphlet? Which, for scoring it, is likely to be the number 1 for the person's predictions, and the number 6 is used for used one for cases that one predicts that this happens most probably. And so the number 1 is used for used one for cases that one predicts that this happens low probably. To calculate the overall score (2), first, by lowering the acceptance scores in each position (from part B) from the number 7, calculate the rejection expectation scores. Then, in each position, the score multiplies the expectation of rejection in the degree of anxiety, and then the average score for the 18 positions is calculated. Downey and Feldman (1996) reported an internal reliability of this questionnaire 0.85. Also, the reliability of this questionnaire was calculated after two and three weeks: 0.83 and after 4 months 0.78 [4]. The components of anxiety and expectation of acceptance have shown a significant correlation. Evidence shows that this questionnaire has the power to predict personality structures that are conceptually related to sensitive to rejection, such as introversion, neuroticism, attachment style, social anxiety, social isolation, and self-esteem [7].

### Nelson's Children's Anger Questionnaire

A Child's Anger Questionnaire is a self-report tool that was developed by Nilsson (2000) to examine the different situations that cause anger and also the intensity of anger and social skills in children, this test for ages 6 to 16 years of study and

primary and secondary education levels. The questionnaire consists of 39 phrases and four sub-scales: failure, physical aggression, relationships with peers, and relationships with power authorities, which are based on the four options "I do not think = 1", "harasses me = 2", "I'm really upset = 3", "I'm angry" = 4" Scores are scanned. The minimum score of the subject is 39 and maximum is 156, and the intensity of anger is measured in four dimensions of failure (11 items), physical aggression (9 questions), relationships with peers (9 questions), and relationship with authority authorities (10 questions). Validity and reliability of this questionnaire have been confirmed in studies both inside and outside the country. Abroad, in a research conducted on 1604 students, the results of the coefficient of retrieval from 0.65 to 0.75, the internal consistency of 0.85 to 0.86, and the validity of the four scales of 0/93. [25] In Iran has also obtained the same results in terms of validity and reliability by the Magdalens in 2008. As well as their Formal validity by ten professors Confirmed (2013). [26]

#### **Procedure**

In the first stage, a license was issued from the university to cooperate education. At the next stage, a questionnaire of sensitivity to rejection, anger and sub-scale of sociotropy was distributed among the students. In the next stage, 30 people were selected for the research project assigned in the experimental (15 students) and control (students) groups; and then in the experimental group treated at treatment sessions 8 that outline the goals and objectives of each session Continue to be mentioned. In the last stage, both groups answer to questionnaires were performed in the pre-test stage. To compare the effect of compassion focused therapy, the scores of these two groups were compared in the control and experimental group. It should be noted that the criteria for enter to the group are adolescence, ability and possibility of participation in all sessions and having behavioral problems; exit criteria, physical and mental illness, Express reluctance to participate in meetings and Not allowing parents; And the ethical principles that should be taken in this study was that the research project was voluntary and the information of all subjects was confidential.

#### **The program of compassion focused therapy**

Due to not suitable the previous treatment focused on compassion packages for the research community and the objectives of the study, in this

study a new therapeutic package based on Self-compassion, According to achievement goals, and coping with academic failure. Self and identitybook and an introduction to the theory & practice of compassion focused therapy and compassionate mind training for shame based difficulties of gilbert [9] was prepared. The validity of this package was reviewed by referring to three experienced psychologists who familiar with third-wave therapies. This treatment package consists of 8 sessions, each session consisting of 100 minutes. The titles of the meetings are as follows:

**Session 1:** Participants will get acquainted with each other and the treatment plan, the principles and rules that should be followed in the treatment session, the importance and necessity of doing homework are explained, familiar with the concept of compassion and its three components (kindness, mindfulness And the commonality of human experiences), and they are explained about the personal and social benefits and benefits of compassion, and subjects are encouraged to become self-knowledge and they are asked to examine their character as Compassionate or non-Compassionate. Self-critical functional analysis.

**Second session:** Compassionate skills training (such as compassionate reasoning, compassionate attention, compassionate behavior, illustration and compassionate sense), and compassionate characteristics (such as empathy, sympathy, sensitivity, non-judgment, and caring for well-being); and Introducing three emotion regulation systems.

**Third Session:** : Listen to your inner compassion, conduct exercises to get acquainted with the critical parts of the criticism, and create an observer of the Compassionate and kindness (practice three vacant chairs or gestalt empty seats) and teach the filling of the work of identifying critical thoughts and replacing them with compassionate thoughts.

**Session Four:** Introducing and training exercises focused on mindfulness, including the practice of eating raisins, focusing on respiratory rhythms and familiarity with the old, new and conscious brain.

**Fifth Session:** Teaching writing compassionate Daily Notes. Merciful visualization (the kindness that comes from us to others, the kindness that comes from others and our kindness to ourselves),



and the practice and training of creating a compassionate, safe environment.

**Session Six:** Talking about the power of social exclusion and the importance of communication, the effects of life with a subconscious mind full of shame and social insecurity, and an explanation of the effects of scanning the perceived threats and talking about the role of negative thoughts and attempt to Understanding others, the fight against negative thoughts. And substituting it with affection, strengthening positive beliefs towards others. Teaching forgiveness towards others.

**Seventh Session:** Deep Life: Discovering the core values of your life and exercises on caring care (moving towards personal values and enjoyable and valuable experiences).

**Eighth Session:** Examining the barriers to compassion toward others (such as ethical judgments, comparisons, denial of responsibility), and training how to deal with them (such as evaluating without judgment and teaching the separate the observation from the assessment), the practice of acknowledging needs, and the training of beggars (Reflections, Honesty and...). Summing up and presenting solutions for maintaining and applying this therapeutic approach in everyday life.

**RESULTS**

In order to analyze the information in this study, multivariate covariance was used to control the effect of pre-test and comparison between the control and experimental groups in terms of dependent variables. Prior to the implementation of multivariate covariance, the initial definitions of it, namely, normality, homogeneity of variances and homogeneity of slope regression were

investigated. According to Shapiro and Kolmogorov-Smirnov tests, the normality of the data was not rejected ( $P \geq 0.05$ ). Also, Levine test results were not meaningful for all variables (sociability =  $p = 0.17$ , pseudo sensitivity = 0.22, and anger =  $p = 0.12$ ), which indicates the consistency of the variance of scores. In addition, the interaction between the dependent variables and the covariant variable variables was not significant, which implies a homogeneous assumption of slope regression. To analyze the research hypotheses, multivariate covariance analysis was used.

As you can see in Table 2, the significant levels of all tests indicate that after controlling the linear combination of sociotropy variables, sensitivity to rejection and angry in the pre-test, the linear combination of sociotropy variables, sensitivity to rejection and angry in the post test, between the test group And there is a significant difference in the level of  $P < 0.041/0$ .

To clarify which groups in each of the variables of sociotropy, the sensitivity to rejection and anger are different, one-variable covariance analysis was used in the context of multivariate covariance analysis, the results of which are presented in Table 3. The results of Table 2 show that there is a significant difference between the experimental group and the control group ( $F = 27.4$  and  $P < 0.049$ ), which indicates the effect of compassion focused therapy on socialism, and in terms of sensitivity to rejection There was a significant difference between the experimental and control groups ( $F = 5.33$  and  $P < 0.34$ ), which show the effectiveness of the compassion- focused therapy on the sensitivity to rejection. No significant difference was found between the experimental group and the anger ( $F = 0.103$  and  $P < 0.75$ ).

**Table 1: Describes the variables in the subjects of**

Variable	group	pre-test			Post-test		
		Average	Standard deviation	Number	Average	Standard deviation	Number
sociotropy	control	83.007	93/14	15	94/82	38/13	15
sensitivity to rejection		97/17	49/6	15	13.79	81/4	15
angry		65/110	80/9	15	97/106	94/8	15
sociotropy	experiment	90/86	38/18	15	26/80	77/12	15
sensitivity to rejection		20/16	71/4	15	19/11	99/4	15
angry		05/114	66/13	15	28/109	60/16	15

**Table 2: Results of multivariate analysis of covariance on the grades of sociotropy, sensitivity to rejection and anger post-test scores in the experimental and control groups**

	Effect	Value	F	Hypothesis	dfError	df	Sig.
Group	Pillai's Trace	.297	3.242 <sup>b</sup>	3.000	23.000	.041	
	Wilks' Lambda	.703	3.242 <sup>b</sup>	3.000	23.000	.041	
	Hotelling's Trace	.423	3.242 <sup>b</sup>	3.000	23.000	.041	
	Roy's Largest Root	.423	3.242 <sup>b</sup>	3.000	23.000	.041	

**Table 3: Results of covariance analysis in Mancova test on the mean scores of post-test sociotropy, sensitivity to rejection and anger in the experimental and control groups**

Source of change	Variables	Type III Sum of Squares	df	Mean Square	F	Sig.	Effect size
Pre-test	Sociotropy	19/456	1	19/456	08/3	091/0	110/0
	sensitivity to rejection	32/0	1	32/0	02/0	96/0	00/0
	Anger	63/172	1	3/172	16/1	29/0	045/0
Group	Sociotropy	64/162	1	64/162	27/4	049/0	146/0
	sensitivity to rejection	10/88	1	10/88	03/5	034/0	168/0
	Anger	18/15	1	18/15	103/0	751/0	004/0

## DISCUSSION AND CONCLUSION

The purpose of this study was to investigate the effectiveness of compassion focused therapy on sociotropy, sensitivity to rejection and anger in adolescent girls who were sensitive to rejection. This is the first research to be done on the effectiveness of this treatment for these individuals; and in the context of the congruent and non- congruent research can mention near research. The effectiveness of this treatment on the reduction of sociotropy and the sensitivity to rejection congruent with the explanation of Gilbert (1951), which if we are extreme search for approval, then our need for confirmation becomes the animal in which we are captured. When this happens, it's not just the fear of rejection or the fear of being impotent that causes our problems, but all our existence and our feeling of us can be affected. We regard our confirmation and non-verifiability as judging all our existence, and if we do things that do not have approval or criticize us, we will try to criticize ourselves. This is if you have a love-loving past that has always shaped yourself as a person's well-being, in this case you will find much easier to reconcile without being approved by others. Another factor that causes us to depend heavily on others is to confirm that you are subordinate when it comes to feeling that you are personally at the bottom, but if others approve you, you can find a better feel for yourself. ; Therefore, you are constantly looking to gain approval from others, it may sound like a good idea, but the way you use others to gain approval may not be so useful and include non-profit activities. For example, you might try to be something that others want, or you may hide your anger, or avoid addressing your needs, or you may

be fully adaptable to one, in the hope of accepting another, but unfortunately What can happen is that others may be accustomed to your flexible situation and expect you to always act like that, and your fear and concern about not being approved will force you to make the most of your endeavor to their satisfaction And get this into the repeat cycle In such a way that when you feel worthless, you seek the approval of others and do whatever others are asking for you, but sooner or later you feel that you are treated like a trash And the feeling of being misused is that the same thing makes you feel more worthless. And the compassion focused therapy by educating the mind-consciousness helps people avoid self-judgment and become aware of unfair criticism and accept self-denial instead of blaming themselves for self-denial, and this also applies to the patient during treatment It is given that it is not responsible for all its conditions and that many factors play a role in creating problems; on the other hand, the patient is given exercises that realize their bad effects, critique, and not being kind to themselves. In other words, a compassion focused therapy makes one more courageous than the past. Another trend in which compassion focused therapy can reduce sensitivity to rejection and sociotropy; the effects of this treatment can be cited on activating a relaxing and relieving system and balancing a threat-centered system because those who are high sensitive to rejection often experienced neglect and exclusion at the time of childhood by caregivers [27]; and compassion focused therapy, in accordance with attachment theory, believes that childhood experiences focus on the formation of subjectivities in adulthood and how the system of threat, motivational system and threat system Affect And it leads to over-

activation of their threat system and to closely monitor and address environmental threats, including exclusion and disregard for those around them; and compassion focused therapy by activating a relief system and modulating the system's threat of this state Changes; In terms of research, it can be said that this research finding is consistent with studies on the effectiveness of compassion focused therapy on social anxiety (including [29,30]. And, in terms of the effectiveness of compassion focused therapy, it's not significant to anger, and this finding is not consistent with research in this area (for example, Saadat, Fallah and Abadianzadeh, 2017). But a qualitative comparison shows that a higher average reduction in the experimental group is observed, which, in addition to the above, can be used to justify this finding to the contents of these high levels of love for increased motivation for solving interpersonal challenges, problem solving and stability. Behavior; and on the other hand, one can cite such practices as merciful attention, merciful behavior and imagination, and empathy learning and non-judgmental exercises.

One of the major implications of this study was to provide a research background for the effectiveness of this treatment for those who are sensitive to rejection. However, doing comparative research with other therapeutic approaches and with other groups, including other age groups, participation of all sexes in research is necessary to explain the effectiveness of this treatment in these individuals.

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