

Original Article

The effectiveness of the acceptance and commitment-based therapy versus self-compassion focused training on the levels of self-criticism in students with suicidal thoughts

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Abstract

The aim of this study was to compare the effectiveness of acceptance and commitment-based therapy and self-compassion focused training on the levels of self-criticism in students with suicidal thoughts. The research method was quasi-experimental with a pre-test and post-test design and an unequal control group. The population of this study was all the students of Islamic Azad University, Ardabil branch in the academic year of 2022-2023. After screening all the students, 60 people were selected as a sample through convenience sampling. By simple random sampling, they were placed in three groups: the acceptance and commitment based therapy, the self-compassion focused training, and a control group, each of the groups consisting of 20 participants. One experimental group received eight 75-minute sessions of self-compassion focused training; the second experimental group received eight 75-minute sessions of acceptance and commitment-based therapy. In order to collect data, Beck suicide scale ideation and Self-Criticism Levels Scale were used. Data analysis was done with analysis of variance with repeated measures and Bonferroni post hoc test with SPSS₂₂ statistical software. The findings show that both of the interventional methods had a significant effect on reducing the levels of self-criticism (internal self-criticism, comparison self-criticism) in students with suicidal thoughts ($p < 0.01$). The test result of Bonferroni post hoc indicated that there was no significant difference between the effectiveness of two interventional methods on the research variable ($p > 0.05$). The results showed the usefulness of both treatment intervention methods based on acceptance and commitment based therapy and self-compassion focused training on reducing the levels of self-criticism in students with suicidal thoughts.

Keywords

Acceptance and commitment based therapy
Self-compassion focused training
Self-criticism
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Introduction

The suicide is an intentional act that causes a person's death. The suicide is often done because of the frustration that its reason is often attributed to the mental disorder like as: depression, bipolar disorder, schizophrenia, love failure, alcoholism, or drug abuse (Jang et al., 2022). In this respect, the stressful factors like as financial problems or interpersonal relationship play an important role (Watson & Ventriglio, 2020). The suicide scale for men has been more than for women, and suicide possibility in men is three to four times more than in women. It is estimated that 10 to 20 million nonfatal suicide attempts, occur every year. It is more common among the youth, to do suicide attempts. In this regard,

based on the researches results, one of the young groups, is students group, and there is a high prevalence of suicidal behavior among students. The students are susceptible to suicidal behavior and thoughts, because of the educational problems like as: educational costs, being away from family, stresses, academic pressures and psychological, social and occupational problems (Taklavi & Ghodrati, 2019; Campisi et al., 2020). Therefore, such problems lead to negative thoughts and criticizing themselves in the students, and in other words, self-criticism; because the self-critical people have characteristics like as valueless feeling, failure and etc. The self-criticism is imagined as an abnormal shape for self-definition, and it is known through the negative self-evaluation, guilt feeling, feeling anxiety about the decrement of the satisfaction from inability to live up to

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the standards (Lye, 2020).

Based on the theory of Thompson and Zuroff (2004), the self-criticism consists of two aspects; comparison and internalized. The comparison self-criticism is defined as a negative attitude and idea in relation to oneself against the others. In this level, it is focused on comparing oneself unfavorably to others, and it is done through imagining others in a superior way, and the person shows a hostile or critical view towards others. Because of these evaluations, the person experiences discomfort and dissatisfaction in dealing with others. Also, the internal self-criticism is defined as a negative attitude and opinion towards oneself against personal internal standards. Based on the researches of Thompson and Zuroff (2004); these people's internal standards always consisting of high level standards and they always look back (Salmani et al., 2024).

Consequently, achieving personal standards is a big problem for them. The internal self-criticism does not focused on comparing oneself to others, rather, it is based on the person's shortcomings from his own perspective. In this regard, Gilbert (2023) has expressed that the inner self-criticism causes to frustration, feeling in fervor and incompetent and inner self-criticism causing creation of disgust and self-hatred. The both forms of the self-criticism are positively correlated.

In this regard, the research results of Aghazadeh and Nazari (2019) indicated that the scores mean of internalized self-criticism and comparison self-criticism of people with self-mutilation behaviors were higher than the people's without self-mutilation (self-harm). In addition, the other researches results indicated that the self-criticism is one of the effective factors in self-harm behaviors of the people (Zelkowitz et al., 2018; O'Neill et al., 2021). Since, the self-harm problems and suicidal thoughts are increased day by day, and the psychological variable playing an important role in increasing these behaviors and thoughts, conducting psychological interventions is of great importance in order to reduce the role of mentioned variables. In this regard, the acceptance and commitment based therapy is one of the interventions that can play an important role in psychological state, so that, it is a psychological intervention that uses the strategies based on the awareness and acceptance alongside strategies based on the commitment and behavior change in order to increase the psychological flexibility (Hayes et al., 2013). the acceptance and commitment based therapy is not going to change directly the references, rather, its purpose, is helping the references, so that they can communicate with their experiences in different ways, and be able to engage with a meaningful and value based life, perfectly.

The acceptance and commitment based therapy is going to increase the psychological and behavioral flexibility in the contexts where the avoidance of experiences dominates and prevents person from basic life. The psychological flexibility increases the person's ability to select the action that is better among different options, instead of selecting an action that is merely selected to avoid the intrusive thoughts, emotions or memories. Also,

it is able to communicate perfectly with present time and to change or maintain the behavior, to be at service of valuable and important goals of life (Ong et al., 2020). The research results of Cao et al., (2022) indicated that this therapy method effected on decrement of the internalized shame and internal distress (Mikaeili et al., 2025). In addition, the research results of Parsa and et al. (2024) indicated that providing acceptance and commitment based therapy effected on the reduction of the levels of self-criticism and suicidal thoughts in adolescents with self-harm. In addition, the self-compassion focused therapy is another psychological intervention which is noticed regarding reducing the emotional disturbance and improving the psychological functions. The self-compassion is one of the concepts that is created as a result of interactions among thoughts of eastern philosophy especially, Buddhism and western psychology (Gilbert, 2023). Self-compassion is a three component structure that consists of the kindness -self-versus the judgment self, humanity common versus isolation, mindfulness versus the over identification (Neff & Knox, 2020). The kindness is realizing oneself instead of judging oneself and accepting one's incompetency and inefficacy. Also, humanity common means accepting all human have incompetency, and from other hand, they engage with unhealthy behaviors. Also, the mindfulness leads to a balanced and clear awareness of experiences of present time and it points to ignoring the traumatic aspects of an experience (Neff & Knox, 2020). The basic principles of self-compassion focused therapy points to this matter that thoughts, factors, external shooting images and behaviors must be internalized, in this case, the human mind reacts to external factors, in the same way, also, it calms down when it faces these internals (Gilbert, 2023). In addition, in self-compassion focused therapy, people learn to not avoid their traumatic emotions and not suppress them.

Therefore, in first step, they can realize their experience and they feel compassion towards it. In this therapy method, instead of focusing on changing the self-evaluation of people, the people's communication with their self-evaluation changes (Millard et al., 2023). The results of some researches indicated that the self-compassion focused therapy effected on improvement of mental state of people (Gonzalez-Hernandez et al., 2018). Also, in a research, Wakelin et al. (2022) indicated that the intervention related to self-compassion effected significantly on reducing the self-criticism and improving self-control. Finally, although the theoretical foundations of the two approaches are different, the components of these two therapy methods overlap, considering the therapy principles of these two approaches. The self-compassion focused therapy approach, is a new method that has been used fatherly in limit shapes. In addition, regarding theoretical bases of these therapies, have focused on self-awareness aspects of people (mindfulness, considering emotions, kindness self), they can help these people (people with suicidal thoughts). In addition, the suicidal thoughts can cause to attempts to suicide and it always has a lot of psychological and even

financial costs on the shoulders of families and health population of the country. Therefore, the purpose of this research was comparing the effectiveness of the acceptance and commitment based therapy with self-compassion focused training on the levels of self-criticism in students with suicidal thoughts.

Method

Participants

The method that was used in this research was quasi-experimental with pretest posttest designed, with unequaled control group. The population of this research included all of the students in Islamic Azad University in academic year of 2022-2023, and 60 participates were selected after they were screened. first, 500 students were studied and checked conveniently, to be screened, by using the Beck suicidal ideation (according to the prevalence of 7-8% of suicidal thoughts among students. Then, 60 people with entry and exit criteria were identified as the sample, among the people who earned a score above the cut-off score (score 12; Beck & Steer, 1991), and they were randomly placed in three therapy groups: the acceptance and commitment-based therapy (20 people), self-compassion focused training (20 people) and control group (20 people). The entry criteria included: willingness to participate in research, not suffering from acute psychological problems (based on the self-report of the participants and the initial interview by the research), not under medical treatment because of suicidal thoughts and living in Ardabil City. The exit criteria consisted of: withdrawing from cooperation at each stage of the research, absence of two consecutive sessions for therapy programs and receiving another training therapeutic program in related to suicidal thoughts.

Instrument

Beck suicide scale ideation:

This instrument is a self-measure scale with 19 questions and it has been developed by Beck and Steer (1991) to detect and measure the attitude, behavior, plan to commit suicide and it has been set from 0-2 based on three point scale. The person's total score is calculated based on the sum of the scores, and it varies from 0-28, the score from 0-5 indicates no suicidal thoughts, 6-19 suicidal thoughts, 20-38 preparation for suicide (Beck & Steer, 1991). The reliability of this scale is reported with Cronbach's alpha coefficient 0.96 and its sensitivity and accuracy respectively are 0.75 and 0.89 (Beck & Steer, 1991). Also, this scale has a high reliability in Iran, and it has been enhanced by using the Cronbach's alpha coefficient equal to 0.89 (Mehrabani et al., 2026). Also, in this research, the Cronbach's alpha coefficient was calculated 0.73 for the whole questionnaire.

Levels of self-criticism scale (LOSC):

The self-criticism scale as a concept of two-dimensional self-criticism has been developed by Thompson and Zuroff (2004). This scale measures two levels of self-criticism consisting of comparison self-criticism and internalized self-criticism. The comparison self-criticism is defined as a negative attitude and idea towards oneself against the other people. Comparison self-criticism (CSC) focuses on the comparing inappropriate self with other people in a way that it is hostile or critical. Therefore, one of the characteristics of CSC is interpersonal hostility (Thompson & Zuroff, 2004). The self-criticism consists of 22 item, so that it is measured with a scale including 7 options, starting from range 1 (strongly disagree) to range 7 (strongly agree). In this scale, the higher scores indicates higher self-criticism level in person. The cut score is 66 for this scale. Cronbach's alpha of two subscales of comparison self-criticism and internalized self-criticism have been reported to be 0.84 and 0.88, respectively (Thompson & Zuroff, 2004). In addition, in this study, the Cronbach's alpha coefficient was obtained 0.84 for the whole scale.

Treatment protocols:

The self-compassion focused training, in this research, was based on the Gilbert's self-compassion focused training (Gilbert, 2009) and the acceptance and commitment based therapy focused on training therapeutic package of Hayes et al. (2006), so that, it was weekly hold in 8 sessions lasting 75 minutes. The sessions were conducted according to the steps in Table 1.

Procedure

In order to collect data, after selecting a statistical sample from all three, a pre-test was performed using the scale of self-criticism levels. Then, an experimental group received a self-compassion focused training in 8 sessions lasting 75 minutes (Gilbert, 2009), and the other group received a acceptance and commitment based therapy in 8 sessions lasting 75 minutes. This training was done by the researcher oneself, in one of the counseling and psychotherapy centers in Ardabil City and the control group was maintained without any intervention. After finishing the training sessions, when 2 weeks were passed, the posttest was received from all three groups. Also, follow-up was done after 3 months. In order to comply with ethical considerations, all participants' information was remained confidential, permission was received to attend psychotherapy centers from Islamic Azad University, Ardabil Unit, and the Welfare Organization. A written consent form was received from participants. In addition, the mentioned therapy was held compactly for control group after the research ended. Also this research has ethics code IR.IAU.ARDABIL.REC.1401.103 approved by committee of University of Medical Sciences. Finally, analyzing data was done by using the multivariate analysis of covariance test with software SPSS with version 24.

Table 1. The steps of Gilbert's self-compassion focused training and the acceptance and commitment-based therapy

Session	Session title	Session content	Session title	Session content
First session	introduction	acquaintance, assessment of the level of self-criticism, the impulsivity of describing and explaining these variables and related factors to its signs and conceptualizing the education of cognitive self-compassion	acquaintance	getting to know the group with each other; establishing a therapeutic relationship and overall assessment
Second session	empathy training	the training to understand how people feel that they should follow things with an empathetic attitude	creating creative frustration	creative helplessness, examining the inner and outer world and realizing that control is the problem, not the solution
Third session	sympathy training	the formation and creation of more and more divers feelings in relation to people's issues to increase care and attention to their health	achieving acceptance	identifying individual values, clarifying values, actions and obstacles
Forth session	forgiveness training	accepting one's mistakes and forgiving oneself (instead of criticizing oneself) for mistakes to speed up for creating changes	specification of values	studying the people's values and using the related metaphors
Fifth session	acceptance of issues training	accepting upcoming changes and enduring difficult and challenging conditions due to the variability of the life process and facing with different challenges (instead of feeling criticized)	cognitive impairment	examining fusion and breaking and doing practices for breaking using metaphor
Sixth session	training the development of valuable and sublime feelings	creating valuable feelings in oneself in order to have a proper and efficient interaction with the environment	self-conceptualized and self-explanation as a context	explaining concepts, role and context, viewing oneself as a platform
Seventh session	responsibility training	the responsibility training is the basic component of the self-compassion training that according it, subjects learn to have self-critical thinking in order to create in themselves more efficient and new attitudes and emotions	inviting to committed action	emphasizing on being in present time
Eighth session	training and practicing the skills	the previous sessions, were reviewed and practiced the skills in order to help the subjects, so that they can deal with different situations in their lives in different ways	reviewing the sessions and final conclusion	commitment training, studying the life story, identifying of behavioral plans according to values and summation

Results

According to findings, the mean and standard deviation of age for following groups were: control group 25.18 ± 2.90 years; group of self-compassion focused training 24.84 ± 3.16 years and the acceptance and commitment based therapy 25.01 ± 3.57 . In all three groups, the lowest

frequency was PhD students and the most frequent was undergraduate students. Among the control group, 30 percent of people were married, in group of self-compassion focused training group, there were 35 percent of people married and in the acceptance and commitment based group, 31.26 percent of people were married.

Table 2. The mean and standard deviation of levels of self-criticism in study groups and Shapiro-Wilk test result

Variable	Group	Stage	Mean	SD	Statistics	P
Inner self-criticism	control	Pre-test	44.26	5.89	0.969	0.725
		Post-test	44.05	5.67	0.918	0.106
		follow up	44.47	5.75	0.964	0.636
	acceptance and commitment therapy	Pre-test	45.06	5.94	0.954	0.437
		Post-test	35.31	4.73	0.919	0.109
		follow up	39.15	4.45	0.968	0.719
	self-compassion focused training	Pre-test	45.40	5.38	0.953	0.408
		Post-test	37.25	4.66	0.969	0.765
		follow up	39.43	4.40	0.955	0.448
Comparison self-criticism	control	Pre-test	43.65	5.61	0.942	0.267
		Post-test	44.90	5.26	0.881	0.050
	acceptance and commitment based therapy	Follow up	44.64	5.21	0.918	0.091
		Pre-test	42.73	5.43	0.908	0.059
		Post-test	34.36	4.32	0.942	0.286
		Follow up	33.89	71.78	0.834	0.039

Self-criticism	self-compassion focused training	Pre-test	44.41	5.61	0.893	0.052
		Post-test	33.55	4.57	0.963	0.637
		Follow up	34.10	4.69	0.871	0.042
	control	Pre-test	87.90	9.31	0.948	0.268
		Post-test	8.95	9.97	0.960	0.632
		Follow up	89.10	11.67	0.913	0.098
	acceptance and commitment based therapy	Pre-test	87.76	7.65	0.913	0.098
		Post-test	69.68	7.92	0.950	0.277
		Follow up	73.05	5.68	0.934	0.253
	self-compassion focused training	Pre-test	89.80	10.35	0.893	0.053
		Post-test	71.30	6.49	0.911	0.096
		Follow up	73.55	5.67	0.896	0.055

The results of table 2 indicates that the variable mean of self-criticism levels, in pre-test stage, has been reported to control group and experimental groups. The mean has decreased in the self-criticism, and its levels in post-test and follow up stage, more than in pre-test in experimental groups. Also, Shapiro-Wilk test results indicated that the variable distribution was normal in pre-test and post-test

(Veisi & Kashefi, 2025). In addition, the results of the assumption of homogeneity of variance-covariance matrices (Box M-Test) for this variable, the levels (P=0/078, F=5/71, Box M=17/86) indicated no difference between the variances, therefore, there was no obstacle to continue the analysis.

Table 3. The Mauchly's sphericity test for studying the equality of the homogeneity of covariance of the study situations

Variable	Mauchly's test	Chi-square	df	Sig	The lowest amount		
					Green house -Geiser	Haven-Feld	lower bound
Internal self-criticism	.965	1.976	2	.372	.966	1.000	.500
Comparison self-criticism	.825	10.577	2	.005	.851	.906	.500
total self-criticism	.976	1.314	2	.518	.977	1.000	.500

The Mauchly's test result in order to study the sphericity assumed of variable scores of research indicated Mauchly's statistic is not meaningful to this variable, and

the assumption of equality of variance has been considered (P>0.05).

Table 4. The variance analysis results with repeated measurement in study groups pretest, posttest and follow up stages of self-criticism levels

Variable	Source	SS	df	Ms	F	P	Eta	OP
Inner self-criticism	factor	444.207	1	444.207	12.983	.001	.188	.943
	factor*group	247.844	2	123.922	3.622	.033	.115	.646
	error	1915.970	56	34.214				
Comparison self-criticism	factor	1078.204	1	1078.204	39.714	.000	.415	1.000
	factor*group	751.637	2	375.818	13.843	.000	.331	.998
	error	1520.363	56	27.149				
Total self-criticism	factor	2906.528	1	2906.528	49.095	.000	.467	1000
	factor*group	1857.496	2	928.748	15.688	.000	.359	.999
	error	3315.317	56	59.202				

Such as, you see in the table 4, the interaction effect of the group and factor, was meaningful and it indicated that there was a meaningful difference among mean of the pretest, posttest and follow up stages of the variable of the self-criticism levels, in the control and experimental groups.

Therefore, regarding the importance of interaction effect of intergroup and intragroup factors, (P<0/01) studying the intragroup according to the levels of the intergroup factor in the variable of self-criticism levels, was done by the Bonferroni's comparison test of women and men.

Table 5. The post hoc Bonferroni's test results for mean of the self-criticism levels

variable	The post hoc test for the mean according to intra-group and inter-group factors			The post hoc test for comparing the men and women mean of the intergroup for research variables			
	Intra-group and inter-group stages	mean difference	P	group		mean difference	P
Inner self-criticism	Pretest-posttest	5.862*	.001	control	Acceptance and commitment	4.408*	.010
	Pre-follow up	3.882*	.002		Self-compassion	3.383	.042
	Post-follow up	-1.981	.155	acceptance and commitment	Self-compassion	-1.025	1
Comparison self-criticism	Pretest-posttest	5.989*	.001	control	Acceptance and commitment	7.410*	.001
	Pre-follow up	6.047*	.001		Self-compassion	7.050*	.001
	Post-follow up	.058	1	acceptance and commitment	Self-compassion	-.350	1

Total self-criticism	Pretest-posttest	11.852*	.001	control	Acceptance and commitment	11.808*	.001
	Pre-follow up	9.929*	.001		Self-compassion	10.433*	.001
	Post-follow up	-1.923	.379	acceptance and commitment	Self-compassion	-1.375	1

The results of Table 5, indicates that the acceptance and commitment based therapy and the self-compassion focused training have led to significant difference among the levels of self-criticism of groups, in the posttest and follow up stages. Therefore, the acceptance and commitment based therapy and the self-compassion focused training have led to reduction in the scores mean

of the experimental group's participants in the self-criticism levels against the control group ($P < 0.05$). While, there was no meaningful difference between the effectiveness of two therapies ($P > 0.05$). Following the figure of the groups, the variable mean of self-criticism has been presented in three pretest, posttest and follow up stages for experimental and control groups (Figure 1-3).

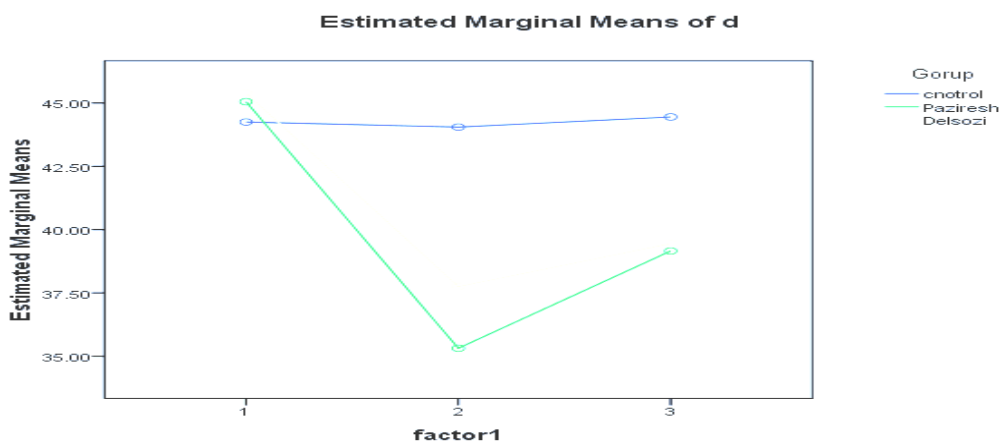


Figure 1. Inner self-criticism mean in experimental and control groups in three pretest, posttest and follow up stages

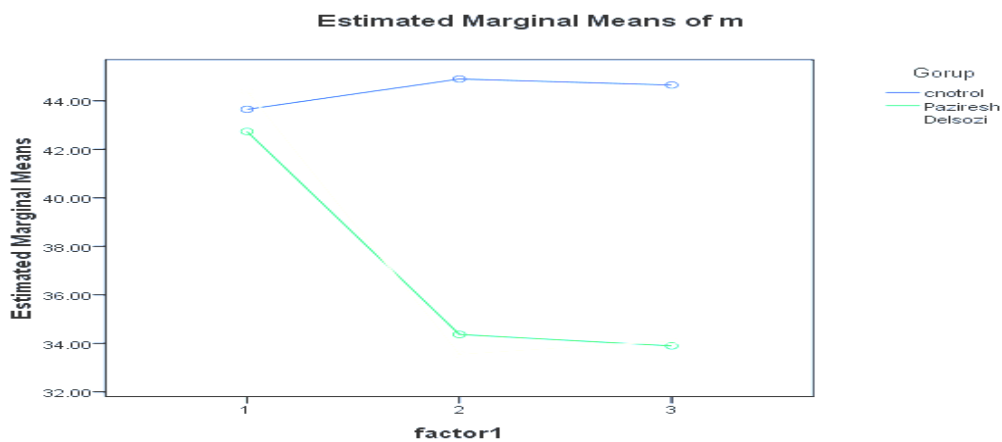


Figure 2. The comparison self-criticism mean in experimental and control groups in three pretest, posttest and follow up stages

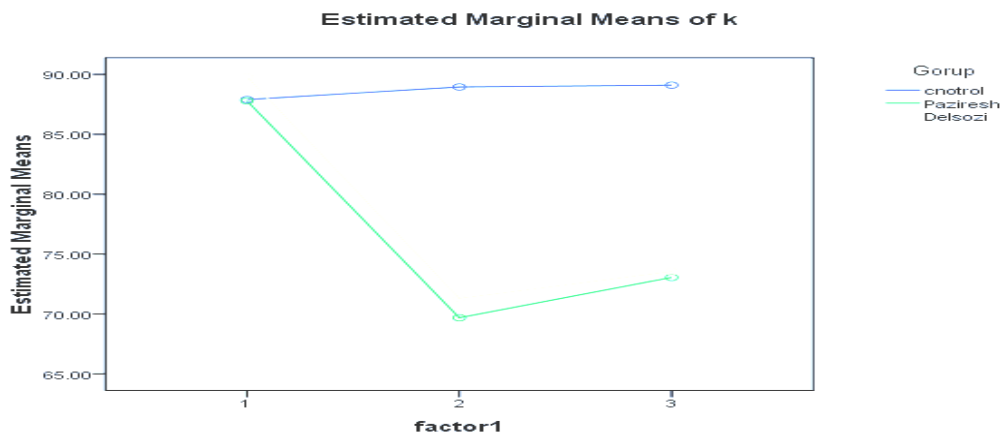


Figure 3. The total self-criticism mean in experimental and control group in three pretest, posttest and follow up stages

Discussion

The goal of this research was comparing the effectiveness of the acceptance and commitment based therapy and self-compassion focused training on the self-criticism levels of the students with suicidal thoughts. The results indicated that the acceptance and commitment based therapy and self-compassion focused training effected significantly on the reduction of the self-criticism levels (inner self-criticism and comparison self-criticism in the students with suicidal thoughts). Also, the follow up stage's results, indicated a lasting impact of the education medical methods. In addition, the post hoc test results showed that there is no significant difference between two interventional methods of self-criticism levels (inner self-criticism and comparison self-criticism). the results of studying the effectiveness of the acceptance and commitment based therapy and self-criticism were aligned with the findings of Parsa et al. (2024) and Cao et al. (2022), and the effectiveness of the self-compassion focused training was aligned with the study finding of the Wakelin et al. (2021) and Bagheri et al. (2022), and the findings were about the effectiveness of the self-compassion focused training on reducing the self-criticism in the study groups. In relation to the effectiveness of the acceptance and commitment focused therapy on reducing the self-criticism levels, it can be mentioned that, self-criticism is one of the proximate risk factors in the self-injury behaviors. Because the self-criticism people, encountering the obstacles in obtaining goals, get vulnerable. Because of their strong emphasis on achieving purposes and engaging rigidly in self-judgment, they are unable to enjoy achieving their purposes. Despite the fact that these people are watching themselves with magnifying glass, but, because of feeling internal threat, they do not let themselves experience perfectly the negative emotions and they prevent themselves from accepting their emotions by being extra strict (Millard et al., 2023).

In this regard, presenting the acceptance and commitment based therapy, that one of its main purposes is not to make a direct change in references, but its goal is helping references to communicate with its experiences in different methods, to be able to engage with meaningful and value focused life, perfectly (Ong et al., 2020). therefore, when the adolescents were exposed to this behavior, to create different fields to realize their experiences (like as explanations and trainings of this research's third session, that recognized the individual values, specification of values, actions and obstacles, in the six session explained the concepts, role and field, and observed itself as a platform) they can see themselves and others with different attitude, that this case is the basis of their different perception of themselves, consequently, it affected their self-criticism. In addition, one of the goals of the acceptance and commitment based therapy is increasing the psychological and behavioral flexibility in the field that the experience avoidance dominates and it prevents the person from the basic life. The psychological flexibility, increases the individual ability to select the more suitable action among the different options, not selecting merely an action that is selected to avoid the intrusive thoughts,

emotions or memories, that is imposed on a person. Also, being able to communicate perfectly with pretest time and changing or maintaining behavior at service of the valuable and important goals of life (Ong et al., 2020). In this regard, presenting this training lead to adolescents to be able to increase their abilities to decrease the behavior and thoughts distracting them from comparing themselves with others that caused to self-criticism in them.

Also, in relation to the effectiveness of the self-compassion focused training, on the self-criticism, it can be mentioned that the psychological pressures on students with suicidal thoughts leads students to have negative thoughts and self-criticism (Zelkowitz et al., 2018; O'Neill et al., 2021). This self-criticism attitude cause these people always a kind of strictness towards themselves and accordingly have a little compassionate attitude toward themselves. when, these students were exposed to self-compassion focused training, they were implicitly exposed to this belief that the problem which accrued (existing problems) was outst an incident and experience and they were focusing on the mentioned experience, instead of focusing on the their negative evaluation (like as fifth training session during this session, the acceptance of upcoming changes and tolerance difficult and challenging conditions were presented for person according to this matter that, the life process is variable and people facing different challenges). Such as, based on approach of Diedrich et al. (2014), the self-compassion focused training acts like as a positive emotional regulation style and it replaces the positive emotions with it. Therefore, it seems that the individual self-criticism amount (whether be self-criticism or outer criticism), is reduced by this emotional self-regulation.

In this intervention, the participants not only were exposed to induction of components of sympathy towards oneself and others, but also, they were implicitly exposed to this belief that the described incident, was merely, an experience and behavior and they focused on the mentioned experience, instead of focusing on their negative self-evaluation which often happens in their sense of self-criticism (Neff & Knox, 2020); therefore, according to the approach of Diedrich et al. (2014) that expressed the self-compassion focused training acts like as a positive emotional regulation style and it reduces the individual negative emotions and replaces the positive emotions with it. Therefore, it appears that the person's self-criticism is decreased by this emotional self-regulation. In addition, it can also be stated that the exposure of students with suicidal thoughts to self-compassion focused training helped them to internalize external soothing thoughts, factors and behaviors and, as a result (Neff & Knox, 2020), to reduce self-criticism by creating a sense of self-compassion. Also, receiving treatment based on acceptance and commitment made the students able to strengthen their psychological flexibility and integrate their ability to fully communicate with the present and change or maintain behavior in the service of valuable and important goals in their lives, which this factor causes their sense of self-worth was strengthened and, as a result, their self-criticism decreased.

In addition, in relation to the lack of difference between the

acceptance and commitment based therapy and self-compassion focused training in self-criticism levels. In explaining the lack of difference between these two training therapeutic methods, it can be expressed, the students who were exposed to the acceptance and commitment based therapy and self-compassion method, they could become more aware of their emotions (for example, sixth training session in acceptance and commitment based therapy, and second training session in the self-compassion focused training, which emphasized on accepting mistakes and forgiving oneself for mistakes (instead of self-criticism to speed up creating changes in the students). therefore, the students who are able to control awerely their emotions, they have higher cognitive and emotional awareness (Mikaeili et al., 2023), then show higher emotional management and self-acceptance, and consequently, they will experience higher self-esteem, so that, all these things can ultimately lead to a reduction or even lack of self-criticism.

Also, regarding the difference between the two therapies: the acceptance and commitment based therapy and self-compassion focused training in variable of self-criticism levels, in follow up stage, it can be said that, since the acceptance and commitment focused on the psychological flexibility and dealing with the client's subjects (Ramsey-wade, 2015), and the self-compassion focused therapy focuses on training the self-compassion mind (Gilbert, 2023), the permanence of the obtained results in the post-test phase is not far from expectation.

Conclusion

Finally, it can be stated that each of the intervention methods considered in this study can provide a suitable basis for reducing psychological problems due to their therapeutic processes. Therapy based on acceptance and commitment can provide a favorable environment for reducing psychological problems by increasing cognitive flexibility and training based on self-compassion with an emphasis on regulating individual emotions. If the results of the present study also indicated the usefulness of both treatment methods based on acceptance and commitment and education based on self-compassion on reducing the levels of self-criticism in students with suicidal thoughts. Therefore, the use of these psychotherapy interventions by psychologists and counselors of psychotherapy centers can be effective in reducing the mentioned variable. Some of the limitations of this research were: lack of control of personality and emotional characteristics of study subjects, also, there was no follow-up period and the use of nonrandom sampling method. Therefore, it is suggested that in future studies, the personality and emotional characteristics of study subjects, to be checked and controlled through the questionnaires. Also, it is suggested by using the random methods for selecting the statistical samples, the ability to generalizing increases.

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