Research Article

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Effects of Compassion-Focused Therapy Training Program on Self-Compassion and Mental Health among University Students

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Abstract

Background: There has been a substantial increase in the concern regarding mental health among university students, with an increasing number of evidence that students are experiencing high level of psychological distress including stress, anxiety, and depression. **Objective:** This quasi-experimental study aimed to examine the effectiveness of the compassion focused therapy (CFT) training program for enhancing self-compassion and mental health among university students. **Methods:** The intervention sought to improve self-compassion as well as promote mental health using dual-factor model framework of Greenspoon and Saklofske. Undergraduate students from a university in Northern Thailand were recruited and randomly assigned to either experimental group (n = 30) or control group (n = 30). Assessments tools including Self-Compassion Scale (SCS), Flourishing Scale (FS) and Patient Health Questionnaire-9 (PHQ-9) were conducted at baseline, post-intervention, and one-week follow-up. **Results:** The repeated measures multivariate analysis revealed a significant increase of self-compassion and psychological well-being as well as significant decrease of psychopathology in the experimental group compared to the control group. **Conclusion:** These findings indicate that CFT training program was effective in improving both positive and negative dimensions of mental health for university students. Integrating compassion-based practices into mental health program may offer sustainable approach to enhance well-being and reducing psychological distress. Future research should examine the long-term effects and broader application in more diverse populations.

Keywords: Compassion-focused therapy, Mental health, Dual-factor model, Self-compassion, Intervention

What was Known

- The growing concerns on mental health among university students address the needs for effective and accessible interventions
- The perspective of mental health has moved beyond unidimensional perspective to the dual-factor model of mental health which concerns not only the absence of psychopathology but also the psychological well-being
- The interested training program should include strategies to improve self-compassion which can help reduce psychological distress

What's New and Next

- Compassion-focused therapy training program can contribute to mental health in both dimensions according to the dual factor model
- Compassion-focused therapy training program can be used in the context of university students to enhance self-compassion and promote mental health especially in dual-factor model framework

Introduction

There has been a substantial increase in the concern regarding mental health among university students, with an increasing number of evidence that students are experiencing high level of psychological distress including stress, anxiety, and depression[1]. Previous study showed that estimate lifetime prevalence of any mental disorder among first year university students were 65.2%[2]. These challenges were caused by academic pressure, social transitions, and socioeconomic status[3,4]. Despite the availability of the traditional mental health services in the universities, the rate of treatment remains below among the students[2]. This highlights the needs for accessible and effective interventions that address both psychological distress and well-being

The contemporary perspective of mental health has moved beyond a unidimensional model which define mental health as an absence of psychological symptoms toward more comprehensive framework. One of the most influential is the mental health dual-factor model, which explains that mental health consists of two dimensions; the presence of psychological well-being and the absence

of psychopathology[5]. From this perspective, the decline in psychological symptoms such as stress, anxiety, and depression does not necessarily mean individual has optimal mental health; individual may be free from these symptoms but still experience low life satisfaction and poor psychological functioning[5].

One psychological resource that contributes to mental health in both aspects is self-compassion. Self-compassion is the ability to respond to sufferings and failures that one is encountering. It consists of three components: self-kindness, mindfulness, and common humanity[6]. First, self-kindness means treating oneself with warmth, care, and understanding during the time of sufferings. Second, mindfulness requires one to hold the painful thoughts and emotions in a balance way, no overidentification. Third, common humanity involves recognizing that sufferings and imperfections are the shared experience of being a human. Previous studies highlight that self-compassion can be a protective factor against psychological distress among university students especially from academic burnout[7,8]. Self-compassionate students usually have positive coping strategies, effective emotional regulation, and resiliency therefore, they are more likely to maintain their own perspective during stressful event[9]. Moreover, it does not only relate to stress, anxiety, and depression, but also happiness, resilience, and well-being[10]. Consequently, self-compassion represents as a crucial mechanism for mental health to be protected and enhanced.

The compassion-focused therapy (CFT), developed by Gilbert, is mainly based on evolutionary psychology[11]. It emphasizes cultivation of compassion toward self and others through individual's affect regulation system. By balancing three emotional system namely, threat, drive, and soothing. This will assist in reducing shame and self-criticism from threat system while fostering the emotional safety in soothing system[11]. Through these processes, the CFT has potential to simultaneously regulate psychological distress and strengthen the positive inner dialogue.

Empirical evidence suggests that compassion-based interventions are effective in enhancing self-compassion and mental health in diverse populations[10,12,13]. However, limited research has examined the effectiveness of the CFT training program among university students within framework of dual-factor model of mental health which simultaneously concerns both dimensions of mental health. Therefore, this study aims to investigate the effectiveness of CFT training program for enhancing self-compassion and mental health among university students. The results will contribute to a more comprehensive understanding of mental health promotion in this population.

Materials and Methods

Study design

This study employed a two-group quasi-experimental design to evaluate the effectiveness of the intervention program. Eligible undergraduate students from a university in Northern Thailand were assigned to either an experimental group, which received the intervention, or a control group, which did not receive the intervention. Data were collected at three time points: baseline (pre-intervention), immediately after the intervention (post-intervention), and at a one-week follow-up. Participants completed self-administered online questionnaires at each assessment point to evaluate changes in the study outcomes and determine the effectiveness of the intervention program.

Setting and participants

Eligible participants were undergraduate students from a university in Northern Thailand who were between 18 and 25 years of age and of any gender. The sample size was calculated using G*Power version 3. An a priori power analysis was conducted for a repeated-measures analysis of variance (ANOVA) with a within–between interaction. Based on a significance level of 0.05, a statistical power of 0.95, a medium effect size (f = 0.25)[14], two study groups, and three measurement time points (baseline, post-intervention, and 1-week follow-up), the required total sample size was estimated to be 44 participants. To account for potential attrition and incomplete data during the study period, the target sample size was increased to 60 participants, with 30 participants allocated to each group.

Procedures

After obtaining ethical approval from Srinakarinwirot Ethics and Research Standards Division and The Mae Fah Luang University Ethics Committee, undergraduate students from a university in Northern Thailand were recruited through announcements disseminated by a research assistant. Interested students were screened for eligibility and provided informed consent before participation. A total of 61 students were enrolled in the study from the 178 students who initially expressed interest (Figure 1). At baseline, participants completed an online survey administered through Google Forms. The survey included measures of self-compassion and mental health, assessed according to the dual-factor model of mental health, encompassing both positive mental health (flourishing) and negative mental health (depressive symptoms). Participants who completed the baseline assessment were randomly assigned to either the experimental group (n = 31) or the control group (n = 30). The experimental group subsequently participated in the four-session training program, which was

delivered during November to December 2025, while the control group received no intervention during the study period. One participant in the experimental group did not complete the intervention program. Following the intervention, all participants were invited to complete the post-intervention assessment and a one-week follow-up assessment. The collected data were subsequently analyzed to evaluate the effectiveness of the training program.

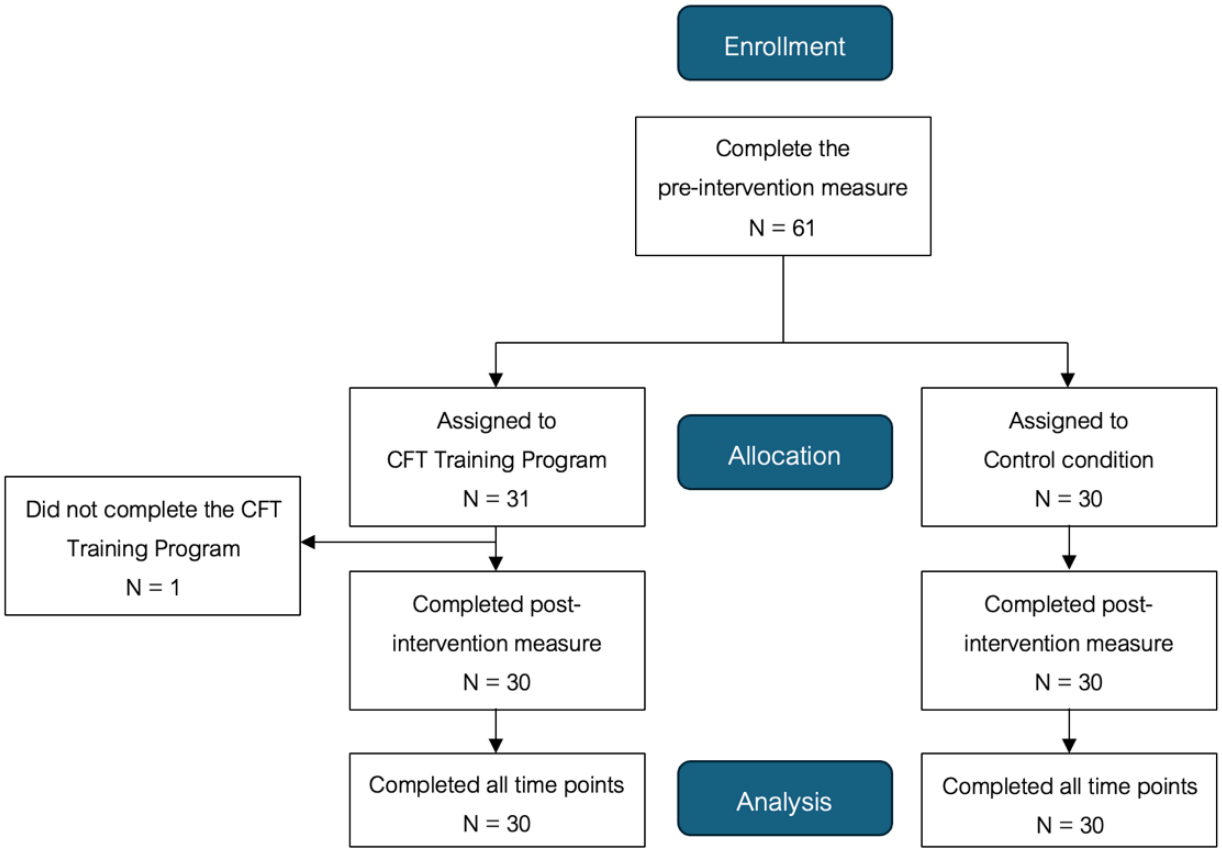


Figure 1 Flow chart of the number of participants in each stage of the study

Intervention group

The CFT training program

Participants from experimental group received 3-module training program which aims to enhance self-compassion and mental health in the positive aspect (flourishing) while decrease the negative aspect (depression). It was conducted over 90 minutes, within 4 weeks. Each module details are listed as following:

Module 1 Heart Awakening: Discovering Compassion in Your Heart

This module is all about psychoeducation on what is self-compassion and the mechanism behind it to develop the strong foundation on self-compassion. There are activities such as What's in the Word, Exploring the self-critiques voices, Creating Compassionate Self.

Module 2 Heart Bloom: Cultivating Self-compassion

This module aims for participants to practice self-compassion.

Session 1

After discovered their compassionate self from previous week. Session 1 of the second module is to learn how to give compassion to others and how to receive compassion from others. This is an experiential learning through activity called Random Kindness Box. Also, participants were given the Three Good Things as homework.

Session 2

In this session, participants practiced mindfulness with the Body Scan activity to appreciate their body and Compassionate Letter Writing to practice giving themselves compassion. Three Good Things were given as a homework like previous week.

Module 3 Heart Seeds: Sustain Your Self-compassion

The last module aims to sustain what have been learnt about self-compassion. The activity includes Loving Kindness Meditating, creating a compassion flash card, and sharing ideas how to sustain the compassion that was built from previous weeks.

Control group

Participants assigned to the control group did not receive any intervention during the study period and continued to access the usual services provided by the university. They were instructed not to participate in any additional intervention programs throughout the study. Following the completion of the intervention and data collection phases, participants in the control group were given the opportunity to attend the CFT training program.

Outcome measures

Self-Compassion Scale (SCS)

The Thai version of the Self-Compassion Scale (SCS) was used to measure individual's self-compassion in times of difficulty[15]. The 26-item scale comprises six subcomponents: self-kindness,

self-judgment, common humanity, isolation, mindfulness, and over-identification. The measure has good validity and reliability for measuring self-compassion with the Cronbach alpha coefficient of .88. Responses were rated on 5-point Likert scale (1 = Almost never, 5 = Almost always), where higher scores indicating greater self-compassion. The total score is ranging from 26 to 130.

Flourishing Scale (FS)

The Flourishing Scale (FS) Thai version is an 8-item self-report measure assessing psychological well-being[16]. The 7-point Likert scale where 1 means strongly agree and 7 means strongly disagree. The total score is ranging from 8 to 56, with the higher score indicating that the person with many psychological resources and strengths. The scale measure key elements of well-being, meaning in life, social support, competence, and optimism. The higher the total score, the greater levels of flourishing. The scale has been widely used in study suggested the good validity and reliability with the Cronbach alpha coefficient of .91.

Patient Health Questionnaire-9 (PHQ-9)

The Patient Health Questionnaire-9 (PHQ-9) Thai version is a 9-item self-report measure assessing the severity of depressive symptoms[17]. Items are rate on 4-point Likert scale (0 = not at all, 3 = nearly everyday). The total score is raging from 0 to 27, with the higher scores indicating the greater depression severity. The measure is regularly used to measure depression reflect the good validity and reliability and with the Cronbach alpha coefficient of .79.

Data Analysis

Data were analyzed using IBM SPSS statistics. Descriptive statistics, including percentage, mean, standard deviation, and minimum and maximum values were used to describe participants' characteristics. To evaluate the effectiveness of the training program a repeated measures multivariate analysis of variance (RM-MANOVA) was conducted to examine the effect of time (pre-intervention, post intervention, and follow-up) and group (experimental and control group) on self-compassion and mental health in both psychological well-being (flourishing) and psychopathology (depression) aspects. Statistical significance was set at $p < .05$.

Results

1. Descriptive statistic

Characteristic of participants

Sixty participants were included in the study. All participants were randomized into either the experimental group (n = 30) or control group (n = 30). Table 1 revealed participants were mostly female (30.6%). The experimental group comprised of 24 females (80.0%), 4 males (13.3%), and 2 LGBTQs (6.7%). On the other hand, the control group comprised of 27 females (90.0%), 1 male (3.3%), and 2 LGBTQs (6.7%).

Table 1 General characteristic of participants

Characteristic	Experimental Group	Control Group	Total
Gender			
Male	4 (13.3%)	1 (3.3%)	5 (3.0%)
Female	24 (80.0%)	27 (90.0%)	51 (30.6%)
LGBTQ	2 (6.7%)	2 (6.7%)	4 (2.4%)

Table 2 presents the scores of self-compassion and mental health in two dimensions: psychological well-being (flourishing) and psychopathology (depression) across time.

Assumption testing

Prior to conducting the RM-MANOVA to examine the effectiveness of the intervention, several statistical assumptions were examined. First, a review of data indicated that sample size was adequate, with each group containing more cases (n = 30) than the number of dependent variables. The multivariate normality was assessed using Shapiro-Wilk test of skewness and kurtosis. Although, the assumption was violated, MANOVA is considered robust to violations of this assumption when sample sizes are adequate. The equality of covariance matrices across groups was calculate using Box's M test, the result was not significant (M = 56.563, F (45, 11051.351) = 1.048, p = .384), indicating that assumption of homogeneity of variance was met. Next, the Mauchly's test of sphericity was examined for each within-subjects effect. Results indicated that the assumption of sphericity was met for flourishing, W = .927, p = .115, and depression, W = .940, p = .172, while the sphericity of self-compassion was violated, W = .698, p = .000. Therefore, degrees of freedom were corrected using Greenhouse-Geisser estimate. Bivariate correlations among the dependent variables were

examined to assess multicollinearity. Correlation ranged from r = -.581 to r = .575, indicating that the dependent variables were sufficiently correlated to justify MANOVA but not so highly correlated as to suggest redundancy. The Mahalanobis distances were calculated to screen for multivariate outliers. No cases exceed the critical value of x^2 = 27.877 (p < .001), indicating the absence of multivariate outliers. Finally, scatterplot matrices were examined for each group to assess linearity among dependent variables, and the relationships appeared approximately linear.

Table 2 Description of self-compassion and mental health across time points

Domain	Time	Mean (SD)	
		Experimental Group	**Control Group**
Self-compassion	Baseline	95.13 (14.07)	97.37 (16.16)
	Post-intervention	108.57 (11.18)	100.20 (15.08)
	One-week follow-up	113 (12.15)	101.07 (14.31)
Mental health			
Psychological well-being (Flourishing)	Baseline	42.87 (8.11)	46.67 (5.25)
	Post-intervention	47.30 (6.71)	47.10 (5.07)
	One-week follow-up	49.53 (6.93)	47.10 (4.92)
Psychopathology (Depression)			
	Baseline	9.00 (6.42)	6.53 (4.71)
	Post-intervention	6.33 (5.48)	5.67 (4.87)
	One-week follow-up	4.00 (5.11)	4.77 (4.49)

2. Repeated measures multivariate analysis of variance results

The effectiveness of compassion-focused therapy training program

Table 3 illustrates the results of RM-MANOVA analysis, there were significant effect of time (F = 10.940, p < .001), group (F = 2.831, p < .05), and the interaction between time and group (F = 4.901, p < .001), indicating that the pattern changed over time differed between experimental and control group in large effect size. Therefore, it confirms that the experimental group exhibited changed after the intervention period.

Table 3 Repeated measures multivariate analysis of variance results of self-compassion and mental health

Effect	Wilk's Lambda	F	df	p-value	Partial Eta Square
Time	.447	10.940***	6	< .001	.553
Group	.868	2.831*	3	.047	.132
Time x Group	.643	4.901***	6	< .001	.357

*significant level at .05, ***significant level at .001

As shown in Table 3, Table 4 presents the univariate analysis for each variable. The results showed significant effect of time and group interactions in all variables, namely self-compassion and mental health, meaning these variables changed differently over time between groups.

Table 4 Univariate tests of self-compassion and mental health (Within-Subject Effect)

Variable	Effect	F	df	p-value	Partial Eta Square
Self-compassion	Time x Group	14.782***	1.536	< .001	.203
Mental health					
Psychological well-being (Flourishing)	Time x Group	18.102***	2	< .001	.238
Psychopathology (Depression)	Time x Group	6.448**	2	.002	.100

**significant level at .01, ***significant level at .001

Table 5 displays the results of pairwise comparison with Bonferroni adjustment. Both self-compassion and mental health showed significant changes over time. These results indicate that the pattern of change over time differed between experimental and control groups, with a large effect size observed. A similar pattern was observed for mental health in the psychological well-being aspect (flourishing scores), although not significantly different between posttest and follow-up, which showed the trend of increasing. On the other hand, mental health scores in psychopathology aspect (depression) significantly dropped from baseline to follow-up. These patterns indicated the effectiveness of the compassion-focused therapy training program.

Table 5 Pairwise comparisons of self-compassion and mental health (Bonferroni Adjusted)

Variable	Comparison	Mean Difference	p-value
Self-compassion	Baseline vs Post	8.133***	< .001
	Baseline vs Follow-up	10.783***	< .001
	Post vs Follow-up	2.650*	.048
Mental health			
Psychological well-being (Flourishing)	Baseline vs Post	2.433***	< .001
	Baseline vs Follow-up	3.550***	< .001
	Post vs Follow-up	1.117	.064
Psychopathology (Depression)	Baseline vs Post	1.767**	.001
	Baseline vs Follow-up	3.383***	< .001
	Post vs Follow-up	1.617***	< .001

*significant level at .05, **significant level at .01, ***significant level at .001

Consequently, the results of RM-MANOVA showed that participating in the intervention has the significant effect on the experimental group, specifically enhance the self-compassion and mental health in psychological well-being aspect, while reduce the psychopathology aspect of mental health.

Discussion

The objective of this study is to examine the effectiveness of CFT training program for enhancing self-compassion and mental health among university students. The results provide the strong support for the effectiveness of the intervention. Participants who received the training program has shown the improvement in self-compassion, alongside with the increasing of mental well-being and reduce the psychological distress overtime, compared to those in the control group.

The improvements in self-compassion are consistent with the theoretical framework of CFT. CFT emphasize the development of self-compassion through the practice that activates soothing system and regulate the threat-based emotional responses[11]. University students often encounter with emotional distress and self-criticisms from academic pressure, social transition and socioeconomic problem[2,3,4]. By cultivating each component of self-compassion: self-kindness, mindfulness, and sense of common humanity, the CFT training program might have helped

participants respond to the difficulties in life in a more supportive manners as well as improve their overall mental well-being[12]. Therefore, it contributed to an increasing in level of self-compassion.

Moreover, the findings also support the relevance of mental health in dual-factor model. As the results indicated that improvements were observed across both dimensions, including an increasing of psychological well-being (flourishing) and a reduction of psychopathology (depression). This suggest that compassion-based intervention can address mental health in a holistic way rather than focusing only on symptoms reduction[18,19]. Consequently, the intervention appears to facilitate not only the recovery from emotional distress (depression) but also improve the positive functioning (flourishing), which vital for the desire mental health among university students.

As the program integrated psychoeducation, experiential exercise within the CFT framework, and the setting, this can contribute to its effectiveness. The experiential learning, such as Creating Compassionate Self, Body Scan, Three Good Things, and Compassionate Letter Writing, in each session may have supported self-awareness and emotional regulation which are the mechanism helping individual to process the feelings in a healthy way[11]. Furthermore, common humanity also promoted through the group training setting[18].

The results of this current study are consistent with previous research displaying the effectiveness of the compassion-based intervention in enhancing self-compassion and improving overall mental health outcomes[18,20,21]. In particular, the results of this study also align with prior study utilizing the CFT in university students to reduce psychological distress[21]. Previous systematic review has reported significant effects of CFT on psychological distress especially depression and anxiety as well as on enhancing self-compassion among young adults which the results were consistent with this current study[20]. However, this research extends the implications beyond just using the CFT program to improve self-compassion in clinical context. It applied the training program in the university context as well as evaluating its effect using dual-factor model providing a holistic understanding of the intervention.

Despite these findings, there are some limitations for this current study. First, the use of self-report measures to assess self-compassion, depression, and flourishing can be biased. Second, although it includes the follow-up assessment, the duration may not have been sufficient to determine the long-term sustainability of the intervention effect. Third, the structure of the training program may not fully capture the individual differences, variety of participant's emotion and motivation may

influence the results. To mitigate these concerns, future study should consider employing a longitudinal design as well as the multiple follow-up time points to evaluate the treatments gain and detect the potential relapse. Moreover, qualitative study could further enhance these findings from personal experiences of participants throughout the program.

Conclusion

In conclusion, the present study provides evidence for the effectiveness of CFT training program. The results demonstrate that the intervention is not only successful in reducing the depression but also increasing the psychological well-being, supporting the dual-factor model of mental health. These findings suggest that compassion-focused interventions may serve as an effective preventive mental health strategy for promoting flourishing and resilience among university students.

Overall, this study contributes to the growing body of the literature that support compassion-based intervention and provides the practical implications for mental health promotion in university setting. Integrating compassion-focused approach may provide a holistic and sustainable strategy for enhancing well-being and reducing distress. Future research is suggested to continue to explore the long-term effectiveness and broader application of such interventions across diverse populations and contexts.

Ethical Approval Statement

This study was reviewed and approved by Srinakarinwirot Ethics and Research Standards Division (SWUEC-672464) and The Mae Fah Luang University Ethics Committee (EC 24210-18).

Author Contributions

TK, NP, and PP designed the study. TK conducted the study, including data collection, data analyzes, data interpretation under the supervision and guidance of NP and PP. TK drafted the manuscript. NP and PP revised the manuscript. All authors read and approved the manuscript prior to submission for publication.

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Conflicts of Interest

The authors have no conflicts of interest to declare.

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