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Comparison of the Effectiveness of Life Therapy and Compassion Therapy on Self-Esteem and Experiential Avoidance in Youth with Nomophobia

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Abstract

Introduction: The present study was conducted with the aim of comparing the effectiveness of life-therapy and compassion-therapy on self-respect and experiential avoidance in students suffering from cell phone phobia.

Methods: The research method was a semi-experimental design with a pre-test, post-test and two-month follow-up. The statistical population included all male and female students with mobile phone phobia of Azad University, Tehran West Branch, who were studying in the academic year of 2023. Among these students, based on the entry criteria and purposefully, 45 people were selected and randomly replaced in two experimental groups and one control group. The first experimental group received life-therapy intervention and the second experimental group received compassion-therapeutic intervention during 8 sessions of 90 minutes. The research tools were the questionnaires of mobile phobia, Ildrim and Correa, Cooper Smith's self-respect, and experimental avoidance by Gamez et al. The data were analyzed by repeated measurement variance analysis, Benferoni post hoc test and SPSS27 software.

Results: The results showed that life-therapy and compassion-therapy interventions are effective in improving self-respect and experiential avoidance; this effect was also stable in the follow-up neighborhood. Also, life-therapy had a greater effect on these variables in the post-test and follow-up phase than compassion-therapy.

Conclusion: Based on the results, it seems necessary to use life-therapy and compassion-therapy trainings in order to reduce the psychological damage caused by mobile phones; Therefore, psychologists and therapists can use life-therapy and compassion-therapy teaching methods along with other educational methods to reduce students' fear of cell phones.

Key words: compassion-therapy, experiential avoidance, life-therapy, nomophobia, self-esteem

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Introduction:

Mobile phone addiction among adolescents and young adults has raised concerns in various domains including health, sleep quality, mental well-being, academic success, and interpersonal relationships due to its high prevalence (1). Mobile phone addiction refers to excessive involvement with mobile phone-related activities, characterized by obsession and strong dependence, leading to loss of self-control and impairment in psychological and social functioning (2). In this context, nomophobia is a term used to describe an anxiety disorder where individuals fear being without their mobile phones (3).

One of the variables that may influence youth's dependence on mobile phones is self-esteem. Increased self-esteem correlates with feelings of competence, self-worth, and positive changes such as striving for success, self-trust, and a tendency towards health and psychological well-being (4). Individuals with high self-esteem accept responsibility for their behavior and choices, possess positive emotions and attitudes, are inclined to acknowledge and correct their mistakes, and can employ constructive interaction methods to adapt to social environments (5).

On the other hand, experiential avoidance has been identified as a cognitive factor contributing to various recognized psychological disorders (6). Experiential avoidance encompasses behavioral, emotional, and cognitive avoidance patterns, which are categorized into six patterns derived from behavioral, experiential, personality trait-based, psychodynamic, and third-wave cognitive-behavioral theories (7). These patterns include: 1) Behavioral avoidance, defined as situational avoidance of physical discomfort and distress, primarily derived from behavioral theory, 2) Disgust from distress, defined as non-acceptance or negative attitude towards distress, primarily derived from experiential theory, 3) Procrastination, defined as delaying anticipated distress, primarily derived from personality trait theory, 4) Distractibility/Stopping, defined as attempting to ignore or halt distress, primarily derived from experiential theory, 5) Suppression/Denial, defined as distancing and detachment from distress, primarily derived from psychodynamic theory, and finally, 6) Tolerance of distress, defined as willingness to effectively engage with distress in pursuit of values, primarily derived from third-wave cognitive-behavioral theories (8).

Life therapy is a life-affirming therapeutic approach introduced by Hassanzadeh in 2020. The therapeutic goal is to help individuals gain necessary insight into life, its challenges, and requirements, emphasizing goal-oriented and health-related behaviors that promote long-term wellness and vitality. The philosophy of life therapy is to assist clients in designing a complete life, where every moment is perceived as an opportunity for living, being, flourishing, and achieving fulfillment (9). Studies by Kaya, Karatas, and Isler (10) have shown that life therapy positively affects positive psychological structures in cardiac patients, suggesting that focusing on increasing positive emotions and life quality may be more beneficial than merely reducing psychological distress. Furthermore, Chalagh-Pour (11) demonstrated in a study that life therapy positively impacts psychological distress, psychological capital, cognitive flexibility, compliance with treatment regimens, and chronic pain among patients.

Over the past 20 years, compassion therapy has gained popularity as a novel intervention in the "third wave" (12). Gilbert proposed compassion therapy in response to the observation that many people, especially those with shame and self-criticism, encounter difficulties in creating a kind and self-supportive inner voice when engaging in traditional therapies (13). Self-compassion involves sensitivity to one's own and others' suffering and the presence of a stable and deep commitment to efforts to alleviate it. Compassion is a skill that can be taught and, through practice, can affect an

individual's neurological and immune systems (14). Self-compassion has been positively associated with life satisfaction, optimism, happiness, wisdom, and creativity, while negatively associated with depression, anxiety, and negative emotional and cognitive suppression (15).

Given the aforementioned issues and the importance of mobile phone addiction and its associated harms, particularly among university students, there is a need for further investigation into therapeutic interventions such as life therapy and compassion therapy to mitigate their negative effects. Furthermore, the lack of comparative studies on the efficacy of these relatively novel approaches in addressing other potential benefits warrants more attention. Therefore, this research aims to examine whether there is a difference between the effects of life therapy and compassion therapy on self-esteem and experiential avoidance in youth experiencing nomophobia.

Research Method:

The research design was a quasi-experimental study with a pre-test, post-test, and follow-up plan involving three groups (two experimental groups and one control group). The current design included the following procedural steps: 1) Random assignment of subjects; 2) Conducting the pre-test and data collection; 3) Implementing interventions in the experimental groups; 4) Conducting the post-test and data collection; 5) Conducting a two-month follow-up test and data collection. The statistical population included all male and female students suffering from nomophobia at the Islamic Azad University, West Tehran Branch, who were studying in the 2022-2023 academic year. After completing the Nomophobia Questionnaire by 110 students, 45 individuals who scored two standard deviations above the mean (above 60) were non-randomly and purposively selected and randomly assigned to two experimental groups and one control group.

The Nomophobia Questionnaire was developed by Yildirim and Correia in 2015. The questionnaire includes 20 items that individuals respond to on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Scores range from 20 to 140, with higher scores indicating greater severity of nomophobia. Based on the established cut-off points, a score of 20 indicates no nomophobia, a score of 21 to 59 indicates mild nomophobia, a score of 60 to 99 indicates moderate nomophobia, and a score of 100 to 120 indicates severe nomophobia. The developers reported a concurrent validity of 0.71 with the Mobile Phone Involvement Questionnaire and a reliability of 0.94 using Cronbach's alpha. Delavarpour, Bahar, and Ghods (16) confirmed the validity of this questionnaire among students, with a Cronbach's alpha coefficient ranging from 0.92 to 0.95. In the present study, the reliability of the tool was calculated using a Cronbach's alpha coefficient of 0.78.

Self-Esteem Questionnaire: This questionnaire was developed by Coopersmith (1967) and contains 58 items describing feelings, beliefs, or reactions of an individual. The subject must choose one of the options, "Yes" (scoring 1) or "No" (scoring 0), based on their current state. Eight items are dedicated to a lie scale and are not included in the total score. The minimum score is 0, and the maximum is 50. Higher scores indicate higher self-esteem; thus, an individual scoring above 25 is considered to have high self-esteem, while a score below this indicates low self-esteem. Coopersmith reported an internal consistency coefficient of 0.88 for this tool. In Iran, Hossein Vardi et al. (17) calculated the reliability of the tool using Cronbach's alpha, which was 0.79. In the present study, the reliability of the tool was determined using a Cronbach's alpha coefficient of 0.85.

Multidimensional Experiential Avoidance Questionnaire: This questionnaire was designed by Gámez et al. (2011) and contains 62 items evaluated on a 6-point Likert scale ranging from strongly disagree = 1 to strongly agree = 6. The minimum and maximum scores for this questionnaire are 62 and 372, respectively. Higher scores indicate greater experiential avoidance. Gámez et al. reported Cronbach's alpha coefficients ranging from 0.91 to 0.95 across different samples and a correlation of 0.74 with the Commitment and Action Questionnaire as an indicator of adequate validity. In the study by Nikfal and Barkat (18), confirmatory factor analysis of the Multidimensional Experiential Avoidance Questionnaire showed a chi-square index of 2.54 and a Cronbach's alpha coefficient of 0.88 for the entire scale. In the present study, the reliability of the tool was calculated using a Cronbach's alpha coefficient of 0.90.

Table 1. Summary of Life Therapy (LT) Session Protocols (9)

Session	Objectives	Activities
First	Establishing a therapeutic relationship and familiarizing individuals with the research topic and goals, conducting the pre-test	Conducting the pre-test, familiarizing group members with the therapist and each other, stating the rules to be observed in the group, providing an overview of educational content about life and its outcomes
Second	Explaining concepts related to the psychology of life and views on human life	Asking questions about the concept and meaning of life, life goals, the ABCs of life, creating hope and treatment expectations and their role in reducing life challenges and obstacles, assigning homework on developing a life compass or life domains and problems, and the problem-solving approach
Third	Helping individuals identify life goals and priorities	Reviewing and discussing previous session's homework, talking about group members' feelings and thoughts, discussing the method of formulating behavioral (specific) and non-behavioral (general) goals, short-term, mid-term, and long-term goals, assigning homework on developing a decision-making form and life goals
Fourth	Explaining the concept of enthusiasm for life and its role in mental health	Reviewing and discussing previous session's homework, teaching the concept of enthusiasm for life, describing the characteristics of enthusiastic individuals, discussing the role of life enthusiasm in mental health, discussing the ABCs of life, assigning homework on methods of creating life enthusiasm
Fifth	Explaining concepts related to hope as an essential flame of life	Reviewing and discussing previous session's homework, discussing the concept of hope and hopelessness, describing the role of hope in life, characteristics of hopeful individuals, assigning homework on methods of creating hope in life

Family and health Quarterly, vol14, Issue A, Summer 2024, ISSN: 2322-3065
https://sanad.iau.ir/Journal/fhj/Article/1202725
JFH

Sixth	Explaining the concept of life management and the wheel of life	Reviewing and discussing previous session's homework, teaching the concept of life management and the wheel of life, discussing the role of the wellness wheel concept in life, assigning homework on developing a life wheel chart
Seventh	Explaining concepts related to life satisfaction, positive thinking, and creating a positive environment in life	Reviewing and discussing previous session's homework, teaching concepts of life satisfaction, positive thinking, and creating a positive environment in life, discussing the concept of the life circle, assigning homework on developing a life circle
Eighth	Summarizing the sessions and conducting the post-test	Reviewing and discussing previous session's homework, summarizing the content of previous sessions, providing feedback to group members and appreciating their participation, and conducting the post-test

Table 2. Summary of Compassion-Focused Therapy (CFT) Session Protocols (19)

Session	Objectives	Activities
First	Establishing a therapeutic relationship and familiarizing individuals with the research topic and goals, introducing general principles of compassion, conducting the pre-test	Conducting the pre-test, defining compassion; introducing and familiarizing with therapy, practicing soothing breathing exercises
Second	Familiarity with self-critical behaviors and thoughts, acceptance of mistakes and self-forgiveness	Therapy for self-criticism and its types, encouraging participants to examine their self as a self-critic or compassionate, discussing the reasons for self-criticism and its consequences, presenting solutions to reduce self-criticism
Third	Acceptance of mistakes and self-forgiveness, cultivating a sense of human commonality against destructive self-feelings	Therapy for accepting mistakes without judgment, expressing reasons for making mistakes, discussing the disadvantages and consequences of not forgiving, presenting strategies for self-forgiveness during times of error, practicing daily recording of mistakes
Fourth	Appreciation of oneself and fostering a sense of self-worth	Therapy for self-esteem and its benefits, discussing the disadvantages of low self-esteem and self-worth, therapy methods to strengthen self-worth, practicing self-appreciation and mentioning ten positive characteristics about oneself

Fifth	Creating pleasant feelings, strengthening a sense of hope	Therapy for creating compassionate imagery and relaxation through mental imagery (color, place, and qualities of compassion), therapy styles and methods of expressing compassion and applying these methods in daily life, practicing mental imagery
Sixth	Familiarity with compassionate behavior, cultivating compassionate thoughts towards oneself	Therapy for concepts of compassion such as wisdom, attention, logical thinking, warmth, support, and kindness, therapy for self-compassionate traits such as motivation, sensitivity, empathy, and kindness, practicing writing compassionate statements to oneself
Seventh	Identifying conflicting emotions	Inner dialogue therapy between three selves, defined (dialogue between self-critic, self-criticized, and compassionate self), in this exercise each person engages in conversations with all three aspects: critic, criticized, and compassionate, practicing the empty chair technique
Eighth	Self-understanding and acceptance, summarizing sessions and conducting the post-test	Therapy for writing a compassionate letter to oneself, participants write a letter to themselves from a compassionate figure for mistakes they have made and mention deficiencies and weaknesses they feel about themselves, summarizing and conducting the post-test

This study has been approved by the Ethics Committee of Islamic Azad University, Sari Branch, with ethics code IR.IAU.SARI.REC.1402.100. In this research, all relevant ethical principles including professional, scientific, and educational responsibility; respect for rights and dignity of individuals; adherence to possible and reasoned research standards; appropriate use of knowledge and skills; non-distortion of information; conflict of interest management; professional confidentiality; confidentiality of questionnaires; obtaining informed consent from research participants and ensuring their right to withdraw have been observed.

Furthermore, all participants had full freedom to participate in the study, and before completing the questionnaires, the research objectives were explained to them, ensuring that the collected data would be analyzed collectively. The questionnaires were anonymous and provided to participants with codes. For data analysis, repeated measures analysis of variance (ANOVA), Bonferroni post-hoc test for comparing means obtained in ANCOVA, and Tukey post-hoc test for comparing the effects of interventions on dependent variables were used throughout the research stages.

Findings:

After administering the questionnaires to the sample, using a mixed design, 15 participants were randomly assigned to the first experimental group (life-care), 15 to the second experimental group (compassion-care), and 15 to the control group. Using valid questionnaires, their level of self-respect and experiential avoidance was measured at three assessment points (pre-test, post-test,

Family and health Quarterly, vol14, Issue A, Summer 2024, ISSN: 2322-3065
https://sanad.iau.ir/Journal/fhj/Article/1202725
JFH

follow-up). Initially, the variable under study was measured before the experimental variable was applied (pre-test phase). Subsequently, the life-care program was implemented for the first experimental group and the compassion-care program for the second experimental group over 8 sessions, with scores from these questionnaires obtained from both experimental groups and the control group at the end of the period (post-test phase). Finally, after a two-month follow-up, all variables were reassessed in all three groups (follow-up phase). Researchers recommend factorial experiments under such conditions, accompanied by repeated measurements on a factor for analysis (Ferguson et al., 1392). This test is used to analyze the results of data involving at least three scores from participants in the experimental and control groups for the variable under study (pre-test, post-test, and follow-up). The condition for using repeated measures ANOVA entails adhering to certain assumptions, all of which were confirmed.

The average and standard deviation of self-respect and experiential avoidance at three measurement stages for all three groups are presented in Table 3.

Table 3. Mean and Standard Deviation of Self-Respect and Experiential Avoidance in Three Measurement Stages for All 3 Groups

Variable	Group	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD	Follow-up Mean	Follow-up SD
Self-Respect	Life-Care	14.73	4.41	23.86	5.80	30.53	5.48
	Compassion-Care	14.46	4.38	21.20	3.89	27.26	3.95
	Control	13.93	4.05	14.46	3.68	15.33	3.76
Experiential Avoidance	Life-Care	233.73	12.46	191.73	12.97	165.20	11.56
	Compassion-Care	236.60	14.37	200.00	13.48	178.13	12.57
	Control	255.66	15.09	238.60	14.33	234.93	14.16

As observed in Table 3, the mean self-respect for the experimental groups increased at the post-test stage compared to the pre-test. According to the results presented in the table, life-care and compassion-care interventions led to an increase in self-respect at post-test and maintained stability at the follow-up stage among young students experiencing nomophobia. Similarly, the mean experiential avoidance for the experimental groups increased at the post-test stage compared to the pre-test. Based on the results in the table, life-care and compassion-care interventions reduced experiential avoidance at post-test compared to the control group and maintained stability at the follow-up stage among young students experiencing nomophobia. Results of the analysis of variance for self-respect scores using Greenhouse-Geisser criterion are presented in Table 4.

Table 4. Analysis of Variance (ANOVA) for Self-Respect Scores Using Greenhouse-Geisser Criterion

Source of Variation	SS	Df	MS	F	Sig	Effect Size
Within-Groups	53.2722	33.1	1.6047	114.65	0.001	0.723

Interaction (Test*Group)	1872.30	1	1872.30	368.14	0.001	0.963
Error	1044.80	58.5	17.85			
Between-Groups	2722.50	1	2722.50	140.26	0.001	0.761
Error	854.00	44	19.40			

According to the results in Table 4, since the calculated F for Life-Care and Compassion-Care interventions exceeds the critical F value with degrees of freedom 1 and 44 and a significance level of $p < 0.01$, the null hypothesis is rejected. Considering the rejection of the null hypothesis with 99% confidence, it can be concluded that Life-Care and Compassion-Care interventions had a greater effect on increasing self-respect among young students experiencing nomophobia compared to the control group. This effect size was significant at 76.0%, indicating that 76% of the total variance or individual differences in increasing self-respect through experimental variables can be explained.

Results of the Tukey post hoc test for pairwise group comparisons are presented in Table 5.

Table 5. Tukey Post Hoc Test Results for Pairwise Group Comparisons

Variable	Stage	Intervention	Group Comparison	Mean Difference	Std. Error	Sig.
Self-Respect	Post-test	Life-Care	Life-Care vs. Control	*9.13	0.774	0.001
			Compassion-Care vs. Control	*6.06	0.539	0.001
		Compassion-Care	Life-Care vs. Compassion-Care	**6.66	0.903	0.001
Follow-up	Life-Care	Life-Care vs. Control	**4.40	1.22	0.001	
		Compassion-Care vs. Control	*3.86	0.780	0.001	
		Compassion-Care	Life-Care vs. Compassion-Care	*6.66	0.903	0.001

Based on the results in Table 5, there is a significant difference between the Life-Care and Compassion-Care interventions. Considering the mean differences, it can be inferred that Life-Care had a greater effect on the variable of self-respect in both the post-test and follow-up stages compared to Compassion-Care. The results of the analysis of variance for experiential avoidance scores using the Greenhouse-Geisser criterion are presented in Table 6.

Table 6. Analysis of Variance (ANOVA) for Experiential Avoidance Scores Using Greenhouse-Geisser Criterion

Source of Variation	SS	Df	MS	F	Sig	Effect Size
Within-Groups	97.56146	26.1	3.744425	69.146	0.001	0.769
Interaction (Test*Group)	35226.13	1	35226.13	314.93	0.001	0.957

Family and health Quarterly, vol14, Issue A, Summer 2024, ISSN: 2322-3065
https://sanad.iau.ir/Journal/fhj/Article/1202725
JFH

Error	1680.35	60.55	27.685			
Between-Groups	54562.84	1	54562.84	162.65	0.001	0.787
Error	14760.15	44	335.45			

According to the results in Table 6, since the calculated F for Life-Care and Compassion-Care interventions exceeds the critical F value with degrees of freedom 1 and 44 and a significance level of $p < 0.01$, the null hypothesis is rejected. Considering the rejection of the null hypothesis with 99% confidence, it can be concluded that Life-Care and Compassion-Care interventions had a greater effect on reducing experiential avoidance among young students experiencing nomophobia compared to the control group. This effect size was significant at 78.0%, indicating that 78% of the total variance or individual differences in reducing experiential avoidance through experimental variables can be explained.

The results of the Bonferroni post hoc test for pairwise group comparisons in the pre-test, post-test, and follow-up stages are presented in Table 7.

Table 7. Bonferroni Post Hoc Test Results for Pairwise Group Comparisons

Variable	Stage	Intervention	Group Comparison	Mean Difference	Std. Error	Sig.
Experiential Avoidance	Post-test	Life-Care	Life-Care vs. Control	*26.53	1.96	0.001
			Compassion-Care vs. Control	*21.86	3.95	0.001
		Compassion-Care	Life-Care vs. Compassion-Care	**36.60	3.19	0.001
Follow-up	Life-Care	Life-Care vs. Control	**20.73	3.15	0.001	
		Compassion-Care vs. Control	*66.3	1.00	0.001	
		Compassion-Care	Life-Care vs. Compassion-Care	*26.53	1.96	0.001

As shown in Table 7, significant differences exist between the Life-Care and Compassion-Care interventions. Based on the mean differences, it can be inferred that Life-Care had a greater effect on reducing experiential avoidance in both the post-test and follow-up stages compared to Compassion-Care.

Discussion and Conclusion

The aim of the current study was to compare the effectiveness of life therapy and compassion therapy on self-esteem and experiential avoidance in young university students suffering from nomophobia. The research results indicated that both methods had a significant impact on the self-esteem of young university students with nomophobia. Group comparison showed a significant difference in the effectiveness between life therapy and compassion therapy, with life therapy significantly increasing students' self-esteem to a greater extent. Therefore, based on the findings of this study, life therapy is effective in improving self-esteem in the post-test and follow-up stages. This finding is consistent with various studies both domestically and internationally, including Hassan Zadeh (9) and Charaghpour (11).

In explaining the effectiveness of life therapy on self-esteem, it can be said that one of the important topics in life therapy is to help individuals pursue and lead a life based on values, good goals, and humane purposes. Clinical intervention really has what concept of life, what is its meaning, what areas exist in his life, and how much life is important to him. Finding dignity in life means having a life based on values, good goals, and humane purposes. Psychotherapy is not just a profession related to mental health; it should help individuals redefine and redefine their reasons for living. People should learn to think about life, not tell them how to live, and pay attention to the fact that problems are an integral and inseparable part of life (11). One of the key tasks of psychotherapists and consultants in this field is to help clients enjoy their lives and make their life paths easier. Life psychology strives for human beings to have one of a rich, complete, meaningful, and satisfying life. Life therapy refers to various dimensions of life: personal life, motivational life, emotional life, social life, mental or rational life, spiritual life, healthy and health-keeping life, life in old age, and the overall concept of life (9).

On the other hand, according to the findings of this study, compassion therapy is also effective in improving self-esteem in the post-test and follow-up stages. This finding is consistent with various studies both domestically and internationally, including Pirjavadi and colleagues (20) and Liu (21). In explaining the reasons for this consistency in this research finding, it can be said that compassion-based therapy is one of the common therapeutic interventions in the cognitive psychology field on the way to describing human beings, determining behavioral rules, and how to achieve satisfaction, happiness, and success. Women who have a high degree of compassion, while being kind to themselves, respond more responsibly to life stresses and accept the events that have occurred more easily. Compassion-based therapy, by creating and strengthening compassion in individuals through compassion training techniques, identifying self-compassionate thoughts, and eliminating obstacles to compassion, protects the individual against negative states and enhances positive emotional states (21). Compassion-focused therapy focuses on emotions. In this treatment, compassion for oneself, kindness to oneself, human connections, mindfulness of techniques for developing internal compassion, and the transfer of compassionate flow from oneself to others and from outside to oneself are emphasized. In the present study, women were able to become aware of their true selves with the help of compassion therapy techniques and see abilities that they had forgotten or neglected due to current adverse conditions and increase feelings of security and optimism in themselves and others with compassionate attention. On the other hand, compassion therapy can provide a platform for successful communication experiences for individuals (19). Increasing compassion acts as a buffer against the effects of negative events such as a blow. People who have high compassion for themselves evaluate themselves less, are less harsh on themselves, and cope more easily with problems and negative effects in life. Their reactions and reactions to stress are more based on actual performance, as their judgments do not lean towards self-defense or self-criticism (20).

Furthermore, the evaluation of the current research results indicated that these two methods significantly affected the experiential avoidance among young students with nomophobia. Group comparison revealed a significant difference in the effectiveness between Life Therapy and Compassion Therapy, with Life Therapy able to reduce experiential avoidance to a greater extent. Therefore, based on the findings of this study, Life Therapy is effective in improving experiential avoidance in the post-test and follow-up stages. This finding aligns with various domestic and international studies, including Hassanzadeh (9) and Sadat Madani (22).

Family and health Quarterly, vol14, Issue A, Summer 2024, ISSN: 2322-3065
https://sanad.iau.ir/Journal/fhj/Article/1202725
JFH

In explaining the effectiveness of Life Therapy on experiential avoidance, it can be said that Life Therapy strives to create fundamental changes in the lives of clients. Generating a need for life can stimulate individuals to live life actively. One of the therapist's responsibilities is to create a realistic understanding among clients about life with all its positives and negatives. Everyone who is hospitalized for physical illness or mental disorder strives to return to normal life. Generating a need for life can stimulate individuals to live life actively. Just as changing attitudes and lifestyles are two of the emphases of specialists and psychologists; the need to live is one of the basic needs of human beings, which plays a role in its dynamism and stability (23). In this approach, individuals are taught that humans may find themselves in certain circumstances of life that are beyond their control, but how they value, interpret, and respond to those conditions is a personal choice (22). The best feature of a human being and the factor that makes a human unique is freedom of choice. Freedom exists only potentially and therefore may not occur or even be denied in some individuals. An individual can increase freedom through expanding awareness and knowledge. It is through freedom of choice that a person can surpass circumstances and situations. Since we are the kind of person who chooses to become free, we have complete responsibility for what we become. Although birth and death are realities that are beyond our control, how we interpret, value, and act based on these realities depends on our personal choice. Some express the alphabet of life briefly: accept, separate yourself, create, decide, explore, forgive, grow, hope, ignore, travel, know, love, manage, pay attention, open, play and enjoy, ask, be calm, share, strive, use, value, want, look like an x-ray, let, focus (9). On the other hand, according to the findings of this research, Compassion Therapy is also effective in improving experiential avoidance in the post-test and follow-up stages. This finding is consistent with various studies inside and outside the country, including Saeedi et al. (1399), Karagir, and Ramkisson (2023), Wang et al. (24). In explaining the reasons for this consistency in this research finding, it can be said that with an increase in compassion, the motivation of the individual also increases, which itself leads to the acceptance of negative thoughts and their manipulation. Mindfulness-based compassionate therapy increases emotional change facilitation in order to enhance care and support from oneself, increases the ability to accept distress, and reduces emotional turmoil. Compassionate therapy, by providing compassionate strategies for receiving and caring for others, increases emotional flexibility in individuals, as it activates the care system and neutralizes the threat system. It can also be noted that some of the techniques and guidelines related to compassionate therapy have been designed based on the components and mindfulness exercises. Mindfulness exercises are designed to help clients increase awareness and change challenging situations, including stressful situations and negative emotional states without automatic and habitual responses, in mindfulness. In mindfulness, people experience are recognized as distinct elements of themselves and as a cognitive or behavioral state of experience that both hurt. It is accepted like other experiences that are neutral or without emotional charge, and ultimately internalize the process, which increases the amount of awareness of the individual.

Limitation: The present study faced limitations, including the fact that the statistical population of the study was students at the Islamic Azad University unit of western Tehran, so the results should be generalized to other strata of society. There were also uncontrolled variables (such as the effects of virtual training during the past two years) and their interference in research that limits generalization. It is suggested that the model of interest in the study is tested using various tools and with the characteristics of the cultural and religious background of the community under test

and to test and measure other variables in relation to Nomophobia. These variables may include personality, attachment styles, and feelings of loneliness, among others. According to the findings of the study, it is recommended that university counseling centers increase their efficiency by considering the effectiveness of life-based interventions and compassionate therapy in improving student habits.

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Conflict of Interest: According to the authors' statement in this study, there were no conflicts of interest.

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