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The Effectiveness of Cognitive-Behavioral Therapy on Self-Compassion and Distress Tolerance in Women with Anxiety Disorders

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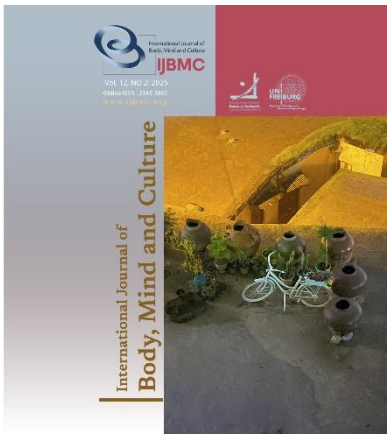

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ABSTRACT

Objective: This study aimed to evaluate the effectiveness of CBT in enhancing self-compassion and increasing distress tolerance among women diagnosed with anxiety disorders.

Methods and Materials: A quasi-experimental pre-test–post-test design with a control group was employed. Thirty women with anxiety disorders were selected from a counseling center in Tehran, Iran, using convenience sampling and randomly assigned to experimental (n = 15) and control (n = 15) groups. The experimental group received eight 90-minute sessions of CBT based on Beck's model, while the control group received no intervention. Pre- and post-test assessments were conducted using the Self-Compassion Scale (Neff, 2003) and the Distress Tolerance Scale (Simons & Gaher, 2005). Data were analyzed using ANCOVA.

Findings: After controlling for pre-test scores, an ANCOVA showed that CBT significantly increased self-compassion ($F = 20.96$, $p < .001$, $\eta^2 = .43$) and distress tolerance ($F = 17.23$, $p < .001$, $\eta^2 = .38$) in the experimental group compared to the control group.

Conclusion: CBT appears to be an effective intervention for improving self-compassion and distress tolerance in women with anxiety disorders. These findings support the integration of CBT into therapeutic programs aimed at enhancing emotional resilience.

Keywords: Cognitive-Behavioral Therapy, Self-Compassion, Distress Tolerance, Anxiety Disorders, Women, Psychotherapy.

Introduction

Anxiety disorder is considered one of the most common psychological disorders. Anxiety, as a natural part of human life, exists to a moderate extent and is regarded as an adaptive response. While the absence of anxiety can expose individuals to significant dangers, excessive anxiety that goes beyond normal levels and loses its adaptive quality may become chronic and persistent. In such cases, it can no longer be considered adaptive and instead becomes a source of failure and widespread maladjustment (Rafezi et al., 2021).

Anxiety is an adaptive emotion and mood state that may manifest without any external trigger and originates from the unconscious, making it uncontrollable. It often appears as a vague and unpleasant worry, usually accompanied by autonomic symptoms such as shortness of breath, heart palpitations, sweating, headaches, mild stomach discomfort, and restlessness (Torani et al., 2020). These symptoms might result from a natural response to a stressful or worrisome situation or be part of a larger underlying issue (Setari Sefidan et al., 2018). Anxiety can significantly impair a person's functioning and disrupt many aspects of life. It is strongly associated with various aspects of health and well-being (Torani et al., 2020). Anxiety disorders are among the most prevalent psychiatric conditions experienced throughout childhood, adolescence, and adulthood (Ghamari Givi et al., 2019).

Self-compassion can be understood as the ability to extend kindness and understanding to oneself when experiencing suffering. It offers a constructive approach to addressing distressing thoughts and emotions, promoting mental, emotional, and physical well-being (Matos et al., 2021). Compassion is defined as a caring attitude and behavior toward oneself and others. It involves the ability to treat oneself and others with kindness and empathy during difficult times, recognizing shared human experiences and accepting negative emotions with mindfulness (Neff, 2003, 2021, 2023). People with high levels of self-compassion tend to treat themselves as kindly as they treat others, and they often experience less loneliness. Loneliness can lead to a sense of interpersonal deficiency and dissatisfaction in relationships, resulting in feelings of deprivation (Heinrich & Gullone, 2016). According to Neff, Rude, and Kirkpatrick (2007), self-compassion involves caring for oneself during moments of hardship or perceived inadequacy, encompassing three core components: self-kindness versus self-judgment, common humanity versus isolation, and mindful awareness versus over-identification (Neff et al., 2007). These components are interrelated and collectively form the mental framework of self-compassion (Neff, 2023).

Distress tolerance refers to the actual or perceived ability to endure or manage negative and conflicting emotions (Bhuptani et al., 2023). In high-stress psychological conditions, the presence and support of others can play a crucial role. Received support or help-seeking behaviors can be determining factors (Zeifman et al., 2020). Help-seeking behavior is divided into two categories: those that focus on process similarity and those that are problem-dependent (Setari Sefidan et al., 2018; Shahar et al., 2012). Generally, help-seeking involves attitudes (beliefs and willingness), intentions, and actual behavior (Goodwin & Behan, 2023). In early studies on socialization and personality development, help-seeking was often seen as a sign of dependency and associated with immaturity, passivity, or even incompetence (Walker et al., 2020). Today, there is a consensus that adaptive help-seeking is an essential and effective self-regulation strategy. It can be divided into adaptive and maladaptive types. Adaptive help-seeking is used to overcome problems and is valued as an active strategy depending on one's understanding, insight, and resources for problem-solving (Patton et al., 2022).

Cognitive-behavioral therapy (CBT) is typically considered a short-term, skills-based approach that aims to modify maladaptive emotional responses by changing thoughts, behaviors, or both. CBT is based on the principle that cognition, emotion, and behavior significantly influence one another (Gromisch et al., 2020). Therapists often complement clinical experience with creativity to develop personalized techniques and interventions. CBT is an interactive, collaborative, structured, problem-focused, and educational treatment model that emphasizes the present. It teaches clients to evaluate and adjust their thoughts, replace maladaptive thinking with more effective cognitive strategies, and learn problem-specific skills. Through cognitive-behavioral exercises, CBT emphasizes solving interpersonal problems and improving social skills (Saeedi et al., 2020). Based on the above, the present study seeks to answer the following research question:

Does cognitive-behavioral therapy affect compassion and distress tolerance in women with anxiety disorders?

Methods and Materials

Study Design and Participants

This study utilized a quasi-experimental design with a pre-test–post-test control group structure to investigate the effectiveness of Cognitive-Behavioral Therapy (CBT) in improving self-compassion and distress tolerance among women diagnosed with anxiety disorders.

The study population consisted of women referred to a clinical psychology center in Tehran, Iran, in 2023 due to complaints of anxiety-related symptoms. A total of 30 participants were selected through convenience sampling and screened using structured clinical interviews conducted by licensed psychologists, based on DSM-5 criteria. Eligible participants were between the ages of 20 and 45 and met the diagnostic criteria for generalized anxiety disorder, panic disorder, or social anxiety disorder.

Inclusion criteria were: (1) female gender, (2) diagnosis of an anxiety disorder without comorbid major depressive or psychotic disorders, (3) willingness to participate in weekly sessions, and (4) absence of current psychological or pharmacological treatment. Exclusion criteria included: (1) history of substance abuse, (2) severe cognitive impairments, or (3) ongoing use of psychiatric medications.

After screening, the 30 eligible participants were randomly assigned to an experimental group (n = 15) and a control group (n = 15) using a computer-generated randomization list by an independent researcher not involved in data collection or intervention delivery.

After obtaining consent, all participants completed pre-test assessments. Intervention sessions for the experimental group began the following week. Upon completion of the eighth session, post-test assessments were administered to both groups under identical conditions. All data were anonymized and coded before analysis.

Instruments

The Self-Compassion Scale, developed by Neff (2003), consists of 12 items covering six subscales: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. Items are scored on a 5-point Likert scale ranging from "almost never" (1) to "almost always" (5). Neff (2003) validated the scale by demonstrating that the correlations of the six subscales with the total score were statistically significant at the $p < .001$ level. In Iran, Emanollahi et al. (2016) confirmed the reliability and validity of Neff's (2003) Self-Compassion Scale for use in the Iranian population.

The Distress Tolerance Questionnaire is a self-report measure developed by Simons and Gaher (2005) and consists of 15 items. It includes four subscales: Tolerance (items 1, 3, 5): measures the ability to endure distress. Absorption (items 2, 4, 15): assesses how much individuals are overwhelmed by negative emotions. Appraisal (items 6, 7, 9, 10, 11, 12): reflects the subjective evaluation of distress. Regulation (items 8, 13, 14): measures efforts to manage or relieve distress. Higher scores indicate better distress tolerance. According to Alavi (2011), Cronbach's alpha coefficients for the subscales were 0.72, 0.82, 0.78, and 0.70, respectively, and 0.82 for the entire scale. The scale has demonstrated good criterion and convergent validity, with a total internal consistency reliability of 0.71.

Data Analysis

Data were analyzed using SPSS version 26. Descriptive statistics (means, standard deviations) were calculated for demographic and outcome variables. To test the effect of the intervention, Analysis of Covariance (ANCOVA) was performed separately for each dependent variable (self-compassion and distress tolerance), using pre-test scores as covariates to control for baseline differences. Normality of residuals was assessed using the Shapiro–Wilk test. Homogeneity of variances was tested using Levene's test. Homogeneity of regression slopes was checked by testing the interaction between group and pre-test score. All assumptions were met ($p>.05$)

Findings and Results

A total of 30 female participants were included in the study, with 15 individuals assigned to the experimental group and 15 to the control group. The participants' ages ranged from 21 to 44 years, with a mean age of 33.4 years (SD = 6.1). Most participants held at least a diploma or a higher education degree. Independent t-tests and chi-

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square tests revealed no significant differences between the two groups in terms of age, education level, marital status, or duration of anxiety symptoms ($p > .05$), indicating that the groups were comparable at baseline.

Table 1 presents the means and standard deviations of self-compassion and distress tolerance scores for both experimental and control groups at pre-test and post-test stages.

Table 1

Means and standard deviations for self-compassion and distress tolerance by group and time

Variable	Group	Pre-Test (Mean ± SD)	Post-Test (Mean ± SD)
Self-Compassion	Experimental	61.20 ± 7.10	73.87 ± 6.45
	Control	62.13 ± 6.94	63.06 ± 6.81
Distress Tolerance	Experimental	41.73 ± 5.96	53.80 ± 6.02
	Control	42.26 ± 5.88	43.00 ± 5.97

As shown, the experimental group demonstrated substantial improvements in both self-compassion and distress tolerance after the CBT intervention, while the control group showed minimal change. Before conducting ANCOVA, the assumptions of normality, homogeneity of variance, and homogeneity of regression slopes were assessed: Shapiro–Wilk test confirmed normal distribution of residuals ($p>.05$). Levene's test indicated homogeneity of variances ($p>.05$). Interaction terms showed no violation of homogeneity of regression slopes ($p>.05$). Thus, the data met the assumptions necessary for conducting ANCOVA. To assess the effectiveness of CBT on self-compassion, an analysis of covariance (ANCOVA) was performed with the pre-test score as a covariate. The results are shown in Table 2.

Table 2

ANCOVA results for post-test self-compassion

Source	SS	df	MS	F	p	Partial η^2
Pre-Test	1223.44	1	1223.44	18.61	< .001	0.408
Group	1378.26	1	1378.26	20.96	< .001	0.437
Error	1774.60	27	65.72			

The results indicate that CBT had a statistically significant effect on self-compassion after controlling for pre-test scores, $F(1, 27)= 20.96$, $p<.001$. The partial eta squared ($\eta^2 = 0.437$) indicates a large effect size. A similar ANCOVA was performed to evaluate the effect of CBT on distress tolerance. The results are shown in Table 3.

Table 3

ANCOVA results for post-test distress tolerance

Source	SS	df	MS	F	p	Partial η^2
Pre-Test	1015.37	1	1015.37	15.72	< .001	0.368
Group	1112.48	1	1112.48	17.23	< .001	0.389
Error	1744.20	27	64.60			

Results show a statistically significant difference in post-test distress tolerance between the two groups after adjusting for pre-test scores, $F(1, 27)= 17.23$, $p<.001$. The effect size was again large ($\eta^2 = 0.389$), indicating strong practical significance.

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Discussion and Conclusion

The present study aimed to evaluate the effectiveness of Cognitive-Behavioral Therapy (CBT) in enhancing self-compassion and distress tolerance among women with anxiety disorders. The findings demonstrated that participants who underwent eight sessions of CBT experienced significant improvements in both outcomes compared to the control group. These results align with the growing body of evidence supporting CBT as a transdiagnostic intervention for emotional and cognitive dysregulation (Hofmann et al., 2012).

From a theoretical standpoint, the observed improvement in self-compassion can be explained through Beck's cognitive model, which posits that maladaptive self-schemas—particularly negative self-beliefs—are central to emotional disorders (Beck et al., 1979). CBT targets these dysfunctional thoughts and replaces them with more balanced, compassionate, and realistic appraisals. As participants learned to identify cognitive distortions such as catastrophizing and self-blame, they were able to shift toward more self-accepting and emotionally validating perspectives. These shifts likely facilitated the development of self-compassion, defined by Neff (2003) as a kind and nonjudgmental stance toward oneself during distress (Neff, 2003).

The significant increase in distress tolerance in the experimental group is also consistent with CBT's emphasis on skill development and emotional regulation. Techniques such as cognitive restructuring, exposure exercises, and relaxation training help individuals reappraise aversive experiences and reduce emotional avoidance—key components in enhancing distress tolerance (Simons & Gaher, 2005). CBT enables clients to face distressing emotions with more psychological flexibility and adaptive coping, rather than engaging in suppression or avoidance, which are prevalent in anxiety disorders.

The large effect sizes observed in both self-compassion and distress tolerance suggest that CBT not only produced statistically significant changes but also yielded clinically meaningful improvements. According to Cohen's benchmarks, these are considered significant effects, implying a robust therapeutic impact (Cohen, 1988). These results are significant in clinical contexts where emotional vulnerability and self-criticism can hinder recovery and engagement in therapy (Gilbert & Procter, 2006).

In comparison with previous research, the findings of this study are consistent with international evidence indicating that CBT can foster self-compassion and emotion regulation. Kuyken et al. (2020) demonstrated that CBT-based interventions, including mindfulness components, significantly improve self-compassion in individuals with recurrent depression (Kuyken et al., 2020). Similarly, a meta-analysis by Narimani et al. (2021) in Iran confirmed that CBT effectively enhances emotion regulation and resilience in clinical populations (Narimani et al., 2021). This convergence of findings across cultural contexts reinforces the generalizability of CBT's effects.

Cultural context, however, plays a vital role in shaping the experience and expression of self-compassion and distress tolerance. In Iranian society, cultural norms often discourage emotional vulnerability, particularly among women, who are expected to prioritize family responsibilities over their personal emotional needs (Khodabakhshi-Koolaee et al., 2019). Additionally, self-criticism is frequently internalized as a motivational strategy, which paradoxically undermines mental health. CBT may be particularly effective in such settings because it offers structured techniques to challenge internalized beliefs, promote emotional awareness, and create a safe space for compassionate self-dialogue.

Despite these promising results, several limitations should be acknowledged. First, the sample size was relatively small (N = 30), which may limit statistical power and generalizability. Future studies should replicate these findings with larger and more diverse samples. Second, the absence of follow-up assessments limits our understanding of the long-term sustainability of treatment effects. Longitudinal designs with 3- and 6-month follow-ups are needed to determine whether gains in self-compassion and distress tolerance are maintained over time. Third, all outcomes were assessed via self-report measures, which are subject to social desirability and reporting biases. Incorporating behavioral tasks or clinician-rated assessments would improve measurement validity. Additionally, therapist fidelity to the CBT protocol was not objectively assessed in this study. Future research should include treatment adherence checklists or video-based supervision to ensure consistent delivery of the intervention.

It is also important to explore individual differences in treatment response. For example, attachment style, baseline self-criticism, and prior trauma exposure may moderate the effectiveness of CBT on self-compassion and distress tolerance. Tailoring interventions to these individual factors could enhance therapeutic outcomes (Arimitsu et al., 2023; Shahar et al., 2012). From a clinical perspective, the findings of this study support the integration of CBT into routine psychological services for women with anxiety disorders, particularly in contexts where emotional suppression and self-criticism are culturally reinforced. Mental health professionals working in counseling centers or primary care settings should consider including self-compassion and distress tolerance as explicit treatment targets. Additionally, group-based CBT programs may offer a cost-effective method for delivering these benefits on a larger scale.

In conclusion, this study provides empirical support for the effectiveness of Cognitive-Behavioral Therapy in enhancing self-compassion and distress tolerance among women with anxiety disorders. By targeting maladaptive cognitions and promoting emotional processing, CBT facilitates psychological resilience and adaptive coping. The findings highlight both the clinical efficacy and the cultural adaptability of CBT in non-Western settings. Further research is needed to confirm these effects in larger samples, explore long-term outcomes, and examine potential moderators of treatment response. These results provide valuable insights for practitioners seeking to empower clients with increased emotional flexibility, self-compassion, and tolerance in the face of psychological distress.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Declaration of Helsinki, which provides guidelines for ethical research involving human participants. Ethical considerations in this study included the fact that participation was entirely optional.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contribute to this study.

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