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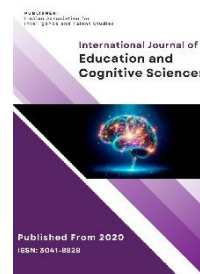
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Designing a Mindful Self-Compassion Protocol Based on the Lived Experiences of Adolescents with Self-Injurious Behaviors

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ABSTRACT

Purpose: This study aimed to design a culturally and developmentally appropriate mindful self-compassion training protocol based on the lived experiences of adolescents with self-injurious behaviors.

Methods and Materials: A qualitative phenomenological approach was adopted to explore the emotional, cognitive, and behavioral needs of adolescents engaged in non-suicidal self-injury (NSSI). Twenty-two adolescents aged 13 to 18 from Tehran participated in semi-structured, in-depth interviews. Sampling continued until theoretical saturation was achieved. Thematic analysis was conducted using NVivo software (version 14) to identify recurring themes and construct the core components of the training protocol. Based on the extracted themes, a ten-session mindful self-compassion protocol was developed. Content validity was assessed using CVR and CVI, and inter-rater reliability was measured using the Kappa coefficient, with input from a panel of 12 experts in adolescent psychology and curriculum design.

Findings: Six main thematic domains emerged from the data: emotional awareness and acceptance, self-kindness, mindful presence, safe emotional expression, interpersonal support, and values and identity. These themes were translated into a ten-session intervention structure targeting emotional literacy, inner dialogue transformation, mindfulness practice, peer support, and value-based identity reconstruction. The content validity ratio (CVR) ranged from 0.86 to 0.93, the content validity index (CVI) from 0.92 to 0.96, and the Kappa coefficient from 0.82 to 0.89, confirming the protocol's conceptual relevance and expert consensus.

Conclusion: The study offers a context-sensitive, empirically grounded, and experientially informed intervention protocol for adolescents with self-injurious behaviors. By grounding the protocol in adolescents' lived experiences and validating its content through expert review, this study provides a valuable tool for mental health professionals aiming to address NSSI through mindful self-compassion approaches tailored to developmental and cultural contexts.

Keywords: Mindful self-compassion, adolescent self-injury.

1. Introduction

Self-injurious behaviors among adolescents have become a growing concern in contemporary mental health discourse due to their rising prevalence and complex psychological underpinnings. Non-suicidal self-injury (NSSI), defined as deliberate, direct damage to one's body tissue without suicidal intent, is particularly widespread among adolescents navigating emotional distress, identity formation, and relational challenges (Suh & Jeong, 2021). Scholars have consistently linked self-harming tendencies to an array of affective vulnerabilities, including emotion dysregulation, self-criticism, shame, and difficulties in interpersonal functioning (Norman et al., 2021; Xavier et al., 2016). In light of these factors, recent research has increasingly turned toward the role of self-compassion—a construct grounded in emotional resilience, self-kindness, and mindful awareness—as a protective and reparative psychological resource for youth struggling with NSSI.

Self-compassion, as originally conceptualized, involves three core components: self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus over-identification with distressing thoughts and feelings (Gregory et al., 2017). These dimensions have shown significant inverse associations with self-harming behaviors and suicidal ideation in both cross-sectional and longitudinal studies (Cleare et al., 2019; Suh & Jeong, 2021). Adolescents with higher levels of self-compassion tend to demonstrate greater emotion regulation, lower impulsivity, and reduced tendencies to engage in maladaptive coping strategies such as self-injury (Geng et al., 2022; Gu et al., 2023). Moreover, empirical investigations have emphasized that the lack of self-compassion—not merely the presence of negative emotions—may serve as a critical predictor of NSSI, particularly when combined with poor distress tolerance and early trauma histories (Erol & Inozu, 2023).

In this context, mindful self-compassion training (MSC) has emerged as a promising therapeutic avenue. Unlike generic emotion regulation strategies, MSC specifically targets the internal landscape of self-judgment and emotional alienation that often precedes self-harm episodes (Johnson et al., 2023). In both clinical and non-clinical samples, interventions that incorporate mindfulness and self-compassion elements have been shown to significantly reduce self-injury frequency and severity (Kamarati et al., 2022; Shabani et al., 2024). Such interventions offer adolescents tools to acknowledge painful emotions with

non-reactivity, reduce shame-driven behavior, and form a more compassionate relationship with the self—thereby mitigating the core mechanisms that maintain NSSI (Xavier et al., 2016).

The theoretical framework underlying mindful self-compassion interventions is also supported by a growing body of neurobiological and developmental evidence. Adolescents are particularly sensitive to shame and interpersonal evaluation, due in part to ongoing maturation of affective brain systems and heightened peer influence (Faura-Garcia et al., 2021). When compounded by adverse childhood experiences, including emotional neglect or abuse, the risk for self-directed hostility increases sharply (Erol & Inozu, 2023; Rostami et al., 2017). In these cases, traditional cognitive-behavioral interventions may fall short, as they do not always address the deep-rooted self-loathing and fear of compassion that characterize many self-harming individuals (Xavier et al., 2016). Self-compassion, however, facilitates a non-threatening stance toward one's own emotional pain and builds internal safety, particularly when it is embedded within mindful awareness (Nagy et al., 2021).

Despite its demonstrated benefits, self-compassion does not arise easily in individuals with chronic emotional pain or trauma histories. Studies have shown that many adolescents who engage in self-harm report difficulties in accepting compassionate self-attitudes due to fear of appearing weak or unworthy (Motale et al., 2024; Xavier et al., 2016). This indicates a need for tailored protocols that scaffold self-compassion training in developmentally and emotionally appropriate ways. Furthermore, researchers have emphasized that integrating lived experiences of adolescents into the design of therapeutic protocols enhances their relevance, cultural validity, and emotional safety (Asghari & Aghili, 2022; Peymannia et al., 2018). Protocols rooted in participants' subjective experiences can better accommodate the specific emotional narratives, triggers, and psychosocial realities of the target population, particularly in non-Western or collectivist cultural contexts such as Iran (Damavandian et al., 2022; Izakian et al., 2019).

A number of prior studies in Iranian settings have begun to examine the effects of compassion-based therapies on emotional functioning and self-harm behaviors in adolescents. For example, Damavandian and colleagues (2022) demonstrated the effectiveness of compassion-focused therapy in reducing aggression and improving emotional self-regulation in delinquent youth (Damavandian et al., 2022). Similarly, Izakian et al. (2019) reported significant improvements in self-compassion and reductions

in emotional dysregulation following acceptance and commitment therapy among self-harming students (Izakian et al., 2019). These findings underscore the adaptability of compassion-oriented approaches within Iranian adolescent populations, yet they also point to the need for more personalized and developmentally nuanced interventions.

In this regard, the integration of adolescents' lived experiences into protocol development becomes a methodological and ethical imperative. When adolescents are treated not only as recipients but as informants in the design process, the resulting interventions are more likely to align with their language, cognitive styles, and emotional needs (Kamarati et al., 2022; Shabani et al., 2024). Moreover, engaging youth in narrative sharing about their self-harm behaviors has been shown to foster meaning-making and meta-cognitive insight, both of which are essential for long-term behavioral change (Norman et al., 2021). Therefore, designing a mindful self-compassion protocol based on the lived experiences of adolescents who self-harm holds the promise of both therapeutic efficacy and psychological empowerment.

The present study was undertaken with these objectives in mind. By adopting a qualitative approach grounded in the phenomenology of lived experience, this research aimed to identify the core emotional, cognitive, and behavioral needs of adolescents with a history of self-injury.

2. Methods and Materials

2.1. Study Design and Participants

In this qualitative research, a phenomenological design was employed to explore the lived experiences of adolescents struggling with self-injurious behaviors, with the aim of designing a mindful self-compassion protocol grounded in their own narratives. The study sought to understand the subjective realities of these adolescents, recognizing that such insights are best captured through an in-depth, interpretive methodology. The participants were 22 adolescents between the ages of 13 and 18 who had a documented history of self-injurious behavior and were residents of Tehran. They were purposefully selected using a criterion-based sampling method to ensure the richness and relevance of the data. Maximum variation was observed in terms of gender, socioeconomic background, and severity of the self-injury patterns to capture a wide spectrum of experiences. Recruitment continued until theoretical saturation was achieved—that is, until additional interviews yielded no new themes or significant variations in data. All

participants were informed of the study's purpose, and written informed consent was obtained from both the adolescents and their legal guardians in adherence to ethical research principles.

2.2. Measures

Data were collected exclusively through semi-structured, in-depth interviews, allowing participants to narrate their personal experiences in relation to their emotional struggles, triggers for self-harm, coping mechanisms, and perceived sources of compassion or its absence. The interview guide was developed based on a preliminary literature review on self-compassion and adolescent self-injury, and it was refined through expert consultation to ensure cultural and developmental appropriateness. Each interview lasted approximately 45 to 75 minutes and was conducted in a confidential setting either in school counseling centers or community mental health clinics, depending on the preference and availability of the participants. Interviews were audio-recorded with permission and transcribed verbatim for analysis. The interviewer, a trained clinical psychology researcher, maintained a neutral and empathetic stance, ensuring that participants felt safe and validated throughout the process.

2.3. Data Analysis

For data analysis, thematic analysis was conducted using NVivo software (version 14) to facilitate systematic coding and organization of qualitative data. The analysis followed Braun and Clarke's six-phase approach: familiarization with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. Transcripts were coded line-by-line, and codes were grouped into subthemes and main themes that reflected the shared aspects of participants' experiences. Memo writing and reflective journaling accompanied the process to enhance analytical depth and researcher reflexivity. Inter-coder reliability was established by involving a second coder in reviewing a subset of transcripts and reconciling discrepancies through discussion, thereby ensuring the rigor and credibility of the findings. Member checking was also employed by presenting preliminary themes to a subset of participants to verify that interpretations resonated with their experiences. The analysis ultimately informed the development of a context-sensitive, mindful self-compassion intervention tailored to

the needs and psychological profiles of adolescents with self-injurious behaviors.

3. Findings and Results

The first phase of the research focused on identifying the core components of a mindful self-compassion training package specifically tailored to adolescents with a history of self-injurious behaviors. This phase utilized thematic analysis to extract meaningful and recurring elements from the participants' narratives. By analyzing their lived

experiences, emotional needs, and expressed coping strategies, a set of psychological and behavioral components was distilled. These components reflect the critical elements that adolescents themselves deemed necessary for developing self-kindness, emotion regulation, and resilience against self-harming urges. The analysis generated a thematic framework composed of main themes, subthemes, and associated concepts, which formed the foundational structure of the forthcoming 10-session intervention program.

Table 1

Identified Components of the Training Package Based on Thematic Analysis

| Main Theme | Subtheme | Key Concepts |
|------------------------------------|------------------------------------|--|
| Emotional Awareness and Acceptance | Recognizing and labeling emotions | Differentiating emotions, emotional vocabulary, self-observation |
| | Accepting painful emotions | Non-judgmental awareness, normalization of distress |
| Self-Kindness | Reducing self-criticism | Inner dialogue, challenging negative beliefs |
| | Nurturing a kind inner voice | Affirmations, self-soothing practices |
| Mindful Presence | Present-moment awareness | Breath-focused mindfulness, grounding techniques |
| | Reducing rumination and avoidance | Mindful disengagement from negative loops |
| Safe Emotional Expression | Talking about feelings safely | Communication tools, journaling, emotional language |
| | Expressing distress constructively | Drawing, storytelling, symbolic expression |
| Interpersonal Support | Receiving support from others | Trust-building, asking for help |
| | Building compassionate connections | Peer understanding, shared emotional experiences |
| Values and Identity | Reconnecting with personal values | Identifying strengths, personal meaning |
| | Building a positive self-identity | Self-definition beyond self-harm, future-oriented thinking |

The thematic analysis revealed six overarching themes that together provide a holistic understanding of the psychological mechanisms relevant to mindful self-compassion in adolescents. The first theme, Emotional Awareness and Acceptance, emerged as a foundational component, as many adolescents described their inability to recognize or process emotions before engaging in self-harm. Two subthemes, “recognizing and labeling emotions” and “accepting painful emotions,” were noted as critical in breaking the automaticity of harmful behaviors. The second theme, Self-Kindness, captured the internal struggle adolescents face with harsh self-criticism and the therapeutic importance of cultivating a nurturing inner voice. Participants highlighted the role of both cognitive strategies and emotional self-soothing in reducing feelings of shame.

The third theme, Mindful Presence, addressed the adolescents' need to stay connected to the present moment rather than becoming overwhelmed by intrusive thoughts or emotional numbness. Techniques such as mindful breathing and sensory grounding were frequently mentioned. The fourth theme, Safe Emotional Expression, emphasized the significance of providing outlets for expressing emotional

pain in non-destructive ways. Adolescents expressed that writing, art, or talking helped channel intense feelings when used intentionally.

The fifth theme, Interpersonal Support, underscored the healing role of relationships. Many participants noted the value of peer support and the relief they felt when they were met with understanding rather than judgment. Finally, the theme Values and Identity reflected the participants' desire to rebuild a sense of self not defined by harm or trauma. Subthemes such as reconnecting with personal values and cultivating a future-oriented self-image emerged as essential for promoting sustainable psychological change.

These findings serve as the empirical foundation for developing the session-by-session structure of the mindful self-compassion protocol, ensuring it is not only theoretically sound but also deeply grounded in the real-world experiences of the target population.

Based on the extracted components from the thematic analysis of adolescents' lived experiences, a ten-session training protocol was developed to enhance mindful self-compassion in adolescents with self-injurious behaviors. Each session was designed to target one or more key themes

identified in the previous phase, with a progression from foundational skills like emotional awareness to more advanced practices such as building a compassionate identity. The structure of the sessions reflects the developmental needs of adolescents, and combines psychoeducation, mindfulness exercises, guided reflection,

and interactive activities. All sessions were designed to be flexible, trauma-sensitive, and delivered in a safe and supportive environment by trained facilitators. Each session includes a specific objective, main activities, and a take-home practice to help generalize the skills to daily life.

Table 2

Mindful Self-Compassion Protocol for Adolescents with Self-Injurious Behaviors

| Session | Objective | Main Activities | Take-Home Practice |
|---------|--|---|---|
| 1 | Building rapport and group safety | Group introduction, discussion of ground rules, psychoeducation on self-harm and emotion cycles | Reflective journaling: "What I need when I'm upset" |
| 2 | Enhancing emotional awareness | Emotion identification games, emotion wheel exploration, body scan for feelings | Emotion diary |
| 3 | Accepting difficult emotions without judgment | Mindfulness of emotions, group sharing, cognitive reframing of distress | Noticing and naming emotions daily |
| 4 | Reducing self-criticism and fostering self-kindness | Exploring inner critic, writing a letter to oneself, guided self-compassion meditation | Practice self-kind phrases in mirror |
| 5 | Practicing mindfulness and present-moment focus | Five senses grounding, mindful breathing, "leaves on a stream" visualization | 10-minute daily mindfulness practice |
| 6 | Safe emotional expression through verbal and nonverbal means | Emotion storytelling, expressive drawing, role-play of help-seeking scenarios | Expressive art at home for one emotion |
| 7 | Enhancing interpersonal compassion and support-seeking | Trust exercises, group empathy activities, practicing asking for help | Identify one safe person to share with |
| 8 | Reconnecting with personal values and goals | Values clarification, "Who am I beyond self-harm?" activity, goal-mapping | Create a value-based affirmation card |
| 9 | Identity integration and compassionate self-definition | Building a personal narrative, creating a self-compassion symbol, group reflection | Self-definition collage or vision board |
| 10 | Integration, relapse prevention, and closure | Review of learned skills, identifying personal warning signs, creating a self-care plan | Share final reflections in group meeting |

The protocol was systematically structured to support adolescents in developing self-awareness, emotional regulation, and kindness toward themselves in a supportive peer environment. In the first session, a safe and trusting group dynamic was established, laying the foundation for the emotional work ahead. Session 2 built on this by helping adolescents become more literate in recognizing and labeling their emotional experiences, a crucial first step in interrupting harmful behavior cycles. In Session 3, the focus shifted to accepting difficult emotions rather than avoiding or suppressing them—participants practiced observing feelings with openness and without judgment.

Session 4 addressed the pervasive issue of self-criticism. Through cognitive-behavioral techniques and guided meditations, adolescents learned to identify harsh inner dialogue and replace it with a nurturing inner voice. In Session 5, the focus moved toward cultivating mindfulness in everyday life. Practical exercises helped participants anchor their awareness in the present moment and observe thoughts non-reactively, an important skill for distress tolerance.

In Session 6, safe and constructive emotional expression was encouraged through storytelling and art-based modalities, allowing adolescents to externalize their inner pain without resorting to self-harm. Session 7 built interpersonal resilience by fostering compassionate connections and modeling how to seek help effectively. Session 8 introduced value-based living, encouraging participants to identify deeper meanings and motivations beyond self-destructive behavior.

In Session 9, adolescents integrated their learnings to begin constructing a new, compassionate sense of self that acknowledges suffering without being defined by it. The final session (Session 10) focused on relapse prevention strategies, consolidating gains, and reinforcing the sense of closure, empowerment, and mutual support within the group.

Each session was carefully sequenced to build upon the previous ones, allowing for gradual but meaningful transformation rooted in participants' lived experiences. This evidence-informed and experience-driven protocol is designed to be replicable, developmentally appropriate, and

sensitive to the psychological needs of self-injuring adolescents.

To ensure the scientific robustness of the designed mindful self-compassion protocol, content validity and reliability were assessed using three standard indices: Content Validity Ratio (CVR), Content Validity Index (CVI), and the Kappa coefficient. A panel of 12 experts in clinical psychology, adolescent mental health, and

curriculum design independently reviewed each session objective, activity, and assigned home practice. They evaluated each item based on relevance, clarity, and necessity. For CVR, experts rated whether each item was "essential," "useful but not essential," or "not necessary." For CVI, they assessed relevance on a 4-point Likert scale. Kappa was calculated to correct for chance agreement among experts in CVI assessments.

Table 3

Content Validity and Reliability Indices for the Mindful Self-Compassion Protocol

| Item Evaluated | CVR | CVI | Kappa |
|-----------------------------------|------|------|-------|
| Session Objectives | 0.91 | 0.96 | 0.87 |
| Main Activities | 0.88 | 0.94 | 0.85 |
| Take-Home Practices | 0.86 | 0.92 | 0.82 |
| Sequence and Logical Flow | 0.93 | 0.95 | 0.89 |
| Language and Developmental Fit | 0.89 | 0.93 | 0.84 |
| Overall Relevance to Target Group | 0.92 | 0.96 | 0.88 |

The content validity indices confirm that the protocol meets high methodological standards. All CVR values exceeded the minimum Lawshe threshold of 0.56 for a panel of 12 experts, indicating that the items were judged as essential by a significant majority. CVI scores across evaluated components ranged from 0.92 to 0.96, reflecting high agreement on the relevance and clarity of the protocol content. Furthermore, Kappa values ranged from 0.82 to 0.89, which according to standard interpretive criteria indicate excellent inter-rater agreement beyond chance. These results demonstrate that the protocol possesses strong content validity and reliable consensus among experts, affirming its suitability for implementation in adolescent mental health interventions.

4. Discussion and Conclusion

The present study aimed to design a culturally and developmentally tailored mindful self-compassion training protocol for adolescents with a history of self-injurious behaviors, grounded in the analysis of their lived experiences. Thematic analysis of interviews with 22 adolescents revealed six core themes: emotional awareness and acceptance, self-kindness, mindful presence, safe emotional expression, interpersonal support, and values/identity. These themes were operationalized into a ten-session intervention protocol, which was subsequently validated using CVR, CVI, and Kappa indices, confirming the scientific robustness and relevance of the program. The findings underscore that adolescents who engage in self-

harm are not only struggling with emotion regulation but are also navigating a deep and often unarticulated sense of self-criticism, interpersonal alienation, and emotional numbness. The structure and content of the protocol, derived from the voices of adolescents themselves, suggest that any intervention aimed at reducing self-harming behaviors must integrate both compassionate self-engagement and mindful awareness practices.

The identification of emotional awareness and acceptance as the first key theme aligns with earlier findings that adolescents who self-injure often exhibit alexithymia or a limited ability to identify and describe their emotional states (Norman et al., 2021). These difficulties impair the adolescent's capacity to regulate distress effectively and may predispose them to turn to self-injury as a form of affect modulation. The emphasis in the protocol on recognizing, naming, and accepting emotions without judgment resonates with the theoretical premise that mindfulness promotes self-regulation through increased interoceptive and affective awareness (Geng et al., 2022; Gu et al., 2023). Furthermore, the practice of mindful observation, as taught in several sessions, may act as a buffer against impulsive self-harming episodes by enhancing attentional control and promoting a pause between emotional arousal and behavioral reaction.

Self-kindness, the second theme identified, was noted in participants' narratives as a glaring absence during moments of emotional pain. This finding supports prior studies indicating that self-criticism is a core feature in the psychological profile of adolescents who engage in NSSI (Gregory et al., 2017; Xavier et al., 2016). The inclusion of

exercises aimed at replacing the inner critic with a nurturing inner voice reflects empirical recommendations from compassion-focused therapy and related approaches, which highlight the importance of internal safety and emotional soothing in reducing the urge to self-harm (Cleare et al., 2019; Damavandian et al., 2022). Erol and Inozu (2023) also found that low self-compassion and elevated self-disgust mediate the relationship between childhood trauma and NSSI, reinforcing the importance of targeting self-directed hostility in therapeutic interventions (Erol & Inozu, 2023).

The third theme, mindful presence, emerged as a protective mechanism against over-identification with negative thoughts and emotional spirals—a common precursor to self-injury (Suh & Jeong, 2021). Adolescents in the current study frequently reported dissociative tendencies or compulsive rumination, which they felt led to impulsive acts of self-harm. Integrating mindfulness exercises such as grounding techniques and breath awareness helped cultivate a space of non-reactivity, supporting findings by Shabani et al. (2024) who showed that group-based mindfulness significantly enhanced resilience and reduced high-risk behaviors in adolescents with self-harm histories (Shabani et al., 2024). These practices also intersect with findings by Johnson et al. (2023), who noted that athletes with higher self-compassion exhibited greater psychological recovery after injury due to mindful self-observation and reduced emotional entanglement (Johnson et al., 2023).

The fourth and fifth themes—safe emotional expression and interpersonal support—highlighted the adolescents' need for relational and expressive outlets beyond the act of self-harm. Many described the absence of spaces where emotional pain could be communicated safely, leading to bottling of distress and eventual behavioral release through injury. These insights resonate with the work of Faura-Garcia et al. (2021), who demonstrated the mediating role of maladaptive schemas in the relationship between cyberbullying victimization and NSSI, suggesting that perceived social invalidation exacerbates emotional vulnerability (Faura-Garcia et al., 2021). Additionally, Gu et al. (2023) showed that peer victimization predicts NSSI partly through emotional alienation, which may be mitigated by mindfulness-based peer connection strategies (Gu et al., 2023). As such, the protocol's inclusion of empathy-building and help-seeking activities addresses these relational voids by fostering communal resilience and interpersonal trust.

The final theme—values and identity—revealed that adolescents yearned for a coherent self-narrative beyond their identity as “self-harmers.” This is consistent with

findings from Kamarati et al. (2022), who reported that both mindfulness and ACT approaches improved emotional regulation by fostering value-based living among adolescents with self-injurious behaviors (Kamarati et al., 2022). The construction of a future-oriented self-image within the protocol represents a critical existential intervention, as it enables adolescents to see themselves as more than their suffering. Peymannia et al. (2018) also emphasized the role of ACT Matrix with compassion in enhancing quality of life and reducing self-injury among students with borderline personality symptoms, reinforcing the efficacy of value clarification and future self-construction (Peymannia et al., 2018).

The high CVR, CVI, and Kappa coefficients obtained in the expert validation phase of the study suggest strong content validity and inter-rater agreement on the relevance, clarity, and coherence of the protocol elements. This methodological rigor, combined with participant-derived content, distinguishes the present study from previous interventions that often relied solely on top-down expert frameworks. Furthermore, the study contributes to the ongoing discourse surrounding cultural adaptability of compassion-based interventions. While many self-compassion protocols have been developed in Western contexts, the current study demonstrates their applicability within the Iranian sociocultural landscape, provided that the protocol is co-constructed with the target population and sensitive to their contextual realities (Asghari & Aghili, 2022; Damavandian et al., 2022).

Despite its strengths, this study is not without limitations. First, the qualitative nature of the study and the use of purposive sampling limit the generalizability of the findings. Although efforts were made to include diverse adolescent perspectives, the sample was restricted to residents of Tehran, which may not reflect the experiences of adolescents in other regions or rural areas. Second, the protocol has not yet been implemented in a clinical setting; thus, its practical effectiveness in reducing NSSI remains theoretical until tested. Additionally, self-report data from adolescents may be subject to memory bias or social desirability effects, particularly given the sensitive nature of self-injury. Lastly, while the protocol was reviewed by experts, it may benefit from future feedback from adolescents themselves during implementation to refine content and delivery methods.

Future studies should focus on the empirical testing of the designed protocol using controlled clinical trials to assess its impact on NSSI frequency, emotion regulation, and self-compassion over time. Quantitative measures of

psychological constructs before and after intervention will provide more robust evidence of efficacy. Additionally, longitudinal designs could investigate the long-term sustainability of intervention effects and explore which components have the most enduring impact. Researchers are also encouraged to adapt and test the protocol in other cultural and socio-economic contexts, as well as among subgroups with varying clinical diagnoses such as borderline personality traits or trauma histories. Exploring the mediating mechanisms—such as changes in shame, mindfulness, or distress tolerance—could further refine intervention strategies.

Practitioners working with adolescents who self-harm may consider incorporating structured, mindfulness-based self-compassion training into school-based or clinical interventions. The present protocol offers a developmentally appropriate, experience-informed framework that can be used flexibly across educational, counseling, and mental health settings. It is recommended that facilitators receive training in both mindfulness and trauma-informed care to ensure emotional safety. Peer-based delivery models may also enhance engagement and normalize emotional struggles among adolescents. Finally, the integration of artistic and narrative expression may increase accessibility for adolescents who struggle with verbal expression, reinforcing the multidimensional nature of compassionate healing.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

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