

Extended Abstract

Journal of Behavior Modification Studies (JBMS), 1(3), 2025



Vol 1, No.3, Spring 2025

Submitted Date: 2025-5-6

Accepted Date: 2025-5-22

https://jbms.guilan.ac.ir/article_8901.html?lang=en

Research paper

Effectiveness of Kindness Behavior Training on Depression and Communication Skills in Substance Abusers

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Introduction

Studies have shown that depressive symptoms significantly predict the frequency of opioid use at subsequent assessments. Depression is evident at all stages of an addict's life, whether when they have used larger amounts than usual or when they have experienced withdrawal symptoms (Anthenelli & Schuckit, 1993). Ali et al. (2015) concluded in a study that people with more depressive symptoms show more problems in the field of substance use. Groves (2014) believes that teaching kindness behavior leads to increased self-acceptance, interest in others and improved social relationships, reduced self-criticism and rigid expectations of others, improved emotional regulation and, consequently, developed self-regulation skills and increased empathy in relationships with others, which covers many of the issues of people with substance use disorders. Many interventions that have been considered by various researchers to promote happiness and, as a result, improve psychological well-being and reduce pathological symptoms include performing acts of kindness and interventions based on self-compassion. Among them, Karlou and Karakasidou (2025), and Wishart (2025) consider self-compassion-based interventions to be effective in the treatment of addiction. Also, Naderi et al. (2024) have shown that self-compassion and mindfulness are associated with increased readiness for change in people who abuse drugs. Considering the prevalence of substance abuse and its psychological consequences, the presence of depressive symptoms and deficits in communication skills in addicts, and the role of these variables in the treatment process, the aim of the present study is to determine the effectiveness of kindness training on improving interpersonal skills and depressive symptoms in substance abusers.

Method

This semi-experimental study was conducted with a pre-test and post-test design with a control group. The statistical population of this study was selected substance abusers who were quitting at the Sepehr Addiction Treatment Center in Isfahan (about 200 people). The research sample was 40 people who were quitting and referred to the Sepehr Addiction Treatment Clinic in Isfahan, who were selected purposefully. People who scored high on the Beck Depression Inventory (cut-off score 17) and low on the Mattson Communication Skills Scale (score less than 55) were selected according to the inclusion and exclusion criteria, and 40 people were randomly assigned to two experimental groups (20 people) and control groups (20 people). The following tools were used to collect data: a) Beck Depression Inventory (), b) Mattson Communication Skills Questionnaire (1983). Also, the kindness behavior training consisted of 8 90-minute sessions, which were based on the Mason-John and Cruz program (Grose, 2014) in the book "Treatment in Eight Steps." After coordination, identification, and selection of participants, they were randomly assigned to experimental and control groups (20 people in each group). First, both groups were pre-tested. Then, the kindness behavior training program for the experimental group was implemented in 8 group sessions for two months, each session lasting 90 minutes (one session per week) on Thursdays at the Sepehr Addiction Treatment Center, and the control group did not receive any special program or training. The control group was also promised that after the experimental group sessions ended, they would also undergo the intervention. At the end of the training sessions, the two groups completed the depression and communication skills questionnaires again. In each group, 7 people were eliminated due to excessive absenteeism and unwillingness to cooperate. Finally, two groups of 13 participants were analyzed using univariate analysis of variance on the difference

between pre-test and post-test depression scores and univariate analysis of covariance to remove the effect of the pre-test of communication skills.

Results

The results of the univariate analysis of covariance (ANCOVA) to examine the differences between the experimental and control groups in the post-test of communication skills and depressive symptoms, with statistical control of the pre-test of this variable. the results show that there is a significant difference between the experimental and control groups in communication skills and depressive symptoms ($P < 0.05$). The eta square shows that 43% of the variance in communication skills and 20.4% of the variance in depressive symptoms was due to kindness training.

Discussion and Conclusion

Research findings showed that teaching kindness is effective in increasing communication skills. These findings are in line with the results of other studies (e.g. Wishart, 2025; Karlou and Karakasidou, 2025). Using self-kindness strategies helps individuals to actively participate in the treatment process. Teaching self-kindness behavior, by raising awareness of internal states and various personal sufferings, emphasizes the importance of conscious personal choice and acceptance of personal change, and encourages the individual to explore themselves, recognize their various emotions, and treat themselves kindly in difficult times of temptation. Also, group sessions alone, as a source of communication independent of the treatment plan that is considered reliable, can help the individual express themselves and promote activity, which in itself is considered a source of relief from depression. It can also be stated that group intervention and intragroup dynamics led to the resolution of some conflicts and, in particular, to reaching a therapeutic understanding with the researcher. This contributed significantly to the patients' realistic understanding of their relationships and those around them. Therefore, it seems that teaching self-kindness behavior It can play an effective role in accepting the impermanence of problems and promoting positive emotions. It can also be said that people who are in a group therapy environment in contact with other peers not only become more aware of the need to be kind to themselves, but also carry out intra-group interactions in the best possible way, and as a result, their communication skills increase. The results of the present study indicated that teaching kindness behavior in depressed substance abusers reduced their symptoms of depression. This finding is in line with the results of the studies of Carlo & Carrasco, 2025; Wishart, 2025). kindness behavior training encourages people to have a positive and empathetic attitude towards others. In the process of practicing kindness, the focus is on creating constructive relationships and strengthening a sense of worth in people, which leads to an increase in the feeling of satisfaction and happiness in life. These activities often lead to a reduction in negative thoughts and social isolation, which are factors that exacerbate depression. In addition, performing kind behaviors causes the release of positive chemicals in the brain, such as endorphins and oxytocin, which help improve a person's mood. Also, activities related to kind behavior often lead to strengthening the individual's social support, which are considered to be key factors in dealing with depression. Therefore, teaching kind behavior can be recommended as a useful and complementary strategy for treating or managing depression. Kind behavior training can be used as an effective therapeutic supplement alongside medication and individual counseling to improve the functioning of substance abusers, speeding up the treatment process and prolonging the duration of treatment effects.

Ethical Considerations

Ethical Code

This study adhered to ethical principles, including obtaining informed consent from all participants and ensuring the confidentiality and privacy of their information. The research was registered with the Educational and Graduate Studies Office of the Faculty of Literature and Humanities, University of Guilan, Iran.

Financial Support

This study did not receive any financial support.

Authors' Contributions

Author: prepared the initial manuscript draft, designed the methodology, conducted statistical analyses, and Provided supervision and training.

Conflicts of Interest

This research is part of a dissertation supported by the author of University of Guilan . The authors declare no conflicts of interest.

Acknowledgments

We sincerely thank all those who contributed their support and assistance to this research.

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