The Effectiveness of Self-Sympathetic-Based Therapy in Reducing Perceived Stigma Among Adolescents of Unknown Parentage Inresidential Institutions in Hail

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Abstract   The current research aimed to identify the effectiveness of self-sympathetic-based therapy. The sample of this study consisted of (30) adolescents of unknown parents who have a low degree regarding the perceived stigma. The sample was chosen on purpose. The sample was divided into two groups randomly with 15 adolescents for each one; control and experimental group. The following instruments were used in the research: Perceived Stigma Scale (developed by the researcher), Self-Sympathetic-Based Therapy Program (developed by the researcher), which included (18) sessions, it took nearly two and a half months to be applied, by two sessions per week, and a 60 minutes' duration of each session. The results of the research indicated there are statistically significant differences at the level of significance (0.05) between the mean scores of the individuals of the two groups: the experimental and the control in the post-measurement on the perceived stigma scale in favor of the members of the experimental group. There are statistically significant differences at the level of significance (0.05) between the mean scores of the members of the experimental group in the pre and post measurement: on the scale of perceived stigma in favor of post-measurement. There were no statistically significant differences at the level of significance (0.05) between the mean scores of the members of the experimental group in the: post and tracer measurements on the scale of perceived stigma.All in all, these results indicate the effectiveness of self-sympathetic-based therapy in reducing the perceived stigma of adolescents of unknown parents deposited in residential institutions in the city of Hail; and this includes its sessions, its techniques, and various activities

Keywords   self-sympathetic-based therapy, Perceived stigma, Adolescents of unknown parents.

INTRODUCTION

The family plays an important role in raising children, forming their personalities, and their social upbringing.Family is the natural environment in which children are to betaken care of, satisfied with their different needs in all aspects of development since their birth, and through different stages of life.

Adolescents of unknown parentage who have been deprived of a natural family environment are either in the social institutions of the state or with alternative families who have embraced them since their childhood (Bluth at all, 2017). Undoubtedly, deprivation for the childrenof unknown parents generates many problems, whether psychological, social, or behavioral, depending on the stage in which the child was left, as well as the efficiency of alternative care provided to them (Brill & Nahmani, 2017). One of the most prominent problems experienced by the children of unknown parents within social institutions is the lack of clarity of personal identity, that identity from which the individual derives his self-esteem from what enters him in a cycle of confusion and anxiety, often ending in a state of emotional instability and lack of social adaptation.This makes him prefer isolation and generates in him the fear of his presence with others (Gilbert, 2014). It should be noted that the children of unknown parents in the residential institutions suffer from anxiety, tension and negativity, and they are unable to face the problems of life hesitating to make decisions, and perhaps this is due to the psychological pressure they suffered (Kirby at all, 2017).

On the other hand, self-compassion is considered one of the personal sources belonging to the system of variables of positive psychology, and it is a type of self-to-self relationship.Self-compassion refers to how the individual deals with

himself in cases of failure, perceived failure, or personal sufferingwhen an individual makes a mistake, or when the external circumstances in life are greater than his tolerance (Neff, Whittaker, & Karl, 2017).

Both of (Al-Ubaidi, 2017; Al Dab'a, 2018) indicate that self-compassion is an important variable in the personality, and it is a healthy trend in dealing with the self in times of crisis and experiences of failure; it plays an important role in the individual's mental health, and individuals with high self-compassion are characterized by being more flexible, open to their experiences, and more rational in dealing with the negative experiences they are exposed to, compared to individuals with low self-compassion who are critical of themselves, and who live in a state of isolation, excessive autism with their problems.Individuals with low self-compassion are dominated by negative emotions that negatively affect their well-being and psychological happiness.

Given the importance of self-compassion and its positive impact on an individual's mental health, Gilbert introduced Compassion-focused therapy (CFT) based on the assumption that individuals with a high degree of self-criticism find it difficult to generate feelings of contentment, safety, and warmth in their relationships with themselves or others (Neff at all, 2017).

The importance of self-compassion therapy is evident in individuals with high self-criticism; self-compassion therapy reduces their self-criticism (Trompetter at all, 2017). This treatment is also beneficial for individuals who overly criticize others; this is by developing their sympathy for others, and it helps individuals reduce psychological pressures on them, reduces feelings of pathological symptoms (anxiety, depression, fear), and organizes negative feelings by expressing feelings of warmth and safety, and develops feelings of happiness, optimism, and quality of life (Leaviss & Uttley, 2015).

Finlay, Jones, Rees, & Kane (2015) state that self- compassion-based therapy is especially beneficial in situations where there is a social threat, i.e. in cases where an aspect of the self is at risk of negative judgment and evaluation.Therefore, it is used with some clinical samples, people with organic disease, eating disorders, and individuals who feel shame associated with certain situations that threaten self-image.

Here it must be noted that the perceived stigma of the adolescents of the unknown parents has an impact on psychological and social aspects.This is represented by a lack of motivation and feelings of guilt, which may lead to depression and other psychological diseases (Mantzios & Wilson, 2015). On the social side, adolescents of the unknown parents feel isolation and social rejection from others, and from this angle the perceived stigma of the adolescents of the unknown parents is linked to social standards (Swickert at all, 2016).

Hence, the perceived stigma is related to the feeling of the individual and is contempt and disapproval. Perhaps programs and practical exercises for treatment based on empathy with the self and others have a pivotal role in reducing the sense of perceived stigma (Neff, K., & Dahm, 2015).

In light of the foregoing, it can be said that adolescents of the unknown parents are exposed to many negative effects as a result of family deprivation, which affect their personality.They also feel shame and stigma as a result of not knowing their lineage. As there are no studies - within the limits of the researcher's knowledge - that dealt with this topic, especially in the local environment; it is important to develop a treatment program to reduce the perceived stigma for these adolescents through sympathetic treatment.

PROBLEM OF THE STUDY

Adolescents of the unknown parents suffer from behavioral and psychological problems and disorders, including anxiety, low self-concept, fear of social situations, low level of psychological security and mental health, high future anxiety, lack of social skills, and they have a high level of negativity and introversion, and personality disorders of personality Paranoia, anti-social, hysterical, and aggressive personality.

It can be said that there is a negative correlation between self-compassion and the stigma; the higher the level of self-compassion, the lower the level of stigma accordingly. The results of the Wong, Mak, and Liao (2016) study indicated a negative correlation between self-copassion and the stigma of parents of children with autism spectrum disorder; the results of the Yang & Mak (2017) study also found a negative correlation between self-compassion and stigma in people with mental illness and AIDS patients.

By a review of some previous studies such as Kelly, & Carter (2015); Boersma,; Hakanson, Salomonsson, & Johansson (2015); Study of Clapton, Williams, Griffith, & Jones, (2017); Study of Au, Sauer-Zavala, King, Petrocchi, Barlow, & Litz (2017); it was found that they all agree on the effectiveness of self-compassion-based therapy in developing self-compassion and reducing some mental disorders, reducing shame, self-criticism and social anxiety in people with shyness and social phobia. It also reduces depression in women with eating disorders, and symptoms of shame and self-criticism associated with mental disability. Moreover it helps developing self-compassion for the mentally handicapped, and reducing the shame associated with post-traumatic stress.

In light of the foregoing, it becomes clear that the perceived stigma experienced by adolescents of unknown parents, and the extent of their need to accept themselves, and not to be cruel to themselvesis because of their presence in situations in which they have nothing to do with.Therefore, there is a need to develop sympathy for themselves, especially through

treatment based on compassion, and therefore the current study focuses on building a counseling program to reduce the feeling of stigma by developing sympathy for oneself among male adolescents of unknown parents in the House of Social Education and Model Education Institutions in the city of Hail. The main question of the study problem is as follows:

What is the effectiveness of the self-compassion- based - therapy in reducing the perceived stigma among adolescents of unknown parentage in residential institutions in Hail?

HYPOTHESES OF THE STUDY

1. There are statistically significant differences between the mean scores for the members of the two experimental and the control group subjects in the post- measurement in the total degree of the stigma scale and its dimensions for the benefit of the members of the experimental group among the adolescents of unknown parentage.
2. There are statistically significant differences between the mean scores of the members of the experimental group in the two measurements: pre and post in the total degree of the perceived stigma scale and its dimensions in favor of the post- measurement of the adolescents of unknown parentage.
3. There are no statistically significant differences between the mean scores of the members of the experimental group in the two dimensions: the post and the trace in the overall score of the scale of perceived stigma and its dimensions among the adolescents of unknown parentage.

OBJECTIVES OF THE STUDY

1. Examination of the efficacy of self-compassion-based therapy among the adolescents of unknown parentssample.
2. Identifying the extent of the effect of the program based on self-compassion to reduce the perceived stigma of the sample of the research.
3. Identifying how long that effect will last after the program is completed, and during the follow-up period.

SIGNIFICANCE OF THE STUDY

Theoretical Significance:
1. Research on the concepts of the study related to perceived stigma and self-compassion based therapy.
2. The importance of the research category of adolescents in residential institutions of "unknown parents", and their need for psychological care and counseling programs that reduce their various psychological disorders.
3. Paying attention of the adolescents of unknown parent category and other members of society to the importance of compassion for the self to face the different pressures in life, while passing through harsh experiences.

Applied Significance:
1- Preparing a counseling program to help adolescents in residential institutions reduce their sense of perceived stigma due to not knowing their lineage, whether in terms of the father, the mother, or both parents.
2- Preparing the scale of perceived stigma and verifying its psychometric properties on the research sample.
3- The possibility of benefiting from the research results in preparing qualifying programs that help this group to accept themselves and agree with the community.

TERMS OF THE STUDY

Program: The researcher defines the program as a clear scheme that includes a set of organized procedures that contain the set of technicians, as well as the activities and training (practical practices) that the research sample members practice.

Compassion focused therapy:
It is known as an application of the principles of empathy theory in psychotherapy, and it is a human tendency to deal with cases of shame and self-criticism associated with many health and psychological problems such as: depression, addiction, psychosis, PTSD, and social anxiety (Willer, 2015)

In the current research, it is defined - procedurally - by the theoretical foundations of sympathetic treatment, the chosen techniques, methods and means, the number of sessions, the activities involved, and the procedures for implementing the program.

Self-compassion:
Neff (2011) defined sympathy for the self as a concept that includes three polar dimensions: compassion for self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over identification. These dimensions interact with each other to create an emotional, forgiving framework of the mind when an individual experiences suffering, especially when the external circumstances surrounding him are painful or difficult, and cannot be tolerated, or when the suffering arises from stupid behaviors, from a failure, or from personal failure.

The present research defines self-compassion - procedurally - as the concept that has been used in the therapeutic program to reduce the perceived stigma among the adolescents of unknown parents who are deposited in residential institutions in the city of Hail.

Perceived stigma:

The concept of stigma is a multidimensional concept, based mainly on the deviation from one of the accepted and agreed upon standards of society. And whoever does that (deviating from the accepted standards) is seen by society as guilty.The stigma is related to the individual's feeling, the thoughts of others and their rejection of the stigmatized individual (Umphrey & Sherblom, 2018). Procedurally, the researcher defines the perceived stigma as the degree that the adolescents of unknown parent get on the scale used in the research.
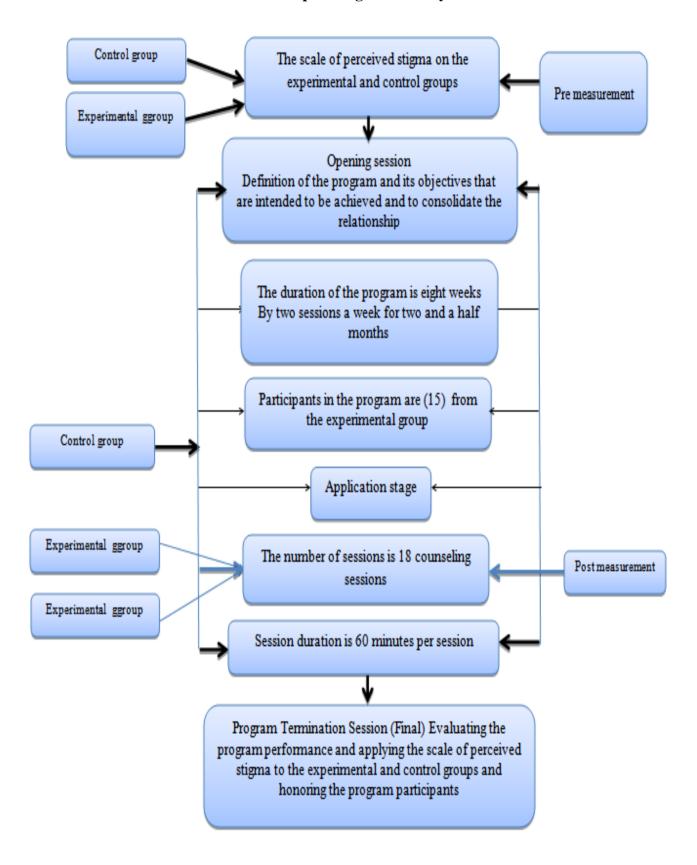
Adolescents of unknown parents:

They are the children whose parents are anonymous and they live in adoption houses and social institutions.The researcher defines them - procedurally - in the current research as the male adolescents who are deprived of their natural family environment, and who do not know their parents, and live in a residential institution (Dr. Nasser Center in Medina Hail), and their age ranges between (12-18) years.

DELIMITATIONS OF THE STUDY

The study aimed at identifying the extent of the effect of the program based on self-compassion to reduce the perceived stigma among the adolescents of unknown parents who resides in the Social Education House (Dr. Nasser Al-Rashid Center), in the city of Hail in 2020.

General planning of the study

Control group

Experimental ggroup

The scale of perceived stigma on the experimental and control groups

Pre measurement

Opening session
Definition of the program and its objectives that are intended to be achieved and to consolidate the relationship

The duration of the program is eight weeks By two sessions a week for two and a half months

Participants in the program are (15) from the experimental group

Control group

Application stage

Experimental ggroup

Experimental ggroup

The number of sessions is 18 counseling sessions

Post measurement

Session duration is 60 minutes per session

Program Termination Session (Final) Evaluating the program performance and applying the scale of perceived stigma to the experimental and control groups and honoring the program participants

PROCEDURES OF THE STUDY

Methodology of the Study

The researcher adopted a quasi-experimental approach with a design of the two groups - the experimental group and the control group - in order to identify the effectiveness of self-compassion -based therapy (independent variable) and reduce the sense of stigma among the adolescents of unknown parents (dependent variable).

Sample of the study

The sample was chosen intentionally from adolescents of unknown parents who reside in the Social Education House (Dr. Nasser Al-Rashid Center), in the city of Hail; they are 30 individuals, or 3.03% of the research community.

The psychometric properties of the scale:

The scale was applied to a pilot sample consisting of (50) randomadolescents of unknown parents in the Kingdom of Saudi Arabia from residents in the Social Education House and model education institutions, with the aim of extracting the psychometric properties of the study tools.

Perceived Stigma Scale:

Validity of the scale: The validity of the scale was verified by the validity of the content, as the researcher extracted the values of the point Biasrial correlation coefficient between the item and the dimension that it belonged to, and Table (1) shows these links.

Table 1 correlation coefficients of the items with the overall degree of the dimension to which they belong

Social stigma			Self-stigma		
No. of item	correlation coefficient	Level of significance	No. of item	correlation coefficient	Level of significance
1	0.306	0.03	16	0.304	0.00
2	0.346	0.01	17	0.346	0.02
3	0.364	0.02	18	0.521	0.01
4	0.445	0.01	19	0.352	0.00
5	0.465	0.00	20	0.473	0.00
6	0.494	0.01	21	0.308	0.00
7	0.449	0.002	22	0.527	0.03
8	0.522	0.01	23	0.481	0.00
Social stigma			Self-stigma		
No. of item	correlation coefficient	Level of significance	No. of item	correlation coefficient	Level of significance
9	0.304	0.00	24	0.528	0.00
10	0.329	0.00	25	0.332	0.00
11	0.563	0.01	26	0.412	0.01
12	0.352	0.00	27	0.329	0.01
13	0.473	0.00	28	0.562	0.01

| 14 | 0.308 | 0.00 | 29 | 0.651 | 0.04 |
| 15 | 0.527 | 0.00 | 30 | 0.345 | 0.01 |

It is clear from Table (1) that the correlation coefficients between the item and the dimension to which it belongs, ranged between (0.306 - 0.651), and these results enhance the validity of the scale.

Reliability of the Scale

The reliability of the scale was verified by the Cronbach's Alpha, the following table showing the coefficients of the perceived stigma scale using the Cronbach's Alpha.

Table 2 Cronbach's Alpha for reliability

Dimensions	No. of items	Cronbach's Alpha coefficients
Social stigma	15	0.993
Self-stigma	15	0.996
Total	30	0.973

Table (2) shows that the coefficients of Alpha Cronbach's for the dimension of the perceived stigma ranged between (0.993-0.996), which are high reliability coefficients, as it is clear from the table that the general reliability coefficient of the scale was (0.973), all of which indicates that the instrument has a degree of High reliability.

RESULTS AND DISCUSSION

Hypotheses

The first hypothesis: There are statistically significant differences between the mean scores for the members of the two experimental and the control group subjects in the post- measurement in the total degree of the stigma scale and its dimensions for the benefit of the members of the experimental group among the adolescents of unknown parentage.

To test the hypothesis, the Mann-Whitney test was used for the independent groups, for the two experimental and control groups in the post measurement, in relation to the perceived stigma and its dimensions, as shown in the following table

Table 3 Significance of the differences for the degrees of the experimental and control groups in the post- measurement on the perceived stigma scale (n = 15)

Dimension	Groups	No.	Means of ranks	Total ranks	Value of U	Value of w	Value of Z	Level of significance
Social stigma	Experimental	15	8.00	120.00	0	120.00	4.677-	0.00
	Control	15	23.00	345.00				
Self-stigma	Experimental	15	8.00	120.00	0	120.00	4.677-	0.00
	Control	15	23.00	345.00				
Total	Experimental	15	8.00	120.00	0	120.00	4.677-	0.00
	Control	15	23.00	345.00				

In Table (3), there are statistically significant differences at the level of significance (0.05) between the mean levels of the degrees of the members of the experimental and control groups in the post measurement, and the results were in favor of the experimental group, and to verify the strength of the effect of the therapeutic program based on self-compassion, the ETA sub-square was calculated as the following table shows:

Table 4 The effect of the practical significance of the program on the members of the experimental and control groups in the post-measurement on the scale of perceived stigma and its dimensions for the adolescents of unknown parents (n = 15)

Dimension	Groups	No.	Mean	Standard Deviation	ETA Coefficient	ETA square Coefficient	Level of Efficacy
Social stigma	Experimental	15	31.20	4.32	0.91	0.83	High
	Control	15	48.93	3.76			
Self-stigma	Experimental	15	31.06	3.59	0.87	0.76	High
	Control	15	47.80	3.94			
Total	Experimental	15	62.26	5.86	0.94	0.88	High
	Control	15	96.73	6.67			

Table (4) shows the presence of apparent differences between the meansof dimensions of the two post measurement of the experimental and control groups. It is clear from table (3) and (4) that there are statistically significant differences at the level of 0.01 between the mean of the degrees of the individuals of the two groups: the experimental and the control in the post measurement on the scale of Perceived stigma in favor of the experimental group, which indicates an improvement in the scores of members of the experimental group that received the program used in the study compared to the control group on the perceptive stigma scale.The size of the impact of the program was high for the overall degree of the scale, which means that the therapeutic program based on self-compassion had a significant role and effect in reducing the perceived stigma among the adolescents ofunknown parents.

The Second Hypothesis: There are statistically significant differences between the mean scores of the members of the experimental group in the two measurements: pre and post in the total degree of the perceived stigma scale and its dimensions in favor of the post- measurement of the adolescents of unknown parentage.

To test the hypothesis, Wilcoxon test was applied to indicate the differences between the related groups, for the experimental study group in the two measurements: pre and post, in relation to the perceived stigma and its dimensions, as shown in the following table:

Table 5 The significance of the differences between the means of ranks of the pre and post measurements of the experimental group on the scale of perceived stigma and its dimensions (n = 15)

Dimension	Measurement	Direction of Ranks	No.	Mean of ranks	Total of ranks	Value of Z	Level of Efficacy
Social stigma	Post/pre	Negative	15	8.00	120.00	-3.409	0.001
		Positive	0	0	0		
		Neutral	0	....	....		
Self-stigma	Post/pre	Negative	15	8.00	120.00	-3.417	0.001
		Positive	0	0	0		

		Neutral	0	....	....		
Total	Post/pre	Negative	15	8.00	120.00	-3.410	0.001
		Positive	0	0	0		
		Neutral	0	....	....		

In Table (5), there are statistically significant differences at the level of significance (0.05) between the mean of ranks of the degrees of the members of the experimental group in the two measurements: pre and post, in relation to the stigma perceived with its dimensions, and the results were in favor of post-measurement, and to verify the strength of the effect of the therapy program based on self-compassion the ETA square was calculated as shown in the following table

Table 6 The effect of the practical significance of the program on members of the experimental group of unknown parents of adolescents between the pre and post measurements on the scale of perceived stigma and its dimensions (n = 15)

Dimension	Groups	No.	Mean	Standard Deviation	ETA Coefficient	ETA square Coefficient	Level of Efficacy
Social stigma	Pre	15	51.40	7.18	0.67	0.45	High
	Post	15	32.47	2.97			
Self-stigma	Pre	15	51.07	3.62	0.59	0.35	High
	Post	15	32.00	2.27			
Total	Pre	15	102.47	10.05	0.86	0.74	High
	Post	15	64.47	4.66			

It is clear from Table (5) and (6) that there are statistically significant differences at the level of 0.01 between the means of ranks of the members of the experimental group, in the pre and post measurements on the perceived stigma scale in favor of the post measurement, which indicates the improvement of the degrees of the members of the experimental group in the post measurement compared to the the same group in the pre-measurement on the stigma perceptive scale. The effect of the program was high for the overall degree of the scale, which means that the therapeutic program based on self-compassion has had a significant role and impact in reducing the perceived stigma among the adolescents of unknown parents.

Third Hypothesis: There are no statistically significant differences between the mean scores of the members of the experimental group in the two dimensions: the post and the trace in the overall score of the scale of perceived stigma and its dimensions among the adolescents of unknown parentage.

To test the hypothesis, Wilcoxon test was applied to indicate the differences between the related groups, for the experimental study group in the two measurements: pre and post, in relation to the perceived stigma and its dimensions, as shown in the following table:

Table 7 The significance of the differences between the means of ranks of the degrees of post and trace measurements of the experimental group on the scale of perceived stigma and its dimensions (n = 15)

Dimension	Measurement	Direction of Ranks	No.	Mean of ranks	Total of ranks	Value of Z	Level of Efficacy	Dimension
Social stigma	Post/pre	Negative	4	4.50	18.00	0.000	1.00	Insignificance

		Positive	4	4.50	18.00			
		Neutral	7	.....	.....			
Self-stigma	Post/pre	Negative	4	5.00	20.00	-0.333	0.74	Insignificance
		Positive	5	5.00	25.00			
		Neutral	6	.....	.....			
Total	Post/pre	Negative	6	6.42	38.5	-0.042	0.97	Insignificance
		Positive	6	6.42	39.5			
		Neutral	3	.....	.....			

It is clear from Table (7), that there are no statistically significant differences at the level of 0.01 between the means of ranks of the members of the experimental group, in the post and trace measurements on the perceived stigma scale, which indicates the existence of the impact of the program after its application in the trace measurement by a month and a half to reduce the perceived stigma among the adolescents of unknown parents.

DISCUSSION OF RESULTS

The First Result：The researcher relies on the interpretation of the first result that the program has proven effectiveness in reducing the perceived stigma among the adolescents of unknown parents. This starts with the fact that adolescents suffer from psychological disorders towards their psychological problems, as this stigma greatly affects their feelings of embarrassment and fear, in addition to bullying and violence. It can also be explained by the fact that the applied program used therapeutic techniques that had an effectiveness in reducing the perceived stigma with its dimensions (social stigma, and self-stigma), by showing that the perceived stigma is reflected in its association with social norms and societal culture. This is what makes the individuals with unknown parents suffer from a complex stigma.This stigma needs a lot of awareness, acceptance and caution in dealing with it and working hard in order to reduce its results and effects.

The Second Result: The researcher relies on interpreting the second result on the effectiveness of the program and its techniques that helped to create this change by developing self-compassion and reducing post-traumatic stresses, as the program eased self-criticism among the adolescents of unknown parents.The program also helped them reduce psychological stresses on them. Counseling sessions of the program also eased the feeling of anxiety, depression, and fear, and the program also organizes the negative feelings through behaviors and expressing feelings of warmth and safety. In addition to that the feelings of contentment, happiness and optimism were developed and this was done through the second session (self-esteem) and the third session (self-building).

The Third Result: The researcher relies on the interpretation of the third result that the program still continues to affect the members of the experimental group, and this indicates the quality of the techniques and the preventive and curative methods used by the researcher in the program, which eased the behaviors of the experimental group from the perceived stigma. This is because feeling of sympathy with the self protects individuals from being confined, isolated and away from social media, and therefore the program has contributed to reducing the feeling of loneliness and boredom, and motivated the members of the experimental group on the drive to work, succeed, learn and build happy and balanced social relationships.

RECOMMENDATIONS

1. Implementing programs of support groups for the adolescents of unknown parents, setting up guidance and counseling programs for them, and notifying them that they are from natural groups of society.
2. Using psychotherapy strategies and techniques that include training in social skills and self-compassion through mentoring counseling sessions, in addition to activating support programs
3. Searching for strategies to reduce stigma, training and transforming it from a negative to a positive aspect that enhances psychological resilience.

For a self-compassion program, and a perceived stigma scale, contact the researcher on the following information:
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