

# Comparison of the Effectiveness of Group Compassion Training and Group Choice Theory Training on Mindfulness and Needs Satisfaction in Couples at Risk of Divorce in Rasht

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### ABSTRACT

**Objective:** The present study aimed to compare the effectiveness of group compassion training and group choice theory training on mindfulness and needs satisfaction in couples at risk of divorce in Rasht.

**Methods:** This research employed a quasi-experimental design with a pre-test, post-test, and control group, including a follow-up phase. The statistical population consisted of couples at risk of divorce who referred to counseling centers approved by the Welfare Organization of Rasht in 2023. A total of 60 participants were selected through convenience sampling and randomly assigned to two experimental groups (compassion training and choice theory training) and one control group (20 participants in each group). The research utilized the Mindful Attention Awareness Scale (MAAS) and the Basic Psychological Needs Satisfaction Scale as the main instruments. Both interventions were conducted in eight 90-minute sessions. Data were analyzed using repeated measures ANOVA with SPSS 26.

**Findings:** The results revealed significant differences in the effectiveness of group compassion training and group choice theory training ( $p < .01$ ). Group compassion training was found to be more effective than choice theory training in improving mindfulness and needs satisfaction. Both training types significantly impacted mindfulness and needs satisfaction in couples at risk of divorce ( $p < .01$ ).

**Conclusion:** Both group compassion training and group choice theory training were effective in improving mindfulness and needs satisfaction among couples at risk of divorce, with compassion training showing greater effectiveness. These findings suggest that compassion training may provide a more suitable approach for enhancing psychological well-being in couples facing marital challenges.

**Keywords:** compassion, choice theory, needs, mindfulness.

## 1. Introduction

Divorce is one of the most stressful life events for parents and children, particularly in Iranian culture (Masruroh et al., 2024). The decision to divorce often results from intense internal pressure experienced by at least one spouse, which may arise due to unmet needs, unachieved goals, or neglect of social, economic, cultural, personal, and personality-related factors (Navabinejad et al., 2024; Rashidi et al., 2022). Divorce involves a broad range of changes and reorganization within the family that affects children's adjustment over time (Amato & Cheadle, 2008; Khandandel et al., 2023; Lansford, 2009). Consequently, parental divorce can be one of the most anxiety-inducing events children and adolescents face, leaving both short-term and long-term economic, social, emotional, and psychological consequences (Syukrawati, 2024; van Berkel et al., 2024). Studies also indicate a high prevalence of this (van Berkel et al., 2024; van der Wal et al., 2024).

One significant factor affecting couples at risk of divorce and the challenges in their relationships is distress tolerance. Distress tolerance is recognized as a critical construct for developing new insights into the initiation and persistence of psychological problems and their prevention and treatment (Karami et al., 2024; Leyro et al., 2010). Another crucial factor that can help maintain marital relationships and prevent divorce is mindfulness. Mindfulness involves courageous attention to present-moment experiences that were previously ignored. It allows individuals to be intentionally aware of the present moment, pause before reacting automatically to others, and better understand their responses, reducing distress stemming from rejection and criticism (Esmaeilian et al., 2018; Esmailian et al., 2015).

Mindfulness counters processes and behaviors thought to perpetuate and increase concerns about self-image. Instead of striving for an ideal appearance, mindfulness promotes acceptance of the current state. Furthermore, mindfulness is defined as the ability to remain connected to an experience, contrasting with body avoidance. Importantly, mindfulness teaches compassion and non-judgmental awareness, opposing self-critical and judgmental self-assessments (Salehpour et al., 2019; Sedighi et al., 2021). Therefore, increased mindfulness is expected to reduce concerns about self-image.

Another factor contributing to difficulties in couples at risk of divorce is the lack of attention to fulfilling needs and an improper understanding of how to meet those needs. The theoretical basis of psychological needs lies in self-

determination theory, a macro-theory of human motivation, personality development, well-being, and health. This theory emphasizes voluntary and autonomous behaviors. Self-determination theory posits that basic psychological needs are essential for human health and growth (Habibi et al., 2022; Jalili et al., 2022). According to this theory, humans are active beings with innate tendencies toward psychological development and growth. From birth, humans exhibit a clear inclination to pursue challenges, novelty, and learning opportunities driven by intrinsic motivation (Khan Mohammadi et al., 2018).

Although growth tendencies are inherent to human nature, they do not always function optimally under all circumstances. These tendencies require supportive and growth-promoting social environments, defined in self-determination theory as basic psychological needs. These needs include autonomy, competence, and relatedness (Jalili et al., 2022; Khan Mohammadi et al., 2018).

One educational approach that has recently garnered attention for its positive outcomes in couples' performance is compassion-focused training. Compassion-focused training enhances flexibility by focusing on shared humanity, enabling individuals to adapt to events. Compassion is conceptualized as a three-component construct: self-kindness versus self-criticism, common humanity versus isolation, and mindfulness versus over-identification (Ghahremani et al., 2022; Ghasem Zadeh et al., 2019; Gorjinpor et al., 2020; Javidan, 2022). Compassionate exercises emphasize relaxation, mental calmness, self-compassion, and mindfulness, which play crucial roles in reducing stress and negative thoughts (Monemiyan et al., 2021; Nabavi et al., 2021; Rajaei, 2022).

Through bodily sensations associated with fight, flight, or freeze responses, individuals become aware of difficult emotions. These responses activate the nervous system, preparing the body to resist, defend against, or avoid threats (Saadati et al., 2021; Saidi et al., 2019; Shavandi & Veshki, 2021). Compassion-focused therapy helps individuals develop or strengthen a compassionate inner relationship with themselves, replacing self-criticism and blame with self-compassion (Monemiyan et al., 2021; Nabavi et al., 2021). Moreover, self-kindness and a sense of connection can enhance mindfulness. For example, ceasing self-judgment and embracing self-acceptance can reduce the negative impact of emotional experiences and make balanced awareness of thoughts and emotions easier (Shavandi & Veshki, 2021; Teymori et al., 2021). Self-compassion is also linked to coping styles and emotion

regulation (Ghasem Zadeh et al., 2019; Gorjinpor et al., 2020; Javidan, 2022).

Another educational approach that emphasizes behavioral change in couples is Glasser's choice theory. This theory has gained significant recognition in mental health contexts (Abbasi et al., 2016; Azarosh et al., 2023). Glasser's choice theory emphasizes five fundamental needs—survival, love and belonging, power, freedom, and fun—that motivate all human behaviors (Deldadeh & Mo'aven-e-Islami, 2020; Gargari, 2024; Gholipour Firozjaei et al., 2023). Choice theory, an internal control psychology, explains how and why individuals make life decisions. A distinguishing feature of choice theory is the concept of the "quality world" (Jafari et al., 2023; Mollajafarloo et al., 2022; Sharifi & Asgardoost, 2021; Zakariazadeh Khatir et al., 2022).

Compassion-focused therapy and choice theory are two distinct approaches in counseling and psychotherapy, and few studies have examined their effectiveness in couple therapy. Therefore, comparing these two approaches and evaluating their impact on variables such as self-compassion, needs satisfaction, and distress tolerance in couples at risk of divorce can provide valuable empirical insights for couple and family counselors. This research aims to determine which approach is more effective in enhancing self-compassion, satisfying basic needs, and improving distress tolerance in couples. Additionally, it may reveal which approach is better suited for couples with specific characteristics. Thus, this research contributes significantly to advancing theoretical and practical knowledge in couple and family counseling. Its findings can inform the design of more effective interventions to support couples at risk of divorce and enhance their well-being. The researcher could not find any domestic or international studies comparing these two methods for training couples at risk of divorce, prompting the research question: Is there a significant difference in the effectiveness of group compassion training and group choice theory training on mindfulness and needs satisfaction in couples at risk of divorce in Rasht?

## 2. Methods

### 2.1. Study Design and Participants

The present study utilized a pre-test and post-test design with a control group and a follow-up phase. The statistical population included all couples at risk of divorce who referred to counseling centers approved by the Welfare

Organization of Rasht in 2023. A total of 60 individuals from these counseling centers were selected using purposive sampling based on inclusion criteria and were randomly assigned to two experimental groups and one control group (20 participants in the compassion training group, 20 in the choice theory training group, and 20 in the control group).

The inclusion criteria were informed consent to participate in the study, a minimum education level of a high school diploma, age between 20 and 50 years, and no physical disabilities such as blindness or deafness. Exclusion criteria included simultaneous participation in other psychotherapy programs and absence from more than two therapy sessions.

After obtaining approval for the study from the Islamic Azad University of Parsabad, a letter was submitted to the Welfare Organization of Rasht to gain permission for conducting the research. The researcher presented the research plan and obtained authorization from the head of the Welfare Organization. Subsequently, the researcher coordinated with approved counseling centers, obtained a list of couples referred to these centers, and randomly selected 120 individuals (60 couples). Participants were contacted and invited to attend the centers, where the researcher explained the research process and assured them of confidentiality.

Based on the inclusion criteria, 60 participants were eligible to join the groups (20 in the compassion training group, 20 in the choice theory training group, and 20 in the control group). The pre-test phase involved administering the Mindful Attention Awareness Scale (MAAS), the Basic Psychological Needs Satisfaction Questionnaire, and the Distress Tolerance Questionnaire. Compassion training and choice theory training interventions were conducted in eight 90-minute weekly sessions, while the control group received no training.

### 2.2. Measures

#### 2.2.1. Mindful Attention Awareness

Developed by Brown and Ryan in 2003, MAAS measures awareness or attention to the present moment. It is a validated instrument for adult populations and is used to distinguish individuals trained in mindfulness from those without such training, as well as to predict individuals' well-being. The scale consists of 15 items scored on a six-point Likert scale. Reliability tests have shown Cronbach's alpha values ranging from 0.82 to 0.87 across seven sample groups. The scale also demonstrates high validity,

correlating significantly with various mental health variables. When applied to Iranian populations, the scale exhibited a mean Cronbach's alpha of 0.82 (Shoghi et al., 2023).

### 2.2.2. Basic Psychological Needs Satisfaction

This questionnaire, developed by Guardia, Deci, and Ryan (2000), measures the extent to which autonomy, competence, and relatedness needs are satisfied. It includes 21 items rated on a seven-point Likert scale (1 = Not true at all to 7 = Very true), with reverse scoring applied to some items. Subscales include autonomy, competence, and relatedness. Scores from the 21 items are summed, with total scores ranging from 21 to 147. Reliability coefficients for samples involving mothers, fathers, romantic partners, and friends were consistently reported at 0.92. When used in Iranian samples, the instrument demonstrated acceptable validity and reliability, with Cronbach's alpha values ranging from 0.76 to 0.79 (Khandandel et al., 2023).

## 2.3. Intervention

### 2.3.1. Compassion Training

Compassion training, based on Neff's (2004) model and adapted by Khalatbari (2021), emphasizes enhancing self-compassion, mindfulness, and distress tolerance in couples at risk of divorce. The intervention seeks to improve emotional regulation, promote forgiveness, and reduce interpersonal conflict by teaching participants to develop a compassionate inner relationship and manage negative emotions effectively (Karami et al., 2024).

Session 1: Introduction and orientation. Participants were introduced to group members, and the overall plan for the training was outlined. Pre-tests were administered, and foundational assumptions of compassion-focused therapy in marital conflicts were presented. Participants' problems were assessed.

Session 2: Focused on addressing fear of self-compassion and barriers to it. Participants were introduced to compassionate imagery and encouraged to express and release negative emotions. Weekly assignments were provided.

Session 3: Defined empathy and distinguished it from sympathy. Discussed thought patterns leading to anger and the risks of harboring anger and resentment. Introduced mindfulness concepts and practical exercises, such as the raisin exercise and waterfall visualization, as homework.

Session 4: Taught anger management techniques and introduced concepts of sensitivity to suffering and distress tolerance. Participants wrote a forgiveness letter to their spouse as part of the first step in addressing anger and practiced the empty-chair technique to explore alternatives to anger. Homework included practicing these techniques at home.

Session 5: Focused on recognizing the tone of self-critical inner dialogues and their resemblance to significant figures' dialogues (e.g., parents). Introduced forgiveness strategies and responding to emotional pain. Assignments involved repeating these techniques at home.

Session 6: Provided techniques to shift perspectives (e.g., using a "gray lens" and narrating a story from the other's perspective). Taught compassionate reasoning and exercises, including wishing well for a person who caused harm. Homework involved practicing these techniques.

Session 7: Focused on compassionate behavior, such as treating oneself as a close friend during difficult times. Participants completed a weekly chart comparing self-critical and compassionate thoughts and behaviors. Exercises included sharing forgiveness experiences and writing a compassionate letter to oneself.

Session 8: Participants engaged in role-playing (criticizer, criticized, and compassionate self). Guided imagery focused on the positive aspects of challenges and self-forgiveness needs. Post-tests were conducted, final recommendations were provided, and participants were given assignments for continued practice.

### 2.3.2. Choice Theory Training

Choice theory training, based on Glasser's framework and adapted by Sahebi (2022), helps participants understand and fulfill their basic needs through personal responsibility and intrinsic motivation. The intervention fosters a sense of control over life choices, promoting psychological well-being and resilience in marital relationships (Gargari, 2024).

Session 1: Introduction and orientation. Participants were introduced to group members, group rules, and principles of choice theory. They learned about basic needs and completed a needs profile to identify the intensity of their needs.

Session 2: Explored differences in needs profiles and how behaviors (thoughts, actions, emotions, physiology) influence them. Activities included self-awareness, recognizing strengths and weaknesses through the "behavior



machine," active listening, and reflecting on others' perceptions.

Session 3: Introduced choice theory concepts and emphasized responsibility for fulfilling basic needs without denying reality. Participants developed a sense of accountability.

Session 4: Taught reality therapy techniques and discussed the harmful impact of external control on relationships. Participants learned to replace external control with internal control (choice theory).

Session 5: Addressed negotiation for mismatched needs, identified goals and values, and explored basic needs (survival, power, fun, freedom, belonging). Participants evaluated their value systems and worked toward achieving a successful identity.

Session 6: Introduced the concept of the quality world and emphasized the importance of mutual inclusion in partners' quality worlds. Participants learned strategies for resolving current problems by focusing on present behaviors and planning.

Session 7: Discussed conflict as it relates to quality world and basic needs. Taught techniques for increasing happiness and commitment to responsible actions for personal and relational well-being.

Session 8: Reviewed feedback from previous sessions and addressed improved decision-making (internal control). Participants evaluated ethical behavior, focused on the present, and explored creative processes to enhance resilience, creativity, and psychological well-being.

## 2.4. Data Analysis

Data analysis involved both descriptive and inferential statistical methods. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to summarize demographic characteristics and study variables. For inferential analysis, Shapiro-Wilk tests assessed the normality of data distribution, and Levene's test examined the homogeneity of variances. Box's M test and Mauchly's test evaluated the equality of covariance matrices for dependent variables. Multivariate analysis of variance (MANOVA) was conducted to assess the overall impact of independent variables on dependent variables, while repeated measures ANOVA analyzed changes across pre-test, post-test, and follow-up phases. Statistical analysis was performed using SPSS 26 software.

## 3. Findings and Results

In the compassion training group, 55% of participants were women, and 45% were men. In the choice theory training group, 60% were women, and 40% were men. In the control group, 35% were women, and 65% were men. Most participants in the compassion training group (50%) were aged 31 to 40 years, with the least (15%) aged 41 to 50 years. In the choice theory training group, most participants (40%) were aged 31 to 40 years, while the fewest (25%) were aged 20 to 30 years. Similarly, in the control group, most participants (45%) were aged 31 to 40 years, and the fewest (20%) were aged 20 to 30 years.

**Table 1**

*Descriptive Statistics of the Variables*

Variable	Group	Pre-test Mean (SD)	Post-test Mean (SD)	Follow-up Mean (SD)
Mindfulness	Control	34.35 (2.560)	32.85 (1.981)	33.25 (2.023)
	Choice Theory	32.95 (1.849)	39.85 (1.872)	39.05 (1.761)
	Compassion	33.30 (2.055)	44.75 (1.860)	44.85 (2.323)
Autonomy	Control	16.30 (1.342)	15.35 (1.424)	16.25 (1.517)
	Choice Theory	16.20 (1.399)	24.65 (1.814)	24.35 (1.755)
	Compassion	16.25 (1.517)	19.60 (1.353)	19.50 (1.277)
Competence	Control	12.70 (1.302)	13.90 (1.071)	12.35 (1.089)
	Choice Theory	13.40 (1.142)	19.40 (1.818)	20.20 (1.881)
	Compassion	12.90 (1.518)	16.65 (1.226)	17.10 (1.518)
Relatedness	Control	19.35 (1.461)	19.15 (1.387)	19.25 (1.293)
	Choice Theory	18.55 (1.191)	25.25 (1.522)	25.80 (1.609)
	Compassion	18.80 (1.322)	21.95 (1.468)	22.05 (1.538)
Needs Satisfaction	Control	48.35 (2.943)	48.40 (2.326)	47.85 (2.159)
	Choice Theory	48.15 (2.368)	69.05 (2.259)	70.35 (2.601)
	Compassion	47.95 (3.052)	58.20 (1.908)	58.65 (2.207)

The descriptive findings in Table 1 demonstrate improvements in mindfulness and needs satisfaction components (autonomy, competence, and relatedness) across the three stages (pre-test, post-test, and follow-up) for the experimental groups (compassion training and choice theory training) compared to the control group.

In terms of mindfulness, both experimental groups showed significant increases from pre-test to post-test and maintained these gains in the follow-up stage, with the compassion training group achieving higher scores compared to the choice theory group.

Regarding autonomy, competence, relatedness, and overall needs satisfaction, the choice theory group displayed the highest improvement across all stages, followed by the compassion group. The control group remained largely unchanged, with minor fluctuations.

These findings indicate the efficacy of both compassion training and choice theory training in enhancing mindfulness and satisfying basic psychological needs, with choice theory showing a relatively stronger effect on needs satisfaction components.

The Kolmogorov-Smirnov test was used to assess the normality of data distribution. The significance level for all variables was greater than 0.05, indicating normal distribution. The Box's test was used to examine the homogeneity of variance-covariance, with a test statistic of 0.438, which was not significant, confirming homogeneity across groups ( $p > 0.05$ ). Additionally, Mauchly's test of sphericity was used to assess the equality of variances within participants, and the results supported this assumption.

**Table 2**

*ANOVA Results for All Variables*

Variable	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance	Eta Squared
Mindfulness	1680.144	2	840.072	187.218	0.001	0.768
Autonomy	1004.033	2	502.017	214.854	0.001	0.883
Competence	660.033	2	330.017	161.467	0.001	0.850
Relatedness	451.033	2	225.517	117.751	0.001	0.805

The ANOVA results in Table 2 indicate significant differences across the groups for all variables. For mindfulness, the analysis revealed a highly significant effect,  $F(2) = 187.218$ ,  $p = 0.001$ , with a large effect size ( $\eta^2 = 0.768$ ). Similarly, autonomy showed a significant difference with  $F(2) = 214.854$ ,  $p = 0.001$ , and a very large effect size ( $\eta^2 = 0.883$ ). Competence also demonstrated

significant group differences,  $F(2) = 161.467$ ,  $p = 0.001$ , with a large effect size ( $\eta^2 = 0.850$ ). Lastly, relatedness showed significant differences among the groups,  $F(2) = 117.751$ ,  $p = 0.001$ , and a substantial effect size ( $\eta^2 = 0.805$ ). These results confirm the effectiveness of the interventions in improving all measured variables.

**Table 3**

*Bonferroni Post-hoc Test Results (Group Comparison)*

Variable	Group Comparison	Mean Difference	Standard Error	Significance
Mindfulness	Compassion vs. Choice Theory	3.683	0.387	0.001
	Compassion vs. Control	7.483	0.387	0.001
	Choice Theory vs. Control	3.800	0.387	0.001
Autonomy	Compassion vs. Choice Theory	-3.283	0.279	0.001
	Compassion vs. Control	2.483	0.279	0.001
	Choice Theory vs. Control	5.767	0.279	0.001
Competence	Compassion vs. Choice Theory	-2.117	0.261	0.001
	Compassion vs. Control	2.567	0.261	0.001
	Choice Theory vs. Control	4.683	0.261	0.001
Relatedness	Compassion vs. Choice Theory	-2.183	0.253	0.001
	Compassion vs. Control	1.683	0.253	0.001
	Choice Theory vs. Control	3.867	0.253	0.001

The Bonferroni post-hoc test in Table 3 revealed significant differences across all group comparisons for the measured variables. For mindfulness, the mean difference between compassion and choice theory was 3.683 (SE = 0.387,  $p = 0.001$ ), between compassion and control was 7.483 (SE = 0.387,  $p = 0.001$ ), and between choice theory and control was 3.800 (SE = 0.387,  $p = 0.001$ ).

For autonomy, significant differences were observed with a mean difference of -3.283 (SE = 0.279,  $p = 0.001$ ) for compassion versus choice theory, 2.483 (SE = 0.279,  $p = 0.001$ ) for compassion versus control, and 5.767 (SE = 0.279,  $p = 0.001$ ) for choice theory versus control.

Competence comparisons revealed significant mean differences of -2.117 (SE = 0.261,  $p = 0.001$ ) for compassion versus choice theory, 2.567 (SE = 0.261,  $p = 0.001$ ) for compassion versus control, and 4.683 (SE = 0.261,  $p = 0.001$ ) for choice theory versus control.

Finally, for relatedness, significant mean differences were -2.183 (SE = 0.253,  $p = 0.001$ ) for compassion versus choice theory, 1.683 (SE = 0.253,  $p = 0.001$ ) for compassion versus control, and 3.867 (SE = 0.253,  $p = 0.001$ ) for choice theory versus control. These findings highlight the significant impact of both interventions compared to the control, with choice theory consistently showing stronger effects.

**Table 4**

*Bonferroni Post-hoc Test Results for Measurement Stages*

Variable	Measurement Comparison	Mean Difference	Standard Error	Significance
Mindfulness	Pre-test vs. Post-test	-5.617	0.371	0.001
	Pre-test vs. Follow-up	-5.517	0.348	0.001
	Post-test vs. Follow-up	0.100	0.381	1
Autonomy	Pre-test vs. Post-test	-3.617	0.274	0.001
	Pre-test vs. Follow-up	-3.783	0.285	0.001
	Post-test vs. Follow-up	-0.167	0.254	1
Competence	Pre-test vs. Post-test	-3.650	0.242	0.001
	Pre-test vs. Follow-up	-3.550	0.283	0.001
	Post-test vs. Follow-up	0.100	0.253	1
Relatedness	Pre-test vs. Post-test	-3.133	0.273	0.001
	Pre-test vs. Follow-up	-3.467	0.253	0.001
	Post-test vs. Follow-up	-0.333	0.266	1

The Bonferroni post-hoc test for measurement stages in Table 4 indicated significant differences between pre-test and post-test as well as pre-test and follow-up across all variables. For mindfulness, the mean differences were -5.617 (SE = 0.371,  $p = 0.001$ ) and -5.517 (SE = 0.348,  $p = 0.001$ ) respectively, with no significant difference observed between post-test and follow-up (0.100, SE = 0.381,  $p = 1$ ).

For autonomy, significant differences were found between pre-test and post-test (-3.617, SE = 0.274,  $p = 0.001$ ) and pre-test and follow-up (-3.783, SE = 0.285,  $p = 0.001$ ), while the post-test and follow-up stages did not differ significantly (-0.167, SE = 0.254,  $p = 1$ ).

Similar trends were observed for competence and relatedness. For competence, pre-test versus post-test and pre-test versus follow-up differences were -3.650 (SE = 0.242,  $p = 0.001$ ) and -3.550 (SE = 0.283,  $p = 0.001$ ), with no significant difference between post-test and follow-up (0.100, SE = 0.253,  $p = 1$ ). For relatedness, pre-test versus post-test and pre-test versus follow-up differences were -3.133 (SE = 0.273,  $p = 0.001$ ) and -3.467 (SE = 0.253,  $p =$

0.001), while post-test versus follow-up differences were not significant (-0.333, SE = 0.266,  $p = 1$ ). These results suggest that significant improvements were achieved post-intervention, and these improvements were sustained during the follow-up stage.

#### 4. Discussion and Conclusion

Based on the findings, the effectiveness of group compassion training and group choice theory training on mindfulness in couples at risk of divorce in Rasht differs significantly. The results show that group compassion training is more effective than group choice theory training. These findings align with previous research (Gargari, 2024; Shoghi et al., 2023).

In marital relationships, mindfulness plays a crucial role in improving relationship quality, resolving conflicts, and increasing marital satisfaction. Couples with higher mindfulness can listen to each other attentively and non-judgmentally, understand each other's emotions and needs

better, and respond more flexibly to challenges (Shoghi et al., 2023). The present study examined the impact of group compassion training and group choice theory training on mindfulness in couples at risk of divorce. Both methods were effective in improving mindfulness, but compassion training showed greater effectiveness.

Compassion training reduces feelings of guilt, shame, and self-criticism, helping couples live in the present and avoid negative judgments about themselves and their partners. This facilitates increased mindfulness and awareness of the present moment (Shoghi et al., 2023). On the other hand, choice theory emphasizes internal control and conscious choices, helping couples focus on their behaviors, thoughts, and emotions. However, this approach can be challenging in situations beyond individual control, where emphasizing internal control may not address the problem effectively (Rajaei, 2022). In such cases, unconditional acceptance and empathy, core principles of compassion training, may be more beneficial. Compassion training, with its components of acceptance, empathy, and present-moment awareness, provides a more suitable foundation for enhancing mindfulness in couples (Shoghi et al., 2023).

Psychologically, both compassion training and mindfulness are associated with reduced stress, anxiety, and depression. These concepts enhance emotional regulation, psychological flexibility, and adaptive behaviors. Therefore, increasing compassion and mindfulness in couples can improve mental health, reduce conflicts, and enhance marital quality. One primary component of compassion training is non-judgmental present-moment awareness, which aligns with mindfulness. When couples view themselves and their partners compassionately and non-judgmentally, they are more likely to listen attentively, understand each other's emotions and needs, and foster better communication (Ghasem Zadeh et al., 2019; Gorjinpor et al., 2020). These unique features of compassion training and mindfulness, such as exploring problems from different perspectives and recognizing the strengths of marital relationships, contribute to reduced stress, anxiety, and depression and enhance emotional regulation, psychological flexibility, and adaptive behaviors. These attributes make compassion training more effective than choice theory.

Regarding needs satisfaction, the study also found differences in the effectiveness of the two interventions, with compassion training showing greater effectiveness. These results align with prior findings (Rashidi et al., 2023).

Satisfying needs is a crucial factor in establishing and maintaining healthy and intimate marital relationships.

Human needs—physical, psychological, and spiritual—are essential for satisfaction, happiness, and mental health. In marital relationships, meeting the needs of both partners is particularly important, as unmet needs can lead to disappointment, frustration, and weakened relationships (Rashidi et al., 2023). Compassion training, emphasizing unconditional acceptance, empathy, and kindness, helps couples adopt a more positive perspective toward each other and their needs, fostering flexibility and patience in meeting those needs (Monemiyan et al., 2021).

By viewing themselves and their partners compassionately, couples are more likely to understand and strive to meet each other's needs. Compassion training reduces guilt, shame, and self-criticism, empowering couples to express their needs confidently and expect understanding and acceptance from their partners (Ghasem Zadeh et al., 2019; Gorjinpor et al., 2020). Conversely, choice theory focuses on conscious choices rather than external stimuli. It trains individuals to control their thoughts, emotions, and behaviors to influence their lives. Group choice theory training emphasizes internal control, enabling couples to make informed decisions to better meet their needs and those of their partners (Saadati et al., 2021; Saidi et al., 2019).

However, compassion training proved more effective in meeting the needs of couples at risk of divorce. Compassion training increases unconditional acceptance, reduces self-criticism and negative judgments, and enhances empathy, enabling couples to understand each other's needs better and work patiently and flexibly toward meeting them. It also helps reduce guilt, shame, and negative thoughts, encouraging couples to express their needs confidently and expect understanding and acceptance from their partners, improving communication and the likelihood of mutual needs satisfaction.

## 5. Suggestions and Limitations

The study's limitations include its geographic focus on Rasht, which restricts the generalizability of results, reliance on self-report measures subject to response biases, lack of control over some confounding variables such as economic, social, and cultural factors, and time constraints for intervention sessions and long-term follow-up.

Future research should replicate the study in other locations to improve generalizability, combine quantitative methods with qualitative approaches such as interviews for deeper insights, investigate the effectiveness of other



interventions on similar variables, and conduct longitudinal studies with extended follow-ups. Demographic factors like age, education, and income should also be explored in future studies.

Compassion and choice theory training should be implemented in family counseling centers and social work organizations. Workshops for couples at risk of divorce, counseling services based on these methods, training for therapists and counselors, and educational content in various formats such as books, brochures, and media should be developed and disseminated to benefit the public.

### Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

### 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

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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