

The Effectiveness of Compassion-Based Spouse-Treating Education on the Improvement of Family Relationships and Forgiveness in Married Deaf and Hard of Hearing Men in Isfahan

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ABSTRACT

The present study aimed to evaluate the effectiveness of compassion-based spouse-treating education on improving family relationships and forgiveness among married deaf and hard of hearing men in Isfahan. This research was a quasi-experimental study with a pre-test, post-test, and follow-up design, or control group. The sample consisted of 30 volunteer men from the deaf or hard of hearing population in Isfahan, who were non-randomly (conveniently) assigned to either the experimental or control groups, with the control group being on a waiting list. The experimental group received an educational package over 8 sessions of 120 minutes each. The research tools were the Olson and Barnes Family Relationships Questionnaire (2004) and the Thompson et al. Forgiveness Questionnaire (2005). Both groups were assessed at three stages: pre-test, post-test, and follow-up. Descriptive and inferential statistics (repeated measures analysis of variance) were used for data analysis ($p < 0.01$). The results showed that compassion-based spouse-treating education significantly improved family relationships and forgiveness. According to the findings of this research, it can be said that compassion-based spouse-treating education is an appropriate method for improving marital relationships and increasing forgiveness among deaf men.

Keywords: Family relationships, Forgiveness, Compassion-based spouse-treating education.

1. Introduction

Deprivation from the sense of hearing is not merely about the inability to hear sounds; it also results in the loss of access to many beneficial and hopeful experiences in individual and social life (Ashori & Aghaziarati, 2022). Deaf individuals feel inferior with the slightest failure and become more disillusioned and disheartened than before (Ashori & Najafi, 2020). Like other ordinary individuals, many deaf people also succeed in forming families. For them and their children, a family can be a source of further growth; hence, it is essential for them to experience family relationships with minimal conflict and tension (Shadanloo et al., 2023). Family relationships are the source of human emotions and the center of the most intimate relationships among individuals, and the cradle for nurturing thought, ethics, and spiritual elevation. Ideally, family relationships are formed in the structure of intimacy and trust between spouses (Narimani et al., 2021). It seems that forgiveness can have a remarkable effect on improving marital relationships and intimacy among these individuals.

Forgiveness is a process in which individuals decide to overlook serious mistakes. It also directs positive motivations that are accompanied by conciliatory and positive intentions towards the wrongdoer (Côté et al., 2022). Forgiveness is a positive characteristic in human relationships and one of the components of personal capabilities in the positive psychology approach (Monika et al., 2023).

One of the methods used in recent years to improve positive variables in the family is compassion-focused therapy (Gilbert, 2009). Neff (2003) defined self-compassion as a construct with three components: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. Today, the combination of these three related components characterizes an individual who is compassionate towards themselves (Neff & Germer, 2017; Neff, 2019). The fundamental principles of compassion-based therapy suggest that thoughts, feelings, images, and soothing behaviors from outside should become internalized, and in this case, the human mind becomes calm in the face of these internalizations, just as it reacts to external factors. Compassion leads to adaptation among individuals, resulting in self-care and varying degrees of understanding in coping with emotional problems (Gilbert, 2009).

However, deaf and hard of hearing couples, like normal individuals, need spouse-treating skills, which include the

duties of women and men towards each other in the family and activities that meet each other's and their children's needs within a relationship characterized by kindness and tolerance (Ashori & Aghaziarati, 2022). It seems that a compassion-focused model could be effective in improving family relationships and increasing intimacy among deaf and hard of hearing couples by changing behaviors, emotions, and thoughts based on kindness and love related to spouse-treating, reducing negative emotions, and creating a loving atmosphere. In compassion-based spouse-treating therapy, these matters are presented using techniques of the compassion-focused model. Neglecting to enhance the level of couple's skills in family management and improving the family environment in deaf couples could increase the suffering and hardship these individuals have to endure and also expose their children to some psychological and social harms. In addition, no research has been conducted on men, especially married deaf men. The results of this research could be effective in developing a framework for preventing and treating family problems in deaf and hard of hearing couples. Therefore, the present study has aimed to examine the effectiveness of compassion-based spouse-treating education on improving family relationships, forgiveness, and intimacy among married deaf men in Isfahan.

2. Methods and Materials

2.1. Study Design and Participants

Given that this study examined the effects of compassion-based spouse-treating education on improving family relationships, forgiveness, and intimacy among deaf couples in Isfahan, it was a quasi-experimental research with a design involving experimental and control groups, with pre-tests, post-tests, and follow-ups. To conduct the research, the Deaf Family Association of Isfahan was approached, and a notice for recruitment was posted there, resulting in 4 registrations. Out of these, 30 married men who could attend 8 sessions regularly and met the inclusion and exclusion criteria were selected in a non-random (convenience) manner and divided into control and experimental groups. While the control group was placed on a waiting list, the experimental group received 8 sessions of 120-minute compassion-based spouse-treating education. It is important to note that both groups were subjected to pre-tests and post-tests before and after the independent variable was applied, and a follow-up was conducted a month later using the same questionnaires, with results analyzed at the end. The instructors for the training sessions were the author and a

specialist in education for the deaf, who also translated the teachings into sign language. The training sessions were held on Friday mornings at the Deaf Association of Isfahan. After completing the course, the training was intensively provided to the control group.

The inclusion criteria for this study were: being a deaf or hard of hearing woman, being married, having the ability and willingness to attend all sessions, having a minimum education of cycle, not participating in another educational course on family matters simultaneously, and not suffering from severe mental illness. The exclusion criteria were: absence from more than one training session, repeated tardiness, lack of attention to the content and not doing assignments, the presence of acute psychological and physical disorders (assessed through a brief interview by the researcher), and participation in other educational courses.

2.2. Measures

2.2.1. Family Relationships

To assess family relationships, the Olson and Barnes Family Relationships Questionnaire was used, comprising 10 questions scored on a 5-point scale from completely satisfied to completely dissatisfied. The internal consistency of this scale was established by Olson and Barnes (2004) based on a sample of 2265 individuals ($\alpha = 0.95$) and its reliability was obtained through a retest coefficient ($\alpha = 0.86$). In this study, the internal consistency of the questionnaire was examined through Cronbach's alpha ($\alpha = 0.902$). This scale has a total score. All questions are summed together. There are no reverse-scored items (Mostofi Sarkari et al., 2019).

2.2.2. Forgiveness

To measure forgiveness, Thompson et al.'s 18-item questionnaire was used, which has three subscales: self-forgiveness, forgiveness of others, and forgiveness of situations. Each subscale contains 6 questions answered on a seven-point scale (strongly disagree 1 to strongly agree 7). The total score of the questionnaire is considered. However, questions 4, 5, 6, 7, 11, 12, 13, 17, and 18 are scored inversely. The Cronbach's alpha of this questionnaire has been reported to fluctuate between 0.76 and 0.83 (Thompson et al., 2005). In this scale, a higher score indicates lower forgiveness (Ebrahimi et al., 2023). In this study, the total forgiveness score was considered, and the internal consistency for the entire scale was calculated ($\alpha = 0.85$).

2.3. Intervention

The experimental group couples received compassion-based spouse-treating training (along with tasks during the sessions, homework, and group discussion) in 8 sessions of 120 minutes each week at the Deaf and Hard of Hearing Association on Friday mornings in a group setting; refreshments were provided at each session. Finally, in the ninth session, while reviewing past sessions and setting the time for the follow-up session 30 days later, the post-test questionnaires were administered again. It is worth noting that both groups responded to the research instruments in three stages: pre-test, post-test, and follow-up. To ensure research ethics, while explaining the course objectives, participants were assured that their names and information would remain confidential, and to respect the rights of the control group, they received the training intensively after the course completion. Table 1 briefly describes the training sessions.

Table 1

Content of Training Sessions

Session Number	Goal and Content of Sessions
Session 1	Introduction and getting to know each other, presenting an overview of the training method, establishing a cooperative relationship, setting group goals, stating group rules, emphasizing attention to discussions and exercises, defining family relationships and forgiveness, introducing compassion-based spouse-treating education, receiving feedback.
Session 2	Teaching kindness towards oneself and spouse, reviewing assignments, mapping kindness, defining kindness and unkindness, the role of kindness in family life, practicing proper breathing, the garbage or treasure metaphor, recognizing and respecting the spouse's differences, changing perspective towards the spouse, unconditional acceptance of the spouse, attraction of opposites, summarizing the content, answering questions, assigning homework, receiving feedback.
Session 3	Introducing the enemies of kindness, reviewing assignments, discussing three brain systems, teaching caressing and the necessity of touch, active listening, teaching expressing love and interest to the spouse, teaching attention to the spouse, avoiding spouse comparison, assigning homework, receiving feedback.

Session 4	Recognizing the dimensions of compassion, reviewing assignments, introducing the dimensions of compassion, the four-legged metaphor, teaching self-compassionate imagery, explaining the characteristics of a compassionate self, creating leisure moments, assigning homework, receiving feedback.
Session 5	Teaching compassionate feeling, reviewing assignments, practicing compassionate feeling, experiencing being in the present moment, the love container metaphor, assigning homework, receiving feedback.
Session 6	Teaching compassionate reasoning, reviewing assignments, using compassionate reasoning instead of logical reasoning, practicing the two-chair technique, mindfulness training and teaching different selves, assigning homework, receiving feedback.
Session 7	Teaching compassionate sensory experience and compassionate behavior, reviewing assignments, teaching compassionate behavior and explaining its types, teaching sensory experience, teaching how to say no, assigning homework, receiving feedback.
Session 8	Teaching compassionate imagery and attention, reviewing assignments, teaching compassionate imagery, practicing a safe place, teaching compassionate attention combined with mindfulness and inner focus, listing desires and wishes, writing a compassionate letter to oneself, assigning homework, receiving feedback.
Session 9	Reviewing assignments, reviewing taught techniques, distributing questionnaires for experimental and control groups.

2.4. Data analysis

Descriptive and inferential statistics (repeated measures analysis of variance) were used for data analysis ($p < 0.01$)

3. Findings and Results

To investigate the research hypothesis that "compassion-based spouse-treating education is effective in improving

family relationships and forgiveness among deaf men in the city of Isfahan," a repeated measures analysis of variance was used. The participants' average age was 37 years, and the average duration of marriage was 12 years.

Table 2

Mean and Standard Deviation of Men's Family Relationships and Men's Forgiveness Based on Group

Variable	Group	Mean	Standard Deviation	Number
Men's Family Relationships Pre-test	Experimental	31.60	4.45	10
	Control	32.40	4.14	10
Men's Family Relationships Post-test	Experimental	44.60	2.87	10
	Control	29.80	4.49	10
Men's Family Relationships Follow-up	Experimental	44.10	2.07	10
	Control	30.20	4.41	10
Men's Forgiveness Pre-test	Experimental	89.30	15.42	10
	Control	75.80	17.79	10
Men's Forgiveness Post-test	Experimental	60.00	20.57	10
	Control	77.60	15.29	10
Men's Forgiveness Follow-up	Experimental	62.50	14.43	10
	Control	77.40	16.39	10

The results in [Table 2](#) indicate that the post-test and follow-up scores for family relationships and forgiveness of the men in the experimental group changed compared to the control group. To examine the significance of this difference and considering that each participant was tested three times on men's family relationships and forgiveness, a repeated measures analysis of variance was utilized. The Shapiro-Wilk test for normality of the scores, Levene's test for the assumption of equality of variances, Box's test for the equality of covariance matrices of the dependent variables, and Mauchly's test for the equality of variances of the dependent variables scores across the three measurement occasions were conducted.

The Shapiro-Wilk test results showed that the data for men's family relationships and forgiveness in all three groups were normal ($p > 0.05$), adhering to the prerequisite for using repeated measures analysis of variance. Levene's test indicated no significant difference in variances of men's family relationships and forgiveness, confirming the assumption for using repeated measures analysis of variance ($p > 0.05$). Additionally, Box's test results showed that the covariance matrices of men's family relationships and forgiveness between the two groups across the three measurements were not significant ($p > 0.05$), adhering to the assumption for using repeated measures analysis of variance. Finally, Mauchly's test results indicated that the variances of the dependent variables across the three stages overall were

not significantly different ($p>0.05$), adhering to the assumption for using repeated measures analysis of variance.

Table 3

Results of Repeated Measures Analysis of Variance for Men's Family Relationships and Forgiveness by Group

Source of Variation	Sum of Squares	df	Mean Square	F	Significance	Eta Squared	Test Power
Within-Subjects							
Men's Family Relationships							
Time	9.126	2	4.563	0.773	0.470	0.046	0.170
Time * Man's Age	3.529	2	1.765	0.299	0.744	0.018	0.093
Time * Duration of Marriage	12.013	2	6.006	1.108	0.373	0.060	0.212
Time * Group	620.340	2	310.170	52.574	0.000	0.767	1.00
Error	188.790	32	5.900				
Between-Subjects							
Group	1205.346	1	1205.346	32.726	0.000	0.672	1.00
Men's Forgiveness							
Within-Subjects							
Time	27.372	2	13.686	0.098	0.906	0.006	0.064
Time * Man's Age	30.417	2	15.208	0.109	0.897	0.007	0.065
Time * Duration of Marriage	46.370	2	23.185	0.167	0.847	0.010	0.074
Time * Group	2804.450	2	1402.225	10.092	0.000	0.387	0.977
Error	4446.274	32	138.946				
Between-Subjects							
Group	1285.418	1	1285.418	2.205	0.157	0.121	0.287

According to the contents of Table 3, the main effect of the time factor for none of the variables (men's family relationships and forgiveness) was significant. This means that the estimated means of men's family relationships and forgiveness scores from pre-test to post-test and follow-up overall do not show a significant difference ($p>0.05$). Also, according to the contents of Table (3), the interaction effect of the control factor (men's age and duration of marriage) and time was not statistically significant for any of the variables.

The main effect of group membership (compassion-based spouse-treating education versus no education) for the variable of men's family relationships was significant, indicating that the research groups overall show a significant difference in scores of men's family relationships ($p<0.05$). The interaction effect of time and group membership (experimental conditions) for the variable of marital conflicts was not statistically significant. The interaction effect of time and group membership (experimental conditions) for the variables of men's family relationships and forgiveness was statistically significant, meaning the trend of changes in scores of men's family relationships and forgiveness from pre-test to post-test among the groups was significantly different ($p<0.05$). This finding means that there was a significant change in the average score of men's family relationships and forgiveness from pre-test to post-

test and follow-up between the experimental and control groups. The statistical power for men's family relationships was 1.00, and for men's forgiveness, it was 0.977, indicating an appropriate sample size for such conclusions. The eta squared coefficient indicates that 76.7% of the changes in men's family relationships and 38.7% of the changes in men's forgiveness are related to compassion-based spouse-treating education.

4. Discussion and Conclusion

This study aimed to assess the effectiveness of compassion-based spouse-treating education on improving family relationships and forgiveness among deaf and hard of hearing men in Isfahan in a quasi-experimental manner. The results showed that this study was effective in improving family relationships and forgiveness. This research was conducted to examine the effectiveness of compassion-based spouse-treating education on improving family relationships and forgiveness among deaf men in Isfahan. The results of the repeated measures analysis of variance showed that compassion-based spouse-treating education was effective in improving family relationships and forgiveness among deaf men in Isfahan. Although no research has previously examined the effectiveness of compassion-based spouse-treating education on improving family relationships and forgiveness among men to compare

the alignment or misalignment with other studies, the findings of this study regarding the effectiveness of this method on other psychological constructs are consistent with the results of other research (Aminifar et al., 2023; Dashtbozorgi, 2018; Dehkordi et al., 2019; Hasani et al., 2021; Peymannia et al., 2018; Ramezani et al., 2023; Rostami et al., 2016; Saadati et al., 2021; Tabibzadeh et al., 2021; Tajdin et al., 2021; Yaghoobi et al., 2021).

In explaining the effectiveness of this method on family relationships and forgiveness, it must be said that the educational content included recognizing and attending to the needs of the spouse, understanding and respecting individual differences, becoming familiar with the strengths and weaknesses of the spouse, recognizing the psychological characteristics of the spouse, being friendly and polite, expressing gratitude and appreciation, and expressing love and affection (Yaghoobi et al., 2021). The techniques of spouse-treating were based on: recognizing and respecting differences between spouses, teaching caressing, saying no, expressing love, creating intentional good memories and leisure moments, all taught within the framework of compassion-focused therapy. These included compassion, empathy, kindness towards oneself and others, through skills such as: 1) compassionate attention (through mindfulness and attention flexibility), 2) compassionate self-imagery (through practicing a safe place), 3) compassionate feeling (learning that sometimes negative emotions like anger and fear can have a compassionate aspect), 4) compassionate reasoning (learning how not to attribute a spouse's undesirable behavior to fixed personality traits and intentional motivations), 5) sensory experience (evoking conditions through stimulating the five senses where one has felt calm and joyful experiences, thereby intentionally manipulating one's brain), and 6) compassionate behavior (where one becomes familiar with soothing behaviors and can apply verbal, physical, and behavioral caressing in relation to their spouse, aligning with oneself and the spouse, structuring their relationships, and performing challenging behaviors necessary for individual growth) (Babaei et al., 2020). Indeed, these methods helped participants improve their relationships, better understand, communicate, and recognize their spouse's needs, respect individual differences, and become familiar with their spouse's strengths and weaknesses, thereby improving intimacy, forgiveness, and family relationships among them (Saadati et al., 2021). Moreover, these men were deaf or hard of hearing and had not received training in this area before, which made them eager to learn new content and apply it.

Using these skills, it seems that the relationships of deaf men with their spouses have been improved, which has led to increased life satisfaction and mood, resulting in improved relationships and a better experience for the individual towards themselves, their spouse, and other family members.

Given what has been said about the content of the independent variable and the context of this study's training effectiveness on improving forgiveness, it should be said that forgiveness requires kindness and compassion towards the offending individual or personal mistakes. Therefore, compassion techniques helped couples activate love and kindness towards themselves and others. This activation of love and kindness led to greater empathy towards others and better ability to forgive, improving forgiveness among them, especially it appears that the techniques of compassionate attention, compassionate self-imagery, and compassionate feeling have contributed to increasing forgiveness.

Like other research, this study has limitations that are mentioned below: Given that the information obtained is self-reported, there is a possibility that not all dimensions of the dependent variables are covered. Obviously, this research is cross-sectional, and the results obtained only represent significance among the studied groups and proving causality requires longitudinal studies and more controls. The sample size was small, so the generalization of results should be done with caution. The sample consisted of deaf men, so caution should be exercised in generalizing the results to normal individuals, and finally, the researcher and instructor were the same.

Given the results of this study, it seems that teaching compassion-based spouse-treating skills to young couples on the verge of marriage as a pre-marriage workshop can teach forgiveness in crisis situations and improve family relationships, as well as help reduce the occurrence of divorce. This method should be used for couple therapy in the area of improving forgiveness and family relationships.

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Declaration of Interest

The authors of the study declare no conflict of interest related to the research.

Ethics Considerations

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

Authors' Contributions

All authors contributed equally in this article.

Transparency of Data

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

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