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The Effect of Compassion-Based Counseling on Marital Intimacy of Conflicted Couples

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ABSTRACT

Background: The occurrence of marital conflicts decreases the quality of communication between couples and marital intimacy. Therefore, the present study was conducted to determine the effect of compassion-based counseling on marital intimacy of conflicted couples in Isfahan.

Methods: The research method was quasi-experimental with a pretest-posttest design and control group. The statistical population included all couples referring to Isfahan counseling centers in 1396. The sample size was 30 couples who were selected by purposive non-random sampling method and were randomly assigned to experimental and control groups. The intervention group received compassion-based counseling intervention for 8 sessions which lasted an hour and a half for 2 months. Then, subjects in both groups were examined. The instruments used were the marital conflict questionnaire and marital intimacy questionnaire. After collecting the questionnaires and extracting the raw data, data were analyzed by SPSS (version 23) using descriptive statistics and covariance analysis.

Results: The results showed that compassion-based counseling had a significant effect on the marital intimacy of couples in the post-test phase ($P < 0.0001$). This treatment could increase the marital intimacy of conflicted couples.

Conclusion: Based on the findings of the present study, it can be concluded that compassion-based therapy using techniques such as mindfulness training, empathy, and sympathy for oneself and managing difficult emotions can enhance the marital intimacy of the conflicted couples. In this regard, compassion-based therapy can be used as an effective treatment to increase the marital intimacy of conflicted couples.

Keywords: Compassion-Based Counseling, Marital Intimacy, Marital Conflicts

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Introduction

Given the importance of the family as the first community structure on which the foundation of children's education is founded, the importance of paying attention and maintaining such a structure is fully evident by considering its psychological, emotional, social and behavioral role and the kind of modeling the children would have in an emotional environment.[1] Although in the early days of the marriage, couples feel a permanent commitment to each other, some couples gradually become conflicted.[2] Marital conflict is a form of continuous and meaningful conflict between two spouses that will be manifested by at least one of them.[3] Therefore, the divorce scenario is not a sudden act, but a gradual lack of intimacy. In short, fear of conflict and the accompanying emotions associated with it can lead to non-involvement in problems and not getting involved in different issues can lead to emotional divorce and ultimately legal divorce.[4] Marital conflict can cause serious harm to couples' psychological and communication components.[5] Marital disturbance and marital conflict lead to decreased happiness, reduced life satisfaction, and self-esteem, problematic attachments to spouses, increased symptoms of psychological distress, marital quality, and low marital intimacy.[6] In several studies, distressed couples reported higher levels of conflict, negative emotions, complaining, and avoidance.[7, 8] Since the inability to resolve conflicts leads to the destruction of the intimacy, better understanding of the conflict and helping spouses in this regard are of utmost importance for learning productive conflict management.[9]

As noted, one of the most vulnerable areas of marital conflict is considered as the reduction of marital intimacy.[10] Intimacy is a real and essential need in humans; individuals differ in severity and type of intimacy concerning individual differences. Intimacy is a dynamic process that is based on mutual trust and respect. Intimacy is a genuine need that has intrinsic root and comes from a very basic need for attachment.[11] Intimacy involves feelings of closeness, belonging and contact with others.[12] The intimacy is conceptualized as the process of being in touch, understanding and revealing oneself in the presence of a spouse.[13] The intimacy is also known as the process and the experience that leads to the expression of intimate issues and the sharing of friendly experiences.[14, 15]

Different therapeutic and educational methods have been used for couples with marital conflicts. One of these methods is compassion-based counseling, which has been shown to have clinical efficacy in various researches.[16-20] Compassion-based counseling is a way of helping people to cope with distress and change it into a loving relationship with themselves and others.[21] Compassion-based counseling reduces the quality of exposure to suffering and self-harming behaviors and, on the other hand, enhances the sense of self-help in overcoming problems.[22] The results of various studies show that people with higher compassion experience less negative emotions such as depression and anxiety.[23, 24]

Previous researches have shown that using compassion-based therapy can significantly reduce negative emotions and, in turn, improve levels of hope, self-esteem, mental health, and positive emotions.[25–27] Given the importance of family in community health cycle as well as the vulnerability of conflicting couples in psychological components such as marital intimacy and lack of research to investigate the impact of compassion-based counseling on marital intimacy of conflicted couples that can improve relationship and emotional functioning, the researcher has attempted to test the effect of this method on the marital intimacy of conflicted couples in the present study. Therefore, the main issue of the present study is to investigate whether compassion-based counseling affects the marital intimacy of conflicted couples or not.

Methods

The research method was quasi-experimental with pretest-posttest design and the control group. The statistical population of the study consisted of

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all couples referring to Isfahan counseling centers in 1396. The sample size was 30 couples (15 couples for the experimental group and 15 couples for the control group) who were selected using purposive non-random sampling. Thus, by referring to counseling and psychological services in Isfahan, and access to couples referring to these centers, a questionnaire on marital conflict was sent to couples who were willing to participate in the study (53 couples participated in the study and filled the marital conflict questionnaire). Subsequently, the questionnaires were scored and by using non-randomized purposive sampling, 30 couples who scored higher than the cut-off score (126 on the marital conflict questionnaire) were selected and randomly assigned to the experimental and control groups (15 couples in the experimental group and 15 couples in control group). Accordingly, a marital conflict questionnaire was used in the present study to diagnose conflicting couples. Afterward, the experimental group received eight 90-minute sessions of compassion-based counseling. The participants in the control group did not receive any of these interventions during the present study. Inclusion criteria were marital conflict (Receiving the score which is higher than 126 in the marital conflict questionnaire) and referring to Isfahan counseling centers, giving consent and being prepared to participate in the research, lack of acute and chronic physical illness (according to their counseling record), lack of acute and chronic psychological illness such as depression (according to their counseling record), and having at least diploma to understand the description of counseling sessions which was based on compassion. Exclusion criteria included having more than two sessions of absentees, non-cooperation, failure to perform assigned assignments in the classroom, unwillingness to continue to participate in the research process, and the anticipated environmental and personal event occurrence during the study. After presenting the compassion-based counseling intervention, the present questionnaires were answered (pre-test). Then, the couples in the experimental group received the compassion-based intervention.

The following questionnaires were used in the current study:

Marital conflict questionnaire

The 42-item marital conflict questionnaire was developed by Barati and Sana'i. This questionnaire provides the total score of marital conflict and its dimensions. These dimensions include: decreased cooperation, decreased sexual intercourse, increased emotional reactions, increased child support, increased personal relationship with relatives, reduced family relationships with spouses and friends, separated finances. Each test question has a five-point scale (always = 5, often = 4, sometimes = 3, rarely = 2 and never = 1). The high score on this test indicates the severity of the conflict and the troublesome situation and the low score is the sign of a good situation. The total scores of the questionnaire ranged from 42 to 210. This test has been standardized by its creators on referrals to legal or counseling centers to resolve marital conflicts and its reliability has been reported. Several family therapists were interviewed to determine the validity of this test, which they believe has good content validity.[28] As described in the research method, this questionnaire was used to identify marital conflicts and therefore is not a dependent variable of the study and does not need to be analyzed.

Marital intimacy questionnaire

In the present study, a marital intimacy questionnaire with 85 questions Oliya et al [29] was used to measure marital intimacy. This questionnaire provides the overall intimacy of couples and other aspects of the intimacy of the couples. These dimensions are emotional intimacy, intellectual intimacy, physical intimacy, socio-recreational intimacy, communication intimacy, spiritual intimacy, psychological intimacy, sexual intimacy, and general intimacy. The higher is the score, the greater would be the marital intimacy. The minimum score is 85 and the maximum is 340. To determine the content

validity of this test, 5 experts of the Psychology Faculty of Isfahan University were asked to cooperate. To determine the validity of the questions, the correlation method of each question with the total score of the test was used. Questions in which the correlation coefficient with the total score was not significant and also questions that were significant at 0.05 were omitted and 85 questions with at least 0.01 level of correlation with total score were selected. Walker and Thompson Scale of Intimacy were used for the simultaneous survey of marital intimacy questionnaire. The results showed that the correlation between the marital intimacy test and Thompson and Walker scale was 0.92.[30] In this study, Cronbach's alpha was used to determine the reliability and it was estimated at 0.89.

Research implementation process

The research questionnaires were administered to the participants in the study by referring to Isfahan counseling centers and selecting the sample size with written consent and assigning them to experimental and control groups. To follow the ethics of the research, people's consent to participate in the intervention program was received and the participants were informed about all stages of intervention. Both groups were also assured that their information was kept confidential and there is no need to mention their names. Finally, compassion-based counseling training intervention programs [31] were performed in the table 2, while the control group did not receive any intervention. Compassion-based counseling training sessions were conducted by the first author of the study throughout two and a half months in eight sessions of one and a half hour training per week as follows:

In this study, two levels of descriptive and inferential statistics were used for data analysis. In descriptive statistics, mean and standard deviation, and in inferential statistics Shapiro-Wilk test was used to check the normality of variables distribution, Levin test for analysis of variance equality, and covariance analysis was used to test the research hypothesis. Statistical results were analyzed using IBM-SPSS 23 statistical software.

Results

The results of demographic data showed that the sample age was between 27-45 years old, with 33-36 year-olds having the highest frequency (33%). On the other hand, they had a diploma-to-postgraduate degree range, whose highest degree was a bachelor's degree (45%). The results of the statistical tests showed that the demographic variables of the study did not have a significant relationship with the dependent variables of the study and therefore there is no need to separate their effects in the present study. The descriptive findings of the study will be investigated.

Before presenting the results of the analysis of covariance, the assumptions of parametric tests were evaluated. Accordingly, the results of the Shapiro Wilk test indicated that the normality of the sample distribution of data was normal ($F = 0.41$, $P > 0.05$). Also, the variance homogeneity assumption was tested by the Levin test, the results of which were not significant. It should also be noted that in examining the homogeneity of the slope regression assumption, the results indicated that the pre-test interaction with the grouping variable in the marital intimacy variable was not significant. This means that the assumption of homogeneity of the regression line slope in the marital intimacy variable was established. The results of the analysis of the effects of compassion-based counseling on conflicted couples' marital intimacy with pre-test variable control are presented in Table 3.

According to the results of table 3, independent variable training (compassion-based counseling) was able to make a significant difference in the mean scores of the dependent variable (marital intimacy of conflicted couples in Isfahan) at the post-test at 0.05 level of error. Therefore, it is concluded that by controlling the pre-test scores, the mean scores of marital conflict of couples in

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Isfahan has been improved with compassion-based counseling. The effect of compassion-based counseling on marital intimacy of conflicted couples in Isfahan was 0.74. This means that 74% of the variations in the marital intimacy of conflicted couples in Isfahan can be explained by compassion-based counseling.

Table 1. Summary of Compassion-Based Counseling Training Sessions

Sessions	Summary of actions taken
Session one	Introduction to compassion-based counseling and its importance life; teaching the basics of compassion-based therapy and its Impact on the brain system.
Session two	Mindfulness practice training; compassion-based case conceptualization training: identifying problems and symptoms, present problems, the impact of past life, major threats and fears formed, security strategies, unintended consequences
Session three	Self-compassionate imaging, imagining being compassionate to others and receiving compassionate behaviors from others, Imagining the safe place, two-chair technique; develop compassion, empathy, and sympathy to oneself.
Session four	Creating a compassionate identity; the main purpose of this session: How to go beyond repeating compassionate expressions and naturally cultivate compassionate minds (the importance of nurturing a compassionate mind).
Session five	Managing difficult emotions; practices included; awareness of their ongoing struggles with depression and anxiety and pain endured in difficult life relationships; using creative helplessness.
Session six	To live deeply; to set valuable goals and to choose a health care path; to explore and discover the core values that make life meaningful.
Session seven	Changing relationships; discovering new approaches and adopting a broad approach, becoming aware of and avoiding the avoidance and control techniques; promoting compassionate behaviors.
Session eight	Targeting the negative biases of life; focusing on the positive and the strength in life, becoming the creator of your valuable goals and paths.

Table 2. Results of descriptive statistics of marital intimacy variable in pre-test and post-test stages

Groups	Pre-test	Data normality		Post-test		Data normality
	Mean	Standard deviation	P	Mean	Standard deviation	P
Experiment group	177.26	14.34	0.11	216.06	13.38	0.22
Control group	184.63	13.85	0.16	179.6	13.20	0.20

Table 3. Covariance analysis of the impact of compassion-based counseling on marital intimacy of conflicted couples

Statistical indices of variables	Total sum	Level of freedom	Mean of sum	F	Significance level	The effect size	Test power
Pre-test	1946.81	1	1946.81	13.36	0.001	0.19	0.95
Compassion-based therapy training	22447.53	1	22447.53	154.06	0.0001	0.74	1
Error	8304.92	57	145.70				
Total	2372742	60					

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Discussion

The purpose of this study was to determine the effect of compassion-based counseling on marital intimacy of conflicted couples in Isfahan. The results showed that compassion-based counseling had a significant effect on the marital intimacy of the couples in the post-test phase. This treatment has been able to increase the marital intimacy of conflicted couples. The results were in line with those of Batista, Cannes, Gallardo, Kato, and Misano-Cardoso.[20] These researchers have shown that compassion-based counseling can increase the social support of individuals and improve their social and family compatibility by using kindness with themselves and others. Besides, [16-18] in their research have investigated and validated self-efficacy in compassion-based therapy on stress and psychological well-being of individuals has. Also, the results of this study are in line with the results of 19, 25, 26 and 27. As these researchers have shown in their research results, the components of compassion and compassion-based therapy can lead to improved distress tolerance, reduced psychological distress, and increased resiliency. According to the present finding, and taking into consideration the results of previous research, individuals with high self-efficacy are skilled in resolving interpersonal and intrapersonal conflicts and resolving them considering their own and others' needs.[34] Other researchers have pointed to increased health-promoting behaviors and increased psychological well-being, such as managing suitable stress responses,[32. 33] reducing anxiety in individuals, [33] and the effective role of self-compassion in physical, psychological, and communication health. To manifest the efficacy of compassion-based counseling and its impact on the marital intimacy of conflicted couples, it needs to claim that self-efficacy therapy not only reinforces positive emotional status but also protects individuals from negative psychological status. Although self-compassion is associated with positive emotions, this trait is not merely about having negative emotions in non-judgmental consciousness, without diminishing it by denying the negative aspects of the experience. Accordingly, compassion-based counseling, by employing positive emotions in couples' interaction, enables them to show a more positive approach to each other and to finding constructive solutions to problems that can improve marital intimacy. Also, the present finding states that compassion-based counseling emphasizes on self-acceptance and acceptance of one's experience in the context of kindness and self-awareness.[25] Kindness to oneself is self-understanding rather than self-judgment and some kind of support for one's deficiencies and inadequacies. Admitting the fact that all humans have defects, make mistakes, and engage in unhealthy behaviors is considered as the characteristic of shared human emotions. Mindfulness versus excessive imitation in self-compassion leads to a balanced and clear awareness of present-day experiences and causes the painful aspects of an experience not to be ignored and not to be repeatedly occupying the mind and applying these processes reduces internal suffering, psychological distress, improves couples' psychological tolerance. This process makes them more resilient and helps them to resolve problems between themselves and experience greater marital intimacy. It should also be noted that since compassion-based counseling employs training techniques of the process of regulating the emotion system, its effect on brain hormone levels and its subsequent impact on behavioral and lifestyle changes,[25] one can expect changes in emotion-related processes and cognition such as cognitive processing and interpersonal problem solving based on compassion-based counseling. Along with compassion-based counseling, couples using mindfulness and problem-solving can question the defective cycle of criticism of their spouse as well as delineate high-level expectations and, with a new and compassionate look at themselves and their spouses, they can think of realistic criteria and achievable expectations which does not require disturbance and pressure, and it can also result in increasing intimacy.

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However, the present study had some limitations. As the research was limited to conflicted couples in Isfahan, there was no use of random sampling methods, and there were some uncontrolled variables such as couples' IQ status, the financial status of families, the number of children and their social status and lack of follow-up phase. Therefore, at the section of the suggestions, it is recommended to do the same research in other cities and regions with different cultures, other couples, to control of the mentioned factors, use of random sampling and do the follow-up phase to increase the generalizability of the results.

Conclusion

Given the effectiveness of compassion-based counseling on the marital intimacy of conflicted couples, at the practical level, it is suggested that compassion-based counseling be used as a suitable and effective method in counseling and psychological centers for couples.

Conflict of interest

In the present study, no conflict of interest has been reported by the authors.

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Authors' Contribution

This article has one author.

The author read and approved the final manuscript and is responsible about any question related to article.

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