

## The Effectiveness of Compassion-Focused Therapy for Parents on Reducing Aggression, Behavioral Problems and Anxiety in Children

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### Quantitative Study

#### Abstract

**Background:** This study aimed to determine the effectiveness of compassion-focused treatment education for parents on reducing aggression, behavioral problems, and anxiety in children.

**Methods:** This quasi-experimental research was designed based on a pretest-posttest with an experimental and a control group. The statistical population included all mothers with preschool children with developmental neuropsychological learning disorders in Isfahan, whose children were enrolled in kindergarten in the 2019-20 academic year. This study sample included 30 people selected by convenience sampling method and randomly divided into an experimental group (teaching therapy focused on compassion to parents) and a control group, each containing 15 people. The research instruments included the Preschool Children Behavioral Problems Questionnaire, the Preschool Children Aggression Scale, and the Children Anxiety Scale. Data were analyzed by SPSS software and univariate analysis of covariance.

**Results:** The findings showed that compassion-focused therapy training was effective in reducing aggression ( $P < 0.001$ ), behavioral problems ( $P < 0.001$ ) and anxiety ( $P < 0.001$ ) in children.

**Conclusion:** Compassion-based therapy can be applied to improve anger, behavioral problems, and anxiety in children.

**Keywords:** Compassion-focused therapy; Parents; Aggression; Behavioral problems; Anxiety; Children

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## Introduction

Neuropsychological problems delay children's development and may affect other aspects of development, including their behavioral function. Behavioral problems incredibly various, chronic, and deviant behaviors that range from aggressive or sudden arousal to depressive and withdrawn behaviors. Behavioral problems in children are common and debilitating problems that cause many difficulties for families and children and cause helplessness or reduced efficiency in individual and academic performance (Mazurik & Sahl, 2016). Behavioral disorders in children, a wide range includes hyperactivity, aggression, anxiety, depression, social maladaptation, fear, and behavioral disorders that require early diagnosis and intervention (Mortamais, Puyol, Martinez-Villavilla, Rinsabatier, Syracuse, 2019). In total, between 14% and 24% of children and adolescents suffer from various behavioral and emotional problems (York, White, Whiston, Rafella, Charman, & Simonoff, 2018). Behavioral problems in early childhood are often a precursor to the development of antisocial behaviors. Behavioral problems in the individual and social spheres create many problems. Children with these disorders cause problems for their families, schools, and society in general. When a group of children's capacities and abilities remain unknown and do not receive appropriate intervention, these problems lead to dysfunction in areas of life disrupted, including education and interpersonal relationships, which can ultimately pose a threat to the child's mental health. To the extent that it makes him vulnerable to the psychosocial turmoil of adulthood. Research in this area is essential due to the side effects of behavioral problems and the shortcomings in predicting behavioral problems in preschool (Thomas et al., 2018).

Because if the mother has a good relationship with her child, it may affect the recovery of these children, and it can even be said that the mother's behavioral disorders cause more disturbances in the children's behavior than the father's emotional distress (Sinclair et al., 2016). Among the therapeutic and educational activities that focus on the parent, especially the mother, is an education focused on compassion. Compassion is the presentation of a kind of empathy and non-judgmental understanding of one's pains, sufferings, mistakes, and inadequacies to see one's bitter experiences as a larger part of human experience (Wang et al., 2018). Basic principles in compassion-based therapy suggest that external soothing thoughts, factors, images, and behaviors should be internalized. Based on these findings and other research pieces, Gilbert utilized this structure in treatment sessions and, finally, proposed compassion-focused therapy theory (Gilbert, 2009). Compassionate therapy teaches people not to struggle with their painful feelings; therefore, they can know their experience in the first step and feel compassion for it. Instead of focusing on changing, their "self-esteem" changes (Gilbert, 2010). Considering the interaction between mother and child, many of the behavioral problems of children are due to the way parents, especially the mother, treat the child, so research in this field is of great importance.

Basic principles in compassion-focused therapy point out that external soothing thoughts, factors, images, and behaviors must be internalized, in which case the human mind responds to external factors as it does. It also calms down with this insight (Kelly and Carter, 2015). The compassion variable has three aspects: Kindness to oneself versus self-judgment, feelings of human commonalities versus isolation, and awareness versus increasing imitation (Wilson, Macintosh, Power, & Chan, 2018). Self-compassion can be defined as a positive attitude towards oneself when things go wrong. Self-

compassion is considered a useful trait and a protective factor for cultivating emotional flexibility. In recent years, therapies have been developed to improve self-compassion (Held and Owens, 2015). Self-compassion leads to a sense of self-care, self-awareness, an unequivocal attitude toward one's inadequacies and failures, and the acceptance that one's experiences are also part of ordinary human experiences. People with high self-esteem treat themselves with kindness and concern when they experience adverse events. High levels of self-compassion increase social interaction and reduce self-criticism, reduce rumination, reduce thought suppression and anxiety, and reduce stress (Feliu-Soler, Pascual, Elices, Martin-Blanco, Carmona, et al., 2017). Collins et al. (2017) have shown in their research that compassion-focused therapy can reduce anxiety and depression in the elderly with dementia. In a study, Breines et al. (2014) found that compassion-focused therapy may help people affected by psychological problems, including symptoms of depression.

Due to the lack of research conducted on the role of psychotherapy and emerging third-wave therapies in improving psychological and behavioral abnormalities in children with neuropsychological/developmental learning disabilities, these children may lead to secondary problems such as behavioral problems delays due to Brain challenge. Therefore, Some believe that neuropsychological medical models follow these children's behavioral problems (Biggs et al., 2017). Psychiatric health professionals include neuropsychological/developmental learning disorders, including biological disorders. Nevertheless, in this study, the researcher seeks to examine the environmental model of the family system. This study aims to determine the effectiveness of compassion-focused treatment education for parents on reducing aggression, behavioral problems, and anxiety in children.

## **Methods**

This quasi-experimental research was designed based on a pretest-posttest with an experimental and control group. This study's statistical population included all mothers with preschool children with developmental neuropsychological learning disorders in Isfahan, whose children were enrolled in kindergarten in the 2019-20 academic year. Accordingly, 30 children were randomly selected from those who received the highest score in the Steel Cognitive Neuropsychology Questionnaire and, at the same time, according to the psychiatrist and family, also have behavioral problems, as the criterion for entering the study. The selected children were randomly divided into two 15-member groups of controls and experiments. Inclusion criteria included maternal consent and cooperation to participate in the study, having preschool children with neuropsychological/developmental learning disorders, no other mental or physical problems, no medication, or any other therapeutic intervention during education. Exclusion criteria included non-cooperation of mothers, absence of more than two sessions, failure to answer questionnaire questions. The experimental group was treated with compassion based on the research activities of Gilbert and Eisoner (2004) and Gilbert (2009) for eight sessions of 90 minutes two days a week in one of the kindergartens in Isfahan. However, the control group did not receive any intervention. In this study, the following tools were used to measure the desired variables. Since in experimental studies, the minimum sample size in each group should be 15 people (Gal et al. 2002), so the sample of this study included 30 people selected by convenience sampling method. To select these children, first, the children who were exposed to this disorder were introduced

through the parents and the psychologist of the kindergarten, and then, to ensure their disorder, a checklist was checked for the signs of the children's pre-learning disability. Educators completed steel Elementary School (2004) for several children at risk for the disorder. Checklist for signs of preschool children's learning disabilities: This list was used to screen for selecting the studied samples.

**Preschool Children Behavioral Problems Questionnaire:** This questionnaire was prepared by Shahim and Yousefi (1999) in 24 items and four subscales, including attention deficit, fear, social behavior, and aggression, which evaluates the opinions of the respondents on a three-point Likert scale (never = 0; sometimes = 1; most of the time = 2). This questionnaire's validity has been reported using Cronbach's alpha for the questionnaire's total score, 0.80, and using the retest method, 0.77. This scale focused on four factors of attention deficit, fear, social behavior, and aggression with the specific values of 4.78, 2.02, 1.60, and 1.24, respectively (Shahim and Yousefi, 1999). The internal consistency coefficient by Cronbach's alpha method in the present study was 0.77.

**Preschool Aggression Scale:** This questionnaire controlled 43 items and four subscales of physical aggression, relational, verbal, reaction to measure aggression in 3- to 6-year-old children. Each item was answered in a five-point range (basically = zero, rarely = 1, once a month = 2, once a week = 3, and most days = 4). Vahedi et al. (2008) used exploratory factor analysis to evaluate the construct validity. Factor analysis of this scale with the help of principal components analysis and after Varimax rotation provided four factors: verbal-aggressive aggression, physical-aggressive aggression, relational aggression, and impulsive anger, representing the validity of the scale structure. Cronbach's alpha method was used to evaluate the questionnaire's reliability, which was 0.98 for the whole scale and 0.94, 0.92, 0.94, and 0.88 for the verbal-aggressive, physical-aggressive, relational, and impulsive aggression subscales, respectively, indicating a reliable questionnaire. The internal consistency coefficient by Cronbach's alpha method in the present study was 0.85.

**Spence Children Anxiety Scale (Parents Report):** The Preschool Children Anxiety Scale was developed by Spence et al. (2001). On this 28-item self-report scale, parents were asked to grade their child's behavior on a 5-point Likert scale from no means (0) to always (4). The questionnaire holds five subscales: generalized anxiety disorder, social panic, obsessive-compulsive disorder, fear of physical injury (as a specific panic), and separation anxiety disorder. The score of each subscale is obtained by adding the score of the questions related to each subscale. Then the sum of the scores of the subscales represents the total score of anxiety. Also, there is an open-ended question about the child's experience of traumatic events that is not scored; however, in case of such an incident experience, the child will be asked five other items that mark post-traumatic stress disorder symptoms. These five items' scores are not calculated in the total score and are met only for clinical attention to this disorder. Psychometric assessments of the scale's validity have shown that all subscales (except the obsessive-compulsive subscale) hold average to high homogeneity (Cronbach's alpha greater than 0.70). Spence et al. (2001) validated the validity of this questionnaire for the subscales of generalized anxiety, social phobia, obsessive-compulsive disorder, fear of physical injury (as a specific fear), and separation anxiety disorder (69.6), respectively. This scale's reliability has been

Table 1. Descriptive indicators of behavioral problems, aggression and anxiety in the pre-test and post-test stages separately for the experimental group and the control group with the results of the analysis of covariance

| Variables                | Group        | Pre-test     | Post-test    |
|--------------------------|--------------|--------------|--------------|
|                          |              | Mean ± SD    | Mean ± SD    |
| <b>Behavior problems</b> | Experimental | 35.46 ± 7.74 | 28.17 ± 5.95 |
|                          | Control      | 34.73 ± 6.20 | 33.11 ± 6.53 |
| <b>Anxiety</b>           | Experimental | 30.12 ± 4.69 | 21.10 ± 2.56 |
|                          | Control      | 31.54 ± 4.40 | 32.26 ± 4.14 |
| <b>Aggression</b>        | Experimental | 53.12 ± 4.69 | 35.10 ± 2.56 |
|                          | Control      | 53.54 ± 4.40 | 52.26 ± 4.14 |

SD: Standard deviation

reported 0.67, 0.57, 0.55, 0.41, 0.52, and 0.49 for generalized anxiety subscales, social panic, obsession, fear of physical injuries (as a specific panic), and separation anxiety disorder, respectively (Ghanbari et al., 2011). The internal consistency coefficient by Cronbach's alpha method in the present study was 0.69. Data were analyzed using a univariate analysis of covariance and SPSS.22 software.

## Results

The mean (standard deviation) age of the experimental group was 46.3 (11.8), and the control group was 44.8 (10.5) years. The Shapiro-Wilkes and Loon tests were applied to check the necessary assumptions before performing the variance analysis. The Shapiro-Wilkes test for distributing research variables in the post-test phase showed that the research variables had a normal distribution. Leven test was used to examine the default homogeneity of error variances. The results of the Leven test showed that the hypothesis of homogeneity of variances was not rejected. Examining the homogeneity of regression slopes also showed that the presumption of homogeneity of regression slopes was also established. Therefore, there were necessary assumptions to perform a univariate analysis of covariance. Table 3 lists the descriptive indicators along with the results of the analysis of covariance.

Analysis of covariance was used to evaluate whether these differences were statistically significant in the experimental group compared to the control group.

The findings of table 2 showed that the mean scores of behavioral problems, aggression, and anxiety in the post-test stage after controlling the pre-test scores were significant in both groups. This means that two treatments based on compassion were effective in reducing behavioral problems ( $P < 0.001$ ), reducing aggression ( $P < 0.001$ ), and reducing anxiety ( $P < 0.001$ ). The coefficients of behavioral problems, aggression, and anxiety were 0.74, 0.59, and 0.24, respectively.

Table 2. Analysis of covariance results to evaluate the effectiveness of compassion focused therapy on aggression, behavioral problems and anxiety

| Variables                | SS      | df   | MS      | F     | P     | Eta  |
|--------------------------|---------|------|---------|-------|-------|------|
| <b>Behavior problems</b> | 490.00  | 1    | 490.00  | 9.13  | 0.005 | 0.24 |
| <b>Anxiety</b>           | 1172.95 | 1.07 | 1091.87 | 40.55 | 0.001 | 0.59 |
| <b>Aggression</b>        | 267.80  | 1.07 | 249.28  | 9.25  | 0.004 | 0.24 |

SS: Sum of squares; df: Degree of freedom; MS: Mean of Squares

## Discussion

This study showed that parents' compassion-focused treatment for parents effectively reduces aggression, behavioral problems, and anxiety in children. This study's results were consistent with the findings of Navarro-Gil et al. (2018) and Galli et al. (2014).

Self-compassionate education can lead to appropriate thinking, and people can learn how to recognize their irrational and irrational evaluations. Therefore, it naturally empowers people to lead problems, have a healthy response, overcome difficulties, and move with life's flow, increasing their life's quality. Education can potentially be the source of change, including changes in attitudes and beliefs, which can reduce aggression, behavioral problems, and anxiety in children. Self-compassionate education helps parents learn how to recognize their irrational and irrational evaluations and take action to correct them and enjoy their social relationships, work, and leisure, which reduces stress and increases the quality of life (Navarro-Gil et al., 2018). The nature of group education itself can positively affect reducing aggression, behavioral problems, and anxiety in children. Because the grouping of people in the group and the fact that each person feels that others have similar problems effectively reduces stress and negative mood, increasing acceptance of reality, and coping with it. Therefore, self-compassionate parenting education can reduce aggression, behavioral problems, and anxiety in children.

Teaching compassion for parents makes parents as kind to themselves as they are to others. The lessons learned from this treatment cause people to behave realistically, abandon the ideal self and the self-imposed on them by others, and thus gain more peace. Since the component of kindness refers to oneself, one tends to take care of oneself and one's perception instead of criticizing or judging harshly in the face of aspects of one's personality that one does not like. It makes patients with irritable bowel syndrome treat their shortcomings gently and calmly and speak to themselves in an emotionally supportive tone, instead of blaming and attacking themselves for their shortcomings, accepting them warmly. They show unconditionality towards themselves.

Furthermore, when living conditions become difficult and uncomfortable, parents focus on the inside to comfort themselves instead of just focusing on the outside work and trying to control or solve the problem. Self-compassion is the person's ability to make the most of the suffering he or she experiences during the transition (Galli et al., 2014). Feeling of human commonality, another component of self-compassion, is the understanding that all human beings are imperfect, mistakable, and may have unhealthy behaviors. Self-compassion links individual failure experiences to shared human experiences so that everyone's characteristics appear in the broad and universal perspective. Human judgments and conflicts also take the form of shared human experiences, so that when one experiences suffering, one feels attached to others; But often, when people think of their shortcomings, they feel isolated and detached from others, in such a way that they feel that their fault was a mistake of which the rest of humankind has no share. When people experience difficult situations in life, they often fall into the trap of thinking that they are not the only ones who are in conflict and feel isolated and separated from other people who are likely to continue their happy and everyday lives. Consciously, the third component of self-compassion is being aware of what is happening in the present moment in a clear and balanced way. The person does not ignore aspects of his personality or life



that he does not like, nor does he chew around them (Kelly et al., 2017). Self-compassion includes caring of and empathizing with oneself, an unappreciated attitude toward oneself in the face of perceived difficulties or inadequacies. High self-compassion is associated with quality of life and protects people against stress. It means accepting vulnerable feelings, caring of and being kind to oneself, a non-evaluative attitude towards one's failures and failures, and recognizing one's experiences.

The present study's main limitations are as follows: The study results were limited to mothers with children with learning disabilities. This study was conducted only on the population of children with learning disabilities in Isfahan and generalizing the results to other regions and cities. It is suggested to conduct this research in another sample group and evaluate and compare its results with this research results. It is suggested to perform this research in other cities and evaluate their results. It is suggested to follow up this research as group counseling after individual training. Considering the effect of compassion-focused therapy on depression, self-care behaviors, and the quality of life of mothers with children with learning disabilities, it is recommended to use compassion-focused therapy as a group by psychologists. The Ministry of Health, Welfare Organization, hospitals, and the Organization of the Psychological and Counseling System, provide the ground for psychologists and teachers to become more familiar with compassion-focused treatment concepts by conducting compassion-focused therapy workshops.

## **Conclusion**

Compassion-based therapy can be used to improve anger, behavioral problems, and anxiety in children

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