
The Study of the Effectiveness of Compilation Parenting Education Based on ACT, CFT and Enriched Whit Islamic Teachings on First Elementary Children's self-esteem and Self-compassion of Their parents

Sedigheh Shirvani¹, Mohammad Hossein Fallah^{2*}, Najmeh Sedrpoushan³

1. PhD Student, Department of Psychology, Faculty of Humanities, Islamic Azad University, Yazd, Iran.
 2. Associate Professor of Psychology, Faculty of Humanities, Islamic Azad University, Yazd Branch, Iran.
 3. Assistant Professor, Faculty of Humanities, Islamic Azad University, Yazd, Iran.
-

Article history:

Received date: 05 March 2019

Review date: 16 June 2019

Accepted date: 11 August 2019

Keywords:

Children's self-esteem, Self-compassion, Acceptance & Commitment, Parenting, Islamic's Teachings

Abstract

Purpose: The purpose of this study was to investigate the effectiveness of integrated parenting based on Acceptance and Commitment (ACT) and Compassionate Focus (CFT) approach enriched with Islamic teachings on the self-esteem and compassion of their first parents.

Methodology: The research method was quasi-experimental with pretest-posttest with control group. The statistical population of the study consisted of all mothers of first elementary school children in Isfahan city. Then, 30 of them were selected by available sampling method and were divided into two groups of control and experimental, each group of 15. The research tool was a checklist for measuring self-esteem in preschool children and the Compassion Self-Esteem Scale. For the experimental group, the training was held in 10 sessions of 120 minutes. Data were analyzed using one-way analysis of covariance.

Findings: Findings showed that integrated parenting based on acceptance, commitment and compassion-based approach enriched with Islamic teachings increased child self-esteem and compassion for parents ($p < 0.05$).

Conclusion: The conclusion of the study is that increasing self-esteem in children is related to parenting style. Therefore, with this combined parenting education, mothers have been able to improve their self-esteem and compassion and improve their child's self-esteem.

Please cite this article as: Shirvani S, Fallah M H, Sedr Poushan N. (2019). The Study of the Effectiveness of Compilation Parenting Education Based on ACT and CFT and Enriched Whit Islamic Teachings on First Elementary Children's self-esteem and Self-compassion of Their parents, *Iranian journal of educational Sociology*, 2(4):44-55.

1. Introduction

All people need to feel loved, loved, and accepted, as well as valued, empowered, and worthy. The children's perception of themselves is their self-esteem. Self-esteem is their love and self-respect. Self-esteem has a significant and effective relationship with self-esteem ability, school-based behavioral adjustment, and self-esteem behavioral manifestations. They will be. In addition, there is a strong positive relationship between mother-child safety and positive attachment. Self-esteem has four main sources: children's social empowerment in relation to their peers, their intelligence at school, their social and community attitudes, and children's emotional relationships with parents. With the gradual growth of the child, his or her social humility becomes one of the developing components of self-esteem. Academic success is also associated with high self-esteem. The attitude of the community also affects self-esteem. Children of some minority groups will find it difficult to create a positive self-image if they feel that others are being humiliated because of their racial or ethnic origin. Children who are loving, supportive, warm parents tend to have a positive self-esteem (Rice, 2001).

We have seen many whose childhoods have been marred by an inner sense of annoyance, because their minds are constantly occupied with thoughts such as their mother's suffering during childbirth, or the pressure they put on their family finances, or the concern for the father more than ever. They've been under pressure, too. Consequently, if, for example, children have helped parents see the world through new and exciting valves, or enabled the experience of deep and mutual love and trust that is most valuable to them, it will be hidden from them. Don't Different parenting approaches have always been helpful and effective for parents, but most parents find it difficult to use appropriate parenting techniques because of subjective rather than factual practice. The assumption of treatment based on acceptance and commitment is that the main problem faced by individuals is experiential avoidance, which means avoiding one's thoughts and feelings and other personal events (Bakh & Mourgan, 2008).

It is also believed that thoughts and feelings, especially in relation to the child, are a key and effective element in parenting. Parenting based on an acceptance and commitment approach helps parents to compassionately recognize perceived feelings, concerns, and failures. In the most challenging moments, the goal is to have the emotions and thoughts as they are and to be accepted unchanged so that parents understand their child here and now and focus on the important or stressful things that make their relationship and their children meaningful (Coyne & Murrell, 2009). Acceptance and commitment therapy are new and effective treatments for solving psychological problems and disorders, and even a way to enrich and enrich individual and group life. Its underlying principles include: 1) acceptance or willingness to experience pain or other disturbing events without attempting to control them, and 2) value-based practice or willingness to act as meaningful personal goals before eliminating unwanted experiences. Therefore, acceptance and commitment therapy focusing on existing conditions and pathways towards acceptance and personal growth is appropriate in the coming crises, and with the conditions created in the individual situation, acceptance gradually develops until the individual Achieve a sense of self as a fit person in every aspect of social, family, occupational, educational, and so on, at this stage a sense of commitment to invest in a sustainable relationship develops and the ability to accept and be accepted by others, It comes when emotions such as anger, fear, hatred, insecurity, and so on are replaced by understanding and cooperation. D, the acceptance stage show that leaves the past behind her and puts at risk future opportunities (Ciarrochi & Kashdan & Harris, 2013).

In acceptance and commitment-based therapies, guiding the therapist in a committed practice in relation to the values expressed by him is an important part of psychotherapy. Forms of meetings designed to produce committed action include therapeutic, practicing, and homework tasks that are related to the long-term and short-term goals of "behavior change" and "adaptation to conditions." Behavioral change efforts lead to psychological barriers and address these barriers through acceptance and commitment-based

therapeutic processes, namely “acceptance” and “faulting” (Dymond & Roche, 2013). Another approach to parenting is parenting with a compassionate approach.

According to the compassion-based treatment approach, having a compassionate attitude toward others is expected to be correlated with a sense of compassion for the self. There is already a great deal of research data showing that from the moment we are born to the day we die, the experience of kindness, support and compassion has a great impact on our emotional and physical health. The potential impact of presence or absence of compassion ranges from the quality of our immune system function to the intensity of our stress reactions to the presence and absence of anxiety and widespread depression. Neff (2009) defined self-esteem as a three-component construct consisting of Self-kindness, Self – judgment, Common humanity, versus isolation and mindfulness versus Over - Identified. The combination of these three relevant components is the characteristic of the individual who is compassionate. Gilbert (2009), therefore, used this construct in treatment session space and eventually proposed "compassion-focused therapy". The basic principles of compassionate treatment suggest that the thoughts, factors, images, and behaviors of the exterior must be internalized and, in this case, the human mind as it responds to external factors, in the face of these internalities Also calm down (Gilbert, 2014). In addition, in compassion-based therapy, people learn not to avoid and suppress their painful emotions. So they can recognize and experience compassion in the first place (Irons & Lad, 2017). Self-compassion exercises emphasize calmness, calm mind, self-compassion and mindfulness which will have a significant role in relaxing one's mind, reducing stress and negative thoughts (Gilbert, 2014; Neff & Germer, 2013).

The concept of self-compassion means experiencing and being affected by the suffering of others so that one can make their own problems and suffering more tolerable that we clearly see this technique in effective parenting. It also means being patient and kind to others and having a non-judgmental understanding of them. In addition, knowing that the experiences and problems of one's life are part of the problems that other people experience (Neff, 2011). Compassion for one's self includes the development of one's love, love, and understanding of one's own suffering (Neff, 2009). Neff noted that self-compassion involves knowing and recognizing that suffering is a natural part of the human condition (Neff, 2003). In fact, Neff and Beretvas (2012) showed that people who are higher in compassion also exhibit more positive behaviors in their relationships. Subsequently, Neff and Germer (2013) found that self-compassion also promotes feelings of trust and authenticity that lead to less emotional distress and a higher level of emotional well-being. Also, compassion itself requires active and patient acceptance of hard feelings (Hayes, 2008). Individuals are generally aware of the strong emotions of “fight, flight or freeze” reactions through physical sensations; this activation of the sympathetic nervous system (which for most people is a chain of events that begins with an increase in breathing and an increase in heart rate, muscle cramps, etc.). This means that the body is responding to a threat (such as an annoying stimulus or unpleasant event) and is preparing itself to resist or defend against it (Neff & McGhee, 2010).

Although many parenting techniques are presented and used in practice in Islamic literature, parenting is a complex activity involving behaviors, teachings, interactions, and practices that separate and interact with one another and affect one's spiritual, emotional, and social dimensions. From the Islamic point of view, the responsibility of raising a child in childhood is the responsibility of parents as long as it is one of children's rights (Parcham, Fatehizadeh, Allah Yari, 2012). A group of psychotherapists argue that the use of multiple systems of thought is stronger and more effective from one point of view and therefore not biased towards one. So they try to use the findings of all approaches and apply their methods in treatment. There is a holistic approach based on Islamic teachings called monotheistic integrated psychotherapy that can be very helpful in all areas of the Islamic context, especially in the field of Islamic parenting. Since being aware of all aspects of human being is the creator of the human being, the best therapeutic approach is the unified, monotheistic approach that has been used by many religious and spiritual practitioners and psychologists in the Islamic teachings. We have used its content to make parenting education. The unified

monotheistic approach has one important purpose: to bring the authorities to a unified understanding of the relationship between God, man, the Qur'an, the Prophet (Fallah, Shayegh, A'ssi, Tahani, 2018).

The Interaction of the Commitment-Based Approach, the Compassion-Based Approach, and the Unified Monotheistic Approach show a monotheistic flexibility, that is, acceptance of the glorified God, awareness of the philosophy of creation, having the right attitude to the resurrection, having the conscious mind, The climate of the soul, the world and the suffering they cause, the understanding of man and his complexities, and the entitlement to this suffering and the introduction of a tool called repentance to turn away from straying paths, an ongoing effort to reconcile lifestyle with values such as manual (Quran).) And spiritual patterns (Ahl al-Bayt) and eventually being equipped with tools such as prayer, patience, good deeds that result from suffering to heal this lifestyle step by step. This monotheistic flexibility is applicable to all areas of life, especially the field of parenting. From the Islamic point of view, the responsibility of raising a child in childhood is the responsibility of parents as long as it is one of children's rights. Imam Sadiq (as) considers the three rights necessary for the father, one of which is seriousness in his upbringing. They say: "The child has three rights over the father: choosing the right mother for him, giving him a good name, and being serious about raising the child" (Majlesi, 1403). With this distinction, parents appear to have any kind of parenting approach, whether parenting with an acceptance and commitment approach, parenting with a compassionate approach, or a compassionate approach, if enriched with spiritual teachings. And especially comprehensive Islamic teachings can benefit most from parenting and will see children raised with high self-esteem and a rich and healthy personality. Research within and outside Iran lacks a comprehensive parenting based on postmodern approaches such as acceptance, commitment, and compassion, enriched by religious teachings, and in particular focuses on the important construct of self-esteem. It shows that it has been programmed and purposeful, and this led us to investigate the effectiveness of integrated parenting based on the acceptance and commitment approach and a compassionate and enriched approach to Islamic teachings. Focus on children's self-esteem and compassion for their parents.

2. Methodology

The present study was applied in terms of purpose and in terms of method in quantitative research and in terms of data collection among experimental research and quasi-experimental method with pretest-posttest design with control group. The research population was mothers of first grade elementary school children in all 6 educational districts of Isfahan. The study sample, which was selected as available, consisted of 30 mothers of first grade elementary school children in district 2 of Isfahan education and were divided into two groups of control and experimental, 15 each. The research tool was a checklist for measuring self-esteem in preschool children in Azizi Moghaddam (2007) and Neff self-compassion scale (2003a). For the experimental group, the training was held in 10 sessions of 120 minutes.

Self-Compassion-Scale-Long Version: The Self-Compassion Questionnaire was developed by Neff (2003a). This includes the 26 items and the 6 components of self-compassion, self-judgment, human sharing, isolation, self-consciousness, or extreme consciousness and imitation. People who score higher on this test have higher compassion. The questions on this questionnaire are rated on a 5-point Likert scale ranging from strongly disagree = 1 to strongly agree = 5. Items 1, 2, 4, 6, 8, 11, 13, 16, 18, 20, 21, 24, 25 have inverse scores. In the research, Khosravi, Sadeghi, and Yabandeh (2013) had a coefficient alpha of 0.76. Also, Cronbach's alpha coefficients for self-compassion, self-judgment, human sharing, isolation, consciousness or mindfulness, and extreme liking subscales were 0.81, 0.79, 0.84, 0.85, 0.80, and 0.83, respectively. The validity of the questionnaire was also reported as good and Cronbach's alpha coefficient for the total score was 0.86. The questions for each of the subscales of the questionnaire are: Compassion for Self (total questions); Self-Kindness (Questions 3, 7, 10, 15); Self-Judgment (Questions 1, 8, 11,

16,21) And Common Humanity (questions 3, 7, 10 and 15); isolation (4, 13, 18, 25); mindfulness (questions 9, 14, 17, 22) and Over-identified (questions 2, 6, 20 and 24).

Children's Self-esteem Checklist: This checklist has 20 items designed by Azizi Moghaddam (2007) and measures children's self-esteem. He reported the total reliability of the questionnaire with Cronbach's alpha as 0.87 which is a high coefficient, and reported social dimension 0.44, educational dimension 0.78, family dimension 0.75 and physical dimension 0.6, and in general, Cronbach's alpha coefficient for the total score was 0.98. This checklist is designed as a four-degree scale (very high, high, low, very low) so that each of these options scores 1, 2, 3 and 4 respectively. This checklist is designed to measure child's overall self-esteem, child's social self-esteem, child's educational self-esteem, child's family self-esteem, and child's physical self-esteem. 'Self-esteem (Questions 6-9); Academic self-esteem (Questions 10-13); Family self-esteem (Questions 17-14) and Physical self-esteem (Questions 18-20). So the lower limit is 20, the average is 50, and the upper limit is 80. Interpretation of children's self-esteem scores at 3 levels is low, scores are between 20-32, intermediate levels, scores are between 33-50 and high are above 50. This section briefly explains the content of 10 sessions of integrated parenting education based on the acceptance and commitment approach and a compassionate and enriched approach to Islamic teachings along with the assignments presented.

Table 1. The content of parenting integrated education sessions based on an acceptance and commitment approach and a compassionate and enriched approach to Islamic teachings

Session	Concept
1	Familiarity with both control and experimental groups and teachers and teacher introduction, Child Self-esteem Questionnaire for Teachers and Self-Compassion Questionnaire for Parents. Provide explanations on how to answer the questionnaire questions.
2	Establishing a therapeutic relationship, getting to know the group more closely, getting to know the research subject, closing the medical contract, reviewing the structure of the meetings, receiving feedback.
3	Review of previous session, beginning of discussion: Islamic parenting, familiarity with healthy family structure using various allegories and metaphors. An explanation of the types of parents, the introduction of the loving parent and its important feature. Describes various developmental aspects such as sexual and physical development, social development, cognitive development, ethical development and emotional or brain-emotional system, as well as verses from the Qur'an on the stages of human development from childhood to adulthood. Get feedback and assignment.
4	Review previous session practice. Explain the causes of children's behavioral problems and explore solutions and assess their impact, using allegory and feedback. Describes the active parent's mind when dealing with a child's educational problem, introducing mind dimensions, defining mindfulness, and practicing mindfulness in the classroom. Mindfulness training with physical and respiratory checkup, familiarity with compassion-based brain systems, empathy training; training to understand and understand how people feel about pursuing things with empathetic attitude. Get feedback and assignment.
5	Review previous session practice. Understanding parents' reactions to their children's behavior. Parental control practices and their description. Island metaphor and more explanation of island behavior .. Expression of Qur'anic verses and hadiths about the best way to deal with children. Expression of funeral metaphor to better clarify the purpose of parenting. Expressing metaphors 1, 2, and 3 and chessboard metaphor for how to make the mind more aware of educational situations. In general, the purpose of this session is to help parents identify ineffective control strategies and understand their futility, to accept painful personal events without conflict with them using the allegory. Get feedback and assignment.
6	Review previous session practice. Familiarity with the non-subjective parents of their characteristics, familiarity with the child's play techniques. Excerpts from the Qur'an and narratives about playing with children and its wondrous effects on children. Explaining avoiding painful experiences and knowing the consequences, teaching acceptance steps, changing language concepts using allegory, relaxation training, receiving feedback Explaining that parenting has so far been based on an ACT approach and we expect action ACT. Characteristics of ACT-type actions (value-driven practice and mind-aware practice) are verses of the Qur'an about children's value-based behavior and value-based behavior. Get feedback and assignment.
7	Review previous session practice. Ask this question: What can parents do if their parents are still suffering from unknown content and need to be healed if they accept the content of the mind, defect from it, assertive values, and

	committed behavior? Here we came up with feedback and feedback to make it kinder to others. Then expressing a complementary approach in the name of (kindness) and quoting verses from the Qur'an and verses from the Prophet about the effects of writing and kindness in the development and development of a child's personality. Explaining the kindness plan of expressing that there is suffering for your child and There is a suffering for the parent whose purpose is to teach them how to heal. Get feedback and assignment.
8	Review previous session practice. Characteristics of a person who wants to draw a kind plan for their child. Practice your kindness and get feedback. Introducing 6 Characteristic Map Characteristics Called Characteristic Characteristics for Characteristics That Are Map Directions. Demonstrate the barriers of parents being sensitive to the child's suffering. Express the metaphor of the ear-to-ear metaphor (threat and alarm system activation), followed by a re-description of the alarm system, resource search system, and tranquility system. Get feedback and assignment.
9	Review previous session practice. The expression of the purpose of compassion and kindness. Healing means bettering the suffering and having parents who have a compassionate worldview tell the kids by themselves. Complementary Explanations of Compassion-Based Parenting - Introducing Complementary Mindfulness Exercises to Parents to Para sympathize Further. Conclusion of Topics. Explaining Psychological Flexibility and Its Components and Compassionate Flexibility and Its Components in Parenting. And monotheistic flexibility and its dimensions. Get feedback and assignment.
10	Classes were divided into two parts: The first part was for the experimental group only, summarizing the topics of the previous sessions, gaining feedback on the training and the materials presented. Vague points were also discussed and parents' questions answered. The second part was attended by both experimental and control groups and their teachers. In this section, the questionnaires for child self-esteem and parenting self-esteem were filled by both groups.

In order to build this educational package, various theories, resources and researches on parenting styles, Islamic parenting style, acceptance and commitment based approach, compassionate approach were studied and reviewed. Then, according to the results of previous researches such as Majlesi (1403 AH), Rey Shahri (2007), Bamrind (1991), Hayes, Strosahl & Wilson (1999), Neff (2003), Gilbert (2014) as well as Rothman & Coyle (2018), parenting style was selected based on Mitten's acceptance and commitment and compassion-based approach enriched with Islamic teachings. Next, educational programs used in previous research to improve the quality of parenting including Parcham et al (2012) on responsible parenting style in Islam, Zargar and Bagherian (2015). Parent-conscious mindfulness as well as research by Whittingham & Sanders & McKinlay & Boyd (2016) showed that parenting interventions are an effective way of adopting and committing to an effective way of parenting and quality of life and parental adjustment. The various articles for designing this package are the most important therapeutic tool Experiments, experiential or mindfulness exercises, contradictory exercises, hadiths and Qur'anic narratives that are widely used in this type of teaching were provided in Table 1 of some of these tools.

In addition to the aforementioned activities, demographic variables such as age and cognitive status of the subjects and suggestions of experts were considered in designing and developing the training package. Maintain education. In the package design, it was attempted to combine 6 sessions of parenting based on Mitten's acceptance and commitment approach with 6 compassion-based training sessions, and the components of each overlapping approach to be used in a dominant one for education and then all closed concepts. The training was enriched with Islamic teachings, which are the contents of the 1- Qur'an, 2- The Sura of Ahlul-Bayt, and 3- The Hadiths and Traditions. In order to check the content validity, the training package was reviewed by 5 experts in the field, their suggestions applied and bugs were resolved. Then, the training package was put to the test. The purpose of this step was to modify the training package and adjust it to the characteristics of the subjects and identify any unforeseen problems. For this purpose, the training package was implemented on 15 parents of the sample group and its problems and shortcomings were resolved. After fixing the bugs, its final form was prepared and ready for implementation in training sessions. In addition to content validity, in order to examine the validity and validity of the training package and, more specifically, to examine whether our training package actually affects what it claims to be, some of the important constructs of the training package Training such as self-

compassion and psychological flexibility of the subjects were also evaluated and the training package was also effective. Therefore, this training package has some practical advantages over previous intervention programs, such as modifying and improving their quality, accompanying complete instruction, using objective structured techniques, reproducibility and comparability with other training package tools.

Implementation and training of training package. In this method, one of the six educational districts of Isfahan was selected randomly. Then, randomly selected schools from the district selected one school and about 60 mothers of primary school children (6-7 years) were randomly selected and completed the self-esteem questionnaire and after scoring the questionnaires of those who scored lower than the average, about 30 were selected as potential random samples of the study, and were randomly assigned to two experimental and control groups (15 in each group). Intention to participate in the study, lack of physical disability, lack of known psychiatric disorders and lack of experience in parenting workshops were considered as the criteria for this study. After selecting the sample, administrative coordination with Yazd Azad University was done for obtaining the research license and then necessary coordination with the education of Isfahan District 2 to obtain permission to conduct research in the schools of that area. Finally, a parenting approach based on acceptance and commitment and compassion-centered approach to parenting was developed and enriched with Islamic teachings. Experimental mothers were administered 2 times and each session 2 hours. In the first and last session, both control and experimental and teacher groups participated as pre-test and post-test. The teacher and parents completed the coprassimental and child self-esteem questionnaires and the content of the training was provided in other sessions. The final session before the control group was attended, after summarizing the topics of the previous sessions and receiving feedback on the training of ambiguous points, the parents' questions were answered. In order to continue the training, the parents of the group were tested to perform the necessary skills training sessions between the sessions.

In this research, all the efforts of the researchers have been applied to implement ethics related to the research, both in terms of the participants in the training sessions as examples of the research and in the content of the training provided, in order to prevent possible harm to the subjects. And to prevent the occurrence of harm and harm during research, and to achieve such important principles as volunteering, informed consent to participate in training sessions and participation in research tests, assuring individuals For the sake of confidentiality and confidentiality of their identities and non-disclosure without their permission, the welfare of the members Group during training sessions, respect for individuals' privacy, ensuring confidentiality of conversations and documents such as questionnaires or voice recordings of group members during training sessions, adjusting training content with regard to beliefs, behavior and system Communities, honesty and accuracy in using budgets and resources, observing honesty and trustworthiness were put into operation.

3. Findings

In this study, a sample of 15 mothers of first grade elementary school children in the experimental group received parenting fusion based on Acceptance and Commitment Approach and Compassion-Focused Approach enriched with Islamic teachings, and 15 mothers in the control group. Descriptive data on the variables of their children's general self-esteem and mothers' self-compassion in the pre-test and post-test are presented in Table 2.

Table 2. Mean and standard deviation of the variables of children's general self-esteem and its dimensions and compassion to their parents (mothers), respectively, in the two groups of experimental and control in pretest and posttest.

Post-Test		Pre-Test		Group	Variable
Sd	Mean	SD	Mean		
2/79	57/40	2/32	42/00	experimental	General (total) child self-esteem
3/65	48/66	3/58	46/53	control	
1/59	15/46	1/18	11/13	experimental	Child's academic self-esteem
2/05	12/66	1/30	12/13	control	
1/40	15/46	0/639	11/53	experimental	Family self-esteem
1/94	13/93	1/75	12/93	control	
0/828	11/40	0/798	8/26	experimental	Baby's physical self-esteem
0/990	9/53	1/33	10/33	control	
0/790	15/06	1/90	11/06	experimental	Child's social self-esteem
0/516	12/53	1/55	11/13	control	
10/30	110/40	8/31	93/93	experimental	Compassion for the parents themselves
11/75	86/33	11/08	88/33	control	

As seen in Table 2. The mean total self-esteem of the children in the experimental group increased from 42.00 (2.32%) to 57.40 (2.79%), whereas in the control group there was no significant increase. This increase is also visible in all subscales of general self-esteem, namely educational, family, physical, and social self-esteem. In the parent-mothers self-compassion variable, the mean of this variable in the experimental group increased from 93.93 (8.31%) in the pre-test to 110.40 (10.30%), whereas The control group did not experience significant changes. Covariance analysis test was used to examine the significance of these changes in these variables. Before performing this test, its assumptions were first examined. Chiaproxilcox test was performed for all the variables in the two groups of control and experimental, pre-test and post-test. The results showed that all data follow normal distribution ($p > 0.05$). Levin test was used to test for homogeneity of variances and it was observed that the two groups were equal ($p > 0.05$). Evaluation of regression equality between experimental and control groups also showed that the two groups had the same slope in all of the mentioned variables (in general (total) self-esteem ($F = 0/132$, $p = 0/01$) and in compassion variable. To parents themselves ($F = 0/863$, $P = 0/370$). Therefore, considering these assumptions, you were allowed to perform covariance analysis, the results of which are presented in Table 3.

Table 3. Results of one-way analysis of variance on child's general self-esteem and its dimensions and compassion variable for parents (mothers)

P	Eta	P	F	Source	Variable
		0/093	30/05	Pre-Test	General (total) child self-esteem
1/00	0/650	<0/001	50/10	Group	
		0/482	0/508	Pre-Test	Child's academic self-esteem
0/975	0/382	<0/001	16/66	Group	
		0/011	7/49	Pre-Test	Family self-esteem
0/948	0/339	<0/001	13/87	Group	
		0/030	5/26	Pre-Test	Baby's physical self-esteem
1/00	0/558	<0/001	34/04	Group	
		0/275	1/24	Pre-Test	Child's social self-esteem
1/00	0/800	<0/001	107/73	Group	
		<0/001	43/74	Pre-Test	Compassion for the parents themselves
1/00	0/658	<0/001	52/01	Group	

As shown in Table 3, the results of covariance analysis showed that after eliminating the pre-test effect of the mean post-test the variables of general (total) children's self-esteem, academic self-esteem, family self-esteem, physical self-esteem and children's social self-esteem between The two experimental and control groups were significant ($p < 0/001$). These significant and Eta squared values in Table 3 show that

the integrated parenting approach based on Acceptance and Commitment (ACT) and Compassionate Focus (CFT) approach enriched with Islamic teachings achieved 65% general self-esteem (Total), increase 38.2% academic self-esteem, 33.9% family self-esteem, 55.8% physical self-esteem, and 80% increase children's social self-esteem. Also in the parenting self-compassion variable in Table 3 it was observed that after excluding the pretest effect the mean post-test was significant between the two experimental and control groups ($p < 0.001$). 65.8% increase in mean compassion for parents (mothers) was affected by the mentioned education and intervention. The values for the test power column in Table 3 also indicate that the sample size was sufficient to achieve the above results, since they are all above 0.90.

4. Discussion

The purpose of this study was to investigate the effectiveness of integrated parenting based on Acceptance and Commitment (ACT) and Compassionate Focus (CFT) and enriched with Islamic teachings on the self-esteem and compassion of their first parents. Findings showed that the combination of parenting based on Acceptance and Commitment (ACT) and Compassionate Focus (CFT) approach enriched with Islamic teachings was effective on increasing the self-esteem of the first elementary children and their parents' compassion ($p < 0.05$). According to studies by Linden phil (2000), children need to be told that they are worth the trouble of any trouble that may arise. So they embody a sense of worth in themselves. In fact, this sense of the child's worth is the same as Smith's (1967) definition of self-esteem. According to this definition, self-esteem is the value and respect that one attaches to oneself and judges the extent of one's abilities. Of course, it is not easy for parents to give this feeling to their children as many disturbing factors prevent it. This amount of expressing the feelings and acceptance of parenting suffering on the path to parenthood certainly requires a happy, safe, and mindful parent. A parent who can experience and embrace the thoughts and feelings of his or her child at various events. All parenting approaches have good effects on child rearing, but the major issue of parental instability in using appropriate parenting techniques is due to the obedience of their thoughts and feelings (Faghihi and Kajbaf, 2016). The purpose of this study was to educate purposeful, meaningful parenting, along with mindfulness and attitudinal behaviors enriched with Islamic values, which were predicted to greatly influence and enhance the psychological variables of the child's self-esteem. The results of the study confirmed our prediction and generally two hypotheses aimed at investigating the effect of integrated parenting education based on acceptance and commitment and focused compassion-enriched approach with Islamic teachings on child self-esteem and compassion. Their parents were tested.

Experts on psychological and social issues such as William James, Herbert Mead, and ... have had some basic discussions about self-esteem. The following years only individuals such as Adler, Salivan and others have cited the discussion of self-concept in the expression of personality theories. Humanists such as Rogers and Maslow and others have mainly and fundamentally dealt with it, and finally Smith has supplemented the views of others in this regard. The religion of Islam also emphasizes self-esteem and promotes self-esteem, and the property of Islam positively to human beings actually creates a sense of self-esteem in man and expresses ways to increase it and since self-esteem is a It is an underlying structure and much of its formation goes back to one's childhood, so the role of parents and their educational style is crucial and one of the ways to increase self-esteem. So, in general, parents have an effective parenting style that tries to understand the physical, emotional, social, intellectual, and economic needs of their children, addressing those needs with regard to the circumstances and the consequences, and by referring to specialists. As well as studying the work of scientists in the fields of child education, choose the best ways to educate their children and try to cultivate their personality. Therefore, in order to cultivate personality, one has to discuss aspects of personality, which are also fundamental in psychology, and topics such as learning, motivation, thinking, and perception of emotions and emotions are mainly at the core of

one's own personality, that is to say, more clearly. More specifically, it involves self-esteem. Psychologists and sociologists regard positive self-esteem as the central core of social adjustment.

Also, Quinn & Morrell's (2009) and Neff (2011) studies show that parenting based on an acceptance and commitment approach and based on a compassionate approach help parents to empathically accept perceived feelings, concerns, and failures so that their child's parents Understand the here and now and push for the important things that make their relationship meaningful with their children. On the other hand, this experience of kindness, support and compassion has a profound effect on the emotional and physical health of their children. Kindly makes the child have a positive image of themselves, which means As well as research by Ashworth & Gracey & Gilbert (2011) show that two basic goals in a compassionate approach include reducing one's own hostility and developing one's abilities to create a sense of self-confidence, kindness, and self-reliance that can serve as an antidote to feeling threatened. This feeling of being threatened in any situation, whether family, occupational, or work, may be a major part of the compassionate treatment focus on compassionate ability. Neff and McGee (2010) studies show that having an affectionate attitude in individuals helps them to feel connected to one another and overcoming that fear of rejection and lack of adaptation to the present situation, meaning that the person with an affectionate attitude If only her self-esteem in communication would increase like family ties. Numerous studies have demonstrated the influence of spirituality and religious and religious values in rich parenting, including the Goli Research (2016), which shows that Qur'an and traditions have outlined many strategies that parents can use to nurture their children's self-esteem. They can be loving, choosing a good name and respect. This study shows that utilizing these functions is one of the educational ethical goals of Islam that will promote the spiritual health of children. Also, Sarvarian and Taghizadeh (2015) show that logo therapy by helping children and adolescents discover their true selves, choosing individual values and finding meaning in life enhances self-esteem and happiness, which is definitely one of the best parenting and parenting styles. That's right parenting. Also, in their study of depressed patients about the impact of compassion training on self-efficacy, Noorbala and Borjali (2013) showed that compassion-based therapy is an effective treatment for depression and anxiety, as well as those with higher self-compassion. From this intervention, their slaves and rumors have diminished. Morley (2017) found in his research that kindness training significantly increases self-esteem and thus reduces impulsivity or random thinking. Rockliff & McEwan & Lightman & Glover (2008) have shown that coherent imaging increases heart rate variability and decreases cortisol levels in individuals with low levels of self-criticism (and not in individuals with high levels of self-criticism). So, in general, researches on self-education have shown that increasing self-esteem reduces self-hostility and enhances one's ability to create a sense of self-confidence, kindness, and self-reliance. It can act as an antidote to the feeling of threat that can be created in any situation, including family, parenting, social, occupational and educational, and an important factor that can affect the individual in any situation and role to get rid of this sense of self-blame and insecurity, that's self-pity, and so a parent. A conscious and committed mind to the values of parenting, power, and compassion that have attained their palliative and kindness, and their parenting process with Islamic teachings based on the three sources of the Qur'an, the *Sunnah* of the Prophet (pbuh) and the traditions of the infallible (A) Are rich in parenting and parenting, they will certainly be more successful in this matter, that is, they will raise children with higher self-esteem. Finally, it should be explained that one of the most important limitations of this study is the generalization of research findings to other societies where caution should be exercised and generally due to the different family and place conditions of the subjects, the results and results of the research cannot be fulfilled. Introduce and illustrate the different conditions of the time period of the community in which the sample was selected. For the sake of completeness, it is recommended that researchers provide more accurate results using the interview method along with the self-assessment method, as well as researchers interested in research. Consider the theoretical development of Cook's self-esteem in the Iranian Context.

References

- Ashworth F, Gracey F, Gilbert P. (2011). Compassion focused therapy after traumatic brain injury: Theoretical foundations and a case illustration. *Brain Impairment*; 12(2):128-39.
- Bakh P, Morgun D. (2008). *ACT in Action: Conceptualizing the Case in Acceptance and Commitment Therapy*. Translated by: Sara Kamali and Niloufar Kianrad, Tehran: Arjmand Publications, (2015).
- Baumrind D. (1991). Parenting style and adolescent development. In R.L.Brooks-Gunn & A.C.peterson (Eds.), *The encyclopedia of adolescence*. New york: Garland.746-758.
- Ciarrochi J, Kashdan T B, Harris R. (2013). The foundations of flourishing. In T. B. Kashdan & J. Ciarrochi (Eds.), *Mindfulness, acceptance, and positive psychology: The seven foundations of well-being* (pp. 1-29). Oakland, United States: Context Press.
- Coyne LW, Murrell AR. (2009). *The joy of parenting: an acceptance & commitment therapy; guide to effective parenting in the early years*. 1st edn. Oakland: New harbinger publications.
- Dymond S, Roche B. (2013). *Advances in relational frame theory: Research and application*. Oakland, CA: New Harbinger Publications.
- Faghihi M S, Kajbaf M B. (2016). Effectiveness of ACT based parenting training to mothers on the self -esteem of children with cleft lip and palate: A single subject study. *Quarterly of Applied Psychology*. 10(4): 453-476.
- Fallah M H, Shayegh M R, A'si A, Tahani A. (2018). *Secure the Building of Your Life, Monotheistic Integrated Therapy*, Yazd: Shahd Alam Publications.
- Fathi Ashtiani A, Dastani M. (2011). *Psychological Tests; Personality and Mental Health Assessment*, Tehran: Be'sat Publications.
- Gilbert P. (2009). An introduction to compassion focused therapy. *Advances in Psychiatric Treatment*, 15:199-208.
- Gilbert P. (2014). The origins and nature of compassion focused therapy. *British Journal of Clinical Psychology*, 53: 6-41.
- Goli M. (2015). The Role of Parents in Developing Self-Esteem of Children and Their Spiritual Health from an Islamic Perspective, *Journal of Medical History*, 7 (25), 101-128.
- Harris R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. Oakland, CA: New Harbinger
- Hayes S C, Strosahl K, Wilson K.G. (1999). *Acceptance and commitment A therapy: An experiential approach to behavior change*. New York: Guilford press.
- Hayes S C. (2008). The roots of compassion. Keynote speech delivered at the International ACT Conference, Chicago.
- Irons C, Lad S. (2017). Using compassion focused therapy to Work with shame and self-criticism in complex trauma. *Australian Clinical Psychologist*. 3:47-54.
- Khosravi S, Sadeghi M, Yabandeh M. (2013). Psychometric Properties of Self-Compassion Scale(SCS). *Journal management system*. 4(13):47-59.
- Linden Phil G. (2000). *Self-esteem in children; translation*, Babak Seraskani, Hermes, 2010.
- Morley R H. (2017). *The Effect of Self-Compassion on Impulsivity Provoked by a Reduction in Self-Esteem*. Curr Psychol, Springer Science, Business Media, LLC
- Neff K D. (2009). The role of self-compassion in development: A healthier way to relate to oneself. *Human Development*, 52:211-214.
- Neff K D. (2011). Self-compassion, Self-esteem and wellbeing. *Social and Personality Psychology Compass*, 5:1-11.
- Neff K D & McGhee P. (2010). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity*, 9:225 - 240.
- Neff K D & Beretvas S N. (2012). The role of self-compassion in romantic relationships. *Journal Self and Identity*, 12:78-98.
- Neff K D. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude towards oneself. *Self and Identity*, 2:85-10.
- Neff K D. (2003a). The development and validation of a scale to measure self-compassion, *Self and Identity*, 2:223-250.
- Neff K D, Germer C K. (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology*, 69:28-44.

- Noorbala F, Borjali A, Noorbala A A. (2013). The interaction effect between “Self-Compassion” and “Rumination” of depressed patients in “Compassion Focused Therapy”. 20 (1) :77-84.
- Parcham A, Fatehizadeh M, Allah Yari H. (2012). Comparison of Baumrand parenting networks with parenting style in Islam. *Journal of Research in Islamic Education Issues*, 20 (14): 215-231.
- Rey Shahri M. (2007). *Child Wisdom Letter*: Translated by Abbas Likes; Qom: Dar al-Hadith.
- Rice Ph. (2001). *Human development, psychology from birth to death* f. Philip Rice; translated by Mahshid Foroughan, Tehran, Arjmand, 2009.
- Rockliff H, Gilbert P, McEwan K, Lightman S, Glover D. (2008). A pilot exploration of heart rate variability and salivary cortisol responses to compassion-focused imagery, *Journal of Clinical Neuropsychiatry*, 5:132-139.
- Rothman A, Coyle A. (2018). Toward a Framework for Islamic Psychology and Psychotherapy: An Islamic Model of the Soul, *Journal of Religion and Health*, 57(5):1731–1744.
- Sarvarian Z, Taghizadeh M E. (2015). Effectiveness of group Logo Therapy on self-esteem and happiness of Qom adolescents’ girls. *Medical Ethics Journal*. 10(4): 187-207.
- Smith C. (1987). *List of self-esteem*. Prosecutor 's translation. (1992). Tehran, Roshd Publications.
- Whittingham K, Sanders M R, McKinlay L, Boyd R N. (2016). PhD Parenting Intervention Combined with Acceptance and Commitment Therapy: Trial with Families of Children with Cerebral Palsy, *Journal of Pediatric Psychology*, 41(2):531-542.
- Zargar F, Bagherian R. (2015). Mindful Parenting: The Role of Third Wave Behavior Therapies in Parenting. *Journal of Research in Behavioral Sciences*; 10(2): 587-594.