doi:10.22100/ijhs.v9i4.1072
Original Article

IJHS 2023;9(4):40-48
ijhs.shmu.ac.ir

IJHS
International Journal of Health Studies

The Effectiveness of Family Therapy on Self-Forgiveness and Quality of Life in Self-Harming Adolescents

Elham Moradi[1], Hosein Sabbagh Torbati[2], Shaghayegh Jabbarizadegan[3], Hannaneh Kazlou[4], Sedigheh Alipour[5*]

[1] Department of Psychology, Islamic Azad University, Science and Research Branch, Tehran, Iran.
[2] Department of Psychology, Islamic Azad University, Kashmar Branch, Kashmar, Iran.
[3] Department of Psychology, Islamic Azad University, Central Tehran Branch, Tehran, Iran.
[4] Department of Psychology, Islamic Azad University, Science and Research Branch, Tehran, Iran.
[5] Department of Psychology, Tolo Mehr Institute of Higher Education, Qom, Iran.

Received: 13 January 2024
Accepted: 24 February 2024

Abstract

Background: *The well-being and psychological growth of adolescents greatly depend on their relationship with their parents. This study aimed to examine the efficacy of family therapy methods in enhancing self-forgiveness and overall quality of life among adolescents engaging in self-harm.*

Methods: *This study utilized a semi-experimental approach, employing a pre-test, post-test, and follow-up design spanning over three months. There were three sets of participants, including two experimental groups made up of both girls and boys, as well as a comparison group. The entire group of participants for this study consists of both male and female adolescents who engage in self-harm. These individuals seek treatment and counseling services at psychological clinics located in Tehran. The data collection period for this research spans from July to November 2023. The sample for the study included 60 individuals who were chosen through purposeful sampling and assigned randomly to two experimental groups and a control group, with each group comprising 20 participants. The experimental groups consisted of a male group of 16 individuals and a female group of 14 individuals, who underwent seven sessions lasting 90 minutes twice a week. On the other hand, the control group, composed of 17 participants, did not receive any intervention. Research tools included the Heartland Forgiveness Scale (HFS) and the World Health Organization Quality-of-Life Scale (WHOQOL-BREF). The method of data analysis was performed using Kruskal-Wallis H, ANOVA, MANCOVA, and Bonferroni post hoc tests and Tukey HSD at a significance level of 0.05 in SPSS.27 software.*

Results: *The results suggest that there was a notable difference in the levels of self-forgiveness observed during the post-test and follow-up stages (Pvalue<0.05). Moreover, there was no notable difference in terms of psychological health and social relationships between the two groups of self-harming girls and boys (Pvalue>0.05).*

Conclusions: *The findings of the current research indicate that family therapy has a positive impact on self-forgiveness, mental well-being, and social connections. Nevertheless, in terms of self-forgiveness, this method demonstrated effectiveness with boys who engage in self-harming behaviors. Furthermore, the physical well-being, social environment, and general state of health remained unaltered despite the implementation of family therapy.*

Keywords: Family therapy, Self-forgiveness, Quality of life, Self-harming, Adolescents.
***Corresponding to:** S Alipour, **Email:** alipuorsedighe@gmail.com

Please cite this paper as: Moradi E, Sabbagh Torbati H, Jabbarizadegan S, Kazlou H, Alipour S. The Effectiveness of Family Therapy on Self-Forgiveness and Quality of Life in Self-Harming Adolescents. Int J Health Stud 2023;9(4):40-48.

Introduction

Self-harm, as defined by the National Institute of Health and Care, refers to any deliberate self-inflicted harm or poisoning by an individual, irrespective of their reasons, which encompasses all non-lethal acts of self-injury or suicide[1]. Statistics reveal that a significant proportion of young adults, with a ratio of one in four females and one in ten males between the ages of 16 and 24, have encountered self-harming behaviors at some stage in their lives[2]. According to global estimates, approximately 3.9 out of every 100,000 young individuals have participated in self-harm within the previous year[3]. In Iran, among adolescents, one in five cases mention having thoughts of self-harm, while one in ten individuals admit to engaging in at least one act of self-harm within six months[4]. Research findings suggest that young individuals raised in financially disadvantaged households face an elevated susceptibility to self-inflicted harm and interpersonal violence. Moreover, growing up in a deprived family environment detrimentally impacts a child's socio-emotional, behavioral, and cognitive growth while heightening the likelihood of engaging in aggressive conduct[5]. Adolescents who inflict harm upon themselves are often associated with mental health issues and adverse life occurrences, substance and alcohol misuse, problematic behaviors, limited social connections, and dysfunctional family dynamics[6].

When individuals engage in harmful behavior towards themselves or others, they may experience feelings of guilt, shame, and self-blame, which can diminish their self-esteem. In these cases, forgiveness plays a crucial role in halting the destructive process and restoring a sense of self-worth[7]. Forgiveness involves a transformative internal process where one's cognitive, emotional, and behavioral aspects change in response to mistakes. Self-forgiveness, in particular, leads to a reduction in negative emotions[8]. Recent research by Tabatabai et al. (2021) suggests that increasing forgiveness can have a positive impact on adolescent girls who have a history of self-harm[9].

Given the importance of adolescence as a crucial stage in life, it is imperative to place significant emphasis on the well-being of adolescents. The concept of quality of life refers to an individual's position in society, taking into account their cultural and value system, as well as their goals, expectations, standards, and concerns[10]. It is crucial to measure quality of life universally, regardless of differences among individuals[11]. Some experts view the quality of life of children and adolescents as a subjective and changeable perception of their health, influenced by their desires, hopes, and expectations for their present and future lives[12]. In a study by Budescu et al. (2022), it was found that adolescents with higher levels of emotional well-being reported engaging in self-injurious behavior less frequently compared to their peers with lower levels of emotional well-being[13]. Similarly, Gyori et al. (2021) discovered that adolescents with a history of self-harm rate their quality of life significantly lower than those without self-harm, indicating that family issues have a significant direct connection to self-harm behaviors within the different dimensions of quality of life[14].

The quality of life, happiness, and well-being of individuals in all societies are significantly influenced by the family and the dynamics of interaction within it[10]. Family therapy is an intervention commonly employed to enhance the connections between adolescents and those in their social circle. The objectives of these interventions are varied and encompass enhancing familial relationships, peer interactions, and academic or professional performance, as well as reducing drug misuse and engaging in unlawful behaviors[15].

Recently conducted research has revealed the impact of interventions on the family in the enhancement of psychiatric disorders. The Residency Review Committee in the United States has highlighted the significance of enhancing psychotherapy abilities, specifically in family therapy[16]. A study conducted in this context employed various techniques of involving family members in therapy sessions, and the findings indicated that employing such therapy might lead to favorable therapeutic results for adolescents in certain clinical domains[17]. Furthermore, according to Kian Erthi et al.'s (2022) investigation, behavioral family therapy has proven to be successful in modifying dysfunctional relationships within a family structure and decreasing substance abuse in adolescents[18]. Another study highlighted the utilization of an attachment-based family therapy program as a means to enhance the psychological well-being, particularly regarding depression, of gifted adolescents[19].

During adolescence, which is considered a critical stage of life, various behaviors such as self-harm tend to be prevalent among adolescents. The behaviors of adolescents can be influenced by how families interact and how parents behave, which in turn can impact their self-forgiveness and overall well-being. However, despite the significance of this issue, there has been limited research conducted in this area, and no studies were found specifically examining the effectiveness of family therapy in improving self-forgiveness and quality of life in adolescents. Thus, there exists a research gap that this study aims to fill, being one of the pioneering investigations in this field. The objective of this research was to explore the effectiveness of a family therapy approach in addressing self-forgiveness and quality of life among adolescents engaging in self-harm and also to determine whether family therapy has a positive influence on self-forgiveness and overall well-being of self-harming adolescents.

Materials and Methods

The current research was a semi-experimental type with a pre-test, post-test, and follow-up design (three months), with three groups including two experimental groups and one control group. The statistical population of this research includes all self-harming adolescent girls and boys, referring to psychological and counseling clinics in Tehran, from July to November 2023. The statistical sample consisted of 60 people who were selected by the purposeful sampling method and randomly (using the random number table randomization method) placed in two experimental groups and a control group (20 people in each group). Adequacy of the sample size was done using G-Power software, considering α=0.05, effect size=1.11, and power test=0.9020. The criteria for entering the study included having a psychological counseling file in the field of self-harming behaviors, the informed consent of the participants themselves, the consent of the parents of adolescents to participate in the intervention sessions, having sufficient literacy and understanding to answer the questions. The criteria for leaving the research were having a maximum age of 19 and excluding people who were older than this age, having any physical disorder that prevents regular attendance at the intervention sessions, insufficient attendance at the intervention sessions (more than two cases), and caused withdrawal from the study. The researchers, after obtaining the necessary approvals to conduct the research, including the approval of the university where the researchers studied, first went to the psychological clinics of the research location. These clinics were selected according to the available method, in this way that at first the researcher was introduced to the clinics by the university professors. In the next step, the researcher explained the research method and the objectives of the research to the management of the clinics (2 clinics located in Tehran, which remained confidential due to the preservation of the names of the clinics) and after the initial approval, the researcher, through coordination with the reception department of the clinics, selected people who had referred in the field of self-harming of adolescents. Likewise, the researcher informed the next clients by posting notices in the admission office. Also, with the coordination of the clinic, the information of the intervention sessions was published virtually on the social networks of the clinics and their official website. In the next step, among the people who sent their information to the researchers based on the notices of participating in the research, they were selected in a targeted manner.

After selecting 98 cases from among the people who were willing to participate in the research, the researcher explained the objectives of the research and ethical principles to them in the initial interview, which was conducted over the phone, and answered their questions. Then questions were asked to screen this number. People who were unable to participate for any reason were excluded from the options. In the end, the researchers selected 71 people and invited them to attend the

clinics in person, of which 44 people attended. In this step, the necessary information to participate in the intervention sessions was presented to them in writing. In the same way, a preliminary interview was also taken from the adolescents and the researchers got to know more about their conditions. Some participants were excluded at this stage (4 people). Then, the researchers took their written consent using the consent questionnaire to participate in the research. Then, using research tools, a pre-test was taken from people. The information of 40 people was obtained in the pre-test stage (including answering self-forgiveness and quality of life questionnaires) and after they were randomly divided into two groups of boys and girls as experimental groups, they were ready for Interventions. The control group was also selected from among the adolescents who visited the clinics and had cases. This group did not have any kind of self-harming behavior and had referred for reasons other than this case. The experimental groups received seven 90-minute sessions twice a week, while the control group received no intervention. The place of implementation and training of interventions was in one of the offices dedicated to holding training workshops in the clinics themselves. Tables 1 summarize family therapy sessions, presented[21-23]. In the last training session, experimental groups (16 male groups and 14 female groups) answered the research questionnaires (post-test phase), and three months later they answered the research questionnaires again (follow-up phase). All measurement steps were also performed for the control group (with a sample size of 17 people). The flow chart of CONSORT is shown in Figure 1.

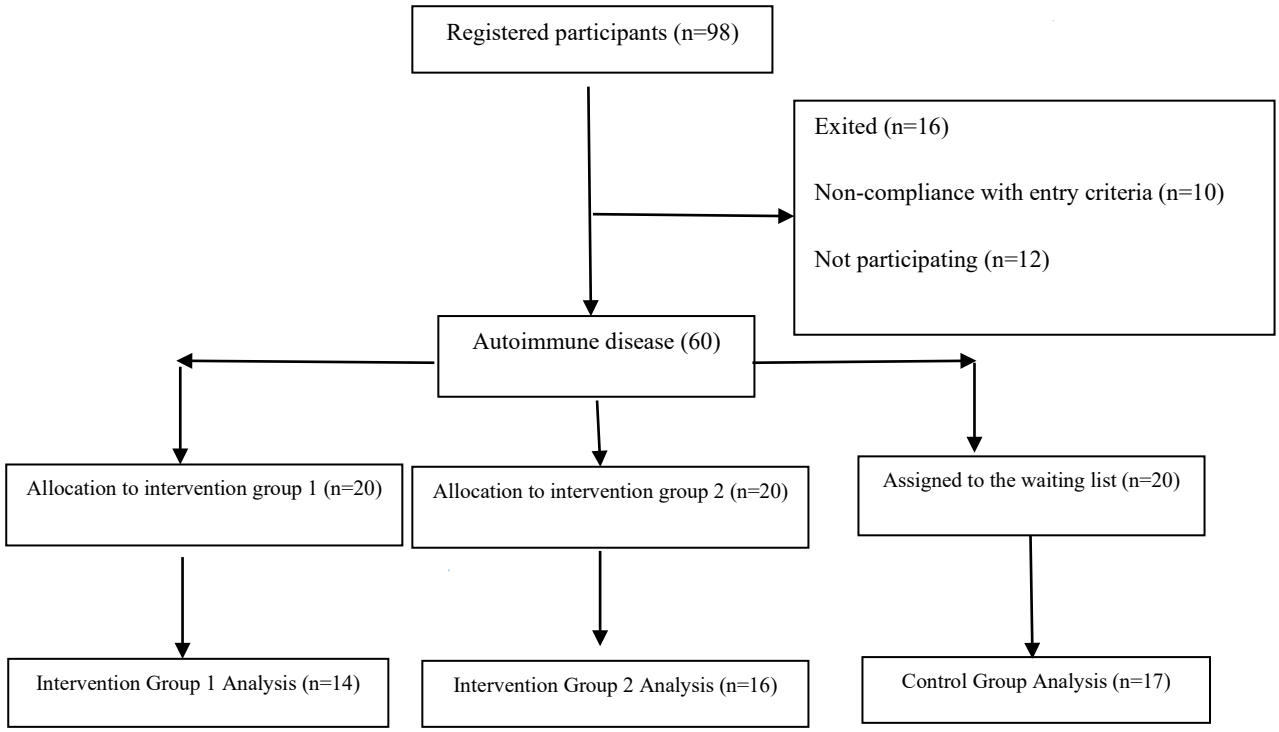

Figure 1. Flow diagram of the study

Heartland Forgiveness Scale (HFS): It is an 18-question self-assessment questionnaire designed by Thompson et al. in 2005 to investigate and measure forgiveness[24]. This scale measures three subscales, including self-forgiveness, forgiveness of others, and forgiveness of circumstances. In this research, only questions related to self-forgiveness, including questions 1 to 6, were used. A higher score in this scale indicates higher levels of self-forgiveness. The questions of this scale are based on a seven-point Likert scale (1=completely disagree, to 7=completely agree). Self-forgiveness subscale scores ranged from 6 to 42. Researchers reported internal consistency of the scale between 0.72 and 0.77[25]. In this research, the researcher found the Cronbach's alpha coefficient of this scale to be 0.74.

World Health Organization Quality-of-Life Scale (WHOQOL-BREF): This 26-question questionnaire was created by the World Health Organization in 1996[26]. This questionnaire measures four dimensions of quality of life, which include physical health with seven questions, psychological health component with six questions, social relations component with three questions, and social environment with eight questions. Two questions of this questionnaire are dedicated to the general health status of the individual. The range of answers to the questions in the

questionnaire was from 0 to 3. Score 0 means non-existence, 1 means low, 2 means medium and 3 means high. Researchers reported the internal consistency of the scale above 0.7[27,28]. In this research, the researcher found the Cronbach's alpha coefficient of this scale to be 0.77.

Table 1. Summary of family therapy sessions

Session	Considerations
First	Getting to know the participating members, helping to understand the problem, factors affecting the problem, and its impact on the adolescent family
Second	Family assessment, drawing the adolescent family diagram, and examining their patterns
Third	Getting to know and working on the differentiation and explanation about the separation of the adolescent from the feeling and the separation of the person from the family, and the evaluation of the adolescent in this regard
Fourth	Adolescent with the concept of interdependence in the family, and how to improve it
Fifth	Getting to know the concepts of family projection and their effect on family problems for adolescents
Sixth	Familiarity with the situation of intergenerational transfer between adolescents and parents
Seventh	An overview of all sessions and final strategies for improving the situation and post-test implementation

This study employed descriptive measures such as mean and standard deviation for descriptive statistics and analysis of covariance for inferential statistics. The collected data were analyzed with Kruskal-Wallis H, ANOVA, and MANCOVA at a significance level of 0.05 and SPSS.27 was used for all statistical analyses. The Kolmogorov-Smirnov test was conducted to evaluate the normal distribution and Levene's test was used to evaluate the homogeneity of variances. Bonferroni's post hoc test and Tukey HSD were also used to compare the means.

Results

The data in the current research was gathered from individuals at three distinct points: before testing, after testing, and during the follow-up period. These participants belonged to three groups: Adolescent girls, Adolescent boys, and control. Initially, the researcher examined and explained the demographic variables of the study. The individuals were divided into three different age groups: 15-16 years old, 16-17 years old, and 18-19 years old.

Regarding the types of self-harm performed by adolescents, they were classified into seven groups: cutting, burning skin, hitting or biting, plucking hair, engaging in physically dangerous behaviors, punching oneself or a wall, and other reasons. The results of the Kruskal Wallis Test indicated that there was no significant difference among the participants in terms of age and type of self-harm variables (Pvalue>0.05).

Table 2 displays the mean and deviation measurements of the research variables' scores obtained from the participants. It is apparent from the table that the mean score for the variable "Forgive yourself" was similar in the pre-test stage among all three groups (girl, boy, and control). However, in the post-test and follow-up stages, the mean scores for this variable increased for both the adolescent girl and adolescent boy groups when compared to the control group. On the other hand, no alterations were observed in the control group.

In the same way, the mean scores for the components of psychological health and social relationships did not differ significantly for the variable "quality of life" in all three groups during the pre-test stage. Nevertheless, in the post-test and follow-up stages, the mean scores for these components increased in both the adolescent girl and adolescent boy groups as compared to the control group. There were no notable changes observed in the physical health component throughout the research stages. Moreover, the general health status component showed no significant differences between the pre-test and post-test phases, but there was an increase in the follow-up phase.

The results of the multivariate covariance analysis in Table 3 indicate that the Pvalue for the Between-Subjects Effects in the variable of forgiving oneself was significant (Pvalue<0.05) during both the post-test and follow-up stages. Consequently, when controlling for the effects of the pre-test stage, a significant difference was observed among the research groups, thus establishing a notable distinction between them. The Between-Subjects Effects in the components of psychological health and social relationships also yielded significant results in both the post-test and follow-up stages (Pvalue<0.05), signifying a significant difference between the research groups in this quality of life. However, the physical well-being of the research groups did not show any significant difference. Additionally, a meaningful distinction was only apparent in

social surroundings and overall health conditions during the follow-up period.

Based on Table 4, the scores of Forgive Yourself showed a noteworthy variance across the pre-test, post-test, and follow-up stages (Pvalue<0.05). This suggests that the changes in Forgive Yourself scores remained consistent during the three months after the interventions. Furthermore, the social relationships component also demonstrated a significant difference among the pre-test, post-test, and follow-up stages (Pvalue<0.05).

The results indicate that the social relationship scores remained consistent in the three months following the interventions, signifying the significance of the difference in stages. Conversely, there was no marked difference in the physical health component between the pre-test and follow-up stages (Pvalue=1.000). The psychological health component also showed no significant difference between the post-test and follow-up stages (Pvalue=0.054). Only the post-test and pre-test phases displayed a significant difference in the social environment component (Pvalue=0.040), revealing the instability of social environment scores after the interventions. Additionally, no significant difference was observed in the general health status component between the Post-test and Pre-test stages (Pvalue=1.000). However, a substantial difference was noted during the follow-up stage (Pvalue<0.001).

Table 5 indicates that the variable of self-forgiveness exhibited a noteworthy distinction (Pvalue<0.001) between self-harming adolescent girls and boys. However, no significant differences were observed between the groups of girls and control (Pvalue=0.933). The outcomes of the family therapy approach in terms of self-forgiveness were solely effective in the boys' group, leading to an increase. Nevertheless, no notable distinction was found between the groups concerning physical health, social environment, and general health status, implying that the family therapy approach was ineffective. Furthermore, no significant differences were detected in the psychological health and social relationships component between self-harming girls and boys (Pvalue>0.05), but a discrepancy was observed with the control group. Consequently, the family therapy approach demonstrated effectiveness in improving psychological health and social relationships for the test groups.

Table 2. Description of research variables

Variable	Groups	Mean±SD		
		Pre-test	Post-test	Follow up
Forgive yourself	Girl	17.6429±1.392	18.4286±2.376	19.0714±2.164
	Boy	17.8750±1.500	21.9375±5.495	28.6875±4.840
	Control	17.9412±1.477	18.5882±1.543	17.8824±1.900
Physical health	Girl	12.5000±1.870	13.3571±1.645	12.4286±2.593
	Boy	12.0625±2.143	13.8125±2.136	12.3750±2.305
	Control	11.8824±2.204	12.9412±2.164	11.8235±2.157
Psychological health	Girl	11.2143±2.423	14.9286±1.384	15.7143±1.589
	Boy	12.6250±0.619	14.6250±1.784	15.3125±2.023
	Control	11.7059±1.611	11.7647±1.714	12.4118±1.277
Social relationships	Girl	4.2143±1.121	5.4286±1.452	7.7143±1.138
	Boy	4.1250±1.087	5.3750±1.310	6.5625±1.631
	Control	4.2941±1.046	4.2941±1.263	4.3529±1.411
Social environment	Girl	9.7143±1.772	10.9286±2.585	11.3571±3.078
	Boy	10.0625±1.842	11.3125±1.740	10.8750±1.627
	Control	10.0588±1.784	10.1765±1.776	9.3529±1.868
General health status	Girl	3.0714±1.268	3.0000±1.240	5.0714±1.071
	Boy	3.3125±1.352	3.0000±1.414	4.6875±1.400
	Control	3.0588±1.344	3.4118±1.277	2.7647±1.347

Table 3. Tests of Between-Subjects Effects and Covariance analysis test

Variable		Source	Sum of Squares	Mean Square	F	P-value
Forgive yourself	Pre-test	Post-test	18.247	18.247	1.436	0.237
		Follow up	8.580	8.580	0.799	0.376
	Group	Post-test	126.270	63.135	4.970	0.011
		Follow up	1126.184	563.092	52.460	<0.001
Physical health	Pre-test	Post-test	3.402	3.402	0.835	0.366
		Follow up	7.228	7.228	1.326	0.256
	Group	Post-test	5.973	2.986	0.733	0.486
		Follow up	2.721	1.360	0.250	0.780
Psychological health	Pre-test	Post-test	0.844	.844	0.305	0.584
		Follow up	0.942	.942	0.339	0.563
	Group	Post-test	99.145	49.573	17.929	<0.001
		Follow up	103.955	51.978	18.708	<0.001
Social relationships	Pre-test	Post-test	0.122	.122	0.067	0.798
		Follow up	1.557	1.557	0.769	0.386
	Group	Post-test	13.105	6.553	3.585	0.036
		Follow up	92.669	46.335	22.870	<0.001

Social environment	Pre-test	Post-test	16.294	16.294	4.207	0.046
		Follow up	28.877	28.877	6.536	0.014
	Group	Post-test	11.602	5.801	1.498	0.235
		Follow up	38.770	19.385	4.388	0.018
General health status	Pre-test	Post-test	24.576	24.576	20.504	<0.001
		Follow up	13.020	13.020	9.269	0.004
	Group	Post-test	2.745	1.373	1.145	0.328
		Follow up	47.011	23.506	16.733	<0.001

Table 4. Bonferroni post hoc test to check the difference between the three phases of the research

Variables	TIME (I)	TIME (J)	Mean Difference	Std. Error	P-value
Forgive yourself	Pre- test	Post-test	-1.832*	0.601	0.012
		Follow up	-4.061*	0.550	<0.001
	Post-test	Follow up	-2.229*	0.539	<0.001
Physical health	Pre- test	Post-test	-1.222*	0.394	0.010
		Follow up	-0.061	0.418	1.000
	Post-test	Follow up	1.161*	0.462	0.047
Psychological health	Pre- test	Post-test	-1.924*	0.358	<0.001
		Follow up	-2.631*	0.329	<0.001
	Post-test	Follow up	-0.707	0.287	0.054
Social relationships	Pre- test	Post-test	-0.821*	0.257	0.008
		Follow up	-1.999*	0.244	<0.001
	Post-test	Follow up	-1.177*	0.269	<0.001
Social environment	Pre- test	Post-test	-0.861*	0.334	0.040
		Follow up	-0.583	0.337	0.271
	Post-test	Follow up	0.277	0.266	0.910
General health status	Pre- test	Post-test	0.010	0.180	1.000
		Follow up	-1.027*	0.206	<0.001
	Post-test	Follow up	-1.037*	0.244	<0.001

Table 5. Tukey HSD test to examine differences between three groups

Variables	Group (I)	Group (J)	Mean Difference	Std. Error	P-value
Forgive yourself	Girl	Boy	-4.4524*	0.69442	< 0.001
		Control	0.2437	0.68482	0.933
	Girl	Control	4.6961*	0.66094	< 0.001
Physical health	Boy	Boy	0.0119	0.49337	1.000
	Girl	Control	0.5462	0.48656	0.505
	Boy	Control	0.5343	0.46958	0.496
Psychological health	Girl	Boy	-0.2351	0.38374	0.814
		Control	1.9916*	0.37844	< 0.001
	Girl	Control	2.2267*	0.36524	< 0.001
Social relationships	Boy	Boy	0.4315	0.29141	0.310
	Girl	Control	1.4720*	0.28738	< 0.001
	Boy	Control	1.0404*	0.27736	0.001
Social environment	Girl	Boy	-0.0833	0.58881	0.989
		Control	0.8039	0.58067	0.358
	Girl	Control	0.8873	0.56042	0.264
General health status	Boy	Boy	0.0476	0.36999	0.991
	Girl	Control	0.6359	0.36488	0.201
	Boy	Control	0.5882	0.35215	0.228

Discussion

This study aimed to examine the effectiveness of family therapy in improving self-forgiveness and quality of life among adolescents who engage in self-harm. According to the findings, there were significant differences in the levels of self-forgiveness among self-abusing boys and girls. The family therapy demonstrated enhancing self-forgiveness in boys. Nevertheless, no significant variance was observed in physical health, social environment, and general health status between the groups, indicating that the family therapy approach did not produce the desired outcomes. However, it was determined that family therapy was successful in enhancing mental well-being and interpersonal connections despite the absence of notable variations between girls and boys who self-harm in these aspects.

When considering the enhancement of self-forgiveness through family therapy, it is worth mentioning that there is a lack of prior research examining the effect of family therapy on the notion of self-forgiveness. However, the overall findings of this study align with previous research that has confirmed the effectiveness of family therapy interventions in reducing psychological problems. For instance, Russon et al. (2022)

demonstrated a significant decrease in suicidal symptoms among young individuals following the completion of family therapy. Moreover, family members reported an improvement in problem-solving skills. Additionally, research findings indicate that adolescents who underwent family therapy reduced internalizing and externalizing problems, while parents reported higher levels of family cohesion, satisfaction, perceived effectiveness as parents, and healthier parenting practices[29]. Family therapy sessions aim to establish a positive relationship with all family members and create a safe environment for understanding each other's emotions. Families often rely on previous successful solutions when facing problems, but when symptoms like behavioral issues or conflicts arise, they struggle to find new solutions[30]. Family therapy aims to increase caregivers' empathy for their children by acknowledging the impact of current stressors and intergenerational experiences. It helps families address disconnections, solve problems, and develop new interpersonal and self-regulation skills. Once trust is rebuilt, the focus shifts to promoting autonomy for the youth in treatment[31].

According to the present study's results, family therapy has no impact on physical health, social environment, and general health status components. These findings contradict previous research[32,33]. A study showed that family therapy is associated with improving physical health, reducing eating disorder symptoms, and improving a range of other factors such as self-esteem, quality of life, and caregiver burden[32]. Research findings that investigated the effect of family therapy on general health showed that the general health score increased after family therapy[33]. The difference between the results of the present study and these studies may be due to the difference in the study population, the time and place of the study, or the sample size. The interpretation of our findings presents a significant hurdle due to the diversity of treatments in family-based interventions. Family therapy encompasses a range of treatment methods rather than a singular approach. Although these methods share systemic principles, they often possess unique characteristics that hinder the application of findings to various family-based therapies. Nonetheless, family therapy primarily entails a psychotherapy method that prioritizes transforming interactions among family members and enhancing the overall functioning of the family as a collective or individual family member. While family therapy may not surpass other treatments, it does prove more effective than waiting list conditions or receiving no treatment at all[34].

By altering the mode of communication, enhancing self-discipline, and recalibrating expectations in line with the current circumstances, individuals can diminish the levels of fragility, vulnerability, and unease within family therapy, leading to a gradual restoration of the affectionate days, constructive engagement, and an appropriate degree of emotional self-management. Employing constructive methods such as reinforcing positive behaviors, cultivating rational thinking, and pinpointing negative belief systems, expectations, and interactions can enable families to replace detrimental patterns, thus playing a pivotal role in establishing nurturing emotional connections among its members[35].

The research also indicated that family therapy affects the mental well-being aspect and enhances it, which coincides with earlier studies[19,35,36]. A research study indicated that attachment-based family therapy offers a trauma-focused and interpersonal strategy for addressing adolescent depression, suicide, and trauma[36]. Additionally, another study discovered that implementing an attachment-based family therapy program could potentially enhance mental well-being and reduce depression in gifted adolescents[19]. According to research, employing family therapy can diminish psychological vulnerability and enhance one's ability to manage emotions[35]. However, when considering the impact of family therapy on interpersonal connections, it is significant to note that there is limited prior research specifically focused on this aspect. Thus, we aim to provide a rationale by connecting our study's findings with existing therapeutic frameworks. Through utilizing various techniques involving family therapy caregivers, our research demonstrated that employing this treatment could potentially yield beneficial outcomes for adolescents in specific clinical domains[17]. Furthermore, a study showed that behavioral family therapy can be effective in changing the dysfunctional interactions of the family system and reducing substance abuse in adolescents[18].

When expounding on this discovery, it must be noted that family therapy concentrates on elements within the family, such as parental disapproval and criticism, inadequate parental affection, and conflicts between adolescents and caregivers. To clarify, all of these instances are connected to a variety of behavioral issues and the psychological well-being of adolescents, particularly depression and suicide[36]. Family therapy aims to emphasize the mending of relationships as the main objective of therapeutic intervention. When families seek therapy, they often place their attention on addressing behavioral problems. Consequently, this approach enables family members to prioritize rebuilding trust and improving communication as the initial steps of their treatment. Furthermore, the therapy assists young individuals in recognizing the connection between their current distress and past disruptions in attachment. It also equips them with the necessary tools to communicate these disruptions with their caregivers[31]. Family therapy requires family members to change their behavior in the family. It also helps them understand that changing their behavior and beliefs about family members and the situation is necessary to resolve problems[35].

The current study encountered certain limitations as well. One of the major setbacks was the unwillingness of the participants and their families to engage in therapy sessions, alongside cultural obstacles, including resistance from families and educational institutions in addressing issues such as self-harm among adolescents. Moreover, the research was further constrained by the small number of subjects involved, indicating the need for a larger sample size in future studies. Moreover, because of limitations in time and expenses related to execution, it was impractical to investigate all the various methods and models of family therapy. As a result, it is advised to integrate alternative approaches and models of family therapy in future research endeavors.

The study indicates that family therapy produces favorable results in the domains of self-forgiveness, psychological welfare, and interpersonal relationships, resulting in their improvement. However, when it comes to self-forgiveness specifically, this approach proved to be effective solely among adolescent boys who engage in self-harming behaviors. Furthermore, implementing this method had no impact on physical well-being, the surrounding social sphere, or the general state of health. Given the favorable effect of family therapy on self-forgiveness, mental health, and social relationships, psychologists, counselors, and educational practitioners are encouraged to consider incorporating this treatment modality in psychotherapy centers and educational settings.

Ethical Considerations

The study was approved by Ethics Committee of Islamic Azad University - Science and Research Branch (IR.IAU.SRB.REC.1402.103).

Acknowledgment

The authors would like to thank all those who helped in conducting the research.

Conflict of Interest

The authors declared no conflict of interest.

Funding

Self-funding.

References

1. Brennan CA, Crosby H, Sass C, Farley KL, Bryant LD, Rodriquez-Lopez R, Romeu D, Mitchell E, House AO, Guthrie E. What helps people to reduce or stop self-harm? A systematic review and meta-synthesis of first-hand accounts. J Public Health (Oxf). 2023 Mar 14;45(1):154-161. doi:10.1093/pubmed/fdac022

2. Rodrigues R, Mehesz EZ, Lingford-Hughes A, Di Simplicio M. Approach-avoidance biases to self-harm cues in young people with self-harm. J Affect Disord. 2023 Nov 1;340:435-441. doi:10.1016/j.jad.2023.08.021

3. Witt K, McGill K, Leckning B, Hill NTM, Davies BM, Robinson J, Carter G. Global prevalence of psychiatric in- and out-patient treatment following hospital-presenting self-harm: a systematic review and meta-analysis. EClinicalMedicine. 2023 Oct 31;65:102295. doi:10.1016/j.eclinm.2023.102295

4. Tamasoki MR. Phenomenology of self-injurious behaviors in female students of first secondary education in Qom city (1401). Counseling Culture and Psycotherapy. 2023 Dec 22;14(56):141-68.

5. Ejlskov L, Antonsen S, Wulff JN, Agerbo E, Plana-Ripoll O, Sabel CE, Fan CC, Thompson WK, Mok PLH, Pedersen CB, Webb RT. Multilevel interactions between family and neighbourhood socioeconomic indices in childhood and later risks of self-harm and violent criminality in Denmark: a national cohort study. Lancet Public Health. 2023 Feb;8(2):e99-e108. doi:10.1016/S2468-2667(22)00292-4

6. Damavandian A, Golshani F, Saffarinia M, Baghdasarians A. Comparing the effectiveness of Compassion-Focused Therapy) CFT (and Dialectic Behavior Therapy (DBT (on aggression, self-harm behaviors and emotional self-regulation in Juvenile offenders of Tehran Juvenile Correction and Rehabilitation Center. Social Psychology Research. 2021 May 22;11(41):31-58.

7. Kashanaki H, Besharat MA. Quality of interpersonal relationships based on self-forgiveness, other-forgiveness and position-forgiveness. Journal of Psychological Science. 2018 Nov 10;17(68):409-17.

8. Badri R, Mohammadi N. The Mediating Role of Negative Affection toward Self-Forgiveness and Decisional and general Procrastination in male Universitarian students of Tabriz University: Structural Equations Model. Education Strategies in Medical Sciences. 2020 Apr 10;13(1):17-25.

9. Sadat Tabatabayi A, Yosofi Z, Motamedi M, Taheri S. The Effectiveness of Dialectical Behavior Therapy on Self-Forgiveness and Depression in Adolescent Girls with Self-injury History in Isfahan. Journal of Clinical Psychology. 2021 Mar 21;13(1):13-22.

10. James A, Janakiram C, Meghana RV, Kumar VS, Sagarkar AR, Y YB. Impact of oral conditions on oral health-related quality of life among Indians- a systematic review and Meta-analysis. Health Qual Life Outcomes. 2023 Aug 31;21(1):102. doi:10.1186/s12955-023-02170-6

11. Jafari Rasa F, Jalilevand N, Rasouli M, Nasiri SJ. The survey of the quality of life of adolescent with cleft lip and palate. Journal of Paramedical Sciences & Rehabilitation. 2021 May 22;10(1):19-30.

12. Peymannia B, Hamid N, Mehrabizadehhonarmand M, Mahmoudalilu M. The effectiveness of dialectic behavioral therapy-family and child skills training (dbt-fst) on impulsivity and quality of life in girls with self-harm behaviors. Iranian Journal of Rehabilitation Research. 2018 May 10;4(3):8-17.

13. Budescu M, Sisselman-Borgia A, Torino GC. Discrimination, self-harming behaviors and emotional quality of life among youth experiencing homelessness. Journal of Social Distress and Homelessness. 2022 Jan 2;31(1):55-64. doi:10.1080/10530789.2021.1879616

14. Gyori D, Farkas BF, Horvath LO, Komaromy D, Meszaros G, Szentivanyi D, Balazs J. The Association of Nonsuicidal Self-Injury with Quality of Life and Mental Disorders in Clinical Adolescents-A Network Approach. Int J Environ Res Public Health. 2021 Feb 14;18(4):1840. doi:10.3390/ijerph18041840

15. Schawo S, Hoefman R, Reckers-Droog V, Lawerman-van de Wetering L, Kaminer Y, Brouwer W, Hakkaart-van Roijen L. Obtaining preference scores for an abbreviated self-completion version of the Teen-Addiction Severity Index (ASC T-ASI) to value therapy outcomes of systemic family interventions: a discrete choice experiment. Eur J Health Econ. 2023 Sep 27. doi:10.1007/s10198-023-01633-3

16. Alaghband-rad J, Gholamian F, Motamed M. Design and Implementation of a blended course for family therapy in psychiatry residency program. Royesh in Medical Education. 2022 Mar 10;14(24):5-13. doi:10.3389/fpsyt.2023.1108110

17. Porter NP, Hogue A, Bobek M, Henderson CE. Caregiver Engagement in Outpatient Treatment for Adolescents in Community Settings: Construct and Predictive Validity of Family Therapy Techniques. Adm Policy Ment Health. 2023 Jul;50(4):685-697. doi:10.1007/s10488-023-01272-z

18. Kainersi S, ABBASPOUR Z, ASLANI K. Kainersi S, ABBASPOUR Z, ASLANI K. The Effectiveness of Behavioral Family Therapy on Substance Use Craving in Substance Abuse Quitting Adolescents.

19. Goudarzi S, Gholamali Lavasani M, Amirimajd M. Comparison of the effectiveness of attachment and Emotion based family therapy program on depression in gifted adolescents. medical journal of mashhad university of medical sciences. 2020 Apr 20;63(1):2238-48.

20. Kang H. Sample size determination and power analysis using the G* Power software. Journal of educational evaluation for health professions. 2021 Jul 30;18. doi:10.3352/jeehp.2021.18.17

21. Bowen M. Family therapy in clinical practice. Jason Aronson; 1993 Dec 1.

22. Sabzevari P, Khoyinejad G, Saffarian Toosi M. comparing the effectiveness of Bowen's family-based approach and Minuchin's structural family therapeutic approach on improving communication patterns and reducing marital conflicts in women suffering from emotional divorce. Journal of Applied Family Therapy. 2023 Jun 22;4(2):205-26. doi:10.61838/kman.aftj.4.2.13

23. Thompson HM, Wojciak AS, Cooley ME. Family-based approach to the child welfare system: an integration of Bowen family theory concepts. Journal of Family Social Work. 2019 May 27;22(3):231-52. doi:10.1080/10522158.2019.1584776

24. Yamhure Thompson L, Snyder CR, Hoffman L. Heartland Forgiveness Sclae. Faculty Publications, Department of Psychology. 2005 Jan 1:452.

25. Torkizadeh M, Hajializadeh K, Samavi A. The effectiveness of self-forgiveness workbook intervention on responsibility, and willingness to make reparations among students. Positive Psychology Research. 2018 Oct 23;4(3):57-70.

26. Whoqol Group. Development of the World Health Organization WHOQOL-BREF quality of life assessment. Psychological medicine. 1998 May;28(3):551-8. doi:10.1017/S0033291798006667

27. Nejat SA, Montazeri A, Holakouie Naieni K, Mohammad KA, Majdzadeh SR. The World Health Organization quality of Life (WHOQOL-BREF) questionnaire: Translation and validation study of the Iranian version. Journal of school of public health and institute of public health research. 2006 Jul 10;4(4):1-2.

28. Khooshemehri G, Kaviani M, Asmari M, Rajabian H, Naserkhaki V. Comparison of quality of life for elderly men and women elderly nursing home resident by Alborz province in 1390. Alborz University Medical Journal. 2013 Feb 10;2(1):19-24. doi:10.18869/acadpub.aums.2.1.19

29. Russon J, Smithee L, Simpson S, Levy S, Diamond G. Demonstrating Attachment-Based Family Therapy for Transgender and Gender Diverse Youth with Suicidal Thoughts and Behavior: A Case Study. Fam Process. 2022 Mar;61(1):230-245. doi:10.1111/famp.12677

30. Jiménez L, Hidalgo V, Baena S, León A, Lorence B. Effectiveness of Structural-Strategic Family Therapy in the Treatment of Adolescents with Mental Health Problems and Their Families. Int J Environ Res Public Health. 2019 Apr 8;16(7):1255. doi:10.3390/ijerph16071255

31. Levy S, Mason S, Russon J, Diamond G. Attachment-based family therapy in the age of telehealth and COVID-19. J Marital Fam Ther. 2021 Apr;47(2):440-454. doi:10.1111/jmft.12509

32. Baudinet J, Eisler I, Dawson L, Simic M, Schmidt U. Multi-family therapy for eating disorders: A systematic scoping review of the quantitative and qualitative findings. Int J Eat Disord. 2021 Dec;54(12):2095-2120. doi:10.1002/eat.23616

33. Siahposh M, Motamedi A, Sohrabi F. The effect of cognitive behavioral family therapy on general health and marital satisfaction of families with mentally retarded children in Khorramabad city. Knowledge & Research in Applied Psychology. 2021 Aug 23;22(2):47-58.

34. Waraan L, Siqveland J, Hanssen-Bauer K, Czjakowski NO, Axelsdóttir B, Mehlum L, Aalberg M. Family therapy for adolescents with depression and suicidal ideation: A systematic review and meta-analysis. Clin Child Psychol Psychiatry. 2023 Apr;28(2):831-849. doi:10.1177/13591045221125005

35. Sarab I. The Effectiveness of Stewart Cognitive-behavioral Family Therapy on Mental Weakness and Emotional Self-regulation in Pregnant Women in the Corona Epidemic. Quarterly Journal of Nursing Management (IJNV) Orginal Article. 2021;10(3).

36. Diamond G, Diamond GM, Levy S. Attachment-based family therapy: Theory, clinical model, outcomes, and process research. J Affect Disord. 2021 Nov 1;294:286-295. doi:10.1016/j.jad.2021.07.005