

# The Effect of Compassion-Based Therapy on Women's Mental Health After Divorce

Faranak Saberi<sup>1</sup>, Mansour Ali Mahdi<sup>\*2</sup>, Ameneh Sadat Kazemi<sup>2</sup>

1. Master of Clinical Psychology, Department of Psychology, Faculty of Medicine, Tehran Medical Sciences, Islamic Azad University, Tehran, Iran

2. Assistant Professor, Department of Psychology, Faculty of Medicine, Tehran Medical Sciences, Islamic Azad University, Tehran, Iran

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## ABSTRACT

**Introduction:** Conflicts in emotional relationships and the experience of divorce are among the most important psychological and social challenges faced by women in today's world. This study examines the effectiveness of compassion-based therapy on women's mental health after divorce. The purpose of this research is to evaluate the effect of compassion-based therapy on life orientation, social acceptance and emotional adjustment in divorced women.

**Research method:** This research is analytical-descriptive and interventional-effective. The statistical population included women referring to counselling centres in the southwest of Tehran province, who were selected using the purposeful sampling method. The sample included 36 women who were randomly divided into two control and experimental groups. The instruments used included Scheir and Carver's life orientation questionnaires, Marlowe-Crown social acceptance and Bell's emotional adjustment. Data analysis was done using the covariance method and SPSS software.

**Findings:** The results showed that compassion-based therapy could significantly improve life orientation ( $p < 0.05$ ), social acceptance ( $p < 0.05$ ) and emotional adjustment ( $p < 0.05$ ) of divorced women. Compassion-based therapy explained 12.7% of the variance in life orientation scores, 8.5% of the variance in social acceptance scores, and 12.4% of the variance in emotional adjustment scores.

**Conclusion:** The findings show that compassion-based therapy can be used as an effective intervention method to improve women's mental health after divorce. By increasing self-compassion and strengthening the calming system, this treatment helps women cope better with their unpleasant experiences and improve their quality of life.

## **1. Introduction**

The social changes that have occurred at the global level and during the last few decades have caused changes, challenges and diverse and new needs at the family level. Modernity, which has been created after the growth of industry, has been able to threaten families in an increasing way. This has caused an increase in emotional and psychological damage in couples. In addition to being an individual problem, the damage caused by emotional incompatibility in relationships is also a multi-stage process that has a lot of negative effects on the way of communication between family members and society. Injuries caused by incompatibility in relationships can cause the body of the society to undergo convulsions, serious and irreparable problems (Kulu, 2014). Psychologists look for the cause of these inconsistencies mostly in individual levels and non-social components (Delavar, 2015). According to psychologists, in order to take any action in the field of explaining the reasons for incompatibility and moral and personality conflicts of couples, the nature of marriage as a socio-cultural organization should be considered (Mahmoudian et al., 2015). In general, it can be said that the sources of marital conflicts can be either internal, which is rooted in childhood anxiety, or external, which results from the way a person communicates with others, or it can be an environment that occurs as a result of social pressures on the family. (Mahy et al., 2016). Psychological and social dissociation caused by emotional conflicts causes a person to have a pessimistic view of society and his life in general. Optimistic perception and pessimistic perception are positively and negatively in two spectrums of life orientation, which are among the basic qualities of personality (Berking et al., 2008; Dehghani et al., 2018). According to Shier and Carver's (1985) model, optimism and pessimism are defined as positive and negative inclusive expectations, respectively. According to this model, the expectation of comprehensive results is significantly related to the psychological adjustment of young people and elderly people. Optimists are more social than pessimists. They exercise more. They have better interpersonal skills and can easily create supportive social networks around them (Mercola, 2009). Compatibility has different dimensions, emotional compatibility is one of these dimensions. Emotional adjustment means a set of psychological states such as optimal mental health, satisfaction with personal life, and compatibility between feelings, activity and thoughts (Raschke, 1978). Therefore, it can be said that emotional adjustment is a mechanism by which a person reaches emotional stability. To understand emotional compatibility, a person must know about himself and his abilities and accept his shortcomings. If a person has low emotional adjustment, he will have problems with self-knowledge and self-awareness, which will cause problems such as a decrease in self-confidence in the person, and ultimately, the person will no longer be able to give a reasonable response to his emotional needs (Berking et al. al., 2014). Social acceptance is a person's understanding of society based on the characteristics of others. Social acceptance includes trusting the inherent goodness of others, accepting pluralism with others and having a positive attitude towards the nature of humans, all of which make a person feel comfortable with other members of society. People who accept others in their minds have actually come to understand that the presence of others is constructive (ZEHTAB & Salemi, 2012). Just as mental health includes self-acceptance, acceptance of others in a society also causes social health. An example of self-acceptance is social acceptance. On the basis of social acceptance, a person has a positive feeling about himself and his past and includes all aspects of his existence, which include strengths, weaknesses, and disabilities (Shapiro & Keyes, 2008) People who have social acceptance think compassionately towards themselves and others. Compassion in Buddhist psychology is attention to one's own and others'

suffering. Compassion involves sensitivity to the experience of suffering and a strong desire to alleviate it. In times when a person experiences pain and failure, self-compassion appears more (Neff et al., 2007). Self-compassion includes going along with suffering, creating a sense of kindness and self-care, creating a non-judgmental attitude along with understanding one's own inadequacies and failures, and recognizing personal experience as part of the human experience. The main focus of compassion-based therapy is cultivating a compassionate mind. In fact, the therapist explains the skills and characteristics of compassion to clients so that they can apply these skills to themselves. Therefore, by creating or increasing an inner compassionate connection in clients with themselves, they are helped (Ashworth et al., 2011; Gilbert, 2009). The main goal of compassion-based therapy includes reducing self-hostility and developing individual abilities and capabilities in order to create a sense of self-confidence, kindness, and self-soothing, which acts as an antidote to the feeling of being threatened. Most compassion-based therapy activities focus on building the capacity for compassion (Ashworth et al., 2011). The study in question does not have a coherent background. But the studies conducted on the variables have been done separately. Dehghani et al. (2017) investigated the effectiveness of emotion regulation training on academic burnout, social acceptance and emotions of students with learning disabilities. The findings of this research showed that due to the fact that emotion regulation training improves and enhances a person's interaction with his peers, increases awareness and acceptance of emotions and their expression, it can be used as an effective intervention method to reduce academic burnout. and increasing social acceptance and improving the emotions of students with learning disabilities and students with similar disorders. Atiepour Saleh et al. (2019) investigated the effectiveness of compassionate mind training on the symptoms of social anxiety disorder and psychological capital of female students with social anxiety disorder, and the results showed that compassionate mind training led to a reduction in social anxiety disorder symptoms. , increasing psychological capital in people with social anxiety disorder. Hossein Mohagheghi et al. (2017) investigated the relationship between self-compassion and eating disorder behaviors with the mediation of perfectionism and body dissatisfaction, the results of examining the relationships of variables using the structural equation model showed that the variable of self-compassion, with perfectionism and body dissatisfaction It has a direct relationship and an indirect relationship with eating behaviors through perfectionism and body dissatisfaction. Perfectionism is directly related to body dissatisfaction and eating behaviors and indirectly through body dissatisfaction to eating behaviors. Body dissatisfaction is also directly related to eating behaviors (Seyyedjafari, 2019). In general, it can be said that in self-compassion, the goals and standards are at the expected level, and idealism and perfection are avoided, thus it has a negative correlation with perfectionism and body dissatisfaction, and it can reduce the level of perfectionism and dissatisfaction by affecting these variables. and thus play an important role in reducing the tendency to eating disorder behaviors. In this research, it was concluded that clinical and implicit functions have an important role in preventing and improving emotional adaptation, mental health and self-esteem of students with physical-motor disabilities. According to what was said, the aim of the current research was to answer the question that is the

treatment based on compassion is effective for women's life orientation, social acceptance and emotional adjustment.

#### Method

This research is conducted because of the effectiveness of compassion therapy in the semi-experimental research group, in which a pre-test and post-test were conducted with a control group. The statistical population of the present study was all women who were referred to counselling centres in the southwest of Tehran province. In this population, 36 people were placed in two groups of test and control. including entry criteria; People who do not have a specific mental illness, have at least a high school diploma, have an average age of 20 to 35 years, and the exclusion criteria include absence of more than two sessions, non-cooperation with the therapist, and non-compliance with the rules of the sessions. Subjects were evaluated with the questionnaire of life orientation, social acceptance, and emotional adjustment.

Various questionnaires were used to collect data:

- Shier and Carver's Life Orientation Questionnaire: This questionnaire is designed to evaluate the optimism of nature and contains 8 items, 4 of which express optimistic mood and 4 other items express pessimistic mood.

Marlowe-Crown Social Acceptance Questionnaire: This scale was designed in 1960 to measure people's social acceptance and has 33 items.

- Bell emotional adjustment questionnaire: this questionnaire contains 160 questions and evaluates different dimensions of adjustment such as adjustment at home, adjustment in health, social adjustment, emotional adjustment and job adjustment.

Scheer and Carver (1985) developed a summary self-report life orientation test to assess temperamental optimism and later revised it (Scheer et al., 1994). The life orientation test consists of 8 items. 4 items express optimistic mood and 4 items express pessimistic mood and the respondents expressed their agreement or disagreement with each of the sentences in a multi-point scale. The revised version of the life orientation test is shorter than the original test. Cronbach's alpha coefficient of this questionnaire is 0.76 and its retest reliability coefficient is 0.79 after four weeks (Scheier & Carver, 1985). To determine the validity of this test in Iran, the correlation of this test with Beck's five-factor scale was used (Guderzai, 2001). The significance of the correlation of the first, fourth and fifth factors and its overall score indicates an acceptable validity. The retest reliability of this questionnaire with an interval of 10 days was 0.70 (Mousavi Nasab, 2005).

The social acceptance scale was created by Marlowe-Crown in 1960 to measure people's social acceptance. Samari and Lali Faz (Samari & LALIFAZ, 2005) reported the reliability coefficient of Cronbach's alpha of this test as 0.74, while Kron and Marlow reported the internal consistency coefficient of the social acceptance questionnaire as 0.88 and the reliability of the test-retest method as 0.89. 0/ have reported. In the research of Sharafuddin (2010), two methods of Cronbach's alpha and halving were used to determine the reliability of the mentioned questionnaire, which are equal to 0.70 and 0.67, respectively, and indicate acceptable coefficients. In terms of validity, this test has shown a high and acceptable correlation with other psychological tools designed to measure social acceptance (Samari & LALIFAZ, 2005).

The compatibility questionnaire was compiled in 1961 by Professor Bell and also the validation of this questionnaire in Iran was standardized by Ali Delawer for the Iranian sports veterans community and was studied by Mr. Mohammadian Shearbaaf who achieved the same results as the

test maker. The number of questions in this questionnaire is 160 questions. The subscales are: adaptation at home, adaptation in health, social adaptation, emotional adaptation, occupational adaptation. This questionnaire was randomly administered by Bahrami Ehsan (1992) after translation and editing on 200 people and its alpha coefficient was equal to 0.89. Yale (1961) has reported Cronbach's alpha for its dimensions ranging from 0.81 for the dimension of social adjustment to 0.94 for general adjustment. The test-retest validity of this questionnaire is reported in the test guide from 0.70 to 0.93 and its internal consistency coefficient from 0.74 to 0.93. Bell found the reliability coefficients for the subscales of adaptation at home, health adaptation, social adaptation, emotional adaptation and occupational adaptation and for the whole test to be 0.91, 0.81, 0.88, 0.91, 0.85 and 94 respectively. 0/ has been reported. Also, this test has shown high validity in distinguishing normal groups from neurotics and correlation with Iseng's personality tests (Crowne & Marlowe, 1960).

To analyze the data, one-way analysis of covariance and multivariate analysis of covariance were used. For this purpose, the assumptions of this method include the normality of covariance and dependent variables in the control and experimental groups, the homogeneity of the variance of the errors of the control group and the dependent variable experiment, the linearity of the relationship between the dependent variable and the covariance variable in the experimental and control groups, and the homogeneity of the slope. The regression line between covariates was checked. Data analysis and variance analysis were performed with SPSS software.

### **Implementation method**

Treatment sessions focused on compassion, 8 sessions of 2 hours and weekly were held for the participants of the experimental group. The package of therapy sessions was compiled based on the treatment plan of Gilbert (2014). The treatment sessions are listed separately in Table:(1)

Table (1): Goals pursued in therapy sessions

Goals	session
Pre-testing, establishing a therapeutic relationship, determining the goal and basic rules of treatment, concluding the initial contract, completing the history form, assignment and feedback.	1st
Explanation and description of compassion; What is compassion and how to overcome problems through it. Mindfulness training along with physical and breathing exercises. Familiarity with compassion-based brain systems.	2nd
Getting to know the characteristics of compassionate people, compassion towards others, developing a warm and kind feeling towards oneself, examining emotional stillness with the help of a thinking box, breathing with a relaxing rhythm and practising the three circles of emotions, homework and feedback.	3rd
Encouraging subjects to self-identify and examine themselves as "compassionate" or "non-compassionate" according to educational topics, identification and application of "compassionate mind cultivation" exercises. The value of compassion, empathy and sympathy towards oneself and others.	4th
Teaching the styles and methods of expressing compassion (verbal compassion, practical compassion, cross-sectional compassion and continuous compassion) and applying these methods in daily life.	5th
Teaching compassion skills to the participants in the fields of compassionate attention, compassionate	6th

<p>reasoning, compassionate behavior, compassionate imaging, compassionate feeling and compassionate perception, playing the role of a person in three existential dimensions of self-criticism, self-criticism and self-compassion with Using the gestalt empty chair technique, finding the tone and tone of the internal self-critic and self-compassionate voice during the internal conversation and its similarity with the conversation pattern of important people in life such as parents.</p>	
<p>Filling the weekly table of critical thoughts, compassionate thoughts and compassionate behaviour. Finding compassionate colors, places, and music that can be components of compassionate imagery, working on the fear of self-compassion and the obstacles to cultivating this trait. Teaching the techniques of mental imagery of compassion, relaxation breathing, rhythmic section, mindfulness and writing a letter of compassion.</p>	7th
<p>Summarizing concluding and answering the questions of the members and evaluating the entire meetings, thanking and appreciating the members for participating in the meetings and finally conducting the post-test to evaluate the effectiveness.</p>	8th

## Findings

The descriptive components of the variables are presented in table.(2)

Table (2): Mean and standard deviation of life orientation

Post - Test		Pre-Test		Group	Variable
standard deviation	Mean	standard deviation	Mean		
3/56	17/67	2/84	14/72	test	<b>Life Orientation</b>
2/7	15/33	3/35	15/22	Control	
7	21/28	10/33	35/61	test	<b>Social Acceptance</b>
4/93	18/83	8/93	40	Control	
5/73	8/44	5/4	16/61	test	<b>Emotional Compatibility</b>
5/05	12/28	6/76	14/06	Control	

The data of table (2) shows that the mean and standard deviation of life orientation in the pre-test stage for the control group is 15.22, 3.35 and for the experimental group is 14.72, 2.84 and in the post-test stage for the group The control is 15.33 and 2.7, 3.56 and the experimental group is 17.67 and 3.56, which shows that the amount of life orientation has increased in the group that was trained. The average and standard deviation of social acceptance in the pre-test stage for the control group 35.61, 10.33 and for the experimental group 8.93, 40 and in the post-test stage for the control group 18.83, 4.93 and the experimental group 21.28 is 7, which shows that the level of social acceptance has decreased in the group that was trained. The mean and standard deviation of emotional adjustment in the pre-test stage for the control group 14.06, 6.76 and for the experimental group 16.61, 5.4 and in the post-test stage for the control group 12.28, 5.05 and the experimental group 44 8.73 is 5.73, which shows that the level of emotional adjustment has decreased in the group that was trained.

Table (3): General results of multivariate covariance analysis with pre-test statistical control

Significant Level	Df Error	Df Hypothesis	F Hypothesis	Value	Name Of the Test
<b>0/016</b>	29	3	4/034	0/294	Pillayi trace
<b>0/016</b>	29	3	4/034	0/341	Wilkes Lambda
<b>0/016</b>	29	3	4/034	1/930	hotelling's trace
<b>0/016</b>	29	3	4/034	1/930	The largest square root test

In table (3), the four tests of multivariate analysis of variance related to the difference of the three research variables are statistically significant and indicate that there is a significant difference in

at least two of the compared variables in the two experimental and control groups. The results show that the treatment based on compassion is significantly effective on the average vector of variables.

Table (4): homogeneity of the regression slope in the experimental group

Significant Level	Coefficient F	Degree Of Freedom	Sum Of Squares	Variables
0/12	1/79	1	49/43	Life Orientation
0/25	1/353	1	100/445	Social acceptance
0/38	1/23	1	138/86	Emotional compatibility

In table (4), it is determined that the F value of the interaction of the independent variable and covariance in life orientation is 0.12, in social acceptance is 0.25 and in emotional adjustment is 0.38, which is not significant ( $P < 0.05$ ). ; Therefore, it can be concluded that the null hypothesis is accepted and the opposite hypothesis is rejected, and the assumption of homogeneity of the regression slope is met.

**Descriptive analysis:**

In the pre-test stage, the mean and standard deviation of life orientation were 15.22 and 3.35 for the control group and 14.72 and 2.84 for the experimental group. In the post-test stage, these values were changed to 15.33 and 2.7 for the control group and to 17.67 and 3.56 for the experimental group, which indicated an increase in life orientation in the experimental group.

**Inferential analysis:**

The multivariate covariance analysis test showed that compassion-based therapy has a significant effect on women's life orientation, social acceptance, and emotional adjustment. The F value of the interaction of the independent variable and covariance in life orientation was 0.12, in social acceptance was 0.25, and in emotional adjustment was 0.38, which was not significant and the null hypothesis was accepted.

**Discussion**

In this study, the effectiveness of compassion-based therapy on life orientation, social acceptance and emotional adjustment of divorced women was investigated. Based on the research findings, compassion-based therapy significantly increased the amount of life orientation in the experimental group. This increase indicated an improvement in women's attitude towards the future and an increase in their optimism after receiving compassion-based treatment. Also, the amount of social acceptance in the experimental group also increased significantly, which indicated an increase in women's ability to accept others and create positive social relationships after receiving treatment. A significant improvement was also observed in the emotional adjustment of the experimental group, which indicated an increase in women's ability to manage emotions and adapt to emotional changes after treatment.

The results of this research show the effectiveness of compassion-based therapy in improving various psychological aspects of divorced women. These findings are consistent with the results of previous studies on the effectiveness of compassion-based therapy. In a similar study, the effectiveness of compassion-based treatment in reducing anxiety and depression in women with breast cancer has also been confirmed (Trindade et al., 2020). This study showed that compassion-



based therapy significantly improved the mental health and social relationships of these women. Other studies have also shown that compassion-based therapy can help improve emotional adjustment and social acceptance in different people (Sourmeh et al., 2020; Stefan & Hofmann, 2019). For example, in the research of Neyestanak et al. (2023) showed that compassion-based therapy significantly increased the social acceptance of divorced women (Neyestanak, 2023).

Other studies also show the effectiveness of compassion-based treatment in improving the quality of life and reducing anxiety and depression in people with mental disorders (Cuppige et al., 2018; Rahmani et al., 2020). Also, the study of Boersma et al. (2015) showed that this treatment can help reduce social anxiety and increase self-compassion. These results are consistent with the findings of the current research in reducing social anxiety and increasing social acceptance (Boersma et al., 2015). The research of Bahadori et al. (2021) showed that compassion-based therapy helped to improve emotional regulation and adaptive behaviors in patients with type 2 diabetes, which is consistent with the results of the present study in improving emotional adjustment (Bahadori et al., 2021).

Other studies also show (Salimi et al., 2018) the effectiveness of compassion-based treatment in improving the mental health and quality of life of women with MS and reducing symptoms of anxiety and depression in patients with breast cancer (Sadeghi et al., 2018). The researches of Hill et al. (2020) have also shown that this treatment can help improve emotional regulation and reduce behavioral problems in women with eating problems and improve the quality of life of adolescents with high-risk behaviors (Hill et al., 2020). Also, the study of Daneshvar et al. (2022) showed that compassion-based therapy can help reduce experiential avoidance and increase meaning in the lives of women with post-traumatic stress disorder, which is consistent with the results of the present study in improving emotional adjustment (Daneshvar et al., 2022).

Based on the four tests of the relevant multivariate analysis of variance in this research, it was determined that the treatment is based on compassion for women's life orientation. The results of this part of the research are in line with the results of Rouhi and Tavakoli (2023) and Saidi (2019) (Rouhi et al., 2023). Seidi (2019) found that compassion-based therapy is largely effective on students' life orientation (Seidi & Molavynejad, 2019). In explaining this finding, it can be said that emotional and moral conflicts are among the multidimensional phenomena that can affect different aspects of the lives of family members, especially women, such as their psychological, social, economic and physical aspects. Based on the psychological studies conducted in the field of relationship conflicts and the resulting damages, it has been determined that couples who have incompatible conflicts with each other have a vague experience of their future life. That is, they work with an undefined feeling that affects their life direction (Rouhi et al., 2023). Now, about the effect of compassion-based therapy on women's orientation, it can be said that one of the main parts of therapy focused on compassion is the training of the compassionate mind. Mushfaq's mind training is done with two main goals. First, people who undergo interventional treatment are taught how to improve their sedative system and use it to regulate their motivational systems and emotional states such as anger, fear, and disgust. The second goal of training the compassionate mind in compassion-based therapy is for the therapist to use a wide range of techniques and group work to help people with psychological problems present in the intervention to achieve a compassionate motivational system and thus develop their capacities for Receive compassion from others, have compassion for others and increase self-compassion (Seidi & Molavynejad, 2019). Compassion-based therapy, by facilitating the change of emotions to care and support themselves more, increases the ability to accept discomfort in women who have experienced injuries caused by emotional conflicts, and in this way, these women can relieve themselves more and emotions Control their negativity. Therefore, compassion-based therapy acts as an emotional regulation style

and reduces the negative emotions caused by these moral and emotional conflicts in women, and at the same time replaces these negative emotions with positive emotions.

According to the second research finding, compassion-based therapy has a significant and positive effect on women's social acceptance. The results of this part of the research are in line with the research results of Mehdi Ghasemzadeh et al. (2022). In explaining how compassion-based treatment can be effective on women's social acceptance, we can point out the importance and role of three categories of general factors. The most important factor of the effect of teaching compassion towards oneself and others is the improvement in the attitude and interpretation of divorced women towards their own lives and the conditions caused by emotional injuries. The importance of the stressor is determined by cognitive evaluations that are influenced by individual values such as individual control. Based on the resources available to them and various ways of coping that they learn in compassion-based therapy, women manage the amount of stress caused by emotional injuries and subsequent events. In other words, it can be said that compassion in these women affects important cognitive evaluations in the coping process, and therefore compassion can help these women to evaluate emotional injuries and the conditions after them in a different way (Bailey et al., 2007). . Therefore, increasing compassion in these people creates a stronger sense of control, which helps the social acceptance of these women. In the approach of compassion-based therapy, compassion is used as a refuge, and compassion therapy helps women not to focus on what they have lost due to the occurrence of emotional conflicts and subsequent events in their lives and disappointments. but to look for a new meaning in their lives. Therefore, life is meaningful from the point of view of therapeutic compassion under any kind of conditions. Meaningfulness and hope in life is one of the strengthening components of mental health. If the amount of compassion increases in women and their life is meaningful and purposeful, it is natural that every event, no matter how hard and exhausting it is, will find meaning in this way and the person will try to accept it. The second factor is related to group therapy. On the other hand, in group treatments such as compassion-based therapy, it improves women's communication skills, and this method of treatment provides women with a useful support system. A woman with injuries caused by conflicts in emotional relationships, seeing people similar to her, realizes that she is not alone in the incident that happened, and this causes her to hope more and social acceptance in her mind. The third factor is related to the special characteristics of women. The effectiveness of the therapeutic approach based on compassion can also be due to the sample group. Because crises such as injuries caused by conflicts in emotional relationships and the resulting severe traumas generally take human life away from its normal routine and make women aware of the temporary nature of daily goals and values. In this situation, these women need a tool by which they can find more lasting value and goals, and the implementation of a therapeutic approach based on compassion has most likely been able to provide this opportunity to the intervention group in this research. In general, it can be said that the treatment based on compassion is being kind to yourself and having kind attention to yourself, sensitivity to the existence of suffering in yourself and others, talking positively to yourself instead of critical words, kind reasoning instead of logical reasoning, and generally accepting the suffering that A woman experiences damages caused by conflicts in emotional relationships, and establishing a relationship with this suffering without a sense of shame and weakness leads a person to be kind, especially to herself.

Based on the third finding of the research, it should be determined that compassion-based therapy has a positive and significant effect on women's emotional adjustment. Among these researches, the research of Zainab Houshmand et al. (2021) can be mentioned (Houshmand et al., 2019). In the explanation of this finding, it can be argued that by showing compassion to oneself, a person creates an emotional security, so that in this way he can see himself completely without fear of

self-reproach and have the opportunity to carefully more to improve and correct incompatible intellectual, emotional and behavioral patterns. People with self-compassion are high in them, they solve their personal conflicts by considering their needs and others. Given that self-compassion requires conscious awareness of emotion, one no longer avoids uncomfortable and painful emotions. Rather, it accepts them and adapts to them in effective conditions. Compassion-based therapy first teaches a person to recognize the factors that cause women's emotional incompatibility with the phenomenon of injuries caused by conflicts in emotional relationships, and then tries to cultivate a feeling of warmth and kindness towards others with appropriate techniques such as compassion towards others. Self-examination of emotional stillness with the help of the thinking box, breathing with a relaxing rhythm, will provide satisfaction and satisfaction in social relationships and emotional adaptation in the treatment seekers. When people participate in therapy sessions with a focus on compassion, they are equipped with techniques and training that they can use in their personal lives, and these techniques bring positive feedback from the surrounding for them, which increases the power of the tools of existence. in them, which in turn causes an increase in cognitive competence, positive self-attitude and emotional adjustment. In general, women generally suffer from a decrease in self-compassion, and in a more general sense, from a lack of self-compassion. When these people are affected by compassion-based therapy, due to better social behavior and better adaptation in different situations and conditions, they receive positive feedback from those around them, which in turn increases self-confidence, rational self-expression, cooperative spirit and ... it happens in them. The present research, like other researches, has limitations. Among them, it is possible to point out the lack of control of the researcher for the screening of the subjects in terms of the spread of the corona disease and the virtual holding of accompanying treatment sessions, and the lack of control of disturbing variables in the living environment and family behaviours. To improve the results in future research, it is suggested that this test be done simultaneously on both male and female genders. Because the use of a questionnaire reduces the validity of the data, it is suggested to use other methods of data collection such as interviews in future research. It is also suggested that educational workshops on compassion-based treatment methods be held in universities and medical centres.

**Research suggestions:**

1. More studies on different populations: investigating the effectiveness of compassion-based therapy on different populations such as men and different age groups.
2. Use of diverse data collection methods: using methods such as interviews and observation to increase data validity.
3. Investigating long-term effects: Long-term studies to investigate the sustained effectiveness of compassion-based therapy.

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