




Effectiveness of Emotion-Focused Therapy on Assertiveness and Anger Rumination in Women Victims of Domestic Violence

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ABSTRACT

Objective: Domestic violence, or violence against women within the family, is the most common form of violence. The current study aimed to determine the effectiveness of emotion-focused therapy on assertiveness and anger rumination in women victims of domestic violence.

Methods and Materials: This study was a quasi-experimental research with a pre-test - post-test design. The population consisted of all women victims of domestic violence in Isfahan city in the year 2023. In this study, 26 women victims of domestic violence were selected using a purposive non-random method and then randomly assigned into an experimental group (13 persons) and a control group (13 persons). The experimental group participated in 9 sessions of emotion-focused therapy and eventually, after attrition, 12 participants successfully completed the treatment. The control group did not receive any intervention. It is worth noting that to equate the number of participants in both the experimental and control groups, members were randomly removed from the control group equivalent to the attrition in the experimental group. In this research, the Gambrell and Richey (1975) Assertiveness Questionnaire and the Spielberger et al. (2001) Anger Rumination Scale were used. The collected data were analyzed using multivariate and univariate covariance analysis statistical models and SPSS.22 software.

Findings: The results showed that emotion-focused therapy significantly improved assertiveness ($F=26.28$, $P<0.001$) and anger rumination ($F=44.93$, $P<0.001$).

Conclusion: Based on the findings of the current study, interventions based on this approach can effectively improve assertiveness and anger rumination in women victims of domestic violence.

Keywords: Emotion-focused therapy, assertiveness, anger rumination, women, domestic violence.

1. Introduction

Domestic violence, or violence against women in the family, is the most prevalent form of violence against them, characterized by the violent behavior of one family member (usually a male) towards another member (usually a female) (Swan & Sullivan, 2009). Domestic violence can be defined as violence occurring within the private sphere of the family, deeply among individuals who are connected by intimacy, blood, or legal ties (Saeidi et al., 2020). Recognized as a common and major problem, domestic violence poses a threat to the health of its victims and continues as a hidden epidemic in the realms of mental and social health. Beyond physical issues, it can lead to various health problems such as chronic pain syndrome, depression, substance abuse, sexually transmitted diseases, and a range of family and social problems (Coker et al., 2004). Violence against women, especially spousal abuse, is a hidden social harm that usually occurs within the confines of the home, causing the disintegration of the family unit. The groups most at risk of violence within families are first women, then children, and the elderly (Ali et al., 2022; Baidoo et al., 2021).

Family violence is a topic that has been kept behind closed doors, with increasing studies and research in recent years on the experiences of beaten women and children and witnessed violence (Kourti et al., 2021). Violence against women is the most common type of domestic violence. This issue is not new but has been present throughout human history and is a very serious issue in all contemporary societies (Piquero et al., 2021). Given the significant importance of this issue, the World Health Organization has identified it as a global phenomenon, and in 1993, the United Nations declared violence against women in the family and society as a common issue that severely impedes progress towards equality, development, and peace (Gulati & Kelly, 2020). Victims of violence report low assertiveness and high anger rumination, a thinking pattern that leads to a problem known as anger rumination, defined as an individual's tendency to constantly think about the causes, situational factors, and consequences of anger. Women with high anger rumination are more likely to perceive situations as distressing and aggravating, suppress and inhibit their anger, a suppression strategy conceptualized as an avoidance strategy of emotion regulation observed in patients with generalized anxiety disorder (Piquero et al., 2021; Saeidi et al., 2020). Instead of aiding in problem-solving, this anger rumination exacerbates negative emotions and intensifies an

individual's anger and rage. Victims of violence often resort to avoidance strategies due to a flaw in regulating their negative emotions, and this inability to avoid situations that trigger negative emotional arousal increases their distress and even more likely leads to misperception of ambiguous events. However, anger rumination in women has rarely been studied. Some researchers consider emotions to be trivial and insignificant, focusing instead on the power of reasoning. According to them, emotion is an animalistic and irrational matter (Firoozeh et al., 2021; Simpson & Papageorgiou, 2003; Teymouri et al., 2020). However, further research indicates how significant emotion is in human life and health. Emotions play a crucial role in our thinking and behavior. The feelings we experience every day influence our decisions and actions, whether big or small, regarding life. Emotions can be short-lived, like the upset from a dissolved business partnership, or long-term, like the enduring grief from a lost romantic relationship. Nonetheless, emotions have several fundamental benefits (Caselli et al., 2017; Polat & Asi Karakaş, 2021; Teymouri et al., 2020). On the other hand, the emotion-focused approach was developed by Greenberg and Johnson in the early 1980s, based on humanistic and experiential therapy systems theory and attachment theory (Watson & Sharbane, 2021; Watson & Greenberg, 2017). Emotion-focused therapy is a short-term treatment (8 to 20 sessions) that incorporates elements such as experientiality, client-centeredness, constructivism, and a systemic view, alongside its core pillar, attachment theory. According to this therapy model, emotions inherently have adaptive capacities that, if activated, can help individuals change their involuntary emotional positions and expressions (Timulak & Keogh, 2020). Therefore, the current study aimed to determine the effectiveness of emotion-focused therapy on assertiveness and anger rumination in women victims of domestic violence.

2. Methods and Materials

2.1. Study Design and Participants

The present study was an applied, semi-experimental investigation employing a pre-test-post-test design with a control group. The statistical population comprised all women victims of domestic violence in Isfahan city who sought psychological treatment at the Baharestan social emergency center in the year 2023. For sample selection, initially, 26 individuals were chosen through purposive non-random sampling based on specific entry criteria for the

study, and then randomly assigned to an experimental group (13 individuals) and a control group (13 individuals). The experimental group underwent 9 sessions of 90-minute emotion-focused therapy and, following attrition, 12 participants successfully completed the treatment. The control group did not receive any intervention. It is worth mentioning that to equalize the number of participants in both the experimental and control groups, members were randomly removed from the control group equivalent to the attrition in the experimental group. Criteria for inclusion in the therapeutic intervention included being female, willing to participate in the research consciously, having at least the ability to read and write, being a victim of domestic violence, ensuring the confidentiality of participants' information (adherence to the principle of confidentiality), and respecting the human rights of the participants. Criteria for exclusion from the study included unwillingness to continue participation in the research and the prediction of psychological harm to the participants.

In this research, after selecting the statistical population and determining the desired sample size and obtaining an introduction letter from the university research domain (ethical code ID IR.IAU.ARAK.REC.2023.036), the aforementioned questionnaires were administered to the samples for evaluating the research constructs, sampling according to the research samples, and maintaining the ethical rights of the subjects.

2.2. Measures

2.2.1. Assertiveness

This questionnaire, developed by Gambrill and Richey in 1975 and translated by Bahrami (1996), contains 40 items. Each item presents a specific situation requiring assertive behavior. The questionnaire has two sections, one measuring the degree or level of individual discomfort, and the other assessing the likelihood of assertive behavior occurrence. Participants are asked to rate their discomfort level in situations requiring assertiveness on a Likert scale from 1 (very low) to 5 (very high). The cut-off score for this questionnaire is 52, and individuals scoring below 52 are identified as having low assertiveness. Gambrill and Richey assert significant correlation among the items of this test, with the factorial validity of the various items reported between 0.39 and 0.70, and the reliability coefficient of this test reported as 0.81. In the research by Khakpour, Jafari, and Jafari (2014), the validity was confirmed with a pilot test on 30 athletes and non-athletes, achieving a Cronbach's alpha

above 0.80 (Lackner & Gurtman, 2005; Üstün & Küçük, 2020).

2.2.2. Anger Rumination

The Anger Rumination Scale (2001) is a 19-item test measuring the tendency to think about current anger-provoking situations and recall past anger experiences. The test questions cover four sub-scales of anger rumination: angry afterthoughts, vengeful thoughts, angry memories, and understanding of causes, rated on a four-point Likert scale from 1 (very low) to 4 (very high). A higher score indicates greater anger rumination. The total anger rumination score is obtained by summing the scores of the four sub-scales (Sukhodolsky et al., 2001; Maxwell, Sukhodolsky, Chow, 2005). The content validity of the Anger Rumination Scale was assessed by the judgment of ten psychology experts, and Kendall's agreement coefficients for the total anger rumination scale, angry afterthoughts, vengeful thoughts, angry memories, and understanding of causes were calculated as 0.70, 0.82, 0.79, 0.70, and 0.78, respectively. The convergent and discriminant (differential) validity of the Anger Rumination Scale was confirmed through simultaneous administration of the Tehran Multidimensional Anger Scale and the Mental Health Scale on participants (Polat & Asi Karakaş, 2021; Teymouri et al., 2020).

2.3. Intervention

2.3.1. Emotion-Focused Therapy

The intervention protocol for this study, focusing on emotion-focused therapy (EFT) aimed at enhancing assertiveness and reducing anger rumination in women victims of domestic violence, unfolds over nine sessions (Firoozeh et al., 2021; Piquero et al., 2021; Polat & Asi Karakaş, 2021; Saeidi et al., 2020):

Session 1: Introduction and Emotional Awareness

The initial session is dedicated to building rapport and establishing a safe, trusting environment. Participants are introduced to the principles of EFT, with a focus on understanding the nature of emotions. This session aims to enhance emotional awareness through exercises that help identify and label feelings. The therapist encourages sharing of personal experiences related to domestic violence, focusing on the emotions evoked by these experiences.

Session 2: Emotional Processing and Expression

This session delves deeper into emotional processing, with exercises designed to facilitate the expression of difficult emotions related to past trauma. Techniques such as empty chair and role-play are employed to help participants articulate unresolved feelings towards the perpetrator or themselves. The goal is to begin processing these emotions in a therapeutic context, paving the way for healing.

Session 3: Understanding Patterns of Emotional Response

Participants explore their patterns of emotional response to triggers of domestic violence. The session focuses on identifying automatic thoughts and feelings that arise in stressful situations, understanding the link between thoughts, emotions, and behaviors. By recognizing these patterns, participants can start to challenge and modify them.

Session 4: Developing Assertiveness Skills

Building on the emotional groundwork laid in previous sessions, this session introduces assertiveness training. Participants learn the difference between passive, aggressive, and assertive responses, with a focus on practicing assertive communication. Role-playing exercises are used to simulate real-life scenarios, allowing participants to practice newly acquired skills.

Session 5: Anger Management Techniques

Focusing on anger as a specific and often problematic emotion, this session teaches anger management techniques. Participants learn to identify early signs of anger, explore its roots, and apply strategies such as deep breathing, cognitive restructuring, and constructive anger expression to manage it effectively.

Session 6: Enhancing Emotional Regulation

This session is dedicated to emotional regulation strategies beyond managing anger. Participants explore a range of coping mechanisms for dealing with intense emotions, such as mindfulness, self-soothing techniques, and positive self-talk. The therapist emphasizes the importance of recognizing and accepting emotions without judgment.

Session 7: Revisiting Traumatic Memories

Under the careful guidance of the therapist, participants are encouraged to revisit traumatic memories of domestic violence. The session employs EFT techniques to safely reprocess these memories, aiming to reduce their emotional intensity and the power they hold over the participants' present emotions and behaviors.

Session 8: Building Resilience and Self-Compassion

As the therapy progresses, this session focuses on building resilience and fostering self-compassion. Participants engage in exercises that promote a kinder, more compassionate relationship with themselves, counteracting feelings of guilt, shame, or inadequacy stemming from their experiences of domestic violence.

Session 9: Closure and Future Planning

The final session serves as a closure, allowing participants to reflect on their therapeutic journey and discuss future plans. The therapist reviews the key skills and insights gained throughout the sessions, encouraging participants to consider how they can continue applying these in their lives. The session ends with a discussion on maintaining emotional health, managing potential future triggers, and accessing ongoing support.

2.4. Data analysis

Data analysis was conducted using descriptive statistical indices (mean, variance, and standard deviation) and multivariate and univariate covariance analysis, utilizing SPSS.22 software.

3. Findings and Results

The mean (standard deviation) age was 37.44 (8.66) in the experimental group and 35.69 (7.82) in the control group. Descriptive indices related to the research variables for both groups are presented in [Table 1](#).

Table 1

Central Indices and Dispersion of Scores for Research Variables in Experimental and Control Groups

Variable	Group	Pre-test Mean (SD)	Post-test Mean (SD)	Follow-up Mean (SD)
Assertiveness	Experimental	121.75 (14.33)	130.42 (7.37)	128.64 (7.10)
	Control	122.50 (13.26)	123.33 (12.67)	124.25 (11.21)
Anger Rumination	Experimental	56.58 (7.31)	47.83 (3.07)	45.20 (3.97)
	Control	56.92 (8.31)	56.33 (7.56)	55.44 (7.26)

To investigate the significance of differences between assertiveness scores and anger rumination scores in the experimental and control groups, repeated measures analysis of variance was used. The results of the Kolmogorov-Smirnov test for the research variables confirmed the normality of data ($p>0.05$). The homogeneity of variances Levene's test for the experimental and control groups indicated equal variances of research variables in the pre-test, post-test, and follow-up stages ($p>0.05$). Moreover, the results of Mauchly's test of sphericity indicated the non-sphericity of the covariance matrix among groups and the

non-fulfillment of this assumption ($p>0.05$), necessitating the use of the conservative Greenhouse-Geisser test.

Furthermore, the results of the multivariate repeated measures analysis of variance among the study groups for the variables of assertiveness and anger rumination showed that the effect between subjects (group) was significant, meaning that at least one of the groups differed from the others in at least one of the variables of assertiveness and anger rumination. The within-subject effect (time) for the research variables was also significant, indicating that over time, from pre-test to follow-up, at least one of the variables changed significantly.

Table 2

Repeated Measures ANOVA for Comparing Pre-test, Post-test, and Follow-up of Assertiveness and Anger Rumination in Experimental and Control Groups

Scale	Effect Source	Sum of Squares	df	Mean Square	F	Significance	Eta Squared
Assertiveness	Time	119.46	1.13	92.71	148.15	<0.001	0.84
	Time*Group	93.95	2.26	72.91	116.52	<0.001	0.80
	Group	481.911	2	240.956	26.282	<0.001	0.55
Anger Rumination	Time	400.08	1.13	296.70	261.46	<0.001	0.90
	Time*Group	277.06	2.26	205.46	181.07	<0.001	0.86
	Group	260.10	2	260.10	44.93	<0.001	0.35

The results of [Table 2](#) indicate that the analysis of variance for the within-group factor (time) is significant and the between-group effect is significant. These results mean that considering the group effect, the effect of time alone is

also significant. Additionally, the interaction between group and time is significant. The Bonferroni post-hoc test was used for pairwise comparison of groups.

Table 3

Bonferroni Post-hoc Test Results for Comparing Emotion Regulation and Rumination

Variable	Phase	Phase	Mean Difference	Significance
Assertiveness	Pre-test	Post-test	10.43	<0.001
	Follow-up	Post-test	17.63	<0.001
Anger Rumination	Pre-test	Post-test	-26.05	<0.001
	Follow-up	Post-test	-41.70	<0.001

Results in [Table 3](#) show that assertiveness in the experimental group compared to the control group was higher in the post-test than in the pre-test, and anger rumination scores in the experimental group compared to the control group were lower in the post-test and follow-up than in the pre-test ($p<0.01$).

4. Discussion and Conclusion

The aim of this research was to evaluate the effectiveness of emotion-focused therapy on assertiveness and anger rumination in women victims of domestic violence. The

findings of this study demonstrated that emotion-based therapeutic training significantly increases assertiveness and decreases anger rumination. These findings are consistent with the results of previous studies ([Teymouri et al., 2020](#); [Timulak & Keogh, 2020](#); [Watson & Sharbanee, 2021](#); [Watson & Greenberg, 2017](#)).

One of the societal harms that threatens society is violence, especially against women, which manifests in various forms within the institution of the family, turning homes—supposed to be warm, safe havens for individuals—into tense environments and victimizing women and children. Domestic violence threatens the health and security

of the family. It is recognized as a common and major issue, posing a threat to the health of its victims and continuing as a hidden epidemic in the realms of mental and social health. Besides physical problems, domestic violence can lead to multiple health issues for an individual, such as chronic pain syndrome, depression, substance abuse, sexually transmitted diseases, and various family and social problems (Coker et al., 2004).

Violence against women, particularly spousal abuse, is a hidden social harm typically originating within the confines of the home, leading to the disintegration of the family unit. The groups most at risk of violence within families are women, followed by children and the elderly (Firoozeh et al., 2021; Gulati & Kelly, 2020). Family violence is an issue kept behind closed doors, with increasing studies and research in recent years on the experiences of beaten women and children and witnessed violence (Timulak & Keogh, 2020; Watson & Sharbanee, 2021). The issue of violence against women is not a recent one but has been present throughout human history and is a very serious issue for all contemporary societies (Holtzworth-Munroe et al., 1996). Given the significant importance of this issue, the World Health Organization has identified it as a global phenomenon, and in 1993, the United Nations declared violence against women in the family and society as a common issue that severely impedes progress towards equality, development, and peace (Coker et al., 2004; Kourti et al., 2021).

Ultimately, men and women (couples) realize that the romantic love at the beginning of a relationship is a temporary and passing experience. They need a more stable and real love, which is attained over time and through experiencing life's ups and downs. Victims of violence report low assertiveness and high anger rumination, a repetitive thought process that leads to a problem known as anger rumination, defined as an individual's tendency to constantly think about the causes, situational factors, and consequences of anger. Women with high anger rumination are more likely to perceive situations as distressing and aggravating, suppress their anger, and prevent it from expressing. This excessive suppression is conceptualized as a strategy of avoidance from emotion regulation observed in patients with generalized anxiety disorder (Caselli et al., 2017; Firoozeh et al., 2021). This anger rumination, instead of aiding in solving the individual's problems, exacerbates negative emotions and intensifies the individual's anger and rage. Women victims of violence usually resort to avoidance strategies due to a flaw in regulating their negative emotions,

which increases their distress and even more likely leads to misperception of ambiguous events. However, anger rumination in women has rarely been studied (Saeidi et al., 2020; Simpson & Papageorgiou, 2003).

5. Limitations and Suggestions

This research faced the following limitations: The main difficulty in conducting research on women victims of domestic violence was their unwillingness to participate in the study. The challenge in selecting women victims of domestic violence and the disinterest of most participants in the research were limitations, thus caution should be exercised in generalizing the findings. The researcher lacked precise information about the mental and physical health of the subjects (especially women victims of domestic violence), and this information was not available to the researcher. The lack of sufficient time for literature review was a serious difficulty of this research. Also, having enough time to homogenize the subjects was challenging. Therefore, caution should be exercised in generalizing the results. The lack of proper cooperation from subjects in the continuation of the research process was a limitation. Some researchers initially agreed to participate in the research but later lost the necessary cooperation. Based on the results obtained from the study, it is suggested that emotion-based training be provided to increase assertiveness and reduce anger rumination in women victims of domestic violence.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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