KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 24 January 2023
Accepted 17 February 2023
Published online 01 March 2023

Psychology of Woman Journal

Volume 4, Issue 1, pp 72-80

E-ISSN: 2783-333X

The effectiveness of integration of emotion regulation therapy and compassion therapy on the mental well-being of women with domestic violence experience

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A r t i c l e I n f o

Article type:
Original Research

How to cite this article:
Keyvanlo, S., & Mikaeili, N. (2023). The effectiveness of integration of emotion regulation therapy and compassion therapy on the mental well-being of women with domestic violence experience. *Psychology of Woman Journal*, *4*(1), 72-80.
http://dx.doi.org/10.61838/kman.pwj.4.1.8

A B S T R A C T

Objective: Domestic violence against women by their spouses is a severe violation of human rights and a public health concern, recognized by the World Health Organization as a hidden global epidemic. The present study investigated the effectiveness of the integration of emotion regulation therapy and compassion therapy on the mental well-being of women who have experienced domestic violence.

Method: The current research was quasi-experimental with a pre-test and post-test design with a control group. The target population of the current study was all women aged 20 to 40 affected by domestic violence who were referred to psychological and counseling clinics and legal, medical centers in Mashhad. Twenty people were selected by voluntary sampling and randomly assigned to an experimental group and a control group. Keyes and Magyar-Moe's (2003) mental well-being questionnaire was used to collect data. The intervention experimental group received emotion-oriented integrated therapy based on compassion in 10 sessions of 60 minutes. Finally, the research data were analyzed by multivariate covariance analysis.

Results: The research findings showed that combining emotion regulation therapy and compassion therapy has increased mental well-being in women who have experienced domestic violence.

Conclusion: Based on the research findings, taking into account the critical role of women in society and families and the need to pay attention to their mental health, it is necessary to hold training workshops in the field of compassion therapy and emotion regulation therapy in counseling and rehabilitation centers.

Keywords: *emotion regulation therapy, compassion therapy, mental well-being, domestic violence.*

1 Introduction

Domestic violence against women by their spouses is a serious violation of human rights and a public health concern, recognized by the World Health Organization as a hidden global epidemic (World Health Organization, 2019). *Domestic violence* against women causes severe problems in mental health, psychological, sexual, and reproductive problems such as sexually transmitted infections and unwanted pregnancy, and, in more severe cases, leads to death. Moreover, violence against women is on the rise, and evidence suggests that one in three women worldwide will experience physical, sexual, or psychological violence in their lifetime (World Health Organization, 2019). The prevalence rate of domestic violence among girls and women varies from 15% in Japan to 71% in Ethiopia, and the prevalence of physical violence in the previous year was between 4% and 54% (Pietri & Bonnet, 2017). In Iran, the most violence experienced by women is mental and verbal violence, with 42.6% (Ghazizadeh et al., 2017). The impact of domestic violence on women's mental health and well-being can be devastating and is associated with an increased risk of chronic diseases, substance abuse, and worsening mental health (Dey & Thakar, 2022). Domestic violence can cause various problems, such as mental health decline and depression in the family (Rashti, Pasha, & Naderi, 2015). Considering the social conditions of women who are victims of domestic violence, lower mental well-being is a very important problem (Hogan, 2020). *Mental well-being* is a state of positive emotions and psychological performance, in which positive emotions include feelings of happiness, satisfaction, and peace, and positive performance includes capabilities such as positive relationships with others, autonomy, motivation, and interaction (Yildirim & Belen, 2019). Higher mental well-being leads to satisfaction with interpersonal relationships, family stability, and satisfaction, coping strategies, and resilience (Arslan & Coşkun, 2020) and, as a protective factor, promotes health and reduces negative consequences (Martín-María et al., 2017). Women who experience domestic violence experience more psychological problems than women who do not, indicating an inverse relationship between domestic violence and well-being (Hussain et al., 2020).

Considering the importance of women's mental and physical health and their importance in the family, one of the methods that can be effective in reducing the harmful effects of domestic violence is *compassion therapy*, which provides the ability to accept the negative aspects of life (Basharpoor & Ahmadi, 2020). Aslami, Amiri Rad, and Mousavi (2020) showed that training based on compassion is an effective method to reduce the externalization and internalization of anger and increase women's self-efficacy. In compassion therapy, a person learns not to suppress or avoid his painful experiences and feelings (Aslami, Amiri Rad, & Mousavi, 2020). Therefore, one can recognize their experiences and have self-compassion (Irons & Lad, 2017). In compassion therapy, body relaxation, self-compassion, mental relaxation, and mindfulness are emphasized, which are essential in reducing stress, spontaneous thoughts, and a person's mental peace (Irons & Lad, 2017). Research shows that compassion therapy causes: Increasing mental well-being and its components in women with coronary artery disease (Ahmadi, Moghimian, & Seyed Hossieni Tezerjani, 2022), Improving the mental well-being and meaningfully strengthening the lives of mothers with children with mental-developmental disorders (Taheri et al., 2022); Increasing the mental health and quality of life of women victims of domestic violence (Homayooni, Keykhosrovani, & Pouladi Reishehri, 2023).

People use different *emotion regulation* methods to adjust their emotional experiences when facing stressful events. Women victims of domestic violence have more negative emotions, such as loneliness, feeling sad, worthless, and angry, than women without violence. These negative emotions can be a dangerous component in creating a sense of revenge and mental disorders in women victims of domestic violence (Avdibegovic, Brkic, & Sinanovic, 2017). Considering the role of emotions and emotional relationships in organizing couples' communication patterns, emotion regulation therapy was proposed to recognize emotions and transform them into understandable messages and constructive behaviors (Abbasi, Dokaneifard, & Shafiabadi, 2019). *Emotion regulation therapy* is used to strengthen oneself, regulate emotions, and create new meaning in clients, which, based on a safe therapeutic relationship, helps to empower the person and personal growth by increasing awareness and reprocessing emotions (Elliott & Macdonald, 2021). Ebrahimi and Almasi (2023) stated that cognitive emotion regulation training can significantly reduce domestic violence, increase emotional empathy, and improve and improve couples' interpersonal relationships by paying attention to positive and negative emotions (Ebrahimi & Almasi, 2023). Research indicates that emotion-oriented intervention is a suitable method for improving and increasing couples' emotional self-regulation and mental well-being (Azandariani, Khoynejad, & Akbari

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Amarghan, 2022). Aboutalebi, Yazdachi, and Asmkhani Akbarinejad (2022) observed that cognitive emotion regulation training is effective in the mental well-being and cognitive emotion regulation of addicted men (Aboutalebi, Yazdchi, & Asmkhani Akbarinejhad, 2022). Mazlomi, et al. (2021) observed that emotion regulation training significantly improves well-being (Mazlomi Barm Sabz et al., 2021).

Domestic violence causes many issues and problems at individual and social levels. It is essential to know the factors affecting women's domestic violence and find practical treatment approaches to lead a peaceful and safe life for them. In the present study, the researcher intends to implement an approach that includes a new field in addition to the practicality of the research. The integration of emotion regulation therapy and compassion therapy can help to know an effective intervention in improving the psychological conditions of women who are victims of domestic violence. Therefore, according to the theoretical foundations and backgrounds, the current research was conducted to determine the effectiveness of integrating emotion regulation therapy and compassion therapy on the mental well-being of women who have experienced domestic violence.

2 Methods

2.1 Study design and Participant

The current research was quasi-experimental with a pre-test and post-test design with a control group. The target population of the present study was all women aged 20 to 40 years affected by domestic violence who were referred to psychological and counseling clinics and medical centers in Mashhad. Twenty people were selected through voluntary sampling and were randomly divided into two experimental and control groups. The inclusion criteria were: Age between 20 and 40 years; being married; history of injury through violence from the spouse; minimum education of cycle degree; Not participating in individual and group sessions of psychological treatments at the same time; living in Mashhad; Having the interest and ability to participate in the educational program; Consent to participate in the group. Finally, the exclusion criteria included being absent more than one session in group meetings, using narcotics or psychiatric drugs, and suffering from other chronic physical or psychological disorders.

2.2 Measurements

The data were collected using *Keyes and Magyar-Moe (2003) Mental Wellbeing Questionnaire*.

2.2.1 Mental Wellbeing

The mental well-being questionnaire was designed by Keyes and Magyar-Moe in 2003 to measure emotional health, psychological health and social health, which consists of 45 items. The first 12 items related to emotional health (a 5-point Likert scale is used to score it. 1 means the worst state and 5 means the best emotional state). 18 follow-up questions related to psychological health (a 7-point Likert scale is used for scoring). Finally, the next 15 questions are related to social health (a 7-point Likert scale is also used to score this subscale). The internal validity of subscales of emotional health, psychological health and social health has been reported as good in the research of Keyes and Magyar-Moe (2003). To check the validity of this scale, factorial validity has been used, and the results of confirmatory factor analysis have confirmed the three-factor structure of this scale (Keyes & Magyar-Moe, 2003). In Savadjan et al.'s study (2018), reliability using Cronbach's alpha was reported as 0.88 for the whole scale, 0.86 for emotional health, 0.63 for psychological health, and 0.79 for social health. In the present study, the reliability of the whole scale was obtained using Cronbach's alpha of 0.87 (Savadjan et al., 2018).

2.3 Intervention

The experimental group underwent emotion-based integrated therapy while control group did not receive any intervention.

2.3.1 Emotion-based integrated therapy

In the present study, the integrated emotion-oriented treatment package based on compassion (Behvandi, Khayatan, & Gol Parvar, 2021) through ten 60-minute sessions was implemented, which is presented in Table 1.

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Table 1

The content of emotion-based integrated therapy

Session	Objective	Content
1	Facing and treating negative emotional experiences in the field of primary headache	Getting to know the rules during treatment, introducing the basic assumptions of compassion-based emotion, evaluating the interactive cycle of unrecognized feelings and emotions (fears and attachment desires) underlying headache and naming them, teaching the effect of compassion on the brain's emotion regulation system. Providing homework
2	Treatment of poor emotion expression skills due to primary headache	Reviewing the assignment of the previous session, analyzing and understanding the emotions of primary headache patients in order to overcome the obstacles of healthy emotional expression (methods of dealing with anger and emotional discharge and emphasizing the expression of emotions). Teaching role-playing techniques to express emotions, teaching self-compassion security strategies and inner security (empathic exploration technique) and providing homework.
3	Treatment of traumatic subjective experience in the context of primary headache	Examining the assignment of the previous session, changing the understanding and reframing of thoughts of vulnerability, introducing thinking styles combined with errors, teaching the characteristics of compassionate people (being aware of current thoughts and not judging yourself and others, controlling the inner critic, presenting homework.
4	Treat sensitivity and understand more than the problems focused on the primary headache	Examining the assignment of the previous session, expressing and understanding the effect of illogical thinking on confusion through awareness of hot cognitions, brainstorming technique to examine one's strengths and weaknesses, loving imagery to deal with negative thoughts and presenting homework.
5	Treatment of reduced behavioral activity and passive behavior style in primary headache	Reviewing the assignment of the previous session, training to investigate and deeply understand the resulting behavioral harms through the provision of note-taking techniques, behavioral motivational plan in response to passive behavior, training to strengthen compassionate behaviors and providing homework
6	Continuation of treatment of behavioral problems and treatment of physical and nervous problems during initial headache experiences	Examining the task of the previous session, examining the barriers to facing and correcting behavioral problems, conscious observation technique (wave technique), accepting the creation of behavioral responses now to improve behavioral problems, implementing the body examination technique for physical problems and presenting homework
7	Continuation of exposure treatment and control of physical and nervous problems during primary headache experiences	Reviewing the homework of the previous session, review of the effect of emotion and negative and positive emotions on the body, positive emotional strategies to reduce the symptoms of primary headache, 3-minute compassionate breathing technique and presentation of homework
8	Treatment of negative attitude towards self and others directed at primary headache	Examining the assignment of the previous session, changing past memories, thoughts and feelings of despair with positive self-talk technique, new attitude through unconditional acceptance of oneself and others, creating a sense of self-worth, self-control against moment-to-moment experience control. Submit homework.
9	Treatment of the formation and continuation of traumatic relationships in the field of headache	Examining the homework of the previous session, identifying good and bad communication, techniques for renovating and promoting effective interactions, paying attention to one's own and others' abilities and inabilities, techniques for increasing flexibility and providing homework.
10	Basic training to face and control the problems of helplessness and problem solving focused on primary headache	Examining the task of the previous session, changing helplessness and inefficiency in solving problems by providing support, accepting limitations and weaknesses, compassion-based techniques and focusing on positive points to achieve your goals and perform the post-test.

2.4 Data Analysis

The data were analyzed to determine whether the independent variable affected the dependent variables. Finally, the research data were analyzed by multivariate covariance analysis; In the descriptive statistics section, statistical indices such as mean and standard deviation were used for the inferential statistics section, using the multivariate analysis of covariance (MANCOVA) test. SPSS-22 software was also used to analyze the data of this research.

3 Findings and Results

20 women who experienced domestic violence between the ages of 20 and 40 participated in this study. Among the women participating in the control group, 10% have a bachelor's degree, 20% have a diploma, 40% have an associate degree, 20% have a bachelor's degree, and 10% have a master's degree or higher. 40% have been living together for less than 5 years, 30% have been living together for 5 to 10 years, and 30% have been living together for 10 to 15 years. In the experimental group, 10% have a bachelor's degree, 30% have a diploma, 30% have an associate degree, and 30% have a bachelor's degree. 30% had been living together for less than 5 years, 50% had been living together for 5 to 10 years, 10% had been living together for 10 to 15 years, and 10% had been living together for 15 years or more.

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Table 2

Descriptive findings and normality test

Variable	Stage	Group	$\bar{X}$	SD	Shapiro-Wilk	Sig.
Emotional health	Pre-test	Exp.	25.90	6.15	0.993	0.999
		Control	24.90	5.74	0.957	0.754
	Post-test	Exp.	31.30	7.96	0.929	0.439
		Control	25.20	5.01	0.985	0.987
Psychological health	Pre-test	Exp.	52.20	11.18	0.936	0.511
		Control	49.90	10.03	0.956	0.736
	Post-test	Exp.	55.90	13.17	0.936	0.514
		Control	43.60	10.07	0.967	0.866
Social health	Pre-test	Exp.	43.60	11.18	0.958	0.758
		Control	42.10	9.69	0.914	0.308
	Post-test	Exp.	51.60	12.93	0.962	0.813
		Control	45.90	10.53	0.943	0.591
Total	Pre-test	Exp.	121.70	27.76	0.923	0.380
		Control	116.50	24.47	0.951	0.682
	Post-test	Exp.	138.80	32.11	0.973	0.915
		Control	114.70	24.16	0.975	0.934

Table 2 presents the mean and standard deviation of the mental well-being variable and its subscales separately for the experimental and control groups in the pre-test and post-test phases. The Shapiro-Wilk statistic of the experimental and control groups is insignificant in the mental well-being variable's pre-test and post-test phases and its subscales. Therefore, the mental well-being variable's distribution and subscales in the pre-test and post-test are normal (P<0.05).

In the present study, univariate and multivariate covariance analyses were used to investigate the combined effect of emotion regulation therapy and compassion therapy on the mental well-being of its subscales, respectively. Before using the analysis of the covariance test, its presuppositions were checked. The non-significance of the Shapiro-Wilk test indicated the normality of the distribution of the scores of the research variables (P<0.05). The results of Levin's test showed that the variances of the two test and control groups in the post-test stage in mental well-being (F=3.56 and P=0.075) are equal at the community level. In connection with the presuppositions of multivariate covariance analysis of subjective well-being scales, the results of the M-Box test showed that the assumption of covariance homogeneity was met (M= 12.07, P = 0.131). Also, according to the assumption of homogeneity of the regression slope (P < 0.05), multivariate covariance analysis was used to eliminate the effect of the pre-test. The results of Levene's test showed that the variances of the two test and control groups in the post-test stage at the community level are equal in emotional health (F=1.77 and P=0.200), psychological health (F=0.30 and P=0.593) and social health (F=1.62 and P=0.392).

Table 3

The results of between-group analysis (MANCOVA)

Source	Value	F	Df hpothesis	Df error	Sig	Eta
Pillai's trace	0.829	21.027	3	13	0.000	0.829
Wilks' Lambda	0.171	21.027	3	13	0.000	0.829
Hotelling's Trace	4.852	21.027	3	13	0.000	0.829
Roy's largest root	4.852	21.027	3	13	0.000	0.829

As Table 3 shows, the significance levels of all tests allow the use of multivariate covariance analysis. These results show a significant difference in the studied groups (P<0.01, F=21.027, Eta=0.829). Based on this, the eta square shows that the difference between the two groups about the dependent variables is significant, and the amount of this difference is 0.829 for the mental well-being subscales. That is, the experimental effect determines 82.9% of the variance of the mental well-being subscales.

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Table 4

The results of MANCOVA for within-group effects

Source	SS	DF	MS	F	P	Eta
Mental well-being	1780.96	1	1780.96	74.38	0.000	0.814
Error	407.06	17	23.95			

The Table 4 shows a difference between the two training and control groups in the mental well-being variable (P<0.01). The eta-value shows that the difference between the two groups in the post-test variable is significant in total, considering the statistical control of the pre-test. The eta-square shows that the difference between the two groups in the post-test variable is equal to 0.814 according to the statistical control of the pre-test; That is, the experimental effect causes 81.4% of the variance of mental well-being.

Table 5

MANCOVA results for mental wellbeing subscales

Variable	SS	Df	MS	F	P	Eta
Emotional health	122.84	1	122.84	24.52	0.000	0.620
Psychological health	473.06	1	473.06	53.68	0.000	0.782
Social health	76.93	1	76.93	14.25	0.002	0.487

According to the results of Table 5, after adjusting the pre-test scores, a significant difference was observed in the amount of mental well-being subscales between the experimental and control groups. In other words, the combination of emotion regulation therapy and compassion therapy has increased the subscales of mental well-being in women who have experienced domestic violence. That is, the combination of emotion regulation therapy and compassion therapy has improved the sub-scales of mental well-being in the study subjects in the intervention group compared to the control group. The effectiveness of this therapeutic intervention for emotional health variable is equal to 0.620, for psychological health is equal to 0.782 and for social health is equal to 0.487. That is, 62% of the differences in the emotional health post-test scores, 78.2% in the psychological health post-test scores and 48.7% in the social health post-test scores are related to the effect of combining emotion regulation therapy and compassion therapy.

4 Discussion and Conclusion

This research aimed to investigate the effectiveness of the integration of emotion regulation therapy and compassion therapy on the mental well-being of women who have experienced domestic violence. The research results showed that the integration of emotion regulation therapy and compassion therapy significantly affects the mental well-being of women who have experienced domestic violence and increases mental well-being. The present finding was consistent with the results of the past studies (Aboutalebi, Yazdchi, & Asmkhani Akbarinejhad, 2022; Ahmadi, Moghimian, & Seyed Hossieni Tezerjani, 2022; Azandariani, Khoynejad, & Akbari Amarghan, 2022; Janbozorgi, Darbani, & Parsakia, 2020; Mazlomi Barm Sabz et al., 2021; Taheri et al., 2022).

The effectiveness of the integrated treatment of emotion regulation and compassion therapy in mental well-being can be explained as follows: In this treatment method, by teaching the feeling of human sharing, women who have experienced domestic violence realize that this incident can probably happen to any person and she is not the only one who suffers from such a problem in life. According to Gilbert, compassion therapy reduces psychological problems through unbiased acceptance, empathy, increased inner awareness and positive attention to inner feelings (Gilbert, 2014). In compassion therapy, a person learns key skills that are needed to develop compassionate traits such as tolerating difficult emotions (distress tolerance), sensitivity to distress, having the motivation to care about distress and relieve it (importance to well-being), responding

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to suffering with empathy and responding to distress without judgment (Gilbert, 2014). By implementing compassion therapy techniques, the client becomes more capable than before and can challenge the vicious cycle of self-criticism and drawing high-level expectations from himself, and with a compassionate attitude towards himself and new, redesigned real standards that do not require hardship and harassment. Compassion therapy can help reduce psychological pressure, depression, self-criticism, shame and anxiety (Irons & Lad, 2017). When the relief system is activated in compassion therapy, it reduces negative emotions and promotes positive emotions, which helps to increase mental well-being. By activating the relief system and balancing the emotion regulation systems, this treatment helps the person to deal with his emotions with a higher sense of acceptance and understanding and to be able to balance them better. This skill in this therapy's mindfulness exercises helps a person better understand mental well-being. Moreover, this system is the foundation and support of the parasympathetic nervous system, and in compassion therapy, we focus on it as a way to balance threatening experiences and pave the way for compassion because it is related to the flexibility of attention, reflective thinking, and social tendencies (Gilbert, 2014; Irons & Lad, 2017). On the other hand, emotion regulation therapy for the development of mental well-being is one of the most effective training to prevent mental injuries and make people healthy. During emotional regulation therapy, people with domestic violence experience learning how to deal with psychological pressures and tensions, positively evaluate events and surrounding events and experience pleasant and positive emotions instead of unpleasant and negative ones. At the same time, they cause positive changes in mental well-being by reducing stress, by increasing general mood. In emotion regulation therapy, skills such as tolerating distress, providing new solutions, mindfulness, interpersonal relationships, and modulating distressing effects help a person cope with special situations and related emotions (Bozoglan, Demirer, & Sahin, 2013). Using emotion regulation therapy through the techniques of identifying dysfunctional beliefs and reconstructing them helps the person who has experienced domestic violence to: evaluate his situation with a different perspective, change the intensity of his emotional reactions and experience less tension (Chester et al., 2016). Emotion regulation skills help women who have experienced domestic violence to identify and examine their emotions more accurately and adjust them. The ability to be aware of emotions, identify, accept negative emotions when necessary and face them instead of avoiding emotion regulation skills helps improve emotion regulation strategies. Using emotion regulation therapy with techniques such as identifying dysfunctional beliefs and reconstructing them helps women who have experienced domestic violence to evaluate the situation from a different perspective and change the intensity of emotional reactions. In other words, emotion regulation therapy helps identify ineffective beliefs and strategies and adopt more flexible and adaptive strategies in response to their emotions. Therefore, emotional re-evaluation increases client's mental well-being by reducing negative emotional experiences (Dargahi et al., 2015). Emotion regulation training can play an important role in reducing anxiety and depression by making people aware of positive and negative emotions and accepting and expressing them in time. Therefore, the integration of compassion therapy and emotion regulation therapy can improve mental well-being.

In sum, the research results showed that each emotion regulation treatment and compassion therapy is effective on the mental well-being of women who have experienced domestic violence, and the integration of two emotion regulation treatments and compassion therapy increases mental well-being.

5 Limitations

The current research had some limitations, this research was only conducted on women who experienced domestic violence and only self-assessment tools were used, which should be cautious in generalizing the results. Moreover, to investigate the long-term effects of the results of the present study, longitudinal research with follow-up periods should be conducted.

6 Suggestions and Applications

Comparing the effectiveness of this approach with other psychological treatment approaches for women with domestic violence can determine the effectiveness of this approach in the best way. Considering the important role of women in society and family and the need to pay attention to their mental health, it is recommended to hold training workshops in the field of compassion therapy and emotion regulation therapy in counseling and rehabilitation centers. Finally, all professionals, including doctors and psychologists, are suggested to use psychological treatments such as the integration of compassion therapy and emotion

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E-ISSN: 2783-333X

regulation therapy in addition to their drug and medical treatments.

Acknowledgments

The cooperation of all participants in the research is thanked and appreciated.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics principles

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

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Psychology of Woman Journal
E-ISSN: 2783-333X