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Effectiveness of Cognitive-Behavioral Therapy on Cognitive Emotion Regulation and Anxiety in Divorced Women

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A r t i c l e I n f o

A B S T R A C T

Objective: Emotion regulation encompasses skills related to the awareness and assessment of emotions, their regulation, and the adaptive use of them. The current study was conducted to examine the effectiveness of cognitive-behavioral therapy on cognitive emotion regulation and anxiety in divorced women.

Methods and Materials: The research method was a quasi-experimental design with pre-test and post-test with a control group and random assignment. The sample size included 30 divorced women from the welfare counseling centers in areas 1 and 2 of Tehran, who were assessed in two groups (15 participants each) using convenience sampling and randomized replacement in the experimental and control groups. The experimental group participated in 12 sessions of cognitive-behavioral therapy by Heimberg and Becker (2002), while the control group received no intervention. Data were collected using the Cognitive Emotion Regulation Questionnaire (CERQ) by Garnefski and Kraaij (2006) and the Beck Anxiety Inventory (1990). For analyzing the results, descriptive statistics followed by multivariate analysis of covariance and univariate analysis of covariance were used with SPSS.22 software.

Findings Results showed that cognitive-behavioral therapy led to an increase in positive emotions ($p < 0.01$) and a reduction in negative emotions ($p < 0.01$) and anxiety ($p < 0.01$) in the experimental group compared to the control group.

Conclusion: Therefore, cognitive-behavioral therapy was effective and contributed to the improvement of cognitive emotion regulation and anxiety in divorced women. It is also beneficial in enhancing their mental health and assisting in improving their life conditions.

Keywords: Cognitive-behavioral therapy, anxiety, cognitive emotion regulation, divorce, women.

1. Introduction

The complexity of the phenomenon of divorce and the increasing trend of its incidence in all societies highlight the necessity of a comprehensive study of the underlying factors of this social issue (Hadian et al., 2023; Iri et al., 2019). From a cognitive science perspective, emotions are recognized as a category of psychological

constructs based on information processing, which includes processes and both symbolic and non-symbolic representations. A reduction in emotional expression essentially indicates a lack or deficiency in emotion regulation (Foroozandeh & entezari, 2020; Ghorbani Amir et al., 2019). Cognitive emotion regulation refers to all the styles that an individual uses to increase, decrease, or maintain emotions. Therefore, emotion regulation often involves changes in emotional responses. These changes may occur in the type of emotions individuals have, when they have these emotions, or how they experience and express their emotions. Emotion regulation is defined as the process of initiating, maintaining, modifying, or changing the occurrence, intensity, or persistence of an internal feeling and emotion associated with social, psychological, and physical processes in achieving individual goals. Indeed, emotion regulation is not merely the suppression of emotions; rather, a person should not always be in a calm and undisturbed state of emotional arousal. Instead, emotion regulation involves the processes of monitoring and changing one's emotional experiences. Emotion regulation is an intrinsic aspect of emotional response tendencies and can be defined as an individual's effort to survive, inhibit, enhance the experience, and expression of emotions (Gross & Thompson, 2007).

Emotion regulation includes skills related to the awareness and assessment of emotions, their regulation, and the adaptive use of them (Berking et al., 2008), which requires managing both positive and negative emotions in oneself and others based on current conditions and is defined as an individual's use of mood to solve personal and interpersonal problems (Kun et al., 2010). Garnefski and Kraaij (2006) introduced nine strategies of cognitive emotion regulation, dividing them into two types: adaptive strategies, including positive refocusing, positive reappraisal, acceptance, refocus on planning, and acceptance; and maladaptive strategies, including self-blame, blaming others, rumination, and catastrophizing (Garnefski & Kraaij, 2006). Choosing efficient strategies in the cognitive dimensions of emotion regulation has an impact on increasing the use of adaptive coping mechanisms and improving mental health (Ghamkharfard et al., 2019) while employing maladaptive emotional strategies can play a fundamental role in the formation or persistence of psychological disorders (Sedighi et al., 2021; Wang & Saudino, 2013; Wright et al., 2020).

Anxiety encompasses emotional components, sensory perceptions, and cognitive assessments and is one of the most common psychiatric symptoms and psychological states characterized by worry and fear (Aftab, 2019). Divorced women with high anxiety levels often experience excessive worries (Sherwood et al., 2020) that lead to avoidance of potential threats motivated by the reduction of negative emotions (Buhk et al., 2020). Evidence indicates that anxiety has consequences including sleep problems, physical issues, and other family and economic and social costs (Shanahan et al., 2014). Numerous risk factors for anxiety symptoms have been discussed, including genetic factors and cognitive factors such as cognitive distortions in depressed patients and distorted information processing and reaction to falsely perceived threats in anxious patients (Ghamkharfard et al., 2019; Sedighi et al., 2021; Wang & Saudino, 2013).

Numerous studies have demonstrated the effectiveness of cognitive-behavioral therapy on cognitive emotion regulation and anxiety in divorced women (Ghamkharfard et al., 2019; Sedighi et al., 2021; Wright et al., 2020). Cognitive-behavioral therapy refers to therapeutic processes based on behavioral theories emphasizing the importance of stimulus-response in the learning process and human development, as well as cognitive theorists' views on the influence of cognitive factors, mental states, and beliefs on human behavior. This therapeutic method is a type of treatment that can treat a larger number of clients in a shorter amount of time. It aims not only to change behaviors resulting from insufficient and incorrect learning but also to alter irrational beliefs and assumptions. Cognitive-behavioral therapy is based on the theory that the determining factor of human behavior is one's thoughts about oneself and one's role in the world (Ghamkharfard et al., 2019). The process of cognitive-behavioral therapy in a group setting involves group discussion sessions where cognitive-behavioral strategies are used. The main goal is to help group members identify and experience their feelings and understand how their beliefs and assumptions affect their feelings and behaviors and to experience alternative behaviors (Wright et al., 2020). Therefore, given the issues discussed, the present research was conducted with the aim of examining the effectiveness of cognitive-behavioral therapy on cognitive emotion regulation and anxiety in divorced women.

2. Methods and Materials

2.1. Study Design and Participants

The method of this research was a quasi-experimental design, using a pre-test - post-test with a control group and random assignment. The population included divorced women aged 25 to 40 years who visited welfare counseling centers in areas 1 and 2 of Tehran during the fall and winter of 2023. The sample consisted of 30 divorced women selected via convenience sampling from welfare counseling centers in areas 1 and 2 of Tehran, randomly assigned into two groups (15 in the experimental group and 15 in the control group, matched in pairs). It should be noted that in the field of behavioral sciences, the sample size is important for the generalizability of the results, and it is usually suggested that in experimental and quasi-experimental research, each subgroup should have at least 15 participants. Pre-tests (cognitive emotion regulation, anxiety) were administered to both groups, and after 12 sessions of cognitive-behavioral therapy, post-tests for cognitive emotion regulation and anxiety were again administered to both groups.

Included participants were those with a minimum education of junior high school, completion of an ethical commitment form, participation in all sessions, at least one year since divorce, no receipt of psychological services or individual counseling outside of group sessions, and no neurological surgeries such as brain injury, tumor, or epilepsy. Exclusion criteria included a history of hospitalization in psychiatric hospitals, use of psychotropic or psychoactive drugs, use of any type of sedative drugs, alcohol, and drugs, and non-attendance at therapy sessions (more than two absences).

The implementation method involved selecting a sample of 30 divorced women (15 in the experimental group and 15 in the control group), who simultaneously responded to the distress tolerance scale, the cognitive emotion regulation questionnaire, and the anxiety questionnaire in the pre-test phase. The experimental group then benefited from cognitive behavioral therapy over 12 sessions of instruction, held weekly for one and a half hours according to the protocol by Heimberg and Becker (2002). Subsequently, the subjects in the post-test phase responded to the distress tolerance scale, the cognitive emotion regulation questionnaire, and the anxiety questionnaire. The control group participants received no treatment until the end of the research process and were placed on a waiting list. At the end of the 12-session intervention process, participants in both groups were re-evaluated using the distress tolerance scale, the cognitive emotion regulation questionnaire, and the anxiety questionnaire.

2.2. Measures

2.2.1. Cognitive Emotion Regulation

The self-regulation of emotion questionnaire (CERQ) developed by Garnefski and Kraaij (2006) is an 18-item tool measuring strategies of cognitive emotion regulation in response to threatening and stressful life events on a five-level scale from "never" to "always" across 9 subscales: self-blame, blaming others, rumination, catastrophizing, putting into perspective, positive refocusing, positive reappraisal, acceptance, and refocusing on planning. The minimum and maximum scores for each subscale are 2 and 10, respectively, with higher scores indicating greater use of that cognitive strategy. Gratz reported the validity of this questionnaire as 0.93 and its reliability using Cronbach's alpha as 0.80. In Aminian's research, its reliability was calculated using both Cronbach's alpha and split-half methods, respectively 0.86 and 0.80, indicating acceptable reliability coefficients for the emotion regulation questionnaire. Mohseni (2003) correlated its score with the Zuckerman sensation seeking scale, showing a significant positive correlation (Azimi et al., 2017; Garnefski & Kraaij, 2006).

2.2.2. Anxiety

This self-report questionnaire was designed to measure the severity of anxiety in adolescents and adults. It is a 21-item scale where subjects choose from one of four options that indicate the severity of anxiety. Aaron T. Beck introduced the Beck Anxiety Inventory in 1990, specifically to measure the severity of clinical anxiety symptoms. This questionnaire has high validity and reliability. Its internal consistency (alpha coefficient) is 0.92, and its test-retest reliability over one week is 0.75, with item correlations ranging from 0.30 to 0.76. Five types of validity including content, concurrent, construct, diagnostic, and factorial have been assessed for this test, all indicating high efficiency of this tool in measuring anxiety severity. This instrument was previously translated into Persian by Kaviani and Mousavi (2008). Studies have shown that this questionnaire has high reliability, with internal consistency (Cronbach's alpha) of 0.92, test-retest reliability over one week of 0.75, and item correlations ranging from 0.30 to 0.76. According to studies

abroad, five types of validity—content, concurrent, simple, diagnostic, and factorial—have been assessed, all indicating the high efficacy of this tool in measuring anxiety. In the Beck questionnaire, each item is scored on a four-point scale from 0 to 3, describing common symptoms of anxiety (mental, physical, fear). The total score ranges from 0 to 63 (Aliyari Khanshan Vatan et al., 2022; Sedighi et al., 2021).

2.3. Intervention

2.3.1. Group Cognitive Behavioral Therapy

This study employed the CBGT model developed by Heimberg and Becker (2002). The general format of the sessions began with 15 minutes of reviewing the previous session's homework, addressing questions and problems of the members, followed by 45 minutes dedicated to the cognitive focus of each session and practicing cognitive restructuring with members. This was followed by a 10-minute break and 20 minutes devoted to the behavioral aspect of each session, practicing it, and finally summarizing and assigning homework for the next session, totaling twelve sessions. Homework was reviewed at the start of all sessions, and new tasks were assigned at the end (Aliyari Khanshan Vatan et al., 2022; Azimi et al., 2017; Marker et al., 2020; Sugarman et al., 2010).

2.4. Data Analysis

Data analysis was conducted according to the research objectives using SPSS software (version 27) at both descriptive and inferential levels. The results were examined using descriptive statistics for central tendency, dispersion, the Kolmogorov-Smirnov test for distribution normality, the Levene's test for homogeneity of variances, and multivariate and univariate analysis of covariance for hypothesis testing. Efforts were made to ensure that the therapy sessions did not interfere with participants' work and personal lives. Participants were free to record their names and details on the questionnaires. The interpretation of the results was conducted in complete privacy, and the names of the participants were omitted for any reason. However, at the end of the study, the results were privately made available to participants who wished to be informed of the outcome.

3. Findings and Results

In the present study, 15 divorced women were selected as the experimental group and 15 as the control group.

Table 1

Descriptive Statistics for Pre-test and Post-test Scores of Research Variables and Their Components in the Control and Experimental Groups

Research Variables	Group	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD
Self-blame	Experimental	14.3	3.27	8.9	1.52
	Control	14.0	2.9	13.33	3.27
Rumination	Experimental	15.1	1.19	10.22	2.78
	Control	15.27	3.22	14.73	1.48
Blaming Others	Experimental	11.5	3.31	8.4	1.43
	Control	11.8	2.73	11.2	2.83
Catastrophizing	Experimental	14.3	2.41	9.6	2.12
	Control	14.13	2.5	14.4	2.29
Putting into Perspective	Experimental	13.6	1.43	9.02	1.35
	Control	13.27	2.73	13.47	2.38
Positive Refocusing	Experimental	8.4	0.84	12.9	1.85
	Control	8.13	1.68	8.73	1.28
Positive Reappraisal	Experimental	11.2	1.93	15.2	1.33
	Control	11.33	2.33	11.4	2.06
Refocus on Planning	Experimental	8.9	1.28	14.4	1.26
	Control	9.2	1.52	9.4	1.92
Acceptance	Experimental	9.8	1.28	13.7	0.82
	Control	10.13	2.27	10.47	1.12
Anxiety	Experimental	25.05	8.76	20.23	1.52
	Control	27.65	9.23	36.38	7.63

First, the Kolmogorov-Smirnov test was conducted to check the normality of the distribution of each item, and the results are presented in the table below. According to the results, the significance level of the calculated statistic is greater than 0.05 ($p > .05$), meaning that the observed data curve does not differ significantly from the normal curve.

Therefore, the assumption of normal distribution of scores is accepted. Another assumption of the analysis of covariance is the examination of the homogeneity of variances. For this purpose, Levene's test was used. Given the F-value and the obtained significance level, it can be said that the assumption of homogeneity of variances for the variables of distress tolerance, anxiety, and cognitive regulation is established. In other words, because the significance level obtained for all variables is greater than 0.05 (p > .05), the hypothesis of

homogeneity of variances cannot be rejected, and it can be accepted that the error variances are equal and homogeneous. The significance level of the Box's test is 0.220. Since this value is greater than the significance level (0.05) required to reject the null hypothesis, our null hypothesis regarding the homogeneity of covariance matrices is confirmed. Thus, the assumption of homogeneity of covariance matrices, as one of the assumptions of the analysis of covariance test, is established.

Table 2

Results of Multivariate Analysis of Covariance on Cognitive Behavioral Therapy's Impact on Psychological Distress, Cognitive Emotion Regulation, and Anxiety

Variable	Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F	p	Eta Squared
Positive Refocusing	Between Groups	33.36	1	33.63	14.37	0.006	0.37
	Within Groups	44.46	19	2.34			
Positive Reappraisal	Between Groups	66.53	1	66.53	22.01	0.001	0.55
	Within Groups	69.79	19	3.17			
Refocus on Planning	Between Groups	26.82	1	26.82	13.82	0.007	0.43
	Within Groups	36.88	19	1.94			
Acceptance	Between Groups	28.13	1	28.13	17.69	0.002	0.51
	Within Groups	30.23	19	1.59			
Putting into Perspective	Between Groups	43.64	1	43.64	22.02	0.005	0.41
	Within Groups	55.50	19	2.92			
Self-blame	Between Groups	196.88	1	196.88	18.66	0.005	0.47
	Within Groups	200.45	19	10.55			
Rumination	Between Groups	196.88	1	196.88	21.61	0.005	0.47
	Within Groups	200.45	19	9.11			
Catastrophizing	Between Groups	94.66	1	94.66	9.91	0.01	0.34
	Within Groups	181.47	19	9.55			
Blaming Others	Between Groups	59.56	1	59.56	19.08	0.001	0.39
	Within Groups	59.43	19	3.12			
Anxiety	Between Groups	1188.83	1	1188.83	14.28	0.005	0.34
	Within Groups	2246.70	27	83.21			

Based on the results presented in Table 2, the F-value obtained for the subscales of cognitive emotion regulation in the post-test is significant at the level of $p < 0.01$. Therefore, there is a significant difference between the experimental and control groups in cognitive emotion regulation and its components in the post-test. Given the higher average scores of the experimental group in positive emotion scales and the lower average scores in negative emotion scales at the post-test stage, it is concluded that cognitive behavioral therapy was effective and led to an increase in positive emotions and a reduction in negative emotions in divorced women. A significant difference was also found between the anxiety scale in the post-test of the experimental and control groups. Given the lower average scores of the experimental group in the post-test anxiety, it is concluded that cognitive behavioral therapy instruction was effective and led to a reduction in anxiety in divorced women.

4. Discussion and Conclusion

The results indicated that there was a significant difference between the average scores of cognitive emotion regulation in the experimental and control groups at the post-test stage. In other words, cognitive-behavioral therapy was effective and resulted in an increase in positive emotions and a reduction in negative emotions in divorced women. These findings align with prior studies (Azimi et al., 2017; Ghamkharfard et al., 2019; Kneebone, 2016; Sedighi et al., 2021).

In explaining these findings, it can be said that cognitive-behavioral therapy, by emphasizing cognitive processes and changing thoughts and attitudes, can regulate the emotions of divorced women. This therapy led to a reduction in negative emotions such as blaming others among these

women. Blaming others prevents divorced women from employing necessary logic to analyze divorce-related problems. Therefore, by altering irrational cognitions, the level of blaming others in the experimental group decreased. Also, rumination and catastrophizing were reduced with cognitive-behavioral therapy in these women (Kneebone, 2016; Sedighi et al., 2021). It can be argued that cognitive-behavioral therapy prevents catastrophizing and reduces unproductive and irrational thinking. Furthermore, cognitive-behavioral therapy, by increasing positive emotions such as acceptance, attention, and positive evaluation, and reorienting attention to issues, attempts to improve the emotional state of divorced women. Cognitive-behavioral therapy is based on changing cognition, emotion, and behavior, meaning that cognitive-behavioral intervention enabled divorced women to correct their inaccurate perceptions and interact with others with a more positive view of themselves and their post-divorce life. By correcting beliefs and perceptions about issues and damages resulting from divorce, cognitive-behavioral therapy effectively reduces these issues, as it focuses its interventions on accurately analyzing negative evaluations of life situations and irrational beliefs about the importance and meaning of divorce-related issues, replacing them with more positive thoughts, feelings, and promoting adaptive behaviors (Ghamkharfard et al., 2019). This has made cognitive-behavioral therapy effective in regulating emotions. Cognitive-behavioral therapy, by employing a combination of cognitive and behavioral strategies, enables an individual to make serious behavioral changes and assess the consequences of these changes. Then, by changing thoughts and cognition, the goal of the therapy becomes transferring learned skills into these women's daily lives. Therefore, divorced women themselves become therapists and are able to better manage their emotions.

The results showed that there was a significant difference between the average anxiety scores of the experimental and control groups at the post-test stage. In other words, cognitive-behavioral therapy was effective and led to a reduction in anxiety in divorced women. These findings are consistent with several studies (Aliyari Khanshan Vatan et al., 2022; Bayat Asghari et al., 2022; Ghamkharfard et al., 2019; Marker et al., 2020; Mollanorouzi et al., 2019; Sedighi et al., 2021), which found that cognitive-behavioral therapy reduces anxiety.

In explaining these findings, it can be said that in treating the anxiety of divorced women with a cognitive-behavioral approach, the inefficient cognitions of these women,

emotions such as anxiety, worry, and unstable mood states, and behaviors stemming from flawed cognitions and negative emotions are addressed. In cognitive-behavioral therapy, divorced women are helped to identify and correct incorrect beliefs about themselves, the world, and the future, thereby preventing the emergence of negative emotions and behaviors. Similarly, divorced women, by identifying and challenging their ineffective thoughts about their failures, disappointments, and future prospects and replacing them with constructive thoughts, experience greater psychological and physical peace and can better interact with others; consequently, their anxiety is reduced (Mollanorouzi et al., 2019). The use of cognitive-behavioral therapy techniques, such as correcting cognitive errors, exaggerating generalizations, and replacing logical beliefs with illogical beliefs during treatment sessions, enabled divorced women to reduce their mental and physical symptoms of anxiety (Bayat Asghari et al., 2022; Ghamkharfard et al., 2019). Generally, it can be concluded that because cognitive-behavioral therapy focuses on changing beliefs and illogical and inefficient thoughts, cognitive reconstruction, and employing relaxation techniques, the use of cognitive-behavioral method in this research effectively reduced anxiety in divorced women. Regarding divorced women, it can be said that since they often experience issues such as anxiety and depression after divorce, in this research the use of therapeutic techniques and training skills such as identifying illogical beliefs and cognitive errors, as well as learning and empowering them regarding replacing logical beliefs and reducing cognitive errors, performing relaxation skills, and the ability to face anxiety-provoking factors in life, enabled divorced women to easily cope with the physical and cognitive dimensions of their anxiety and significantly reduce their anxiety in various life situations.

5. Limitations and Suggestions

The current research was conducted on all divorced women aged 25 to 40 who visited welfare counseling centers in areas 1 and 2 of Tehran in the year 2023. Therefore, the results cannot be generalized to the entire population of divorced women aged 25 to 40. The findings may have been influenced by response bias. The use of questionnaires as a measurement tool that yields different results depending on the conditions and timing of the measurement, and the repeated answering of questions in both the pre-test and post-test stages may have created effects such as familiarity with the questions and impatience in answering, which

affects the results. Due to the time constraints of this research in the implementation of this intervention, it was not possible to follow up on the results. Furthermore, it was not possible to access some of the subjects again, as many were no longer willing to cooperate after completing the therapy program. This limitation reduces the generalizability of the findings. Psychological problems of family members and family issues, as well as unpredictable and uncontrollable economic and cultural conditions, may affect the course of the research.

It is suggested that the current research be conducted on divorced women in other areas of Tehran, other provinces, and cities of the country to enable comparison. For more accurate results and a clearer depiction, it is recommended that in addition to using questionnaires, other assessment tools such as in-depth interviews, semi-open questionnaires, etc., be used. Further research with long-term follow-up should be conducted to determine the durability of the impact of cognitive-behavioral therapy on psychological distress, cognitive emotion regulation, and anxiety. Future research should also explore the effectiveness of cognitive-behavioral therapy on other psychological constructs in the field of divorced women, such as psychological well-being, quality of life, life satisfaction, etc. It is suggested that in future research, this investigation be conducted as a causal-comparative design simultaneously on divorced men. It is also suggested that future research compare cognitive-behavioral therapy with other therapeutic methods such as acceptance and commitment therapy, etc. Given the research findings confirming the effect of cognitive-behavioral therapy in increasing positive emotions and reducing anxiety, it is recommended to hold training workshops and implement training courses in areas such as life skills training, effective communication, self-awareness skills, stress coping skills, problem-solving skills that can be effective and beneficial for divorced women.

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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Ethical 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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