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The Effectiveness of Self-Compassion-Focused Therapy in Psychological Distress and Emotion Regulation Strategies of Female Victims of Domestic Violence

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Abstract

Abstract

Considering the adverse effects of domestic violence on the physical and psychological health of women who are victims of this social problem, the objective of the present study was to examine the effect of self-compassion therapy on psychological distress and emotion regulation strategies of women who are victims of domestic violence. The research design was experimental, the pretest-posttest with a control group. The statistical population included female victims of domestic violence who were referred to Elixir Counseling Center in Kermanshah. From among them, 40 women were selected through purposive sampling method considering the inclusion and exclusion criteria. They were randomly assigned to two experimental and control groups. The experimental group focused on self-compassion, and the control group did not receive any treatment. The research instruments included the Violence against Women Questionnaire (VTWI), Psychological Distress Questionnaire (DASS), and Emotion Regulation Strategies Questionnaire (ERQ). Self-compassion-focused therapy adapted from Gilbert's (2014) therapy protocol was implemented in the experimental group for eight 90-minute sessions twice a week. The data were analyzed using SPSS software (version 26) with a probability level of 0.05. The results showed that focusing on self-compassion was significantly effective in psychological distress (i.e., depression, anxiety, and stress) and emotion regulation strategies (i.e., re-evaluation and suppression of emotions) of female victims of domestic violence ($P < 0.05$). Therefore, it could be concluded that the treatment focused on self-compassion was effective in improving psychological distress and emotion regulation strategies of female victims of domestic violence. Considering the efficiency of this treatment, it is suggested that therapists use this treatment to improve the recovery of psychological distress and emotion regulation strategies of female victims of domestic violence.

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Introduction

The World Health Organization has considered domestic violence as a global phenomenon (Hoseinabadi et al., 2021). This social problem is one of the main issues of public health and women's human rights deficiency (Mahmoudiani et al., 2023). Women who experience domestic violence by their husbands have different physical and psychological symptoms than women who do not have this experience (Cirici Amell et al, 2023). Moreover, Audet et al. (2022) showed that domestic violence led to psychological distress among married women. Akbari et al. (2017) concluded that the ability to regulate emotions significantly differed in abused women and normal women. On the other hand, female victims of domestic violence had less ability and skills in using emotion regulation (Tsirigotis & Luczak, 2016). Furthermore, self-compassion- focused therapy is effective in improving physical and psychological characteristics (Baker et al., 2019). Compassion refers to being aware of existing suffering and adopting a comforting and compassionate stance towards oneself when things go wrong (Grodin et al., 2019). Recent studies indicated the effectiveness of self-compassion-focused therapy in female victims of domestic violence (Allen et al., 2021; Homayooni et al., 2023) .

Despite the importance of violence against women as a social problem in Iran (Ghafari Shahir et al., 2021), and the importance of women's role in the family and their mental and physical health, few research studies have been conducted in this field. The need to use interventions such as self-compassion-focused therapy to improve the mental health of these women is felt more than ever. In the current study, the researcher tried to find out whether self-compassion-focused therapy significantly affected the psychological distress and emotion regulation strategies of female victims of domestic violence.

Methodology

The current research was a experimental study with a pretest-posttest design and included two groups (i.e., a self-compassion experimental group and the control group). The statistical population consisted of all women who were victims of domestic violence, were referred to Elixir Counseling Center in Kermanshah, and complained of verbal and non-verbal violence on the part of their husbands in 2023. The sample includes 40 women, who were selected through the purposive sampling method. They were randomly assigned to the experimental group (n = 20) and the control group (n = 20).

The research instruments included the Violence against Women Questionnaire (VTWI), Psychological Distress Questionnaire (DASS), and Emotion Regulation Strategies Questionnaire (ERQ). The treatment sessions which focused on self-compassion were designed based on the treatment protocol of Gilbert (2014). Then, according to the implementation of this intervention in previous research studies in Iran (e.g., Kavousi et al., 2021; Khalatbari et al., 2021), the group treatment sessions were implemented for eight 90-minute sessions. Finally, the obtained data were analyzed through multivariate covariance analysis with a probability level of 0.05 using SPSS software (version 26).

Results

In this study, it was assumed that self-compassion-focused therapy affected psychological distress (i.e., depression, anxiety, and stress) and emotion regulation strategies (i.e., re-evaluation and suppression of emotion). Accordingly, the descriptive statistics in the pretest and posttest phases are presented in Table 1.

Table 1. Mean and standard deviation of dependent variables in the experimental and control groups

Variable	Group	Pretest		Posttest	
		Mean	Sd.	Mean	Sd.
Psychological distress	Experimental	108.150	1.413	72.451	1.068
	Control	110.251	1.653	109.239	1.641
Depression	Experimental	16.214	.642	13.965	.429
	Control	17.418	.745	16.659	.264
Anxiety	Experimental	18.238	.289	14.098	.365
	Control	19.539	.458	19.027	.986
Stress	Experimental	20.21	.683	14.368	.678
	Control	19.658	.468	19.864	.739
Re-evaluation strategy of emotion regulation	Experimental	22.458	.587	39.400	.142
	Control	25.150	.875	25.350	.531
Suppression strategy of emotion regulation	Experimental	18.200	.486	12.950	.637
	Control	18.350	.460	17.800	.765

Descriptive statistics in Table 1 show the mean and standard deviation of dependent variables in the performances of the participants in the experimental and control groups. Therefore, the data showed that the means of the participants of the experimental group in the posttest were more than the pretest as well as the posttest of the control group in terms of psychological distress and its components (i.e., depression, anxiety, and stress) and the re-evaluation strategy of emotion regulation. However, they were less than the pretest as well as the posttest of the control group in terms of the suppression strategy of emotion regulation. Appropriate statistical tests are required to determine the significance of the differences, which were discussed in the inferential findings section. Before testing the hypotheses, the statistical presuppositions of the analysis of covariance were examined. The results of the Kolmogro-Smirnov test showed that the level of significance in all variables was greater than 0.05; therefore, the assumption of normality of the data was met. Therefore, with statistical assumptions, it was possible to use multivariate covariance analysis. The results of the hypotheses' statistical analyses are presented in Table 2 and Table 3.

Table 2. Mancova analysis of dependent variables in the posttest phase with pretest control

	Test	value	F	Sig.	Eta	Statistical power
Group	Pillai's trace	.995	732.983	.000	.995	1
	Wilks lambda	.005	732.983	.000	.912	1
	Hotelling's t-test	205.235	732.983	.000	.912	1
	Square root test	205.235	732.983	.000	.912	1

In Mancova's analysis, the pretest scores of the dependent variables of the study were controlled, and the posttest scores of psychological distress (i.e., depression, anxiety, and stress) and emotion regulation strategies (i.e., re-evaluation and suppression of emotion) were included as dependent variables. The results showed that the control of the pretest scores was significant and the control was done correctly (sig < 0.05). Moreover, according to the results of Table 3, there was a significant difference between the control and experimental groups in at least one of the dependent variables (P < 0.05); the variance of the difference between the two groups was 99.5% with a statistical power of 1.

Table 3. Summary of covariance analysis regarding the effect of self-compassion-focused therapy on psychological distress (i.e., depression, anxiety, and stress) and emotion regulation strategies (i.e., re-evaluation and emotion suppression)

Source of changes	Dependent variables	Sum of squares	df.	Mean of squares	F	Sig.	Effect size
Group	Psychological distress	5599.964	1	5599.964	4239.293	.000	.993
	Depression	36.755	1	36.755	11.252	.002	.266
	Anxiety	27.776	1	27.776	15.117	.000	.328
	Stress	29.973	1	29.973	16.012	.000	.341
	Re-evaluation	816.588	1	816.588	237.548	.000	.885
	Emotion suppression	81.306	1	81.306	52.425	.000	.628

According to Table 3, by controlling the pretest scores, the effects of the group on the posttest scores of psychological distress (P = 0.000, F = 4239.293), emotion regulation re-evaluation strategy (P = 0.000, F = 816.588), and emotion suppression (P = 0.000, F = 52.425) were significant. Based on the obtained effect sizes, it could be stated that the effect of self-compassion-focused therapy was 0.975 for the total score of psychological distress, 0.88 for the emotion regulation re-evaluation strategy, and 0.62 for the emotion regulation suppression strategy.

Conclusion

Findings regarding the effectiveness of self-compassion-focused therapy in psychological distress were in line with the results of Eccles et al. (2023), Kavousi et al. (2021), Khalatbari et al. (2021), Poorhosseini Dehkordi et al. (2019), and Rojas et al.'s (2023) studies. Self-compassion-focused therapy leads to a reduction in shame and self-blame, and as a result, reduces psychological distress; research findings and literature also reported self-blame as a relevant and effective factor in psychological problems. Moreover, the pessimistic attitude towards oneself is

known as one of the basic components of the cognitive approach to depression. Therefore, overcoming them can reduce psychological distress, which can have long-term effects on an individual (Kavousi et al., 2021).

In addition, the findings regarding the effectiveness of self-compassion-focused therapy in emotion regulation strategies are consistent with the results of Ozonder Unal & Ordu (2023), Shenaar-Golan et al. (2023), Shojaei Vazhnany et al. (2020), and Yazdanbakhsh et al.'s (2020) studies. This finding can be explained by referring to the fact that female victims of domestic violence experience strong emotions such as anger, shame, depression, helplessness, and abandonment. Shame is one of the most important conscious emotions with a significant impact on an individual's sense of self, well-being, and vulnerability to mental and personality disorders (Matos et al., 2015). Self-compassion leads to emotional balance and starts an individual's soothing system (Esmaeili & Gol Parvar, 2024). Accordingly, this treatment leads to intelligent growth and increases the ability to postpone unpleasant emotions, the ability to engage or avoid a negative emotion appropriately, and the ability to rationally control emotions by adjusting negative emotions, increasing pleasant emotions, and improving emotional regulation strategies of female victims of domestic violence.

Conflict of interest

This article has no conflict of interest.

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