Family and health Quarterly, vol13, Issu1, Spring 2023, ISSN: 2322-3065
http://journals.iau-astara.ac.ir, D.O.R. 20, 1001,1,23223065,1401,12,3,5,9

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The Effectiveness of Cognitive-Behavioral Therapy and Compassion-Focused Therapy on Hardiness of Women on the Verge of Divorce

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Abstract:

Introduction: Women lacking the hardiness trait experience lower quality of life. This study aimed to compare the effectiveness of cognitive-behavioral therapy (CBT) and compassion-focused therapy (CFT) on hardiness of women on the verge of divorce.

Research Method: The present study employed a pre-test-post-test intervention with a three-month follow-up, including a control group, conducted in 2021. The sample consisted of women on the verge of divorce referred to social emergency centers in Tehran. Forty-five women were divided into two experimental groups and one control group using purposive and random sampling. Group sessions of compassion-focused therapy, based on the therapeutic protocol by Gilbert & Neff, and cognitive-behavioral therapy sessions, based on the treatment design by Wildermuth, were conducted over eight 90-minute sessions. The control group received no therapy. The research tool was the Kobasa Hardiness Questionnaire. Results were analyzed using repeated measures ANOVA.

Findings: The mean and standard deviation of hardiness scores in the pre-test for compassion-focused therapy decreased from 1.64 ± 51.53 to 1.86 ± 59.20 in the post-test and to 1.86 ± 61.20 in the follow-up ($P < 0.01$). Hardiness scores in the pre-test for cognitive-behavioral therapy decreased from 2.007 ± 50.80 to 1.23 ± 56.67 in the post-test and to 1.23 ± 58.67 in the follow-up ($P < 0.01$). Additionally, the control group's hardiness scores decreased from 1.242 ± 49.40 in the pre-test to 1.24 ± 50.40 in the post-test and to 1.3 ± 51.47 in the follow-up ($P < 0.01$).

Conclusion: According to the research findings, both cognitive-behavioral therapy and compassion-focused therapy can be effective in increasing hardiness in women on the verge of divorce. Furthermore, the effectiveness of compassion-focused therapy is more enduring compared to cognitive-behavioral therapy.

Keywords: Cognitive-Behavioral Therapy, Compassion-Focused Therapy, women's hardiness

Received: 5/ February/ 2022 Accepted: 9/July/ 2023

Citation: Ghahramani M, Khalatbari J, Taghvaei D. The Effectiveness of Cognitive-Behavioral Therapy and Compassion-Focused Therapy on Hardiness of Women on the Verge of Divorce, Family and health, 2023; 13(1): 177-191

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Introduction:

Marriage, as the most important and noblest social ritual, has always been emphasized for fulfilling individuals' emotional needs. Among the primary reasons for marriage are having love and affection for a life partner, satisfying emotional and psychological needs, and enhancing the quality of marital relationships (1). Marital relationships are the cornerstone of family communication, wherein mutual respect and cooperation satisfy spouses' needs (2). The emergence of marital conflicts leads to the development of psychological and emotional damages in couples (3), as marital conflicts and involvement in the intricate process of divorce result in couples facing failures (4). Personal and personality factors play a significant role in marital conflicts and consequently the phenomenon of divorce. Among these, hardiness is considered a key personality trait perceived as a means to enhance the psychological well-being of divorced women or women on the verge of divorce (5). Hardiness is the most pertinent personality inclination concerning psychological distress. Initially conceptualized by Kobasa and subsequently expanded by her colleagues, hardiness has roots in existential philosophy. This concept, associated with terms such as resilience, courage, audacity, fearlessness, and bravery, constitutes a personality style encompassing a set of psychological traits (6). Psychological hardiness is a fundamental construct of personality that has been conceptualized to understand motivation, emotion, and behavior. It comprises positive attitudes that provide individuals with the courage, motivation, and necessary ability to achieve personal growth and development, transforming environmental stresses into opportunities for healthy growth (7). It also moderates individuals' coping with stressors such as divorce and assists them in successfully analyzing stressful situations (8). Hardiness includes components of commitment, control, challenge, and the impetus for personal growth and development. It fosters an attitude that instills courage, motivation, and the necessary capabilities in individuals for personal growth and stress management (9). This trait, as a combination of thoughts, emotions, and behaviors, enriches and enhances individuals' quality of life (10) and helps them perceive stressful situations as potential opportunities for performance, leadership, management, health promotion, and psychological growth (11). Additionally, it encourages women on the verge of divorce to view this phenomenon as an opportunity to resolve interpersonal conflicts with their spouses and act as a barrier to divorce. A study by Moein et al. (12) demonstrated that individuals with higher hardiness scores experience greater marital compatibility. Furthermore, individuals with psychological hardiness experience greater life satisfaction (13). Findings indicate that hardiness alters two evaluation components, reduce the perception of threat, and increase the expectation for successful coping with it (14). Couples with hardiness characteristics perceive life events as less stressful. Considering the importance of the quality components of marital relationships, self-differentiation, and psychological hardiness in improving the quality of life for women seeking divorce, and given that psychological damages resulting from divorce in women occur chronically, the necessity of psychological interventions is highlighted (15).

One of these interventions is Cognitive-Behavioral Therapy (CBT). Cognitive-Behavioral Therapy in women on the verge of divorce is effective because it enables individuals to empower themselves mentally and enhances mental well-being and health (16). The goal of cognitive-behavioral therapy is to correct faulty interpretations, increase a sense of control over life, enhance positive and constructive self-talk, and strengthen coping skills (17). It also aims to increase cognitive skills (18) and identify negative thoughts and cognitions, establishes a link between cognition, emotion, and behavior and replaces distorted thoughts with realistic and logical ones (19). Cognitive-behavioral therapies lead to increased

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marital satisfaction, reduced depression in women with marital problems, fostering realistic attitudes in conflict resolution, and enhancing the quality of emotional and psychological marital relationships in women (20). The research findings by Peyambari et al. demonstrated that cognitive-behavioral therapy training is effective in components of hardiness, control, combativeness, and commitment in cardiac patients, and this therapy can lead to increased hardiness in cardiac patients (21). Studies on the effectiveness of cognitive-behavioral therapy on hardiness have shown a positive impact of this approach (22). Research by Sahranavard et al. also indicated that group-based cognitive-behavioral therapy focusing on stress management is effective in increasing hardiness in individuals (23).

Another intervention that can be helpful is the use of third-wave therapies such as Compassion-Focused Therapy (CFT). Compassion-Focused Therapy aims to facilitate change through compassionate mindfulness (24). This therapy encourages individuals to focus on understanding and feeling compassion toward themselves during negative thinking processes, with a strong emphasis on nurturing self-compassion (25). Self-compassion is defined as kindness towards oneself in the face of difficulties, failures, and suffering, and it has a strong relationship with positive psychological factors such as psychological well-being, optimism, and happiness (26). Individuals with self-compassion perceive and support themselves with an open and non-judgmental attitude and recognize that difficult life circumstances are a natural and common experience for everyone (27). Compassion-Focused Therapy, with awareness of the inevitability of suffering and stress, and adopting a soothing and compassionate perspective towards oneself during stressful events, fosters a loving and accepting self-attitude (28). Compassion can improve health and quality of life by increasing feelings of care and tranquility (29). Compassion-Focused Therapy is an emotion-focused strategy that makes clients aware of their positive and negative emotions and directs them towards accepting them (30). Research has shown that acceptance-focused processes (non-judgmental evaluation of thought content, psychological flexibility) and self-compassion play a significant protective role in the development of psychological symptoms (31).

Cognitive existential therapy and compassion-focused therapy contribute to increased psychological well-being and its components (self-acceptance, positive relationship with others, autonomy, purposeful life, personal growth, and mastery over the environment) at the end of interventions and follow-up sessions (32). Cognitive-behavioral therapy and compassion-focused therapy likely lead to a reduction in divorce-induced distress (33). In explaining the effectiveness of compassion-focused therapy in enhancing psychological well-being and its components, it can be stated that self-compassion is essentially a healthy form of self-acceptance that indicates the degree of acceptance and embrace of one's undesirable aspects and life circumstances (34).

Women lacking the personality trait of hardiness experience lower quality of life. For this group of women, divorce is one of the most stressful experiences that leads to emotional upheaval and behavioral difficulties. Among them, women are more vulnerable to the consequences of divorce compared to men (35).

Therefore, women on the verge of divorce in our society need an approach that teaches them how to respond compassionately and acceptingly to themselves, regardless of the outcome of their marital life

under stressful conditions. Given the importance of this issue and the limited research on the effectiveness of compassion-focused therapy on divorce, and the lack of studies with this title, this research seeks to answer the question of whether cognitive-behavioral therapy and compassion-focused therapy are effective in reducing the hardiness of women on the verge of divorce.

Method:

It was a quasi-experimental study conducted in a pre-test-post-test and three-month follow-up design with one control group and two experimental groups. The statistical population of this study comprised all women referred to social emergency centers in Tehran who initiated divorce proceedings from 2020 to 2021. A sample of 200 individuals was selected using purposive sampling method among the individuals referring to social emergency centers in Tehran from April 8 to September 10. The final sample of 45 individuals from those who met the inclusion criteria was randomly selected from the screened group. Initially, after obtaining consent from the expert group and obtaining permission from the university to conduct this research, visits were made to the residential emergency centers in Tehran within the specified time frame, and after obtaining their consent, the Hardiness Questionnaire was administered. Individuals who scored lower than one standard deviation below the mean score on the questionnaire were screened as the target group. From the 87 individuals, 45 were randomly selected and replaced in three groups of 15 individuals each (two experimental groups and one control group). After 3 months, the 45 individuals were reassessed with the Hardiness Questionnaire. Accordingly, members of the experimental groups received 8 sessions of 90 minutes each weekly over two months under compassion-focused therapy and cognitive-behavioral therapy, while the control group did not receive any intervention. After completing the intervention sessions, all three groups completed the Hardiness Questionnaire again. After completing the questionnaires, the necessary data were extracted. Additionally, participants were followed up after 3 months. Measurement Tools:

The Kobasa Hardiness Questionnaire (1979) is a 45-item questionnaire in which questions are rated on a four-point Likert scale from zero to three for three subscales: commitment, control, and challenge. The face and content validity of the hardiness test were assessed by Nemani in 2013 (36). The reliability coefficients for control, commitment, and challenge were 0.70, 0.52, and 0.52, respectively. The reliability coefficient for the overall hardiness scale was found to be 0.75.

Table 1. Summary of Compassion-Focused Therapy Sessions Based on Gilbert and Neff's Protocol

Session 1: Introduction of group members and therapist to each other, expression of group and members' expectations from each other, explanation of group rules, establishment of therapeutic relationship, active listening to group members' narratives and fostering compassion among members (compassion training), understanding the processes and factors contributing to procrastination and its effects, 2. Brief explanation of CFT therapeutic model
3. Teaching rhythmic breathing relaxation exercise and its implementation in the group
Session 2: Session title and overview, 2. Reviewing the assignment from the previous session, 3. Examination of members' interaction styles with themselves (criticizing or compassionate), 4. Definition of self-criticism, shame, and guilt, and their causes and consequences, introduction to compassion and observations that led to the initiation of this therapy, and

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practicing kindness and compassion.
Session 3: Session title and overview, 2. Reviewing the assignment from the previous session, 3. What is self-compassion? Its characteristics and skills, and how it affects individuals' mental states Introduction to the three emotional regulation systems and their interaction with each other.
Session 4: 1. Reviewing the assignment from the previous session, 2. Teaching the concept of mindfulness, its rationale, and how to practice mindfulness exercises (focusing on breathing, identifying emotions and thoughts, and observing them without any reaction).
Session 5: Session title and overview, 1. Review of previous session's tasks, managing difficult emotions and feelings
Session 6: Session title and overview, 1. Reviewing the assignment from the previous session, introduction to mental imagery and its rationale, 2. Teaching mental imagery exercises and implementing them in the group (visualizing color, place, and characteristics of compassion).
3. Dealing with challenges and interpersonal relationships.
Session 7: 1. Reviewing the assignment from the previous session, 2. Cultivating self-compassion and introducing concepts: wisdom, ability, warmth, and responsibility in fostering compassion, 3. Teaching how to visualize self-compassion, focusing on self-compassion, and identifying its different dimensions (attention, thinking, feeling, behavior, mindfulness). Creating a safe space.
Session 8: Reviewing the assignment from the previous session, acceptance of life and appreciation of positive aspects of life
Compassion chair technique, practicing compassion towards others, writing compassionate letters.

Table 2. Summary of Cognitive Behavioral Therapy Sessions Based on Wildermuth's Protocol (2008)

Session 1: Introduction of participants, providing information about cognitive-behavioral therapy
Session 2: Thoughts, Emotions, Behaviors
Explanation about the relationship between thoughts, emotions, and behaviors, highlighting the differences among them. Description of inefficient thinking styles, common cognitive distortions, and distribution of worksheets for cognitive restructuring.
Session 3: Cognitive Restructuring
Reviewing and explaining the assignment from the previous session, clarifying the four main steps for cognitive restructuring (identifying thoughts, evaluating thoughts, changing thoughts, determining the effects of modified thoughts), and redistributing worksheets for cognitive restructuring.
Session 4: Signs and Chains
Reviewing the assignment from the previous session, examining the cause, response, and

consequence chain, explaining how consequences fit into the larger behavioral chain, and discussing strategies for breaking harmful chains.
Session 5: Assertiveness
Reviewing the assignment from the previous session, defining assertive behavior, imagining situations where assertive behavior is challenging, suggesting self-talk to increase assertiveness, distinguishing between passive, aggressive, and assertive behaviors.
Session 6: Impulsiveness, Self-Control, and Mood Enhancement
Defining pulse and discussing how to manage impulsiveness, exploring strategies for greater self-control, discussing methods for mood enhancement and increasing pleasant events, distributing worksheets on pleasant activities.
Session 7: Stress Management and Problem Solving
Reviewing the previous session's assignment, explaining stress, stressors, and stress management techniques, discussing problem-solving strategies, providing instruction on muscle relaxation.
Session 8: Self-Esteem
Reviewing the assignment from the previous session, defining self-esteem, explaining how negative self-evaluations can lead to low self-esteem, discussing strategies for improving self-esteem, distributing self-image worksheets.

The data was analyzed using SPSS version 26. Descriptive and inferential statistical analyses such as mean, standard deviation, regression line slope, Box M, Levene's test, analysis of variance with repeated measures, and Scheffé post-hoc test were conducted.

Findings:

Of the 15 individuals in the cognitive-behavioral therapy group, individuals over 40 years old make up the highest percentage, with 40%, while those aged 20 to 30 constitute the lowest percentage, with 26.67%. Of the 15 individuals in the compassion-focused therapy group, individuals aged up to 40 years old comprise the highest percentage, with 40%, and those aged 20 to 30 constitute the lowest percentage, with 26.67%. of the 15 individuals in the control group, individuals over 40 years old make up the highest percentage, with 46.67%, while those aged 30 to 40 constitute the lowest percentage, with 13.33%. Regarding educational levels, of the 15 individuals in the cognitive-behavioral therapy group, individuals with postgraduate education and above make up the highest percentage, with 40%, while those with diploma and vocational diploma education constitute the lowest percentage, with 26.67%. Of the 15 individuals in the compassion-focused therapy group, individuals with diploma and vocational diploma education make up the highest percentage, with 40%, while those with bachelor's degree education constitute the lowest percentage, with 26.67%. Of the 15 individuals in the control group, individuals with diploma and vocational diploma education make up the highest percentage, with 40%, while those with postgraduate education and above constitute the lowest percentage, with 33.33% (table 3).

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Table (3). Frequency percentage of age and education level in experimental and control groups.

Qualitative Variable	**Level**	**Frequency**	**Frequency Percentage**
Age Status Cognitive-Behavioral Therapy Group	20-30 years old	4	26.67
	30-40 years old	5	33.33
	Over 40 years	6	40
Age Status Compassion-Focused Therapy Group	20-30 years old	4	26.67
	30-40 years old	5	40
	Over 40 years	6	33.33
Age Status Control Group	20-30 years old	6	40
	30-40 years old	2	13.33
	Over 40 years	7	46.67
Total		45	
Qualitative Variable	**Level**	**Frequency**	**Frequency Percentage**
Educational Status Cognitive-Behavioral Therapy Group	Diploma and Associate Degree	4	26.67
	Bachelor's Degree	5	33.33
	Master's Degree and Above	6	40
Educational Status Compassion-Focused Therapy Group	Diploma and Associate Degree	6	40
	Bachelor's Degree	4	26.67
	Master's Degree and Above	5	33.33
Educational Status Control Group	Diploma and Associate Degree	6	3040
	Bachelor's Degree	5	33.33
	Master's Degree and Above	4	26.67
Total		45	

Furthermore, as can be seen in chart (1-1), there is a linear relationship between the random auxiliary variable (pre-test) and the post-test of the dependent variable of hardiness. The assumption of a linear relationship between the covariate and the dependent variable of hardiness was also observed. The mean and standard deviation of hardiness in the experimental and control groups are presented in Table (4). Based on this information, the mean of the experimental group increased after cognitive-behavioral therapy and compassion therapy interventions. Since a quasi-experimental with a pre-test-post-test design and a control group was used to investigate this hypothesis, analysis of variance (ANOVA) was employed to analyze the treatment results, considering the pre-test effects as a random auxiliary variable. Therefore, ANOVA has assumptions that need to be met to use this method for data analysis. Initially, the

assumption of equality of variance-covariance matrices was tested using the Box's test, followed by calculating the regression slope. The computed F-test results were not statistically significant. Thus, with $P < 0.05$, it can be concluded that the assumption of homogeneity of regression slopes for the hardiness variable was met. The assumption of variance homogeneity was examined using Levene's test. The obtained value was $F = 2.1$, with a significant value of $P = 0.157$, indicating that there was no significant difference ($P < 0.05$). Therefore, it can be claimed that the variance homogeneity is established, and this assumption is not rejected.

Chart 1: Scatter plot of the scores of the hardiness variable.

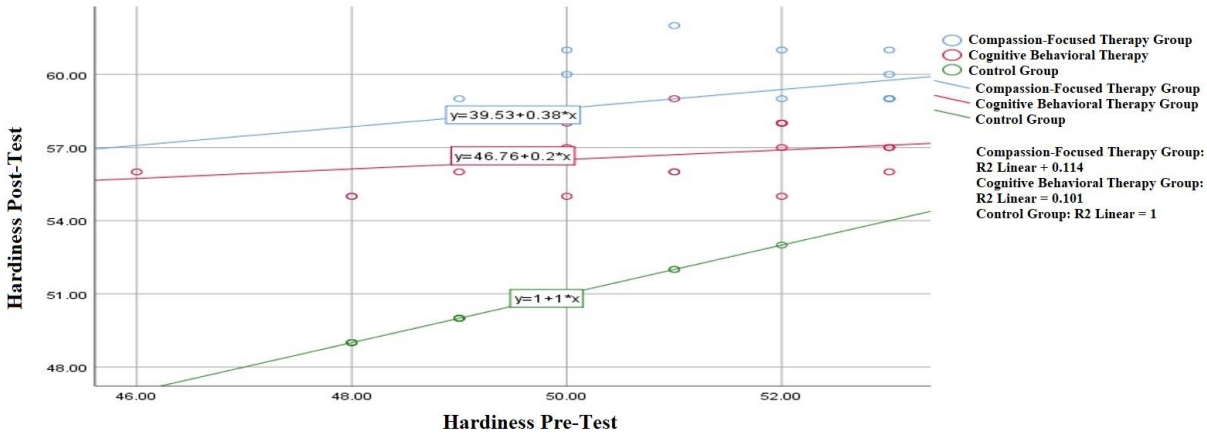

Table (4). Mean and standard deviation of pre-test and post-test scores in cognitive-behavioral therapy, compassion therapy, and control groups.

Pre-Test Mean ± Standard Deviation	Post-Test Mean ± Standard Deviation	Follow-Up Mean ± Standard Deviation
Compassion Therapy 51.53±1.64	1.86±59.20	1.86±61.20
Cognitive-Behavioral 50.80± 2.007	1.23±56.67	1.23±58.67
Control 49.40 ± 1.242	1.24±50.40	1.3±51.47
P value	P < 0.01	P < 0.01

The research data at the level of inferential statistics, using the repeated measures ANOVA, revealed that the mean scores in the experimental groups, which received cognitive-behavioral therapy and compassion therapy, were significant compared to the control group, which received no education (Table 4). In the three-month follow-up, given the significant result of the calculated F for comparing the mean differences between the two experimental and control groups, Scheffé post-hoc for the variable of hardiness indicated that compassion-focused therapy had a greater impact on increasing hardiness compared to cognitive-behavioral therapy, which showed more sustained effects (Table 6). The research data, with a 99% probability, confirmed the effectiveness of cognitive-behavioral therapy and compassion-focused therapy in increasing hardiness among women on the verge of divorce in both the experimental and control groups.

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Table (5). Results of the repeated measures ANOVA in the experimental and control groups

Effect Source	Sum of Squares	Degree of Freedom	Sum of Squares	F	P
Post-test	324.671	2	162.336	92.782	0.0005
Follow-up	764.978	2	382.489	171.874	0.0005
Error	93.467	42	2.225		

Table (6). Analysis of Scheffé post-hoc Test of Cognitive Behavioral Therapy and Compassion-Focused Therapy on the Variable (Hardiness) in the Three-Month Follow-up (Based on Differential Follow-up Scores from Pretest)

Variable	Group	Groups	Mean Difference	Standard Deviation	Level of Significance
Hardiness	Compassion-Focused Therapy	Cognitive Behavioral Therapy	2.53*	0.545	0.0005

Discussion and Conclusion:

Based on the research findings, both Cognitive Behavioral Therapy (CBT) and Compassion-Focused Therapy (CFT) led to an increase in hardiness among women on the verge of divorce, with CFT showing a greater lasting effect compared to CBT. Abniki et al. demonstrated the effectiveness of CBT in enhancing psychological hardiness (22). Similarly, the study by Sahranavard et al. indicated that group-based Cognitive Behavioral Stress Management training is effective in enhancing hardiness (23). CBT training can lead to greater hardiness in cardiac patients as well.

In elucidating the effectiveness of Cognitive Behavioral Therapy in hardiness of women on the verge of divorce, it can be stated that this approach believes that individuals can cope with psychological pressures through cognitive restructuring. In fact, individuals are encouraged to challenge their negative self-perceptions and cognitive distortions, and subsequently experience better emotions and exhibit more appropriate behaviors through cognitive restructuring (37). Hardiness moderates how individuals cope with stressful situations and assists them in successfully analyzing stress-inducing situations (16). In Cognitive Behavioral Therapy, individuals play an active role in problem-solving, and they can correct their misconceptions and false beliefs through role-playing, practicing the appropriate exercises.

Regarding Compassion-Focused Therapy, no research was found in alignment with the current research findings on hardiness. However, studies by Garcia et al., Kim and Ko, Monemiyan and Mardanirad, Ghanbari Panah (32), Gheibee et al. (36), Hadian and Jabalameli (38), and Scheid and Singh (40) suggest the effectiveness of Compassion-Focused Therapy in improving various components of psychological well-being (emotional, psychological, and social).

Based on the research findings, Compassion-Focused Therapy (CFT) is more effective than Cognitive Behavioral Therapy (CBT). In elucidating this effectiveness, it can be stated that compassion-focused treatment helps individuals to distance themselves from negative life experiences, foster a compassionate mindset that provide a gentle outlook on accepting many of the effects of illness and assists in performing tasks during illness. This therapeutic approach encourages patients to respond to their illness with

kindness and care rather than anger and self-blame, and consider these unpleasant experiences as part of common human experiences. Therefore, self-compassionate evaluation leads to increased self-acceptance and improved quality of interpersonal relationships (39). The aim of compassion-focused therapy is to help individuals respond to self-criticism with self-kindness and compassion. A key component of the compassion-focused therapy process is to help individuals recognize that many cognitive biases/distortions are biological and innate processes shaped by genetics and the environment. Compassion-focused therapy encourages individuals to cultivate compassionate motivation and practice compassionate behaviors to access healing systems (25). Consequently, both Cognitive Behavioral Therapy and Compassion-Focused Therapy are likely to increase hardiness in women on the verge of divorce. Furthermore, Compassion-Focused Therapy is more effective than Cognitive Behavioral Therapy in the long term.

Research Limitations: Regarding the limitations of the current study, it can be stated that since no study on the effectiveness of compassion-focused treatment on hardiness had been conducted, it is suggested that the results of this research be cautiously generalized and further investigated. To generalize the results, it is better to evaluate a similar study in a different population. This research was conducted on a limited population in the city of Tehran. This study was only conducted on women, and caution should be exercised in generalizing its results to men.

Ethical Considerations:

1. The current research obtained code of ethics.
2. Necessary coordination was conducted with all relevant authorities of the centers visited by the study participants.
3. The research objectives and procedures were explained to the participants, and their informed written consent was obtained based on the relevant code of ethics forms.
4. The confidentiality of all participant information was declared in writing based on the code of ethics.
5. The principle of trustworthiness was observed in all stages of the research from the beginning to the end.
6. Participants were given the right to withdraw from participation in the research at any stage based on the code of ethics.
7. According to Article twenty of the code of ethics, the research methodology is not inconsistent with religious and cultural norms.
8. Participants were assured of the confidentiality of information and the unnecessary inclusion of their names in questionnaires.

Research Applications: Considering the significance of women's mental health issues, especially for those on the verge of divorce or separated from their spouses, more support should be provided in the areas of psychological services, employment, and the creation of any facilities to promote their psychological and social well-being. Since the present study indicates the effectiveness of compassion-focused therapy and cognitive-behavioral therapy in increasing hardiness in women on the verge of divorce, these therapeutic approaches can be considered in pre-divorce counseling to prevent the

excessive spread of this phenomenon. Additionally, they should be considered as a combined approach in couple's therapy.

Acknowledgment: Thanks and appreciation are extended to the management of the Social Emergency Center of Tehran for providing the conditions for implementation and attracting participants, as well as to all the women who collaborated in this research.

References:

1. Carr A. Family therapy and systematic interventions for child-focused problems: the current evidence base. Journal of Family Therapy. 2019; 41(2):153-213. https://doi.org/10.1111/1467-6427.12226
2. Britzman M.J., Sauerheber J.D. Preparing couples for an enriched 2. Marriage a model in individual psychology. The Family Journal. 2014; 22(4): 428-436. https://doi.org/10.1177/1066480714547185
3. Saeedi Z., Ghorbani N., Sarafraz M R., Sharifian M H. The Relationship between Self-Compassion, Self-esteem and Self-Conscious Emotions Regulation. Journal of Research in Psychological Health. 2012; 6 (3): 1-9. http://dorl.net/dor/20.1001.1.20080166.1391.6.3.1.2
4. Tajari M., Karimi J., Goodarzi K. The Effectiveness of Couple Therapy through CBT Method on Life Expectancy and Self-Compassion in Couples Seeking Divorce. Women's Studies Quarterly Journal. 2020; 11(31): 1-20. https://doi.org/10.30465/ws.2020.5343
5. Ramezani-Golafzani N., Mazaheri M.A., Roshan R. Comparison of hardiness among divorcing and non-divorcing couples. Journal of Behavioral Sciences. 2011; 4(5): 373-378.
6. Mirdrekvand F., Rahimipour T., Salimi H. The Effect of Spiritual Group Psychotherapy on Hardiness of Female Students in High Schools of Isfahan City. Knowledge & Research in Applied Psychology. 2015; 1(59): 97-107. http://dx.doi.org/10.4236/psych.2016.71015
7. Pandey D., Shrivastava P. Mediation effect of social support on the association between hardiness and immune response. Asianjournal of psychiatry, 2017; 26: 52-55. https://doi.org/10.1016/j.ajp.2017.01.022
8. Rozdar E., Mahmoodian H., Pirayeh L. Relationship between psychological toughness, psychological well-being and quality of life in female-headed households Welfare organization coverage. Contemporary Psychology.2017; 12: 828-832.
9. Ramzi S., Besharat M. A. The impact of hardiness on sport achievement and mental health. Procedia-Social and Behavioral Sciences. 2010; 5: 823-826. https://doi.org/10.1016/j.sbspro.2010.07.192
10. Civitci N., Civitci A. Social comparison orientation, hardiness and life satisfaction in undergraduate students. Procedia-Social and Behavioral Science. 2015; 205: 516-523. https://doi.org/10.1016/j.sbspro.2015.09.062
11. Banatehrani Z., Nemattavousi M. The Relationship between Hardiness and Coping Styles: The Mediating Role of Self-Esteem. Developmental Psychology: Iranian Psychologists .2020; 16(63): 251-261.

12. Moein L., GHiasi P., Masmoei R. Relationship between Psychological Hardiness and Marital. Quarterly Journal of Women and Society, 2011; 2(8):163-190 https://dorl.net/dor/20.1001.1.20088566.1390.2.8.8.3
13. Khalatbari J., Mirheydari- Langerod F., GhorbanShiroodi SH. Determining the relationship between psychological toughness and marital commitment with life satisfaction of married female employees of health centers in Rasht. International Conference on Psychology and Lifestyle; 2015.
14. Rafieasl M. Comparison of the relationship between psychological toughness and motivation in urban and rural secondary schools of Izeh and Baghmalek in the academic year of 2009-2010.Shahid Rajaee Teacher Training University; 2010
15. Tamborini C., Kenneth A., Couch B., Gayle L. Longterm impact of divorce on women's earnings across multiple divorce windows: A life course perspective. Advances in Life Course Research. 2015; 26: 44-59. https://doi.org/10.1016/j.alcr.2015.06.001
16. Hossein-Ali Ghorbani A., Moradi O., Arefi M., Ahmadian H. The Effectiveness of Cognitive Behavioral Components Training on Emotional Cognitive Adjustment, Resilience and Self-Controlling Strategies among Divorced Women. Salamat Ijtimai (Community Health), 2020; 2(7): 166-174.
17. Wenzel, A. Basic strategies of cognitive behavioral therapy. Psychiatric Clinics.2017; 40(4): 597-609. https://doi.org/10.1016/j.psc.2017.07.001
18. Kaczkurkin, A. N., Foa, E. B. Cognitive-behavioral therapy for anxiety disorders: an update on the empirical evidence. Dialogues in clinical neuroscience. 2015; 17(3): 337-346. doi: 10.31887/DCNS.2015.17.3/akaczkurkin.
19. Aguilera A., Bruehlman-Senecal E., Demasi O., Avila P. Automated text messaging as an adjunct to cognitive behavioral therapy for depression: a clinical trial. Journal of medical Internet research. 2017; 19(5): e148. https://doi.org/10.2196/jmir.6914
20. Azarbayjani S, Sadeghi afjeh Z, Ghanbari N. The Effectiveness of Compassion-Enriched Acceptance and Commitment Therapy on Quality of Life and Life Expectancy in Depressed Housewives. Quarterly Journal of "Assessment and Research in Counseling and Psychology. 2020; 2 (1):52-70.
21. Peyambari M., Sadeghi fard M., Rashidi M., Ahmadi Tahour M. The effect of cognitive- behavioral training on depression and psychological hardiness of Patient With cardiovascular diseases. Iranian Journal of Health Education & Health Promotion, 2020; 7(4): 289-299. http://dx.doi.org/10.29252/ijhehp.7.4.289
22. Abniki E., Abolghasemi A., Abbasi M., Moazzez Jalali R. The Effect of Group Cognitive-Behavioral Intervention in Stress Management on Improved Hardiness and Self-control in Depressed Women. Quarterly Clinical Psychology Studies.2015; 5(19):99-118.
23. Sahranavard S., Esmaeili A., Salehiniya H., Behdani S. The effectiveness of group training of cognitive behavioral therapy-based stress management on anxiety, hardiness and self-efficacy in female medical students. Journal of education and health promotion, 2019; 8(49): 318-327. doi: 10.4103/jehp.jehp_327_18
24. Irons C., Lad S. Using compassion focused therapy to work with shame and self-criticism in complex trauma. Australian Clinical Psychologist. 2017; 3(1): 47-54.
25. Leaviss J., Uttley L. Psychotherapeutic benefits of compassion-focused therapy: An early systematic review. Psychological medicine, 2015; 45(5): 549-927 .DOI: 10.1017/S0033291714002141

Family and health Quarterly, vol13, Issu1, Spring 2023, ISSN: 2322-3065
http://journals.iau-astara.ac.ir, D.O.R. 20, 1001,1,23223065,1401,12,3,5,9
Family and health

26. Kim C., Ko H.The impact of self-compassion on mental health, sleep, quality of life and life satisfaction among older adults. Geriatric Nursing.2018; 39(6): 623- 628
DOI: 10.1016/j.gerinurse.2018.06.005
27. Herriot H., Wrosch C., Gouin J.P. Self-compassion, chronic age-related stressors, and diurnal cortisol secretion in older adulthood. Journal of Behavioral Medicine.2018; 41(6): 850-862. DOI: 10.1007/s10865-018-9943-6
28. Seekis V., Bradley G. L., Duffy A. L. Does a Facebook-enhanced Mindful Self-Compassion intervention improve body image? An evaluation study. Body Image. Psychology of Women Quarterly, 2020; 34: 259-269.
29. Yang Y., Fletcher K., Michalak E.E., Murray G. An investigation of self-compassion and nonattachment to self in people with bipolar disorder. Journal of Affective Disorders. 2020; 262: 43-48. https://psycnet.apa.org/doi/10.1016/j.jad.2019.10.042
30. Garcia-Campayo J., Navarro-Gil M., Demarzo. Attachment-based compassion therapy Terapia de compassion. Mindfulness & Compassion.2016; 1(2): 68-74. https://www.elsevier.es/es-revista-mindfulness-compassion-188-articulo-attachment-based-compassion-therapy-S244540791630026X
31. Monteiro F., Fonseca A., Pereira M, Alves S., Cristina-Canavarro M. Linking internalizing symptoms and dyadic adjustment during pregnancy among Portuguese first-time parents: The mediating role of dyadic coping. Journal of Affective Disorders. 2020; 63(2): 522-529.
32. Monemiyan G., Mardanirad M., Ghanbari Panah A., Omidi A. Comparison of the effectiveness of cognitive-existential therapy and compassion-focused therapy in groups on psychological well-being of divorced female heads of household. Journal of Psychological Science.2021; 20(99): 439-451.
33. Saeidi M., Khalatbari J., Ghorbanshiroudi SH., Abolghasemi Sh. Comparison of the Effect of cognitive-behavioral therapy with Compassion-Focused Therapy on Impulsivity of Women on the VergeofDivorce.CommunityHealthJournal.2020;14(1):73-83.
https://doi.org/10.22123/chj.2020.187285.1296
34. Neff K.D. The self-compassion scale is a valid and theoretically coherent measure of self-compassion. Mindfulness, 2016; 7(1): 264-274. https://doi.org/10.1007/s12671-016-0560-6
35. Firoozi A., Asghari A. A comparison of psychological hardiness and quality of life among the women about to divorce and the normal women in Gorgan. Golestan police science quarterly Journal, 2016; 6(24): 76-93.
36. Nameni E., Saadat S H., Keshavarz-Afshar H., Askarabady F. Effectiveness of Group Counseling Based on Schema Therapy on Quality of Marital Relationships, Differentiation and Hardiness in Women Seeking Divorce in Families of War Veterans. Journal of Military Medicine. 2019; 21 (1): 91-99
37. Prochaska J., Norcross J. Systems of psychotherapy: a Tran's theoretical analysis. Seyed Mohammadi Y. Ravan; 2016.
38. Hadian S., Jabalameli SH The effectiveness of compassion-focused therapy (CFT) on subjective well-being of students with sleep disorders. Daneshvar Medicine. 2020; 27(1): 19-

39. Gheibee A., Tajeri B., Kooshki S., Sobhi Gharamaleki N. Comparison the effectiveness of acceptance and commitment therapy and compassion therapy on components of subjective well-being (emotional, psychological and social). Scientific Journal of Social Psychology. 2021; 9(57): 115-125.
40. Scheid D., Singh F. Can compassion focused therapy enhance dual recovery for veterans? Psychiatric Rehabilitation Journal. 2019; 42(3): 329-346.