

Comparison of the Effectiveness of Emotion-Focused Therapy and Cognitive-Behavior Therapy on Emotional Regulation and Psychological Well-Being of Divorced Women

Zohrabniya E¹., Sanaie B.² Kiyamanesh A.^{3*}, Zahraakar K.⁴

Abstract

Introduction: The aim of this study was to compare the effectiveness of emotion-oriented therapy and cognitive-behavioral therapy on emotion regulation and psychological well-being of divorced women.

Method: The present study was a quasi-experimental study with pre-test, post-test and two-month follow-up with a control group. The study population consisted of divorced women under the auspices of social service bases in District 2 of Tehran in 1398. The sample of this study was 60 women who were selected by available sampling method from absolute women covered by social service bases in District 2 of Tehran and randomly assigned to two experimental groups and one control group (20 people in each group). The research instruments were the Cognitive Emotion Regulation Questionnaire (Garnefsky and Craig, 2006) and the Psychological Well-Being Scale (Reef, 1980). For the first experimental group, emotional therapy (Mirzazadeh et al., 2012) and for the second experimental group, cognitive-behavioral therapy (Monaz et al., 2007) was held in 9 sessions of 120 minutes, but the control group did not receive any intervention. To analyze the data, repeated measures analysis of variance and Banferroni post hoc tests were used.

Resultss: Both treatments improved emotion regulation and psychological well-being of divorced women at the end of the intervention and follow-up period ($p < 0.01$), but emotion-oriented therapy was more effective in improving their emotion regulation than cognitive-behavioral therapy ($0.01 < p < 0.05$). There was no difference between these two treatments in increasing the psychological well-being of divorced women ($p < 0.05$).

Conclusions: These two therapies are useful interventions to improve emotion regulation and psychological well-being of divorced women.

¹ - Ph.D. Student, Department of Consulting, Islamic Azad University, Science and Research Branch, Tehran, Iran. Zohrabnia.elham@gmail.com

² - Professor, Faculty of Psychology and Educational Sciences, Kharazmi University, Tehran, Iran

³ - Professor, Department of Counseling, drarkia@gmail.com Faculty of Psychology and Educational Sciences, Kharazmi University, Tehran, Iran (Corresponding Author) drarkia@gmail.com

⁴ - Associate Professor, Department of Educational Psychology, Islamic Azad University, Science and Research Branch, Tehran, Iran. Drzaharakar@gmail.com

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Introduction:

The current society of Iran has been known as a society in the process of historical-social transition for some time and in this transition, it faces special social issues (1). This socio-historical transition has caused the family system in Iran to change for reasons such as the expansion of urban life, attention to the appearance of life, changes in people's lifestyles and the arrival and development and expansion of new means of communication, and these changes address a variety of social issues. Has followed (2). One of these social issues is divorce, which unfortunately in recent years, with its increasing number, this issue has become an important social trend and problem (3). Divorce is the most important cause of the collapse and disintegration of the structure of the most fundamental part of society, namely the family (4), which can be the source of many social ills (5). In fact, this collapse is so powerful that it causes depression and anger, feelings of deep insecurity, feelings of helplessness, guilt, fear, despair, pessimism, restlessness and vulnerability (6). According to the statistics published by the Civil Registration Organization in 1393, 163569 divorces have been registered and according to the statistics published by the organization in 1394 in the whole country and in Tehran province, divorce has increased so that 163765 divorces in the country and 30459 divorces. Registered in Tehran (3). Following this growing trend, it has been reported that in 2016, twenty-five percent of marriages in the whole country ended in divorce (7); Meanwhile, according to the statistics of the Civil Registration Organization, the number of marriages registered in 1396 compared to 1395, has decreased by about 8% (51 thousand cases), while the number of divorces has reached about 175 thousand cases, which is the highest number recorded in It is the history of Iran. Thus, the ratio of divorces to registered marriages has reached 29% in one year, which is the highest statistic in the history of Iranian civil registration since 1344 (8). Divorce, which is the legal end of a marital relationship, is one of the most stressful events in a person's life. Face it, because the negative effects of divorce will stay with the person for a long time. Research has shown that the effects of divorce on women have more lasting effects, and divorced women experience more severe social conditions at the time of divorce than divorced men, meaning that they experience greater feelings of rejection, coldness, and blame from those around them. Also, the consequences of divorce are more economically, socially and psychologically unfavorable among divorced women than men (9, 10).

An important issue that affects divorced women after divorce is the reduction of emotion regulation, so that in a study by Jafari Nodooshan, Zare, Hosseini, Poursalehi and Zeini showed that divorced women have a significant difference in mental health, adjustment and emotion regulation with married women. The results of the study showed low levels of mental health, adjustment and emotional regulation among divorced women (11). Emotion regulation is a process

that helps people manage and regulate their emotions well when faced with life-threatening and stressful challenges such as divorce, so they are less likely to be negatively affected by unpleasant emotions and more likely to control their emotions. Experience. In fact, emotion regulation is the cognitive processing of individuals when faced with adverse events in social life (12) and implies the cognitive method of manipulating the entry of emotion evoking information; therefore, emotion regulation refers to the way people think after a negative experience or traumatic event occurs. Emotion regulation involves nine strategies: intellectual rumination, acceptance, self-blame, positive re-attention, and focus on planning, review, positive re-evaluation, catastrophizing, and blaming others. The results of several studies have shown that learning emotion-building constructive skills is associated with better performance in daily life, and people with emotion-regulating skills suffer less from psychological, emotional, and interpersonal vulnerabilities. Accordingly, considering the negative and significant relationship between emotion regulation and psychological helplessness components such as depression, anxiety and chronic stress (13), it can be said that divorced women have emotional regulation skills with improved psychological performance and consequently improved. Quality of life and increase their adaptability will be associated.

Another very important psychological issue that is likely to be disrupted due to the existence of divorce in couples is their psychological well-being (14). Basically, the indicators of mental health and psychological well-being are among the major psychological issues that divorce is declining. Riff emphasizes that mental health is more than the absence of illness, stating that psychological well-being refers to what one needs for well-being. According to Reef, psychological well-being means striving for improvement, which is manifested in the realization of one's talents and abilities, and from the six main dimensions of self-acceptance (positive attitude towards one's present and past behaviors); Purposefulness in life (having guiding beliefs); Personal growth (emphasizing the importance of sustainability and realizing one's potential); Having a positive relationship with others (having mutual love and relationships); Mastery of the environment (the ability to choose to create the right environment to meet psychological needs) and autonomy (the ability to maintain personal standards in the form of resistance to compliance and a source of internal control). Therefore, the importance of promoting the psychological well-being of divorced women is that it can increase adaptation to circumstances; improve a person's attitude towards the world around him and reduce negative feelings, tensions and create a sense of independence and power (15). Also, in family studies, the relationship between marital quality and mental health is one of the key areas for research (16).

Since the psychological damage caused by divorce occurs chronically in women and affects their adaptation and regulation of emotion and consequently their well-being and self-esteem, introduce and evaluate the effectiveness of psychological interventions and compare them with each other. It is very important. In this regard, one of the therapies that can affect the regulation of emotion and negative emotions of divorced women is emotion therapy (17). Emotion-oriented therapy is a modernist and empirical therapy. In emotion-oriented therapy, the therapist focuses not only on being aware of the mental content that has been denied or distorted by the therapist, but also on

creating new meaning influenced by the client's physical experience. From the point of view of emotion-centered approach, human beings act as scanning systems that integrate many dialectical processes at different levels, from the neurochemical level to the conscious and conceptual levels, and this integration is inextricably linked to emotion; Thus, individuals constantly live more efficiently by combining and managing the combination of biological information and seemingly contradictory cultural learning (18). Approaching bitter mental and emotional experiences is often a difficult and arduous process for clients. The therapist's mission in this area, in addition to building an effective relationship, is to teach emotion regulation skills. The creators of emotion therapy believe that emotion regulation is a process rather than a specific training program with a protocol, and in this sense the therapist's work is more like a coach's work than a teacher's work. The main problem with emotion-focused therapy is that emotion is an essential part of a person's structure and a key factor in self-organization. The most basic level of emotion function is an adaptive form of information processing and readiness that directs one's behavior and leads to well-being. Becomes psychological (19). The process of emotion therapy is in nine steps and three steps that can be done in groups or individually from 8 to 10 sessions that help people achieve their ability to resolve their conflicts. Evidence has shown that emotion therapy is in competition with all approaches that have been studied so far. Have proven their competence. Numerous studies have shown the effectiveness of this treatment in various fields. Based on the meta-analysis findings made by Chilling et al., The effectiveness of this treatment in reducing abnormal emotional symptoms is different (20). Nasri, Kakabraei, Sharifi, and Andozi evaluated the effectiveness of post-divorce emotional coping therapy in divorced women, and the results showed that this type of treatment was effective in adjusting and improving the ability to adapt and reducing the negative consequences after divorce.

In addition, another therapeutic intervention that has been confirmed by numerous studies in various fields is cognitive-behavioral group therapy. In their studies, Ovi and Dingel concluded that cognitive-behavioral therapy is an effective intervention (21). This method is logical because in it, the person learns to consider his thoughts and ideas as hypotheses that must be tested for validity. This treatment has an educational approach in which cognitive and behavioral techniques are taught through in-person exposure exercises, prior cognitive reconstruction, and finally homework (22). In fact, it emphasizes the continuity of thoughts, feelings, and behaviors, and it is believed that individuals can cope with stress by rebuilding their thoughts. In fact, in this approach, people are encouraged to experience better feelings and better behaviors by reacting to negative spontaneous thoughts and identifying and challenging cognitive distortions, and then by reconstructing thoughts. The results of research that have examined the effectiveness of cognitive-behavioral approach show that this approach on managing anxiety, depression and increasing life satisfaction, improving mood and anxiety symptoms, increasing tolerance and improving quality of life, improving communication with others, reducing depression, Increasing life satisfaction and psychological well-being and mental health are effective. Also, the effectiveness of this treatment is effective in strengthening self-concept, improving emotion regulation strategies and mental health of women after divorce. In contrast, Ovi and Dingel did a lot of research on the effect of

cognitive-behavioral therapy as a group and due to the incompatibility of the findings, this method needs further investigation. By comparing different methods of treating depression, they found individual therapies more useful than group therapy; According to them, group processes such as interdependence between group members can have negative consequences in psychotherapy. They concluded that empirical evidence for the role of group processes in group psychotherapy, especially cognitive-behavioral therapy, was still weak and needed further study and research. Therefore, according to the above and the contradictions in previous studies, determine the effectiveness of cognitive-behavioral group therapy on improving adaptation and psychological and emotional health of individuals, especially divorced women as a vulnerable group in society and compare it with emotional therapy. It is very important as a therapy focused on emotional processes.

Therefore, due to the increase in divorce and consequently the increase of divorced women who face many problems in the family and at the community level and the need to pay attention to the psychological health of these women as a vulnerable group, adopt appropriate treatment for Improving post-divorce adjustment and other psychological variables affecting women's adjustment, psychological health, and quality of life, such as emotion regulation, psychological well-being, and self-esteem, are important. For this purpose, the present study tries to examine the effectiveness of each of the emotional- and cognitive-behavioral therapeutic approaches on emotion regulation and psychological well-being of divorced women by comparing the effectiveness of these two therapeutic approaches to help therapists decide on appropriate treatment for improvement. Emotion regulation strategies and the consequent increase in the psychological well-being of these women, and if any of these approaches are effective, the results and educational methods will be provided to health centers. Therefore, the present study aimed to compare the effectiveness of emotion-oriented therapy and cognitive-behavioral therapy on emotion regulation and psychological well-being of divorced women.

Methods:

The present study was a quasi-experimental design of pre-test-post-test and two-month follow-up with the control group. The statistical population of the study included divorced women under the auspices of social service databases in region 2 of Tehran Municipality in 1398. The sample consisted of 60 female-headed households who were selected by available sampling method based on entry and exit criteria and were randomly assigned to two experimental groups and one control group (20 people in each group). Criteria for entry into the study include informed consent to participate in the study, age range 20 to 45 years, with at least a diploma, a history of permanent formal marriage and cohabitation with a spouse for at least one year, formal divorce, custody of at least one child, passing two It had been four years since their divorce; The post-divorce adjustment period lasts from two to five years, and women need at least one year to overcome the divorce crisis (3). Drug addiction and alcohol and psychotropic substances, history of hospitalization in psychiatric hospitals and use of psychiatric drugs, absence of more than two sessions, the presence

of personality and mental disorders other than depression, and receiving individual counseling services outside group therapy sessions are also criteria. Exclusion of subjects was considered.

After referring to the selected social service bases using the available sampling method and making the necessary arrangements with the base officials and obtaining permission to conduct research with the cooperation of the executive directors of the centers, prepare a list of divorced women referring to the bases and their contact numbers and addresses to make arrangements. It was necessary to get their cooperation to participate in the research. First, by using the telephone call and explaining the research objectives and assuring them about the confidentiality of their information, assuring them that it is optional to participate in the research and the possibility of announcing cancellation at any stage of the research, assuring them that They will be given the authority to refuse to include their names in all documents related to the research, which was a condition of the ethics committee, and their consent to participate in the research was provided. Of the 128 divorced women who were contacted to participate in the study, about 96 announced their readiness to participate in the study, then of these, 60 divorced women who met the inclusion criteria were selected to participate in the study. Research invited them. After explaining the objectives of the study and obtaining their consent, in the next step, randomly selected divorced women were replaced in the experimental and control groups. Then, the questionnaires were administered to them. In the continuation of the study, the subjects of the emotional therapy experimental group received the desired interventions in 3 steps and 9 steps and the subjects of the cognitive-behavioral therapy experimental group received the desired interventions in 9 sessions of 120 minutes separately. At the end of the treatment sessions, questionnaires were administered again to assess the post-test and follow-up and the results were compared. Descriptive statistics including mean and standard deviation, and inferential statistics including repeated measures analysis of variance and Banferroni post hoc test were used to analyze the data in SPSS-24 software. The structure of experimental intervention sessions is described in Table 1.

Table 1. Structure of emotion therapy and cognitive-behavioral therapy sessions

meetings	emotion-focused therapy	cognitive behavioral therapy
First	Includes general acquaintance with the members, introduction of the therapist, examining their motivation and expectation from participating in the class, providing a definition of emotional therapy, initial acquaintance with the members' problems.	Introduction and acquaintance, expression of research objectives and how the research process, number of meetings and rules and regulations of the department, conducting pre-test
Second first stage: Decrisis and problem prevention	In this session, the therapist encourages clients to express their fears, such as the fear of rejection or the fear of saying a flaw that delays the dynamics of their relationship.	Reviewing the assignments of the previous session and discussing the goals of the clients from participating in the research project, empowering the members in the field of self-awareness and recognizing their characteristics, needs, wants, goals, values and identity.
Third	In this session, secondary reactive emotions such as anger, failure, sharpness, and feelings related to separation and divorce are reflected and valued.	Examining the assignments of the previous session and discussing the problems of clients in the path of self-awareness and examining the needs and wants, familiarizing members with the relationship between thought, feeling and behavior and familiarity with spontaneous thoughts, cognitive distortions and challenging cognitive distortions
Fourth	In this session, group members, with few therapists, work out the problem and look at initial feelings and unfulfilled attachment needs in a way that cycles as a key communication problem.	Examining the tasks of the previous session and discussing the identified cognitive distortions and their impact on the thoughts, feelings and behavior of the clients, familiarity with the concept of documents and examining the

			causes of misunderstandings and teaching how to change documents
Fifth	Second stage: Reconstruction of interactive patterns	In this session, group members gain knowledge of their various aspects and finally experience their sense of worth.	Reviewing the assignments of the previous session, discussing the effect of changing documents on clients' feelings, thoughts, and behaviors, problem-solving skills training including problem definition, providing alternative solutions, evaluating solutions, selecting and implementing the selected solution, and evaluating the selected solution.
Sixth		In this session, group members learn to trust the emotions that have just emerged and experience new reactions to their motivations.	Assessing the tasks of the previous session and discussing the effect of using problem solving skills in personal and social life, defining communication and its elements, familiarizing members with effective communication skills and their characteristics, and teaching effective negotiation and dispute resolution methods
Seventh		In this session, the initial emotions that were identified in the previous step are processed more completely. The therapist begins a rule according to which the client expresses his or her desire for a new kind of communication almost clearly.	Reviewing the assignments of the previous session and discussing the effect of using effective communication methods in personal and social life, familiarizing clients with bold behavior and performing practical activities and playing a role in teaching this skill
Eighth	Third level: Strengthen and integrate	Facilitate the creation of new solutions to problems and tell a new story of their problems and try to redesign it.	Reviewing the assignments of the previous session and discussing the impact of using assertive behavior in the clients

		'personal and social lives, reviewing the constructive changes that have occurred during the treatment sessions, highlighting the clients' successes, discussing how to consolidate the changes made
ninth	In this session, the authorities first recall the route they used to take and how they found their way back.	Provide a summary of treatment sessions and an overview of the skills taught, discuss the therapist's strengths and weaknesses and treatment plan, and receive feedback from clients, conduct post-tests, and complete treatment sessions.

Tool

Cognitive Emotion Regulation Questionnaire (CERQ): This questionnaire was designed by Garnowski and Craig and is an 18-item tool that provides cognitive emotion regulation strategies in response to life-threatening and stressful events on a scale of five (never) to 5 (never). It is measured in terms of 9 subscales: intellectual rumination, acceptance, self-blame, positive refocus, planning refocus, underestimation, positive reassessment, catastrophizing, and blaming others. The minimum and maximum scores in each subscale are 2 and 10, respectively, and a higher score indicates the individual's greater use of that cognitive strategy (23). Cognitive Emotion Regulation Strategies the Cognitive Emotion Regulation Questionnaire is divided into two general categories: adaptive strategies (adapted) and non-adaptive strategies (non-adapted). Underestimation subscales, positive refocus, positive reassessment, acceptance and refocus on planning; Adapted strategies and subscales of self-blame, blame others, intellectual rumination and catastrophe; Forms uncompromising strategies. Out of the total score related to numerical subscales, positive refocus, positive reassessment, acceptance and refocus on planning divided by 10 (number of items), score of adapted strategies; And from the total score of the subscales of self-blame, blaming others, intellectual rumination and catastrophe divided by 8 (number of items), the score of uncompromising strategies is obtained. The internal consistency of the subscales was calculated and confirmed according to Cronbach's alpha coefficients. The reliability of the retest of the questionnaire was calculated by calculating the correlation coefficients between the scores of the subjects in two shifts with an interval of two to four weeks for subscales at a level less than 0.001. These coefficients indicate the reliability of a satisfactory retest of the Cognitive Emotion Regulation Questionnaire. Content validity was confirmed by expert judgment. Convergent and diagnostic validity was calculated through the simultaneous implementation of the Stress Anxiety Depression Scale and the Mental Health Scale for the subjects. The correlation coefficients of the subjects' mean scores in the nine subscales with the indicators of depression, anxiety, stress and

psychological helplessness were significant positively and with the indicators of psychological well-being were negative and significant. Based on these results, the Cognitive Emotion Regulation Questionnaire has sufficient validity (23, 24, and 25).

Reef Psychological Well-Being Scale - Short Form (RSPWB-SF): Reef designed the Psychological Well-Being Scale in 1980. The main form had 120 questions, but in later studies shorter forms 84, 54 and 18 questions were suggested. In this research, its 18-question form is used. The Psychological Well-Being Scale has six subscales: self-acceptance, positive relationships, autonomy, purposeful living, personal growth, and mastery of the environment (26). The sum of the scores of these 6 factors is calculated as the overall score of psychological well-being. This test is a kind of self-assessment tool that is answered in a 6-point continuum from "Strongly Agree" to "Strongly Disagree" (one to six), the higher the score, the better the psychological well-being. Of all the questions, 10 questions are scored directly and 8 questions are scored in reverse. The validity and reliability of psychological well-being scales have been reported in several appropriate studies. The correlation between the short version of the Reef psychological well-being scale and the main scale ranged from 0.70 to 0.89. Derenk reported the internal consistency of the subscales as appropriate and their Cronbach's alpha between 0.77 and 0.90. The validity of the Persian version of the questionnaire in the expressive, small and expressive study (2008) is 0.87. The reliability coefficient of the Reef psychological well-being scale retest method was 0.82 and the subscales of self-acceptance, positive relationships with others, autonomy, mastery of the environment, purposeful life and personal growth were 0.71, 0.77, 0.78, 0.77, 0.70, respectively. 0. And 0.78 were obtained which were statistically significant. The correlation between the Psychological Well-Being Scale and the Life Satisfaction Scale, the Oxford Happiness Questionnaire and the Rosenberg Self-Esteem Questionnaire were 0.47, 0.58 and 0.46, respectively; accordingly, the RIF-Short Psychological Welfare Scale (RSPWB-SF) has good validity and reliability (27).

Results:

In all three groups of emotion therapy, cognitive-behavioral therapy, and control, a higher percentage of divorced women were in the age range of 31-35 years, 2 years had passed since the divorce, and most had only one child. In addition, in terms of employment status, in the two groups of emotion therapy and cognitive-behavioral therapy and control, a higher percentage of divorced women were employed, while in the control group, half of them were employed and the other half were unemployed. In terms of education in the emotion therapy group, a higher percentage of divorced women had postgraduate education, while in the cognitive-behavioral therapy group and the control group, a higher percentage of them had a bachelor's degree. Finally, in terms of economic status in all three groups, the economic status of the absolute percentage of absolute women was higher.

As can be seen in Table 2, for cognitive emotion regulation strategies in the pre-test stage, mean and standard deviation of adaptive strategies in divorced women, 21.05 ± 3.83 , in divorced women, 30.30 ± 3.36 , in the cognitive-behavioral therapy group. 22, in divorced women of the control

group is 20.50 3 3.55, but in the post-test stage the mean and standard deviation of adaptive strategies in divorced women of the emotional therapy group 30.35 89 3.89, in divorced women of the cognitive-behavioral therapy group 28 3 3.83, in divorced women of the control group was 20.20 24 2.24; In the follow-up stage, the mean and standard deviation of adaptive strategies in divorced women of the emotion-oriented treatment group were 30.70 61 3.61, in divorced women of the cognitive-behavioral therapy group were 27.65 92 3.92, in divorced women of the control group $45 \pm 2.74 / 21$ was obtained. However, in the pre-test stage, mean and standard deviation of maladaptive strategies in divorced women, 26.90 65 6.65, in divorced women, cognitive-behavioral therapy group, 25 46 4.46, in divorced women, control group, 59 Is 26.35 6 6.6, but in the post-test stage, the mean and standard deviation of maladaptive strategies in divorced women of the emotion therapy group were 18.75 37 5.37, in divorced women of the cognitive-behavioral therapy group of 21 4 4.95, in women. The absolute of the control group was 27.75 55 5.55; In the follow-up stage, the mean and standard deviation of maladaptive strategies in divorced women of the emotion-oriented therapy group were 18.80 94 4.94, in divorced women of the cognitive-behavioral therapy group 20.20 ± 5.68 , in divorced women of the control group 05 6 6.03 / 28 was obtained.

In addition, in the pre-test stage, the mean and standard deviation of psychological well-being in divorced women was 48.20 83 5.83, in divorced women, cognitive-behavioral therapy group was 44.85 6 6.29, and in divorced women, control group was 7.20 ± 52.55 , but in the post-test stage, the mean and standard deviation of psychological well-being in divorced women in the group of emotional therapy group was 60.15 7 7.40, in divorced women in the cognitive-behavioral therapy group of 55.15 6 6.82, in women. The absolute of the control group was 52.10 38 6.38; in the follow-up stage, the mean and standard deviation of psychological well-being in divorced women in the group of emotion therapy.

Table 2. Descriptive statistics of post-divorce adjustment and self-esteem by experimental and control groups in the three stages of measurement

variable	group	Stage size of					
		Before the test		After the test		Follow up	
		average	Standard deviation	average	Standard deviation	average	Standard deviation
Cognitive emotion regulation strategies	Emotion therapy group	05/21	83/3	35/30	89/3	70/30	61/3
	Cognitive-behavioral therapy group	30/22	36/3	28	83/3	65/27	92/3

	Control group	50/20	05/3	20/20	24/2	45/21	74/2
	Emotion therapy group	90/26	65/6	75/18	37/5	80/18	94/4
Incompatible strategies	Cognitive - behavioral therapy group	10/25	46/4	21	95/4	65/20	68/5
	Control group	35/26	59/6	75/27	55/5	05/27	03/6
Psychological well-being , cognitive	Emotion therapy group	20/48	83/5	15/60	40/7	80/58	93/6
	Cognitive - behavioral therapy group	85/44	29/6	15/55	82/6	45/55	94/5
	Control group	55/52	20/7	10/52	38/6	35/52	30/6

Then, for inferential analysis of research findings, repeated measures analysis of variance was used. Before performing repeated measures analysis of variance test, Kolmogorov-Smirnov test to check the normality of distribution of emotion regulation and psychological well-being scores of the two groups, Levin test to check the homogeneity of variances of research variables in the community and Box test to check the homogeneity of variance matrices. Covariance was used that the results of these tests were not significant. Also, in order to check the default of sphericity, Mikhlin test was used which the result of this test was not significant; Therefore, the data did not rule out the error related to the dependent variables assuming the homogeneity of the covariance matrix, and the sphericity of the covariance matrix of the dependent variables can be accepted and the values of F with degree of freedom can be used. Therefore, the data did not call into question the assumptions of using repeated measures analysis of variance. Therefore, according to the assumptions, repeated measures analysis of variance can be used. The results of Wilkes lambda test showed that the effect of time and group interaction for adaptive emotion regulation strategies ($F = 24.13, p < 0.01$), maladaptive emotion regulation strategies ($F = 18.74, p < 0.01$) and well-being Psychological ($F = 19.40, p < 0.05$) was significant. Eta squared also showed that 46%, 40% and 41% of the variance of scores for these variables are group membership, respectively. The results are reported in Table 3.

Table 3. Summary of results of repeated measures analysis of variance for intragroup and intergroup effects

Variable	Sources	Change	Total square s	Degree s of freedo m	Averag e square s	F	Significan t level of restraint	Eta) Effect size(
Adaptive strategies	Withi n group	Factor	01/848	1	01/848	**57/150	001/0	73/0
		Interacti ve effect	47/378	2	23/189	**60/33	001/0	54/0
		Error	03/321	57	63/5			
	The group	group	48/1477	2	74/738	**58/26	001/0	48/0
		Error	43/1584	57	80/27			
Incompatibl e strategies	Withi n group	Factor	08/468	1	08/468	**12/100	001/0	64/0
		Interacti ve effect	95/390	2	48/195	**81/41	001/0	60/0
		Error	48/266	57	68/4			
	The group	group	31/1092	2	16/546	**36/6	003/0	18/0
		Error	42/4896	57	90/85			
Psychologic al well-being , cognitive	Withi n group	Factor	1470	1	1470	**93/147	001/0	72/0
		Interacti ve effect	60/777	2	80/388	**13/39	001/0	58/0
		Error	40/566	57	94/9			
	The group	group	48/538	2	24/269	35/2	105/0	08/0
		Error	50/6544	57	82/114			

P < 0/05*, p < 0/01**

As can be seen in Table 3, due to time, due to the fact that emotion regulation strategies and psychological well-being have become significant ($p < 0.01$), so there is a difference between the three stages of pre-test, post-test and follow-up in these variables. It has been done using Banferroni post hoc test and its results are presented below. Also, according to the results of the table which show that there is an interaction between the group and the time ($p < 0.01$), it is clear

that there is a difference between the pre-test, post-test and follow-up stages, between the treatment and control groups in dependent variables. Is. In the effect of the group, according to the values of F and significant levels, there is a significant difference in emotion regulation strategies between the experimental and control groups ($p < 0.01$), but in psychological well-being this difference was not significant ($p < 0.05$). In order to find out which measurement stages (pre-test, post-test and follow-up) there are differences between the three groups in the research variables, the Bonferroni post hoc test was performed and the results are presented in Tables 4.

Table 4. Results of Bonferroni post hoc test for pairwise comparison of mean research variables in the three stages of measurement

Variable	Reference stage	Comparison stage	Mean difference	standard error	p
Adaptive strategies	Before the test	After the test	**90/4	35/0	001/0
		Follow up	**32/5	43/0	001/0
	After the test	Follow up	42/0	26/0	338/0
Incompatible strategies	Before the test	After the test	**62/3	42/0	001/0
		Follow up	**95/3	40/0	001/0
	After the test	Follow up	33/0	4/0	983/0
Psychological well-being , cognitive	Before the test	After the test	**27/7	57/0	001/0
		Follow up	**7	58/0	001/0
	After the test	Follow up	27/0	34/0	000/1

$P < 0/05^*$, $p < 0/01^{**}$

Table 4 shows that the mean difference between pre-test and post-test stages ($p < 0.01$) and follow-up ($p < 0.01$) is significant for emotion regulation strategies and psychological well-being, but the mean difference between post-test and follow-up of these variables is not significant. ($05/0 < p$). These results confirm the effectiveness of emotion-oriented therapy and cognitive-behavioral therapy on emotion regulation and psychological well-being of divorced women. Is. Since the results did not indicate which effect of the post-test and follow-up treatment was related to which treatment method or which treatment method was more effective, we further examine the

difference between the effectiveness of emotion therapy and cognitive-behavioral therapy using The Bonferroni post hoc test is discussed (Table 5).

Table 5. Results of Bonferroni post hoc test for pairwise comparison of the mean of experimental and control groups in research variables

Variable	Reference group	Comparison group	Mean difference	standard error	p
Adaptive strategies	The excitement of the circuit	Cognitive - behavioral therapy	**21/3	96/0	001/0
		Control	**65/6	96/0	001/0
	Cognitive - behavioral therapy	Control	**27/5	96/0	001/0
Incompatible strategies	The excitement of the circuit	Cognitive - behavioral therapy	**68/2	69/1	003/0
		Control	**57/5	69/1	001/0
	Cognitive - behavioral therapy	Control	**80/4	69/1	001/0
Psychological well-being , cognitive	The excitement of the circuit	Cognitive - behavioral therapy	90/3	96/1	153/0
		Control	**93/4-	96/1	001/0
	Cognitive - behavioral therapy	Control	**20/5-	96/1	001/0

$P < 0/05^*$, $p < 0/01^{**}$

Table 5 shows that the mean difference between the groups of emotion therapy and cognitive-behavioral therapy in emotion regulation strategies is significant ($p < 0.01$), which shows that emotion therapy has been more effective in improving emotion regulation in divorced women than cognitive-behavioral therapy. . However, the mean difference between these two treatment groups in psychological well-being is not significant ($p < 0.05$). However, the mean differences between the groups of emotion-oriented therapy and cognitive-behavioral therapy with the control group in emotion regulation strategies and psychological well-being are significant ($p < 0.01$).

Conclusion:

The aim of this study was to compare the effectiveness of emotion-oriented therapy and cognitive-behavioral therapy on emotion regulation and psychological well-being of divorced women. The results showed the effectiveness of emotion-oriented therapy and cognitive-behavioral therapy on improving emotion regulation and psychological well-being of divorced women. But emotion therapy was more effective in improving the emotion regulation of divorced women than cognitive-behavioral therapy, while there was no difference between the two treatments in increasing the psychological well-being of divorced women.

In the field of the effectiveness of emotion therapy in improving the regulation of emotion in divorced women, this finding is based on the results of research by Amin and Karaminejad et al. The couple's relationship and the increase in their positive emotional relationships showed to be consistent. One of the presuppositions of the emotion-oriented approach is that preventing the expression of primary emotions causes damage to healthy boundaries, anger caused by self-respect, and mourning when necessary, and that adequate processing of unresolved emotions leads to its transformation. (28). Greenberg suggested that during treatment it is sometimes necessary to encourage clients to talk about their fantasies of revenge. Therefore, in explaining the above hypothesis, it should be said that performing an empty seat and talking to the injured person and imaginary revenge on the injured person caused the release of feelings of depression (28). Since divorced women had severely reduced their self-esteem due to rejection by their lover, accepting these feelings and implementing an empty seat in turn helped them to use more positive cognitive emotion regulation strategies in these people. On the other hand, the main mechanism of change in emotion-oriented psychotherapy is emotional processing and the urgent processes of meaning-making. From an emotion-oriented perspective, change occurs when a person's emotions are meaningful through awareness, expression, regulation, reflection, and emotion transformation (29) all these factors in the context of a relationship with empathy, therapeutic alliance and accreditation of experience could help to reduce the use of negative coping strategies to the subjects.

In terms of the effectiveness of emotion therapy in increasing the psychological well-being of divorced women, this finding is consistent with the results of research. Explaining why the results of this finding can be said to identify the negative interaction cycle, basic fears and insecurities after divorce, increase self-awareness, new ways of interacting with the outside world and other related interventions to increase life satisfaction and increase adjustment. Predictability of these factors in psychological well-being; Emotional intervention can increase psychological well-being in addition to adaptation and regulation of emotions. The emotional therapist listens to the client's communication and behavioral problems and painful emotional experiences to reveal his or her emotional processing style and life story based on his or her attachment and identity, and to guide the main characters to guide or guide them. Identify needs, secondary emotions, barriers to achieving primary emotions, communication with oneself, communication with others, and existing issues. It then helps clients find new ways to solve communication and behavioral problems by focusing on the main emotions. Finally, with the help of a therapist, references can

identify emerging markets and construct new meanings. Then evaluate how new meanings affect the reconstruction of new stories and relate to the problems raised (30).

Regarding the effectiveness of cognitive-behavioral therapy in improving the regulation of emotion in divorced women, this finding is consistent with the results of research by Ramezani et al. And Shoushtari et al. In this treatment, divorced women learned to improve their cognitions, feelings and reactions to their emotional state and relationship with society, and by looking to the bright side of issues and realistic and positive assessment of their circumstances, their tolerance and flexibility to challenges. Be more individual and social. In addition, cognitive-behavioral group therapy, by recognizing cognitive errors, challenging them, and behavioral testing, changed the content of divorced women's negative thoughts about themselves and society, and this type of therapy moderated negative emotions about themselves and society. Discovering and correcting these people's negative thoughts and irrational thoughts by organizing the process of dysfunctional thoughts and beliefs such as the need to approve of others, high expectations of oneself, blaming oneself for divorce, emotional problems, anxious worries, and helplessness toward change Decreased.

In terms of the effectiveness of cognitive-behavioral therapy in increasing the psychological well-being of divorced women, this finding is consistent with the results of research. Explaining this finding, it can be said that cognitive-behavioral therapy by improving coping styles, increases a person's ability to adapt to stressful situations and thus learning effective coping strategies reduces people's anxiety. In addition, cognitive-behavioral therapy reduces depression by altering attitudes, beliefs, increasing self-confidence, and developing rational thinking. Therefore, it can be concluded that cognitive-behavioral therapy can be used as an independent or parallel treatment with other therapies to improve the psychological well-being of divorced women. In general, cognitive-behavioral therapy is one of the effective models in changing dysfunctional thoughts and as a result, behavior and perception of events. Because in this method, behavioral and practical aspects in evaluation and treatment are given importance.

In explaining the greater effectiveness of emotion-oriented therapy than cognitive-behavioral therapy in improving the regulation of emotion in divorced women, a look at the extent of the impact of each approach on marital issues will be enlightening. The main assumptions of emotion-oriented therapy are its emphasis on the participation of emotions in the persistent patterns of incompatibility of disturbed couples. The effort in this treatment is to reveal vulnerable emotions and facilitate the ability of couples to create these emotions in a safe and loving way. In this approach, it is believed that the processing of emotions in a safe context creates a healthier and newer interaction pattern that calms the level of confusion and increases love, and ultimately, increases marital adjustment and satisfaction (31). But cognitive-behavioral approaches pay little attention to the role of emotion in therapy. While most people have the problem of not being able to express enough emotions, in fact, they feel more alienated than have a negative schema. Alienation is the inability of many people to experience the powerful emotions that are part of being human (32). However, since the emotion-oriented approach focuses on emotions and feelings, it bases its treatment on self-improvement and balance, and through positive self-concept,

tries to self-regulate the person and his emotional system. Extensive use of therapies to express new emotions. On the other hand, the emotion-oriented approach is a combination of humanistic, attachment and cognitive perspectives and is widely used in strategies such as cognition, focusing on emotions, emphasizing positive emotions, emotional reconstruction, finding solutions and creating new meanings and good relationships in this. The approach is used and due to the fact that most emotions are emotional, by training and using special intervention methods, this approach can change and correct the positive and negative emotions of people. In general, the therapist's mission in emotion therapy, in addition to creating an effective relationship, is to teach skills to regulate emotion, and people with emotion regulation can assess stressful events, whether they are threatening or not, and create ways to deal with them. This way they can properly regulate their emotions in different situations and situations and resist stressful experiences and experience happiness, and this in itself makes this method superior to cognitive-behavioral therapy in regulating the emotions of divorced women.

One of the limitations of this study is that the subjects are limited to absolute women covered by social service bases in District 2 of Tehran, which makes the generalizability of the findings cautious. In addition, the data of this study were collected using self-report tools and these tools may lead to a biased response in participants. Despite these limitations, the present study showed that emotion-oriented and cognitive-behavioral therapies are effective in regulating emotion and psychological well-being of divorced women. According to these results, the application of these two psychological therapies by prioritizing the use of emotion therapy can be used by family therapists in family counseling clinics.

The recommendations of the present study are: For future research, it is recommended to test the trunk of median-centered therapy and cognitive-behavioral therapy in different populations with higher sample sizes to increase the generalizability of the results. It is suggested that in future research to collect information and methods of behavior observation and clinical evaluation and qualitative methods of assessment to use the symptoms. It is also suggested to use other educational and therapeutic methods in treating the psychological problems of divorced women and improving emotion regulation and adjustment after divorce and comparing them with the therapeutic methods used in this study.

Also, among the practical suggestions of the present study, the following can be mentioned: Considering the effectiveness of emotion-based therapy and cognitive-behavioral therapy on post-divorce adjustment, emotion regulation, psychological well-being and self-esteem of divorced women, this method is recommended. In medical-educational centers and marriage and divorce counseling clinics, especially for divorced women who have disorders in emotion regulation, psychological well-being and self-esteem, to be used for their post-divorce adjustment. Also due to the greater effectiveness of treatment Emotion-Oriented Cognitive-Behavioral Therapy In improving post-divorce adjustment and cognitive emotion regulation strategies, it is suggested that in the treatment of these disorders in divorced women, emotion-oriented therapy intervention should be preferred to cognitive-behavioral therapy. Finally, it is suggested that by providing high quality video and audio facilities, educational CDs of treatment sessions be prepared by

researchers and therapists with the financial support of relevant organizations and provided to specialists, divorced women and their families in a closed package. Provide educational therapy so that clients, counselors, psychotherapists and their families, and other divorced women with impaired emotion regulation, psychological well-being, and self-esteem who have not yet adapted to divorce make optimal use of this research.

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