



Effectiveness of Compassion-Focused Therapy on Metacognitive Beliefs, Forgiveness, and Psychological Well-Being of Women Applying for Divorce

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Background

The family is one of the oldest and most flexible social institutions in human history [1]. People often grow up in a family and most individuals end up developing their own family [2]. The family structure is different in different parts of the world; however, it has preserved its value over time. Theorists differ in their classification of how the family develops [3]. Families go through various transitions that form new relationships among family members [4]. In other words, during family life, the internal relationships between family members will be subject to change [5]. Almost all couples report a high level of satisfaction and stability; however, [6] divorce and the breakdown of a marriage often lead to the psychological-emotional imbalance of family members [7]. It

seems that people's beliefs about the satisfaction of their needs can contribute to certain family problems. Metacognitive beliefs are one type of such beliefs. Metacognition refers to the structures, knowledge, and psychological processes that deal with control, change, and interpretation of thoughts and cognition [8]. The positive factors in the family structure, known as the protective factors of the family system, have been suggested to have a protective and positive role in the structure of forgiveness in the family [9]. Forgiveness is a set of motivational changes in the injured person through which the motivation to take revenge on the injurer and avoid him/her decreases as the motivation to compromise with the injurer increases out of goodwill [10]. Unforgiveness creates many

Abstract

Background and Objective: Divorce is one of the most stressful events leading to emotional distress and behavioral problems that affect the metacognitive beliefs and psychological well-being of family members. This study aimed to investigate the effectiveness of compassion-focused therapy (CFT) on metacognitive beliefs, forgiveness, and psychological well-being of women applying for divorce in Shahr-e Ray, Iran, between 2018 and 2019.

Materials and Methods: This study followed a pretest-posttest design with a control group. The study population included all women applying for divorce in Shahr-e Ray city of Iran, from whom 28 applicants were selected using the convenience sampling method. The study population was randomly assigned to two groups of experiment (n=14) and control (n=14). The CFT was applied for eight sessions to the participants in the experimental group who were further divided into two groups. Women in the control group were put on the waiting list and did not receive any intervention. The tools used in this study consisted of Wells' Metacognitive Beliefs Questionnaire (MCQ-30), Pollard's Family Forgiveness Scale, and Ryff's Scale of Psychological Well-being, which was administered to the participants in the pre-and post-test phases. The data were analyzed using SPSS software (Version 16) through descriptive statistics and analysis of covariance.

Results: The results indicate that there is a significant difference between the experimental and control groups in terms of metacognitive beliefs variables, family forgiveness, and psychological well-being scales ($P < 0.001$).

Conclusions: CFT is a third-wave psychological therapy that has been help to acceptance of Unpleasant emotions, thoughts, metacognitive beliefs, forgiveness, and psychological well-being of women applying for divorce.

Keywords: Beliefs, Compassion-focused therapy, Divorce, Forgiveness, Metacognitive, Psychological well-being

problems in various areas of mental health and emotions and increases psychological vulnerability. Forgiveness will be an issue when a family member causes dissatisfaction and harassment of the other family member(s) with his or her actions or words. The more aggressive behaviors due to unforgiveness in the family, the more the family's mental health in general, and the family's psychological well-being, in particular, will be at stake [11]. Psychological well-being is highly interrelated with psychological health in individuals and its impact has been emphasized following the emergence of the positive psychology movement, the role of which in family health has frequently been studied [12]. The interest in the psychological well-being of the family is due to psychologists' interest in lifespan development, which is realized in the family context [13]. In the last two decades, psychologists' focus has shifted from the negative and pathological aspects of personality to the individuals' positive aspects and strengths [14]. In this regard, in contrast to pathological classifications, a new classification has been introduced based on Character Strengths and Virtues, and several intervention approaches have also been developed based on this classification. In this regard, Compassion-Focused Therapy (CFT), along with other new therapeutic approaches in third-wave psychology has been developed to create psychological well-being of individuals. According to research on CFT and complementary therapies based on self-compassion, people can benefit from the structured nature of this treatment. Gilbert [15] used CFT in therapy sessions with his clients. It can be said that the historical development of this treatment emerged in reaction to the failure of the second wave of psychological therapies in improving negative emotional symptoms in psychological patients [16]. The CFT's basic principles point out that external soothing thoughts, factors, images, and behaviors must be internalized. This way the mind calms down in face of these internal factors as it responds to external ones [17]. Various studies have confirmed the effectiveness of CFT in alleviating negative psychological symptoms in couples with various psychological variables [18]. According to the above background, metacognition, forgiveness, and psychological well-being are regarded as positive psychological protective variables in progressing family therapies in troubled families [19]. Moreover, the importance of metacognition, forgiveness, and psychological well-being in improving the mental status of couples filing for divorce and promoting their mental well-being has been approved in some studies [16]. On the other hand, according to the research

background of the CFT approach as a third-wave psychological therapy, new interventions have been adopted in psychological family therapy [20]. Therefore, it is expected that CFT is a more effective approach than alternative traditional therapies in developing metacognition, forgiveness, and psychological well-being as positive psychological factors. To the best of our knowledge, there is no study on the effectiveness of the CFT approach on metacognition, forgiveness, and psychological well-being in women applying for divorce in Iran. As a result, the question arises as to whether the application of the CFT has any effect on metacognition, forgiveness, and psychological well-being?

Objectives

This study aimed to investigate the effect of CFT on metacognitive beliefs, forgiveness, and psychological well-being of women applying for divorce in Shahre-Ray city of Iran.

Materials and Methods

This is an experimental study with a pre-test post-test design and control group. The CFT is considered an independent variable that was applied only to the experimental group and its effect on the test scores of the experimental group was compared with that in the control group. The study population included all women applying for divorce in Shahre-Ray city, Iran, from 2018 to 2019, of whom 28 applicants were selected using the convenience sampling method. These women were then screened according to the case referral from the court and were randomly assigned into the groups of experiment ($n=14$) and control ($n=14$). The exclusion criteria included being under therapy, the presence of chronic medical illnesses and/or uncontrolled mental illnesses (that could endanger the health of the individual and the group), absence in more than three treatment and training sessions, unwillingness to participate in the initial sessions, and negligence of treatment and training rules. Eligibility criteria included sufficient mental health that allows for treatment and training. The data were analyzed in the SPSS software (Version 16) through descriptive statistics and covariance analysis.

Metacognitive Beliefs Questionnaire

This questionnaire was developed by Wells [21] and consisted of 30 self-report items that assess metacognitive beliefs in individuals. The test-retest reliability of this measure after an interval of 18 to 22 days was reported to be 75% for the whole test and 59%-87% for the subscales [21]. The internal

consistency coefficient of this test in Iran has been reported to be 91% for the whole scale and in the range of 71%-87% for the subscales, using Cronbach's alpha method. Moreover, its concurrent validity has been reported to be 54%, compared with the State Metacognitive Inventory of O'Neill et al. The questionnaires' items are scored on a 4-point Likert scale from 1 ("Do not agree") to 4 ("Agree very much). All subscales are scored directly with higher scores indicating higher levels in each subscale. Therefore, the minimum and maximum score of the questionnaire was 16 and 150, respectively.

Forgiveness Questionnaire

This questionnaire was developed by Pollard et al. [22] and consisted of 40 items, the first 20 of which are related to the original family relations, and the other 20 items are related to the current marital relations. The items are scored on a 5-point Likert scale from 1= never to 5= almost always. High scores in this test indicate a high degree of forgiveness. In a study involving 229 women and 113 men, Pollard et al. [22] reported a Cronbach's alpha coefficient of 0.93 for this questionnaire.

Psychological Well-being Scale

This scale which was developed and standardized by Ryff [23] consisted of six subscales, including self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. This 18-item questionnaire has different versions. The items are scored on a 5-point Likert scale (from 1=completely false to 5=completely true). The reliability coefficient was obtained at 0.91 for the whole questionnaire and ranged from 0.78 to 0.89 for the subscales. In various studies, Ryff [23] has reported the reliability of this test ranging from 0.89 to 0.91, using Cronbach's alpha method.

Summary of treatment guidelines from experts in the field of psychology

Session 1: Introduction of group members to each other and the therapist, stating the purpose of the group.

Session 2: Investigation of the role of

metacognition, forgiveness, and psychological well-being, according to the compassion-focused therapy

Session 3: Review of the previous session, getting acquainted with the role of goals, values, and spiritual life

Session 4: Review of the previous session using the attitude change step to improve satisfaction in areas where there is inadequate satisfaction.

Session 5: Review of the previous session, training on using changing goals and criteria strategy through the technique of gaining insight and awareness

Session 6: Review of the previous session, teaching the important principles of compassion, including the principle of lifestyle

Session 7: Review of the previous session, accepting or forgetting, training compassionate letter writing, and teaching empathy-based techniques

Session 8: Review of the previous session and training on breath counting, positive thinking, giving effective coping responses to marital problems

The effective strategies and techniques used in the sessions as well as the educational tips are taken briefly from Gilbert (2009).

Results

The summary of descriptive data about age and the mean (and standard deviation) scores of metacognitive beliefs in the pre-test and post-test stages in the experimental group are presented in Table 1 and Table 2, respectively. The multivariate analysis of covariance was used to evaluate the effect of compassion-focused therapy on metacognition, forgiveness, and psychological well-being (Table 4). Moreover, the two assumptions of analysis of covariance (including homogeneity of variances and regression slopes) were studied to ensure that the data in this study meet the requirements of underlying assumptions of covariance analysis (Table 3). Moreover, there is a significant difference between the experimental and control groups in terms of dependent variables ($P < 0.001$), as indicated in Table 4.

Therefore, it can be stated that there is a significant difference between the two groups in at least one of the dependent variables (metacognition, forgiveness, and psychological well-being).

Table 1. Summary of descriptive data of age

Group	Age	Frequency	Percentage
Experimental	18-24	7	50.0
	25-31	4	28.6
	32-38	1	7.1
	39-50	2	14.3
Control	Age	Frequency	Percentage
	18-24	6	42.9
	25-31	5	35.7
	32-38	2	14.3
	39-50	1	7.1

Table 2. Mean and standard deviation of anxiety and rumination in the experiment and control groups

Variable	Phase	Group	Mean	Standard Deviation
Metacognition	Pre-test	Experimental	109.21	7.57
		Control	92.92	14.29
	Post-test	Experimental	89.92	11.27
		Control	92.57	12.97
Forgiveness	Pre-test	Experimental	76.28	4.85
		Control	77.71	8.11
	Post-test	Experimental	85	7.50
		Control	76.57	8.26
Psychological well-being	Pre-test	Experimental	53.71	10.31
		Control	55.28	8.52
	Post-test	Experimental	66.85	5.53
		Control	56.50	9.26

The effect size and the statistical power of the test were estimated at 0.58 and 0.99, respectively. Moreover, two one-way covariance analyses were performed on the dependent variables in MANCOVA text to examine the point of variance, the results of which are presented in Table 4. The results of the analysis of one-way covariance in MANCOVA text are presented in Table 4 for the mean scores of metacognition, forgiveness, and psychological well-being, and the pre-test was controlled for in the experimental and control groups. The results in Table 5 show that one-way analysis of covariance in

metacognition variables ($F = 9.344$ and $p < 0.001$), forgiveness ($F = 37.304$ and $p < 0.001$) and psychological well-being ($F = 19.501$ and $p < 0.001$) are significant. Besides, the effect size coefficient shows that 27% of the difference between the two groups in the post-test in terms of the metacognition variable, 59% of the difference between the two groups in the post-test in terms of the forgiveness variable, and 43% of difference between the two groups in the post-test are associated with the experimental intervention in terms of psychological well-being and the statistical power is 1.00.

Table 3. Summary of the assumptions of the analysis of covariance in the study variables

	Slope homogeneity		Homogeneity of variance	
	Significance	F	Significance	F
Metacognition	0.218	0.435	0.891	1.019
Forgiveness	0.113	0.213	0.315	2.228
Psychological well-being	0.418	0.614	0.190	6.248

Table 4. Summary of the results of multivariate analysis of covariance on metacognition, forgiveness, and psychological well-being scores of the experimental and control groups

Test name	Value	F	Degrees of freedom of hypothesis	Degrees of freedom of error	Effect size	Statistical power	P-value
Pillai's trace	0.583	9.767	3	21	0.583	0.99	$P < 0.001$
Wilks' lambda	0.417	9.767	3	21	0.583	0.99	$P < 0.001$
Hotelling's trace	1.395	9.767	3	21	0.583	0.99	$P < 0.001$
Roy's Largest Root	1.395	9.767	3	21	0.583	0.99	$P < 0.001$

Table 5. Results of ANCOVA in MANCOVA text on the mean scores of metacognition, forgiveness, and psychological well-being of experimental and control groups in the post-test

Variable	Sum of squares	Degrees of freedom	Mean squares	F	Effect size	Statistical power	P-value
Metacognition	849.609	1	849.609	9.344	0.272	0.99	$P < 0.001$
Forgiveness	672.325	1	672.325	37.304	0.599	0.99	$P < 0.001$
Psychological well-being	845.633	1	845.633	19.501	0.438	0.99	$P < 0.001$

Discussion

This study aimed to investigate the effectiveness of compassion-focused therapy on metacognitive beliefs, forgiveness, and the psychological well-being of women applying for a divorce. The results of this study showed that compassion-focused therapy changed metacognitive negative beliefs, forgiveness, and psychological well-being of women applying for a divorce in the experiment group, compared to the control group. The findings of the present study regarding the effectiveness of the

treatment are consistent with the results of the study performed by Gavil et al. [20], Woodruff et al. [24], Ashworth [25], and Bastatis [26]. According to research, CFT is based on two main processes. The first process refers to all the experimental processes that involve increased affection and kindness to oneself and others. Behavioral interventions of this model also include deconditioning, management of reinforcing of freedom of self and helping relationships. The experimental processes of this model are related to the construct of emotional

management. This decision-making balance implies that a person weighs the positive and negative aspects of his or her behavior. This decision-making balance of individuals applying for divorce is reflected in the increases of psychological protective factors of metacognition, forgiveness, and psychological well-being during compassion-focused therapy training. Couples applying for divorce learn strategies through compassion-focused education that are consistent with the decision-making construct of the CFT model. According to the results of the present study, modification of the psychological protective factors (metacognition, forgiveness, and psychological well-being) was observed in the post-test phase in the experiment group after eight sessions of treatment, based on the CFT model. Based on the evidence, it can be concluded that psychological instability in women applying for divorce can lead to many psychological problems in these women. When women suffer from discoordination in otherwise protective psychological relationships, they will be vulnerable to destructive family environmental stimuli that pave the way for conflict and separation. In an attempt to get rid of their inner unpleasant feelings, troubled individuals apply incorrect compensatory strategies as an inefficient behavioral pattern to get rid of unpleasant feelings, which leads to the destruction of communication systems within the family [27]. It is implied that through the CFT model, individuals applying for divorce learn to be conscious about their situations and begin to increase their ability to re-evaluate themselves in the face of the stressors that lead to divorce and will also be able to control environmental stimuli in their married life. Individuals will benefit more from awareness-raising about the cognitive distortions of the problem with an increase of communication damage caused by the negative metacognitive beliefs, lack of necessary forgiveness, and dysfunctional psychological well-being, [4]. It was shown that the psychological/mental well-being of individuals applying for divorce increased after eight sessions of treatment. Due to the fact that correction and improvement of psychological protective factors (metacognition, forgiveness, and psychological well-being) in individuals applying for divorce increases the likelihood of returning to married life, therapists are recommended to use treatments to improve and enhance the psychological protective factors in divorce applicants and pay particular attention to protective factors in their therapeutic practice. Regarding the limitations of this study, one can refer to indigenous cultural issues. Since this study has been conducted on women seeking a divorce in Shahr-e

Ray city, Iran, the generalization of the obtained results to other cities should be done with caution.

Conclusions

According to the findings of the present study, it can be concluded that compassion-focused therapy can improve and promote metacognitive beliefs, forgiveness, and psychological well-being in women applying for a divorce.

Compliance with ethical guidelines

In this study, given the nature of the research, the participants were initially ensured of the principle of confidentiality. They were then informed about the content of the sessions and participation in the research. Eventually, the participants were informed that participation in this study was based on willingness and that they could leave the study at any time. This study has been extracted from a doctoral dissertation in the field of psychology in Islamic Azad University, Neyshabur Branch, Neyshabur, Iran.

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Conflicts of Interest

This research is in line with the development of therapeutic achievements in the field of psychology and counseling, and the authors have no conflict of interest regarding the publication of the present study.

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