

# The Effectiveness of Compassion-Focused Therapy and Acceptance and Commitment Therapy on Post-Divorce Adjustment in Divorced Women Referred to Counseling Center in Ahvaz

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## Abstract

**Background:** Divorce, as an issue, can contribute to the development of a wide range of problems and consequences and frequently lead to an increased risk of social problems at both individual and social levels. The present study aimed to investigate the effectiveness of compassion-focused therapy (CFT) and acceptance and commitment therapy (ACT) on post-divorce adjustment in divorced women referred to the counseling center in Ahvaz city in 2019.

**Methods:** The research method was quasi-experimental with a pre-test, posttest, and follow-up design and a control group. Using convenience sampling, we selected 45 divorced women willing to participate in the study. Then, we randomly divided them into two experimental groups (compassion-focused therapy and acceptance and commitment therapy) and a control group (n=15 per group). The research instrument included the Fisher Divorce Adjustment Scale (FDAS). The first intervention program consisted of eight 60-minute sessions of compassion-focused therapy and the second intervention program consisted of ten 90-minute sessions of acceptance and commitment therapy.

**Results:** The results showed that both compassion-focused therapy (CFT) and acceptance and commitment therapy (ACT) were effective in increasing post-divorce adjustment in divorced women ( $P < 0.01$ ). There was no significant difference between the CFT and ACT on post-divorce adjustment in this group of women ( $P > 0.05$ ). These results continued until the follow-up stage.

**Conclusion:** According to research findings, both CFT and ACT were efficient therapies in increasing post-divorce adjustment in divorced women. Thus, both approaches can strengthen treatment interventions to increase adjustment in divorced women.

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## Introduction

Family and affiliation are both formed through marriage. People choose to marry because of different needs and

reasons attached to marriage. Yet, unfulfilled needs during the marriage may destroy the very purpose for which couples get married and would suppress their emotions and lead to their divorce.<sup>1</sup> Divorce is the

primary reason that tears the family structure apart.<sup>2</sup> Therefore, divorce is recognized as a crisis of both society and family, which sometimes unbalances the family structure. Moreover, it reduces mental wellbeing and strikes family stability by causing stress.<sup>3</sup>

Through separation and divorce, family members experience considerable stress, which provokes short-term and long-term adjustment. For instance, some people find themselves unable to move forward due to the personal effects of divorce or post-divorce adjustments. In contrast, such an event may not be accurate for others.<sup>4</sup> In other words, the experience of divorce and adjustment in both couples and children impacts all of their psychological, physical, social, and emotional aspects. At the same time, it lowers the performance and competence of family members following the divorce.<sup>5</sup> Various studies have investigated these effects and showed that individuals who experienced divorce during childhood suffer from long-lasting mental effects in adulthood. Furthermore, those couples in which partners come from divorced families have elevated adverse mental health conditions.<sup>6</sup>

Over the past few years, the file for divorce has been increased as one in four recent marriages.<sup>7</sup> Investigations suggest that there are a variety of therapeutic techniques and methods to reduce or change the adverse effects of divorce on couples, including decreased self-confidence and adjustments. One of such approaches is compassion-focused therapy (CFT). CFT is a multidimensional therapy, which was developed through serious advances in acceptance and commitment-based therapies, cognitive behavioral therapy (CBT), dialectical behavioral therapy (DBT), emotion-focused therapy (EFT), and rational emotive behavior therapy (REBT).<sup>8</sup> While self-compassion is negatively related to self-criticism, depression, anxiety, mental rumination, and thought suppression,<sup>9</sup> it is positively correlated with life satisfaction and social skills.<sup>10</sup> Compassion is an important human strength, which encompasses characteristics of kindness, equanimity, united feelings, helping others find hope, and finding meaning in life when a problem arises.<sup>11</sup> Compassion is defined as simply showing kindness to oneself, being open to experience, and feeling concerned about another's suffering.<sup>12</sup> Different studies reported that compassion therapy was efficient for reducing impulsivity in women who were finalizing their divorce,<sup>13</sup> improving social adjustment and forgiveness in divorced women,<sup>14</sup> and promoting depression and anxiety in women after divorce.<sup>15</sup>

Another approach is a treatment based on acceptance and commitment, which promotes post-divorce adjustment in divorced women. Such treatment aims to help people find life meaningful and accept living with pain.<sup>16</sup> In addition, acceptance

and commitment-based treatments outline the reasons why cognitive fusion and experiential avoidance cause harm through openness to older clinical traditions, psychological flexibility, and an emphasis on behavioral performance over reason-giving.<sup>17</sup> In general, acceptance-based therapy is considered a type of behavioral therapy, which focuses on efforts to control aversive experiences and how experiential avoidance functions.<sup>18</sup>

Glassman et al.<sup>19</sup> advocate that failure in our attempts to prevent or overcome suffering and pain only intensifies our sadness. They suggested that only by properly accepting our feelings can we save our lives.<sup>19</sup> Acceptance and commitment-based treatment teaches clients to accept their emotions and thoughts, choose new ways of living, and carry out committed action. The major components of change and acceptance are identified as six core processes, known as an underlying principle (i.e., psychological flexibility), including acceptance, diffusion, self as context, contact with the present moment, values, and committed actions.<sup>20</sup> Studies revealed the efficiency of this treatment for promoting quality of life of married women with marital conflicts,<sup>21</sup> improving health anxiety, facilitating psychosocial adjustment, and cognitive emotion regulation of divorced women,<sup>22</sup> as well as promoting loneliness and psychological adjustment of women after divorce,<sup>23</sup> and enhancing depression and quality of life of divorced women.<sup>24</sup>

In general, divorce, as an issue, can contribute to the development of a wide range of problems and consequences, and frequently lead to an increased risk of social problems at both individual and social levels. Such problems and issues also cause several complications, from which women particularly suffer more than men do.<sup>25</sup> Compared with men, women face more social, psychological, and economic challenges after divorce. In addition, divorce has undesirable effects, which may also affect post-divorce adjustment and cause more negative outcomes for family members, especially women. Therefore, for promoting unfavorable conditions following the divorce and increasing post-divorce adjustments in women, therapists early identification and required interventions are considered a great help. To investigate each of these techniques separately on marital problems and divorce and their effects on post-divorce adjustments, researchers conducted different studies. Yet, more research is required to find out which method works better than the other. In this regard, a study should be carried out to compare various therapeutic procedures to determine the most effective and adequate approach. In the current study thus, the effect of compassion therapy and acceptance and commitment-based treatments on the post-divorce adjustments was investigated in divorced women. Evaluation, comparison, and explanation

of compassion-focused therapy and acceptance and commitment therapy on post-divorce adjustment in divorced women are the most important innovations of this study.

Given the lack of studies on post-divorce adjustment in divorced women, the present study sought to investigate the effectiveness of compassion-focused therapy and acceptance and commitment therapy on post-divorce adjustment in divorced women in the counseling center in Ahvaz.

## Methods

The research method was quasi-experimental with a pre-test, posttest, and follow-up design and a control group. The statistical population consisted of all divorced women referred to the counseling center of Ahvaz. Using convenience sampling, we selected 45 divorced women willing to participate in the study. We randomly divided them into two experimental groups (compassion-focused therapy and acceptance and commitment therapy) and a control group (n=15 per group). The inclusion criteria included scores lower than average in the divorce adjustment scale, at least two months passed since the divorce, no mental illness, and no simultaneous psychological or pharmaceutical treatment. The exclusion criteria consisted of remarriage, more than two absences from the treatment sessions, and reluctance to continue the treatment process. After sampling, the first experimental group received eight sessions (60-minute sessions per week) of compassion-focused therapy. The second experimental group received ten sessions (90-minute sessions per week) of acceptance and commitment therapy. The control group did not receive any treatment. After the intervention sessions, a posttest was performed in the experimental and control groups. Follow-up was further conducted in both groups after 30 days. At the end of the study, the control group received an intensive course

of compassion-focused therapy and acceptance and commitment therapy to observe ethical considerations. For ethical considerations, the researchers received written consent from the participants for participation in the research.

### Research Instrument

#### The Fisher Divorce Adjustment Scale (FDAS):

This questionnaire developed by Fisher<sup>26</sup> examines post-divorce adjustments. It has been reviewed several times since its initial development. FDAS consists of 100 questions, which are scored on a five-point Likert-type scale (1=always, 2=usually, 3=sometimes, 4=seldom, 5=never). Higher scores associate with poorer divorce adjustment, and lower scores correlate with greater divorce adjustment. The questionnaire consists of six subscales: 1- the feeling of self-worth, 2- disentanglement from the ex-partner, 3- anger, 4- grief, 5- social trust, and 6- social self-worth. Social self-worth promises an expected appropriate response, such as receiving value, qualification, or adequacy, by an individual from others in an interpersonal situation. Asanjarani et al.<sup>27</sup> reported an alpha Cronbach coefficient of 0.90 for the whole questionnaire. The Cronbach's alpha coefficient was 0.84 for the questionnaire in the present study.

### Intervention Program

Compassion-focused therapy sessions were planned based on Gilbert's CFT model.<sup>28</sup> This intervention was performed for the first experimental group in eight 60-minute sessions once a week. Table 1 provides a summary of CFT sessions.

The second experimental group participated in ten sessions (90-minute sessions per week) of ACT. These sessions were performed once a week based on the metacognitive model of Ducasse and Fond.<sup>29</sup> Table 2 shows a summary of ACT sessions.

**Table 1:** A summary of compassion-focused therapy sessions<sup>28</sup>

Session	Content
First	Introduction of participants; Introduction of group rules and regulations; Explanation of research variables; Introduction of CFT
Second	Explanation of compassion: what compassion is and how CFT can help us to overcome problems
Third	Teaching compassion and empathy: training in how to create more and more diverse emotions with others' issues to increase care for and attention to health, thinking about being compassionate to others, attention to and focus on compassion, compassionate thinking, compassionate behaviors, compassionate imagery
Fourth	Training in forgiveness, training in how to accept mistakes and forgive ourselves for mistakes to facilitate changes, increasing warmth and energy, mindfulness, training in how to accept issues and problems to accept upcoming changes and then gain the ability to withstand complex and challenging conditions due to the changing nature of life and face different challenges, wisdom and power, warmth and no judgment
Fifth	Training in the development of valuable and sublime emotions: training individuals in how to create helpful emotions in themselves so that they can deal appropriately and effectively with the environment, practicing consciousness and mindfulness, assessment of advantages and disadvantages of the beliefs that bring useless emotions
Sixth	Training in responsibility as the main component of self-compassion: training the participants in how to think self-critically to develop newer and more effective views and feelings, practicing color of compassion, sound and image of compassion, and compassion-based correspondence
Seventh	Compassionate correspondence, practicing anger and compassion and fear of compassion, preparations for terminating the group
Eighth	Review, summarization, group termination, posttest

**Table 2:** A summary of acceptance and commitment therapy sessions<sup>29</sup>

Sessions	Content
First	The group leader and the group members introducing one another, establishing ground rules for the group (informed consent and confidentiality), the start of the session with a short mindfulness exercise, pre-treatment assessment, application of ten schemas to teach psychological processes, and coping behaviors arising from schemas (monster in party metaphor), performing pre-test.
Second	A brief review of first session exercises and giving feedback, exercising mindfulness, understanding constructive despair, an overview of different examples of coping behaviors.
Third	Reviewing previous session exercises and offering feedback, exercising mindfulness, studying consequences of coping behaviors in the past, and discussing constructive despair using such metaphors as quicksand and digging a hole
Forth	Reviewing previous session exercises and giving feedback, exercising mindfulness, focusing on values, identifying barriers to valued actions, playing the role of monsters in a bus.
Fifth	Reviewing previous session exercises and giving feedback, exercising mindfulness to ensure consistency in improving such a skill, focusing on cognitive defusion and the related metaphors.
Sixth	Reviewing exercises and giving feedback, tracking the progress of committed actions, focusing on defusion, and examining negative labeling.
Seventh	Reviewing exercises and giving feedback, assessing what has been done to complete valuable goals exercises during the past week, setting new goals for the next week, focusing on anger as a coping behavior.
Eighth	Accepting early schema-related pain, conceptualization, and practical training focuses on disentanglement from old control strategies, different sensation awareness, and disentanglement from senses related to the content of mind.
Ninth	Reconsidering many topics and skills discussed in previous sessions as an opportunity for training new behaviors and ensuring consistency in them and teaching communicative skills.
Tenth	Starting the session with an extensive mindfulness exercise, exercising values-based substitute responses, studying potential barriers, and planning strategies to follow up committed actions and carry out post-treatment assessment, performing posttest.

**Table 3:** Demographic variables of the participants.

Groups	Mean age	Education		
		Middle school degree	High school education	College education
Compassion-focused therapy	28.65	0	4	11
Acceptance and commitment therapy	30.24	1	5	9
Control	29.11	0	6	9

**Table 4:** The mean and standard deviation of the dependent variable in experimental and control groups in the pre-test, posttest, and follow-up

Dependent variable	Phases	Compassion-focused therapy	Acceptance and commitment therapy	Control
		Mean±SD	Mean±SD	Mean±SD
Post-divorce adjustment	Pre-test	268.15±28.79	272.90±26.46	270.35±24.03
	Post-test	330.80±33.49	344.90±27.36	275.50±23.26
	Follow-up	332.60±32.79	349.95±27.72	278.00±24.44

M±SD: Mean±Standard deviation

*Statistical Analyses*

Data were analyzed by descriptive and inferential statistics, such as mean, standard deviation, and analysis of covariance. The Kolmogorov-Smirnov test was used to examine the normality of distribution of pre-test and posttest scores, and Levene’s test was utilized to investigate the equality of variances. Analysis of covariance (ANCOVA) was used to investigate the research hypothesis. The Bonferroni post hoc test was utilized to investigate the difference between the means of post-divorce adjustment among the pre-test, posttest, and paired follow-up. Finally, Cronbach’s alpha was calculated to specify the reliability of the questionnaire. SPSS version 24.0 was further used to analyze the data.

**Results**

According to the descriptive statistics, the participants

mean age in the experimental groups was 28.65 and 30.24 years. In contrast, the control group’s mean age was 29.11 years. Table 3 shows the participants’ demographic variables

Table 4 shows the mean and standard deviation (SD) of studied variables in the experimental and control groups in the pre-test, posttest, and follow-up. Mean±SD of the post-divorce adjustment for compassion-focused therapy, acceptance and commitment therapy, and control groups in the posttest stage were 22.40±11.26, 31.70±6.89, and 42.70±4.46, respectively.

Before analyzing the data to test the research hypotheses, the researchers examined the underlying assumptions of covariance analysis. To test the normality of the collected data concerning the significance of Z value, the researchers used the Kolmogorov-Smirnov test, which revealed that the research variables had normal distribution (Z=0.107;

**Table 5:** The one-way analysis of covariance for posttest scores of the dependent variable in the posttest phase.

Dependent variable	SS	df	MS	F	P	$\eta^2$	Statistical power
Post-divorce adjustment	53438.86	2	26719.43	41.82	0.0001	0.599	1.00

**Table 6:** Bonferroni posthoc test for paired comparison of the anxiety in the posttest phase

Variable	Groups	Mean difference	SE	P
Post-divorce adjustment	Compassion-focused therapy - Control	55.81	7.99	0.0001
	Acceptance and commitment therapy - Control	68.80	8.00	0.0001
	Compassion-focused therapy - Acceptance and commitment therapy	12.99	8.17	0.332

SE: Standard error

**Table 7:** The one-way analysis of covariance for posttest scores of the dependent variable in the follow-up phase.

Dependent variable	SS	df	MS	F	P	$\eta^2$	Statistical power
Post-divorce adjustment	57029.31	2	28514.65	45.11	0.0001	0.62	1.00

**Table 8:** Bonferroni posthoc test for paired comparison of the anxiety in the follow-up phase

Variable	Groups	Mean difference	SE	P
Post-divorce adjustment	Compassion-focused therapy - Control	57.11	7.96	0.0001
	Acceptance and commitment therapy - Control	71.36	7.96	0.0001
	Compassion-focused therapy - Acceptance and commitment therapy	14.25	7.97	0.338

SE: Standard error

$P=0.087$ ). The researchers used Levene's test ( $F=1.955$  and  $P=0.151$ ) to test the homogeneity of variances (for the same variances of the experimental and control groups). According to the test results, covariance (ANCOVA) analysis can be used. According to Table 5, the F-statistic of univariate analysis of covariance for the dependent variable showed a significant difference between the CFT, ACT, and control groups in terms of post-divorce adjustment. Therefore, it can be stated that at least one of the interventions significantly affected the dependent variable. Finally, the results of the Bonferroni test were used to find out which intervention was more effective and whether there was a significant difference between the interventions.

The mean difference between the CFT group and the control group in post-divorce adjustment was equal to 55.81, indicating the effectiveness of CFT in increasing post-divorce adjustment ( $P=0.0001$ ). Also, the mean difference between the ACT and control groups in terms of post-divorce adjustment was 68.80, which reveals the significant effects of ACT on post-divorce adjustment increasing ( $P=0.0001$ ). The mean difference between the CFT and ACT groups regarding post-divorce adjustment was 12.99. Since the difference was not statistically significant at the 0.05 level, it can be concluded that there was no significant difference between the CFT and ACT groups in increasing post-divorce adjustment (Table 6).

According to Table 7, the F-statistic of univariate analysis of covariance for the dependent variable showed a significant difference between the CFT, ACT, and control groups in post-divorce adjustment increasing in the follow-up period. Therefore, it can be stated that at least one of the interventions significantly affected the dependent variable. The

results of the Bonferroni test were used to find out which intervention was more effective and whether there was a significant difference between the interventions.

Table 8 shows that the mean difference in post-divorce adjustment between the CFT group and the control group was equal to 57.11. This result indicates that CFT effectively increased post-divorce adjustment until the follow-up stage ( $P=0.0001$ ). On the other hand, the mean difference between the ACT and control groups in anxiety was 71.36, which demonstrates the sustainability of ACT effects on post-divorce adjustment increasing until the follow-up stage ( $P=0.0001$ ). Moreover, the mean difference between the CFT and ACT groups regarding post-divorce adjustment was 14.25. Since the difference was not statistically significant at the 0.05 level, it can be concluded that there was no significant difference between the CFT and ACT groups in post-divorce adjustment increasing in the follow-up stage.

## Discussion

The present study aimed to investigate the effectiveness of compassion-focused therapy (CFT) and acceptance and commitment therapy (ACT) on post-divorce adjustment in divorced women referred to the counseling center in Ahvaz city in 2019. According to the study findings, both compassion therapy and acceptance and commitment-based treatment were effectively associated with the increased post-divorce adjustments of women after divorce. Such a direct effect lasted until the follow-up. Besides, there was no significant difference in the post-divorce adjustments between compassion therapy and acceptance and commitment-based

treatment during posttest and follow-up. This study provides the first evidence pertinent to the influential role of compassion therapy in the increased post-divorce adjustment of divorced women. This finding is consistent with the result of the study by Ghasem Zadeh et al.<sup>14</sup> which suggests that compassion therapy promoted social adjustments and forgiveness of divorced women. Like other studies, Saeidi et al.<sup>13</sup> demonstrate that compassion therapy efficiently reduced impulsivity in women who were finalizing their divorce. A survey by Shiralinia et al.<sup>15</sup> shows the role of compassion therapy in enhancing depression and anxiety in divorced women. These findings can be explained by the fact that a sympathetic attitude in some people helps them feel a link between themselves and others, which contributes to overcome the fear of exclusion and difficulty coping with a life event. Individuals with high levels of self-compassion experience fewer negative feelings when they face unpleasant events, including divorce. They believe that such events tie to the idea that we all make mistakes and bad decisions. In other words, self-compassion serves as a shock absorber against the negative consequences of divorce.<sup>15</sup> Those with high levels of self-compassion are easier on themselves when doing self-judgment, leading to a greater acceptance of adverse life events following divorce. Besides, their self-assessment and reactions are based on their real-life performance.<sup>13</sup> Individuals with high self-compassion are more likely to accept personal responsibility in the negative consequences of divorce. They can create a link between what they are and these unfavorable events. Yet, they ruminate less than others in response to such negative consequences, which helps them encounter fewer negative feelings after making an error.<sup>14</sup>

The second evidence in this investigation is the association of acceptance and commitment-based treatment with the elevated post-divorce adjustments. This finding is inconsistent with a study conducted by Iri et al.<sup>22</sup> They found the role of acceptance and commitment-based treatment in promoting divorced women's health, anxiety, psychosocial adjustment, and cognitive regulation. The findings are also in line with the study finding by Najjari et al.<sup>23</sup> which demonstrates that acceptance and commitment-based therapy improved loneliness and psychological adjustment of women after divorce. There is also another study found in the literature, in which Farahanifar et al.<sup>21</sup> showed the efficiency of acceptance and commitment-based treatment in increasing the quality of life of married women with marital conflicts. Another study on acceptance and commitment-based treatment carried out by Azizi and Ghasemi<sup>24</sup> resulted in the effective role of such a therapeutic approach in promoting the quality of life of divorced women.

The above-referenced findings can be explained by the fact that acceptance and commitment-based therapy first enables referrals to change the

relationship with their inner experiences, reduce experiential avoidance, increase cognitive flexibility, and eventually, promote their adjustment. Second, it teaches referrals to increase efforts to achieve worthy goals.<sup>30</sup> Studies suggest that disentanglement from the ex-spouse, parent-child intimacy, divorced people satisfaction with their friends, and intimate relationship of divorced individuals with close relatives of ex-husband are the most common predictors of post-divorce adjustment. After divorce, feelings of hatred and hostility toward ex-husband are the first emotions, leading to being sorry, guilty, and finally indifferent about the ex-spouse. Anger is a common emotion in most people who have newly divorced, which diminishes their adjustment when anger endures for a long time.<sup>23</sup> In such a case, divorced women are suggested to practice forgiveness to reduce anger toward a former husband. Through acceptance and commitment-based treatment, a person learns to control anger via mindfulness, which impacts interpersonal functioning.<sup>31</sup> Most women consider their relationship with their ex-husband unbelievable and irritating when they finalize the divorce. Regarding this, therapists first encourage divorced women to fully experience their emotions and thoughts related to feelings, relation, and mind rather than suppressing them. They face their secondary emotions, including shame, guilt, humility, and distrust.<sup>22</sup>

This study also evidences no significant difference in post-divorce adjustments between acceptance and commitment-based treatment groups and compassion therapy groups. This finding lasted until the follow-up. In general, following their attendance to the acceptance and commitment-based treatment and compassion therapy sessions, all divorced women in both groups found solutions to their problems by communicating with the therapist. This issue and their collaboration with the therapist in generating solutions for psychological problems resulted in increased adjustments in all divorced women. Post-divorce adjustment is defined as an individual ability to resist or experience negative psychological effects of divorce, and those with less tolerance define distress as an unbearable phenomenon. Those with poor post-divorce adjustment can use the RAIN method to observe their inner-self to focus on inner experience with acceptance. The RAIN technique is a mindfulness practice used for dealing with intense and complex emotions to discover a proper shelter when distress occurs. Individuals may control anger and disentangle from pain and suffering during divorce by interacting in a non-invasive manner or performing the technique of anger management or mindfulness. Both acceptance and commitment-based treatment and compassion therapy help individuals contact the negative and bad experiences and avoid physical sensations and thoughts to protect themselves from any harm. A person ignores the present moment by

thinking about past or future events and sinking in these thoughts as living in them.

## Conclusion

Through performing mediation techniques in acceptance and commitment-based treatment and compassion therapy, individuals learn to apply an unfocused interaction by encountering thoughts and accepting them only as thought, not reality. They also learn to weaken their relationship with negative thoughts and emotions and become aware of their physical sensations and ideas through the present moment living and experience acceptance via focusing on the breath. And they learn that to regulate the arousal symptoms, they should change the relationship with those thoughts that come to them with negative psychological symptoms. Throughout these interventions, individuals employ techniques for dealing with emotions and thoughts to accept emotions without seeking a fast relief for them or avoiding them. In other words, while individuals cannot change a situation in life, they can change the intensity of emotional responses in stressful situations and other life events, leading to an increased post-divorce adjustment. When encountering different emotions, they soon realize they can tolerate them and cope with negative ones. According to our results, counseling centers should apply acceptance and commitment-based treatments and compassion therapy for divorced women. It is suggested to carry out similar studies with different cultures and societies to generalize the findings obtained in the current investigation. Further studies are recommended to follow up a longer-term posttest to identify the continuity of effect of both therapies specifically.

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## Ethical Considerations

The Ethical Committee approved the study of Islamic Azad University-Ahvaz Branch (code: IR.IAU.AHVAZ.REC.1399.027).

**Conflicts of interest:** None declared.

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