

The Effectiveness of Self-Compassion Training on Self-Discrepancy, Loneliness, and Post-Divorce Adjustment among Women

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Quantitative Study

Abstract

Background: The objective of the present study was to determine the effectiveness of self-compassion training on self-discrepancy, sense of loneliness, and adaptation after divorce among women.

Methods: The present quasi-experimental study was conducted with a pretest-posttest design and a control group. The statistical population consisted of all divorced women referring to counseling centers in district 2 of Tehran, Iran, between April and June 2019. From among them, 30 individuals were selected through convenience sampling method and randomly divided into experimental and control groups. Data were collected using the Fisher Divorce Adjustment Scale (Fisher, 1976), self-discrepancy questionnaire (Higgins, 1987), and Revised UCLA Loneliness Scale (Russell, Peplau, & Cutrona, 1980) and analyzed using univariate analysis of variance and multivariate analysis of covariance in SPSS software.

Results: The self-compassion-based therapy reduced self-discrepancy and feeling of loneliness, and improved post-divorce adaptation in the experimental group.

Conclusion: It can be concluded that self-compassion-based therapy is effective on self-discrepancy, feeling of loneliness, and adaptation after divorce in women.

Keywords: Self-compassion; Self-discrepancy; Loneliness; Post-divorce adaptation; Women

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Introduction

Divorced women suffer from loneliness and lack of support. Loneliness is an unpleasant individual experience due to beliefs such as one being different from others that is associated with observable behavioral problems such as sadness, anger, and depression, and shows a kind of inconsistency between expectations and aspirations in social relationships. Signs of feeling alone can be behaviors such as avoiding contact with others (Berry, Kowalski, Ferguson, & McHugh, 2010). Researches have linked levels of loneliness to social skills (Boellinghaus, Jones, & Hutton, 2014), social self-efficacy (Brown & Lin, 2012), spiritual well-being, and social distance (Finlay-Jones, Rees, & Kane, 2015).

Moreover, divorced women are at risk of self-discrepancy, leading to less satisfaction with life, increased depression, and other mental illnesses (Gilbert, 2005). Higgins is a renowned theorist in the field of self (ego), and especially self-discrepancy. He divides ego into the 3 categories of the actual self, ideal self, and ought self. The real self consists of traits that a particular person (such as yourself or someone else) believes exists in you. The ideal self encompasses one's wishes and hopes (Higgins, 1999). It can be said that the ideal self encompasses the qualities that a particular person (like yourself or someone else) wants you to have.

The ought self encompasses the consciences and duties that one feels responsible for, including the sense of morality, commitment, and duty. Ought self is the collection of features that a particular person (like yourself or someone else) believes should be in you. The ideal self and free-standing self are considered as the guides of a person. Self-discrepancy and the differences between the real self and ideal self determine one's sensitivity to negative emotional states (Hoffart, Oktedalen, & Langkaas, 2015).

The discrepancy between the real and ideal self causes depression, sadness, and anxiety. However, less discrepancy between the ideal and real self will provide better mental health (Lalifaz, & Askari, 2008). The extent of the discrepancy between the 3 levels of self (actual, ideal, and ought) depends on several factors, such as individual, family, and social factors (Neff, 2003).

There are many ways to improve self-discrepancy, loneliness, and adaptation after divorce. One of these solutions is self-compassion. Compassion focused therapy is based on a neurodevelopmental approach to mental health problems (Neff, 2009) and focuses on the areas of past experiences, underlying fears, and unintended and unpredicted consequences (Gilbert, 2005).

Compassion is a skill that can be taught to an individual, and then, influenced by that person's training, nervous system, and immune system. The treatment is enforced by creating or enhancing a client's internal, compassionate relationship with him/herself, rather than blaming and condemning the client, or giving rise to self-criticism. The results of this treatment include well-being, understanding, and empathy, lack of judgment and blame, tolerance or resilience, confusion, and suffering, thorough attention, thinking, behavior, imagery, emotion, and passion (Newsome, Waldo, & Gruszka, 2012).

The efficacy of this treatment has been studied in some randomized controlled trials. Its effects on negative emotions, pessimistic thoughts, and self-esteem (Sharrock, 2016), reduced stress and increased relaxation (Trompetter, de Kleine, & Bohlmeijer, 2017), depression treatment (Vahedi, Fathabadi, & Akbari, 2011), improvement of self-criticism and self-destructive thoughts, reduced common symptoms and signs of anxiety, stress, and depression (Williams, 2016), and

promotion of the emotional healing of patients (Williams, Dalgleish, Karl, & Kuyken, 2014) have been shown in different groups. Nevertheless, no study has examined the efficacy of this treatment modality in people with diabetes. In line with these findings and that of research conducted in the field of self-compassion, a study found that students who received compassion focused therapy had higher hope, self-esteem, mental health, resilience, and positive emotions than their peers after a 2-month follow-up (Arch, Brown, Dean, Landy, Brown, & Laudenslager, 2014).

Given the increasing number of divorced women and their major problems in the field of self-discrepancy, feeling alone, and adaptation after divorce, it seems that many of these women do not seem to have sufficient knowledge and skills to efficiently manage these problems. The purpose of the present study was to determine the effectiveness of self-compassion training on self-discrepancy, loneliness, and adaptation in women after divorce.

Methods

The present quasi-experimental study was conducted with a pretest-posttest design and control group. The statistical population consisted of all divorced women referring to counseling centers in district 2 of Tehran, Iran, between April and June 2019. Due to the nature of the study population, the convenience sampling method was used to select the sample. The minimum number of samples was calculated based on test power of 0.8, the significance level of 0.05, the robustness of the relationship between independent and dependent variables, and achieving the desired power of 15 individuals in each group.

To implement the study, first, the list of counseling centers in district 2 of Tehran was obtained, and then, 6 centers were randomly selected and 30 individuals referring to the centers were selected randomly and divided into experimental (self-compassion treatment) and control groups (each comprising 15 individuals). The participants had to have at least a high school diploma and be capable of attending meetings. Participants who volunteered to participate in the study were asked to complete the questionnaires. Prior to administering the questionnaires, information was provided to the individuals on the subject of the research and they were assured that all information would remain confidential and would only be used for research purposes. The procedure was individualized and the whole process took 2 months.

The study inclusion criteria included the passage of at least 1 year since the divorce. The exclusion criteria were incomplete and invalid information. The ethical considerations of the present study were as follows: all individuals received written information about the research and were willing to participate in the research. They were assured that all information would remain confidential and be used for research purposes. The participants' names and surnames were not recorded for privacy reasons.

Fisher Divorce Adjustment Scale: The Fisher Divorce Adjustment Scale (FADS) was created by Fischer in 1976, and has been revised several times (Kelly & Carter, 2015). This scale consists of 100 questions that are scored based on a Likert scale ranging from 1 to 5 (1 = always and 5 = never). High scores indicate poor divorce adjustment, and low scores indicate high divorce adjustment. This scale consists of the 6 subscales of self-esteem, emancipation, anger, grief, social trust, and social self-esteem (Germer & Neff, 2013). The creators of this scale reported a reliability of 0.98 for the overall score and 0.87-0.95 for its subscales using Cronbach's alpha (Kelly & Carter, 2015). They used the 28-item General Health Questionnaire (GHQ-28) and the Rosenberg Self-Esteem Scale (RSES) to determine the validity of this scale.

Correlation coefficients of the subscales of FADS were in the range of 0.79-0.83 with the GHQ-28 and 0.88-0.89 with the RSES, indicating the validity of the FADS (Germer & Neff, 2013). Moreover, Cronbach's alpha for the total score of the scale was 0.82 and the reliability of the subscales was within the range of 0.51-0.90.

The Self-Discrepancy Questionnaire (Higgins, 1987), has been constructed based on Higgins' Theory of Self-Discrepancy (1987). This scale consists of 39 items, 13 items in each of its subscales Newsome et al., 2012). The Cronbach's alpha coefficient for the whole questionnaire, the ideal self, and ought self was 0.79, 0.48, and 0.67, respectively. Test-retest reliability was 0.65 for the whole questionnaire and 0.65, 0.63, and 0.58 for the actual, ideal, and ought self, respectively (Albertson, Neff, & Dill-Shackleford, 2015). The reliability of the whole questionnaire was calculated as 0.69 using Cronbach's alpha and 0.76, 0.71, and 0.63 for the subscales of actual, ideal, and ought self, respectively.

Table 1. Content of the compassion training program sessions

Session	The content of the sessions
1 st session	Initial communication with people, an overview of meeting structure, self-directed awareness using physical examination (partial awareness), self-directed awareness, and homework
2 nd session	The participants were taught 5 knowledge-building skills to define indifference toward situations, what to do when we are feeling indifferent toward a situation, and what others do when they feel indifferent. The participants were asked to explain how they feel when they are indifferent and when others are indifferent to them. Whether we need to be indifferent or not, and the conditions toward which we should be indifferent were also discussed.
3 rd session	The exercise of the previous session, which was about understanding the relationship between thoughts, feelings, and events, was reviewed. After that, empathy was defined for the participants. What we do when we sympathize and how others sympathize with us, whether we need to sympathize or not, and under which circumstances we should sympathize were also addressed. Finally, the homework was explained.
4 th session	The homework and content of the previous sessions were reviewed. The participants were taught breathing exercises as a means of meditation. The definition of empathy, what we do when we empathize and what others do when we sympathize, how we feel when we sympathize, how we feel when others sympathize with us, whether we need to empathize, under which circumstances we should empathize, the difference between apathy, and empathy were discussed. At the end of the session, sitting meditation, presence of mind and focus on the breathing and body (consciousness exercise), was performed.
5 th and 6 th sessions	The skills required for empathy were explained. The definitions of interpretive errors and dehumanization in relationships were provided. Then, the participants were asked to name two of their interpretive and humanizing errors and their friends. The necessity of learning empathy, how lacking skills and interpretations affect our relationships with others, and what skills one needs to prevent wrong interpretations were explained. Moreover, acceptance without judgment and identification of negative self-talk were also explained.
7 th session	Interpretive errors were defined. Then, the participants were asked to name each of their interpretive errors and those of their friends. The role these errors play in relationships were explained. Finally, training was provided on cognitive distortions, consequences, and coping strategies.
8 th and 9 th sessions	On these sessions, safety strategies and domineering behaviors and their relationship with self-criticism (challenging the patient through Socratic dialogue) were discussed and assignments were given.
10 th to 12 th sessions	On these sessions, people were asked to talk about self-attack along with attentiveness, thoughtfulness, compassionate behavior, and practicing respect, and were taught how to create compassionate images through the necessary meditation. After 1 week, posttest was conducted in both groups.

Revised UCLA Loneliness Scale: The revised UCLA Loneliness Scale (UCLA-R) was developed by Russell, Peplau, and Cutrona (1980). The UCLA-R consists of 20 items and the total score is the sum of the score of the 20 items. This index contains descriptive terms that are scored on a 4-point Likert scale (0 = never, 1 = rarely, 2 = sometimes, 3 = often); items 1, 4, 5, 6, 9, 10, 15, 16, 19, and 20 are reverse scores.

The reliability of the scale was reported to be 0.84 and 0.87 with Cronbach's alpha and test-retest reliability, respectively (Birnie, Speca, & Carlson, 2010). Moreover, in the present study, the validity of the UCLA-R was calculated through correlation with social anxiety, which was 0.34, indicating the acceptable validity of the questionnaire.

Table 1 shows the content of the Compassion Training Program sessions (Werner, Jazaieri, Goldin, Ziv, Heimberg, & Gross, 2012).

Descriptive statistics such as frequency calculation, percentage, mean, and standard deviation and inferential statistical methods including univariate analysis of variance (ANOVA) and multivariate analysis of covariance (MANCOVA) were used for data analysis. SPSS software (version 22; IBM Corporation, Armonk, NY, USA) was used for data analysis.

Results

In this study, 30 participants were divided into experimental and control groups (15 in each group). The mean \pm SD of age in the experimental group was 35.73 ± 7.06 and in the control group was 36.47 ± 9.74 . There was no significant difference between the two groups in terms of mean age ($t = 28$; $P < 0.05$). In the experimental group, 13 individuals were undergraduates, 1 was a postgraduate, and 1 did not report his/her education.

In the control group, all subjects had a Bachelor of Science. In terms of occupational status, 6 participants were housewives, and 9 were employed in the experimental group. In the control group, 5 participants were housewives, and 10 were employed. Mean and standard deviation for scores of research variables in pretest and posttest is shown in table 2.

Table 2. The mean and standard deviation of scores of research variables in pretest and posttest

Variables	Group	Pretest	Posttest
		Mean \pm SD	Mean \pm SD
Self-Discrepancy	Actual self	Experimental	27.90 ± 5.47
		Control	27.50 ± 4.93
	Ideal self	Experimental	38.80 ± 4.93
		Control	38.20 ± 3.07
	Ought self	Experimental	36.30 ± 3.48
		Control	37.25 ± 2.95
Self-Discrepancy total score	Experimental	99.95 ± 12.00	
	Control	98.80 ± 11.86	
Adaptation after divorce	Experimental	189.70 ± 20.50	
	Control	187.15 ± 12.93	
Feeling alone	Experimental	55.85 ± 11.35	
	Control	56.80 ± 8.85	

SD: Standard deviation

Table 3. Results of multivariate analysis of covariance on mean posttest scores of self-discrepancy, loneliness, and adaptation after divorce in the experimental and control groups

Test name	Level	df hypothesis	df error	F	P-value	Eta squared	Statistical power
Pillai's Trace	0.35	6	23	14.40	0.0001	0.32	1.00
Wilks' Lambda	0.19	6	23	14.40	0.0001	0.32	1.00
Hottelling's Trace	4.03	6	23	14.40	0.0001	0.32	1.00
Roy's Largest Root	4.03	6	23	14.40	0.0001	0.32	1.00

df: Degrees of freedom

The normality of the distribution of scores in the pretest in both experimental and control groups was confirmed by the Kolmogorov-Smirnov test. Moreover, since the F-value of interaction for the regression line slope was the same for all the variables in the study, the homogeneity of the slope of the regression line was confirmed. MANCOVA was used to examine the differences between the experimental and control groups regarding self-discrepancy, loneliness, and adjustment after divorce.

The results presented in table 3 indicate that there are significant differences between the experimental and control groups in at least one of the dependent variables ($P < 0.0001$; $F = 1414.40$). Therefore, the main hypothesis was confirmed. To determine which variables differed between the groups, 6 one-way covariance analyses were performed in the MANCOVA text the results of which are presented in table 4. The effect or difference was 0.32, i.e, 32% of the individual differences in posttest scores of self-discrepancy, loneliness, and adjustment after divorce were related to the effectiveness of self-compassion therapy (group membership).

By controlling the pretest between the experimental group and the control group in terms of their actual self ($P < 0.0001$; $F = 82.13$), ideal self ($P < 0.0001$; $F = 34.34$), ought self ($P < 0.0001$; $F = 2473.24$), and self-discrepancy ($P < 0.0001$; $F = 7584.75$), there was a significant difference in adjustment after divorce ($P < 0.0001$; $F = 6734.67$) and feeling alone ($P < 0.0001$; $F = 44.20$) (Table 4).

Table 4. Results of one-way covariance analysis in the multivariate analysis of covariance text on mean posttest scores of self-discrepancy, loneliness, and divorce adjustment

Variable	Source of changes	SS	df	MS	F	P	Eta squared	Statistical power
Actual self	Pretest	628.38	1	628.38	159.77	0.0001	0.87	1.00
	Group	323.03	1	323.03	82.13	0.0001	0.68	1.00
	Error	145.52	27	3.93				
Ideal self	Pretest	497.76	1	495.76	92.18	0.0001	0.71	1.00
	Group	186.75	1	186.75	34.72	0.0001	0.48	1.00
	Error	198.98	27	5.37				
Ought self	Pretest	500.58	1	500.58	160.06	0.0001	0.81	1.00
	Group	299.05	1	299.05	73.24	0.0001	0.66	1.00
	Error	198.98	27	3.12				
Self discrepancy	Pretest	4438.48	1	4438.48	168.66	0.0001	0.82	1.00
	Group	2230.37	1	2230.37	84.75	0.0001	0.69	1.00
	Error	973.66	27	26.31				
Adaptation after divorce	Pretest	3532.75	1	7535.32	322.74	0.0001	0.89	1.00
	Group	379.52	1	379.52	34.67	0.0001	0.48	1.00
	Error	404.99	27	10.94				
Feeling alone	Pretest	8874.10	1	8874.01	127.74	0.0001	0.77	1.00
	Group	3070.36	1	307.36	44.20	0.0001	0.54	1.00
	Error	2570.18	27	69.46				

df: Degrees of freedom; SS: Sums of squares; MS: Mean squares

According to Neff's (Kemper, Mo, & Khayat, 2015) definition, this variable consists of the 3 components of kindness to the self versus judgment of the self, the feeling of human communion in isolation, and vigilance in contrast to excess of replication (Zessin, Dickhauser, & Garbade, 2015). This treatment cultivates self-acceptance, increases women's adaptability to problems, and provides women with the ability to successfully adapt to post-divorce conditions. It also improves self-discrepancy, which makes these women feel lonely. It can be said that self-compassion training can lead to a good mindset. It gives individuals an understanding of their irrational thoughts. It empowers them to cope with the challenges ahead, overcome hardships, and move on with life, or in other words, increases adjustment after divorce. Education can be a source of change, including changes in attitudes and beliefs, this, in turn, increases compatibility. Compassion-based education helps individuals to understand their irrational and irrational evaluations, and thus, to reform and enjoy their social relationships, work, and leisure activities. This reduces stress and increases adaptability. The nature of group training itself can have a positive effect on increasing adaptability. Gathering in a group with people who have similar problems is effective in reducing stress and negative moods, thereby increasing the acceptance of reality and the ability to cope with it. Therefore, self-compassionate training can lead to successful adaptation to adverse conditions.

Compassion for oneself helps the person in transition with his or her mental strain to improve as he or she experiences suffering. Acknowledging that all human beings are defective, they fail, make mistakes, and may engage in unhealthy behaviors is the other element of compassion for oneself. Compassion for oneself links the experiences of individual failure to the common human experience, as each person's characteristics appear in a broad and universal perspective. Human judgments and struggles also become shared human experiences, so that when one experiences suffering, he feels that he is attached to others. However, often when people think about their shortcomings, they feel isolated from others, in the sense that they feel that their failure was an error that the rest of humanity has no share in. Human judgments and struggles also turn into shared human experiences, so that when one experiences suffering, one feels attached to others, but often when people think of their shortcomings, they feel isolated. Furthermore, when people experience difficult situations in life, they often fall into the trap of thinking that they are the only ones struggling with feelings of isolation and separation from others who continue their happy and normal lives. The third component of compassion for oneself is conscious attention to what is happening in the present moment, in a clear and balanced way. As such, one should not ignore or rummage aspects of one's personality or life that one does not like (Zessin, Dickhauser, & Garbade, 2015). Self-compassion includes caring for and having compassion for oneself and lack of self-evaluating attitudes in the face of perceived difficulties or failures (Marshall, Parker, Ciarrochi, Sahdra, Jackson, & Heaven, 2015). High self-compassion reduces feelings of loneliness and protects individuals from stress (Friis, Johnson, Cutfield, & Consedine, 2016) as a result of acceptance of emotional vulnerability, caring for oneself, non-evaluative attitudes toward one's failures (Held & Owens, 2015; Neff & Davidson, 2016). Self-compassionate treatment reveals limitations and unhealthy behaviors, and thus, enables the individual to move forward and implement change to promote adaptation (Raque-Bogdan, Ericson, Jackson, Mrtin, & Bryan, 2011). Therefore, one can expect that self-discipline-based therapy can have an impact on women's self-discrepancy, loneliness, and adaptation after divorce.

The present study had some limitations. In this study, only questionnaires were used for data collection; therefore, biased information may have been obtained, as some participants may have answered some questions in a way to better represent themselves. The limitation of the study population to Tehran prevents the generalization of the results to other cities. Researchers can use other methods such as interviewing to obtain accurate information. It is recommended that counseling and mental health professionals use compassion-based treatment to improve self-discrepancy, loneliness, and adaptation after divorce. It is suggested that similar research be carried out in other cities so that their results can be compared to the present results. In future research, the use of other methods such as observation and interviewing, in addition to questionnaires, is suggested. Given that compassion-based treatment is a valuable approach, it can be used to improve self-discrepancy, loneliness, and adjustment after divorce and other aspects of life, such as psychological well-being.

It is suggested that self-compassion therapy workshops be held so that mothers can acquire the necessary skills to improve their psychosocial abilities, resolve any issues, and increase their post-divorce adjustment abilities.

Conclusion

None.

Conflict of Interests

Authors have no conflict of interests.

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