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Abstract: Background: Low level of self-compassion and emotional distress are common significant problem in young aged divorced women. Cognitive behavioral intervention has been found to be effective in improving self-compassion and reducing emotional distress of divorced young aged women. Purpose: To evaluate the effectiveness of a cognitive behavioral intervention on self-compassion and emotional distress among young aged divorced women. Design: A quasi-experimental research design two groups (study and control group pre/ posttest) was used to achieve the study purpose. Setting: The study was carried out at family court of Shebin El-kom ,Menoufia Governorate, Egypt and government charitable institution which support divorcees Takaful and Karama charity and National Council for Women at Shebin El-Kom ,Menoufia branch. Sample: A convenience sample of (180) young aged divorced women (90 study group and 90 control group) was selected from the above-mentioned setting. Data collection Instruments: (1) Structured interview questionnaire, (2) Self-Compassion Scale: (3) Emotion Distress Scale. Results: Young divorced women in the study group who had high self-compassion were 17.28%, 35.6% and 72.6% on pre, post and follow up tests. Moreover, divorced women in the study group who had normal level of emotional distress increased from 25.5% on pre-intervention to 63.3% on post and follow up tests. Also, there was high negative significant correlation between emotional distress total mean score and total positive self-compassion mean score where p value (P<0.0001). Conclusion: The cognitive behavioral intervention has a positive effect on improving self-compassion and reducing emotional distress among young aged divorced women. Recommendations: Cognitive behavioral intervention should be provided to all young aged divorced women to enhance their self-compassion and psychological well-being.

Keywords: Cognitive behavioral intervention, emotional distress, self-compassion.

Introduction

The root of all social problems that are happening in our society today is directly related to the family, the interaction in it, the possible conflicts that arise and the factors of their occurrence are one of the important social issues. (Xerxa et al.,2020).

Compared to previous periods, today the number of family divorces increases year by year. When family life is characterized by stress and conflict, the health of family members tends to be negatively affected (Sharif et al.,2021; Shumaker & Kelsey, 2020).

Thus, in addition to the fact that due to family conflicts, the spouses are separated and children become psychologically broken. moreover, other negative consequences that affect divorced women which in some cases can cause emotional problems, anxiety or self-criticism (Xerxa et al.,2020).

Divorced women suffer from low selfcompassion, self-blaming and selfcriticism which is a bad and an unpleasant individual experience due to beliefs such as one being different from others that is associated with observable behavioral problems such as sadness and anger (Sadiku & Sadiku, 2022).

It has been shown that emotional distress is associated with a variety of negative consequences including of depression, symptoms anxiety. substance abuse, aggression, and suicidal thoughts. Maladaptive emotional responses can disrupt daily functioning and lead to mental disorders (Amani et al., 2021).

Compassion is a skill that can be enforced by creating or enhancing a divorced woman's internal, compassionate relationship with herself, rather than blaming and condemning the divorcee, or giving rise to self-criticism (Sadiku & Sadiku, 2022).

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 which in turn will reduce emotional problems following divorce (Sadiku & Sadiku, 2022).

Divorce may leave a woman feeling hurt, lonely and unhappy. Even if it was her choice to end the marriage, she may bear the scars of the broken relationship for a long time. Divorced women reported significantly higher psychological distress levels than married women in the years following the divorce. The stresses of being in an unhappy marriage may simply be replaced by different worries, such as not being able to trust a man again, struggling to find her perfect partner or a fear of being rejected (Scott, 2022).

Moreover woman may suffer financially after divorce, particularly if she is the primary caregiver to the children. Without her husband's salary, she will have less money to cover bills and household expenses. The average divorced woman has less money than the average married woman and women don't completely recover from the

financial consequences of divorce until they remarry (Lichtenstein et al., 2022). All of these previous negative consequences of following divorce can be managed with cognitive behavioral intervention which is an intervention that helps the divorced women to deal with overwhelming problems in a more positive way by breaking them down into smaller part and showing them how to change these negative patterns to improve the way they feel (Laidlaw and Wilkinson, 2020) Cognitive techniques aim identify to and challenge irrational thoughts and find alternative methods to replace those with realistic thinking. In order to substitute realistic thinking with defined cognitions, the negative thoughts and cognitions are identified, the link between cognition, emotion and behavior is determined and the counter-evidence of automatic thoughts are examined(Moorey,2023).

In addition to the fact that the most direct method to change ineffective emotions and behaviors is to rectify the wrong and inefficient thinking. To change the feelings about events, we change need to the thinking (Moorey, 2023). Cognitive-Behavioral intervention program designed for divorced women to address the emotional and psychological impacts of divorce, enhance self-compassion, and reduce emotional distress. Cognitivebehavioral intervention is used to correct irrational beliefs, inefficient beliefs, incorrect interpretations, and cognitive errors (Zhang et al., 2020).

Cognitive-Behavioral intervention is effective in creating and enhancing capabilities such as decision-making,

motivation to accept responsibility, positive interaction with others, happiness, self-esteem development, problem-solving skills, emotional cognitive self-regulation, and more al., 2020).Therefore, (Zhang et cognitive-behavioral intervention, by controlling and regulating emotions and feelings, managing psychological establishing effective stress. communication, and self-control, reduces psychological and emotional stress in women who have experienced divorce and subsequently improves self-acceptance and self-compassion through leveraging structures of value and self-efficacy (Sanati et al., 2024).

Cognitive-behavioral intervention reduces cognitive errors in the woman; this skill could enable a divorced woman to be compassionate towards her when dealing with life's adversities and unpleasant events, such as failure(Zamani et al., 2022;Zhang et al.,2020).

Moreover, after undergoing cognitivebehavioral intervention, divorced women, as they gain insights into cognitive distortions involving certainty and ignoring probabilities in situations of assurance and uncertainty, this flexible perspective and belief in probability can also reduce an individual's negative and critical view of their own weaknesses, thus reducing self-judgment and self-criticism (Zamani et al., 2022;Zhang et al., 2020). Therefore, it lays the groundwork for increasing self-compassion. Furthermore, individuals with high self-compassion often use mindfulness to resolve their disagreements. As they

do not suppress their negative emotions and do not engage in rumination, they experience more positive emotions and fewer negative emotions (Helminen et al., 2023;Dodson et al., 2022).

Nurses play a vital role in helping divorced women to adapt to changes that divorce cause by creating trusting and meaningful relationships with clients and are in a prime position to listen to their concerns. Within this relationship is an opportunity to offer support and guidance and inform clients of available resources to ease stress at a very difficult time(Blum,2018).

addressing By support needs. encouraging one to take care of themselves, and to develop healthy lifestyles, nurses are caring for their clients at a vulnerable time and offering them tools to address their concerns as they rebuild their lives. Understanding how the woman who is in the midst of a complex divorce experiences the transition to being single once again help the nurse to provide can individualized care and apply nursing therapeutics to support divorced midlife women (Blum,2018).

SIGNIFICANCE OF THE STUDY

Divorce has increased dramatically in Egypt during the last few years. Divorce cases have witnessed a continuous increase annually. While the official statistics issued by the Central Agency for Public Mobilization and Statistics revealed shocking numbers about divorce cases during the year 2022, "the latest divorce statistics so far," as the annual report on divorce statistics revealed that the number of divorce cases during the year 2022 increased by approximately 6% compared to the previous year (Hossam,2023).

The indicators and numbers revealed by the statistical report on divorce cases included that there are 31 divorce cases every hour, according to the number of divorce cases in 2022, at a rate of approximately 740 cases per day, (The Central Agency for Public Mobilization and Statistics,2022).

Divorce has a significant impact on individuals, families, and whole communities. It can cause emotional distress, feelings of guilt or regret, financial strain, and a breakdown in family dynamics. It may also lead to increased crime rates, poverty levels, and lower levels of education (Gul et al.,2021).

Abdel Aziz, & Zahira (2020) found that divorced women suffer from psychological distress as a result of the social stigma they face. Divorce is the worst shock a woman can be exposed to, which has been described as a feeling of criminalization and isolation from society, blame, guilt, and unequal rights.

Divorced women are often viewed as she is a bad mother and a bad wife more than men, and women with children are exposed to more criticism than women without children, which leads to feelings of emotional emptiness, selfesteem problems, financial challenges, low social status, and conflict with the family after divorce, which comes in the form of family imposition, restrictions and control Abdel Aziz, & Zahira (2020).

Additionally the continued blame for the failure of the marriage and selfcriticism and decreasing selfcompassion that it is very important to reduce the emotional distress and negative feelings following divorce. Self-compassion helps divorcees to understand, not judge the experienced weaknesses and failures, and accept that experience as a part of life, although it is bad (Hermansyah, 2019). Self-compassion is important for divorced women because it may help them in facing life after divorce. Selfcompassion also helps divorcees to not to blame themselves for the divorce and to provide support and interpersonal faith (Hermansyah, 2019). So, it is very important to enhance self-compassion and reduce emotional distress among young aged divorced women through the application of cognitive behavioral intervention.

Purpose of the study:

To evaluate the effectiveness of a cognitive behavioral intervention on self-compassion and emotional distress among young aged divorced women.

Research hypotheses:

- Divorced women who participate in cognitive behavioral intervention (study group) are expected to have higher self-compassion scores after implementation of cognitive behavioral intervention than divorced women who don't participate (control group).
- 2) Divorced women who will participate in cognitive behavioral intervention (study group) are expected to have lower emotional distress scores after implementation

of cognitive behavioral intervention than divorced women who don't participate (control group).

Research design:

A quasi-experimental research design two groups (study and control group pre/ posttest) was used to achieve the study purpose.

Research setting:

This study was conducted in family court at Shebin El-kom ,Menoufia Governorate, Egypt and government charitable institution which support divorcees Takaful and Karama charity and National Council for Women at Shebin El-Kom ,Menoufia branch.

Sample Size calculation:

Based on review of past literature Nayeri et al.(2021), that examined the same outcome and found significant differences in experimental group than the control group after the end of the training program (P value <0.0001) a sample size of 180 participants (study and control) was calculated using the equation $n = [DEFF*Np(1-p)]/[(d2/Z21-\alpha/2*(N-1)+p*(1-p)])]$

Sampling: -

A convenience consecutive sample of 180 young aged divorced women was chosen and divided into two equal group (study and control), 90 for each group, who attend family court at Shebin El-kom ,Menoufia Governorate, Egypt and government charitable institution which support divorcees Takaful and Karama charity and National Council for Women at Shebin El-Kom ,Menoufia branch

according to the following inclusion criteria and exclusion criteria:

Inclusion criteria:

This includes: Age ranged from 18 to 35 years old divorced women, voluntary accepting participation and free from any physical or psychiatric disorders.

Exclusion criteria:

This includes divorced women age more than 35 years, divorced women who are diagnosed with mental illness or neurological disorder, any history of chronic physical illness which may lead to anxiety and depression which will interfere with the results.

Instruments of data collection:

Three instruments were used for data collection:

<u>Instrument one</u>: A structured

interviewing questionnaire

It was developed by the researcher to assess socio-demographic characteristics of the participants which includes age, level of education, occupation, residence, housing now, duration of marriage having children, number of children and causes of divorce.

Instrument two: Self-Compassion Scale (SCS):

This scale was developed by (Neff, (2003) and translated into Arabic by the researcher to assess self-compassion. The SCS consists of 26 items, statements each which assessing various aspects of self-compassion. It contains 6 subscales which include (self-kindness versus self-judgment, common humanity versus isolation and mindfulness versus over-identified items). Statement represents a threepoint scale from (1 to 3). A SCS total score computed from the six subscales. Scoring system of each item: Never received 1 degree, sometimes received 2 degrees and always received 3 degrees. Total scoring system: The total score of each woman was categorized into "Low self-compassion" when she achieved the score higher than mean value of grand total SCS Negative subscales.

So scores > 22.8 were considered as "Low SCS". On the other hand, a score higher than mean value of grand total SCS Positive subscales, was categorized into "High selfcompassion". Accordingly, women achieved a score > 32.47 were considered as "High SCS".

<u>Instrument three</u>: Emotional Distress Scale (EDS):

This scale was developed by (Robertson et al., 2017) and translated into Arabic by the researcher to assess emotional distress in divorced women. Scoring system of each item: EDS consists of 10 statements and each one response rated from 0 to 5. Strongly disagree received 0, disagree received 1 degree, to some extent disagree received 2 degrees, to some extent agree received 3 degrees, agree received 4 degrees and completely agree received 5 degrees.

Total scoring system: The range of scores on this questionnaire is from 0 to 50, with higher scores indicating higher emotional distress. Normal or no emotional distress scoring (0-20), Mild

emotional distress scoring (21-30), Moderate emotional distress scoring (31-40) and Severe emotional distress scoring (41-50).

Validity:

The study instruments were tested for face validity by a jury of five experts in the field specialty of psychiatric mental health nursing (Professor), psychiatric medicine (Professor) and psychologist (Professor) to ascertain the relevance, coverage of the content and clarity of the questions. The instruments were approved to be valid after the judgment of the experts.

Reliability:

The internal consistency of the questionnaire was calculated using Cronbach's alpha coefficients. The reliability of the instruments was done using test - retest reliability and proved to be strongly reliable at 0.87for instruments two, and 0.79 for instrument three.

Pilot study:

After the instruments were designed, they were tested through a pilot study, which was done before conducting the study to check the clarity and feasibility of the instruments to be sure that it was understood and to estimate the time needed to complete its items.

It was carried on a sample of 10% (18 young aged, divorced women) who were excluded later from the main study sample to assure stability of the results. Minor modifications were done according to the result of the pilot study in instruments two and three.

Such as in (e.g. in the self-compassion questionnaire the question of when i

think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world which was modified into when i feel isolated and disconnected from the rest of the world when i think about my defects. In addition to the question of when i see aspects of myself that i don't like, i get down on myself was modified to when i see aspects of myself that I don't like, I get angry or frustrated from myself.) These questions were simplified to be more understandable to participants.

Ethical consideration:

Ethical approval was obtained from the Ethical Research Committee of the Faculty of Nursing, Menoufia University. Informed consent for participation was taken from the participants after explaining the purpose of the study.

Study participants were assured of maintaining anonymity and confidentiality of the subjects, data, the divorcees Also, they were informed that participation in this study was voluntary; they have the right to participate in the study and they have the right to withdraw from the study at any time.

Procedure:

 Before starting any step in the study an official letter was addressed from the dean of faculty of nursing, Menoufia University then was sent to undersecretary of the Ministry of Social Solidatory in Menoufia governorate requesting their cooperation and permission to conduct the study.

The process of data collection took a period of 3 months (from the beginning

of November 2023 to the end of January 2024), 1 day / week.

Preparatory Phase:

- The researcher attended training sessions about cognitive behavioral therapy from 1 to 30 June 2023. Moreover an extensive literature related to the study area was done including electronic dissertations, available books, articles, research papers and periodicals.
- The researcher plan articulates for describing the purpose of the study to participants, the actual collection of data and recording information. A guide booklet was prepared by the researcher and reviewed by a jury.
- The data was gathered from divorced women attending the family court in Shebin El-Kom, Menoufia Governorate, Egypt and government charitable institution which support divorcees Takaful and Karama charity and National Council for Women at Shebin El-Kom. Menoufia branch. at Menoufia Governorate, Egypt.; using the above-mentioned instruments for data collection.
- The Cognitive behavioral intervention was applied for three months in the period starting from November 2023 to the end of January 2024. This study involved 180 young aged divorced women who were divided into two groups: a study group (90 divorced women) and a control group (90 divorced women).
- The study group was divided into four groups, each with 23

participants. Each group attended thirteen sessions, one-third (4 sessions) theoretical and the other two-thirds (8 sessions) practical. The researcher meets each group one session every week from 10 AM to 11.30 AM.

- Orientation was done about the purpose of the study and content of the study. Assessment was done using the scale for the assessment of self-compassion and emotional distress for 180 young aged divorced women. Then they were randomly assigned to two equal groups' one study group and the other was control group using coin tossing. Then they were randomly assigned to two equal groups' one study group and the other was control group using coin tossing.
- The researcher met the study group and informed them that they will attend 13 sessions which distributed as the following (12 sessions) within three months/ one session every week), and one session (follow up) after three months of completing sessions to evaluate the continuity of effectiveness of the intervention.
- After completing cognitive behavioral intervention sessions, a posttest was carried immediately after the intervention sessions and three months later of follow up. Application of the study passed into three stages (assessment phase, implementation, and evaluation phases).
- researcher met the study group and informed them that they will attend 13 sessions which distributed as the

following (12 sessions) within three months/ one session every week), and one session (follow up) after three months of completing sessions to evaluate the continuity of effectiveness of the intervention.

Phase (1): Assessment phase: -

 Once the permission was obtained to continue this proposed study. A comfortable, private place was chosen for the interviewers. Orientation was done about the purpose of the study and content of the study. Assessment was done using the scale for the assessment of self-compassion and emotional distress for 180 young aged divorced women.

<u>Phase (2)</u>: The implementation phase: -

The researcher met the study group and informed them that they will attend 13 sessions.

Session 1: Introduction and orientation, Session 2: overview of divorce, Session 3: Self-Compassion and warning signs of emotional distress, Session (4): Demonstrating Deep muscle relaxation exercises and deep breathing techniques, Session (5): Apply skills of controlling emotional disturbances and thought stopping techniques.

Session (6): Self-compassion skills and steps to deal with negative experiences with a conscious mind, Session (7): Skills of self-efficacy, self-confidence and self-development, Session (8): Steps of problem-solving and decisionmaking skills.

Session (9): Effect of parental divorce on their children and adolescents, tips for talking with your child about the changes that divorce brings and how child adapt, Session (10): Tips for divorced women to deal with divorce during and after divorce in the best possible healthy way, Session (11): Planning Skills to start a new life.

Session (12): Session for the post- test. The post- test was conducted after 3 months to evaluate cognitive behavioral intervention effectiveness using self-compassion scale and emotional distress scale, Session (13): final session for the Follow up test.

A follow-up test was conducted after 3 months using self-compassion and emotional distress scales to evaluate the continuity of effectiveness of cognitive behavioral intervention on selfcompassion and emotional distress (assess the achievement of the aim of the study).

Statistical Analysis:

The study used IBM's SPSS version 22 for data collection, analysis, and statistical analysis. Descriptive used present statistics were to quantitative data in mean, standard deviation, range, and qualitative data in numbers and percentages. Analytical statistics were used to determine possible associations between factors and the targeted disease. Tests of significance included Chi-square, Fisher exact, Spearman's correlation were used, A statistical significant difference was considered if with a significance level of P < 0.05.

Significance level was set at p value <0.05. A highly statistical significant difference was considered if P <0.01. A very highly statistical significant difference was considered if P <0.001.

Results:

Table 1: Showed socio-demographic data of studied young divorced women groups in the study and control groups. This table revealed that the study and control group's as regards education, nearly one third (38.9) of the control group and nearly on half (44.8%) of the study group both had moderate secondary school education, while (26.7%)of study group had high education. Concerning the occupational status, nearly two thirds (76.7.0%) and (72.2.0%), respectively) of both the control group and the study group didn't, t work. Regarding residence, the control and study group nearly two thirds of the control and study group (63.3% and 58.9%, respectively) were from rural areas. Concerning duration of marriage (45.6%) of the control group and more than one third (43.4%)of the study group both had duration of marriage 1-5 years. and Also, the majority of divorced women of both in the control and study groups had 1-2 children (77.3%,79.5% respectively) and nearly one half of these children aged 4-10 years for both control and study groups (52%) .56.4% respectively).

Table 2: clarifies Represented levels of self-compassion among studied groups of young divorced women in the control and study groups on pre intervention. This table showed that majority of both study and control a low level of groups had selfcompassion with a higher percentage among control than study group (90% 82.2% respectively.) vr pre intervention, however, the difference

was not significant statistically(p=0.36).

Figure1: showed levels of selfcompassion among studied young divorced women's in the study group on pre, post and follow-up intervention. It revealed that there was a statistical significant improvement in the level of high self-compassion pre, post and follow-up intervention in study group from 17.8 % pre intervention to 35,6% post intervention and 72.2% at followup intervention with highly statistical significant difference at p <0.0001.

Table 3: -Showed levels of emotional distress among studied young divorced women's in the study and control group pre intervention. It revealed that pre intervention, nearly two thirds (67.8% vr 70% respectively.) of the control and study groups had a mild level of emotional distress with a higher percentage among control group than study group on pre intervention, However, the difference was not significant statistically(p=0.94).

Figure 2: Represented emotional distress levels on pre, post and follow up interventions among the study group of young divorced women. This table It clarified that pre intervention regarding pre intervention nearly one quarter of the study group reported had no emotional distress (25.5%), nearly two thirds reported a mild level of emotional distress (67.8%) and minority (6.7%) reported of had severe emotional distress. Post intervention nearly two thirds 63.3% reported no emotional distress and nearly one third 36.7% reported a mild level of emotional distress. On follow up, intervention nearly two thirds 63.3%

had normal (no emotional distress), one third 36.7% had a mild level of emotional distress in addition to absence of both moderate and severe level of emotional distress (P2 <0.0001).

Table 4:Represented correlationbetween total emotional distress andself-compassion among study grouppost intervention.This table

demonstrated that among study group post intervention, there was high positive significant correlation between ED and each of total negative SCS subscale (r=0.48,p<0.0001), grand total self-compassion (r = 0.195,p<0.0001). However, correlation with total positive SCS subscale revealed a negative high significant correlation with the total emotional distress.

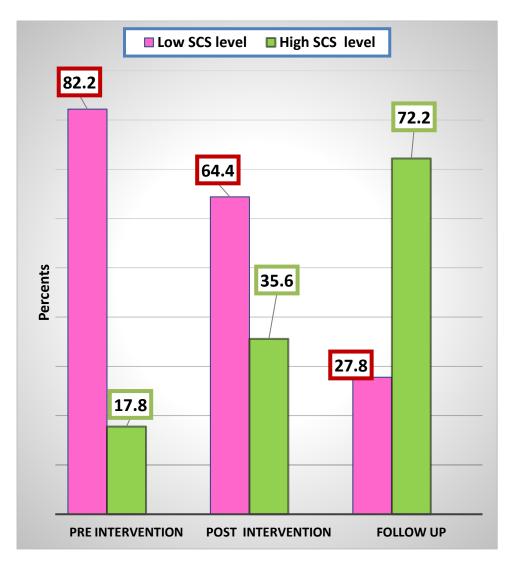
| | Young divorced women | | | | | | |
|----------------------------|----------------------|--------------|----------|------------|----------|-----------------------|------------|
| Sociodemographic data | | Study gr. | | Control gr | | X ² | Р |
| | | NO | % | NO | % | | |
| Age groups | 18 - 24 years | 24 | 26.7 | 25 | 27.8 | 0.28 | 0.86 NS |
| | 25 - 35 years | 66 | 73.3 | 65 | 72.2 | 0.28 | |
| Mean± SD years | | 31.2 ± 6.1 | | 32.7±3.8 | | t=1.11 | 0.27NS |
| | Illiterate | 11 | 12.2 | 17 | 18.9 | | |
| | Read & Write | 15 | 16.7 | 19 | 21.1 | | |
| Education | Moderate Secondary | 40 | 44.4 | 35 | 38.9 | 2.7 | 0.44 NS |
| | School Education. | 40 | 44.4 | 55 | 30.9 | | |
| | High Education | 24 | 26.7 | 19 | 21.1 | | |
| Mean± SD years | | 20.7 | 20.7±6.3 | | 19.1±4.2 | | 0.23NS |
| Occuration | Working | 25 | 27.8 | 21 | 23.3 | 0.50 | 0.77 NS |
| Occupation | Not working | 65 | 72.2 | 69 | 76.7 | 0.50 | 0.77 NS |
| Residence | Rural | 53 | 58.9 | 57 | 63.3 | 0.37 | 0.54 |
| | Urban | 37 | 41.1 | 33 | 36.7 | 0.37 | NS |
| | Independent | 26 | 28.9 | 31 | 34.4 | 0.64 | 0.42 NS |
| Housing now: | With parents | 64 | 71.1 | 59 | 65.6 | 0.04 | |
| | <1 year | 11 | 12.3 | 13 | 14.4 | | 0.93 NS |
| Duration of | 5 years | 39 | 43.3 | 41 | 45.6 | 0.43 | |
| marriage: | 6 -10 years | 27 | 30 | 24 | 26.7 | 0.45 | |
| | > 10 years | 13 | 14.4 | 12 | 13.3 | | |
| Having | Yes | 78 | 86.7 | 75 | 83.3 | 0.16 | 0.68 NS |
| children? | No | 12 | 13.3 | 15 | 16.7 | 0.10 | |
| | 1-2 children | 62 | 79.5 | 58 | 77.3 | | 0.74 NS |
| If yes, N0. Of children | 3 – 4 children | 16 | 20.5 | 17 | 22.7 | 0.11 | |
| | Subtitle | 78 | 100 | 75 | 100 | | |
| 10 0 | 1m. – 3 years | 19 | 24.4 | 21 | 28 | | 0.84 NS |
| If yes, age of children | 4 Y. to 10 Y. | 44 | 56.4 | 39 | 52 | 0.34 | |
| | 11 Y to 15 Y | 15 | 19.2 | 15 | 20 | 0.54 | |
| | Subtitle | 78 | 100 | 75 | 100 | | |
| Total | | | 100 | 90 | 100 | | |

 Table 1: Socio-Demographic Data of Studied Young Divorced Women Groups (N=180)

| Self-compassion groups pre intervention | | Study gr. (N=90) | | rol gr. =90) | P value | |
|---|-----|---------------------|----|-----------------|-----------|--|
| | N0. | % | NO | % | | |
| Low level of SC (0-65) | 74 | 82.2 | 81 | 90 | X2=0.82, | |
| High level of SC(66-98) | 16 | 17.8 | 9 | 10 | P=0.36 NS | |
| Total | 90 | 100 | 90 | 100 | | |

Table 2: Self Compassion Levels among Young Divorced Women in the Study and Control on Pre Intervention (N=180)

Fig.1: Levels of Self-Compassion among Study Group of Young Divorced Women Pre, Post and Follow Up Intervention (N=90).



| Groups rie n | | | | | | |
|-------------------------------------|---------------------|------|----------------------------------|------|-----------|--|
| Emotional Distress pre intervention | Study gr. (N=90) | | vention Control gr. (N=90) | | P value | |
| | N0. | % | NO | % | | |
| No (0-20) | 23 | 25.5 | 21 | 23.3 | | |
| Mild level of ED (21-30) | 61 | 67.8 | 63 | 70 | X2= 0.12, | |
| Moderate level of ED(31-40) | 0 | 0 | 0 | 0 | P=0.94 NS | |
| Sever ED (41 – 50) | 6 | 6.7 | 6 | 6.7 | | |
| Total | 90 | 100 | 90 | 100 | | |

| Table 3: Levels of Emotional Distress among Young Divorced Women in the Study and Control | | | | | | |
|---|--|--|--|--|--|--|
| Groups Pre Intervention (N=180) | | | | | | |

Fig.2: Emotional Distress Levels Pre, Post and Follow Up Interventions among Divorced Women in the Study Group of Young Divorced Women (N=90).

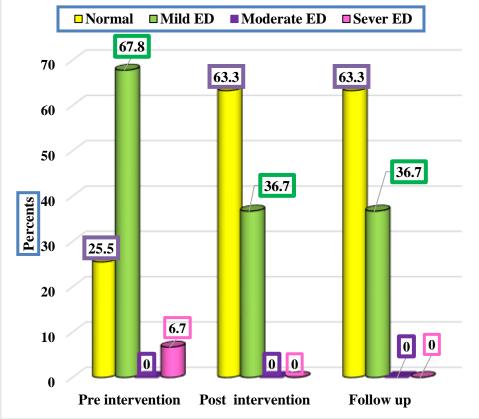


 Table 4: Correlation between Total Emotional Distress and Self Compassion among Divorced

 Women in the Study Group Post Intervention (N=90).

| | Total Negative SCS subscale | | - | itive SCS scale | Grand total Self Compassion | | |
|----|--------------------------------|---------|---------|--------------------|--------------------------------|--------|--|
| | R | Р | r | р | R | Р | |
| ED | 0.48 | <0.0001 | - 0.190 | <0.0001 | 0.195 | 0.0001 | |

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Discussion

Divorce has increased dramatically in Egypt during the last few years. Divorce cases have witnessed a continuous increase annually. Parental divorce is a major life event for the parents and children concerned and might result in traumatic stress (Gul et al.,2021).

The findings of the present study contradicted with Zahl (2023) who conducted a study with a title of "Understanding divorce trends and risks: the case of Norway 1886–2018." reported that the peak of divorces happened between the 4th and 7th years into the marriage.

This contradiction may be due to short engagement period, the declining role of the family for solving the problems, interference of husband mother and sister, economic reasons ranked second as a result of increasing financial burdens, lack of income, stopping work, and not adhering to spending priorities and the gap between reality, ambition, and the determinants of choice.

Regarding self-compassion levels among study and control of young divorced women pre intervention the present study found that the majority of both study and control groups have a low level of self-compassion and difference was not significant statistically(p=0.36).

This may be due to the study and control groups exhibit homogeneity, or because randomization was used to assign participants to either the study group or the control group, ensuring that the two groups were exactly equivalent.

In addition to feelings of guilt and failure after divorce and stigma of being divorced especially in rural areas all these feelings lowering selfcompassion and increasing selfjudgment or self-criticism.

This finding was consistent with Hoag (2019), who examined the "Compassionate divorce recovery for Christian women " who found that before intervention both study and control groups had a low level of self-compassion and difference was not significant statistically.

Also this study accorded with Rad et al.(2020), who published a study about " Comparing the effectiveness of schema therapy and compassionfocused therapy on forgiveness and ambiguity tolerance in divorce-seeking women" who found that before intervention both study and control groups had a low level of selfcompassion and difference was not significant statistically.

Regarding the effect of cognitive behavioral intervention program on self-compassion levels pre, post and follow up intervention of studied young divorced women group, the present study found firstly regarding study low self-compassion group pre intervention then high self-compassion increased post intervention and continued increasing in its high level in follow up and continuity of decreasing the low and increasing in high level self-compassion.

This may be due to the effect of intervention session, teaching variety of skills to increase self-compassion for study group such as: relaxation, breathing exercises, self-development skills, problem solving skills ,selfefficacy skills, remind yourself that

others experienced similar feelings and setbacks, speak to yourself as you would a friend, respond to challenges with compassion and practice selfsoothing.

This finding was convenient with Monemiyan et al.(2021), who conducted a study about "Comparison of the effectiveness of cognitiveexistential therapy and compassionfocused therapy in groups on psychological well-being of divorced female heads of household" which indicated that cognitive behavioral intervention led to improvements in psychological wellbeing and compassion at the intervention stage and in the follow-up stage of the study group.

As well as these findings were congruent with the study of Hoag (2019), who examined the "Compassionate divorce recovery for Christian women" who found the study group showed significant gains on every measure of self-compassion, with significant increases on the three positive qualities (self-kindness, common-humanity, and mindfulness) and significant decreases on the three negative qualities (judgment, isolation, and over-identification) while the control group showed no significant difference.

Regarding levels of emotional distress among studied young divorced women pre intervention, the current study revealed that the majority of both study and control groups had a mild level of emotional distress. This may indicating that randomization was effective because both the study and control groups fulfilled the same criteria and composed a homogeneous sample.

These results were consistent with studies by Mahmoudpour, et al. (2021) who published a study about Effectiveness of acceptance and commitment therapy on emotional regulation and loneliness of divorced women in Iran " and Naveri, et al. (2021) who published a study about "Comparing the effectiveness of analytic and cognitive cognitive behavioral psychodrama group therapy interpersonal problems and on emotional regulation difficulties in divorced women" they found that both study and control groups had the same level of difficulty of emotion regulation in the experimental and control groups, in the pre-test.

Regarding the effect of cognitive behavioral intervention program on emotional distress levels post and follow up intervention of studied young divorced women group. The present study proved that divorced women who participate in cognitive behavioral intervention (study group) have lower emotional distress scores than divorced women who don't participate (control group). This finding may be due to the cognitive benefits of behavioral intervention sessions on emotional distress such as: managing strong emotions, such as: anger, fear, and sadness, dealing with grief, dealing with physical health issues and conflict resolution.

This result agreed with study done by Nayeri et al.(2021) who conducted a study titled "Comparing the effectiveness of cognitive analytic and cognitive behavioral psychodrama

group therapy on interpersonal problems and emotional regulation difficulties in divorced women" in which they found that cognitive behavioral intervention was able to significantly reduce the difficulty of emotion regulation of divorced women in post and follow up of study group.

This finding was accepted by Rasti & Mohammadi (2024) who conducted a study title "The Effectiveness of Cognitive-Behavioral Therapy on Psychological Distress in Divorced Women" in which they found that cognitive behavioral therapy had a significant effect on emotional selfregulation of divorced women in post and follow up of study group. In addition to agreement with Esmaeili et al.(2023) who conducted a study titled " The effectiveness of cognitive behavioral therapy on experiential avoidance and emotional expression of women involved in emotional divorce" in which indicated that cognitive behavioral therapy was effective on emotional expression of women involved in emotional divorce and this treatment can be used to reduce the problems of women involved in emotional divorce.

This finding also was consitent with Poureghbal et al.(2023), who published a study about "Effectiveness of Cognitive Behavioral Therapy (CBT) on Emotional Regulation and Quality of Life in Divorced Women" which revealed that that cognitive-behavioral intervention significantly increased psychological distress tolerance and had a significant effect on emotional self-regulation in divorced women. Regarding correlation between total emotional distress and self-compassion among study group post intervention. The present study found that there were high positive significant correlation between emotional distress and each of total negative self-compassion subscale. This may be due to the fact that self-compassion creates a sense of self-worth because it leads divorced women to genuinely care about their own well-being, increased resilience, take responsibility for their actions, and noticing their needs and caring for themselves which in turn improve emotional wellbeing and help divorced women to get rid of emotional problems and enhance emotional regulations.

These findings were in the same line with García et al.(2024), who conducted about "Exploring study the a relationship between self-compassion and compassion for others: The role of psychological distress and wellbeing " which stated that there was a negative between positive selfcorrelation dimensions compassion and psychological distress.

These findings were similar to Amanda, et al.,(2021), who conducted a study about "The Relationships of Selfand Stress Compassion Among Emerging Adults Experiencing Early Adult Crisis" which stated that the positive dimensions of self-compassion have the potential to reduce distress which consist of self-kindness, common humanity, mindfulness. and The negative dimensions of selfcompassion can lead to increase distress which consist of self-judgment, isolation. and over-identification. Moreover other study conducted by

Rahmandani & Salma (2021) the study was about "Will self-compassion relieve distress: A correlational study among Indonesian undergraduate students" which stated that positive self-compassion dimensions had a significant negative relation with emotional distress.

These findings were consistent with Azari et al.,(2020), who conducted a study about " The effectiveness of Compassion-Focused Therapy on silencing the self and emotional intimacy in divorce seeking women " which stated that compassion-focused therapy has been effective in silencing the self and emotional intimacy, selfcompassion could be suggested as an efficient method to increase emotional intimacy and decrease emotional distress for women.

Also in the same line with Neff & Knox (2020), who conducted a study about "Self-compassion .In Encyclopedia of personality and individual differences" which stated that short-term writing interventions that induce a selfcompassionate mindset have been shown to reduce negative emotions for women. As well these findings fortified by Keshavarz (2018), who conducted a study about "effectiveness of selfcompassion on distress tolerance, regulation emotion and anxiety sensitivity in divorced women" which stated that self-compassion treatment can be suggested as an efficient method in order to increase distress tolerance and emotion regulation and decrease emotional distress in divorced women.

Conclusion:

Based on the results of the current study, it was concluded that:

 The study showed significant improvement in self-compassion total mean score among the study group after intervention compared to before intervention. There was also a significant reduction in emotional distress among the study group after intervention compared to before intervention.

Finally, there was a highly negative significant correlation between emotional distress mean score and positive self-compassion mean score. This indicating that cognitive behavioral intervention has a positive effect on improving self-compassion and reducing emotional distress among young aged divorced women.

Recommendations:

- 1) It is mandatory for young people about to get married to undergo rehabilitation programs implemented by family development departments, which include the following programs: (skills for managing marital disputes managing spending in the family understanding the other part).
- Medical examination is needed before marriage because of its importance in early detection of cases of infertility and genetic diseases before marriage.
- **3)** Community awareness for families should be raised through mosques about reducing appearances, extravagance and the high costs of weddings.
- **4)** Emphasizing the importance of marital counseling to help spouses solving their problems, avoiding their

disputes and achieving compatibility and understanding between them.

- 5) Creating special governmental, nonprofit centers that provide ongoing courses for young people about to get married and married young people on how to manage marital disputes instead of getting divorced.
- 6) Reducing early marriage that is not based on sound principles of choice and lack of equality and avoid especially the marriage from relatives.
- 7) Including chapters in the secondary schools curricula on life skills and the importance of choosing informed marriage and its standards.
- 8) Paying attention to girls' education and preventing them from leaving school before completing their education in order to get married, especially in the rural areas.
- **9)** Emphasizing the importance of serious education for a girl, morally, scientifically, and behaviorally, as well as preparing her to be an ideal wife and mother, and how to preserve her family.

Implementation:

 Modify cognitive behavioral intervention programs to accommodate many divorced women cultural backgrounds and beliefs, improving program effectiveness and fostering better engagement with divorced women to enhance their self-compassion and reduce emotional distress.

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