

## Research Article

# Evaluation Of The Effectiveness Of Positive Psychology On Self-Compassion And Empathy Of Women With Experience Of Spousal Violence

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## Abstract:

**Background:** The aim of this study was to investigate the effectiveness of positive psychology training on self-compassion and empathy in women with experience of violence in Isfahan.

**Methods:** The research method was quasi-experimental with a pretest-posttest design with a control group with a follow-up period. The population of this study consisted of all married women who referred to the Crisis Intervention Counseling Center of Isfahan Welfare Organization that 30 people were voluntarily replaced in two experimental and control groups. All women in the experimental group underwent positive psychology group training for 9 sessions. Measurement tools included the Reiss Self-Compassion Scale (2011) and the Julif and Farrington Empathy Questionnaire (2006). Multivariate and univariate analysis of covariance as well as repeated measures analysis and Bonferroni post hoc test were used to analyze the data.

**Results:** The results showed that positive psychology training was effective on self-compassion and empathy in women. Therefore, it can be concluded that positive psychology education can improve self-compassion and empathy of women with experience of violence.

**Conclusion:** It is suggested that family psychologists and counselors, and family professionals, take a special look at the positive psychological approach. This can be especially effective in empathizing with women who have experienced violence and empathy.

**Keywords:** Positive Psychology, Self-Compassion, Empathy

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## Background:

The family is the most basic and at the same time the most enduring emotional-social unit that plays an important role in all stages of a person's development and lays the foundation of their personality (1). One of the most important relationships between a man and a woman is marriage, which includes an emotional and legal commitment that is very important in the life of every adult (2). Marital life, especially in the early years, can be difficult. Violence against women has existed in human societies in various forms and shapes throughout history. The painful phenomenon of violence against women in its various dimensions endangers the physical and mental health of women and violates their human rights. Violence against women is a phenomenon in which women are subjected to coercion and abuse of their rights by the opposite sex for their gender and simply because they are women (3). Women may experience violence throughout their lives. In addition to the spouse, the father and brother, and even the son can also abuse the woman. Women experience four forms of violence in their lives,

including physical, psychological, economic, and sexual (4). Domestic violence, inflicting physical harm on a partner, is a common phenomenon among women, and each year about 1.8 to 4 million women are attacked and injured by their husbands. Almost one-third of all women experience domestic violence from their partners (5). Women who are abused by their husbands are five times more likely than other women to have psychological harm and suicide, and also six times more likely to have mental disorders (4).

Self-compassion is one of the most important components of positivity and mental health and means caring and kindness to oneself in the face of perceived difficulties or inadequacies. Compassion for oneself is defined as the quality of being in touch with one's sufferings and injuries and the feeling of helping to solve one's problems and is accompanied by positive psychological components such as altruism, kindness, and happiness. Self-compassion can help people maintain their health more effectively (6). Compassion itself is an important human force that includes the attributes of kindness, fair judgment,

and cohesive emotions, as well as helping people find hope and meaning in life when faced with problems (29) and means simply directing kindness toward oneself, and getting experience while are suffering from others (7). Self-compassion is defined as a three-component construct that includes kindness to oneself instead of self-judgment, the participation of all human beings in isolation (all human beings suffer, and suffering is a natural part of the human condition), and awareness of the present moment. The combination of these three related components is characteristic of a person who is self-compassionate (8). Most research on self-compassion has so far focused on its negative relationship with psychopathology (7).

Another variable that can be involved in the relationship between couples, especially women who have experienced violence, is empathy. Empathy, along with other communication elements of the couple's value system, is considered a fundamental part of the structure of the marital relationship, which allows couples to understand each other's beliefs and predict each other's behavior. Examining the definitions of empathy shows that empathy consists of two main components, and cognitive empathy means understanding the situation or emotional states of others, and also emotional empathy means giving an appropriate response to this situation (9). Empathy is defined as the ability to understand the feelings and views of others and to use these pieces of knowledge to manage behavior. According to researches, empathetic people tend to be more generous and take an interest in the well-being of others. They also experience happier relationships and a greater sense of personal well-being. In addition, empathy enhances leadership ability and facilitates the formation of effective conversation (10).

Psychologists offer various treatment strategies to improve the living conditions of couples. One of these treatments is positive psychology. Positive psychology is an approach that emphasizes the enhancement of human abilities and virtues and enables individuals and communities to achieve success. Positive emotions in life play an important role in the psychological and physical well-being of human beings. Positive psychotherapy in practice is designed based on traditional scientific methods for understanding and psychological pathology of behavior (11). Positive psychology is the scientific study of the conditions and processes that participate in the flourishing and optimal functioning of individuals in groups and institutions (9). This

approach emphasizes the positive processes and abilities of individuals and advises therapists to pay attention to the positive processes of their clients that rarely occur in their lives. Positive psychology is a term used to describe positive emotions (like: happiness, optimism, etc.) and positive personality traits include (courage, altruism, moral conscience, etc.) (10). One of these qualities is self-compassion. Many studies have examined the effectiveness of a positive therapeutic approach. The results of these studies show that a positive psychological treatment approach to improve many problems such as parent-adolescent conflict, social health (12), resilience, psychological well-being and flexibility (13 and 14), social health, anxiety, and intimacy of infertile couples (14), chronic tension headaches and social health (15) had a positive effect. Furthermore, other studies have been conducted on the effect of positive treatment on empathy (16, 17 & 18) and self-compassion (19, 20 & 21), to show the positive and significant effect of this treatment on increasing empathy and compassion that has been on its own. Maboudi (22) in a study examined the effectiveness of positive therapy on self-compassion, empathy, intimacy, and marital commitment of couples with marital conflict. The results showed that positivist treatment had a significant effect on improving self-compassion, empathy, intimacy, and marital commitment of couples with marital conflict. High levels of empathy between couples dramatically predict the improvement of marital adjustment skills and greatly reduce the likelihood of violence between couples (9, 23 & 24).

It is estimated that 34% to 46% of sick women are victims of spousal abuse. According to the average number of patients referred to Tehran forensic medicine centers during 2016-2017, it is expected that 50,270 of the total number of patients referred to Tehran forensic medicine centers are women victims of spousal abuse. Because the prevalence of domestic violence is hidden behind limited and inadequate definitions on the one hand, and the reluctance of women to disclose it on the other, the true extent of the costs is unclear. But the prevalence of this problem, in addition to the collapse of families, causes many adverse effects and bad learning for children. Accordingly, the increasing spouse violence in the contemporary world and the risk of separation and its negative impact on the mental health of couples and their children has led psychologists and counselors to offer theories and plans to help couples in conflict. Positive psychology can provide a conceptual framework for dealing with life's

challenges. In the intervention based on positive psychology, issues such as friendship, empathy, forgiveness and compassion, gratitude, spirituality, and self-efficacy are considered (25), and the presence of each of these characteristics can play an important role in reducing domestic violence. Based on studies conducted by researchers, it was found that in the existing literature, very little researches have been done on the positive effect on improving empathy and compassion for women with experience of spousal violence. Besides, to prevent this problem, the present study considered the psychological and social harms of domestic violence on family members to examine the effectiveness of using positive psychology on the variables of self-compassion, and empathy among women experiencing spousal violence in the city Isfahan. As a result, the research question is: whether positive psychology training can be effective in increasing empathy as well as increasing self-compassion in couples who have experienced violence or not?

#### Method

The present study was an applied, inductive, and experimental study. The research design used was quasi-experimental, pretest-posttest with a control group and with a follow-up period. The statistical population was all women with experience of violence referred to the Crisis Intervention Counseling Center of Isfahan Welfare Organization in 2020 and the sampling was voluntary non-random. For this purpose, invitations were made to various counseling centers and sampling was performed. 30 women were randomly assigned to experimental ( $n = 15$ ) and control ( $n = 15$ ) groups. Inclusion criteria were: have at least a diploma, do not participate in psychological interventions at the same time, and also have at least two years of experience living together; and exclusion criteria included: absence of more than 3 sessions, not doing homework, and expressing non-cooperation.

**Self-Compassion Scale (2011):** The Self-Compassion Questionnaire was developed by Rees et al. (7). This questionnaire has 12 closed-ended questions with a 5-point Likert scale from (rarely a score of 1) to (almost always a score of 5). This scale has 3 dimensions or subscales of self-compassion, mindfulness, and human commonalities. The validity coefficient of this scale was estimated to be 0.79 by Cronbach's alpha method and 0.76 by the Halving method. The correlation between the subscales of self-compassion indicated the validity of the convergence in the study of Rees et al. (7) so the total score of this scale had been used. The reliability of

this questionnaire using Cronbach's alpha was also 0.80. In Maboudi study (22), the reliability coefficient of the questionnaire through Cronbach's alpha was also reported to be 0.880. The revised Form of the Intimate Attitudes Measurement Scale was adopted in 1983 and has 50 items, and the responses to each item vary from strongly disagree to strongly agree. These responses are scored on a five-point scale from one to five using the Likert method. An individual's score varies from 50 to 250. Tridel calculated the reliability of this scale from 78% to 86% by Cronbach's alpha method and 84% by retest method. In the present study, the reliability of the data collected from this tool using Cronbach's alpha method was equal to 0.88 (pre-test stage) and 0.85 (post-test stage), which indicates the validity of the data had collected from a research sample.

**Empathy Questionnaire (2006):** Empathy Questionnaire prepared by Julif and Farrington (26) and has 20 questions and two emotional-affective subscales with 11 questions (questions 1, 2, 4, 5, 7, 8, 11, 12, 15, 18,) and the cognitive subscale with 9 questions (questions 20, 19, 16, 14, 12, 10, 9, 6, 30). The scoring of the questionnaire is in the form of a 5-point Likert scale, which has the option of strongly disagree, disagree, to some extent, agree, and strongly agree, in the order of points. A score between 20 and 32 indicates a low level of empathy, a score between 33 and 66 indicates a moderate level of empathy, and a score above 66 indicates a high level of empathy. Julif and Farrington (26) confirmed the construct and content validity of the questionnaire through factor analysis and reported a reliability coefficient of 0.83. Inside the country, the correlation of subscales with the total score was used to evaluate the validity, and correlation coefficients of 0.91 and 0.90 were obtained for emotional-affective subscales and cognitive subscales, respectively. For each row of reliability, Cronbach's alpha method was used. The Cronbach's alpha coefficient was 0.87.

Regarding the method of implementing the training protocol, it can be mentioned that the members of the experimental group participated in 9 sessions of interactive behavior analysis group training, which lasted 60 minutes each session, and finally, they were retested. In the control group, no intervention was performed and only pre-test and post-test were taken to them. Finally, after one month, the experimental and control groups were followed up. The session instructions and techniques taught in the 9 therapy sessions were based on the property research (27) presented in Table 1.

**Table 1-** Summary of Positive Psychology Training Sessions

| Session | Objectives  | Description of training sessions  |
|---------|---|---|
| First   | Getting acquainted with the members and expressing the logic and goals of the training sessions | While getting acquainted with the group members, a complete explanation was given about the sessions and their topics, and the procedure in this course. The members were explained about the group rules and the necessary commitments were made, as well as the pre-test, followed by a brief description of positive psychology.   |
| Second  | Believing in and knowing oneself  | Expressing oneself and explaining one's acceptance with all the positive and negative points, the value of human beings, believing in oneself, loving oneself, pointing to the sole and uniqueness of each person, compassion and kindness to oneself, and expressing importance to peace and strength of the family foundation. The importance and impact of having peace in life were also taught ways to increase positive thinking. |
| Third   | Pay attention to the positive traits of personality to develop positive thinking                | Follow the path of success, pay attention to positive traits, positive points, gifts, skills, talents, and abilities, acquaint people with the effects and successes of positive thinking and its deterrents.   |
| Fourth  | The role of beliefs and thoughts on behavior  | Expressing the relationship between thoughts and feelings and examining the role of thoughts and beliefs in emotions and behaviors and the method of analyzing everyday events, discussing their attitudes and the way to change these attitudes and argue with them.   |
| Fifth   | Rational evaluation with a positive attitude  | Teaching how to rationally evaluate a positive attitude to life events with emphasis on personal responsibility, accepting their share in each event, pointing to the type of relationship and its roots, the model of the correct way to deal with the problem and how to solve it (teaching how to communicate effectively).  |
| Sixth   | Development of humor and optimism   | Examining humor as a human existential need, practicing optimism, examining the effects and results of helping and serving others, expressing at least 5 to 10 experiences and positive memories for group members.   |
| Seventh | Creating intimacy   | The nature of intimacy and ways to live happily, and guidelines for increasing purity and intimacy were provided.   |
| Eighth  | Enriching life  | Expressing and explaining the inner richness in life, examining the need for positive goals in different areas of life, choosing realistic, positive, and achievable goals, setting positive goals in a practical way, necessary motivation to pursue the goal, re-evaluating the goal, choose multiple routes.   |
| Ninth   | Summarizing the sessions and closing the workshop   | Selecting multiple paths of positivity in life, and then conducting a post-test, summarizing and concluding with the help of members, and finally appreciation and thanks.  |

Finally, the data were analyzed by descriptive statistics (mean and standard deviation) and inferential statistics (multivariate and univariate analysis of covariance, as well as repeated measures analysis of variance with Bonferroni post hoc test). SPSS software version 26 and R version 4.0.2 were used.

## Results

Demographic findings showed that the mean age of the study sample in the experimental group was 34.11 and in the control group was 31.27. The minimum age of the experimental group was 20 and the maximum was 44 years, and in the control group the minimum age

was 23 and the maximum was 39 years. From the experimental group in the research sample, 4 people (26%) had a diploma, 9 of them (60%) had a master's degree, and 2 of them (13%) had a master's degree, and in the control group 6 people (40%) had a diploma, 8 people (53%) had a master's degree, and 1 person (6%) had a master's degree or higher. The mean and standard deviation of the dimensions of compassion (kindness to oneself, mindfulness, and human commonalities) to oneself and the dimensions of empathy (emotional and cognitive) in the experimental and control groups in the three stages of the test are presented in the following tables.

**Table 2-** Mean and standard deviation of research variables in three test stages

| Components          | Groups             | Pre-test |                    | Post-test |                    | Follow-up |                    |
|---------------------|--------------------|----------|--------------------|-----------|--------------------|-----------|--------------------|
|                     |                    | Mean     | Standard Deviation | Mean      | Standard Deviation | Mean      | Standard Deviation |
| Kindness to oneself | Control group      | 11.29    | 3.38               | 10.29     | 2.75               | -         | -                  |
|                     | Experimental group | 10.01    | 2.99               | 18.08     | 1.15               | 14.12     | 2.50               |
| Mindfulness         | Control group      | 13.05    | 1.86               | 13.91     | 1.59               | -         | -                  |
|                     | Experimental group | 12.68    | 1.65               | 16.14     | 1.20               | 16.71     | 1.20               |
| Human subscriptions | Control group      | 11.36    | 1.27               | 11.10     | 0.94               | -         | -                  |
|                     | Experimental group | 10.93    | 1.01               | 12.63     | 0.58               | 12.66     | 0.89               |
| Emotional affective | Control group      | 36.57    | 6.81               | 34.38     | 4.88               | -         | -                  |
|                     | Experimental group | 35.51    | 6.29               | 42.33     | 3.92               | 41.95     | 3.60               |
| Cognitive           | Control group      | 30.95    | 5.12               | 29.56     | 3.51               | -         | -                  |
|                     | Experimental group | 29.24    | 4.49               | 35.29     | 2.73               | 36.74     | 2.88               |



**Inferential Findings:** In this section, the research hypothesis entitled "Positive psychology training has an effect on self-compassion and empathy of women with experience of spousal violence in Isfahan" was examined. Considering that the present study was a pre-test-post-test with a control group, and that the variables were dependent on the dimensions of self-compassion and the dimensions of empathy that were analyzed simultaneously, the multivariate analysis of covariance (MANCOVA) was used. It should be noted that the pre-test of research variables was considered as a covariance factor. In this type of analysis, assumptions must be considered in order to be sure of the results obtained. One of these assumptions is the study of the homogeneity of variance-covariance matrices, for which the Box Test was used. It was calculated for post-test scores ( $P = 0.36$ ,  $F = 1.08$ , and  $\text{Box's } M = 19.96$ ). The significance of the Box Test is greater than 0.05, so it is concluded that the variance-covariance matrix is homogeneous. Then, in order to investigate the hypothesis of normality of the data, the Multivariate Normality Test of Shapiro-Wilk was used, which obtained values ( $P = 0.71$  and  $M_{vw} = 0.91$ ) indicated the normality of the data. To evaluate the homogeneity of variance of the two groups in the post-test stage, Levene variance homogeneity Test was used, which showed the test results and the significance of this assumption for all variables ( $P > 0.05$ ). Another important assumption is the analysis of multivariate covariance homogeneity of regression coefficients. It should be noted that the homogeneity test of regression coefficients was examined through pre-test interaction of research variables and independent variables (interaction behavior analysis training). The results showed that the significance of none of the variables was less than 0.05. It can be claimed that the regression coefficients were homogeneous. Given the assumptions of multivariate analysis of covariance, it was possible to use this statistical test. The relevant multivariate statistic, Wilks' lambda at 95% confidence level ( $\alpha = 0.05$ ) was significant ( $P = 0.001$ ,  $F = 6.68$ , & Wilks' lambda

$= 0.38$ ). Thus, the linear combination of dependent variables (dimensions of self-compassion and dimensions of empathy) after adjusting for differences in interpersonal variables has been affected by the independent variable (positive psychology training). Therefore, it is concluded that multivariate analysis of covariance is generally significant. In other words, the results of the analysis showed that positive psychology training has been effective on the linear composition of dependent variables. Considering the mentioned multivariate test was significant and the combination of dependent variables had been affected by the type of treatment, so the effect of positive psychology training on each of the dependent variables has been followed separately. This hypothesis seeks to answer the question of whether each of the dependent variables is affected separately from the independent variable or not? To compare the mean scores of post-test dimensions of self-compassion and empathy dimensions after controlling the effect of pre-test in two groups, univariate analysis of covariance was used, the results of which are presented in Table 3. According to the results of Table 3,  $F$  observed at the error level of 0.05 shows a significant difference between the mean scores of all research variables in the post-test stage between the experimental and control groups. Therefore, it can be concluded that the method of training positive psychology had a significant effect on each of the dependent variables separately. To evaluate the stability of the effect, repeated measures analysis test and Bonferroni post hoc Test were used for the experimental group. First, its basic assumption, i.e., homogeneity of variance between measurement steps, was investigated using the Mochley sphericity test. The value of test statistics was significant for some research variables at 95% confidence level. Therefore, there is a violation of the assumption of homogeneity of variance in different iterations of the experiment, and due to this defect, the Greenhouse Kaiser Correction index has been used in the relevant calculations.

**Table 3-** Results of univariate analysis of covariance to compare posttest scores

| Variables           | Source of changes | degree of freedom | average squares | F     | P     | $\eta^2$ |
|---------------------|-------------------|-------------------|-----------------|-------|-------|----------|
| Kindness to oneself | Group             | 1                 | 121.75          | 33.82 | 0.001 | 0.57     |
|                     | Error             | 25                | 112.14          | -     | -     | -        |
| Mindfulness         | Group             | 1                 | 37.98           | 18.33 | 0.001 | 0.42     |
|                     | Error             | 25                | 51.79           | -     | -     | -        |
| Human Communities   | Group             | 1                 | 17.62           | 28.32 | 0.001 | 0.53     |
|                     | Error             | 25                | 15.55           | -     | -     | -        |
| Emotional affective | Group             | 1                 | 404.17          | 21.01 | 0.001 | 0.45     |
|                     | Error             | 25                | 481.02          | -     | -     | -        |
| Cognitive           | Group             | 1                 | 203.12          | 18.82 | 0.001 | 0.42     |
|                     | Error             | 25                | 270.04          | -     | -     | -        |

**Table 4-** Analysis of repeated measures variance

| Variables           | Source of changes | degree of freedom | average squares | F     | P     | $\eta^2$ |
|---------------------|-------------------|-------------------|-----------------|-------|-------|----------|
| Kindness to oneself | Stages            | 2                 | 116.32          | 20.74 | 0.001 | 0.58     |
|                     | Error             | 30                | 5.60            | -     | -     | -        |
| Mindfulness         | Stages            | 1.36              | 11.68           | 69.19 | 0.001 | 0.82     |
|                     | Error             | 20.46             | 1.61            | -     | -     | -        |
| Human Communities   | Stages            | 2                 | 15.63           | 29.01 | 0.001 | 0.65     |
|                     | Error             | 30                | 0.53            | -     | -     | -        |
| Emotional affective | Stages            | 1.21              | 399.11          | 10.05 | 0.004 | 0.40     |
|                     | Error             | 18.20             | 39.68           | -     | -     | -        |
| Cognitive           | Stages            | 1.43              | 354.72          | 20.86 | 0.001 | 0.58     |
|                     | Error             | 21.44             | 17.01           | -     | -     | -        |

**Table 5-** Benferoni test results to compare the mean of the measurement steps

| Variables           | Stage                 | Difference between the Mean | SE   | P     |
|---------------------|-----------------------|-----------------------------|------|-------|
| Kindness to oneself | Pre-test & follow-up  | 5.07                        | 0.86 | 0.001 |
|                     | Post-test & follow-up | 0.95                        | 0.58 | 0.36  |
| Mindfulness         | Pre-test & follow-up  | 3.45                        | 0.41 | 0.001 |
|                     | Post-test & follow-up | 0.51                        | 0.21 | 0.06  |
| Human Communities   | Pre-test & follow-up  | 1.70                        | 0.24 | 0.001 |
|                     | Post-test & follow-up | 0.02                        | 0.19 | 0.99  |
| Emotional affective | Pre-test & follow-up  | 6.92                        | 2.05 | 0.01  |
|                     | Post-test & follow-up | 0.38                        | 0.76 | 0.98  |
| Cognitive           | Pre-test & follow-up  | 6.05                        | 1.41 | 0.002 |
|                     | Post-test & follow-up | 1.45                        | 0.74 | 0.21  |

The results of analysis of variance in three stages of pre-test, post-test and follow-up measurement are shown in Table 4. According to the results of Table 4 and the fact that the results of repeated measures analysis test were significant, the pairwise difference between the steps was investigated using the Benfroni correction post hoc test. The results of pairwise comparison between steps are presented in Table 5. The results of Table 5 show that there is a significant difference between the pre-test stage and the follow-up stage of both research variables in the experimental group, but no significant difference was observed between the post-test stage and the follow-up stage. As a result, it could be claimed that effect is stable for any variables of self-compassion and empathy of the research.

## Discussion

The present study investigated the effectiveness of a positive psychology-based intervention on self-compassion and empathy of women with experience of spousal violence in Isfahan. Analysis of the results obtained from statistical findings on the effect of intervention based on positive psychology on self-compassion, and empathy of women with experience of spousal violence in Isfahan showed that there is a significant difference between the mean scores of self-compassion and empathy dimensions by women with an experience of violence by the spouse of the experimental and

control group; Therefore, it could be concluded that the intervention based on positive psychology has affected self-compassion and empathy of women who have experienced spousal violence. In general, the findings of the present study were in line with the findings of research 12, 13, 16, 19, 20, and 22.

In explaining the research materials, the results would be examined in two parts. In the first part, in response to the first hypothesis, it was found that the training of positive psychology has been effective on the dimensions of self-compassion, i.e., self-kindness, mindfulness, and human commonalities; and the training protocol has been able to significantly improve self-compassion. In this regard, it can be said that people who are influenced by positive psychology, by changing their worldview and attitude, have a more desirable and positive view of life and the conditions they face. In this way, in interpreting events, the difficulty and conflicting in dealing with problems is reduced, and the person faces problems in a better and more logical way by accepting the facts and focusing on their abilities and strengths. In this regard, we can refer to Zakir's research (19). Zakir (19) showed that positivist therapy has an effect on self-compassion and flexibility of betrayed women, and stated that betrayed women cannot change all existing structures by changing their attitude to an existing problem. And by accepting the mistakes, we should

try to compensate and improve the situation towards the best conditions. Barati (28) also points to the effect of positive psychology interventions to increase vitality, life satisfaction, and reduce depression. This also shows that changing attitudes can lead to a positive outlook on life and lead to more vitality, followed by a reduction in depression and ultimately life satisfaction. Of course, other studies such as Cutkart et al. (2014) also showed the effect of positivity therapy on chronic tension headache and social health. Rastgari Najafabadi (12) concluded that with the help of positive treatment, the rate of adolescent parent conflicts is reduced and social adjustment and health are increased. According to the results of the mentioned researches, it could be said that the positivist treatment method is one of the effective treatment methods that can be used to improve positive behavioral variables and reduce the level of negative behavioral variables. In the present study, a positive treatment method was used to improve empathy and compassion, which showed that this treatment significantly increased empathy and self-compassion in women with violence experiencing. As mentioned earlier, positive psychology is an approach that emphasizes increasing human abilities and virtues and enabling individuals and communities to succeed. Positive emotions in life play an important role in the psychological and physical well-being of human beings. Positive psychotherapy in practice is designed based on traditional scientific methods for understanding and psychological pathology of behavior (8). This approach emphasizes the positive processes and abilities of individuals and advises therapists to pay attention to the positive processes of their clients that rarely occur in their lives. Various studies have studied the effect of positive psychology on the improvement of psychological variables (Williams, 2016). In this study, women with experiences of spousal violence were taught the meaning of having optimistic and positive attitudes, thoughts, behaviors, and actions in life. The women in the experimental group were also taught that focusing on the positives of life and positive thinking means having a good self-image, not always blaming themselves to focus on increasing positive thinking and avoiding negative thoughts. Women should feel more comfortable in the positive aspects of life and solve the problems of married life and improve self-compassion and empathy. Accordingly, when disturbed behaviors decrease and pleasant behaviors increase, their pleasant behaviors increase, and the positive feeling of the relationship with the spouse

increases. One of the variables used in positive therapy is empathy. Numerous studies have used positive therapy to increase the level of empathy in people, which can be referred to the research of Maboudi (22). In his research, he showed positive therapy on self-compassion, empathy, intimacy, and marital commitment of couples with marital conflict are affected. Sa'adati's research (16) also confirmed the effect of positive therapy on improving mental health, empathy skills, and stress in women. In the overseas section, Udo and Berdurick (2019) examined the effect of positive psychology interventions on increasing well-being and the role of mental ability and empathy. As a result, it can be argued that positive psychology interventions are effective on happiness, empathy, and life satisfaction. The effect of positivist psychotherapy on increasing well-being and the role of mental ability and empathy was demonstrated. Empathy is defined as the ability to understand the feelings and views of others and to use this knowledge to manage behavior. According to the research, empathetic people tend to be more generous and take an interest in the well-being of others. They also experience happier relationships and a greater sense of personal well-being. In addition, empathy enhances leadership ability and facilitates the formation of effective conversation (10). In this study, a positive treatment method was used to improve the empathy of women with experience of spousal violence. Another variable that in the present study tried to improve using positive treatment in women with experience of violence was self-compassion. Previously, many studies have examined the effectiveness of positive therapy to improve self-compassion, including Rezaee's research (20), he showed in his research with positive-oriented spiritual group therapy on increasing well-being psychologically, women's self-compassion, and happiness were effective. The effect of positive psychotherapy was on self-compassion and psychological well-being. It was concluded that this treatment method would be used to improve the variables of self-compassion and psychological well-being. Klinka et al. (10) also showed the effect of positive psychotherapy to increase self-compassion and mental health. In this study, a positive treatment method was used to improve self-compassion. The results showed a positive and significant effect of this treatment method on increasing self-compassion and its components. In this study, the researcher was able to show the variables of self-compassion and empathy through

positive therapy and by using training exercises to avoid disturbing thoughts, accepting their negative events, and emphasizing the less considered abilities of women with experience of spouse violence, and also strengthen the meaning of life in them. Using positive psychotherapy, the researcher has influenced the attitude of women with experiences of spousal violence to life and has increased their life expectancy, since high levels of hope were related to physical and psychological health, positive thinking, and marital relationships; positively, there may have been a synergistic cycle of hope, resulting inadequate attention to self-treatment, following the psychotherapist's instructions, and striving to improve relationships with one's spouse, thereby improving self-compassion and empathy skills. Finally, according to the research findings on the "effectiveness of an intervention based on positive psychology on self-compassion and empathy of women with experience of spousal violence", it is suggested that counseling centers and crisis intervention centers of the Welfare Organization use positive psychology-based intervention to improve self-compassion and empathy skills during psychological therapy. Moreover, to reduce couples' marital conflicts, positive communication skills workshops should be held, so that they can express their positive feelings and emotions and communicate effectively with their spouse without stress.

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