



The Effectiveness of Compassion-Focused Therapy on Psychological Distress and Social Adjustment of Women Seeking Divorce in Isfahan, Iran

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Abstract

Introduction: Divorce, as a psychosocial crisis, has severe consequences for women. This study aimed to investigate the effectiveness of compassion-focused therapy (CFT) in reducing psychological distress while enhancing social adjustment among women seeking divorce in Isfahan.

Methods: This quasi-experimental research employed a pretest-posttest-follow-up design with a control group. The statistical population comprised women seeking divorce who had referred to counseling centers in Isfahan during 2025. Using convenience sampling and random assignment, 30 participants were selected and equally allocated to the experimental group, receiving eight 120-minute sessions of CFT, and the control group with no intervention. The research instruments included the Cohen's Perceived Stress Scale and the Bell's Social Adjustment Scale.

Results: The results of data analysis using multivariate analysis of covariance indicated that the experimental group demonstrated a significant reduction in psychological distress at posttest ($P=0.036$) and follow-up ($P=0.031$) and a marked increase in social adjustment at posttest ($P=0.001$) and follow-up ($P=0.001$) compared to the control group.

Conclusion: CFT, through reducing self-criticism, activating the parasympathetic nervous system, and enhancing mindfulness, reduces psychological distress. Likewise, it promotes social adjustment by improving self-acceptance and emotional flexibility. The persistence of effects at the follow-up stage revealed the stability of cognitive-emotional changes. Accordingly, CFT can be considered for application in family counseling centers, therapist training, and the design of digital self-help programs.

Keywords: Compassion therapy, Distress, Social adjustment, Women, Divorce

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Introduction

Divorce, a major marital life transformation, represents a multidimensional phenomenon that reshapes family foundations with significant psychological and social consequences, especially for women. During divorce, women frequently face crises, including psychological distress, guilt, intense self-criticism, social rejection, and threats to personal and family identity (1). Reduced social acceptance and limited interactions further impair their social adjustment (2).

Similarly, women seeking divorce typically enter a process marked by severe psychological and social tensions due to marital problems, domestic violence, infidelity, or emotional and economic dissatisfaction. They also confront family pressures, financial concerns, social judgments, and loss of support, weakening their capacity for social adjustment (3). Psychologically, divorce entails emotional consequences, such as anxiety, depression, rumination, and feelings of failure, causing

severe psychological distress (4). Moreover, this group often lacks effective coping skills, resulting in increased vulnerability to stressors that disrupt decision-making, emotion regulation, self-confidence, and healthy relationship formation (5).

Psychological distress encompasses negative reactions to life crises, intensifying in divorce with a couple of symptoms, including anxiety, insomnia, poor concentration, and helplessness (6). Additionally, chronic distress may lead to serious disorders, such as depression, making its reduction a key goal. Chronic stress is a major contributor to mental and physical disorders (7). As a stressful life crisis, divorce profoundly affects women's mental health and quality of life, with those seeking divorce particularly exposed to psychological harm due to mental pressures, shame, social judgment, and economic concerns.

It is noteworthy that social adjustment is crucial in post-divorce psychological reconstruction, involving

the ability to establish effective relationships, perform social roles, and tolerate interpersonal frustrations. However, social rejection and cultural stigmatization frequently hinder optimal adjustment for women seeking divorce (8). Adjustment entails adapting to changes, building relationships, and accepting new roles, which are influenced by a variety of factors, such as family upbringing, education, social support, and individual skills (9). Nonetheless, women facing social rejection or cultural shame struggle to adjust effectively.

Various interventions have been proposed to reduce distress while improving adjustment, including acceptance and commitment therapy (8, 10), cognitive-behavioral therapy (11), compassion-focused therapy (CFT) (12, 13), emotion regulation training (14), mindfulness-based therapy (15, 16), narrative therapy (17), emotion-focused therapy (18), schema therapy (19), interpersonal therapy (20), and systemic family therapy (21).

CFT has recently shown therapeutic evidence as an independent or adjunctive approach. By emphasizing self-acceptance and reducing self-criticism, it can diminish psychological distress while increasing emotional flexibility and improving social relationships among women seeking divorce (22). Cultivating inner kindness and self-esteem while reducing guilt lays the groundwork for improved psychological and social functioning (23, 24). CFT helps develop a caring self-attitude, reduce self-criticism, and replace shame and guilt with acceptance and kindness (4). In addition, it benefits individuals with high self-criticism, chronic distress, or traumatic relationships. Nevertheless, few studies have examined the effect of CFT on alleviating psychological distress while enhancing social adjustment in women seeking divorce during this transitional stage.

Using techniques like imagery, mindfulness, and compassion exercises, CFT reduces self-criticism and regulates negative emotions (25). Additionally, cultivating self-compassion diminishes stress and anxiety while increasing inner security and social acceptance (23, 24). Furthermore, compassion toward others improves interpersonal relationships, empathy, and social participation (26). For women seeking divorce, CFT can simultaneously affect psychological distress and social adjustment by reducing shame, increasing self-acceptance, and strengthening relationships.

Alizadeh et al found that CFT restructures self-attitude, thereby reducing guilt, inadequacy, and helplessness, leading to psychological calming and reduced distress (27). In addition, Heidari et al demonstrated that CFT improves distress tolerance more than mindfulness and increases kindness and acceptance (28). Likewise, Azari et al confirmed CFT's effectiveness in reducing self-suppression while increasing emotional intimacy among women seeking divorce (4). Similarly, the findings of Chie et al revealed that CFT decreases anxiety and depression while improving emotion regulation—key components of psychological distress (29).

Zangoui Dovom et al also concluded that CFT

significantly improved mental health and psychological well-being in couples seeking divorce (30). Moreover, Alipoori et al reported CFT was more effective than acceptance and commitment therapy in reducing marital regret and maintained effects at the follow-up, indicating enhanced resilience and post-divorce adjustment (31). Further, Mousavi et al found that CFT, especially combined with acceptance and commitment therapy, could substantially improve social adjustment in depressed women with marital conflicts (32). Despite growth in divorce-related therapy studies, most have limited focus on the specific needs of women seeking divorce, particularly in emotion regulation and social reconstruction.

Previous studies sporadically confirm CFT's effectiveness in alleviating anxiety, depression, and guilt while increasing self-esteem and secure attachment. However, a limited body of research has simultaneously examined its effect on psychological distress and social adjustment in women seeking divorce. In addition, most studies involve general populations or focus on only one psychological or social variable, rarely addressing the bidirectional influence of emotion and social interactions in the divorce crisis context.

Therefore, this study has simultaneously addressed two key components, psychological distress and social adjustment, employing a novel, targeted therapy based on Gilbert's reputable theoretical model in order to fill this scientific gap. Through precise, evidence-based intervention, it aims to improve mental health and social rehabilitation for this vulnerable group, thereby providing practical findings for policymakers, psychotherapists, and support centers.

Materials and Methods

This was an applied quasi-experimental study with a pretest–posttest–follow-up design, including a control group. After administering the pretest to both groups, the experimental group underwent a compassion-focused group therapy intervention over eight 120-minute sessions, while the control group received no intervention. Subsequently, a posttest was administered to participants in both groups. In accordance with ethical standards, the intervention was also provided to the control group after the completion of the study.

The target population of this study comprised all women seeking divorce who attended counseling centers in Isfahan, Iran, in 2025. A convenience sampling method was employed in this regard. First, one counseling center in Isfahan that agreed to collaborate with the study was selected based on accessibility. Subsequently, among the clients of this center, individuals who met the study inclusion criteria and expressed their willingness to participate through informed consent were screened for eligibility. Moreover, the sample size was determined based on experimental intervention studies using a pretest–posttest design with a control group, while considering adequate statistical power for hypothesis

testing. Additionally, assuming a significance level of $\alpha=0.05$, statistical power of $1-\beta=0.80$, and a medium effect size, a minimum sample of 30 participants was considered sufficient. Accordingly, 30 eligible participants were recruited for the study. After recruitment, they were assigned to the experimental and control groups using a simple random allocation procedure in order to ensure baseline equivalence and reduce allocation bias. Specifically, a unique numerical code was assigned to each of the 30 participants, and a computer-generated random numbers table was then used to randomly and equally allocate them into experimental ($n=15$) and control ($n=15$) groups.

Multivariate analysis of covariance (MANCOVA) was employed because the study included one between-subjects independent variable with two levels, namely, the CFT intervention group and the control group, and multiple dependent variables, including psychological distress/perceived stress and social adjustment. The pretest scores of the dependent variables were entered as covariates to control for baseline differences, and the adjusted group effect on posttest and follow-up outcomes underwent examination.

Descriptive statistics, including means and standard deviations, were utilized to summarize the data. All statistical analyses were performed using SPSS software (version 26), and the significance level for all tests was set at 0.05.

Inclusion Criteria

The criteria for inclusion were (1) clients who were seeking divorce and stated (in the initial interview) that they intended to proceed with divorce and (2) absence of mental or physical illness that would prevent participation in the sessions.

Exclusion Criteria

The exclusion criteria included (1) absence from more than one session and (2) failure to complete in-class activities and low participation in sessions.

Research Instruments

Cohen's Perceived Stress Scale

This scale, developed by Cohen et al in 1983, consists of 14 items (33). Each item is answered on a five-point Likert-type scale ranging from "never" to "very often," scored as 0, 1, 2, 3, and 4, respectively. The PSS measures two subscales: (a) the negative perception of stress subscale (items 1, 2, 3, 4, 11, 12, and 14) and (b) the positive perception of stress subscale (items 5, 6, 7, 8, 9, 10, and 13), which are reverse-scored. The score range is between 0 and 52. In addition, the internal consistency reliability coefficients of the scale, measured using Cronbach's alpha, ranged from 0.84 to 0.86 (33). In the study by Saadat et al, this questionnaire was translated into Persian, and its psychometric properties were confirmed; the reliability of the instrument was also reported as 0.81 (9). Cronbach's alpha was found to be 0.79 in the present study.

Bell's Social Adjustment Questionnaire

The Bell Adjustment Scale contains 160 three-option questions (Yes, No, or I don't know), where only "Yes" (score=1) and "No" (score=0) responses are scored (34). Further, there are two types of adjustment scales: one for school and college students, and the other for adults. The scale measures different dimensions of adjustment, including social, emotional, academic, physical, and family domains. Furthermore, each subscale comprises 32 items, and the scores are reversed. The total scale score ranges from 0 to 160, and each subscale score ranges from 0 to 30 (34). The social adjustment subscale was used in this study.

This scale has also been standardized in Iran (35). In a domestic study, its reliability was reported as 0.91, 0.88, 0.85, 0.88, 0.91, and 0.94 for emotional adjustment, social adjustment, academic adjustment, physical adjustment, family adjustment, and overall adjustment, respectively (36). In another study, its reliability (Cronbach's alpha) was calculated as 0.95 (37). The present study used the social adjustment subscale, for which Cronbach's alpha was 0.80. The flow of participants through the study, from eligibility assessment to allocation, intervention, follow-up, and analysis, is illustrated in Figure 1.

Intervention

The intervention was a compassion-based therapy package consisting of eight 120-minute sessions. A summary of the intervention sessions is presented in Table 1 (13).

Results

The research sample consisted of 30 participants (15 in each group), of whom 16 had no children. In terms of educational level, the highest frequency was related to the bachelor's degree level with 14 participants (46.66%). In addition, the age distribution of the sample showed that the largest number of participants were in the 25–30 age range, and overall, the sample demonstrated a relative distribution across all age groups.

Table 2 provides the descriptive statistics for pretest, posttest, and follow-up scores for psychological stress, positive perception of stress, negative perception of stress (two subscales of psychological stress), and social adjustment. In the experimental group, scores for both variables decreased after the intervention, indicating the effectiveness of the intervention. In the control group, there were no notable differences between pretest and posttest scores. Subsequently, inferential analyses were performed to determine whether these differences were significant (Table 2).

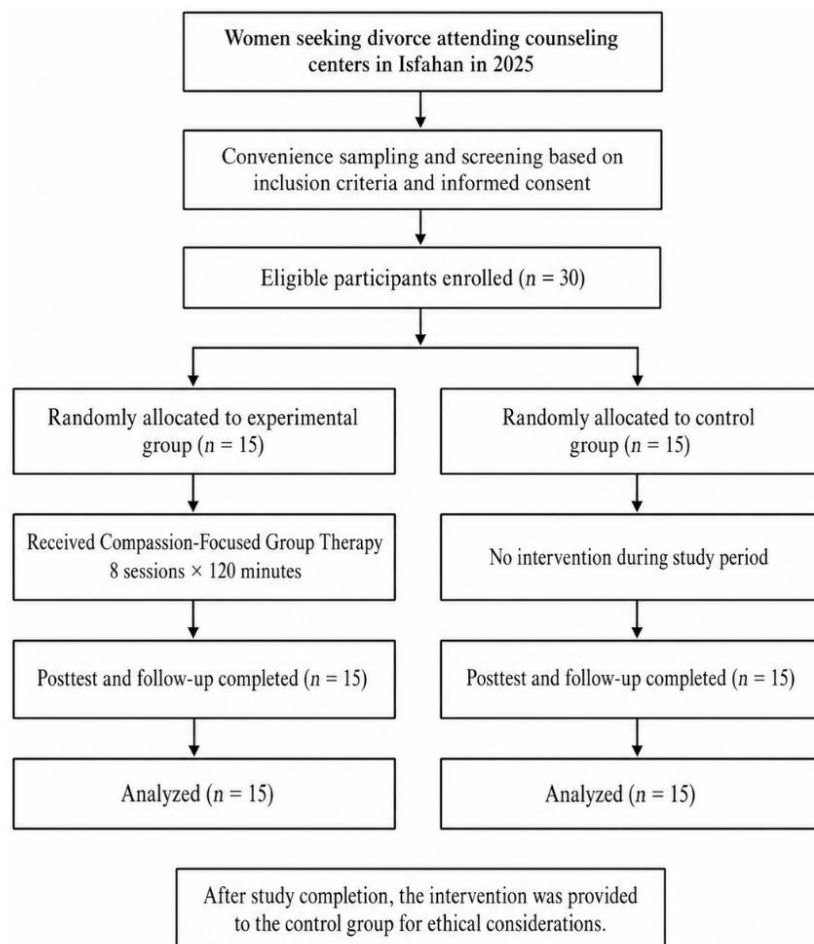
Certain assumptions must be met to conduct MANCOVA. Therefore, the data were examined for the relevant statistical assumptions. Three important preconditions regarding the data and sample are explained as follows:

The covariate and dependent variables must be continuous (1), and the data met this precondition. Moreover, the independent variable must consist of two or more categories, and the independent variable

Table 1. Summary of CFT Sessions

Session	Title and Description
Session 1	Understanding Mindful Self-Compassion: In a competitive exercise, group members recognize the difference between how they treat themselves and how they treat someone they love when facing life's difficulties. Then, the three elements of self-compassion are taught in a safe environment.
Session 2	Mindfulness Practice Training: This session presents the theory and principles of mindfulness. Additionally, it explains how the mind (brain) naturally tends to dwell on past and future problems and concerns during rest.
Session 3	Kindness and Loving-Kindness Practice Training: In this session, participants learn loving-kindness exercises, including phrases such as "I feel safe" and "I am kind to myself," and practice them either in formal class sessions or throughout the day.
Session 4	Finding Your Own Place of Compassion: The main lesson of this session is how to move beyond the repetition of kind phrases and naturally practice your own compassion. In effect, self-compassion is practiced with the intention of "I love you and do not want you to suffer."
Session 5	Living Deeply: This session explores and discovers the core values that give meaning to life. Knowing what truly matters to you enables you to be kind to yourself. This session further helps individuals maintain self-compassion even when their life does not align with their core values.
Session 6	Managing Difficult Emotions and Feelings: Participants in the compassion therapy program first learn how to name these difficult emotions (speaking of them with a calm, kind approach) and then locate those emotions within their bodies. The main exercise taught in this session (soothing practice) is based on skills related to physical awareness and includes both physical and psychological compassion.
Session 7	Transforming Relationships: The exercises in this session address transforming relationship pain, whether inherent pain or pain arising from the inability to form relationships. Much of life's pain arises in relationships and ends in relationships. Mindful self-compassion can be the first step in reducing pain while increasing the capacity for self-forgiveness and forgiveness of others. Participants learn to use compassionate words and phrases for the pains they have endured in difficult relationships.
Session 8	Accepting and Embracing Life: This final session targets the negative biases of life. Although searching for physical and emotional threats is necessary for survival, it creates difficulties in one's capacity for happiness. In fact, by focusing on desirable things in life and the good qualities within oneself, a person can reduce their innate biases and enjoy life more fully.

Note: CFT: Compassion-focused therapy.

**Figure 1.** CONSORT-Style Flow of Participants

Note. CONSORT: Consolidated Standards of Reporting Trials

comprised two categories (one experimental group and one control group) (2). Furthermore, observations and participants must be independent of one another; in other words, different participants must be in each group, and no participant should be in more than one group (3).

This precondition was satisfied, as each participant was assigned to only one group throughout the study. The remaining assumptions were examined subsequently. The statistics from the Kolmogorov-Smirnov and Shapiro-Wilk tests for the dependent variables were not significant

Table 2. Descriptive Statistics for Dependent Variables in Experimental and Control Groups

Groups	Time	Stress (PSS)	Positive Perception of Stress	Negative Perception of Stress	Social Adjustment
CFT group (n=15)	Pretest	Mean: 30.80 SD: 13.92	Mean: 14.40 SD: 6.65	Mean: 16.40 SD: 6.09	Mean: 19.01 SD: 5.90
	Posttest	Mean: 26.25 SD: 13.94	Mean: 12.00 SD: 8.60	Mean: 14.24 SD: 7.55	Mean: 26.67 SD: 5.29
	Follow-up	Mean: 26.14 SD: 13.63	Mean: 11.84 SD: 4.98	Mean: 14.30 SD: 6.73	Mean: 28.03 SD: 6.37
Control group (n=15)	Pretest	Mean: 36.78 SD: 13.98	Mean: 17.39 SD: 5.67	Mean: 19.39 SD: 5.34	Mean: 18.01 SD: 6.08
	Posttest	Mean: 35.85 SD: 13.78	Mean: 16.80 SD: 7.65	Mean: 19.04 SD: 5.98	Mean: 17.41 SD: 5.94
	Follow-up	Mean: 36.33 SD: 14.21	Mean: 16.93 SD: 7.87	Mean: 19.39 SD: 7.67	Mean: 18.08 SD: 6.76
Total (n=30)	Pretest	Mean: 33.79 SD: 14.04	Mean: 15.89 SD: 7.99	Mean: 17.89 SD: 5.99	Mean: 18.51 SD: 5.45
	Posttest	Mean: 31.05 SD: 14.47	Mean: 14.40 SD: 6.34	Mean: 16.64 SD: 6.67	Mean: 22.04 SD: 7.26
	Follow-up	Mean: 31.23 SD: 14.63	Mean: 14.38 SD: 7.02	Mean: 16.84 SD: 8.87	Mean: 23.05 SD: 8.20

Note. CFT: Compassion-focused therapy; SD: Standard deviation; PSS: Perceived Stress Scale. For positive and negative perception of stress subscales, n=15 for each group and n=15 for total (as reflected in the original table), whereas for overall stress and social adjustment, n=15 per group and n=30 for total.

($P>0.05$), and the assumption of equality of variances across the compared groups was examined accordingly.

According to Levene's test, the significance levels obtained for both the mean and median were greater than 0.05 in all cases ($P>0.05$); therefore, the assumption of equality of variances was confirmed. Additionally, the homogeneity of variance-covariance matrices was assessed using M-box test. Given that the computed F (1.221) was not significant at the given alpha level (0.158), the observed covariance matrices across the different groups were considered equal (Table 3).

The main hypothesis of the study was as follows:

- CFT has a significant effect on the psychological stress and social adjustment of women seeking divorce in Isfahan.

Accordingly, a one-way MANCOVA was used (Table 4). Based on the results (Table 4), the pretests of the dependent variables had no significant effect on the dependent variables across all indices (Pillai's trace, Wilks' lambda, Hotelling's trace, and Roy's largest root; $P>0.001$). Therefore, the observed contradictions in the dependent variables cannot be attributed to differences in pretest scores. Furthermore, after removing the effect of the pretest, the between-groups F ratios for Pillai's trace, Wilks' lambda, Hotelling's trace, and Roy's largest root were significant at $P<0.001$, indicating that the independent variable (group membership) explains the differences in scores between the groups (Table 4).

The therapy resulted in a significant reduction in the dependent variables in the treatment group at both the posttest and follow-up stages (stress: $P<0.05$; adjustment: $P<0.001$; Table 5). In other words, CFT significantly diminished psychological stress, as well as positive and negative perceptions of stress among women seeking divorce in Isfahan at the posttest stage ($P<0.05$), and this effect remained stable through the follow-up stage ($P<0.05$). Conversely, CFT substantially increased social

Table 3. Results of Levene's Test for Homogeneity of Variances

Variable	df.	F	P-Value
Pretest stress	28	0.006	0.937
Posttest stress	28	0.001	0.981
Follow-up stress	28	0.295	0.591
Pretest social adjustment	28	0.509	0.481
Posttest social adjustment	28	0.426	0.519
Follow-up social adjustment	28	0.484	0.492
Pretest positive perception of stress	28	0.006	0.937
Posttest positive perception of stress	28	0.001	0.981
Follow-up positive perception of stress	28	0.295	0.591
Pretest negative perception of stress	28	0.006	0.937
Posttest negative perception of stress	28	0.001	0.981
Follow-up negative perception of stress	28	0.295	0.591

Note. df.: Degree of freedom.

adjustment among women seeking divorce in Isfahan at the posttest stage ($P<0.001$), and this effect also remained stable through the follow-up stage ($P<0.001$). Figures 1 to 3 illustrate the trend of score changes in the experimental group compared to the control group, as well as the differences between these changes (Table 5).

Discussion

The results of the present study demonstrated that CFT significantly reduced the level of psychological stress and its subscales (positive and negative perceptions of stress) among women seeking divorce in Isfahan. This reduction was observed not only at the posttest stage but also persisted at the follow-up stage, which is consistent with the findings of a substantial body of national and international research. Alizadeh et al confirmed the effectiveness of this therapy in enhancing well-being and quality of life among women with substance-dependent spouses (27). Likewise, Heidari et al reported that CFT

Table 4. Results of Multivariate Tests

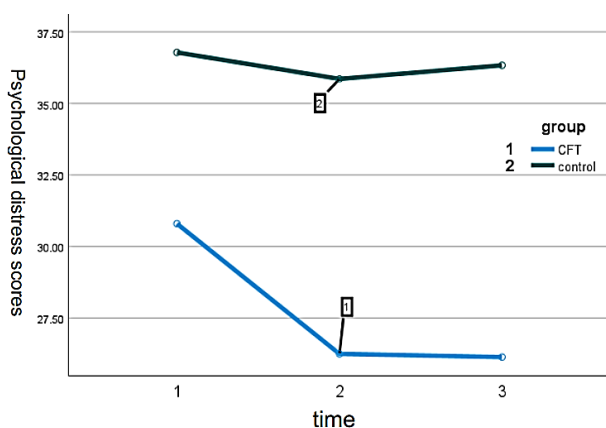
Variable/Test	Pillai's Trace	Wilks' Lambda	Hotelling's Trace	Roy's Largest Root	F	Hypothesis df.	Error df.	P-Value	Partial Eta Squared (η^2)
Pretest psychological stress	0.250	0.750	0.333	0.333	1.915	4	23	0.142	0.250
Pretest Positive perception of stress	0.250	0.750	0.333	0.333	5.765	4	23	0.091	0.266
Pretest Negative perception of stress	0.250	0.750	0.333	0.333	1.805	4	23	0.704	0.281
Pretest social adjustment	0.101	0.899	0.113	0.113	0.649	4	23	0.633	0.101
Groups (intervention effect)	0.175	0.825	0.212	0.212	7.216	4	23	0.000	0.175

Note. CFT: Compassion-focused therapy. The F-statistic reported for each row is the multivariate test statistic. For all pretest variables, $P > 0.05$, representing no significant pretest differences. For the group effect (intervention), $P < 0.001$, indicating a significant multivariate effect of CFT on the combined dependent variables.

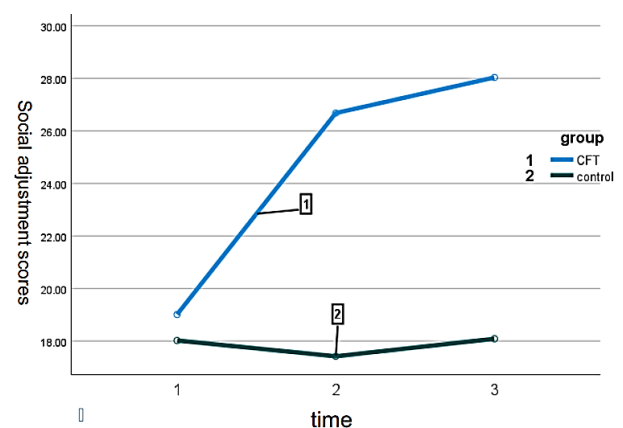
Table 5. Pairwise Comparisons of Groups on Dependent Variables at Posttest and Follow-up Stages

Dependent Variable	Group (I)	Group (J)	Mean Difference (I-J)	Standard Error	P-Value ^a
Posttest stress	CFT	Control	-6.866	4.822	0.031
	Control	CFT	6.866	4.822	0.031
Follow-up stress	CFT	Control	-6.397	4.219	0.036
	Control	CFT	6.397	4.219	0.036
Posttest positive perception of stress	CFT	Control	-3.433	2.411	0.041
	Control	CFT	3.433	2.411	0.041
Follow-up positive perception of stress	CFT	Control	-3.198	2.105	0.045
	Control	CFT	3.198	2.105	0.045
Posttest negative perception of stress	CFT	Control	-3.657	2.417	0.037
	Control	CFT	3.657	2.417	0.037
Follow-up negative perception of stress	CFT	Control	-3.400	2.109	0.041
	Control	CFT	3.400	2.109	0.041
Posttest social adjustment	CFT	Control	8.867*	2.055	0.000
	Control	CFT	-8.867*	2.055	0.000
Follow-up social adjustment	CFT	Control	9.778*	2.550	0.001
	Control	CFT	-9.778*	2.550	0.001

Note. CFT: Compassion-focused therapy. The mean differences are based on estimated marginal means. *Asterisk indicates significance at the $P < 0.001$ level.

**Figure 2.** The Trajectory of Psychological Stress Scores Across Three Assessment Phases

Note. GFT: Compassion-focused therapy

**Figure 3.** The Trajectory of Social Adjustment Scores Across Three Assessment Phases

Note. GFT: Compassion-focused therapy

increases distress tolerance and acceptance more than mindfulness-based interventions (28).

Similarly, Azari et al indicated a decline in self-suppression while an increase in emotional intimacy among women seeking divorce following the intervention, a factor that plays an effective role in diminishing internal stress (4). At the international level, Gilbert and Procter also reported the activation of the soothing

system through self-compassion training, leading to reduced stress and anxiety (23). Additionally, Neff et al demonstrated that self-compassion practice improves psychological resilience, emotion regulation, and self-efficacy while reducing social anxiety (13, 38). Gilbert et al further confirmed the effectiveness of CFT in decreasing depression and self-criticism (39). A systematic review by Chie et al also addressed the positive impact of CFT

on reducing anxiety and depression while improving emotion regulation (29).

From a theoretical perspective, Lazarus and Folkman define stress as the result of a cognitive appraisal of external threats in relation to coping resources. Women seeking divorce perceive the situation as threatening in their primary appraisal, and they experience intense stress if coping resources are deemed insufficient in the secondary appraisal (7). CFT, through its three core components (i.e., self-kindness, common humanity, and mindfulness) improves emotion regulation capacity by modulating emotional systems, particularly through the activation of the soothing system (13, 24).

The underlying mechanisms of this therapy include the replacement of negative mental patterns, activation of the parasympathetic nervous system (40), regulation of the hypothalamic-pituitary-adrenal axis (41), and the development of cognitive distancing from negative thoughts. Further, neuropsychological evidence supports the activation of the brain's soothing system and reduced activity of the threat system as a result of compassion-based exercises (24).

Field studies further confirm these mechanisms. For instance, Matos et al found that compassion-based interventions lead to reductions in shame, self-criticism, and stress, as well as increases in psychological well-being and happiness. Moreover, simple compassion-based exercises (e.g., writing a self-compassionate letter or engaging in compassionate imagery), when practiced consistently, become enduring psychological habits and prevent relapse into stress-related patterns (40).

In summary, CFT contributes to the redefinition of the stress experience by restructuring negative attitudes, reducing self-criticism, and enhancing feelings of self-worth, thereby transforming stress into an opportunity for growth (42, 43).

Furthermore, our findings revealed that CFT significantly increased the level of social adjustment among women seeking divorce, and this effect also remained stable at the follow-up stage. Consistent with this finding, Azari et al reported reductions in self-suppression and increases in emotional intimacy as the key components of social adjustment (4). Additionally, Zangoui Dovom et al (30) and Alipoori et al (31) documented the effectiveness of CFT in improving mental health, decreasing marital regret while enhancing adaptive abilities among couples seeking divorce.

At the theoretical level, CFT, with its emphasis on self-kindness, mindfulness, and acceptance, is capable of reducing shame, anxiety, and feelings of rejection, which are common consequences following divorce (13, 24). Likewise, this therapy restores the motivation for social interaction through replacing negative self-talk, enhancing self-acceptance, and fostering empathy. Moreover, from a neurobiological perspective, compassion-based exercises reduce amygdala activity while increasing activity in brain regions associated with emotion regulation and social reward (39).

Similarly, this therapy enhances the quality of social relationships by teaching skills such as mindful listening, empathy, acceptance of differences, and non-judgmental communication. In addition, compassion for others, a core pillar of this approach, increases the inclination to form supportive relationships while decreasing defensive reactions, elements that directly contribute to the development of social adjustment. Ultimately, compassion-based therapy aids in the reconstruction of social identity after divorce. Women can rebuild a new social position with confidence by redefining their identity based on human values rather than solely the spousal role. This redefinition of identity will pave the way for healthier interactions, greater social acceptance, and a lasting sense of self-worth.

Conclusion

Our findings demonstrated that CFT could substantially reduce psychological distress while improving social adjustment in women who were seeking divorce, and these effects remain stable at the follow-up stage. This therapy, enhances the emotional and interpersonal capacities of this vulnerable group through decreasing self-criticism, activating the parasympathetic soothing system, and developing mindfulness. The findings indicated that compassion can break the cycle of shame, social isolation, and negative rumination, providing a foundation for the psychological and social reconstruction of women in a divorce crisis. Therefore, as an evidence-based intervention, CFT plays an effective role in facilitating the post-divorce adjustment process and considerably fills the gap in specialized interventions for this group.

Limitations of the Study

This study had some limitations, including the restriction of the statistical population to women seeking divorce in Isfahan, which warrants caution in generalizing the findings to other geographical regions or demographic groups. Furthermore, the participants were in a sensitive and critical stage of their lives. This situation may have influenced their responses to the questionnaires or their participation in the therapy sessions, thereby posing a challenge to the generalizability of the results.

Suggestions for Future Research

Accordingly, it is recommended that future research be conducted with more diverse samples in terms of gender, marital status, or geographical region in order to enhance the generalizability of the findings. Additionally, the use of multi-source instruments (e.g., observation, clinical interviews, or informant reports) could help improve the precision of variable measurement. Finally, comparative studies examining the effectiveness of CFT alongside other therapeutic approaches (e.g., mindfulness-based interventions or cognitive-behavioral therapy) could prove useful in more precisely identifying the active components that contribute to reducing stress while improving social adjustment.

Authors' Contribution

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Competing Interests

The authors declare that there is no conflict of interests to disclose.

Ethical Approval

The present article has been derived from a research project approved by the Ethics Committee of Islamic Azad University, Khomeinishahr Branch (IR.IAU.KHSH.REC.1404.138).

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