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Original Article

Effects of Compassion-Focused Therapy on Resilience and Distress Tolerance in Female Heads of Households

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Abstract

Background: Female heads of households often experience a diminished quality of life due to financial, social, and psychological challenges. This research aimed to investigate the impact of Compassion-Focused Therapy (CFT) on the distress tolerance and resilience of female heads of households.

Methods: This study utilized a quasi-experimental design with pre-and post-tests, incorporating a control group. The study population encompassed all female heads of households under the support of the welfare centers of Aligudarz, Lorestan Province, Iran, in 2022. By convenience sampling, forty eligible individuals were selected and subsequently randomly assigned into an experimental and control groups (20 women per group). The intervention group received eight weekly 90-minute sessions of CFT, while the control group did not receive any interventions. Following the sessions, both groups underwent post-tests under the same conditions. The Resilience and Distress Tolerance Scale were administered to both groups as pretests before the training intervention. Data analysis was conducted using ANCOVA in SPSS version 27.

Results: The mean±SD scores for distress tolerance and resilience were 39.10±4.37 and 59.30±5.29 on the pretest in the CFT intervention group, respectively, and 38.55±4.56 and 58.85±6.26 in the control group. In the post-test stage, the mean±SD score for distress tolerance in the CFT intervention group was 54.20±4.19, while in the control group, it remained at 38.55±4.56 ($P<0.001$). Furthermore, in the post-test stage, the mean±SD score for resilience in the intervention group was 89.35±8.35, compared to 58.85±6.26 in the control group ($P<0.001$). According to the results, CFT intervention significantly improved distress tolerance and resilience among female heads of households ($P<0.001$).

Conclusion: Compassion-focused therapy effectively enhanced distress tolerance and resilience in female heads of households. It is recommended that government officials take necessary steps and implement plans to provide CFT sessions for female heads of households.

Keywords: Self-compassion, Psychological distress, Resilience, Women, Heads of households

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1. Introduction

The position and respect accorded to women within a country are crucial indicators of its national development (1). Among the most vulnerable segments of society are female heads of households, who often confront elevated risks of social discrimination and psychological stress compared to others (2). Numerous factors, including divorce, addiction, incarceration, and the loss of a spouse, can alter family structures, resulting in female-headed households (3). Approximately 12.7% of Iranian households are led by women, with around 75% residing in urban areas and nearly 25% in rural areas (4). Managing their lives places more significant stress on female heads of households than on women with spouses (5). Balancing mother-child relationships, employment, household chores, and childcare can significantly influence children's personality development and mental well-being. Furthermore, financial concerns and limited support resources contribute to the stress and distress experienced by these women (6). These challenges manifest in various ways, including physical ailments, distress, communication difficulties, sleep disruptions, and ultimately, depression, profoundly impacting the overall quality of life for these women and their families (7).

Distress tolerance plays a pivotal role in determining the mental health of female heads of households. Women with low distress tolerance may resort to harmful behaviors erroneously as a coping mechanism for negative emotions (8). Distress can arise from physical and psychological

sources, primarily as an emotional state characterized by a desire to react and alleviate emotional distress (9, 10). Women with low distress tolerance struggle to endure discomfort and feel overwhelmed and powerless due to their inability to withstand negative emotions. When confronted with distressing situations, they may employ unhealthy coping strategies (11). Distress tolerance is increasingly recognized as a critical construct for gaining fresh insights into developing, preventing, and treating psychopathology. It is also considered a protective factor within the realm of resilience, as it regulates emotional states and promotes psychological well-being (12).

Resilience is a foundational concept in positive psychology (13). It refers to the capacity to rebound from adversity or attain a higher equilibrium level in the face of challenges, facilitating successful adaptation in daily life (14). Resilience is a dynamic process involving positive adaptation to trying and unfortunate circumstances. It pertains to an individual's ability to withstand and overcome substantial challenges threatening stability and progress (15). Women exhibit resilience and adaptability, quickly adjusting to circumstances and resuming recovery once stressful situation have been alleviated (16, 17). Research showed that individuals with abundant resources, including a strong self-concept, robust familial and social support, sound mental health, and practical communication skills, demonstrate higher levels of resilience (18, 19). Resilient behaviors, such as social communication, empathy, and voluntary work, are displayed within various contexts, including the mind, interpersonal interactions, small groups, and larger society (20). Duchek (21) defined resilience as the capacity to confront, manipulate, and transform challenges effectively. Resilience is also recognized as an internal cognitive factor that can enhance the cognitive regulation of emotions by developing coping strategies and improving defense mechanisms. A decreased resilience against life events can lead to mental pressure, anxiety, or depression (22). Previous studies investigated the effectiveness of mindfulness training, group hope therapy, acceptance and commitment therapy, and positive thinking training in enhancing women's resilience and distress tolerance (23-26). Furthermore, one potentially effective treatment for alleviating psychological issues among female heads of households is compassion-focused therapy (CFT).

The Compassion-Focused Therapy (CFT) is a multimodal therapeutic intervention (27). Compassion comprises various emotional, cognitive, and motivational elements that foster growth and facilitate change while embodying gentleness and care (28, 29). CFT is a supportive approach that positively correlates with life satisfaction and social skills (30). Compassion is a crucial human force encompassing qualities such as kindness, fair judgment, and connected emotions, playing a pivotal role in helping individuals find hope and meaning in life amidst challenges. Furthermore, it entails extending kindness to oneself and being able to experience and be affected by suffering of others (31). Compassion fosters loving behaviors and provides situations for connection, security, relief, participation, encouragement, and support (32). Most psychotherapists believe that compassion plays a significant role in psychotherapy. CFT emphasizes cultivating six key characteristics including sensitivity, sympathy, compassionate motivation, disaster tolerance, non-judgment, and empathy. These qualities align with the development of compassionate courage (29). Jorjorzadeh and colleagues (33) reported that CFT positively impacted the improvement of the psychological capital of young women experiencing delayed marriage. Ardeshirzadeh and colleagues (34) demonstrated that CFT enhanced divorced women's ability to adjust to their new living conditions. Khosrobeigi and colleagues (35) found that self-CFT had positive impacts on the resilience and hopelessness of parents who had a child with cancer. Gilbert and colleagues (27) noted that a compassion-focused intervention enhanced participants' mental states and social behaviors in their study.

Female heads of households experience a lower quality of life due to financial, social, and psychological challenges. In general, when women assume the heads of their families, they encounter various issues and difficulties. This situation may also catalyze other social harms at both individual and societal levels. Distress tolerance is commonly understood as an individual's capacity to endure unpleasant internal states, encompassing the ability to tolerate various negative internal states. These states may include negative emotions, ambiguity, uncertainty, despair, and physical discomfort. Individuals with abundant resources, such as a robust self-concept, solid familial and

social support networks, good mental health, and practical communication skills, tend to exhibit higher levels of resilience. Previous studies did not analyzed the impacts of CFT on the psychological characteristics of female heads of households. Therefore, this research aimed to investigate the effectiveness of CFT on distress tolerance and resilience among female heads of households.

2. Methods

This study employed a quasi-experimental design that incorporated both pre-and post-tests, along with a control group. The study's target population consisted of 96 female heads of households under the support of the welfare centers of Aligudarz, Lorestan Province, Iran in 2022. Forty eligible individuals were carefully chosen and subsequently assigned randomly into the experimental or control group, each consisting of 20 women (as illustrated in Figure 1), using a convenience sampling method. The sample size was determined using G*Power software, with an effect size of 1.08, alpha set at 0.05, and a test power of 0.90 (36).

The mean distress tolerance scores for the experimental and control groups were 54.20±4.19 and 38.55±4.56, respectively. In this study, the female heads of households were segregated into two groups, one designated as the control group and the other as the experimental group, using a random number table. These women were then further divided into groups of 20 based on even and odd numbers. Subsequently, two groups were randomly assigned as the experimental and control groups, employing an even and odd number.

The inclusion criteria stipulated that participants had to provide their consent to participate in the research, be female heads of households, possess a minimum educational level equivalent to middle school in order to comprehend the contents of the questionnaires, have no reported history of drug abuse, and be concurrently enrolled in no other treatment programs. Exclusion criteria were individuals currently taking psychiatric medications or those who had missed more than two treatment sessions. Informed consent, adhering to ethical research principles, was diligently obtained from all selected participants,

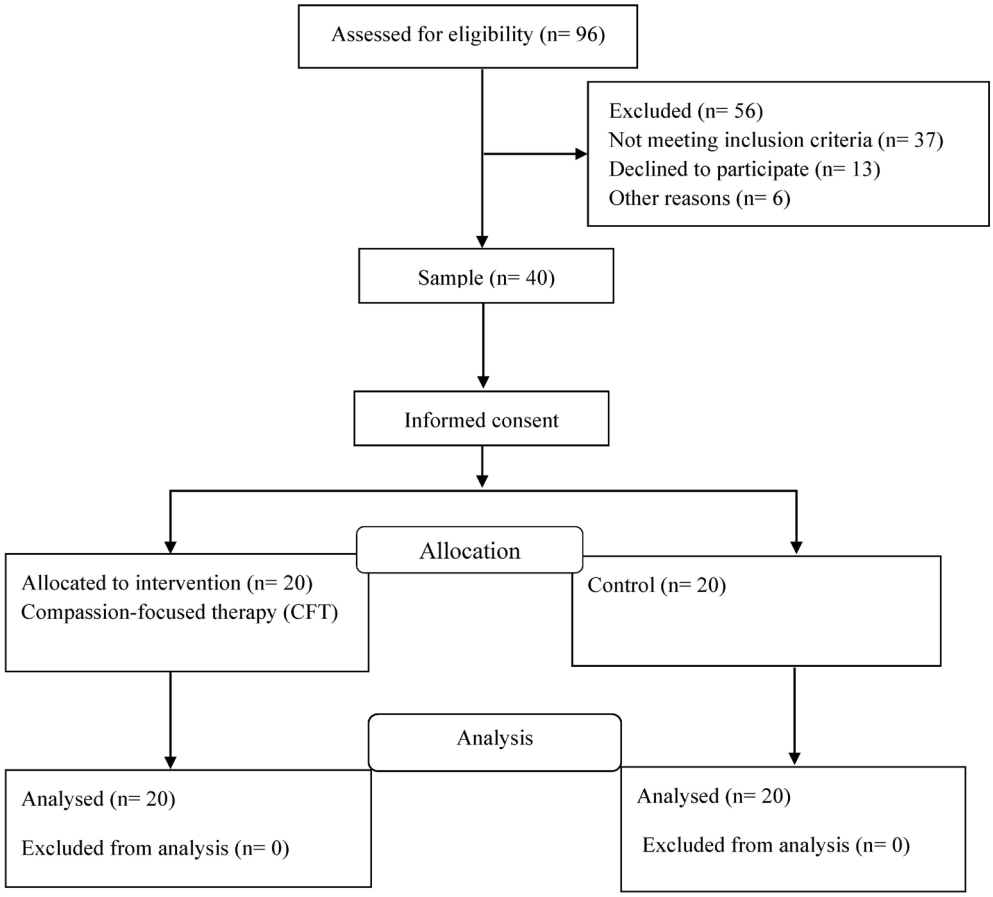

Figure 1: The figure shows the CONSORT flow diagram of the study.

who were also assured of the strict confidentiality of their data.

2.1. Procedure

The research was conducted with meticulous attention to ethical considerations, including articulating research objectives and informing participants. After receiving research permits, invitations were extended to female heads of households who were recipients of welfare support through relevant organizations. A brochure outlining the research's objectives, benefits, and implementation process was provided to qualified homeless women to incentivize their participation in the study. Once the sample size reached its intended quota, preparations were made to initiate the meetings.

A pretest was administered to experimental and control groups using research tools to initiate the study. In the subsequent phase, the experimental group underwent Cognitive-Focused Therapy (CFT) sessions, while the control group remained on a waiting list. Upon the conclusion of the treatment sessions, a post-test was conducted, during which participants from both the experimental and control groups completed the research questionnaires.

2.2. Intervention Program

The experimental group participated in eight 90-minute weekly sessions of Compassion-Focused Therapy (CFT) based on Gilbert's CFT model (29). An overview of the CFT sessions is presented in Table 1.

2.3. Tools

2.3.1. Distress Tolerance Scale: This self-report measure of emotional distress tolerance was developed by Simons and Gaher (37). The items assess distress tolerance by examining an individual's capacity to endure emotional distress, absorb negative emotions, appraise distress mentally, and employ regulatory measures to alleviate distress. The scale comprises 15 items rated on a five-point Likert scale ranging from 1 to 5, with higher scores indicating greater distress tolerance. Azizi (38) validated the Distress Tolerance Scale with a Content Validity Index (CVI) of 0.96 and a Content Validity Ratio (CVR) of 0.93. Furthermore, the author (38) reported a Cronbach's alpha of 0.77 for the Distress Tolerance Scale. In this study, our findings revealed a Cronbach's alpha (α=0.81) within an acceptable range.

2.3.2. Resilience Scale: Connor and Davidson (39) developed a 25-item Resilience Scale, which is rated on a five-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree"). The creators of this questionnaire suggest its ability to differentiate between resilient and non-resilient individuals in both clinical and non-clinical populations, as well as its potential applicability in research and clinical settings. Keyhani and colleagues (40) reported a Cronbach's alpha of 0.78 for the Resilience Scale. The authors (40) confirmed the validity of the Resilience Scale with a CVI of 0.97 and a CVR of 0.95. In the current study, the reliability of this scale was established with a Cronbach's alpha of 0.77.

Table 1: The contents of compassion-focused therapy sessions

Session	Content
1	Introducing group members; explaining group rules; providing information about distress tolerance and resilience; and introducing the basics of CFT
2	Explaining and describing compassion: what compassion is and how it can be applied in CFT to overcome problems.
3	Teaching empathy and compassion, e.g., instruction on developing and experiencing a wider range of emotions in relation to individuals' issues to enhance caregiving and attention to their well-being
4	Teaching forgiveness; teaching about accepting mistakes; forgiving yourself for mistakes in order to speed up making changes; increasing mental awareness; learning to accept issues in order to accept the upcoming changes
5	Teaching the growth of positive and elevated emotions, *e.g.*, instructing individuals to help them generate valuable emotions within themselves to effectively engage with their environment; practicing mindfulness and self-awareness; examining beliefs associated with unhelpful emotions
6	Teaching responsibility, whereby women learn to have self-critical thinking and develop new perspectives and more effective emotions within themselves
7	Compassion correspondence; exercises involving anger and compassion; exercises addressing the fear of compassion
8	Summary, group work conclusion, and posttest administration

CFT: Compassion-Focused Therapy

2.4. Data Analysis

For data analysis, descriptive and inferential statistics were employed using SPSS version 27, with a significance level set at 0.05. Descriptive measures such as mean, standard deviation, Chi-square, and t-test were utilized to describe variables at the descriptive level. At the inferential level, analysis of covariance (ANCOVA) and Bonferroni post hoc tests were applied. The normality assumption of the data was assessed by conducting the Kolmogorov–Smirnov test, and the assumption of equal variance of dependent variables was checked using Levene's test.

3. Results

The demographic variables of female heads of households are presented in Table 2. The results indicated that there were no significant differences between the experimental and control groups in terms of demographic characteristics.

Table 3 displays the mean and standard deviation of distress tolerance and resilience for participants in both the pretest and post-test phases. The mean and standard deviations (±SD) of distress tolerance and resilience were 39.10±4.37 and 59.30±5.29 in the pretest for the CFT group and 38.55±4.56 and 58.85±6.26 in the pretest for the control group. The t-test showed no significant differences between the CFT and control groups in the pretest stages.

In the post-test stage, the mean±SD of distress tolerance for the CFT and control groups were 54.20±4.19 and 38.55±4.56, respectively. The results indicated a significant increase in distress tolerance in the CFT group compared to the control group (P<0.001). Additionally, in the post-test stage, the mean±SD of resilience for the experimental and control groups were 89.35±8.35 and 58.85±6.26, respectively. The t-test in the post-test stage demonstrated a significant difference between the CFT and control groups in the resilience variable (P<0.001).

Based on these findings, it can be concluded that CFT effectively improved distress tolerance and resilience among female heads of households (P<0.001). Therefore, CFT significantly enhanced distress tolerance and resilience in female household heads within the intervention group.

The Kolmogorov–Smirnov test results confirmed the normality assumption for distress tolerance (Z=0.105, P=0.200) and resilience (Z=0.139, P=0.136) variables among female heads of households in the experimental group. Similarly, in the control group, the normality assumption was also confirmed for distress tolerance (Z=0.107, P=0.200) and resilience (Z=0.124, P=0.122) based on the test results.

Furthermore, the results of Levene's test, which assessed the assumption of equal variances of the dependent variables, indicated that the variances of the distress tolerance and resilience variables were equal across various levels of the independent variable in the experimental and control groups.

According to the results of the ANCOVA, significant differences were found between the two

Table 2: Demographic variables of female heads of household

Groups	Mean±SD age (years)	Duration of household headship (years)	Education	
			Middle school	High school
Experimental group	37.51±5.49	6.45±2.37	12 (35.00)	8 (65.00)
Control group	39.80±6.76	7.33±2.69	9 (30.00)	11 (70.00)
P	0.247	0.279	0.348	

Table 3: Means and standard deviations (SD) of stress tolerance and resilience in intervention and control groups

Variable	Group	Pretest	Posttest	P (between group)
		Mean±SD	Mean±SD	
Distress tolerance	Experimental group	38.80±5.07	54.20±4.19	0.001
	Control group	39.10±4.37	38.55±4.56	0.699
P (within group)		0.842	0.001	-
Resilience	Intervention group	60.15±5.73	89.35±8.35	0.001
	Control group	59.30±5.29	58.85±6.26	0.807
P (within group)		0.629	0.001	-

groups regarding distress tolerance (P<0.001) and resilience (P<0.001) variables.

4. Discussion

The present study aimed to investigate the effects of Compassion-Focused Therapy (CFT) on distress tolerance and resilience among female heads of households. The results indicated that CFT effectively improved distress tolerance and resilience in these women. In other words, CFT increased distress tolerance and resilience levels in female heads of households. This finding aligns with a study by Jorjorzadeh and colleagues (33), which reported that CFT positively impacted the psychological capital of women experiencing delayed marriage. Furthermore, Khosrobeigi and colleagues (35) revealed that CFT effectively reduced hopelessness and increased resilience among mothers of children with cancer. Female heads of households may benefit from CFT as it serves as a motivating factor in enhancing their distress tolerance. Indeed, this therapy can improve individuals' overall well-being by enhancing social communication, boosting general health, improving the quality of life, and alleviating self-criticism and mental pressure.

Additionally, rather than simply replacing negative emotions with positive ones, CFT generates positive ones that coexist with and encompass negative ones (29). By activating the security and relief system in female heads of households, they are better equipped to confront their emotions and face life's challenges with increased acceptance and understanding. Consequently, they can effectively manage difficult circumstances and endure life's hardships.

According to Moll Riquelme and colleagues (41), resilience skills are learnable. They further noted that psychological therapies, such as self-compassion, have the potential to reduce vulnerability to low resilience by decreasing negative emotions and promoting positive ones. Self-resilient individuals do not engage in self-defeating behaviors; instead, they exhibit emotional stability and possess the capacity to handle and transform stressful situations. Female heads of households often grapple with negative emotions such as depression, despair, and guilt, considered indicators of low resilience. Individuals with self-compassion can acknowledge their failures and shortcomings without bias rather than denying or exaggerating them (31). Furthermore, they perceive their failures, flaws, and shortcomings as common among all individuals rather than unique to themselves. Consequently, individuals with high levels of self-compassion tend to adopt more positive attitudes toward achieving their personal goals and perceive a greater likelihood of accomplishing them.

CFT enhances women's emotional awareness and problem-solving abilities when faced with negative emotions. This process contributes to the development of psychological tolerance and resilience. Notably, an essential aspect of CFT is its ability to help individuals perceive thoughts and emotions as separate entities, devoid of bias or personal attachment. This separation prevents emotions from becoming intertwined with thoughts over time and hinders the emergence of spontaneous emotions. Naturally, emotional autonomy allows for impartial processing (32). CFT focuses on four key areas including past and historical experiences, basic fears, strategies for feeling safe, and unforeseen consequences and outcomes. This treatment is grounded in an evolutionary approach to psychological functions, where compassionate motives and abilities are linked to evolved brain systems responsible for attachment, altruism, and kindness (29). Through their compassion, female heads of households can experience positive emotions toward themselves without the need to protect their self-concepts.

The primary goal of CFT is to assist individuals in enhancing their emotional and psychological well-being by promoting self-compassion and compassion toward others (28). Many believed that compassion, whether directed towards oneself or others, is an emotional response and a significant component of psychological well-being (27, 30). Promoting self-compassion offers the advantage of enhancing emotional well-being and mental health. In other words, the two primary objectives of self-CFT are 1) reducing self-directed hostility and 2) nurturing an individual's ability to cultivate self-confidence, kindness, and self-soothing as a countermeasure to feelings of threat (29).

4.1. Limitations

The research had some limitations, primarily focusing on women as household heads in

Aligudarz, Lorestan Province, Iran. This study did not encompass factors such as socioeconomic status and other stress-inducing variables that might have potential implications for the research outcomes. Owing to the confidentiality surrounding the information of female heads of households, accessing this statistical population presented significant challenges for the researcher. Additionally, the data collection tools were confined to self-report questionnaires. Due to time constraints, conducting long-term follow-up studies could have been more feasible, thus rendering it impossible to determine the stability of the changes implemented over an extended period.

Conclusion

Considering the efficacy of Compassion-Focused Therapy (CFT) in enhancing distress tolerance and resilience among female household heads, it is advisable to offer group-based CFT training to counselors and therapists working at welfare centers. Implementing this educational approach enables counselors and therapists to take concrete measures to bolster the resilience and optimism of women in their roles as household heads. Furthermore, it is advisable to conduct similar studies in diverse communities with varying sociodemographic variables to augment the generalizability of the findings. Moreover, future studies should incorporate longer-term follow-up data collection phases to scrutinize potential results shifts over time.

Ethical Approval

The study protocol was approved by the Ethics Committee of Payame Noor University with the code of IR.PNU.REC.1402.146. Also, written informed consent was obtained from the participants.

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Authors' Contribution

Sareh Mousavi: Substantial contributions to the conception and design of the work, and the acquisition, analysis, and interpretation of data for the work, reviewing the work critically for important intellectual content. Shokoufeh Mousavi: Substantial contributions to the conception and design of the work, and the acquisition, analysis, and interpretation of data for the work, reviewing the work critically for important intellectual content. Mahmoud Reza Shahsavari: Substantial contributions to the conception of the work, drafting the work and reviewing it critically for important intellectual content; All authors have read and approved the final manuscript and agree to be accountable for all aspects of the work, such as the questions related to the accuracy or integrity of any part of the work.

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