

The Effectiveness of Hope Therapy on Attitude towards Life and Self-Compassion in Women Experiencing Emotional Divorce

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Abstract

Background: The significant prevalence and adverse consequences of emotional divorce among women underscore the necessity for investigating therapeutic interventions, such as hope therapy, to enhance their attitude towards life and self-compassion. The present study investigated whether hope therapy could improve attitude toward life and self-compassion in women undergoing emotional divorce.

Methods: This was a quasi-experimental study with a pre-test/post-test design involving control group. The target population included all women experiencing emotional divorce who sought counseling services in Ahvaz, Iran during 2022. Forty participants were recruited using convenience sampling technique and then randomly assigned to either the experimental group or the control group, with 20 participants in each. Data were collected using two standardized instruments: the Life Orientation Test-Revised and the Self-Compassion Scale. The experimental group received an eight-session hope therapy intervention, with each session lasting 90 minutes. In contrast, the control group received no therapeutic intervention. Analysis of covariance (ANCOVA) was employed to analyze the collected data and determine the impact of the intervention.

Results: The study results indicated a statistically significant positive effect of hope therapy on both attitude towards life and self-compassion in the post-intervention assessment compared with the control group ($P<0.001$). In the experimental group, the mean score for attitude towards life increased from 26.00 ($SD=5.81$) at pre-test to 33.47 ($SD=6.46$) at post-test ($P=0.001$), while the control group showed no significant change (pre-test: 25.53, $SD=6.44$; post-test: 25.73, $SD=6.54$; $P=0.923$). Similarly, the mean self-compassion score in the experimental group improved from 28.54 ($SD=6.05$) to 35.07 ($SD=7.94$; $P=0.006$), while the control group exhibited no significant improvement (pre-test: 27.47, $SD=7.34$; post-test: 28.00, $SD=7.73$; $P=0.825$).

Conclusions: This study demonstrated that hope therapy significantly enhances both attitude toward life and self-compassion among women undergoing emotional divorce. The findings highlighted the efficacy of intervention in fostering positive psychological outcomes, with the experimental group demonstrating substantial improvements in both domains compared with the minimal changes observed in the control group.

Keywords: Life, Self-compassion, Divorce, Women, Hope Therapy

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1. Introduction

Marriage constitutes a recognized socio-cultural construct that delineates rights and obligations between partners, frequently establishing the foundational structure of families (1). This dyadic bond functions as a critical institution providing emotional sustenance, companionship, and a framework for shared life objectives, concurrently impacting economic stability and societal cohesion (2). Empirical evidence suggested a positive correlation between successful marital unions and elevated levels of happiness, health, and longevity in comparison with single status or experiences of marital disharmony (3, 4). Nevertheless, contemporary marriages encounter evolving

complexities, encompassing shifting gender dynamics, financial constraints, and changing societal expectations concerning interpersonal relationships, which can potentially precipitate marital dissolution and divorce (5).

A frequent antecedent to legal divorce is the phenomenon of emotional divorce (6). Emotional divorce describes a condition in which legally married women undergo emotional detachment from their spouses, leading to a diminution of intimacy, communication, and reciprocal support within the marital relationship (7). Distinct from legal severance, this tacit separation often remains unacknowledged yet can engender substantial psychological distress, including feelings of

loneliness, depression, and diminished marital satisfaction (8). Research posited that emotional divorce commonly arises from unresolved conflicts, a deficit in emotional connection, or prolonged relational neglect within the marital context (9). Previous studies indicated that approximately a quarter of married women experience emotional divorce, with a significant proportion remaining cohabiting due to financial, social, or parental commitments (10, 11).

A significant challenge encountered by couples undergoing emotional divorce is an alteration in their attitude towards life (12). Contemporary research suggests that women experiencing emotional divorce demonstrate multifaceted life attitudes, spanning from resilience and fortitude to profoundly negative outlooks (7). Research indicated that although women facing emotional disengagement may initially use adaptive strategies like seeking social support or practicing self-care, prolonged disengagement can ultimately lead to persistent pessimism and reduced life satisfaction (13). Correspondingly, societal stigma and unresolved emotional conflicts intensify negative attitudes, with numerous women reporting feelings of isolation and despair (14).

Within this framework, a pessimistic attitude towards life correlates with diminished self-compassion in women (15). Self-compassion represents a salient human strength that incorporates attributes of kindness, impartial judgment, and interconnected affect, while also facilitating individuals' capacity to discover hope and meaning when confronted with adversity (16). Self-compassion is understood as a multidimensional construct comprising three core components: self-kindness (as distinct from self-judgment), common humanity (contrasting with isolation), and mindfulness (in opposition to over-identification or rumination on negative emotions). It is proposed that the interplay of these interrelated elements defines any individual exhibiting self-compassionate tendencies and denotes the practice of extending simple kindness towards oneself, embracing openness to experience, and being responsive to the suffering of others (17, 18).

The rising incidence of marital conflict and emotional divorce, alongside their documented adverse effects on the psychological well-being of couples, children, and society, has spurred research

into interventions designed to strengthen marital bonds and family structures. A notable intervention in this context is hope therapy (19). Within the framework of positive psychology constructs, hope exhibits unique attributes that have attracted scholarly interest regarding its underlying mechanisms (20). This conceptualization posits that hope is most efficacious when it involves valued objectives and also when the likelihood of their attainment within a reasonable timeframe exists, notwithstanding significant challenges (21). Hope therapy is a therapeutic intervention grounded in Snyder's hope theory, incorporating elements from cognitive-behavioral therapy, solution-focused therapy, and narrative therapy (22). This approach emphasizes human strengths and capabilities rather than focusing on deficiencies (23).

Emotional divorce, a progressively common phenomenon in modern societies, exerts substantial psychological ramifications on women, notably contributing to the erosion of positive life attitudes and a marked decline in self-compassion. Notwithstanding the widespread occurrence of this issue, the current support infrastructure lacks sufficient targeted and efficacious psychological interventions. Against this backdrop, hope therapy, as an innovative psychotherapeutic modality, has exhibited considerable promise in restructuring cognitions and bolstering individuals' internal resources. With a specific focus on women undergoing emotional divorce, this study aimed to address the central question of whether hope therapy can function as an effective intervention to improve their attitudes towards life and levels of self-compassion. The execution of this study holds significance as it can furnish a scientific basis for the development of specialized support programs tailored to this vulnerable demographic and constitute a meaningful stride towards mitigating the psychological suffering associated with emotional divorce. Consequently, the present study sought to examine the effectiveness of hope therapy on attitude towards life and self-compassion in women experiencing emotional divorce who sought services at counseling centers.

2. Methods

2.1. Design

This was a quasi-experimental study with a pre-test and post-test design, involving a control group.

2.2. Selection and Description of Participant

The population comprised all women undergoing emotional divorce who sought counseling services in Ahvaz, Iran in 2022. The inclusion criteria were provision of informed consent for study participation, a minimum of a middle school education, age range of 20-40 years, scores above the mean on measures of emotional divorce and marital burnout, scores below the mean on the self-compassion measure, not being legally divorced, absence of a history of substance abuse, non-participation in concurrent therapeutic programs, and not currently receiving individual counseling or pharmacotherapy. Exclusion criteria included experiencing severe acute stressors and absence from more than two therapy sessions.

2.3. Sample Size Determination

To determine the sample size, we performed a power analysis using G*Power software to establish the necessary sample size for detecting a statistically significant effect, assuming a significance level of 0.05. Based on prior investigation (24), the estimated pre-test and post-test mean and standard deviation values for the “attitude to life” variable in the hope therapy group were 26.00 ± 5.81 and 33.47 ± 6.46 , respectively. A sample size of 40 participants (20 per

group) was determined to be sufficient, calculated based on a priori power analysis using an effect size derived from previous research (24), an alpha level of 0.05, and a power of 0.80 for a two-tailed test. The study participants were recruited from the target population using convenience sampling technique, adhering to the predefined inclusion criteria. These 40 individuals were then randomly assigned to either the experimental or control group (Figure 1). Randomization was achieved by assigning each participant a unique identification number and subsequently matching these numbers to a pre-generated random number sequence, which facilitated an unbiased and balanced distribution between groups.

2.4. Data Collection and Measurements

2.4.1. The Life Orientation Test-Revised (LOT-R)

Attitude towards life was assessed using the 10-item Life Orientation Test-Revised (LOT-R). Developed by Scheier and Carver in 1985, LOT-R is a validated and efficient instrument designed to measure optimistic and pessimistic explanatory styles (25). The participants rated their expectations regarding life outcomes on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Total scores for the LOT-R range from

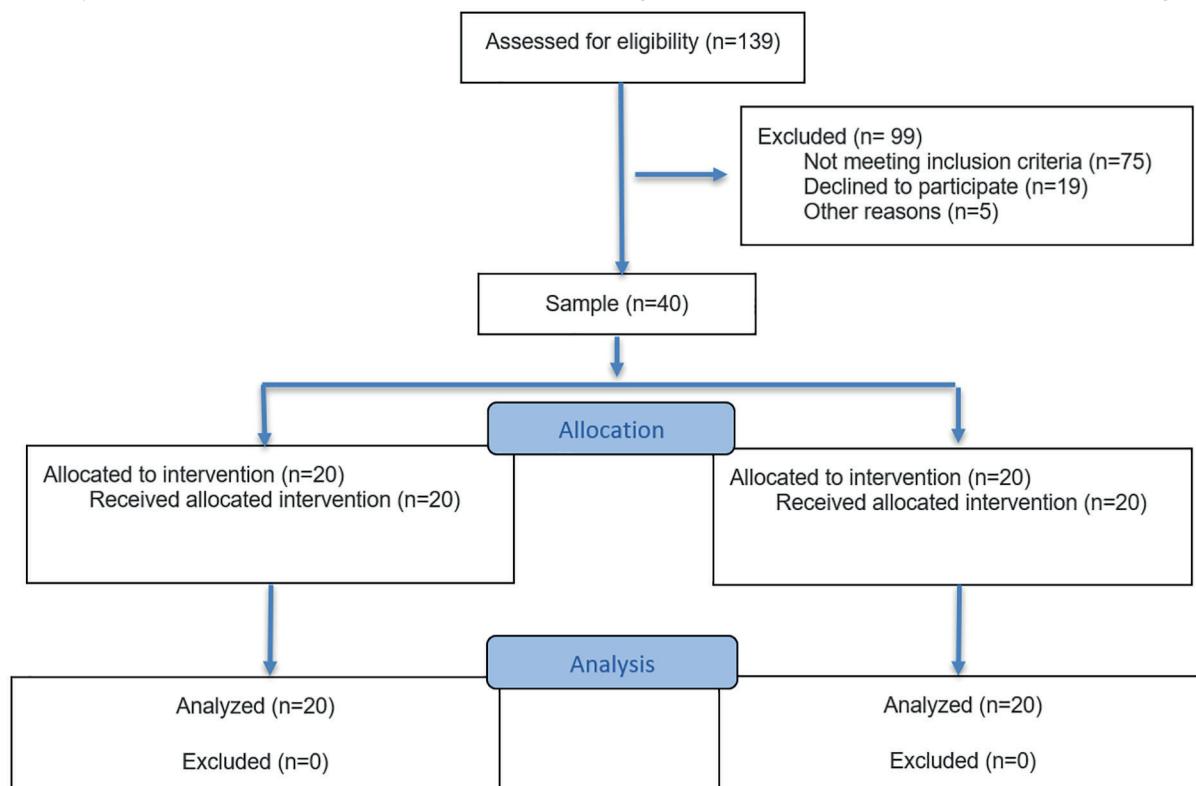


Figure 1: The figure shows the flow diagram of the study.

10 to 50, with higher scores indicating greater optimism and lower scores reflecting increased pessimism (25). Previous research by Khodaei and co-workers (26) reported a Cronbach's alpha of 0.77 for the scale. For the Persian version of LOT-R, the Content Validity Index (CVI) was 0.98, and the Content Validity Ratio (CVR) was 0.92, demonstrating robust content validity (26). In the present study, the reliability of LOT-R, as measured by Cronbach's alpha, was 0.87.

2.4.2. The Self-Compassion Scale (SCS)-Short Form

Self-compassion was assessed using the 12-item Self-Compassion Scale (SCS)-Short Form (27). This self-report instrument uses a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Total scores on the SCS-Short Form range from 12 to 60, with higher scores indicating greater self-compassion. The Persian adaptation of the SCS-Short Form has previously demonstrated strong internal consistency (Cronbach's $\alpha = 0.91$, 28). Additionally, its Persian version reported a Content Validity Index (CVI) of 0.92 and a Content Validity Ratio (CVR) of 0.85, confirming robust content validity (28). For the present study, the SCS-Short Form also exhibited acceptable internal consistency, with a Cronbach's alpha of 0.88.

2.5. Procedure

After obtaining approval from the administrators of the counseling centers and

explaining the study's objectives and significance, 40 women experiencing emotional divorce were recruited using convenience sampling from client records. Participants were then randomly assigned to either the experimental group or the control group. Once rapport had been established with the participants, the pre-test was conducted. The experimental group subsequently participated in eight weekly 90-minute hope therapy sessions, conducted according to the protocol developed by Cheavens and Whitted (29). A summary of the session content is presented in Table 1. Immediately following the completion of the intervention, post-test assessments were administered to both groups.

2.6. Data Analysis

We analyzed the collected data using both descriptive and inferential statistical methods. Descriptive statistics, specifically mean and standard deviation values, were used to summarize the characteristics of the sample. To ensure the suitability of parametric tests, we assessed the normality of distributions for attitude towards life and self-compassion using the Kolmogorov-Smirnov test. Additionally, Levene's test was employed to evaluate the homogeneity of variances between the experimental and control groups at pre-test. Independent t-tests compared baseline differences in continuous demographics (age, marriage duration) and pre-test scores (attitude towards life, self-compassion). Chi-square tests examined differences in categorical demographics

Table 1: Summary of hope therapy sessions

Session	Content
First	Providing a comprehensive explanation of the study's methodology and objectives, ensuring confidentiality of information; defining hope theory and quasi-hope concepts; explaining the necessity of having goals in various life domains, along with pathways to goal attainment.
Second	Explaining the components of hope and the concept of perseverance; discussing the benefits of listing and prioritizing goals; presenting methods for enhancing willpower through goal setting; exploring the relationship between thought and emotion.
Third	Having group members verbally share their selected personal goal and explain the reasons for choosing it; introducing the hope formula; presenting practical strategies for effective goal setting, including establishing specific, measurable goals with clear endpoints, ensuring goals are realistic and achievable, and dividing larger goals into smaller, manageable sub-goals.
Fourth	Discussing physical motivation and psychological motivation (mental willpower); examining self-talk; exploring the impact of self-talk and ways to identify its sources.
Fifth	Explaining waypower and the ability to navigate pathways to achieve goals; outlining strategies for strengthening waypower, such as having multiple pathways to reach a goal, listing these pathways, and visualizing success.
Sixth	Having group members present and share their goal diagrams (visual maps outlining their selected goals, pathways, and sub-goals); reviewing each member's current progress toward their goal and discussing the level of progress they aim to achieve by the end of the therapy sessions.
Seventh	Explaining various strategies for dealing with obstacles to goal attainment, including having alternative pathways to reach a goal and maintaining goals in various life domains.
Eighth	Discussing the possibility of relapse or setbacks; administering the post-test to the group members.

(education level and employment status). To evaluate the effects of the intervention, analysis of covariance (ANCOVA) was conducted separately for each dependent variable. This approach allowed us to assess the impact of hope therapy on attitude toward life and self-compassion while controlling for baseline differences. Partial eta squared quantified the effect size. All statistical procedures were performed using SPSS version 27.

3. Results

The study participants ranged in age from 20 to 40 years ($M=30.26$, $SD=5.19$). They had a minimum of a middle school education, with the majority holding a high school diploma (65%), followed by bachelor's degrees (25%), and postgraduate education (10%). The duration of their marriages varied from 2 to 15 years ($M=7.81$, $SD=3.43$). Within the experimental group, 45% were employed, while 55% identified as housewives. The control group consisted of 40% employed individuals and 60% housewives. Statistical comparisons indicated no significant differences between the experimental and control groups regarding age ($P=0.67$), education ($P=0.68$), and marriage duration ($P=0.76$). Table 2 presents the mean and standard deviation values for the research variables at the pre-test and post-test stages.

Before conducting inferential statistical analyses, the normality of the distributions for both research variables were evaluated using the Kolmogorov-Smirnov test. The outcomes indicated no statistically significant deviations from a normal distribution for attitude towards life in either the experimental ($K-S=0.14$, $P=0.192$) or control ($K-S=0.20$, $P=0.147$) groups, and similarly for self-compassion in the experimental ($K-S=0.20$, $P=0.136$) and control ($K-S=0.17$, $P=0.200$) groups. Additionally, Levene's test was performed to assess the homogeneity of variances for the dependent variables between the experimental and control groups at the pre-

test phase. The results of this test demonstrated no significant differences in variance for attitude towards life ($F=1.04$, $P=0.307$) or self-compassion ($F=1.02$, $P=0.332$) between the groups, thus fulfilling the assumption of homogeneity of variances necessary for the subsequent analysis of covariance.

To ascertain the impact of hope therapy on post-intervention scores for attitude towards life and self-compassion, while accounting for baseline scores, an ANCOVA was performed. The findings demonstrated a statistically significant effect of the intervention on attitude towards life ($F=30.11$, $P<0.001$). Likewise, a statistically significant intervention effect was observed for self-compassion ($F=20.58$, $P<0.001$). These results suggested that, after controlling for pre-intervention levels, the hope therapy intervention yielded a significant enhancement in both attitude towards life and self-compassion within the experimental group relative to the control group.

4. Discussion

This study investigated the effectiveness of hope therapy in improving attitude toward life and self-compassion among women experiencing emotional divorce. The findings demonstrated that hope therapy significantly enhanced both attitude toward life and self-compassion in this population. This result aligned with previous research (20, 30, 31). Raphi and colleagues (20) found hope therapy to be effective in increasing psychological well-being in women after abortion. Similarly, Tabrizian and colleagues (31) demonstrated that hope therapy enhanced life satisfaction among adolescent girls.

The finding that hope therapy significantly improves attitude toward life (optimism) in women experiencing emotional divorce carries important clinical and practical implications. This improvement likely arises from the emphasis of hope therapy on goal-setting, pathway

Table 2: Means and standard deviations of the variables

Variable	Group	Pre-test		Post-test		P (within-group)
		Mean	SD	Mean	SD	
Attitude to Life	Control	25.53	6.44	25.73	6.54	0.923
	Experimental	26.00	5.81	33.47	6.46	0.001
	P (between-group)	0.810		0.001		-
Self-Compassion	Control	27.47	7.34	28.00	7.73	0.825
	Experimental	28.54	6.05	35.07	7.94	0.006
	P (between-group)	0.618		0.007		-

identification, and the cultivation of agency (30). By providing these women with the cognitive tools to envision a more positive future and reinforcing their belief in their capacity to achieve it, the therapy counteracts the pessimism and learned helplessness frequently associated with emotional divorce. A more positive outlook can bolster resilience, facilitate healthier coping mechanisms, and promote greater engagement with life, all of which are crucial for navigating the challenges and transitions inherent in emotional separation (21).

Furthermore, this enhanced life outlook may exert a cascading effect on other facets of these women's well-being (20). A positive attitude can foster stronger social connections, improve physical health, and increase overall life satisfaction. The focus of hope therapy on identifying personal strengths and resources may empower women to take proactive steps in rebuilding their lives and fostering a more fulfilling future (19).

The finding that hope therapy enhances self-compassion in women experiencing emotional divorce is particularly noteworthy. The emphasis of hope therapy on future-oriented thinking and goal pursuit may indirectly cultivate a more compassionate stance toward oneself (30). As individuals begin to envision a more positive future and express belief in their ability to achieve it, they may experience a reduction in self-judgment and an increased acceptance of their current struggles as part of a broader, potentially positive trajectory (23). This process could counteract the self-criticism and isolation that frequently accompany emotional distress, fostering a greater sense of self-kindness and common humanity.

Moreover, enhanced self-compassion can serve as a valuable resource for women navigating the challenges of emotional divorce. By cultivating greater understanding and acceptance toward themselves, these women may be better equipped to cope with negative emotions, manage stress, and adopt healthier behaviors (20). Moreover, this increased self-compassion can foster greater emotional resilience and support the processes of healing and personal growth in the aftermath of marital difficulties.

4.1. Limitations

The reliance on convenience sampling technique

in this study may restrict the generalizability of the findings to the wider population of women experiencing emotional divorce. Furthermore, the absence of a long-term follow-up component in the study design indicates that the durability of the observed effects of hope therapy on participant outcomes remains unclear.

5. Conclusions

In summary, the results of this quasi-experimental investigation offered empirical evidence supporting the effectiveness of hope therapy in cultivating positive psychological states among women navigating emotional divorce. The statistically significant improvements in attitude toward life and self-compassion observed in the experimental group—compared to the minimal changes in the control group—underscore the potential of hope-oriented interventions to mitigate the adverse psychological effects associated with emotional divorce. These findings indicated that hope therapy may represent a beneficial therapeutic approach for improving overall well-being and facilitating constructive coping strategies within this particular demographic group.

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Authors' Contribution

Fatemeh Khosravi Saleh Baberi: Substantial contributions to the conception and design of the work, the acquisition, analysis, and interpretation of data for the work; drafting the work. Sahar Amiri: Substantial contributions to the conception and design of the work, the acquisition, analysis, and interpretation of data for the work; drafting the work and reviewing it critically for important intellectual content. Elham Hashemi Hendikosh: Substantial contributions to the conception and design of the work, the acquisition, analysis, and interpretation of data for the work; drafting the work and reviewing it critically for important intellectual content. Masoumeh Jalili: Substantial contributions to the design 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 that the questions related to the accuracy or integrity of any part of the work.

Conflict of Interest: None declared.

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Ethical Approval

The study protocol was approved by the Ethics Committee of Islamic Azad University, Ahvaz Branch (Ahvaz, Iran), with the code of IR.IAU.AHVAZ.REC.1401.083. Also, written informed consent was obtained from the participants.

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