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Comparing the effectiveness of schema therapy and compassion-focused therapy on forgiveness and ambiguity tolerance in divorce-seeking women

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Abstract

Introduction: The present study aimed to compare the effectiveness of schema therapy and compassion-focused therapy on forgiveness and ambiguity tolerance in divorce-seeking women.

Materials and Methods: The statistical population of this study included all divorce-seeking women who referred to counseling centers in Neyshabur during the second three months of 2018-2019. Thirty six of these women were selected by convenience sampling and were randomly assigned into two experimental groups 1 and 2 (12 subjects) and one control group. The first experimental group underwent schema therapy for 12 sessions, the second experimental group received compassion-focused therapy during 8 ninety-minute sessions, while the control group was placed on the waiting list. Data were collected using Pollard and Anderson Family Forgiveness Scale (FFS) and McLean Ambiguity Tolerance Questionnaire. For data analysis, repeated measures ANOVA was applied.

Results: The results demonstrated that since repeated measures ANOVA of calculated F (128.064) is less than the criterion F at the 0.05 level, both treatments were effective in the index of forgiveness (P= 0.534) and ambiguity tolerance (P= 0.783).

Conclusion: The results suggest that schema therapy and compassion-focused therapy have a significant effect on the field of mental health such as forgiveness and ambiguity tolerance.

Keywords: Ambiguity, Compassion, Forgiveness, Schema therapy

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Introduction

Family is considered as one of the leading institutions of society and is one of the most important places to develop humans' spirit (1). Divorce and conflicts in the family environment cause many problems (2). Disruption of emotional relationships and feelings of insecurity due to the emotional divorce can endanger the personal security and relationships of couples which leads to divorce (3). On the other hand, marital conflicts and divorce are serious threats to the family.

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They challenge the stability and quality of marriage and cause negative psychological, physical, social, and economic consequences (4). In an emotion-based approach, marital conflicts occur when couples fail to meet each other's attachment needs; that is, the disturbance of marital relationships indicates an oversight on the part of couples to establish a relationship with a secure attachment style (5).

According to Dugus and Savard, ambiguity tolerance includes beliefs about worry, negative problem orientation and avoidant coping style. Distress tolerance is often defined as a person's perceived ability to experience and tolerate negative emotional states or the behavioral ability for persistence of the goal-directed behavior when experiencing emotional distress (6). In a study on divorce-seeking women, Eley et al. revealed that there is a relationship between ambiguity tolerance and resilience in these individuals (7). Further, in the research by Pour Esmaeil, et al., the level of ambiguity tolerance is associated with depression, anxiety, stress, and forgiveness of divorce-seeking women (8). According to the theory by Simmons and Gahir, ambiguity tolerance is a multidimensional construct and a person's ability to tolerate negative emotional states (9). Ambiguity and distress may be the result of physical and cognitive processes but are often characterized by a tendency to act in such a way as to escape that emotional experience (10). Also, divorced women with conflicts, have lower levels of ambiguity tolerance compared to non-divorced women (11). Humans devise a variety of potential solutions to cope with interpersonal problems (12). One of the mechanisms that can disrupt the cyclic nature of avoidance and revenge is forgiveness; an approach whereby a negative reaction to others becomes a positive reaction (13). It is agreed that forgiveness involves moving from negative thoughts, behavior and cognition to positive ones (14). Ferri et al. emphasized the distinction between forgiveness and states such as denial, forgetfulness, tolerance, acquittal and reconciliation (15). Enright believes that forgiveness is an act that takes place before anger and revenge (16). It refers to the situation where the offender deserves a reaction, but we show behaviors like compassion, generosity, love or even benevolence and kindness instead (17). Forgiveness is a complex, temporal and laborious process that is crucial to maintain communication (18). Fincham and Mai believe that forgiveness as a community-friendly motivational process can repair the relationship and cause the emergence of a healthy relationship in family members (19). According to Worthington's approach, forgiveness is defined as the substitution of emotions such as hatred, bitterness, aversion, hostility, anger and fear with positive emotions such as love, empathy, compassion or sympathy (20). Sells and Hargrave identified acquittal and worthiness of forgiveness as the driving forces of forgiveness. Forgiveness reduces motivation or reaction to reciprocate or the aversion to the wrongdoer (21). Morseli, Moutabi and Sadeqi revealed that forgiveness is one way that helps divorced women minimize the destructive effects of divorce (22). Maynard, Piferi and Jab, found that families have an effective role in promoting forgiveness. Given the research literature and the importance of the social crisis of divorce in our current society, the research of this kind is essential (23).

Various forms of psychological therapies have been developed to address the problems of people with conflict, among which one can refer to behavioral therapy, interpersonal psychotherapy and cognitive therapy. In this study, schema therapy and compassion-focused therapy have been used. Considering the importance of the components of forgiveness and ambiguity tolerance in divorce-seeking women and given that the psychological injuries caused by divorce in women occur chronically, psychological interventions seem necessary (24). Moreover, since the psychological damage as a result of divorce is more pronounced in women, psychological interventions are important. One of the new interventions in the field of psychological problems and family injuries is the schema therapy approach (25). Young's schema therapy, as an integrated and new approach, is effective in explaining and treating marital problems (26). Besides, through the use of dialectical strategies, accreditation, problem-solving, cognitive style and management of the clients as well as reduced life-threatening and interfering behaviors by treating and teaching behavioral skills (interpersonal skills, distress tolerance skills, emotion regulation skills and mindfulness skills), the schema therapy approach helps the individuals extend them to their life situations so that they can reduce their

marital conflicts (27). Mohammadi Nezhad and Rabiei (28), in their research, showed that the application of the schema therapy approach among divorced women improved their quality of life. In a study conducted by Schokmager (29), it was suggested that schema therapy can cause a reduction in mental health and communication problems among couples.

Another way to help a person control emotions to cope with problems is the self-compassion therapeutic approach. Self-compassion means experience-taking and influence-taking from the suffering of others in a way that the individual makes his/her problems and suffering more tolerable (30,31). People such as Neff and Gilbert have been pioneers in this field (32). Compassion-focused therapy is multifaceted based on a wide range of psychological-behavioral therapies and other treatments and interventions (33). In this treatment, people learn not to avoid or suppress their painful feelings; they learn to know their experience in the first stage, feel compassion for it, and have a compassionate attitude towards themselves (34). In this treatment, their unpleasant experience is emphasized. The various techniques of this treatment model for internalizing self-compassion include illustrating, writing a self-compassionate letter to oneself, and learning the psychological knowledge of self-compassion (35). In this treatment model, the emphasis is on relaxation, calm and compassionate mind, and mindfulness, which play a significant role in peace of mind and decreased anxiety and stress (36). The self-compassion approach as a self-meditation construct restores the emotional health of the divorced couple and is effective in resolving emotional trauma of individuals, especially divorce (37). Kapach et al. (38), in a study, displayed that compassion-focused therapy is effective in potential change processes. Further, Shahar et al. (39) found that compassion-focused therapy can reduce patients' self-criticism and depression and increase their positive emotions and forgiveness. Hence, self-compassion and schema therapy approaches are important in reducing the injuries caused by marital conflicts in divorced women. These two approaches even decrease the negative consequences of marital conflicts and help the individual deal with marital problems and improve the marital relationship (40). Given the importance of these approaches in mental reconstruction and mental health of these women and the lack of research into the effectiveness of combining these two methods, the necessity of studying this issue became a research concern for the researcher who sought to answer the question as to which of the methods of schema therapy and compassion-focused therapy is more effective in forgiveness and ambiguity tolerance?

Materials and Methods

The statistical research population comprised all divorce-seeking women referred to counseling centers in Neyshabur city, during the first three months of 1397-1398 SH (2018-2019). According to previous semi-experimental studies, the maximum sample size is between 12 and 15 people (41). The statistical sample included 36 of these women. A visit was made to the counseling centers across the city, and two centers were selected, and the research sample was chosen from clients meeting the inclusion criteria. The subjects were randomly assigned into two experimental groups, 1 and 2 (each containing 12 cases) and one control group. First, all participants were clinically interviewed to screen for mental health status to rule out any psychiatric disorders. The first experimental group underwent schema therapy based on Young's model (42) during 12 sessions. The second experimental group received compassion-focused therapy based on Gilbert's model (43) for eight sessions of one and a half hours, and the control group was placed on the waiting list. The researcher held the sessions of both interventions. The three groups were initially pretested. After the end of the experiment and two months after that, all three groups were subjected to posttest and follow-up tests. The inclusion criteria are willing to participate in the study, aged between 25-50 years, having marital conflict, lack of chronic mental or physical illnesses, and no history of receiving schema therapy and compassion-focused therapy. The exclusion criteria are announcing withdrawal from research, simultaneous psychological treatments, and absence for more than two sessions. Ethical considerations: obtaining written consent, explaining the goals and method of researching the participants, maintaining personal information and keeping it confidential, observing all human principles when performing tests and treatment, holding individual sessions if needed by each participant. At the end of the study period,

compassion-focused therapy was presented to the control group. This study was approved by the Islamic Azad University of Neyshabur with the code of ethics IR.IAU.MD.REC.1399.024.

Research instruments

A) Family Forgiveness Scale: This scale was designed and developed by Pollard and Anderson (1988). Its original form has 40 items and includes five subscales of realism, acknowledgment, compensation for action, appeasement, and a sense of recovery or breeziness. The questionnaire is rated on a 4-point scale. Some of the items are reverse scored. Its reliability has been obtained by Pollard et al. (44) to be 0.93 for the whole scale and between 0.55 and 0.86 for the subscales, using Cronbach's alpha. The reliability has been reported 0.85 in the research by Afkhami et al. (45). The reliability coefficients of 0.84 and 0.85 were obtained for the parts related to family and couples, respectively. In the section on couples, the reliability coefficients of 0.39, 0.53, 0.14, 0.03, and 0.47 have been estimated, respectively, for the dimensions of realism, acknowledgment, and detection of an error, compensation, appeasement, and a sense of recovery or breeziness. In the section on couple's family, the reliability coefficients of 0.22, 0.57, 0.33, 0.59, and 0.35 have been reported, respectively, for the dimensions of realism, acknowledgment, and detection of error, compensation, appeasement and a sense of recovery or breeziness. In the research by Daghaghele et al., Cronbach's alpha and split-half coefficientsor the mentioned were questionnaire0.65 and 0.85, respectively (46).

B) Ambiguity Tolerance Questionnaire: Due to the shortcomings of Budner's theory, McLean was made to prepare a questionnaire in 1993 to assess ambiguity tolerance. This questionnaire consists of 13 items and is known as Ambiguity Tolerance Questionnaire-Type II (47). The minimum score is 15, and the maximum is 75. The scores between 15 and 30 represent low ambiguity tolerance; scores between 30 and 45 show average ambiguity tolerance, and scores above 45 indicate high ambiguity tolerance. Concerning validity and reliability, McLean (44) reported good internal reliability for both the 22-item and 13-item forms (e.g., Cronbach's alpha of the 13-item form is 0.82%, and that of the 22-item form is 0.86). Moreover, the correlation coefficient of the ambiguity tolerance scale of Fresio et al. (1994) is reported equal to 0.75 (48). Feizi et al. reported its validity through construct validity and Cronbach's alpha 0.48 and 0.85 (49).

The summary of two approaches

Gilbert compassion-focused therapy training sessions: First session: implementation of the pretest, the rationale for compassion-focused therapy and description of compassion and self-compassion; second session: the couples are asked to try to identify how they think and behave towards themselves; third session: use of compassionate imagery and soothing breathing; fourth session: application of mindfulness technique for couples and how to express sincere attitudes; fifth session: providing the technique of writing a daily compassion letter and promoting self-compassion, sixth session: pathological assessment of factors which cause fear about self-compassion, seventh session: training how to cope with compassion factors and use the relaxation technique; eighth session: summing up the sessions, providing the final suggestion and finally implementing the posttest (43).

Young et al. schema therapy sessions: First session: welcoming and knowing the group members, reviewing the structure of sessions, rules and regulations related to group therapy and general treatment rationale, administration of the pretest; second session: definition of schema therapy, early maladaptive schemas and their features, evolutionary roots of schemas; third session: an explanation of the schema functions, a brief description of the continuity and improvement of the schemas; fourth session: introducing maladaptive coping styles and responses that perpetuate schemas, defining the concept of schema mentalities; fifth session: emotional imagery of emotional mood and provision of feedback to further identify the schema, preparation for change; sixth session: challenging the schema, a self-introduction letter; seventh session: investigating schema supporting and schema rejecting evidence, challenging schema supporting evidence; eighth session: creating a dialogue between healthy and schematic aspects, compiling and making educational cards with the help of subjects, training how to complete the schema registration form; ninth session: providing the rationale for using such treatment techniques, imaginary dialogues, open parenting while working with mental

images, writing letters to parents, imaginary dialogue with parents; tenth session: preparing for behavior pattern breaking, prioritizing behaviors for pattern breaking; eleventh session: training tailored to the client's demands, the right way to achieve the demands; twelfth session: training of practicing healthy behaviors through mental imagery and role playing, making important changes in life, posttest implementation (42).

For data analysis, repeated measures ANOVA was applied.

Results

In term of demographic variables, 54% of the women had diploma, while 32% and 14% had bachelors degree and above, respectively. Also, 16 cases aged 25 to 35 years and 20 cases aged 35 to 50 years. In term of occupational status, 38% were employed and 62% of them were housewives. Also, the individuals were classified into two groups with children (87%) and without children (13%). The two variables of education and age have been controlled in this research.

Table 1. Mean and standard deviation of pretest, posttest, and follow-up of variables of forgiveness, resilience, and ambiguity tolerance in divorce-seeking women

Variable	Group	Number	Pretest		Posttest		Follow-up	
			M	SD	M	SD	M	SD
Realism	Control	12	13.41	1.83	14.91	1.72	15	1.53
	Experimental 1	12	14.41	2.06	17.16	2.75	16.67	1.55
	Experimental 2	12	13.66	2.90	17.67	1.66	19	1.80
Acknowledgement	Control	12	14.83	2.48	15.67	2.42	16.50	2.02
	Experimental 1	12	15.91	1.92	22.50	1.31	18.08	0.90
	Experimental 2	12	15.75	3.46	19.30	3.35	17.91	1.37
Compensation for action	Control	12	11	2.41	11.33	2.30	11.67	1.92
	Experimental 1	12	10.58	2.06	14.83	2.79	16.25	2.45
	Experimental 2	12	10.91	1.97	14.75	2.86	15.58	2.42
Appeasement	Control	12	15.25	3.64	15.41	3.77	15.33	3.49
	Experimental 1	12	15.08	2.90	18.08	2.53	18.67	2.46
	Experimental 2	12	14.75	2.92	16.75	3.13	17.16	2.79
A sense of recovery	Control	12	18.67	2.53	19.41	2.57	19.58	1.83
	Experimental 1	12	18.25	1.91	20.50	1.67	19.83	1.19
	Experimental 2	12	18.33	2.14	20.91	3.82	20.16	2.48
Forgiveness (total score)	Control	12	73.16	4.26	76.75	5.75	78.08	4.69
	Experimental 1	12	74.25	5.44	93.08	5.48	89.50	4.98
	Experimental 2	12	73.41	7.92	89.83	8.25	89.83	7.34
Ambiguity tolerance (total score)	Control	12	44.83	4.38	45	4	44.58	3.87
	Experimental 1	12	44.67	6.47	47.58	5.24	47.16	5.18
	Experimental 2	12	45.66	5.36	50.25	5.61	49.75	5.75

Table 2. Repeated measures ANOVA to compare the effectiveness of treatment in forgiveness

Scale	Source of effect	The sum of squares	Degree of freedom	Mean square	F	P	Eta squared
Forgiveness	Stage	3801.907	1.570	2422.174	129.025	0.001	0.796
	Stage*group	909.704	3.139	289.784	15.436	0.001	0.483
	Error	972.389	51.798	18.773			
	Group	1996.13	2	983.065	11.591	0.001	0.413
	Error	2798.861	33	84.814			

*P<0.01; **P<0.05

Given the significance of the stage effect, the results indicate a significant difference between the mean pretest, posttest, and follow-up test scores of forgiveness in the experimental and control groups (P< 0.05). In addition, Tukey's post hoc test revealed a significant difference between the posttest and follow-up test scores in the experimental and control groups.

Table 3. Tukey's post hoc test to compare the mean of the research variables in the groups

		Posttest α= 5% subset			Follow-up α= 5% subset	
Variable	Group	1	2	3	1	2
Forgiveness	Control	76.75			78.08	
	Compassion-focused therapy			93.08		89.50
	Schema therapy		89.83			89.83

Based on the post hoc test results, the follow-up test scores of forgiveness in the group receiving compassion-focused therapy decreased compared to the post-test. However, they differ significantly from those of the control group. Therefore, the effectiveness of both treatments has been confirmed, and in the post-test scores, compassion-focused therapy had better results than schema therapy.

Table 4. Repeated measures to compare the effectiveness of the interventions on ambiguity tolerance

Scale	Source of effect	The sum of squares	Degree of freedom	Mean square	F	Significance	Eta squared
Ambiguity tolerance	Stage	134.22	1.152	116.484	45.742	0.001	0.581
	Stage*group	78.278	2.305	33.967	13.338	0.001	0.447
	Error	96.833	38.025	2.547			
	Group	57.694	2	20.847	12.192	0.001	0.425
	Error	78.083	33	2.366			

*P<0.05; **P<0.01

Concerning the significance of the stage effect, the results suggest a significant difference between the mean posttest and follow-up test scores of ambiguity tolerance in the experimental and control groups (P< 0.05). To investigate the significant difference between posttest and follow-up test scores in each of the experimental groups and the control group, Tukey's post hoc test was applied.

Table 5. Tukey's post hoc test to compare the mean of ambiguity tolerance in the groups

		Posttest α= 5% subset			Follow-up α= 5% subset	
Variable	Group	1	2	3	1	2
Ambiguity tolerance	Control	45			44.58	
	Compassion-focused therapy		47.58			47.16
	Schema therapy			50.25		49.75

Based on the post hoc test results, an improvement in women's situation in the posttest of the ambiguity tolerance in the experimental group receiving schema therapy was more significant than compassion-focused therapy.

Discussion

The primary purpose of the present study was to compare the effectiveness of schema therapy and compassion-focused therapy in forgiveness and ambiguity tolerance in divorce-seeking women. The results indicated the effectiveness of both therapeutic approaches in the above variables. However, compassion-focused therapy was more effective in increasing forgiveness, and schema therapy enhanced ambiguity tolerance.

The findings of this study are consistent with the results obtained by Renner et al. (50), who confirmed the effectiveness of schema therapy in chronic depression among divorced women. Furthermore, Schokmager (29) examined the impact of schema therapy on reduced mental health and communication problems between couples and demonstrated the positive effect of schema therapy. Finally, the study conducted by Erfan et al. (51) confirmed the effectiveness of emotional schema therapy in emotional schema and emotion regulation in irritable bowel syndrome. These results are consistent with the findings of the present study. The results by Khasho et al. indicated the effectiveness of individual schema therapy in borderline personality disorder among older adults. These findings are congruent with the current study (52). Besides, the studies performed by Taher Karami (53) and Sangani and Dasht Bozorgi (54) are in line with this research.Although these two therapeutic approaches seem somewhat different, they hypothesize that manipulating the client's acquired behavior and modifying distortions and changes in cognitive processes and

underlying biochemical changes in this behavior is likely to lead to more positive consequences (55). Schema therapy has been more significantly effective in the variable of forgiveness by applying weekly program recording techniques, self-care and seeking social support, the technique of pleasant and valuable activities, overcoming avoidance patterns, and assertiveness (56). Schema therapy reduces maladaptive emotional behaviors and increases the level of forgiveness by focusing on individuals' cognitions, negative moods, and negative thinking (57), changing the existing experiences, and creating a new attitude and method in observing cognitive experiences (58). Schema therapy breaks the cycle of the inner negative experiences of an event in the past, thereby increasing the empowerment of divorce-seeking women in terms of forgiveness (59). Schema therapy has significantly reduced ambiguity tolerance by reversing and modifying the client's incorrect cognitive and emotional processes, changing traumatic memories and disturbing information, simultaneously changing feelings, thoughts, and emotions (60), breaking the cycle of the inner negative experiences, focusing on people's cognitions, preventing negative moods and focusing on correcting negative thinking patterns (48). The effect of schema therapy on ambiguity tolerance is due to the emphasis on changing maladaptive coping styles, lack of negative and avoidant evaluation, and early maladaptive schemas (51,61). Schema therapy provides the ground for emotional insight and subsequent improvement by stimulating schemas and relating them to current issues. The mental imagery technique for pattern-breaking leads to distancing oneself from avoidant coping styles and extreme compensations.

It also identifies the main schemas and their evolutionary roots and relates these roots to current life and causes to move from rational cognition to emotional experience. In the imaginary dialogue technique, expressing anger causes emotional discharge and distancing oneself from the early maladaptive schemas.

The letter-writing technique provides an opportunity to express rights and recognize feelings. According to Young, schema therapy satisfies unsatisfied emotions and paves the way for improving early schemas, and thus, the greater effectiveness of schema therapy in forgiveness and ambiguity tolerance in couples can be justified (62).

On the other hand, compassion-focused therapy promotes kindness and self-understanding and causes to avoid self-criticism and self-judgment. Because this treatment causes self-compassion, acceptance, kindness, and non-judgment, it makes the individual show positive self-regulation when faced with life problems and promotes intimate attitudes for a more purposeful life by increasing self-esteem. The research by Ahmad Pour et al. (63) revealed that compassion-focused therapy effectively improves emotion regulation. Furthermore, the results obtained by Coppage, Baird, and Gibson (38) confirmed the effectiveness of compassion-focused therapy in some mental health problems. Finally, the results of the study by Taher Karami et al. (53) approved the effectiveness of compassion-focused therapy in resilience, self-dissociation, hope, and psychological well-being of women.

Neff (64) stated that people with a high degree of self-compassion and compassion towards others are kinder and try to understand the events. Compassion-focused therapy as an emotion regulation strategy leads to the experience of annoying and unpleasant emotions and the acceptance of emotions in a kind way. Thus, negative emotions change to positive emotions, thereby enhancing forgiveness (50). Compassion-focused therapy is associated with greater psychological health and leads to the non-continuation of inevitable pain and feelings of failure. In addition, cruel self-blame reduces the feeling of isolation. Hence, this supportive attitude toward self is associated with many positive psychological consequences, such as greater motivation to resolve marital conflicts, constructive problem-solving, distress tolerance, and higher ambiguity (31).

Compassion-focused therapy can, in many ways, be a kind of emotion-focused coping strategy since it requires mindful awareness of one’s emotions, avoidance of painful and uncomfortable emotions and closeness along with kindness, understanding and a sense of human commonalities. In fact, in compassion-focused therapy, individuals first identify their own emotional experience using mindfulness and then develop a compassionate attitude toward their own negative emotions. Besides, the findings of this research are somewhat consistent with the studies showing that the

existence of compassionate attitudes in individuals helps them feel a bond between themselves and others and overcome the fear of rejection and incompatibility with the present situation due to this feeling (65). Therefore, people who receive compassion skills report less negative emotions and more forgiveness in experiencing unpleasant events such as aggression in interpersonal relationships and have higher ambiguity tolerance (66). The schema therapy approach helps participants overcome their avoidance by emphasizing the skills of recording daily activity programs to face avoidances and including pleasant and control-giving activities in the program of clients with their cooperation, teaching and applying the assessment skills, choosing, trying, integrating, observing the result, never giving up, overcoming avoidance patterns and also promoting the skills of self-care and assertiveness; this process helps to treat their avoidance behaviors and increase their forgiveness (67). Thus, the superiority of training the skills based on the schema therapy approach to the compassion-focused approach in terms of its effectiveness in forgiveness can be explained. Also, the schema therapy approach has a clearer structure than the compassion-focused approach and simultaneously uses behavioral and accreditation techniques. It includes principles and techniques (such as self-observation) that lead to the stability of change. People affected by divorce do not act well in distancing themselves from their emotions and moods. They observe their depressed mood and its physiological, mental, behavioral, and emotional consequences during the treatment process by combining mindfulness exercises with behavioral exercises in a non-judgmental state. In addition to trying to accept the existence of this state and tolerate it, they learn the mechanism of transition from this state and turn it to the automatic style of their mind by learning these exercises. Doing these exercises will result in a distance from the depressed and anxious mood, and people affected by divorce learn to observe negative evaluations of themselves and others or events only as of the thoughts which are not necessarily objective and thus reduce them. Further, one can refer to the higher level of clients' participation in treatment and training the skills based on the schema therapy approach. Schema therapy, using dialectical and accreditation strategies and reducing interfering behaviors by treatment and behavioral skills training, helps women extend them to their life situations to decrease their marital conflicts (27). Therefore, the superiority of training the skills based on the schema therapy approach to the compassion-focused approach in terms of effectiveness in forgiveness can be explained.

Some of the research limitations include short research duration, difficulty generalizing the results to groups other than the statistical population, the effect of repeated tests, lack of random selection of subjects, etc. Therefore, it is recommended that this study be replicated by other researchers in different societies with various cultures so that the results can be further generalized. Furthermore, given that the effects of training and training techniques require more time to respond, it seems that the results should be interpreted more cautiously. It is suggested that different cognitive levels be considered independently in future research, and appropriate research designs are devised in this regard. It is also recommended to provide a training course for teaching quality of life and compassion skills systematically for the families and publish a booklet on schema therapy and compassion among families.

Conclusion

The findings indicate that schema therapy and compassion-focused therapy approaches can be effective in ambiguity tolerance and forgiveness of divorced women.

Acknowledgment

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