

Investigating the Effectiveness of Emotion Regulation Training on Mental Health and Anxiety in Women Faced with Divorce or Emotional Betrayal

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Abstract

Background: Emotional divorce is associated with various negative mental health consequences and dysfunctional behavior patterns. This study examined the effectiveness of emotion regulation training on the mental health and anxiety of married women who experienced divorce or emotional betrayal.

Methods: This was a quasi-experimental study with a pretest-posttest design and a control group. The study was conducted on women seeking counseling for divorce in Kermanshah, Iran in 2022. Thirty participants who met the criteria were randomly assigned to either the experimental or the control group using random number tables. The experimental group received eight weekly 90-minute sessions of Emotion Regulation Training, while the control group did not receive any interventions. After the sessions, both groups underwent posttests under the same conditions. The Goldberg's Standard Mental Health Questionnaire (GHQ-28) and Zank's Anxiety Questionnaire (ZAQ) were administered. The data collected were analyzed using SPSS version 26 with descriptive statistics and analysis of covariance tests.

Results: The findings showed that the mean scores for Physical symptoms (7.33 ± 2.28 ; 9.33 ± 1.95), Anxiety (7.13 ± 2.66 ; 8.60 ± 2.26), Social dysfunction (10.86 ± 2.35 ; 13.53 ± 2.29), Depression (8.06 ± 2.78 ; 10.86 ± 2.74), Emotional symptoms (8.93 ± 2.05 ; 10.66 ± 2.89), and Body symptoms (23.06 ± 5.59 ; 29.07 ± 4.58) in Emotion regulation training group and the control group were significant in the post-test stage by controlling the pre-test score ($P=0.016$, $P=0.044$, $P=0.004$, $P=0.010$, $P=0.039$, $P=0.003$).

Conclusions: Instructional programs on managing emotions can be employed to enhance the psychological well-being of individuals, particularly women. However, additional research is necessary to validate and extend these outcomes.

Keywords: Emotion regulation training, Mental health, Anxiety, Divorce, Emotional betrayal

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1. Introduction

A stable society relies on well-functioning family relationships. The influence of the family on an individual's sexual and psychological well-being is considered substantial (1). As stated by Ganiyeva, regardless of age, the family holds a crucial and universally acknowledged position as a social institution (2). Scholars from various backgrounds have long been studying the significance of the family as a crucial institution in the society. Thus, ensuring family health is of utmost importance, and experts aim to identify key factors that contribute to its enhancement (3). The establishment of a family unit is solidified through the formal union of marriage, wherein dedication, the bond of affection, and a shared comprehension of the importance of lifelong commitment serve as fundamental principles (4). A study suggested that the level of dedication within a marriage is a pivotal factor in influencing the overall satisfaction and

longevity of the relationship, as well as the sustained functionality of the family unit (5). This central core of the family must be resilient and resistant to collapse, requiring couples to cultivate a strong bond rooted in genuine affection and nurturing (6). However, individuals enter into marital relationships for various reasons, such as curiosity, seeking diversity, a desire for personal growth, and the need for validation and self-esteem, with one of the most prevalent factors being marital betrayal (7). Marital betrayal poses a significant threat to the stability of the family system, resulting in divorce, emotional separation, heightened distrust within the family dynamic, and even instances of honor killings (8). The occurrence of marital betrayal is deeply distressing for both couples and families, making it a common issue addressed by consultants and therapists (9).

A review of the available literature showed that a significant proportion of both men and women in

the United States (ranging from 21 to 70 percent for women and 26 to 75 percent for men) have engaged in extramarital affairs at least once (10). Although precise national statistics on the prevalence of infidelity are unavailable, a study conducted in fifteen provinces revealed that 67 percent of male homicides committed by their wives were motivated by marital betrayal (11). This suggests that infidelity plays a substantial role in such cases. For many couples, the occurrence of marital betrayal destabilizes the relationship, and even if forgiveness is sought, it often results in emotional detachment (12). This emotional divorce, while not leading to a physical separation between partners, transforms their lives into marriages devoid of love, communication, and friendship (13). Consequently, each partner may mistreat the other due to feelings of sadness and despair. Although this form of divorce is subjective rather than objective, it still causes considerable harm (14). Research also found that women affected by infidelity tend to have lower mental health as compared with those who have not experienced infidelity. These women encounter a multitude of significant obstacles that can lead to adverse outcomes and jeopardize their mental health. As a result, it is crucial to focus on their psychological empowerment and provide them with necessary social services (15). In addition, individuals may exhibit various emotional responses when confronted with psychological pressure, such as sadness and distress. Insufficient strategies for regulating emotions can intensify the level of distress experienced (16).

Emotional regulation encompasses the application of techniques to decrease, enhance, or handle emotional experiences, and competence in regulating emotions. It entails leveraging various cognitive mechanisms or social and non-social abilities to effectively address and react to emotions suitably, while efficiently adapting to one's surroundings (17).” Indeed, any deficiencies in emotional regulation render an individual susceptible to mental disorders such as depression and anxiety. Individuals with deficiencies in self-regulation of emotions are more likely to engage in violent behaviors (18). The accurate utilization of emotions can serve as a vital factor in fostering mental and physical growth and advancement, as well as augmenting an individual's drive and proficiency (19). Furthermore, there has been significant research interest in the role of planning

and implementing management strategies aimed at enhancing emotion regulation, which is considered a key psychological factor (20-24). Given the high prevalence of infidelity and emotional divorce and their detrimental effects on women's mental health and anxiety, it is crucial to investigate the factors that influence these outcomes. Therefore, the present study aimed to examine the efficacy of emotion regulation training in alleviating physical symptoms, anxiety, and insomnia among married women who have experienced betrayal or emotional separation in Kermanshah, Iran. The primary focus of this study was to determine if teaching emotional regulation techniques has a positive effect on mental well-being and levels of anxiety in women experiencing divorce or emotional betrayal.

2. Methods

This semi-experimental study used a pre-test-post-test design with a control group. The study focused on women seeking counseling for divorce in Kermanshah, Iran in 2022. A total of 30 eligible participants were randomly assigned to either the experiment or the control group based on study criteria. Participants were selected using convenience sampling and divided into two groups of 15 each through a random process using a table of random numbers. The sample size was deemed adequate using G*Power software with a significance level of 0.05, mean values of 28.80 ± 4.074 and 16.466 ± 2.231 , and a power test of 0.95 (25). Data were collected using questionnaires and theoretical training in emotion regulation. No laboratory interventions were conducted during data collection. Thus, this study can be categorized as semi-experimental with a pre-test-post-test design. The statistical population for this study included women seeking divorce counseling in Kermanshah, Iran.

Inclusion criteria were demonstrating a readiness to collaborate on research endeavors, possessing prior encounters with spousal infidelity, or experiencing emotional detachment within the marital relationship, maintaining a willingness to reside with one's wife and sustain typical daily activities, absence of prior emotional regulation instruction before participating in meetings, pledging to attend and actively engage in all training sessions, proficiency in literacy and writing skills,

lack of any addictive behaviors or dependencies, absence of severe mental disorders, and obtaining written informed consent from the participants.

Exclusion criteria were refusal to participate in the study, unwillingness to continue cooperation, absence of any qualifying criteria, presence of psychological disorders and previous instances of mental illness and hospitalization.

To select participants, the researcher followed ethical procedures by obtaining approval from the University Ethics Committee and acquiring a letter of introduction. Then, the letter was presented to the counseling department at Kermanshah University of Medical Sciences, along with multiple counseling centers in Kermanshah, Iran. The convenience sampling method was applied and 30 individuals who met the inclusion criteria were recruited. These participants were randomly divided into two groups including a control group and an experimental group, with 15 members in each group. The independent variable in this study was the employment of emotion regulation techniques (Table 1), while the dependent variables were mental health and anxiety levels (26). Only the experimental group received emotion regulation training, and the post-test scores of this group were compared with those of the control group. The training program consisted of eight main sessions and one briefing session, and adhered to the ethical guidelines set by the Ethics Committee of Islamic Azad University, Kermanshah branch. These guidelines include: introducing oneself to research institutions and clarifying the procedure and objectives of the study; encouraging voluntary involvement in the study and guaranteeing individuals' freedom to participate; ensuring the participants about the confidentiality of their data; employing research findings solely for scientific purposes; adhering to the principles of properly citing sources, referencing materials, and maintaining credibility during the analysis of written texts and other research phases; ensuring compliance with all legal obligations and acquiring necessary authorizations for each phase of the study; ensuring the protection of the rights and integrity of each participant engaged in the study.

2.1. Data Collection Tool

2.1.1. The Goldberg's Standard Mental Health

Questionnaire (GHQ-28): This survey consists of 28 questions, divided into four subscales, each containing seven questions. Questions 1 to 7 pertain to physical symptoms and overall health condition (27); questions 8 to 14 pertain to the anxiety scale; questions 15 to 21 pertain to the social functioning disorder scale, and questions 22 to 28 pertain to the depression scale." All the questions on the survey have four choices, and there are two different ways to calculate the scores." The traditional scoring method assigned scores of (0-0-1-1) to each choice, with a maximum possible score of 28 for each individual. Another scoring method is a Likert scale which assigns scores of (0-1-2-3) to choices. The maximum score using this method in the mentioned questionnaire is 84. Most research studies employ the Likert method. Also, if the scores obtained are not adjusted, a higher score indicates better mental health. Since 1988, the validity of the GHQ questionnaire has been the main focus of over 70% of studies conducted globally. An evaluation of the validity of the General Health Questionnaire was carried out through a meta-analysis on these studies. The findings demonstrated that the GHQ-28 questionnaire has an average sensitivity of 84%, varying between 79% and 89%, and an average specificity of 82%, ranging from 78% to 85%. Goldberg and Hillier assessed the validity of the General Health Questionnaire by examining its internal consistency using Cronbach's alpha coefficient. The questionnaire totally demonstrated an internal consistency of 87% (27). Montazeri and co-workers conducted studies that also found a high internal consistency of 93% based on Cronbach's alpha coefficient (28). The reliability of the questionnaire is supported by a strong Cronbach's alpha coefficient of 0.85.

2.1.2. Zank's Anxiety Questionnaire (ZAQ):

This scale consists of a total of 20 elements, consisting of five pertaining to emotional symptoms and 15 focusing on physical symptoms (29). The questionnaire comprises 16 questions related to positive signs and four questions associated with negative signs, specifically questions 5, 13, 9, and 19. Responses to the items are measured based on a four-point Likert scale ranging from never or rarely (scored as 4), occasionally (scored as 3), most of the time (scored as 2), to almost always (scored as 1). Individuals experiencing less anxiety obtain a lower score, with a minimum score of 20, while those with higher anxiety levels receive

a higher score, with a maximum of 80. CVI and CVR showed an acceptable range of 0.63 and 0.68 for the valid questionnaire, respectively (29). A reliability coefficient for this scale in Iran has been calculated as 0.84 based on statistical analyses (30). The results of the study indicated that the scale demonstrated strong reliability, as evidenced by a high Cronbach's alpha coefficient of 0.89.

2.2. Data Analysis

The test took place in two stages including descriptive and inferential analysis. Mean and standard deviation measures, along with frequency distribution tables, were employed in conducting descriptive analysis. On the other hand, inferential analysis included covariance, Pearson and Spearman correlation coefficients, independent t-tests, chi-square test, Shapiro-Wilk test, Levene's test, and Mann-Whitney tests. The analyses were conducted using SPSS version 26, with a significance level established at 0.05.

3. Results

In Table 2, the demographic characteristics of the studied groups are reported. The findings

indicated that the highest frequency in both groups was observed among individuals aged 20-30 years. Additionally, the results of the chi-square test demonstrated that there is no significant difference between the two groups in terms of education, age, and income level ($P=0.391$, $P=0.305$, $P=0.656$). Descriptive statistics were used to test the research hypotheses, which included mean and standard deviation. In accordance with the present research design, the analysis of covariance test was employed to examine primary outcomes. First, the Shapiro-Wilk test was used to assess the normality of the distribution of the dependent variables. The significance levels for Physical symptoms (Emotion regulation training: $SW=0.927$, $P=0.342$ & control group: $SW=0.935$, $P=0.283$), Anxiety (Emotion regulation training: $SW=0.945$, $P=0.386$ & control group: $SW=0.939$, $P=0.417$), Social dysfunction (Emotion regulation training: $SW=0.950$, $P=0.629$ & control group: $SW=0.961$, $P=0.617$), Depression (Emotion regulation training: $SW=0.908$, $P=0.136$ & control group: $SW=0.914$, $P=0.128$), Emotional symptoms (Emotion regulation training: $SW=0.969$, $P=0.760$ & control group: $SW=0.961$, $P=0.765$) and Body-symptoms (Emotion regulation training: $SW=0.919$, $P=0.370$ & control group: $SW=0.914$, $P=0.376$) were all above 0.05,

Table 1: Content of emotion regulation training sessions

Introducing Sessions	Educational topics Providing participants with an explanation of the group's rules. Ensuring effective communication between group members. Presenting and organizing the schedule of meetings. Sharing the training session goals with all group members. Administering a pre-test as part of the evaluation process.
First	"Education aimed at identifying and familiarizing oneself with emotions and their purpose in daily existence, verbally expressing emotions, instruction on overcoming barriers to well-being, and classification of emotions into primary and secondary categories."
Second	Cognitive behavioral therapy focuses on training individuals in skills such as encouragement, rewarding positive behaviors, and repeating actions to reduce susceptibility to distressing emotions. It also involves teaching and practicing techniques to minimize physical vulnerability to negative emotions and identifying self-damaging behaviors.
Third	"Engaging in self-observation without self-criticism, decreasing susceptibility to negative thinking, implementing the separation of thoughts and emotions, gaining familiarity with emotions that contribute to risky actions."
Fourth	Knowing and recognizing emotions and giving them labels Achieving a harmony between thoughts and feelings Understanding the role of emotions in our daily lives Educating and engaging in the process of documenting evidence to ensure thoroughness Engaging in the practice of planning enjoyable experiences Documenting activities that bring pleasure
Fifth	"Engaging in nonjudgmental awareness of emotions, directing attention toward both present and previous emotional states, observing bodily sensations connected to emotions, labeling different emotional experiences."
Sixth	"Visualizing thoughts, witnessing firsthand emotions, engaging in self-dialogue regarding feelings, observing personal assessments, facing emotional challenges, and honing the skill of documenting emotions."
Seventh	"Engage in the habit of confronting your emotions, develop the skill to resist intense emotional urges, and practice strategizing actions that go against those emotions."
Eighth	Training in problem-solving skills, engaging in weekly practices to decrease vulnerability, observing and accepting emotions, and participating in a post-test.

Table 2: Demographic characteristics of the participants

Variables	Emotion regulation training			Control		χ^2	P
Education	Diploma	8	53.33%	7	46.67%	1.88	0.391
	Bachelor	4	26.67%	7	46.67%		
	Master & PhD	3	20%	1	6.66%		
Age	20-30	11	73.34%	7	46.67%	2.37	0.305
	31-40	2	13.33%	3	20%		
	41-50	2	13.33%	5	33.33%		
Income level (based on self-report)	Top	7	46.67%	8	53.33%	0.84	0.656
	Average	4	26.67%	2	13.33%		
	Down	4	26.67%	5	33.33%		

Table 3: Mean±SD of the research variables in experimental and control groups

Variables	Groups	Mean±SD		Within group P value
		Pre-test	Post-test	
Physical symptoms	Emotion regulation training	9.33±2.35	7.33±2.28	0.001
	Control group	9.60±1.88	9.33±1.95	0.164
	Between group test P value	0.734	0.016	-
Anxiety	Emotion regulation training	8.80±2.07	7.13±2.66	0.038
	Control group	8.83±2.11	8.60±2.26	0.082
	Between group test P value	0.999	0.044	-
Social dysfunction	Emotion regulation training	13.73±2.57	10.86±2.35	0.006
	Control group	13.74±2.05	13.53±2.29	0.334
	Between group test P value	0.999	0.004	-
Depression	Emotion regulation training	10.66±2.69	8.06±2.78	0.002
	Control group	10.60±2.64	10.86±2.74	0.556
	Between group test P value	0.946	0.010	-
Emotional symptoms	Emotion regulation training	10.47±2.69	8.93±2.05	0.042
	Control group	10.27±2.12	10.66±2.89	0.253
	Between group test P value	0.823	0.039	-
Body symptoms	Emotion regulation training	27.33±4.38	23.06±5.59	0.001
	Control group	29.47±4.30	29.07±4.58	0.082
	Between group test P value	0.190	0.003	-

SD: Standard Deviation

leading to the acceptance of the null hypothesis and confirming the normality of the distribution of these variables at a 95% confidence level. The results of Levene's test for assessing the equality of variance between the groups in the dependent variables of the study indicated that the significance levels for Physical symptoms ($F=3.172$, $P=0.086$), Anxiety ($F=0.034$, $P=0.855$), Social dysfunction ($F=3.718$, $P=0.064$), Depression ($F=0.035$, $P=0.854$), Emotional symptoms ($F=1.495$, $P=0.232$) and Body symptoms ($F=0.007$, $P=0.935$) were above 0.05. Therefore, it can be concluded that there is no significant difference in the variance of scores for these variables between the two groups at the pre-test stage.

According to the findings in Table 3, there was a noticeable contrast between the Emotion regulation training group and the Control group in terms of the variables at the post-test stage, after

adjusting for the pre-test scores ($P=0.001$). Also a significant difference was observed between the pre-test and post-test periods within the Emotion regulation training group ($P=0.001$). However, no significant variance was found between the pre-test and post-test periods in the Control group ($P=0.164$, $P=0.082$, $P=0.334$, $P=0.556$, $P=0.253$, $P=0.082$). Additionally, the average scores for Physical symptoms, Anxiety, Social dysfunction, Depression, Emotional symptoms, and Body symptoms in both the Emotion regulation training group and the Control group were significant at the post-test phase while controlling for pre-test scores ($P=0.016$, $P=0.044$, $P=0.004$, $P=0.010$, $P=0.039$, $P=0.003$).

4. Discussion

The present study primarily aimed to evaluate the effect of emotion regulation on physical symptoms

in married women who are undergoing emotional divorce and betrayal within the specified period. The results showed that the mean scores for Physical symptoms, Anxiety, Social dysfunction, Depression, Emotional symptoms and Body symptoms components in Emotion regulation training group and the control group were significant in the post-test stage by controlling the pre-test score. According to Berking and colleagues, there is evidence that emotion regulation training can be considered as a successful psychotherapy intervention (31). Moreover, Meghrajani and co-workers reported that due to the various responsibilities of women in the society, they regularly experience mental health problems (32). Maintaining mental health within the family environment is crucial since it serves as the primary social foundation and the optimal educational setting for value development (33).

The preservation and continuity of the family is crucial due to its significant role in shaping individual and societal development, as it serves as the most influential institution in providing the required emotional environment (34). One significant factor that can destabilize this crucial institution is when couples engage in extramarital affairs (10). Extramarital relationships introduce substantial turmoil within the family (11, 12). If a family experiences extramarital affairs, the unfaithful spouse will primarily suffer harm, leading to disturbances in their mental health and a loss of emotional and behavioral stability (35).

A recent study conducted by Sarmadi and Ahmadi investigated the various forms of damage inflicted by marital infidelity on couples, revealing that it adversely impacts all physical and psychological aspects of the individuals involved as well as the family, social, and spiritual dimensions (36). However, it can be challenging, if not impossible, to change and modify environmental factors that impact mental health. Nevertheless, by providing individuals with training and empowering them to alter their thoughts and use various skills, such as emotional regulation, it is possible to enhance mental well-being more efficiently and cost-effectively (37). Emotional regulation is a complex cognitive process that plays a significant role in mental health and is influenced by multiple factors. The training program for emotional regulation, focusing on adjusting emotional arousal and controlling impulsive responses in adverse

situations, is immensely beneficial and of utmost importance (22). Mohammad Panah Ardakan and colleagues discovered that emotion regulation training resulted in a rise in psychological capital and conflict resolution strategies (38). In their study, Momeni and co-workers investigated the effect of emotion regulation on reducing marital burnout and emotional failure in couples who were on the verge of divorce and found that emotion regulation training can have positive effects on marital burnout, and maybe even these women can discourage divorce (23). Meanwhile, in addition to clients from different groups, the effect of emotion regulation training on mental health among medical staff, including doctors and nurses in Isfahan was proved (24). Taghvaeinia and Zarei conducted a study in which they also assessed the impact of emotion regulation training on the mental health and mental rumination of divorced women (22). They suggested that training in managing emotions had a notable and beneficial effect on enhancing mental well-being and its diverse components (22). Similarly, Akbari and Hossaini conducted a study examining the correlation between spiritual health and quality of life, mental health, and job burnout, with emotional regulation playing a mediating role. The results revealed a positive and significant connection between emotional regulation and mental health, including its different dimensions. Furthermore, the regulation of emotions had a noticeable impact on physical symptoms, as observed in the study conducted by Akbari and Hossaini (39). This study examined anxiety as a component of mental health and used a separate tool to directly evaluate anxiety and the impact of emotion regulation training on emotional and physical symptoms of anxiety. The results indicated that emotion regulation training not only had significant effects on the anxiety and insomnia aspect of the mental health questionnaire but also influenced the emotional and physical symptoms of Zanc anxiety questionnaire (20, 21, 40). Another study conducted in 2019 by Ceyhan and colleagues explored the relationship between online addiction, attachment style, emotion regulation, depression, and anxiety in the general population. The findings showed a significant and reciprocal relationship between the variables examined in the study (41).

In their investigation, Everaert and Joormann (42) also explored the correlation between

depression and anxiety with emotion regulation, and the findings from this study, along with several others, were in line with the findings of the present study and validate the impact of emotion regulation on anxiety (40). Mishandling emotions, particularly negative ones like sadness, anger, and anxiety, can have adverse effects on individuals' physical well-being and mood. Having the ability to manage and govern emotions enables individuals to recognize and appropriately react to their own emotions as well as those of others. Women who undergo emotion regulation training are inclined to invest more attention and effort into maintaining their emotional well-being by reassessing their emotions in various scenarios and using emotions, particularly positive ones, during negative and critical situations to manage their negative emotions effectively. Consequently, these techniques effectively diminish anxiety symptoms and enhance their ability to cope with stressful circumstances.

4.1. Limitations

While the present study included only a small number of participants, research has shown that the accuracy of the findings are improved when more participants are involved. Due to social conditions and difficulties in the Iranian society regarding marital relations, it is possible that the participants did not answer the questions honestly. Additionally, in this study we used a small number of willing participants and an available sampling method. Generally, emotion regulation training has the potential to enhance the psychological well-being of individuals, particularly women, but further studies are necessary to apply the findings more broadly. There may also be insufficient facilities for conducting training sessions. It is recommended that future studies evaluate the participants after the training sessions, in addition to the assessments conducted before and after the training.

To enhance precision in forthcoming studies, it is suggested to use random sampling method. Furthermore, it would be beneficial to explore the impact of various cognitive training methods on mental health and anxiety and compare their effectiveness. Increasing the sample size would also enhance the generalizability of the findings. It is important to carry out training programs that focus on men and highlight the importance of

commitment and the value of family. Furthermore, it would be beneficial to investigate alternative psychological approaches to improve the mental well-being of women, in addition to focusing on regulating their emotions. Moreover, special attention should be given to children from families affected by betrayal or emotional divorce, as they are particularly vulnerable as compared with their parents.

5. Conclusions

The results of this study demonstrate a significant influence on anxiety and its different components. Emotion regulation assists individuals in managing and controlling their emotional reactions, particularly during stressful situations. Furthermore, individuals who use adaptive cognitive-emotional regulation strategies, such as positive reappraisal and focusing on constructive planning, tend to have better psychological and physical well-being.

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Authors' Contributions

Atefeh Mohammadi: Substantial contributions to the conception and design of the work; the acquisition, analysis, and interpretation of data for the work, drafting the work. Zohre Balagabri: 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. 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.

Ethical Approval

The Ethics Review Board of Islamic Azad University, Kermanshah Branch, Kermanshah, Iran approved the present study with the code of IR.IAU.KSH.REC.1402.069. Also, written informed

consent was obtained from the participants.

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