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Comparison of the Effectiveness of Quality of Life Therapy, Positive Psychotherapy, and Compassion Therapy on Anger Management in Abused Women

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A B S T R A C T

Purpose: This study aimed to investigate the effectiveness of Quality of Life Therapy, Positive Psychotherapy, and Compassion Therapy on anger management in abused women.

Methodology: This research was a quasi-experimental study with a four-group design (three experimental groups and one control group) with pre-test, post-test, and follow-up phases. The statistical population included all abused women in Shahr-e Kord in 2023, from which a sample of sixty was purposefully selected and randomly assigned to four groups: Quality of Life Therapy, Positive Psychotherapy, Compassion Therapy, and a control group. While the control group was on a waiting list, the three experimental groups received eight 90-minute intervention sessions. All participants were assessed at three stages—pre-test, post-test, and follow-up—using the Anger Research Instrument (Spielberger, 1984). The collected data were analyzed using descriptive statistics (mean and standard deviation) and inferential statistics (repeated measures ANOVA and Bonferroni post hoc test).

Findings: The results showed that both Quality of Life Therapy and Positive Psychotherapy had a significant effect on anger management, whereas Compassion Therapy did not have a significant effect.

Conclusion: Based on these results, it can be concluded that Quality of Life Therapy and Positive Psychotherapy can lead to improved anger management in women heads of households.

Keywords: *Quality of Life Therapy, Positive Psychotherapy, Compassion Therapy, Anger Management, Abused Women.*

1. Introduction

Women play a significant and crucial role in the tranquility, cohesion, and survival of the family; on the other hand, failure to fulfill this role effectively can endanger the family. Similarly, a man's effective presence in the family can have an unparalleled role in the cohesion and sustainability of the family structure. However, men who, for various reasons, are imprisoned, addicted, or prone to violence and unemployment can disrupt the family power hierarchy. Such men not only fail to play a supportive role but also become a source of harm. In such situations, women must not only perform their regular roles but also address the family chaos caused by the presence of an unsupportive husband. These women may face various problems (Shahshani & Safara, 2023; Pordel & Soudani, 2021). Abused women experience personal issues (role overload, role conflict, end of love, psychological problems), intra-family issues (reduced independence, family tension, reproduction of poverty and family incapacity), and social issues (stigma of neglect, social insecurity, social isolation, social rejection). The results indicate that supportive roles from others negatively correlate with mental health. In other words, as the supportive roles of women heads of households decrease, their mental health problems increase (Parhizkar et al., 2024). These women are under stress and pressure due to their husband's deviant behaviors; low self-esteem, anxiety, feelings of anger, and victimization are among the most significant problems of this group. Abused women, due to living under stressful conditions and lack of social support, lose their managerial ability and may act hostile in their decision-making (Shahshani & Safara, 2023).

Many theorists believe that one of the primary and fundamental human emotions is anger, which is a natural part of human experience, and managing anger has become a necessity for improving human comfort and well-being. In this regard, self-regulation or self-control of anger is an intrinsic skill of anger management that enables individuals to resist anger and impulsive behaviors. Uncontrolled anger seriously threatens individuals' health and adaptation (Joori et al., 2023). Researchers believe that if anger is not expressed in a controlled and healthy manner, it will not be a healthy emotion, especially since this emotion can lead to aggressive behaviors (Baron-Levy & Baron-Levy, 2020). Therefore, the inability to manage anger can exacerbate conflicts and lead to domestic violence and serious damage to the family structure (Bolt & Yuksel, 2023). Anger and consequently aggression can further damage these women's interpersonal relationships, leading to lower social support and higher stress levels. Thus, it is necessary for these women to acquire the necessary skills to control their anger so that they can play an effective role in maintaining and preserving the family and succeed in their maternal duties and self-management.

To date, various methods have been used to improve the psychological condition of this group of women. One effective method is Quality of Life Therapy, a new therapeutic approach in positive psychology aimed at creating well-being, enhancing life satisfaction, and treating mental disorders such as depression (Aghaei & Yousefi, 2017). This therapy combines Beck's cognitive approach in clinical psychology with Seligman's positive psychology, designed by Frisch (2016). Its target groups include not only individuals with disorders such as depression but also ordinary, healthy individuals who want to experience higher levels of well-being and mental health (Ghasemi et al., 2011).

In this approach, principles and skills are taught to help clients recognize, pursue, and fulfill their needs, goals, and desires in important and valuable areas of life. The 16 main life domains that interventions focus on include: 1) health and physical well-being; 2) self-esteem; 3) goals and values; 4) work; 5) money; 6) play; 7) learning; 8) creativity; 9) helping others; 10) love; 11) friends; 12) children; 13) home; 14) neighborhood; 15) community; 16) spouse and 17) life as a whole (Frisch, 2016). This therapy is based on a five-root model: 1) objective features and life conditions (C), 2) attitudes (A), 3) satisfaction standards (S), 4) assessment of satisfaction areas by importance (I), and 5) overall life satisfaction (O). Clients learn how to increase their satisfaction and happiness by changing these five roots (Frisch, 2016).

Another type of therapeutic intervention is Positive Psychotherapy. These interventions, instead of targeting distress per se, aim to alleviate it by increasing positive feelings and emotions, engagement, and meaning (Seligman et al., 2006). In fact, positive interventions reduce depression, increase happiness, and enhance psychological well-being through increasing positive emotions, thoughts, behaviors, and fulfilling individuals' basic needs such as autonomy, love, and attachment. Positive thinking skills help individuals better control and change negative or incorrect thoughts. The main goal of this therapy is for individuals to achieve the best results even from the worst conditions, and using techniques such as enjoyable exercises like expressing gratitude and writing appreciation letters,

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which are structures of positive psychology, leads to improved positive relationships with others (Rashid, 2020). Furthermore, individual resources are revealed, allowing people to explore creative and new ways of thinking and acting in their daily lives (Walsh et al., 2017). Positive emotions, which expand thought-action repertoires, include joy, interest, and contentment, leading to new resources within individuals; thus, positive thinking enables individuals to creatively and flexibly seek new ways to increase joy and love and solve problems, resulting in increased life satisfaction (Jankowski et al., 2020).

Another psychological intervention is Compassion Therapy (Craig et al., 2020). Although self-compassion is a new concept in Western psychology, it has existed for centuries in Eastern philosophy. Originating from Buddhist teachings, compassion is a method that helps individuals view themselves, their suffering, and others with kindness and compassion (Luceri & Clopton, 2021). Self-compassion is defined as a construct with three components: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. Today, the combination of these three components characterizes an individual with self-compassion. Self-kindness involves being gentle and understanding with oneself rather than harshly critical and judgmental, leading to emotional security that allows for the observation and correction of maladaptive patterns of thoughts, feelings, and behaviors (Stainidel et al., 2023). The fundamental principles of Compassion-Focused Therapy (CFT) suggest that external soothing thoughts, factors, images, and behaviors should be internalized so that the mind reacts calmly to these internalized elements just as it would to external factors. Compassion leads to individuals' adaptation to each other, resulting in self-care and varying degrees of understanding in coping with emotional problems (Neff & Germer, 2022).

Various studies have focused on abused or female-headed households, aiming to improve psychological constructs. For instance, Pordel et al. (2021) studied the effectiveness of Solution-Focused Therapy on cognitive self-control in abused women; Amini and Hassanzadeh (2021) examined the effectiveness of Acceptance and Commitment Therapy (ACT) on internalized shame in abused women; and Amini and Karaminejad (2021) investigated the effectiveness of ACT on self-compassion in abused women. Various methods have also targeted the variable of anger and its modification. For example, Abbaspoor et al. (2022) demonstrated the effectiveness of emotion regulation training; Jaberzadeh et al. (2021) showed the effectiveness of cognitive-behavioral group therapy; and Faryabi et al. (2020) demonstrated the effectiveness of Compassion Therapy on anger. Additionally, the effectiveness of Quality of Life Therapy on psychological constructs has been confirmed in studies such as Bagheri and Iravani (2018) and Yousefvand et al. (2018). The effectiveness of Positive Psychotherapy has also been shown in studies like Ghadiri Froushani and Rezaeian (2017) and Parzoor et al. (2016). Some studies have demonstrated the effectiveness of Positive Psychotherapy on psychological constructs, such as Elmi et al. (2024) and Gholizadeh et al. (2024). However, no study has yet compared the three methods of Quality of Life Therapy, Positive Psychotherapy, and Compassion Therapy on anger management in abused women.

Given the important role of abused women in the family, improving their psychological condition should be a priority. Therefore, this study aimed to compare the effectiveness of the three mentioned methods on anger management. The results of such research can provide psychological assistance to these women and enrich the research literature on abused women, anger, and therapeutic methods used. This study thus addressed the question: Is there a significant difference in the effectiveness of the three methods of Quality of Life Therapy, Positive Psychotherapy, and Compassion Therapy on anger management in abused women?

2. Methods and Materials

2.1. Study Design and Participants

To compare the effectiveness of Quality of Life Therapy, Positive Psychotherapy, and Compassion Therapy, a quasi-experimental four-group design (one group for Quality of Life Therapy, one group for Positive Psychotherapy, one group for Compassion Therapy, and one control group) with three stages (pre-test, post-test, and 45-day follow-up) was used. The statistical population consisted of all abused women in Shahr-e Kord, from which sixty women were purposefully selected based on inclusion and exclusion criteria. Participants were chosen after obtaining necessary permissions from the university, the Welfare Organization, and the Family Support Organization for Prisoners. Out of ninety volunteers, sixty were selected based on the inclusion and exclusion criteria. Inclusion criteria were being over twenty years old, having at least basic literacy, and being willing to participate in the training course. Exclusion criteria included being over forty-five years old, being absent for more than two sessions, and simultaneously

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attending another training course. Sessions were held once a week for each group from 16:00 to 18:00, conducted by the researcher.

2.2. Measures

2.2.1. Anger Management

The Anger Expression Questionnaire was published by Spielberger (1984). It initially included 57 items, five subscales, and an overall anger expression index that provides a general measure of anger expression and control. The three subscales are: Trait Anger, Anger-Out, and Anger-In. Two other subscales relate to Trait Anger: Angry Temperament and Angry Reaction. Spielberger reported internal consistency through Cronbach's alpha for the total scale above 0.70. Validity and reliability evidence has been confirmed. Normative data and psychometric properties in Iran were examined by Novidi (2006). Internal consistency coefficients for the scales and subscales, including Cronbach's alpha coefficients for the State Anger and Trait Anger scales, were 0.88 and 0.85, respectively. For the subscales of these two scales, the average was 0.76 for Anger Expression and Anger Control, and the overall anger index averaged 0.71. Novidi administered this questionnaire alongside the Adjustment and General Health Questionnaires. The results showed that the correlations of the State, Trait, and Anger Expression scales of the Spielberger questionnaire with the scales related to maladjustment and general health disorder symptoms were positive and significant. In this study, the internal consistency for the total scale was reported as 0.83.

2.3. Intervention

2.3.1. Quality of Life Therapy

Quality of Life Therapy aims to improve well-being and life satisfaction by focusing on various life domains and using a structured approach to address issues and enhance overall quality of life. This eight-session protocol combines cognitive, behavioral, and positive psychology techniques to help participants recognize and address problem areas in their lives.

Session 1: Introduction and Group Formation

In the first session, members are introduced to each other, group rules, and the educational goals are presented. Participants are asked to commit to attending all sessions. The session focuses on discussing quality of life, life satisfaction, and happiness.

Session 2: Understanding Quality of Life Therapy

The second session reviews the previous discussion and introduces the concept of Quality of Life Therapy. It explains the dimensions of quality of life and the 36 life domains that contribute to overall life quality. Participants identify their problem areas, followed by a summary discussion and feedback.

Session 3: CASIO Model Introduction - Objective Features

This session begins with a review of the previous session and introduces the CASIO model's five roots, starting with 'C' (Objective Features). The application of this strategy to the 36 life domains is discussed.

Session 4: CASIO Model - Importance of Life Domains

The fourth session reviews the CASIO model and introduces 'I' (Importance of Life Domains) as the second strategy for enhancing life quality. Participants learn how to apply this strategy across the 36 life domains.

Session 5: CASIO Model - Satisfaction Standards

The fifth session focuses on 'S' (Satisfaction Standards) as the third CASIO strategy. The discussion revolves around increasing satisfaction in life by adjusting personal standards. Quality of life principles are taught.

Session 6: CASIO Model - Subjective Well-being

The sixth session reviews previous principles and introduces 'I' (Subjective Well-being) as the fourth strategy, discussing its role in enhancing life satisfaction.

Session 7: CASIO Model - Overall Life Satisfaction

The seventh session continues the discussion on quality of life principles and introduces 'O' (Overall Life Satisfaction) as the fifth strategy. The session emphasizes how to increase overall life contentment.

Session 8: Summary and Application of CASIO

The final session summarizes the content from previous sessions and discusses the application of CASIO principles in various life situations. Participants learn to apply these strategies to all 36 life domains for continued improvement.

2.3.2. Positive Psychotherapy

Positive Psychotherapy aims to enhance positive emotions, engagement, and meaning in life, reducing depression and anxiety by focusing on strengths and positive experiences. This six-session protocol incorporates exercises and discussions to help participants develop and utilize their strengths.

Session 1: Group Introduction and Positive Psychology Program Overview

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Participants are introduced, group rules and confidentiality are explained, and the overall program is outlined. The session discusses the lack of positive resources like positive emotions, commitment, positive relationships, meaning, and character strengths in causing depression and anxiety. After introductions, a pre-test is administered. Homework: Write a positive story about oneself.

Session 2: Identifying and Enhancing Strengths and Positive Emotions

Participants use the VIA questionnaire to identify their character strengths and discuss 63 strengths related to commitment and engagement. The session focuses on how to use these strengths. Homework: Keep a journal and write down three positive events each day.

Session 3: Forgiveness and Personal Legacy

Participants practice forgiveness exercises and write about how they want to be remembered for their positive traits, framing it as a message for the end of their lives. Homework: Write a letter of forgiveness.

Session 4: Gratitude and Appreciation

The session emphasizes the importance of gratitude and appreciating positive memories. Participants write a draft of a gratitude letter to someone they have never properly thanked. Homework: Write and deliver a gratitude letter.

Session 5: Savoring and Mindfulness

Savoring is introduced as the deliberate practice of prolonging positive experiences. Participants engage in exercises to savor experiences and avoid rushing through pleasurable activities. Homework: Engage in enjoyable activities with mindfulness.

Session 6: Constructive Responding and Final Review

Participants learn about active-constructive responding to share and amplify positive news from others, strengthening positive relationships. The session includes a summary, feedback, and a post-test. Homework: Look for opportunities to practice active-constructive responses.

2.3.3. Compassion Therapy Protocol

Compassion Therapy focuses on developing self-compassion and compassion towards others, reducing self-criticism, and enhancing emotional resilience. This eight-session protocol includes mindfulness, self-kindness, and shared humanity exercises.

Session 1: Introduction and Establishing Therapeutic Relationship

Participants are introduced, and therapeutic relationships and session rules are established. A pre-test is administered, and the session introduces emotion recognition and creative hopelessness. Homework is assigned.

Session 2: Mindfulness and Brain Systems of Compassion

Participants practice mindfulness through body scan and breathing exercises. Brain systems related to compassion are introduced, and visualization exercises for safe places are conducted. Homework is assigned.

Session 3: Developing Kindness and Compassion for Self and Others

Participants learn about characteristics of compassionate individuals and practice receiving kindness. They develop warmth and kindness towards themselves and recognize that others also have weaknesses and problems. Homework is assigned.

Session 4: Practicing Kindness and Self-Compassion

The session reviews previous exercises and encourages participants to practice kindness towards others. They reflect on their personalities as compassionate or non-compassionate individuals, guided by educational discussions. Homework is assigned.

Session 5: Mindful Self-Compassion Interview (Part 1)

Participants complete the 'Kind Mind' interview, focusing on developing a compassionate mind. Homework is assigned.

Session 6: Mindful Self-Compassion Interview (Part 2)

The session continues with the 'Kind Mind' interview, focusing on healing aspects. Homework is assigned.

Session 7: Addressing Historical Impacts and Writing Compassionate Letters

Participants explore the historical impacts on their lives and write compassionate letters to themselves and others. They practice recording and reflecting on compassionate moments in daily life. Homework is assigned.

Session 8: Summarizing and Applying Compassionate Strategies

The final session summarizes previous discussions and teaches strategies for applying compassion in daily life. Participants learn how to integrate these practices into everyday situations.

2.4. Data Analysis

The collected data were analyzed using descriptive statistics (mean and standard deviation) and inferential statistics (repeated measures ANOVA and Bonferroni post hoc test) via SPSS-26.

3. Findings and Results

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To investigate the research hypothesis: "There is a difference in the effectiveness of Quality of Life Therapy, Positive Psychotherapy, and Compassion Therapy on anger management in abused women," repeated measures analysis of variance (ANOVA) was used. Table 1 shows the mean and standard deviation of the variables.

Table 1

Means and Standard Deviations of Anger Management by Group

Variable	Group	Mean	Standard Deviation
Anger Management (Pre-test)	Quality of Life Therapy	155.47	25.359
	Positive Psychotherapy	153.20	25.775
	Compassion Therapy	163.07	23.227
	Control	159.27	25.987
Anger Management (Post-test)	Quality of Life Therapy	108.07	22.56
	Positive Psychotherapy	118.73	27.167
	Compassion Therapy	162.13	22.427
	Control	160.27	21.68
Anger Management (Follow-up)	Quality of Life Therapy	108.13	23.23
	Positive Psychotherapy	122.47	25.45
	Compassion Therapy	159.13	21.92
	Control	158.93	22.39

The results in Table 1 show that anger management scores changed from pre-test to post-test and follow-up in the experimental groups compared to the control group. To examine the significance of these differences, given that each subject was assessed three times, repeated measures ANOVA was used. The Shapiro-Wilk test was employed to check the normality of the data, showing no significant deviation from normal distribution. Levene's test was used to assess the equality of variances, confirming the assumption of equal variances for the anger variable across educational groups. Box's test checked the equality of covariance matrices of the dependent variable, showing no significant differences across the three groups. Mauchly's test of sphericity indicated that the assumption of sphericity was not met for any of the dependent variables. Therefore, Greenhouse-Geisser corrections were applied in the final analysis. Table 2 presents the results of the repeated measures ANOVA for anger management by group.

Table 2

Results of Repeated Measures ANOVA for Anger Management by Group

Effect Type	Source	Sum of Squares	df	Mean Square	F	p	Eta Squared	Power
Within Groups	Factor1 (Time)	16837.878	1.301	12939.18	256.089	.000	.821	1.000
	Time * Group	3.904	3.904	4219.202	83.505	.000	.817	1.000
	Error	72.87	28.87	50.526				
Between Groups	Group	49758.061	3	16586.020	10.200	.000	.353	.997
	Error	91060.667	66	1626.083				

As shown in Table 2, within-group effects indicate significant changes in anger management over time ($F = 256.089$, $df = 1.301$, $p < .001$) and significant interaction effects between time and group ($F = 83.505$, $df = 3.904$, $p < .001$). The partial eta squared for the interaction between time and group is 0.817, with a power of 1. This suggests that 81.7% of the variance in anger management is explained by the treatments over time. The between-group effects show a significant difference in anger management among the groups ($F = 10.200$, $df = 3$, $p < .001$), with a partial eta squared of 0.353, indicating that 35.3% of the variance in anger management is attributable to the treatment methods. The power of 0.997 indicates a sufficient sample size. Table 3 presents the results of the Bonferroni post hoc test for pairwise comparisons between the three experimental groups and the control group on the dependent variables.

Table 3

Results of Bonferroni Post Hoc Test for Pairwise Comparisons of Anger Management

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Time & Variable	Group Comparison	Mean Difference	Standard Error	Significance
Anger Management	Quality of Life Therapy vs. Positive Psychotherapy	-7.57	8.50	1.000
	Quality of Life Therapy vs. Compassion Therapy	-3.55	8.50	.000
	Quality of Life Therapy vs. Control	-35.60	8.50	.001
	Positive Psychotherapy vs. Compassion Therapy	-29.97	8.50	.005
	Positive Psychotherapy vs. Control	-28.02	8.50	.010
	Compassion Therapy vs. Control	-1.95	8.50	1.000

As shown in Table 3, Quality of Life Therapy and Positive Psychotherapy were significantly more effective than the control group in managing anger, but Compassion Therapy did not have a significant effect compared to the control group. Additionally, there was no significant difference in the effectiveness of Quality of Life Therapy and Positive Psychotherapy ($p > .05$).

4. Discussion and Conclusion

This study aimed to compare the effectiveness of three methods—Quality of Life Therapy, Positive Psychotherapy, and Compassion Therapy—on anger management in abused women. Repeated measures ANOVA was used to test the research hypothesis. The results showed that, compared to the control group, Quality of Life Therapy and Positive Psychotherapy were effective in managing anger, but Compassion Therapy was not significantly effective. There was no significant difference between the effectiveness of Quality of Life Therapy and Positive Psychotherapy.

In aligning and contrasting the results of this study with other research, no previous studies have compared these three methods on anger management in abused women. However, various studies have shown the effectiveness of other methods on anger, such as Jafari et al. (2024) on Acceptance and Commitment Therapy (ACT), Mahdian et al. (2024) on Mindfulness and Schema Therapy, Hadian et al. (2024) on Schema Therapy and Mindfulness, Aghababaei and Aghamohammadi (2023) and Tabesh-Mofrad and Mansooriyeh (2023) on Compassion Therapy, Zare et al. (2023) on Psychodrama, and Sarlaki et al. (2023) on Short-Term Dynamic Psychotherapy. All these studies have shown the effectiveness of various methods on anger management, which is in line with the overall finding that psychological interventions can effectively manage anger. However, the ineffectiveness of Compassion Therapy on anger management contrasts with other findings.

In explaining the effectiveness of Quality of Life Therapy and Positive Psychotherapy on anger management, it can be said that anger is an emotion that leads to behaviors aimed at harming others, animals, or property. Anger can lead to violence; however, it is a natural reaction to situations where individuals feel threatened. This emotion is not inherently negative; it is the expression methods that can make it negative. The main triggers of anger are threats, frustrations, and obstacles. The goal of anger is often defense, fight, and destruction, which are part of human survival mechanisms and can have destructive effects, including harm to oneself and others. Constructive effects of anger include finding one's role and place among others and expressing feelings. However, chronic anger, self-destructive or other-destructive anger, and explosive anger are types of anger that need attention and correction (Gregersen et al., 2023). This negative emotion, especially among abused women who face violent, irresponsible, and demanding individuals, can be more damaging and may manifest as passive-aggressive or vengeful behavior, or even through displacement towards weaker individuals such as their children (Richards et al., 2023). Improving anger management among the participants in the training course indicates that these methods have mechanisms that enable better anger management.

The effectiveness of Quality of Life Therapy on improving anger management in female heads of households can be explained through several methods: (1) Participants learned that life consists of 16 different dimensions and that an overall picture of life should be viewed both horizontally and vertically. When there is an issue in one area, the other fifteen areas can be better, and hierarchically, any problem, when viewed in the context of the individual's entire life or even over a one-year period, becomes less significant. (2) Through the principle of internal richness, participants learned how to focus on themselves to achieve concentration, tranquility, and vitality, how to abandon bad habits, and plan for self-renewal. (3) Through the principle of quality time, they learned problem-solving skills and how to address their problems and use the second opinion technique during times of sadness and negative emotions. (4) Through goal-setting and meaning-finding, they learned how to set goals in line with their values and consider religious goals. (5) Finally, through the five special solutions of Quality of Life Therapy, they learned how to make even slight changes to the objective conditions of their lives and how to change their perspectives and attitudes (Frisch,

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2016). Overall, these techniques have helped correct the roots of their anger, focus more on the positive aspects of life rather than the negative, experience more positive emotions, enhance their problem-solving skills, and ultimately make life issues more manageable, leading to better anger management.

The effectiveness of Positive Psychotherapy on anger management can be explained as follows: Positive Psychotherapy, a structured and analytical approach, can enhance self-control. It aims to increase optimism and the impact of positive emotions on life. Positive Psychology-based interventions encourage individuals to recognize and appreciate the positives in their lives, fostering well-being and protecting against psychological and physical illnesses. These interventions focus on improving distress by increasing positive emotions, thoughts, behaviors, and satisfying basic needs such as autonomy, love, and belonging. Positive thinking skills help individuals better control and change negative or incorrect thoughts, aiming to achieve the best results even from the worst conditions. Techniques such as expressing gratitude and writing appreciation letters, which are part of Positive Psychology, improve positive relationships with others. Individual resources are developed, allowing people to explore creative and new ways of thinking and acting in their daily lives. Positive emotions expand thought-action repertoires, leading to new resources within individuals, allowing for creative and flexible solutions to increase joy, love, and problem-solving (Seligman et al., 2006), resulting in increased life satisfaction. The mechanisms of improving life perspective, increasing optimism, and enhancing happiness have likely led to reduced depression and anxiety, allowing individuals to better understand life experiences, perceive life issues as more solvable, and thus reduce anger.

The lack of effectiveness of Compassion Therapy on anger management can be explained by noting that self-compassion involves supporting oneself during experiences of suffering or pain, whether due to personal mistakes, shortcomings, or external challenges. Compassion-Focused Therapy (CFT) suggests that external soothing thoughts, factors, images, and behaviors should be internalized, so the mind reacts calmly to these internalized elements as it would to external factors. Self-compassion is a significant human force that includes traits such as kindness, fair judgment, and interconnected feelings, helping individuals find hope and meaning when facing challenges. It involves directing kindness towards oneself and others, acknowledging that suffering, failure, and inadequacy are part of life, and that everyone, including oneself, deserves kindness and compassion. This can be a gentle and nurturing force, particularly for self-acceptance or alleviating distress, but it can also be intense and motivational, especially for self-protection or fulfilling important needs (Luceri & Clopton, 2021). The mechanisms of Compassion Therapy include: (1) Compassionate attention (through mindfulness and flexible attention), (2) Self-kindness imagery (through safe place exercises), (3) Compassionate feelings (recognizing that negative emotions like anger and fear can have compassionate aspects), (4) Compassionate reasoning (learning not to attribute undesirable behaviors of spouses to fixed personality traits or intentional motives), (5) Sensory experience (recalling conditions that provided calmness and joyful experiences, and intentionally manipulating the brain), and (6) Compassionate behavior (learning healing behaviors through verbal, physical, and behavioral soothing, harmonizing with oneself and others, and engaging in challenging behaviors necessary for personal growth). Although these mechanisms can improve relationships, understanding others, and receiving better feedback, the results did not meet expectations. It is possible that self-compassion might have led these individuals to not forget the problems caused by others, possibly leading to blaming others to maintain self-compassion. To effectively manage anger, the focus should also be on forgiveness and compassion towards others, not just self-compassion, or more time might be needed for the techniques to show their effectiveness over time.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

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