

Comparing the Effectiveness of Cognitive Analytic and Cognitive Behavioral Psychodrama Group Therapy on Interpersonal Problems and Emotional Regulation Difficulties in Divorced Women

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Abstract

Introduction: The current study aims to compare the effectiveness of cognitive-analytic and cognitive-behavioral psychodrama group therapy on reducing the interpersonal problems and emotion regulation difficulties in divorced women.

Method: This research was a quasi-experimental study with a pretest, posttest design, and a control group. The statistical population of the present study included all divorced women who were referred to private counseling centers under the supervision of Welfare Organization in Mashhad (84 centers) in 2018. Among the statistical population, by convenient sampling method, 36 people who met the inclusion criteria were selected and randomly placed into three groups; Experiment 1, 2 and Control. Experimental group 1, participated in sixteen, 120-minute sessions of cognitive analytic group therapy and experimental group 2 participated in sixteen, 120-minute sessions of cognitive-behavioral psychodrama group therapy. The 60-items Interpersonal Problems Questionnaire (IIP-60) by Horowitz et al, and the Gretz and Roemer Difficulty of Emotion Regulation Scale (DERS) were used to collect data. Data analysis of the present study was performed using Mixed ANOVA and Bonferroni post hoc test by SPSS software version 20.

Result: The results indicated that both cognitive-analytic and cognitive behavioral psychodrama group therapies were able to significantly reduce the interpersonal problems and difficulty of emotion regulation of divorced women ($p < 0.01$). In addition, cognitive-behavioral psychodrama group therapy had a greater effect than cognitive analytic group therapy on reducing interpersonal problems and difficulty of emotion regulation.

Conclusion: Therefore, according to the obtained results, cognitive-behavioral psychodrama group therapy and cognitive-analytic group therapy can be utilized to reduce interpersonal problems and the difficulties of emotion regulation in divorced women.

Declaration of Interest: None

Keywords: Cognitive-analytic group therapy, Cognitive-behavioral psychodrama group therapy, Emotion regulation difficulty, Interpersonal problems, Divorced women.

Introduction

The social developments of the last decade have provoked new challenges and threats to the family system. When the family face failure, the sense of satisfaction of its members gradually decreases and this gradual decrease of satisfaction can eventually turn into separation and an event called divorce (1). In individualistic cultures, such as European countries, leaving a life that one is dissatisfied with is considered relatively normal, but in collectivist cultures, like Middle east countries such as Iran, separation and divorce are defined as a process that traditional values, with emphasis on the centrality of the family, are ignored and are considered a kind of norm-breaking and create a lot of social burden for the individual.

Therefore, in these cultures, after divorce, cultural influences also increase the pressures that a person suffers in life (2). Although divorce seems to be an individual phenomenon, it has a social dimension and creates social problems, because the family, which is the main cornerstone of society, is falling apart. Divorce causes major damage to an individual's life, affecting both men and women, but women are usually more vulnerable (3).

In recent years, it seems that Iranian society is undergoing extensive socio-cultural evolutions. This process of transformation has confronted society with many social issues, including the upsurge in divorce rate. According to the official statistics of the National Registration Organization, the rate of divorce is increasing, so that it has increased from about 3 in 1986 to about 8.4 per thousand married people in 2017. Also, the acceleration of this increase has been much higher in the last decade, such that the divorce rate has increased from 5 to about 8.4 per thousand married from 2006 to 2017 (4).

Most research results and evidence stated that the occurrence of divorce causes many problems and injuries in individuals, and it seems that these side effects affect women more than men (5). After divorce, women are mainly involved in various psychological, emotional, communication and social problems and injuries, including interpersonal and emotional regulation problems (6, 7, 8, 9, 10, 11).

Interpersonal problems are consistently associated with psychopathologies, such as, major depression, anxiety, alcohol and drug dependence, and maladjusted personality. These psychopathologies have their onset in adolescence (13-18 years) and can persist into adulthood, suggesting that assessing adolescents' interpersonal problems is an important agenda for mental health professionals (12).

Interpersonal problems occur in one's interactions with others or social communication (13). In other words, problems associated with interpersonal communication which may cause mental disorders are defined as interpersonal problems (14).

Horowitz et al. (15) identified a list of interpersonal problems by examining the problems that clients had expressed in clinical interviews. In terms of their interpersonal problems, there are two basic assumptions. The first is that all interpersonal behaviors fall along two axes; the first axis is affiliation, which has a range from hostile to friendly behaviors, and the second axis is called power or control, which has a range from submissive to dominating behaviors (15).

The second premise is that two people influence each other during their interaction. In other words, a person's behaviors evoke certain reactions from the other side. Usually in the axis of affiliation, each behavior calls its counterpart, and in the axis of power, each behavior calls its opposite point. In other words, hostile dominating behavior evokes a hostile submissive behavioral response, and friendly dominating behavior evokes a

friendly submissive behavioral response. It can be said that interpersonal problems are experienced when a person is stuck in repeated unwanted and tedious pattern of interpersonal interactions (16).

Through careful analysis of reported problems Horowitz et al. (17) identified and summarized a set of interpersonal problems, including individual problems of assertiveness, sociability, obedience, intimacy, responsibility, and controlling (17).

Another problem that women mostly experience after divorce is the difficulty in emotion regulation. Recently, weak emotional regulation has been considered as a common factor associated with different forms of psychological problems (18). Despite some divergence in definitions, Cole et al (19) defined, emotion regulation as a predictable pattern of emotion exhibited in response to momentary contextual information. Emotion regulation is particularly concerned with the ability and tendency to regulate emotional responses to negative life events in a socially tolerable way (20).

Emotion regulation mainly refers to the cognitive and behavioral strategies that people use to maintain emotions at appropriate and tolerable levels. Also, Thompson (21) defined, emotion regulation as an individual's ability to monitor, evaluate, and regulate emotional reactions, especially intense and temporary ones. Likewise, difficulty in emotion regulation refers to a person's own perception of problems in proper and effective emotional responses (21). Successful emotional regulation enables the individual to effectively function, even in the face of intense emotional experiences. Conversely, emotional distress reflects problematic ways to experience and respond to emotional states, including the inability to understand and accept their emotional experiences. It has been shown that emotional dysregulation is associated with a variety of negative consequences including

symptoms of depression, anxiety, substance abuse, aggression, and suicidal thoughts. Maladaptive emotional responses can disrupt daily functioning and lead to mental disorders (22)

There are considerable evidence that effective emotion regulation is associated with healthy interpersonal relationships while, difficulty in emotion regulation is associated with a variety of interpersonal problems (23). Khabir, Farid Ghasrodashti and Rahimi (24), showed that children's emotion regulation skills predicted their social skill levels during adulthood.

Several therapeutic interventions have been used to reduce interpersonal problems and difficulty in emotion regulation, including cognitive analytic therapy (CAT) and cognitive-behavioral psychodrama group therapy (CBPGT).

Cognitive analytic therapy (CAT) is a concise and integrative model of psychotherapy that was first developed and introduced in 1980 by Anthony Riley. This treatment integrates parts of cognitive and psychodynamic theories and emphasizes that patterns of communication with oneself and others can lead to emotional and psychological disturbances. These relational patterns are in fact patterns related to a one's initial relationships that were formed and internalized based on his/her early experiences in childhood and have now entered the person's adulthood and are used as models for current and future relationships. These patterns are called reciprocal roles in cognitive analytic therapy. The person may have had an inappropriate environment during childhood and has been abused or neglected, consequently formed unpleasant reciprocal roles. The child manifests set of survival strategies in unfavorable environmental conditions. These survival strategies are called target problem procedures. According to cognitive analytic therapy, consistent use of these survival strategies leads to problems in adulthood. The goal of treatment is to help the person become more aware of these

reciprocal roles, survival strategies, and repetitive patterns during the three stages of reformulation, diagnosis, and review, and to use their awareness and understanding to find new ways of communication and form healthy roles. Therefore, group therapy allows practice and communication with people at different levels, which can make treatment more efficient (25).

CAT has a tripartite structure. Early sessions focus on developing reformulation of target problems into reciprocal roles and target problem procedures. These are described in terms of unmet needs and unmanageable feelings from early life, which lead to habitual patterns of cognitive appraisal, intention, actions, and consequences. CAT argues that these sequences persist in adult life and typically fail to meet the person's aims and needs. However, they are understood to be resistant to change, as they are embedded in procedural memory and the person is not consciously aware of the pattern they are enacting, both with themselves and others. The second phase of CAT focusses on promoting recognition (i.e., awareness) of these reciprocal roles and associated problem sequences, both in everyday life and as enacted within the therapy relationship. The development of an 'observing self' during the recognition phase of CAT is seen as a necessary precursor to change. The third phase, aims to revise these roles and patterns. Ways for withdrawing from the problems are identified by the therapist and client working collaboratively. Cognitive and behavior change techniques are used, both within and between sessions, to create new, healthier, more flexible roles and procedures (26).

As mentioned earlier, another approach used in the field of interpersonal relations and emotional regulation is cognitive-behavioral psychodrama group therapy (CBPGT). CBPGT is an effective model that combines cognitive-behavioral and psychodrama interventions, allowing

group members to identify and change negative thoughts, behaviors, and interpersonal patterns, while enhancing their positive, success-based experiences. The CBPGT, creates a secure and supportive environment in which clients can practice new thoughts and behaviors and freely share their concerns with group members, providing many opportunities for simultaneous practice and behavioral experiences and exposures to previously avoided situations (27)

Although studies have confirmed the effectiveness of cognitive-analytic therapy and cognitive-behavioral psychodrama group therapy on reducing interpersonal and emotion regulation problems or cases related to these two problems, no research has been done on the effectiveness of these two approaches in reducing these problems among divorced women. In addition, no research has been done in Iranian society regarding the effectiveness of any of the above approaches in reducing interpersonal and emotional regulation problems. (28, 29, 30, 31, 32, 33)

Therefore, the aim of this study is to examine whether cognitive-analytic and cognitive-behavioral psychodrama group therapy have a significant effect and difference on reducing interpersonal problems and difficulty in emotion regulation in divorced women.

Method

In terms of purpose, this study is among the applied research due to the practical application of its results. In the present study it was not possible to control the effect of all intervening variables, despite the random replacement of groups, a quasi-experimental research method was used. Also, the collected data were obtained in the form of a pre-test, post-test and follow-up design with one control group and two experimental groups. The statistical population of the present study included all divorced women who referred to private counseling and psychological centers under the supervision of the

General Department of Welfare in Mashhad (84 centers) in 2018.

36 people were selected by convenient sampling. Inclusion criteria were divorced individuals for at least six months with no current new relationship, having at least junior school education, not receiving another psychological therapy at the same time, age range between 30-50 years old, not using psychiatric drugs, not addicted to alcohol or drugs, not having chronic illness such as AIDS or cancers, reluctant to active participation) and had higher scores in interpersonal problems (scored above 2) and difficulty in emotion regulation (scored above 90). Participants were randomly assigned to experimental group 1 (n = 12), experimental group 2 (n = 12), and control group (n = 12). For collecting the data the following questionnaires were used:

Interpersonal Problems Questionnaire 60 questions (IIP-60): This scale is a short form of the 127-item Interpersonal Problem Scale developed by Horowitz et al. (34). In Iran, Besharat (34) has translated this questionnaire and examined its validity and reliability. The questionnaire consists of 60 items and measures interpersonal problems in six areas: assertiveness, sociability, obedience, intimacy, responsibility, and dominance. This questionnaire is scored on a 5-point Likert scale from score of 0 (very low) to 4 (very high). Besharat (34) and Besharat et al. (35) in Iran have studied the psychometric properties of this tool. In order to evaluate the construct validity, factor analysis was used which confirmed the general factor of interpersonal problems in addition to its six subscales of assertiveness, sociability, obedience, intimacy, responsibility, and dominance. Convergent and diagnostic validity was also confirmed in terms of the correlation coefficients of the subjects' mean scores on the scale of interpersonal problems with the indicators of psychological well-being, psychological helplessness, self-respect and emotional intelligence. Also,

Cronbach's alpha coefficient for the subscale of assertiveness from 0.86 to 0.89, for sociability from 0.90 to 0.91, for obedience from 0.82 to 0.84, for intimacy from 0.83 to 0.87, for responsibility from 0.91 to 0.93, for dominance 0.91 to 0.92, and for total score from 0.93 to 0.95 (35). In the present study Cronbach's alpha was 0.87 for the interpersonal problems scale.

Difficulty in Emotion Regulation Scale (DERS): The Difficulty in Emotion Regulation Scale is a 36-item tool developed by Gertzel and Roemer (36) which was translated and standardized in Iran by Kermani Mamazandi and Talepasand (36). This questionnaire measures the levels of impairment and inadequacy of emotional regulation in six areas of non-acceptance of emotional responses, lack of emotional awareness, difficulties engaging in goal-directed behaviors, impulse control difficulties, limited access to emotion regulation strategies and lack of emotional clarity. Cronbach's alpha coefficient for the whole scale is 0.86. In Iran, Kermani Mamazandi and Talepasand (36) have studied the psychometric properties of this questionnaire. To evaluate the convergent and divergent validity, simultaneous implementation of emotion regulation difficulty scale with Siegel anger and spiritual intelligence questionnaires was used. The results showed a significant correlation between difficulty in emotion regulation scores and anger and spiritual intelligence scores and thus the validity of this scale was confirmed. Also, the results obtained from the validity of this tool using the internal consistency method and Cronbach's alpha coefficient in the range of 0.63 to 0.75, which indicates the acceptable validity of the Persian version of this scale (36). Cronbach's alpha in the present study was 0.86 for the difficulty in emotion regulation scale.

Cognitive analytic group therapy (experimental group 1), participated in sixteen, two-hour sessions of cognitive analytic group therapy. The protocol of the

cognitive analytic therapy group sessions was developed according to the recent Ryle and Kerr (37) book about cognitive analytic therapy which at last has been confirmed by some specialists in this field

and the content is summarized in the following table.

session	objectives	description
1	Introduction and determine target problems	Compile a list of target problems related to emotion regulation and interpersonal relationships, summary of group meetings to members.
2	Explaining about reciprocal roles formation	Explaining the process of reciprocal roles formation and their impacts on target problems, homework about reviewing past memories and finding threatening repetitive experiences.
3	Finding reciprocal roles	Reviewing background associated with internalized reciprocal roles and become aware about them. Homework about finding unhealthy reciprocal roles.
4	Explaining about survival strategies formation	Talking about the process of survival strategies formation and their influence on target problems, homework about finding survival strategies
5	Exploring survival strategies	making the list of survival strategies and the situations for using them and their role in the current problems
6	Explaining target problem procedures	Talking about traps, snags and dilemmas. homework about finding them.
7	Completing reformulation	Writing reformulation letter and sequential diagrammatic reformulation (SDR or 'map')
8-11	Doing recognition	Introducing self-monitoring concept. Work on the Zone of Proximal Development. develops an increasing awareness of when problematic patterns occur. Work on recognizing problematic patterns related to emotional and relational problems meanwhile their activation within sessions and also between sessions by homework.
12-15	Doing Revision	Encouraging members for maintaining changes and generalize it to other relational situations. Work on new reciprocal roles, strategies and patterns within sessions and between them with the help of homework.
16	Group ending	Addressing feelings and concerns about group ending. Examine the letters written by the members. Giving therapist goodbye letters to members. Doing Posttest.

Table 1: Summary of cognitive analytic group therapy sessions

Cognitive behavioral psychodrama group therapy (experimental group 2), participated in sixteen, two-hour sessions of cognitive behavioral psychodrama group therapy. The sessions protocol of the cognitive behavioral psychodrama group

therapy was developed based on the Treadwell and et.al (27) which has been confirmed by some specialists in this field and the content is summarized in the following table.

Table 2: Summary of cognitive behavioral psychodrama group therapy sessions

1.2	Group preparation and introduction	Talking about confidentiality and the work process. Creating safe and secure climate. Talking about techniques. Distributing and explaining worksheets (ATR, DTR, list of cognitive distortions) of the sessions
3	Become familiar with the basic concepts	Become familiar with the concepts of beliefs and schemas, interpersonal problems and difficulty in emotion regulation and their examples in members' real life.
4-9	Intervene in interpersonal problems within warm up, action and sharing phases.	Talking about assertiveness, sociability, domination, intimacy, responsibility and controlling factors of interpersonal problems. Choosing a protagonist for each session. Doing warm up (filling ATR forms, and selecting a situation to be challenged in psychodrama, completing Genogram, choosing auxiliary egos and preparing scene). Entering the

		action process and using different techniques for completing them in each session. Processing group dynamics and cooperation and talking about member experiences about each session.
10-15	Intervene in difficulty in emotion regulation within warm up, action and sharing phases.	Talking about Non-acceptance of emotional responses, Lack of emotion awareness, Difficulties engaging in goal-directed behaviors, Impulse control difficulties, Limited access to emotion regulation strategies, Lack of emotional clarity factors of difficulty in emotion regulation. Exploring member preparation according to be chosen as a protagonist. Filling ATR form by protagonist according to one of the factors related to difficulty in emotion regulation. Choosing a situation and preparing the scene for performance, using different cognitive and psychodrama techniques in different levels of performance, member discussion and cooperation about the performance.
16	Getting feedback and ending the Group	Discussing about member thoughts, feelings and experiences in the group, talking the group effect. Therapist brief report about each member. Answering the questions. Ending the group and doing posttest.

Results

In this section, the demographic information of the research participants was first examined, including age, level of education, and duration of divorce, child status, employment status and residence status. In addition, chi-square test was

used to evaluate the homogeneity of the studied groups in terms of demographic factors. The frequency of each demographic factor by group as well as the results of chi-square test for each of the demographic factors are prepared in Table 3.

Table 3: Frequency of demographic factors of participants by groups and the result of Chi-square test

demographic factors		CAT	CBPGT	Control	Chi-square	significance level
Age	20-26 years	3	4	2	2.90	0.58
	27-33 years	4	6	7		
	34-40 years	5	2	3		
Education	undergraduate	3	2	4	3.53	0.48
	diploma	3	6	2		
	University education	6	4	6		
Divorce duration	6-12 months	4	4	7	3.45	0.49
	12-18 months	5	6	2		
	18-24 months	3	2	3		
Child status	No child	7	4	5	1.58	0.45
	Have children	5	8	7		
Employment status	employed	4	3	5	0.75	0.68
	unemployed	8	9	7		
Residency status	With the main family	8	10	9	0.89	0.64
	independent	4	2	3		

The results of Table 3 show that control and experimental groups 1, 2 are not significantly different in terms of demographic factors and are homogeneous. Then, descriptive findings about the dependent variables of the

research were reviewed. Tables 4 and 5 show the descriptive findings of the interpersonal problems and the difficulty of emotion regulation in the experimental and control groups, in the pre-test, post-test and follow-up stages.

Table 4: Descriptive indicators of interpersonal problems and emotional regulation difficulties

	group	interpersonal problems		emotional regulation difficulties	
		Mean	Std. Deviation	Mean	Std. Deviation
Pretest	CAT	3.10	.46	128	14.35
	CBPGT	3.25	.44	126.25	11.34
	Control	3.32	.46	125.33	16.67
Posttest	CAT	2.17	.64	96.75	25.97
	CBPGT	1.36	.68	65.50	18.52
	Control	3.18	.45	127.33	18.20
Follow-up	CAT	2.65	.57	88.25	22.86
	CBPGT	1.80	.64	72.25	17.46
	Control	3.20	.41	128.17	16.72

The findings of Table 4 show that the average scores interpersonal problems and difficulty in emotion regulation of CAT and CBPGT group members in post-test and follow-up are lower than the control group. Also, the average scores interpersonal problems and difficulty in emotion regulation of CBPGT group members in post-test and follow-up are lower than CAT group.

Kolmogorov-Smirnov test was used to check the normality of the data. Since the measures of this test were not significant for the variables of interpersonal problems and difficulty in emotion regulation in any of the phases of pre-test, post-test and follow-up in experimental and control groups ($p > 0.05$), so it can be concluded that the hypothesis of the normality of the data distribution is confirmed. The next premise was the homogeneity of variances performed by Levene's Test and the results showed that the F values of Levene's Test for interpersonal problems ($F = 1.05$ $P =$

0.36) and emotion regulation difficulty ($F = 0.95$ $P = 0.39$) was not significant, so this assumption is confirmed. The last hypothesis examined was Mauchly's Test of Sphericity, which actually examined two hypotheses simultaneously. This test, first examined the homogeneity of the variance-covariance matrix of the independent variable (homogeneity of variance) in the within -Subjects (similar to Levene's Test in the Between-Subjects) and then examines the comparability of the correlation between the levels of the Within -Subjects variable. The Mauchly's coefficients obtained for the interpersonal problems variable were 0.95 and for the difficulty in emotion regulation variable were 0.98 and none of them were significant ($p > 0.05$). Therefore, all the premises are confirmed. Due to the fact that all the assumptions of mixed analysis of variance are established, this test was used to test the hypothesis of the present study, the results of which are shown in Tables 6 and 7.

Table 5: Tests of Within-Subjects Effects

Source	Measure		Sum of Squares	df	Mean Square	F	p value.	Partial Eta Squared
time	Interpersonal Problems	Lower-bound	18.37	1	18.37	66.55	0.000	0.66
	Emotional Regulation Difficulties	Lower-bound	21822.24	1	21822.24	70.52	0.000	0.68
group * time	Interpersonal Problems	Lower-bound	10.55	2	5.27	19.11	0.000	0.53
	Emotional Regulation Difficulties	Lower-bound	15352.64	2	7676.32	24.80	0.000	0.60
Error(time)	Interpersonal Problems	Lower-bound	9.11	33	0.27			

	Emotional Regulation Difficulties	Lower-bound	10211.77	33	309.44
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Table 6: Tests of Between-Subjects Effects

Source	Measure	Sum of Squares	df	Mean Square	F	p value	Partial Eta Squared
group	Interpersonal Problems	21.63	2	10.81	17.83	0.000	0.51
	Emotional Regulation Difficulties	27536.51	2	13768.25	19.28	0.000	0.53
Error	Interpersonal Problems	20.01	33	0.60			
	Emotional Regulation Difficulties	23559.22	33	713.916			

As can be seen in Table 5, the results of the Tests of Within-Subjects Effects show that the main effect of Time on the scores of interpersonal problems and the difficulty of emotion regulation is statistically significant. This means that there is a significant difference between the levels of Time factor (pre-test, post-test and follow-up). Partial Eta Squared coefficient 0.66 for the interpersonal problems variable and 0.68 for the emotion regulation difficulty variable indicates that 66% of the Within-Subjects changes in interpersonal problems and 68% of the Within-Subjects changes in the difficulty of emotion regulation can be explained by the Time factor. The interaction effect of Group * Time was also significant, which means that the scores of interpersonal

problems and difficulty in emotion regulation pre-test, post-test and follow-up were different in the three groups (CAT, CBPGT and Control).

Also, the results of the Tests of Between-Subjects Effects in Table 6 show that the main effect of the Group on the scores of interpersonal problems and the difficulty of emotion regulation is significant, and the ETA coefficient of 0.51 and 0.53 indicates that 51% of the changes in the scores of interpersonal problems and 53% of the changes in the difficulty of emotion regulation scores can be explained by the Group factor. The significance of the main effect of the group does not indicate which groups differ. To determine this issue, Bonferroni post hoc test was used, the results of which are presented in Table 8.

Table 7: Multiple Comparisons (test: Bonferroni)

Measure	(I) group	(J) group	Mean Difference (I-J)	Std. Error	p value
Interpersonal Problems	CAT	CBPGT	.50	.18	.029
		Control	-.59	.18	.009
	CBPGT	CAT	-.50	.18	.029
		Control	-1.09	.18	.000
	Control	CAT	.59	.18	.009
		CBPGT	1.09	.18	.000
Emotional Regulation Difficulties	CAT	CBPGT	16.33*	6.29	.042
		Control	-22.61*	6.29	.003
	CBPGT	CAT	-16.33*	6.29	.042
		Control	-38.94*	6.29	.000
	Control	CAT	22.61*	6.29	.003
		CBPGT	38.94*	6.29	.000

As can be seen in Table 7, the comparison test between groups was significant in at all phases (P <0.05) and showed that the

effectiveness on the variables of interpersonal problems and the difficulty of emotion regulation between groups was

significantly different. However, the effectiveness of cognitive-behavioral psychodrama group therapy was higher than the effectiveness of cognitive-analytic group therapy on reducing interpersonal problems and difficulty in emotion regulation, and also the effectiveness of these two experimental groups was higher than the control group. In general, according to the obtained results, the research hypothesis is confirmed.

Discussion

The aim of this study was to evaluate and compare the effectiveness of cognitive-analytic and cognitive-behavioral psychodrama group therapy on reducing interpersonal problems and the difficulty in emotion regulation in divorced women. Data analysis showed that both intervention methods have been able to reduce the interpersonal problems and difficulty in emotion regulation of divorced women and there is a significant difference between their effectiveness, so that the effectiveness of cognitive-behavioral psychodrama group therapy has been more than the effectiveness of cognitive-analytic group therapy on reducing interpersonal problems and difficulty in emotion regulation of divorced women.

Exploring the literature have shown no studies directly addressing these two interventions for reducing interpersonal problems and emotion regulation difficulty. However, some studies explored the semi similar and consistent research on the research variables or issues related to them. For example, Shahrestani, Etemadi and Salimi (32) have examined the integrative approach of cognitive psychodrama on ineffective relational beliefs (38) and showed its effectiveness on that. Also, Zarei, Yazdkhasti and Arizi (39) indicated the significant effectiveness of psychodrama on improving social interactions of couples. Hamamci (33) found the effectiveness of integrative approach of psychodrama and cognitive

behavioral therapy on reducing cognitive distortions related to interpersonal problems. Hadizadeh and et.al (31) showed that cognitive analytic therapy has significant effect on reducing the interpersonal problems in women with dependent disorder. Birtchnell, Denman, Okhai (40) indicated that cognitive analytic therapy has significant influence on the interpersonal function of the research population. Kellett, Totterdell (41) found that group cognitive analytic therapy has significant impact on reducing interpersonal problems of women with childhood abuse background. Farhadi, Abbasi, Begian kule marz and Azimpour (28) found that group cognitive analytic therapy has significant effect on improving emotional wellbeing of men with borderline personality disorder.

To explain the result of the present study, it can be argued that cognitive-behavioral psychodrama group therapy creates a platform for members to recognize dysfunctional beliefs and schemas related to their interpersonal interactions by creating a safe and supportive environment and implement these beliefs in the form of psychodrama, confront them, and experience these beliefs and their role in interpersonal problems in practice.

Members can also practice and experience healthy interactive patterns during cognitive-behavioral psychodrama group therapy. Cognitive-analytic group therapy, meanwhile, focuses on reciprocal roles, survival strategies, and target problem procedures, trying to identify the underlying patterns of interpersonal problems and pave the way for change.

Therefore, it can be said that the reason that cognitive-behavioral psychodrama group therapy is more effective than cognitive-analytic group therapy in reducing interpersonal problems in divorced women is that the CBPGT group have more practical and experimental aspect than the CAT group. Similarly, cognitive-behavioral psychodrama group therapy, by combining empirical and

practical methods of psychodrama and cognitive-behavioral analysis of cognitive-behavioral therapy, actually connects spontaneous thoughts, beliefs and schemas with empirical dimensions and pave the way for expression of emotions and underlying inner states, thoughts and beliefs in an empirical and interpersonal climate for clients. In fact, it can be said that psychodrama techniques in the performance stage have led members to better understand their emotions and become more aware of the type of emotion, its intensity and how it affects themselves.

The mental atmosphere of the psychodrama also provides an opportunity for members to experience their own negative emotions more and to face them more fully. This experience and awareness of emotions can strengthen individuals' effective emotion regulation strategies. At the same time, it seems that cognitive-behavioral psychodrama group therapy has been more effective in these fields due to being more practical and put the here and now emotions of members into practice.

It seems that cognitive-analytic group therapy has been able to trigger unpleasant emotion cycles through the study of childhood emotional disturbances as well as the study of reciprocal roles, survival strategies and target problem procedures related to group members' emotional problems, properly identify stimulating unpleasant emotion cycles in the members and by informing members of these cycles and inefficient strategies and their role in their current situation, has provided the ground for changing these cycles and strategies. The result of this awareness and correction has also reduced the difficulty of regulating emotion in group members.

At the same time, it seems that cognitive-behavioral psychodrama group therapy has been more effective in this field due to being more practical and put the here and now emotions of members into practice. Therefore, according to this result, it can be inferred that in the case of emotional

issues of divorced women, experiencing emotions, facing them, and come into contact with them in practice, rather than just talking about emotions and addressing their roots, will produce better results.

This research like the other ones has some limitations. One of them is that research design in this study is a quasi-experimental design and the most important task of the research design is to control the interfering variables. Since the quasi-experimental design has low control power compared to the experimental design, not all changes in dependent variables can be attributed to independent variables.

Additionally, since the sampling method in the present study was the convenient sampling method, and also this study was conducted on the population of divorced women who referred to private counseling centers under the supervision of Mashhad Welfare (84 centers) in 2018, extending the current results to the whole community and to divorced women in other cities should be done with cautious. Considering that the questionnaires used in this study were self-report, so this issue may have had some effects on the results. Lack of control and dominance on the effects of cultural, social, and economic factors that may affect these outcomes, is another limitation of this study.

It is suggested that this study be performed on divorced women in other cities as well, so that their results can be compared with the results of the present study and can be generalized to a larger community. It is suggested that future research be conducted on men who get divorced so that the results can be compared and generalized. It is recommended that this research be conducted on couples with conflicts to realize whether these two approaches can be useful for couples even before divorce. And finally, it is recommended that counselors and psychologists working with divorced women use cognitive-behavioral psychodrama and cognitive-analytic group therapy in order to promote healthy

interpersonal relationships and effective emotion regulations.

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