



The Effectiveness of Religious-based Gender Justice Training and Compassion-focused Therapy on Psychological Capital of Girls with Delayed Marriage

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Abstract

Background: Increased age of marriage can disrupt the normal functioning of the family as a crucial and vital institution in many cases and dysfunctional families may be associated with many social outcomes. The present study aimed to investigate the effectiveness of religious-based gender justice training and compassion-focused therapy on the psychological capital of girls with delayed marriage.

Methods: The research method was experimental with a pretest-posttest design and a control group. The statistical population consisted of girls over thirty years old who visited health centers and psychological clinics of Tehran in 2019. Using the convenience sampling method, 45 participants were selected and randomly divided into two experimental groups (religious-based gender justice training and compassion-focused therapy) and a control group (n=15 per group). Both experimental groups separately underwent eight sessions (60-minute sessions per week) of religious-based gender justice training and compassion-focused therapy. The control group did not receive any treatment. The research instrument included the psychological capital questionnaire (PCQ). Data were analyzed by multivariate analysis of covariance (MANCOVA) in SPSS 24.0. The significant level was set at 0.05.

Results: The results showed that religious-based gender justice training and compassion-focused therapy had significant effects on the three variables of self-efficacy, resilience, and optimism in intervention groups at post-test (P value<0.05). But these interventions did not significantly increase hopefulness.

Conclusions: According to the results, religious-based gender justice training and compassion-focused therapy increased the psychological capital of girls with delayed marriage.

Keywords: Religious, Psychological, Self-efficacy, Resilience, Optimism, Marriage.

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unsatisfied needs, parental concerns about their children, depression, sexual disorders, and other harms.^{2,3} Given the importance of marriage highlighted in society, religion, and families and the consequences of singleness, delayed marriage is considered a critical social issue.

The probability of marriage considerably decreases, particularly in women, and individuals enter a new phase in their lives when the marriage age range has passed. In recent years, records have confirmed delayed marriage in Iran, especially in large cities. The average age of marriage follows an upward trend and it has reached 26.5 and 31.1 in females and males, respectively, in Tehran.⁴ Delay in marriage is evident both in girls and boys; however, the statistical population of this study was restricted to girls for several reasons. In terms of physiological factors, women have limited time to bear children and go through menopause early in life, whereas this is not the case for men. Similarly, social norms also dictate this distinction between men and women. This leads to early problematic strains of delayed marriage in women. Delayed marriage has dramatically increased, particularly in women, and according to the records, it is projected that one million girls will remain single (get to certain singleness age) in the next ten years.⁵ Therefore, the issue of delayed marriage has targeted a large number of girls and its resulting problems are more tangible in Iran given that single women experience more negative judgment because of the cultural peculiarities of the society. Being single for a long time could cause several psychosocial harms. Denying normal sexual needs can be psychologically harmful and cause several problems in individuals' social relationships. Moreover, there are other social harms intensified by delayed marriage.⁶

In this regard, researchers are trying to find effective solutions to improve quality of life and decrease the stressors for certain groups, including boys and girls with certain singleness. Compassion-focused therapy is one of the therapeutic measures for certain groups under specific conditions. As a new therapeutic measure, compassion-focused therapy is probably a suitable intervention for reducing psychological problems, encouraging hopefulness, and raising positive attitudes in girls with delayed marriage. Experts believe that compassion is the pivotal factor in the client-therapist relationship.⁷ Compassion-focused therapy has been formed based on an evolutionary neurological approach and it focuses on four domains of background experience, key fears, developed safety strategies, and unintended consequences.⁸

Introduction

Delayed marriage plays a crucial role in social and mental health and the age of marriage is one of the important criteria in assessing the physical and mental health of individuals in any society.¹ Increased age of marriage and shift in marriage patterns are among the main causes of social transformation. Increased age of marriage can disrupt the normal functioning of the family as a crucial and vital institution in many cases and dysfunctional families may be associated with many social outcomes. Some of the disadvantages of delayed marriage include irresponsibility, mood disorders due to individuals'

Compassion is a skill that influences the neurophysiology and immune systems when practiced by the individual. Compassion-focused therapy helps clients by establishing and promoting a compassionate relationship with the self instead of self-blame, self-condemnation, or self-criticism.⁷ Some of the results of compassion-focused therapy include well-being, understanding and empathy, sympathy, enduring pain and turmoil as well as avoiding judgment and blaming others through compassionate attention, thought, behavior, imagery describing, and compassionate feeling. The effectiveness of this therapy has been assessed in some studies, which showed its effects on controlling negative emotions and pessimistic thoughts, enhancing self-esteem, reducing stress, improving the sense of peace, treating depression, improving self-criticism and self-destructive thoughts, reducing signs and symptoms of anxiety, stress, and depression in female students, and promoting positive emotions in girls from different categories.⁹⁻¹⁴

Social norms and views are two of the most important factors that restrain girls and women from blooming in society. If there is no change in such attitudes, all the efforts by the women's movement will remain fruitless. These attitudes are established as stereotypes in society and act as major obstacles to any change that aim to promote women's status.¹⁵ In this regard, the question is that whether it is possible to use a religious-based and culture-based gender justice approach as a therapeutic and training intervention that can improve living conditions, promote well-being and life satisfaction by religious teachings. As the statistical population of this study was girls, this issue requires deliberate attention. Islam as the most comprehensive faith and the essence of all previous religions provides valuable teachings about women's rights and gender justice and these revelatory teachings can be studied and compared with the findings in compassion-focused therapy. Co-applying these two approaches and focusing on prevention and training, this study provided useful interventions to promote the mental health of women with delayed marriage. Considering the difference between these two views and adapting the achievements of compassion-focused therapy, the findings of this study offered useful interventions following the cultural needs of Iranian society and Quranic teachings to increase its effectiveness about the peculiarities of the Islamic society of Iran. Moreover, carrying out such studies might interest other researchers and pave the way for future studies in the field of the general health of women with delayed marriage.

Accordingly, this study aimed to investigate the effectiveness of religious-based gender justice training and compassion-focused therapy on the psychological capital of girls with delayed marriage in Tehran city in 2019.

Materials and Methods

The research method was experimental with a pre-test and post-test design and a control group. The statistical population consisted of all girls 30 to 45 years' old who visited health centers and psychological clinics of Tehran in 2019. The

inclusion criteria were single girls over 30 years old, getting a score below mean in the psychological capital questionnaire, and not receiving any simultaneous psychological or pharmaceutical treatment. The exclusion criteria were the absence of more than two treatment sessions and reluctance to continue the treatment process. The sample consisted of 45 girls over thirty years' old who were selected by convenience sampling and then randomly divided into two experimental groups (religious-based gender justice training and compassion-focused therapy) and a control group (n=15 per group). After sampling, the first experimental group received eight sessions (90-minutes sessions per week) of religious-based gender justice training and the second experimental group received eight sessions (90-minute sessions per week) of compassion-focused therapy. The control group did not receive any treatment. For ethical considerations, the researchers received written consent from the participants for participation in the research.

The psychological capital questionnaire (PCQ): The questionnaire was designed by Luthans et al.¹⁶ and has 24 items and four subscales, namely hope, resilience, optimism, and self-efficacy, in which each subscale consists of 6 items; and the participants respond to each item on a 6-point Likert scale (totally disagree to agree). Luthans et al.¹⁶ used the factor analysis and structural equations and reported the Chi-square of 24.6 and the CFI (Comparative fit index) and RMSEA (Root mean square error of approximation) of 0.97 and 0.08 for the model, and thus confirmed the factor validity of the test. Alipor et al.¹⁷ reported an alpha Cronbach's coefficient of 0.84 for the whole questionnaire. In the present study, alpha Cronbach's coefficient was 0.85 for the questionnaire.

Religious-based gender justice training: The protocol of gender justice psychotherapy based on Islamic teachings designed as eight 90-minute sessions according to the gender justice views of Allameh Tabatabai and Ayatollah Motahari was prepared and implemented by the first author. Table 1 provides a summary of the sessions.

Compassion-focused therapy: The second intervention program consisted of eight 60-minute sessions of acceptance and commitment therapy.⁷ Table 2 presents the summary of sessions.

Data were analyzed by descriptive and inferential statistics, including the mean, standard deviation, and multivariate analysis of covariance. The Shapiro-Wilk test was performed to examine the normal distribution of the pre-test and the post-test. Levene's test was performed to examine the equality of variances. Besides, multivariate analysis of covariance (MANCOVA) was performed to examine the effects of the intervention programs on the psychological capital of girls with delayed marriage. The Bonferroni post-hoc test was utilized to investigate the difference between the mean of psychological capital. SPSS version 24.0 was further used for analyzing the data.

Table 1. A summary of religious-based gender justice psychotherapy

Sessions	Content of sessions
1	Pre-test; introducing the therapist to the intervention groups; explaining objectives of the sessions and the intervention; reviewing expectations from the first session; introducing basic principles of gender justice and religious teachings that preserve and promote women's status, their employment, and education in society.
2	Explaining gender justice: what is gender justice? How could it help overcome problems? Explaining the concepts of freedom, choice, social understanding and skills, interpersonal/social power, and spiritual power with session assignment.
3	Introducing the role of women, the burden on women, effective coping with this role, and imposed societal expectations and restrictions; introducing religious beliefs against hegemonic beliefs and expanding perspective by views of Islamic scholars.
4	Explaining how religion overcomes gender inequality; interlacing religious teachings with the fight against gender inequality; religious teachings about women's rights and related different aspects; focusing on and reviewing religious teachings about fighting oppression and restoring rights (Quranic verses, narrations, and hadiths); Quranic solutions preserving and promoting psychological capital (recognizing strategies of empowerment of women and implementation in society); Using role-play and the empty chair technique.
5	Introducing religious books on religious leaders and overcoming gender injustice; taking responsibility for actions and behaviors.
6	Teaching self-confidence skills; the power of choice and self-controlled life; roleplaying the three-dimensions of a powerful woman; knowing that women have the right to choose and take responsibility using Gestalt empty chair technique; the characteristics of an ideal woman based on religious views and Islamic teachings.
7	Referring to the Holy Quran to understand peace and avoiding stress; an educational program to enhance interpersonal relationships and communication skills; introducing religious sources or books to study and understand religious teachings.
8	Introducing the theory of self-awareness and offering Quranic sources and hadiths in the field of self-awareness.

Table 2. A summary of compassion-focused therapy sessions

Sessions	Content of sessions
1	Administering the pre-test; the group members get to know each other; the group's rules are described; the goals, structure, and expectations from the treatment plan are discussed; the expectations from the intervention program are discussed; the principles of the compassion-focused therapy are described, the distinction between compassion and feeling sorry for oneself is explained
2	Explanation and description of compassion, including what compassion is and how to solve problems using it; teaching mindfulness along with performing the body scan and breathing exercises; discussing compassion-based brain systems.
3	Thinking about being compassionate to others; paying attention to and focus on compassion; compassionate thinking; compassionate behavior; and compassionate visualization.
4	Increasing warmth and energy, mindfulness, acceptance, knowledge and power, warmth and refraining from passing judgment; encouraging the participants for self-knowledge and assessment of one's personality in terms of compassionate or non-compassionate based on the training materials; reviewing the fourth session and the use of compassionate mind training, explaining the value of compassion, empathy, and sympathy with oneself and others.
5	Exercising awareness and mindfulness; assessment of the beliefs that bring about useless emotions, its advantages, and disadvantages; teaching the methods and styles of expressing compassion (verbal compassion, practical compassion, temporary compassion, and continuous compassion); applying these methods in daily life for parents, friends, and acquaintances.
6	Teaching compassion skills to the participants in terms of compassionate attention, compassionate reasoning, compassionate behavior, compassionate visualization, compassionate feeling, and compassionate perception; participants playing the role self-criticizer, self-criticized, and self-compassionate using the Gestalt empty chair technique; finding the tone of the internal self-criticizer and self-compassionate voice in the internal conversation, and its similarity to the conversation pattern of the important individuals in one's life.
7	Weekly tabulation of criticizing thoughts, compassionate thoughts, and compassionate behaviors; finding the compassionate color, space, and music which can be the components of the compassionate visualizations; working on the fear of being self-compassionate and the limitations of nurturing this characteristic; teaching compassionate mental visualization techniques, rhythmic relaxation breathing, mindfulness, and writing a compassionate letter.
8	Summarizing and concluding the sessions; answering the questions of the participants, evaluating the sessions, and acknowledging and thanking the participants for their participation; administering the post-test.

Results

Demographic data showed that the mean \pm standard deviation (SD) age of the participants in the gender justice training, compassion-focused therapy, and control groups was 33.07 ± 4.76 , 33.97 ± 5.0 , and 33.78 ± 4.24 , respectively. Table 3 presents the mean and standard deviation (SD) of the pre-test and post-test scores of self-efficacy, hope, resilience, and optimism for the experimental and control groups.

Before analysis of covariance (ANCOVA), data normality was checked using the Shapiro-Wilk test, and equality of variances was checked by the Levene's test. Z-statistics from the Shapiro-Wilk test were not significant in the psychological capital scale. Therefore, the data followed a normal distribution, and the first assumption of ANCOVA, i.e., normality of score distribution, was observed. Levene's test showed that the level of significance obtained in each subscale was greater than 0.05 and

thus the heterogeneity of variances had been observed. ANCOVA was used to test the hypothesis as data distribution was normal, there were two intervention groups and a control group, and a pre-test and post-test design were applied.

There was a significant difference between the mean score of psychological capital at post-test. Therefore, gender justice training and compassion-focused therapy had significant effects on psychological capital at the post-test in the two intervention groups ($P < 0.01$) (Table 4).

There was no significant difference between adjusted mean values of psychological capital (total score) in the two intervention groups. However, significant differences were found between gender justice training and the control group ($P = 0.0001$) and between compassion-focused therapy and the control group ($P = 0.002$) (Table 5). These results showed the effectiveness of the two interventions on the psychological capital compared to the control group.

There were significant differences in mean scores of self-efficacy, resilience, and optimism at posttest. Therefore, gender justice training and compassion-focused therapy had significant effects on the three variables of self-efficacy, resilience, and optimism in intervention groups at posttest. The results showed that gender justice training and compassion-focused therapy were significantly effective in self-efficacy, resilience, and optimism among the girls ($Pvalue < 0.05$), but these interventions did not significantly increase hopefulness (Table 6).

Gender justice training increased self-efficacy ($Pvalue = 0.006$),

resilience ($Pvalue = 0.046$), and optimism ($Pvalue = 0.016$) compared with the control group. Moreover, there was a significant difference in mean scores of self-efficacy ($Pvalue = 0.011$) and resilience ($Pvalue = 0.015$) between the compassion-focused therapy group and the control group. No significant difference was found in adjusted means of self-efficacy, resilience, and optimism between the two intervention groups ($Pvalue > 0.05$) (Table 7). The results showed the effectiveness of gender justice training in self-efficacy, resilience, and optimism and the effectiveness of compassion-focused therapy in self-efficacy and resilience compared with the control group.

Table 3. Mean and standard deviation of the variables in experimental and control groups in pre-test and post-test

Variables	Phases	Gender justice training	Compassion-focused therapy	Control
		M±SD	M±SD	M±SD
Self-efficacy	Pre-test	12.26±4.00	15.06±4.38	14.13±3.35
	Post-test	19.46±3.90	19.60±3.64	15.06±4.06
Hope	Pre-test	16.20±3.91	13.20±3.72	14.80±3.38
	Post-test	20.00±3.89	19.66±5.23	16.66±3.86
Resilience	Pre-test	16.20±3.54	15.60±3.94	14.66±4.35
	Post-test	19.40±3.39	19.86±3.52	15.60±4.37
Optimism	Pre-test	13.66±5.83	17.06±3.61	13.46±3.60
	Post-test	18.93±3.15	18.00±4.65	14.26±4.86
Psychological capital (total)	Pre-test	58.33±7.42	60.93±8.64	57.06±6.79
	Post-test	77.80±9.68	77.13±13.17	61.60±7.84

Table 4. Results of analysis of covariance of intervention programs on psychological capital in experimental and control groups

Scale	Index variable	df	MS	F	Pvalue	η^2	Power
Psychological capital	Pre-test	1	415.88	4.07	0.050	0.09	0.50
	Groups	2	1085.09	10.62	0.0001	0.34	0.98

Table 5. Bonferroni post-hoc test for pairwise comparison of the psychological capital in the post-test phase

Variable	Groups	Mean difference	SE	Pvalue
Psychological capital	Gender justice training – Compassion-focused therapy	1.73	3.73	1.000
	Gender justice training - Control	15.68	3.70	0.0001
	Compassion-focused therapy - Control	13.94	3.77	0.002

Table 6. Results of analysis of covariance of intervention programs on components of psychological capital in experimental and control groups

Variables	Index variable	df	MS	F	Pvalue	η^2	Power
Self-efficacy	Pre-test	1	24.52	1.66	0.205	0.04	0.24
	Groups	2	103.84	7.03	0.002	0.25	0.91
Hope	Pre-test	1	21.48	1.51	0.225	0.04	0.23
	Groups	2	72.39	5.10	0.010	0.19	0.79
Resilience	Pre-test	1	33.46	1.78	0.190	0.04	0.26
	Groups	2	51.38	2.73	0.077	0.12	0.51
Optimism	Pre-test	1	8.34	0.44	0.508	0.01	0.10
	Groups	2	85.51	4.58	0.016	0.18	0.75

Table 7. Bonferroni post-hoc test for pairwise comparison of components of psychological capital in the post-test phase

Variable	Groups	Mean difference	SE	P
Self-efficacy	Gender justice training – Compassion-focused therapy	0.41	1.46	1.000
	Gender justice training - Control	4.76	1.43	0.006
	Compassion-focused therapy - Control	4.35	1.41	0.011
Resilience	Gender justice training – Compassion-focused therapy	-0.57	1.38	1.000
	Gender justice training - Control	3.52	1.39	0.046
	Compassion-focused therapy - Control	4.10	1.38	0.015
Optimism	Gender justice training – Compassion-focused therapy	1.27	1.66	1.000
	Gender justice training - Control	4.64	1.58	0.016
	Compassion-focused therapy - Control	3.37	1.67	0.148

Discussion

The present study aimed to investigate the effectiveness of religious-based gender justice training and compassion-focused therapy on the psychological capital of girls with delayed marriage. The results showed that gender justice training and compassion-focused therapy significantly enhanced the self-efficacy of the girls. This finding is consistent with the research results of Ebrahimifar et al.¹⁸ Previous studies have shown that self-compassion is a strong predictor of motivation and leads to more self-confidence, less fear of failure; it strengthens resilience and helps reformation of goals after failure.¹⁹⁻²² Compassion-focused therapy acts as a positive emotion regulation technique, reduces negative emotions, and replaces them with positive emotions.²³ Emotional self-regulation seems to reduce psychological problems and improve the personal perception of capabilities and emotions when confronted with stressful situations.²⁴ It also improves self-esteem and self-efficacy. Developing self-compassion, mindfulness and common humanity increases self-efficacy. A compassionate and conscious attitude unites people and helps them to overcome the fear of rejection.²⁵ Therefore, people who possess greater self-compassion experience less negative emotions while dealing with unpleasant events, especially those events that need social assessment and comparison.²⁶

Gender justice training provides particular capabilities through learning and practicing which individuals can acquire self-efficacy. Self-esteem cognitive-behavioral training was also applied in gender justice training. Self-esteem is one of the determining factors of human behavior. People with low self-esteem do not respect themselves and may experience isolation, withdrawal, low self-efficacy, and low self-confidence. Gender justice training offers a model for empowerment of women and helps them to be more organized by using experience, activities such as learning, or alternative and adaptive behaviors. During the training, gender roles were examined the effect of social issues on gender problems was studied by presenting examples to expand the participants' perspective. Expressing positive experiences and receiving feedback from other members are two of the most important stages of gender justice training that help people recognize their reliable features which play a crucial role in promoting self-efficacy. In an activity, the girls were asked to write down their strengths, successful experiences, and talents and assess themselves in a way. Individuals no longer give in to others when they know they recognize their talents and achievements. They rely on their skills and capabilities, invent new ideas, gain merit and power, enhance their self-esteem, and have feel good about themselves. As a result, others' attitudes change toward them and treat them better which leads to a feeling of self-worth increasing emotional independence and self-efficacy.²⁷ Gender justice training helps people set their goals, pave the way to achieve their goals, and overcome obstacles. In this way, it replaces hopelessness with hopefulness and increases self-esteem, self-efficacy, and self-worth. As a result, it significantly boosts courage and eventually improves psychological performance and self-efficacy.

Furthermore, the results of this study showed that gender justice training and compassion-focused therapy were significantly effective in increasing resilience among the girls.

This finding is consistent with the research results of Beaumont et al.,²⁸ Smeets et al.,²⁰ and Ebrahimifar et al.¹⁸ Compassion-focused therapy can help people overcome distress, reduce psychological distress, and increase their resilience. Considering that optimism was one of the techniques practiced in gender justice training, the findings of this study were congruent with the results of Rashidzade et al.²⁹ People with high self-compassion are less strict in judging themselves and more easily accept and face negative events. They assess themselves and react to real-life challenges more realistically since their self-judgment is neither an exaggerated self-criticism nor a self-defensive mechanism. Research has shown that self-compassionate people can not only be kind to themselves but also take responsibility for negative events. The spiritual aspect of Islamic gender justice training helps people improve their resilience while dealing with stressful situations via behaviors and attitudes such as patience, prayer, and heartfelt reliance on divine support. They increase their limited power by resorting to an infinite source, the power of God. This increases their self-efficacy and hopefulness. If an individual accepts that emotional disorders stem from the feelings, assessments, and indoctrination of the self, it will be easier for her/him to control and change them. Therefore, gender justice training functions and effects on recognizing problems and providing solutions promote resilience.

The results also showed that gender justice training and compassion-focused therapy were not effective in increasing the hopefulness of the participants. Although compassion-focused therapy was not significantly effective in hopefulness, it did increase hopefulness. In this regard, it could be argued that as compassion-focused therapy instills a better attitude and helps people learn about their irrational assessments, it empowers individuals to overcome challenges realistically and in a healthy way, be hopeful, and swim with the current of life.³⁰ Training triggers significant changes in human behaviors, thoughts, and beliefs and this, in its turn, can lead to hopefulness. A probable explanation for the ineffective hypothesis could be that gender justice training did not significantly enhance hopefulness in the way it was used in this study. Another probable explanation could be that given the skills trained in this study (empathy, assertiveness, problem-solving, and decision making) were only some of the skills in gender justice training and could not have a significant effect on hopefulness.

Gender justice training and compassion-focused therapy had significant effects on optimism. The findings of this study were congruent with the results of Zahedi³¹ and Ghadampour and Mansouri.³² Smeets et al.²⁰ showed that optimism towards the future is the most important advantage of self-compassion. They also showed that compassion-focused therapy enhances optimism towards capabilities and helps people rely on themselves while dealing with challenging situations. This could be probably because this training reduces self-judgment and leads to analyzing competence perception. Overall, self-compassionate people are more optimistic and can regulate their negative emotions compared with those without self-compassion. Optimism is an important feature of positive psychological health and has a significant relationship with self-compassion. It stems from the inner feelings that individuals have towards themselves. Similarly, self-

compassion is considered an important human skill characterized by kindness, gentleness, inner feeling, and hopefulness when dealing with problems in life. A compassionate mind is equipped with adaptive coping skills that help the individual preserve optimistic expectations towards the future. Gender justice training develops creativity by shifting the attitude and teaching new skills that change habits and improve problem-solving skills. Positive attitudes and problem-solving techniques enhance optimism. Given the effectiveness of gender justice training in self-efficacy and the association of self-efficacy with optimism in psychological capital, gender justice training could increase optimism by influencing self-efficacy.

Furthermore, the results showed no significant difference in the effectiveness of gender justice training and compassion-focused therapy on psychological capital. The participants in both intervention groups reported problems in resilience, optimism, self-efficacy, and hopefulness due to negative assessments in the first session. As gender justice training reduces unassessed feelings, raises awareness towards the role of women in the society, their education, and employment as well as their self-efficacy, helps see and accept the problems of singleness, transforms individuals' attitude towards marriage as a stage with the positive prospect, it helped the participants' mental capabilities and self-efficacy beliefs. Therefore, gender justice training was effective on the psychological capital score.

In this study, religious-based gender justice training and compassion-focused therapy increased the psychological capital of girls with delayed marriage. Accordingly, it could be concluded that as religious-based gender justice training and compassion-focused therapy enhance individual skills and raise awareness about beliefs and behaviors and the training organizes psychological feelings, they can help boost the psychological capital of girls with certain singleness.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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