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EFFECTIVENESS OF PERSON-CENTERED THERAPY ON MENTAL WELL-BEING IN WOMEN EXPERIENCING DOMESTIC ABUSE

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ABSTRACT

This study aims to explore the effectiveness of Person-Centered Therapy for the mental well-being of women experiencing domestic abuse. The study employes a non-experimental pretest-posttest design. The participants included 6 married women experiencing domestic abuse with the age range from 25 to 65 years and a mean age of 45.83 years (±SD=9.94). The Warwick–Edinburgh Mental Well-being Scale (Tennant et al., 2007) was used as the pretest and posttest measure of mental well-being. The participants received six customized sessions of Person-Centered Therapy. The results reveal a significant increase in mental well-being, with pre-test scores meaningfully rising to post-test scores. The obtained differences between the pretest score and posttest score were statistically significant, reflecting that Person-Centered Therapy produced reliable outcomes. The study provides implications for working with women experiencing domestic abuse and improving their mental well-being using Person-Centered Therapy.

Keywords: *Mental Well-being, Domestic Abuse, Person-Centered Therapy*

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INTRODUCTION

Violence against women is a persistent global problem prevalent in every country, and in most cases, the perpetrators are known to the victims (Krug et al., 2002; World Health Organization, 2013). The impact of violence not only has immediate physical harm, but it also influences mental health, social functioning, and economic well-being (Campbell, 2002; Ellsberg et al., 2008). It has been studied in various researches that women experiencing violence, as well as children who observe it, experience adverse psychological and emotional consequences (García-Moreno & Heise, 2005; Holt et al., 2008). Societies that accept such violence, and states that fail to stop it, are responsible for disseminating this violation of human rights (Heise, 1998). Addressing violence against women necessitates committed political action together with corresponding legal, social, and civil involvements across all levels of society (García-Moreno & Heise, 2005; World Health Organization, 2013).

The violence against women as defined by United Nations is any act of gender-based violence that causes, or is likely to cause, physical, sexual, or psychological harm or suffering, including threats, pressure, or lack of freedom, happening in public or private domains (United Nations, 1993; UN Women, 2015). Domestic violence is one of the most common forms, including physical, emotional, and sexual abuse by intimate partners or former partners (Garcia-Moreno et al., 2015; Heise et al., 1999; World Health Organization, 2013). Quantitative studies indicate that emotional abuse is the most commonly reported type, closely followed by physical abuse, while economic and sexual abuse are relatively less prevalent. These findings stressed the complicated nature of abuse and highlight the urgent need for comprehensive interventions to protect women and alleviate the long-term adverse impact of such violence (Ahmad et al., 2023; Ali et al., 2021; Hussain et al., 2020).

Domestic violence against women is one of the sensitive topics for research within specific populations, more likely because factors such as shame, self-blame, and fear of further abuse may stop women from revealing their experiences. In spite of these challenges, more than 50 community-based studies have successfully explored this issue across Asia, Africa, the Middle East, Latin America, Europe, and North America (Heise, 1994; Heise et al., 1999; World Health Organization, 1997). These investigations have also led to the development of numerous tools intended to assess the prevalence, nature, severity, and frequency of different forms of interpersonal violence.

Physical, emotional, or other forms of domestic abuse are not only stressful but also have significant psychological the effects that are associated with increase risk of mental health disorders in affected women. Survivors of domestic violence are more likely to experience post-traumatic stress disorder (PTSD), depression, anxiety, substance use disorders, and suicidal ideation (Campbell, 2002; Ellsberg et al., 2008; Parker, 2019). Research indicates that women who have experienced domestic violence are approximately seven times more likely to develop PTSD compared to those who have not, while the likelihood of depression is 2.7 times higher, anxiety four times higher, and substance abuse six times higher (Garcia-Moreno et al., 2015; Parker, 2019). Women exposed to long-term abuse frequently experience significant psychological distress, and these emotional difficulties often continue even after the abusive situation has ended (Kemp & Green, 1995). It has also been explored that the long-lasting stress of abusive relationships can intensify existing mental health difficulties and also increases the susceptibility for emotional and cognitive disturbances (Arata & Burkhart, 1998). In clinical settings, survivors may be defensive to reveal about their abuse during direct questioning by mental health professionals (Campbell, 2002; Parker, 2019). Therefore, treatment results are less effective when mental health professionals intervene psychiatric symptoms without focusing on the fundamental trauma associated with domestic abuse (Herman, 1992; Parker, 2019).

For survivors with continue domestic violence, interventions addressing these psychological effects are considered vital, as these can help women to recover a sense of safety, emotional stability, and action in their lives after persistent and repeated cycles of trauma. Some of the empirical evidences are indicative of Person-Centered Therapy (PCT) to be effective for women with domestic violence (Ivory Research, 2019). The PCT addresses the trauma experienced by women, focusing on the improvement of self-esteem and the development of adaptive coping strategies to promote self-actualization rather than the onset of chronic disorders. The person-centered approach highlights the attitudes of the therapist and the client's perception of these attitudes, making it adaptable to individuals with various concerns (Kirschenbaum, 2007). Carl Rogers asserted the importance of establishing a strong therapeutic relationship or alliance for the effective process of counseling, in which the therapist is fully involved and genuine within the client-therapist communication (Kirschenbaum, 2007). This method of intervention helps to establish a safe and supportive environment, for the clients where they conveniently change their state of incongruence and enhance self-actualization and full psychological functioning.

Sufferers of domestic abuse have low self-esteem, which contributes to ongoing internal conflict; PCT can serve as an important intervention to strengthen self-worth and ultimately improving well-being. As Rogers stated, “To the extent that the therapist finds himself experiencing a warm acceptance of each aspect of the client’s experience as being a part of that client, he is experiencing unconditional positive regard” (as cited in Kirschenbaum, 2007, p. 193).

Summing up, counseling and therapeutic interventions for domestic violence is essential for helping victims of abuse recover and acquire the resources and self-assurance necessary to escape an abusive partner and restore their mental well-being. Support helps the victim not only to leave abusive relationships but also to overcome traumatic experiences (Fader, 2020). In Rogers' words, "when the human being is inwardly free to choose whatever he deeply values, he tends to value those objects, experiences and goals which make for his own survival, growth and development and for the survival and development of others" (Rogers, 1964, p. 183). Review of existing literature indicates that there are not enough studies on the effectiveness of person-centered treatment on mental well-being for this population, particularly in Pakistani cultural context. Given the critical need for mental health interventions for victims of domestic abuse, this study examines the effectiveness of Person-Centered Therapy on mental well-being of women experiencing domestic abuse.

METHOD

Participants

A non-experimental pretest-posttest design was employed for this study.. The study included six married women from Karachi who were currently experiencing domestic abuse. The participants’ ages ranged from 25 to 65 years, with a mean age of 45.83 years ($\pm SD$ = 9.94). On average, the participants had been married for 23.6 years. The sample was selected using a combination of convenience and snowball sampling methods. Table 1 presents demographic characteristics of the sample.

Measures

Informed Consent

An informed consent form was given which ensured that participants

could make an informed decision about their voluntary participation by providing comprehensive information on the study's objectives and procedure. It also informed them about the right to withdraw participation from the study.

Demographic Information Form

The demographic information form focused on obtaining participants' personal and family background information, such as age, birth order, length of marriage, number of children, education, occupation, spouse's education and occupation, parents' education and occupation, and any current illnesses affecting the participant or their family members.

Women's Experiences with Battering Scale

Physical abuse was measured using the self-report Women's Experiences with Battering (WEB) Scale (Smith et al., 1995). Ten statements make up the measure, which asks women to estimate their level of emotional and physical safety in their relationships. A 6-point Likert scale, with *'1'* denoting *strong disagreement* and *'6'* denoting strong agreement, is used to record responses. The scale has excellent internal consistency (α =.99).

Emotional Abuse Questionnaire

Three subscales of the Emotional Abuse Questionnaire (EAQ) (Rushe et al., 1992) covering economic, emotional and sexual abuse were used in this study. The EAQ is a partner-report measure with 66 items that evaluates the spouse's prior sexual abuse, controlling, threatening, and humiliating behaviors. A 4-point rating scale is used, with *'1'* denoting *never* and *'4'* denoting *extremely often*. High internal consistency is shown by the total scale (α =.90)

Warwick–Edinburgh Mental Well-being Scale

The Warwick–Edinburgh Mental Well-being Scale (WEMWBS) (Tennant et al., 2007) was used to measure mental well-being both before and after the test. It consists of items that are intended to measure positive mental health. Higher scores indicate more well-being. The scale exhibits a good degree of internal consistency (α = .87)

Procedure

First, ethical approval from the relevant Institutional Review Board was sought. Followed by, participants were contacted and given comprehensive information about the study. Each participant gave their informed consent, guaranteeing that they completely understand the objectives of the study, the methods involved, and their right to discontinue participation any time without facing repercussions. To determine the nature of domestic violence and their present mental health, eligible participants first took a pre-test. The Warwick–Edinburgh Mental Well-being Scale, the Emotional Abuse Questionnaire, and the Women's Experiences with Battering Scale were administered respectively. After pre-test the participants were undergone six customized sessions of Person-Centered Therapy (PCT). Each session was for about 45-minutes aimed at dealing previous trauma, enhancing self-esteem, and promotion of psychological well-being. In order to guarantee safety and confidentiality, sessions were held in a private, supportive setting in either English or Urdu, the participant's preferred language.

After the completion of the intervention, the same scales were used in the post-test assessment, enabling the assessment of changes in mental well-being. Throughout the study, participants' privacy was maintained, and they were encouraged to express any concerns or withdraw if they wished, ensuring an ethical and supportive research process

Intervention

In the intervention phase six conditions that are required for success in Person-centered therapy were kept in mind. The treatment plan was derived from the book of 'Person-Centered Counseling in Action' by Mearns and Thorne (2013).

Session plan for the therapeutic process of PCT goals, techniques and outcomes are as under:

Session No.	Session Goal & Techniques
Session 1	Goal of the Session: The aim was to discuss a detailed assessment of the problems this includes the pretest and the interview about their as well

Session No.	Session Goal & Techniques
	as education on domestic abuse and how it effects mental health and their ability to cope along with an introduction of PCT. This was allowing the client to be honest in the process without feeling judged. Techniques of PCT: This session included the techniques used by Carl Rodgers such as: Empathy, Congruence and Open questions to help gather a certain amount of information from the client. Outcomes of the Session: By the end of the session, the therapist gained a preliminary understanding of each participant's difficulties, which facilitated trust and helped the client engage fully in the therapeutic process.
Session 2	Goal of the Session: The aim was to promote the client's self-awareness and self-esteem. Techniques of PCT: This included techniques such as Unconditional Positive regard and Reflection of feelings. This helped the client open up more about their hurdles and difficulties. Outcomes of the Session: By the session's end, participants experienced reduced fear and self-doubt, gaining insight into the impact of abuse on their self-perception.
Session 3	Goal of the Session: The aim was to encourage congruence in the client's feelings & behavior. Techniques of PCT: Encouragers, Congruence and Conditions of Worth Outcomes of the Session: Participants developed greater self-acceptance and personal empowerment, fostering confidence in their own capabilities

Session No.	Session Goal & Techniques
Session 4	Goal of the Session: The aim was to empower the client to change. Techniques of PCT: Paraphrasing and Initiating towards ending discussions. This was done to make the client picture a life without therapy. Outcomes of the Session: By the end of the session, participants were psychoeducated about the concept of the fully functioning person, enhanced their personal strengths, and began to shift their self-perspective.
Session 5	Goal of the Session: The aim was to help one gain the ability to manage their lives & become self-actualized. Techniques of PCT: Reflection of feelings his facilitate the client for insight and to reach inside their inner self. It was also important in this session to Review the counselling process know whether if the therapy has taken effect. Lastly, ask for any unfinished business to complete. Outcomes of the Session: Participants were encouraged to integrate the session's insights into daily life, establishing practices to support ongoing personal growth and self-actualization.
Session 6	Goal of the Session: In the final session, a quick review of the therapy is taken and how it made a difference for the client's current standard of living. Techniques of PCT: Posttest was done to ensure the results.

RESULTS

Table 1
Demographics of the Participants (N=6).

Variables	*N*	*%*
Age		
25 - < 45	3	50
45 – 65	3	50.1
Married Since		
1900s	4	66.8
2000s	2	33.4
Number Of Children		
1 -2	4	66.7
3 – 4	1	16.7
5>	1	16.7
Family Structure		
Nuclear	4	66.7
Joint	2	33.3
Education		
Intermediate	1	16.7
Bachelors	4	66.7
Masters	1	16.7
Occupation		
Housewife	2	33.3
Teacher	3	50.0
Other	1	16.7
Spouse Education		
Bachelors	2	33.3
Masters	4	66.7

Table 2
Descriptive Statistics for the Study Variables

Variables	*N*	*M*	*SD*	α
Physical Abuse	6	3.61	1.14	.83
Emotional Abuse	6	3.29	.92	.91
Sexual Abuse	6	2.02	1.39	.91
Economic Abuse	6	2.33	1.07	.84

Table 3
Paired Samples t-test for Effectiveness of Person-Centered Therapy on Mental-Well-Being (N=6)

Variables	*Pretest*		*Posttest*		*t(5)*	*P*
	M	*SD*	*M*	*SD*		
Mental Well-Being	3.12	1.20	4.54	.38	-3.562	.02*

**p<.05*

DISSCUSION

This study examined whether Person-Centered Therapy (PCT) could improve mental well-being of women who experienced domestic violence. The results were encouraging. As shown in Table 3 after intervention the mean score for mental well-being increased from 3.10 to 4.53 afterward. This difference is statistically significant representing an improvement in mental well-being of participants after receiving PCT. These findings support our assumptions and indicated that PCT contributes positively and meaningfully to the psychological health.

These obtained findings are consistent with several researches. For example, Elliott et al. (2004) considered person-centered and experiential therapies as highly effective in increasing emotional functioning and overall

psychological well-being among individuals who had experienced trauma. Similarly, Kivlighan and Shaughnessy (2000) found that with the progress of treatment process the clients taking person-centered counseling show noticeable improvements in self-esteem, coping skills, and general mental health. In alignment with these results, Rogers (1961), the developer of Person-Centered Therapy, highlighted the importance of empathy, unconditional positive regard, and congruence for the clients in the therapeutic process to gain measurable outcomes in mental health. Various researches validate these findings for example a study by Farber and Doolin (2011) on the survivors of interpersonal abuse shown reported substantial decrease in anxiety and depression and significant improvement in self-efficacy with PCT. Together, these studies support the effectiveness of PCT in meaningful improvements of mental well-being, similar to the positive changes observed in the participants of present study.

In conclusion, this study's findings provide meaningful information about the usefulness of Person-Centered Therapy (PCT) in promoting the mental well-being of women with domestic abuse. However, evaluation of the results, show a number of limitations. First, the use of self-report measures, could have an effect on the accuracy of the findings due to social desirability or personal bias. Second, due to the limited sample size, the results show limited generalizability to wider population. It is therefore suggested that a larger and more diverse sample be used in future studies so that the results can be enhanced and would be more reflective of the larger population of women impacted by domestic abuse.

The study was restricted to women who were abused in marriages is another limitation of this study. Future research could expand the sample to include women who experience abuse in different settings, like romantic relationships, cohabitation, or familial abuse. This would provide a more thorough and detailed picture of the effectiveness of PCT for various types of domestic abuse. Even with these limitations, the results are reflecting the advantages of person-centered therapy for helping women experiencing abuse. The PCT-based counseling programs can help survivors regain a sense of agency and fulfillment, improve their emotional health, and rebuild their sense of self-worth. The PCT can be a useful intervention for enhancing the mental health of women who have been victims of domestic abuse by addressing these issues.

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