

Self-Compassion Levels in Women Subjected to Spousal Abuse: A Clinical Case Study

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Abstract:

This study examines the dimensions of self-compassion among women experiencing spousal abuse, employing a clinical approach. Focusing on a single case study from Biskra, Algeria, the study employs multiple clinical interviews and two psychometrically robust instruments: the Spousal Abuse Scale by Faten Joudi (2022) and Neff's Short Self-Compassion Scale (2003), adapted by the researcher to the Algerian context in 2023. Findings indicate that the subject experiences high spousal abuse across multiple domains, including psychological, physical, economic, verbal, and sexual abuse. Correspondingly, the subject exhibits low levels of self-compassion, particularly in dimensions such as self-kindness, common humanity, and mindfulness, with moderate scores in self-judgment and cognitive alertness.

Keywords: Spousal Abuse against Women; Self-Compassion.

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1. INTRODUCTION

Domestic violence encompasses various manifestations, among which spousal abuse stands as a particularly pervasive form. This type of violence involves one partner inflicting harm on the other, often resulting in significant psychological and emotional repercussions for the victim and their household (Al-Sabbane, 2015, p. 158). Notably, research consistently highlights the disproportionate prevalence of violence perpetrated by husbands against wives across diverse societal contexts.

Global studies and reports on women's welfare underscore a disturbing increase in both the frequency and severity of violence directed toward women. Statistics indicate that 25% to 60% of women attending emergency departments worldwide are victims of spousal abuse. Furthermore, the World Health Organization (WHO) estimates that over 130 million women and girls globally have experienced physical abuse (El-Talawi, n.d. p, 141).

Oluremi (2016) observed that spousal violence has become alarmingly common, with two out of three women experiencing familial abuse daily. However, many victims hesitate to disclose such abuse due to societal stigma, cultural shame, or fears of marital dissolution. Similarly, Bouaicha and Boulasnane (2015) reported a 70% prevalence rate of spousal abuse in Algeria, with underreporting primarily attributed to family privacy concerns (Al-Sabbane, 2019, pp. 159–160) .

Spousal abuse, therefore, constitutes a critical mental health concern. Victims frequently exhibit negative emotional responses, including self-blame, depression, anxiety, post-

traumatic stress disorder (PTSD), and suicidal ideation. However, emerging evidence suggests that self-compassion-based interventions, such as Mindful Self-Compassion (MSC), offer promising pathways for psychological recovery and resilience among survivors.

Self-compassion, a relatively recent construct within the disciplines of positive psychology and mental health, has emerged as a key area of focus as psychologists endeavor to expand research into mechanisms that enhance personal growth, facilitate adaptive functioning, and bolster psychological strengths. Introduced in the early 21st century by Kristin Neff, self-compassion is defined as a compassionate and constructive self-attitude characterized by mindfulness, kindness, and understanding during periods of adversity or distress. Neff posits that self-compassion serves as a psychological buffer, mitigating the deleterious effects of negative experiences that may otherwise compromise an individual's emotional resilience and capacity to function effectively. By fostering a nurturing and non-judgmental approach to oneself, self-compassion protects against the psychological toll of stress, failure, and inadequacy, and it is particularly critical in navigating pressures and resolving complex personal challenges; Thus, Morley (2015) and Ann and Heidi (2018) have recognized the pivotal role of self-compassion as an indicator of positive mental health.

Neff and McGehee (2010) emphasize that self-compassionate individuals display heightened psychological resilience, greater openness to experiences, and a more optimistic outlook. These individuals are more likely to approach

personal failures or hardships with understanding and self-kindness rather than succumbing to harsh self-criticism, which ultimately cultivates happiness and emotional maturity (El-Talawi, n.d., p. 139).

However, the experience of spousal abuse can erode self-compassion, often giving rise to patterns of self-criticism, emotional isolation, and depressive symptomatology. Research by Lyon (2015) and Al-Zouebi underscores a negative correlation between self-compassion and psychological distress, particularly loneliness and depression. Additionally, Dzwonkowska and Lykus (2015) assert that self-compassion is instrumental in regulating negative emotions, facilitating trauma recovery, and serving as a protective factor against future adversities.

Despite considerable efforts to study and address abuse against women, significant societal and cultural barriers persist in accurately identifying the prevalence and scope of such abuse within Arab societies. These barriers, deeply rooted in societal norms that often trivialize abusive behaviors, further highlight the necessity of examining mitigating psychological constructs, such as self-compassion, to better understand their potential role in alleviating the impact of spousal abuse (El- Talawi, n.d., p. 141).

Research Questions

1. What is the severity of spousal abuse experienced by the wife?
2. To what extent does the abused woman exhibit self-compassion across its core dimensions?

Research Objective

The primary objective of this study is to evaluate the extent of spousal abuse endured by women and analyze their levels of self-compassion. This research integrates both theoretical and empirical components. The theoretical framework reviews the existing literature on spousal abuse and self-compassion, while the empirical part outlines the methodology, tools employed, study scope, and findings of the study. The research concludes with evidence-based recommendations aimed at addressing the identified issues.

2. Conceptual Framework

2.1 Spousal Abuse Against Women

Spousal abuse encompasses all forms of adverse behaviors directed toward women—whether psychological, physical, verbal, economic, or sexual—which can negatively affect women’s mental health and psychological equilibrium. Operationally, it is defined herein as the score obtained by the case under investigation through the application of the Spousal Abuse Scale developed by Faten Joudi.

2.2 Self-Compassion

Self-compassion constitutes an internal feeling and a constructive orientation toward oneself, particularly when confronted with stressful life events or painful circumstances. Operationally, it is defined as the score obtained by the case under investigation through the application of Neff’s (2003) Short Self-Compassion Scale.

3. Literature Review

3.1 El-Talawi's Study

This study aimed to examine the relationship between self-compassion, psychological resilience, and abuse against divorced women in Minya Governorate. It also sought to determine whether self-compassion could be predicted based on scores for both psychological resilience and abuse against divorced women. The sample consisted of 185 divorced women between 30 and 45 years of age, drawn from diverse educational, economic, and cultural backgrounds. The results indicated a statistically significant positive correlation between self-compassion and both psychological resilience and abuse against divorced women. Moreover, scores related to psychological resilience and abuse against divorced women were found to predict self-compassion in the study sample (El-Talawi, n.d., p. 138).

2.3 Naomi's Study (2018)

This study focused on the impact of a husband's abuse on the wife's self-compassion. The hypothesis proposed that elevated levels of a husband's violence would be associated with diminished self-compassion among wives who had experienced such abuse. Furthermore, it posited that high social support could potentially moderate the influence of a husband's abuse on individual self-compassion. However, data collected from a sample of 61 wives revealed no substantial correlation between a husband's abuse and self-compassion, and high social support did not weaken this relationship. Nevertheless, an increase in a husband's abuse was concomitantly linked to lower self-compassion (Al-Sabbane, 2019, p. 169).

3.3 Al-Sabbane's Study (2019)

This research aimed to determine the level of spousal violence and self-compassion, the relative weight of self-compassion dimensions within the sample, and the correlational relationship between spousal abuse and self-compassion. The sample comprised 720 husbands and wives. To address these objectives, the researcher employed two versions of a Spousal Abuse Scale—one for husbands and another for wives—developed by the researcher herself, as well as the Self-Compassion Scale by Neff (2003), adapted by Abdelrahman, Al-Omari, Al-Assimi, and Al-Dhbaa (2015). The findings revealed an inverse correlation between certain dimensions of the Spousal Abuse Scale and specific self-compassion components—namely self-kindness, common humanity, and mindfulness. Conversely, there was a positive correlation between other spousal abuse dimensions and additional self-compassion components, including self-judgment, isolation, and over-identification (Al-Sabbane, 2019, p. 156).

4. Theoretical Framework

4.1 Spousal Abuse Against Women

4.1.1 Definition of Spousal Abuse Against Women

According to Al-Charaa and Kazan, spousal abuse is defined as “deliberate acts of aggression perpetrated by a husband against his wife, arising from his intentional use of force and resulting in physical, psychological, or verbal harm.” Furthermore, it is conceptualized as “intentional or extraordinary abusive actions inflicted by a husband on his wife, causing psychological, physical, or sexual harm, including physical assault, coercive sexual acts, psychological abuse, and controlling behaviors” (Al-Sabbane, 2019, p. 163).

4.1.2 Theoretical Explanations of Spousal Abuse

–Cognitive Theory

From a cognitive perspective, the degree to which a woman is affected by abuse depends on her perception, appraisal, interpretation, imagination, and recollection of the abusive event. Thus, the impact of abuse may not stem from the act itself but from how the woman perceives and interprets it.

–Social Learning Theory

On the one hand, this perspective posits that abusive behaviors are learned through observing models who exhibit such patterns, which influences observers to replicate these behaviors. Additionally, the motivation to engage in abuse may stem from a desire for personal gain or a sense of power and control. Consequently, spousal abuse may evolve into a habitual lifestyle and manifest as a form of antisocial behavior. Moreover, societal norms and educational practices significantly influence attitudes, either fostering vulnerability in women or empowering them to resist abuse.

–Frustration-Aggression Theory

This theory argues that frustration acts as a primary catalyst for abusive behaviors, particularly in domestic settings. For instance, a husband facing workplace conflicts and feeling powerless may redirect his frustration through acts of aggression toward his wife or children upon returning home. Consequently, he attempts to transform feelings of frustration into an assertion of power within the family context.

–Socio-Cultural Theory

The socio-cultural framework, on the other hand, emphasizes that aggressive and abusive behaviors are more prevalent in certain societies than others. Women's perceptions of abuse are influenced by fallacious beliefs, media portrayals, personal fears, societal norms, and a lack of social support. Furthermore, this theory attributes spousal abuse to additional factors such as social class, age, educational attainment, and occupational status (El-Talawi, p. 156).

4.2 Self-Compassion

4.1 Definition of Self-Compassion

Self-compassion is considered a relatively recent construct in psychology, with scholars offering varied interpretations of the term. Linguistically, it denotes awareness of, mitigation of, and protection from emotional distress.

Neff (2003) defines self-compassion as “a positive orientation toward oneself in painful or failure-inducing situations, involving self-kindness, the avoidance of harsh self-criticism, recognition of one's experiences as part of the common human condition, and open-minded processing of painful emotions.”

Similarly, Al-Obaidi conceptualizes self-compassion as “treating oneself with compassion, kindness, and empathy when encountering painful or discouraging experiences, recognizing that such difficult events are shared by others, and experiencing these hardships in a balanced manner” (Basiony & Khayyat, 2019, p. 526).

4.2 Types of Self-Compassion

Tangney, Boone, and Dearing (2005), as well as Wenzel, Woodyatt, and Hedrick (2012), differentiate between two primary forms of self-compassion:

1. Authentic Self-Compassion

This emerges when individuals treat themselves kindly, accepting responsibility for mistakes and shortcomings. They also commit to future growth and correcting past errors.

2. Pseudo Self-Compassion

This form occurs when individuals evade accountability by attributing errors to others or external circumstances. Although such a strategy may provide temporary relief, it diverts individuals from self-improvement and often serves as a defense mechanism to avoid self-blame, intersecting with concepts of self-forgiveness and self-esteem (El-Talawi, n.d., p. 149).

4.3 Dimensions of Self-Compassion

Neff divides self-compassion into three principal dimensions, which interact to create a tolerant emotional framework for the mind. Notably, self-compassion can expand when individuals experience personal suffering, particularly if external life conditions are painful or overwhelming. The dimensions are as follows:

- 1. Self-Kindness vs. Self-Criticism:** This dimension refers to understanding and caring for oneself in the face of frustration or failure instead of engaging in self-blame or harsh self-criticism. It also implies the ability to nurture oneself with acceptance rather than impose severe self-judgment (Al-Obaidi, 2017, p. 45).

2. **Common Humanity vs. Isolation:** This component involves perceiving one's personal experiences as part of a larger human experience rather than viewing them as isolated or disconnected from others. According to Neff, suffering is a universal human phenomenon, and when a person acknowledges only their own suffering, they risk feelings of death-like isolation (Adam & Al-Sheikh, 2018, p. 52).
3. **Mindfulness vs. Over-Identification:** This refers to a balanced awareness that prevents individuals from fully merging their identity with their experiences or dissociating from them. It entails a clear stance of accepting psychological and emotional phenomena as they unfold and remaining open to unpleasant thoughts, feelings, and experiences in the present moment. Mindfulness fosters a flexible cognitive capacity unencumbered by personal biases, allowing for a broad, nonjudgmental perspective of one's mental and sensory experiences (Obaid & Hadiya, 2021, p. 241).

Joan Halifax (2014) posits that self-compassion is a multidimensional construct comprising four foundational components:

- **Cognitive Component:** Awareness and insight into the presence of suffering.
- **Affective Component:** Empathic concern and kindness regarding the course of suffering.
- **Attentional Component:** A willingness to explore ways

to alleviate suffering.

- **Motivational Component:** Behavioral responses aimed at reducing that suffering (Youssef, 2020, p. 335).

5. Practical Framework

5.1 Research Methodology

The present study adopts the clinical approach, which is defined as “a case-study method concerned with modifying behavioral phenomena that emerge from and accompany maladjusted conditions. Its purpose is to identify and characterize symptoms, as well as determine their underlying causes—whether they are predisposing, precipitating, or exacerbating factors, and whether they are innate or acquired—in an effort to provide appropriate preventive measures for such cases” (Al-Tayyib et al., 2000, p. 473).

5.2 Research Instruments

5.2.1 Semi-Structured Clinical Interview

The interview is described as a purely social process involving two individuals: the researcher and the interviewee. On the one hand, the researcher’s objective is to conduct the interview by eliciting pertinent information and details; on the other hand, the interviewee, as the subject of investigation, supplies the information required by the researcher. Consequently, the interview entails a sequence of actions and reactions (question and answer), as well as a series of social interactions that rely on multiple behavioral and verbal cues during the encounter (Dweidar, 2000, pp. 189–190).

5.3 Spousal Abuse Scale (Faten Joudi)

Faten Joudi developed the Spousal Abuse Scale, comprising 35 items divided into five dimensions: psychological abuse, verbal abuse, physical abuse, economic abuse, and sexual abuse. The scoring protocol is as follows:

- **0:** Circle if the event never occurred – **0 points**
- **1:** Circle if the event occurred once in the past year – **1 point**
- **2:** Circle if the event occurred twice in the past year – **2 points**
- **3:** Circle if the event occurred 3–5 times in the past year – **3 points**
- **4:** Circle if the event occurred 6–10 times in the past year – **4 points**
- **5:** Circle if the event occurred 11–20 times in the past year – **5 points**

5.3.1 Psychometric Properties

- **Validity:** Discriminant validity yielded a t-value of 21, which was statistically significant, thus demonstrating strong validity.
- **Reliability:** Internal consistency was assessed via Cronbach's alpha, resulting in a coefficient of 0.91, indicating an acceptable level of reliability.

5.4 Short Self-Compassion Scale (Neff, KD)

Neff condensed the original 26-item Self-Compassion Scale into a 12-item version, using five response options: never,

rarely, sometimes, often, always. Accordingly, “never” is scored as 1 point, whereas “always” is scored as 5 points. The scale is divided into six dimensions, each represented by two items: self-kindness, common humanity, self-judgment, isolation, mindfulness, and over-identification.

This measure was standardized by researcher Radia Hadj Lakehal in the city of Biskra, using a sample of 200 students from the Faculty of Social and Human Sciences at the University of Biskra. Reliability was evaluated through a test-retest procedure conducted over a 15-day interval, yielding a coefficient of 0.73, which is sufficient to confirm the instrument’s stability. Regarding validity, content validity was established by calculating correlation coefficients between each item and the total scale score, ranging from 0.13 to 0.90. These positive correlations were statistically significant at the 0.05 level.

5.6 Research Scope

- **Geographical Scope:** The study was conducted in the city of Biskra, specifically at the participant’s residence.
- **Temporal Scope:** Data collection occurred between September 23 and October 25.
- **Participant Characteristics:** The subject, identified as Meriam., is a 39-year-old married woman from Biskra, a mother of three children, and employed as an elementary school teacher.

6. Results and Discussion

6.1 Case Overview

The participant, referred to as Mrs. Meriam, is a 39-year-old married woman and mother of three children. She lives independently from her in-laws, has been married for 15 years, and works as a primary school teacher. Her socioeconomic status is moderate.

6.2 Summary of the Clinical Interview

A semi-structured clinical interview was conducted in her home. After being assured of the confidentiality of her statements and their exclusive use for scientific research, Mrs. Meriam agreed to share her experiences and complete the relevant assessment tools. Her responses indicated various forms of spousal abuse, including physical aggression, verbal insults, emotional neglect, threats of divorce, abandonment, and coerced sexual activities.

6.3 Analysis of the Clinical Interview

Mrs. Meriam described ongoing psychological harm and verbal aggression, such as insults, mockery, and belittlement. She expressed deep regret over her marital relationship, stating, “I regret getting married; I’m sticking around for my children’s sake only.” Fighting back tears, she added, “He insults me, makes fun of me, lowers my self-worth, and sometimes hits me. He doesn’t speak to me at all.”

She also reported economic neglect, explaining that her husband rarely provides enough money to cover essential household expenses. As she recounted, “He always gives me too little money. I end up using my own earnings to buy what the children need. Even basic groceries are often lacking, and I’m

left wondering what I can cook.”

Additionally, the participant disclosed instances of sexual coercion. She described her experiences with visible discomfort, stating, “Sexual relations feel cold to me; I can’t stand them and feel nothing.” She elaborated further, noting, “When I refuse, he becomes hostile, intimidates me, and threatens me with divorce.”

6.4 Spousal Abuse Scale Results

Table 1: Spousal Abuse Scale Results

Dimension	Score	Interpretation
Psychological Abuse	38	High
Verbal Abuse	14	High
Physical Abuse	24	High
Economic Abuse	18	High
Sexual Abuse	10	High
Total	104	Severe

Source: This research

As illustrated in Table 1, the participant’s total score on the Spousal Abuse Scale stands at 104, signaling severe levels of abuse. Psychological abuse emerges as the most prominent subtype (38), followed by physical abuse (24). Meanwhile, economic, verbal, and sexual abuse all register high scores. Consequently, these findings imply that the participant endures pervasive spousal abuse across multiple dimensions.

6.5 Self-Compassion Scale Results

Table 2: Self-Compassion Scale Results

Dimension	Score	Level
Self-Kindness	3	Low

Common Humanity	3	Low
Self-Judgment (Self-Criticism)	6	Moderate
Isolation	3	Low
Mindfulness	5	Moderate
Over-Identification	2	Low
Total	22	Low

Source: This research

In Table 2, most self-compassion dimensions appear to be low, including Self-Kindness (3), Common Humanity (3), Isolation (3), and Over-Identification (2). On the one hand, these low scores suggest limited self-directed empathy and a propensity to feel isolated. On the other hand, Self-Judgment (6) and Mindfulness (5) emerge as moderate. Overall, the total score of 22 underscores a generally low level of self-compassion in the participant.

6.6 Comprehensive Case Analysis

An integration of the clinical interview findings with the results obtained from the Spousal Abuse Scale and the Self-Compassion Scale provides a detailed understanding of the participant’s situation. The participant’s score on the Spousal Abuse Scale was 104, a significantly elevated result when compared to the maximum possible score of 175. This score reflects a pervasive experience of spousal abuse spanning multiple dimensions.

Similarly, the Self-Compassion Scale revealed a low overall level of self-compassion, with a total score of 22. Most dimensions of self-compassion, including Self-Kindness (3), Common Humanity (3), Isolation (3), and Over-Identification

(2), were rated as low. However, two dimensions, Self-Judgment (6) and Mindfulness (5), were rated at a moderate level. This pattern suggests that while the participant demonstrates some capacity for balanced emotional awareness and critical self-reflection, these strengths are overshadowed by deficits in other aspects of self-compassion. The data strongly suggest that the participant experiences abuse across all measured dimensions—psychological, physical, economic, verbal, and sexual. This multifaceted abuse appears to have a profound impact on her psychological well-being, as evidenced by her diminished capacity for self-compassion.

7. Discussion of Results in Light of Research Questions

The implementation of semi-structured clinical interviews and the administration of spousal abuse and self-compassion scales within the clinical case study framework revealed elevated scores on the spousal abuse scale, which reached 104 on the Spousal Abuse Scale, a value markedly high relative to the maximum score of 175, reflecting severe spousal violence. This result aligns with interpretations that spousal abuse often stems from an assertion of power and control. Malik and Nadda (2019) implicitly noted that such abuse is frequently initiated by the husband, while Zahran (2011) highlighted cultural norms that grant men disproportionate authority over women. These norms often frame the endurance of violence as a woman's duty to preserve her family.

This dynamic is further reinforced by the sociocultural context of Biskra, where traditional gender roles may perpetuate violence as a normalized behavior. Socialization processes in such settings often instill submissive attitudes in women,

fostering tolerance for mistreatment and discouraging them from seeking help. Consequently, many women internalize feelings of weakness and futility, preferring silence over seeking institutional or legal recourse. Zahran also highlighted that certain cultural frameworks rationalize and even condone such abuse, facilitating its perpetuation.

Concerning the Self-Compassion Scale, findings demonstrated a markedly low level of self-compassion, scoring 22, aligning with some aspects of prior studies noted in the theoretical framework. Talawi's research indicated that experiences of abuse against divorced women could predict self-compassion levels among subjects, and Naomi (2018) observed that increased spousal abuse correlates with diminished self-compassion. Sabbane (2019) identified an inverse relationship between aspects of spousal abuse and elements of self-compassion, such as self-kindness, common humanity, and mindfulness, while also noting a direct relationship with self-judgment, isolation, and over-identification.

The data suggests that increased spousal violence directly impacts the decrease in self-compassion levels. This outcome may imply that such violence diminishes the wife's self-compassion as she perceives herself as weak or oppressed, leading to increased self-criticism and a sense of solitary suffering amid community. This emotional turmoil disrupts her psychological balance, compelling her to focus predominantly on negative aspects of her experience.

4. CONCLUSION

This paper provided a comprehensive response to the main questions related to the extent of spousal abuse directed toward women and its subsequent effects on self-compassion. The data derived from clinical interviews highlighted the extensive abuse the subject experienced across physical, economic, sexual, and verbal domains, which is substantiated by her significant score of 104 on the spousal abuse scale. This figure not only reflects the severity of abuse but also encapsulates the multifaceted nature of her suffering.

Regarding self-compassion, the discussions during the interviews poignantly illustrated the detrimental impact of spousal abuse on her self-compassion levels. This impact was quantitatively supported by the low scores she registered on the self-compassion scale, confirming a severely compromised self-compassion framework.

Hence, the urgency of addressing such issues extends beyond the individual cases and speaks to broader societal concerns: firstly, the prevalent and often unreported violence that women endure from their spouses adversely affects not only the family dynamics but also the women's psychological well-being and their capacity for self-compassion. Secondly, self-compassion is intrinsically linked to one's psychological health and is essential for fostering personal growth, enhancing resilience, and improving overall psychological and social adaptation.

Based on these findings, the study proposes the following:

- Evaluating the efficacy of cognitive-behavioral therapy to enhance self-perception among abused women.
- Assessing self-compassion levels in adolescent wives subjected to abuse.
- Exploring the correlation between self-compassion and life satisfaction among abused wives.
- Investigating psychological resilience in physically abused women.
- Examining the interplay between self-compassion and the ability to express emotions in abused women.

Moreover, it is recommended to leverage these insights in civil society frameworks, advocating for the establishment of support mechanisms at social activity agencies dedicated to aiding abused women.

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