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Effectiveness of Feminist Therapy on Loneliness and Suicidal Ideation of Intimate Partner Violence among Married Women in Ekiti State, Nigeria

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Abstract
The study investigated the effectiveness of feminist therapy in managing loneliness and suicidal ideation of Intimate Partner Violence among married women Ekiti State, Nigeria. All married women experiencing intimate violence constituted the population for the study. Two purposes with corresponding hypotheses were formulated and tested to guide the study. Quasi-experimental pre-test/post-test and control group design was adopted. Multi-stage sampling process was used to initially select 50 married women drawn. Four (4) Local Government Area council in Ekiti state as the sample for the study. The participants were assessed using intimate partner violence identification questionnaires and checklist as a baseline test. The experimental sample included 25 participants, 15 participants in treatment group and 10 participants in control group were selected for the study using multi-stage sampling technique. The Research instruments for relevant data collection were; The Revised UCLA Loneliness Scale was adopted and The Modified Scale for Suicidal Ideation (MSSI) was adapted. The data obtained were analysed using descriptive and inferential statistics for each hypothesis and tested at 0.05 level of significance. The study revealed that participants levels of loneliness and suicidal ideation were significantly different when exposed to Feminist Therapy compared with control group. The study concluded that loneliness and suicidal ideation would persist until drastic measures were taken by the government and policy makers to address the problems of IPV. The study therefore recommended among others: marital counselling professionals should integrate Feminist Therapy into treatment for abused married women due to its potential in managing loneliness and suicidal ideation. Therapists training programs should cover Feminist Therapy techniques.

Keywords: Feminist, Therapy, Loneliness, Suicidal, Ideation and Married women.

Introduction

Most marriages in the past were thought to be peaceful havens. The sacredness of weddings was very high. The household members showed understanding of their roles in the family, and there was harmony in achieving a healthier marital relationship. The acts of conception, existence, and marriage are the foundation of a home. Makinde (2020) submitted

that marriage is the bedrock of all nations and the most intimate of all relationships. Marriage is universal to mankind, but home is not. According to Longe (2019), the kind of home one comes from plays a big role in determining the type of adult one will become in the future and the kind of behavior, attitude, and contribution such makes to society. In ancient times, marriage seemed to be one of the most ancient forms of human community.

Life's tapestry is woven with threads of joy and sorrow, light and dark. This seems to be particularly evident in cases of intimate partner violence. Most married women began their lives with love, open statements of goodwill and commitment, and public feeding and attestation that partners would follow through on their bids, commonly characteristics of wedding rituals and betrothal rites. As soon as these festivities are over, couples argue with one another. Nwandinigwe and Anyama (2010) opined that marriage is the coming together of two different individuals as husband and wife who agree to plan and set up their own family, but yet seem to be rife with ambiguities and never have the thought that in the future, their sparks of affection will die. When the warmth of romance cools with time, they seem not to attribute value to living any longer; other expectations seem not to be met.

Married women seem to argue about these issues a lot in the married world because intimate partner violence is a common and contentious issue. As a result, intimate partner violence is a risky sign that should not be ignored in a relationship since it weakens the marriage's support system and transforms the loving environment into a haven of suffering and frustration. Intimate Partner Violence (IPV) has further become a global label among intimate partners. The World Health Organization (2021) reveals that not less than (30%) of married women were subjected to intimate partner violence and experienced a high level of physical challenge. Psychosocial problems are highly prevalent among married women experiencing intimate partner violence. The World Health Organization (2023) defines intimate partner violence as any acts of physical violence, sexual violence, stalking, or psychological aggression by a current or former intimate partner. Obi and Ozuma (2011) opined physical abuse as physical contact that causes harm or injury to the victim, such as hitting, slapping, punching, choking, pushing, or strangling, is the most common form of abuse.

According to the Nigeria Demographic and Health Survey, NDHS (2018), and the National Population Commission (NPC) 2019, Ekiti State has one of the highest prevalence rates of IPV, with 1 in 3 women (33.6%) aged 15–49 experiencing physical violence since age 15, 1 in 5 women (22.1%) experiencing sexual violence, and 1 in 2 women (54.6%) experiencing emotional or psychological violence. Breiding, Basile, Smith, Black, and Mahendra (2015) define intimate partner violence as any behavior between two people in an intimate relationship that causes physical, sexual, or psychological harm, which is a public

health problem worldwide. According to Idialu, (2003); Keeran, (2010); Uka, Obidoa, and Uzoechina (2013), intimate partner violence pressures in marriages happen as a result of infertility, financial struggle, sexual deprivation, dishonesty, inappropriate use of spouse assets, distrust, and communication gap. Cole (2010) asserted that perpetrators inflict severe pains, wounds, and bruises on victims, which appear to be a condition too painful and awful to think about. These are formidable obstacles to marital counseling.

Ahimie, Agbogidi, and Ahimie (2018) attested to the tremendous difficulties in locating women who are willing to report abuse or file a formal complaint; instead, victims choose to suffer in silence and accept the repercussions. Those who experience abuse in their marriage feel depleted emotionally, discouraged, and have no marital excitement. IPV addresses the psychological, personal, and social daily experiences of victims. This modifies their responses in any environment in which they are placed. The problems of IPV seem to be persistently fuelled by underlying flaws including emotional distress, sleeping and eating disorders, antisocial behaviour, isolation, loneliness, loss of interest, low self-esteem, housing instability, suicidal ideation, and death, which eventually affect married women who appear to be people of great impact and influence in the home.

The painful feeling of loneliness is a common denominator among those who have suffered intimate partner violence, regardless of cultural boundaries. Perlam and Peplau (2014) characterized loneliness as the subjective experience of one's perception of insufficient or limited social interaction. Individuals need each other to grow and flourish; not having those connections results in isolation, which appears to cause harm and suffering in romantic relationships. Loneliness is a common psychological burden among victims of intimate partner violence, which seems to have severe consequences for married women's mental health, blurring the lines between love and isolation. Jaremka, Andridge, and Fagundes (2014) observed that when loneliness is experienced, women seem to feel unwanted and emotionally disconnected from others. The love relationship appears to call for caring and the sharing of women's experiences. Feelings of loneliness in love relationships can be a warning sign for mental health concerns, including suicidal thoughts, but it's crucial to approach them with empathy and understanding rather than stigmatizing them as a disease. Loneliness can increase the risk of suicidal thoughts and behaviors.

IPV has been associated with suicidal thoughts. Victims appear to consider suicide as their escape from IPV. Most see death as more valuable than life. Indu, Remadevi, Vidhukumar, Navas, Anikumar, and Subha (2017) opined that suicide has become important among women who have experienced intimate partner violence. WHO estimates that women who endure such violence are almost five times more likely to attempt suicide. Female suicidal

thoughts and attempts in the context of violence, particularly intimate partner violence, have recently gained attention from researchers. Suicidal thoughts are common consequences of intimate partner violence, as victims may seem to see death as a means of escape from their suffering.

Olusakin and Ubagha (1996) emphasized the role of counselling in addressing problems of life whether vocational, educational or personal social. There are variations in the needs, challenges or concerns of people (married women) which with the help of counselling can be tackled. Many marriages are in danger of falling apart simply because they don't utilize available marriage counselling (therapy) services that could help strengthen their relationship. The importance of intervening and revitalizing troubled homes to promote mental health cannot be overstated. Therefore, this study is set out to investigate the effectiveness of Feminist Therapy in managing loneliness and suicidal ideation of intimate partner violence among married women in Ekiti. Nigeria

Feminist Therapy emerged from the feminist movements of the 1960s and 1970s. It integrates counselling and treatment, emphasizing the impact of power dynamics and privileges within therapy. This approach aims to empower individuals, providing a safe environment for them to freely express their thoughts and emotions without fear of bias. Feminist Therapy identifies oppression as a root cause of emotional and psychological distress, advocating for transparency to combat oppression and striving for justice in therapeutic interactions (Mclellan, 1999)

Feminist Therapy is viewed as a gradual process that assists survivors in examining factors influencing their psychosocial and mental well-being, particularly in cases involving intimate partner violence. Feminists argue that issues faced by abused women, such as violence, stem from broader social, cultural, and political factors necessitating policy-level interventions. They propose a community-based healing approach that stresses social mobilization, community empowerment, and respect for local cultures (Wessells & Monteiro, 2001). Feminist Therapy is viewed as a gradual process that assists survivors in examining factors influencing their psychosocial and mental well-being, particularly in cases involving intimate partner violence.

In the feminist therapy literature, four techniques are regarded to manage problems in an abuse relationship as Cognitive restructuring, Psychoeducation, Assertive training, Reframing and Empowerment Olivia (2015).

Statement of the Problem

Although many individuals enter marriage with high hopes and excitement, driven by passion and affection, married women often face numerous challenges that threaten the very foundation of their relationship, leading to a stark contrast between their initial expectations of a blissful union and the harsh realities they encounter. Intimate partner violence (IPV) is a pervasive issue in Nigeria, particularly among married women, leading to severe psychological trauma, isolation, child delinquency, suicidal thoughts, relationship distress which might eventually lead to death. Despite the alarming rates of IPV, societal expectations prioritize maintaining a peaceful marriage over seeking help, leading to a scarcity of feminist therapists and a lack of support for victims. and empower them to break free from toxic relationships and challenge the societal norms that perpetuate violence. This study aims to investigate the effectiveness of feminist therapy in managing loneliness and suicidal ideation of intimate partner violence among married women in Ekiti State, Nigeria,

Purpose of the Study

The main purpose of this study was to explore the effect of Feminist Therapy in managing depression and self-esteem of intimate partner violence among married women in Ekiti State. Nigeria. The specific objectives of the study were to:

1. determine the difference in the post test mean scores on loneliness among married women exposed to Feminist Therapy, and the control group.
2. determine the difference in the post test mean scores on suicidal ideation among married women exposed to Feminist Therapy, and the control group.

Research Questions

1. What is the difference in the post test mean scores on loneliness among married participants exposed to Feminist Therapy, and the control group?

2. What is the difference in the post test mean scores on suicidal ideation among participants exposed to Feminist Family Therapy and the control group?

Research Hypotheses

1. The post-test mean scores on loneliness among participants exposed to Feminist Therapy and control group has no significant difference.

2. There is no significant difference in the post test mean scores on suicidal ideation among participants exposed to Feminist Family Therapy and control group.

Methodology

This study employed quasi-experimental pre-test, post-test and control group research design. The choice of this design is consequent upon the involvement of human behaviour which precludes the proper randomization of subjects (Nwandinigwe 2005). The participants were assessed using intimate partner violence identification questionnaires and checklist as a baseline assessment to examined loneliness and suicidal ideation among abused married women in Ekiti State. The target population was all abused married women in Ekiti state. The sample of this study was 50 abused married women. Random selection of 4 local government area council in Ekiti State. The total number of 7 abused married women were selected from four 4 local government area making total 28. However, 3 participants left the exercise in the control group left with total of 25. The sample consisted of 25 abused married women and was categorised into 2 groups: 15 participants comprised Treatment group and 10 participants comprised control group. The Research instruments were adopted for relevant data;) The Revised UCLA Loneliness Scale and The Modified Scale for Suicidal Ideation (MSSI). Demographic data analysis was done using descriptive statistics. Research questions were answered using mean and standard deviation. Inferential statistical tool; analysis of covariance (ANCOVA) was used to test research hypotheses at 0.05 significance level. The treatment group was exposed to receive Feminist Therapy while control group was not exposed to any treatment during the experimental phrase for the purpose of the study.

Table 1: First experimental group R O_1 X O_2 = Feminist Therapy

Second experimental group R O_3 - O_4 C = Control Group

Experimental Groups	Pre-test	Treatment	Post-test
FT	O_1	X_1	O_2
CG	O_3	X_2	O_4

Where:

R - represents Randomization

O_1 and O_3 represent Pre-test Scores

O_2, and O_4 represent Post-test Scores

X_1 represents the Treatment - Feminist Therapy

C represents Control group

Intervention Procedure:

This was carried out in three phases**:**

Phase 1: Pre- treatment session

The researcher with the help of the research assistants administered all the research instruments to the participants as pre-test a week before the treatment session.

Phase 2: Treatment Session

There were two experimental groups, a treatment and control group. The selected participants were assigned to treatment group and control. Group A was exposed to Feminist Therapy (FT) and Group B was exposed to control group. The control group did not receive any intervention. The treatment groups met once in a week for seven weeks.

Phase 3: Post – treatment session

At the end of the treatment which lasted for seven weeks, all the research instruments were re administered as post-test to the same treatment and control groups**.**

Analysis of Data

Testing of Hypothesis

The two hypotheses formulated were tested at 0.05 level of significance as follows

Hypothesis 1: There is no significant difference in the post test mean scores on loneliness among married women who experienced intimate partner violence in the two experimental conditions (Feminist Therapy and Control group).

Table 2: Descriptive Statistics of Loneliness and Experimental groups

Experimental Groups	**N**	**Pre-test scores**		**Post-test scores**		
		Mean	**SD**	**Mean**	**SD**	**Mean Difference**
Feminist Therapy Group	15	68.67	12.12	48.33	13.75	-20.34
Control Group	10	63.50	11.90	65.30	13.54	1.8
Total	25	66.60	12.05	55.12	15.84	-11.48

Analysis in Table 2, shows that a higher reduction was observed in loneliness among participants in the Feminist Therapy Group (-20.34) and the Control Group also experienced an increase of (1.80) in loneliness. The ANOVA was computed to identify the significance of the mean difference. This is shown in Table 3.

Table 3: One-Way Analysis of Covariance (ANCOVA) Summary Data for Post-test Scores on Loneliness using the Pre-test Scores on Loneliness as Covariate

Source of variation	Sum of Squares	df	Mean Squares	F cal	p values
Main effect with covariate (combined)	3041.14	2	1520.87	11.209	.000*
Experimental group	2338.88	1	2338.86	19.238	.000*
Covariate	1314.53	1	1314.53	9.69	.000*
Model	3041.75	2	1520.87	11.21	.000*
Residual	2984.90	22	135.68		
Total	6026.64	24	251.11		

* Significant, p value <0.05 level.

In Table 3 the calculated F value experimental group suggests that there is a significant difference in the post-test scores on loneliness among participants in Feminist therapy and those in control group (Fcal = 19.238, p value <0.05). The hypothesis 1 was therefore rejected. It implied that the post-test scores of participants in the two experimental groups differed significantly.

Null Hypothesis 2: There is no significant difference in the post test mean scores on suicidal ideation among married women exposed to Feminist Therapy and Control Group. The hypothesis was tested using One-way Analysis of Covariance (ANCOVA). The results of the analysis are presented in the Tables 4 & 5

Table 4: Means and Standard Deviation, of Pre-test and Post-test Means scores on Suicidal Ideation

Experimental Groups	N	Pre-test scores		Post-test scores		
		Mean	Std. Dev.	Mean	Std. Dev.	Mean Difference
Feminist therapy group	15	32.93	3.82	23.60	7.863	-9.33
Control group	10	34.60	4.69	33.70	7.60	-0.9
Total	25	33.60	4.18	27.64	9.14	-5.96

From the Table 4 shows that feminist therapy group (-9.33) had a reduced means difference on suicidal ideation when compared with control group. Table 5 was used to display

the significant differenced due to differences in the mean using One-way Analysis of Variance (ANOVA).

Table 5: One-Way Analysis of Covariance (ANCOVA) Summary Data for Post-test Scores on Suicidal ideation using the Pre-test Scores on Suicidal ideation as Covariate

Source of variation	Sum of square	Df	Mean square	F cal	p values
Main effect with covariate (combined)	965.194	2	482.597	10.203	0.01*
Experimental group	420.274	1	420.274	8.886	0.07*
Covariate	353.134	1	353.134	7.466	$0.12^{n.s.}$
Model	965.194	2	482.597	10.203	0.01*
Residual	1040.568	22	47.298		
Total	2005.760	24	83.573		

* Significant, p value < 0.05 level, n.s. = not significant, p value >0.05 level

Table 5 showed that there is significant difference in the post-test scores on suicidal ideation among the two experimental groups (Fcal = 8.886, p value <0.05). Hypothesis 2 is therefore accepted. This F value for experimental groups was statistically insignificant.

Discussion of Findings

In hypothesis one, the result shows that a higher reduction was observed in loneliness among participants in the Feminist Therapy Group (-20.34) and the Control Group also experienced an increase of (1.80) in loneliness. Mehri Alaviani, Shahla Khosravan, Ali Alami, & Mahdi Moshki, (2015) agreed with the opinion that loneliness is one of the most significant problems of intimate violence problems. Loneliness decreased significantly in the interventional group compared to the control group (P<0.00). The researcher perceived that loneliness decreased significantly in the interventional group compared to the control group (P<0.00). In addition, mean scores related to variables of Health Promotion Model (received benefits and barriers, self-efficacy, interpersonal effective of loneliness) in both groups were significantly different before and after the study (P<0.05). Therefore, constructs of Pender's Health Promotion Model can be used as a framework for planning interventions in order to anticipate, improve and modify related behaviors related to loneliness in married women.

The hypothesis two result shows that feminist therapy group (-9.33) had a reduced means difference on suicidal ideation when compared with control group. Since there is significant difference in the post-test scores on physical injuries among the two experimental

groups (Fcal = 8.886, Fcritical = .07 P<0.05). This Fvalue for experimental groups was statistically insignificant. Bacchus, Ranganathan, Watts & Devries, (2018) perceived a moderate association of intimate partner violence with major depressive disorder and with maternal abortion and miscarriage (63% and 35% increased risk, respectively). Intimate partner violence (IPV) is a severe, pervasive public health concern for men and women across the globe. Devries, (2013) observed that physical IPV can result in a host of negative outcomes for victims including physical injury and potentially death, depression, post-traumatic stress symptoms, alcohol use, drug use, suicidal ideation, as well as negative economic impacts. There has been a growing body of literature examining risk markers or factors associated with IPV perpetration and victimization as a means to help identify individuals at risk for IPV to help inform assessment, prevention, and intervention efforts. There has also been extensive debate about whether or not risk markers for IPV perpetration are more similar or distinctly different, between men and women. For example, some researchers have viewed men and women's perpetration of IPV as similar to one another and most frequently related to a lack of conflict resolution skills (Straus, 2005, 2011). However, others have found gender differences related to IPV perpetration, stating that men are more likely to use violence as a means to exert power and dominance over their partners, whereas women more often report self-defense as motive for perpetrating IPV against their partners.

Conclusion

Based on the findings of this study, Feminist Therapy effect simple and practicable in managing loneliness and suicidal ideation among abused married women.

Recommendations

Based on the findings of this study, the following recommendations are put forward;

1. Marital counselling professionals should integrate Feminist Therapy into treatment for abused married women due to its potential in managing loneliness and suicidal ideation. Therapists training programs should cover Feminist Therapy techniques
2. Government, non- governmental organization and religious bodies can promote understanding and support of feminist values.

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