

8. Littman E.B. Gender Myths & ADHD // Attention Magazine. – August, 2021. <https://chadd.org/adhd-news/adhd-news-educators/gender-myths-adhd/>
9. Quinn P.O., Madhoo M. A review of attention-deficit/hyperactivity disorder in women and girls: uncovering this hidden diagnosis // Prim Care Companion CNS Disord. – 2014. - № 16(3). <https://doi.org/10.4088/pcc.13r01596>
10. Young S., Adamo N., Ásgeirsdóttir B.B., Branney P., Beckett M., Colley W., Cubbin S., Deeley Q., Farrag E., Gudjonsson G., Hill P., Hollingdale J., Kilic O., Lloyd T., Mason P., Paliokosta E., Perecherla S., Sedgwick J., Skirrow C., Tierney K., van Rensburg K., Woodhouse E. Females with ADHD: An expert consensus statement taking a lifespan approach providing guidance for the identification and treatment of attention-deficit/hyperactivity disorder in girls and women // BMC Psychiatry. – 2020. - № 20(1). - P. 404. <https://doi.org/10.1186/s12888-020-02707-9>
11. Kotha A., Mo J.Q. Attention-deficit/hyperactivity disorder in girls and young women // Journal of High School Science. – 2024. - № 8(3). – P.91-107. <https://jhss.scholasticahq.com/api/v1/articles/121061-attention-deficit-hyperactivity-disorder-in-girls-and-young-women.pdf>
12. Littman E.B., Wagenberg B. Gender differences in adhd and their clinical implications // Psychiatric Times. - 2023. – Vol 40 (Issue 7). – P.34-37. <https://www.psychiatrytimes.com/view/gender-differences-in-adhd-and-their-clinical-implications>

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## CORRECTION OF THE EMOTIONAL STATE OF WOMEN WHO HAVE EXPERIENCED PSYCHOLOGICAL ABUSE

### Abstract

The problem of psychological violence in intimate and family relationships remains one of the most pressing issues in modern society and is associated with a high risk of developing anxiety, depressive, and post-traumatic stress disorders. The aim of this study is to identify the emotional characteristics of women who have experienced psychological abuse, to analyze international psychocorrectional programs, and to explore the potential of the Self-Coping Method, developed by

Professor M. A. Assimov and tested in various psychoclinical and social contexts. A systematic review of publications in PubMed, PsycINFO, and Scopus databases was conducted using the following keywords: psychological abuse, emotional regulation programs, trauma interventions, coping, IPV survivors. The review included international evidence-based psychotherapeutic approaches used in working with the consequences of psychological abuse, including CBT and TF-CBT, EMDR, EFT, mindfulness-based programs (MBSR/MBCT), integrative models such as Seeking Safety, as well as group and expressive methods (art therapy, psychodrama, and body-oriented practices). These programs have demonstrated effectiveness in reducing anxiety, depression, and PTSD symptoms, as well as in enhancing emotional resilience and developing adaptive coping strategies. The Self-Coping Method, based on experiencing emotional states through the “feeling–sensation–image” cycle, shows high potential for emotional state correction among women who have experienced psychological violence. The analysis confirms its potential as an effective, culturally adapted tool for psychocorrection. The method can be integrated into both in-person and online psychocorrectional programs, as well as applied in preventive and educational projects. Further research should focus on assessing the long-term effectiveness of the method, expanding sample sizes, and developing standardized implementation protocols, which will make it possible to create comprehensive programs for restoring emotional well-being and strengthening self-regulation skills.

**Keywords:** psychological abuse, emotional state, Self-Coping Method, emotional regulation, women.

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## **Психологиялық зорлықтан өткен әйелдердің эмоциялық күйін түзету**

*Аңдатпа*

Психологиялық зорлық-зомбылық мәселесі қазіргі қоғамдағы ең өзекті әлеуметтік-психологиялық проблемалардың бірі болып қалып отыр және ол мазасыздық, депрессия және жарақаттан кейінгі күйзеліс (ПТСР) сияқты психикалық бұзылулардың жоғары даму қаупімен қатар жүреді. Зерттеудің мақсаты — психологиялық зорлық-зомбылықты бастан өткерген әйелдердің эмоционалдық жағдайының ерекшеліктерін анықтау, психокоррекциялық бағдарламалардың халықаралық тәжірибесін талдау және профессор М.А. Асимов әзірлеген және әртүрлі психоклиникалық және әлеуметтік контексттерде апробациядан өткен «Өзін-өзі Басқару» әдісінің әлеуетін қарастыру. Авторлар PubMed, PsycINFO және Scopus деректер базаларында psychological abuse, emotional regulation programs, trauma interventions, coping, IPV survivors деген негізгі сөздер бойынша жүйелі әдеби шолу жүргізді. Шолуға психологиялық зорлық-зомбылықтың салдарымен жұмыс істеуде тиімділігі дәлелденген халықаралық психотерапиялық тәсілдер енгізілді: CBT және TF-CBT, EMDR, EFT, зейінділікке негізделген бағдарламалар (MBSR/MBCT), интегративті Seeking Safety моделі, сондай-ақ топтық және экспрессивті әдістер (арт-терапия, психодрама, денеге бағытталған тәжірибелер). Бұл бағдарламалар мазасыздық пен депрессия деңгейін, ПТСР белгілерін төмендетуде, эмоционалдық тұрақтылықты арттыруда және бейімделген копинг-стратегияларды дамытуда тиімді екенін көрсетті. Эмоциялық жағдайды «сезім – сезіну – бейне» циклі арқылы саналы түрде қайта бастан кешіруге негізделген «Өзін-өзі Басқару» әдісі психологиялық зорлық-зомбылықты бастан өткерген әйелдердің эмоционалдық жағдайын түзетуде жоғары әлеуетке ие. Талдау нәтижелері бұл әдістің тиімді, мәдени тұрғыдан бейімделген психокоррекциялық құрал ретіндегі мүмкіндіктерін растайды. «Өзін-өзі Басқару» әдісін офлайн және онлайн психокоррекциялық бағдарламаларға, сондай-ақ профилактикалық және білім беру жобаларына интеграциялауға болады. Болашақ зерттеулер әдістің ұзақ мерзімді тиімділігін бағалауға, іріктеме көлемін кеңейтуге және енгізудің стандартталған хаттамаларын әзірлеуге

бағытталуы қажет. Бұл эмоционалдык әл-ауқатты қалпына келтіру және өзін-өзі реттеу дағдыларын тұрақтандыру бойынша кешенді бағдарламаларды әзірлеуге мүмкіндік береді.

**Түйінді сөздер:** психологиялық зорлық-зомбылық, эмоционалдык жағдай, Өзін-өзі Басқару, эмоционалдык реттеу, әйелдер.

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## **Коррекция эмоционального состояния женщин, переживших психологическое насилие**

### *Аннотация*

Проблема психологического насилия в семейных отношениях остаётся одной из наиболее актуальных в современном обществе и сопровождается высоким риском развития тревожных, депрессивных и посттравматических расстройств. Цель исследования — выявить особенности эмоционального состояния женщин, переживших психологическое насилие, проанализировать международный опыт психокоррекционных программ, а также рассмотреть потенциал Метода Самосовладания, разработанного профессором М.А. Асимовым и апробированного в различных психоклинических и социальных контекстах. Авторами проведён систематический обзор публикаций в базах данных PubMed, PsycINFO и Scopus по ключевым словам *psychological abuse, emotional regulation programs, trauma interventions, coping, IPV survivors*. В обзор включены международные доказательные психотерапевтические подходы, применяемые при работе с последствиями психологического насилия, включая СВТ и TF-СВТ, EMDR, EFT, программы на основе осознанности (MBSR/МВСТ), интегративные модели типа Seeking Safety, а также групповые и экспрессивные методы (арт-терапия, психодрама, телесно-ориентированные практики). Эти программы продемонстрировали эффективность в снижении тревожности, депрессии, симптомов ПТСР, повышении эмоциональной устойчивости и развитии адаптивных копинг-стратегий. Метод Самосовладания, основанный на проживании эмоциональных состояний через цикл «чувство – ощущение – образ», обладает высоким потенциалом для коррекции эмоционального состояния женщин, переживших психологическое насилие, анализ подтверждает его потенциал как эффективного, культурно адаптированного инструмента для коррекции эмоционального состояния женщин. Применение Метода Самосовладания может быть интегрировано как в очные, так и в дистанционные психокоррекционные программы, а также использоваться в профилактических и образовательных проектах. Дальнейшие исследования целесообразно направить на оценку долгосрочной эффективности метода, расширение выборки и разработку стандартизированных протоколов внедрения, что позволит создать комплексные программы восстановления эмоционального благополучия и устойчивых навыков саморегуляции.

**Ключевые слова:** психологическое насилие, эмоциональное состояние, Метод Самосовладания, эмоциональная регуляция, женщины.

**Introduction.** The problem of psychological violence in intimate relationships remains one of the most urgent and pressing issues in contemporary society. According to World Health Organization (2018), one in three women globally has experienced partner violence, with psychological abuse remaining largely underestimated [1]. In Kazakhstan, there is a high rate of domestic violence reports, with a significant proportion of cases involving psychological abuse [2]. Psychological violence manifests through the systematic use of verbal insults, threats, isolation, manipulation, and control over the victim's life. Its consequences include depression, anxiety disorders, post-traumatic stress disorder (PTSD), stress, emotional dysregulation, and somatic symptoms [3, 4]. International research confirms the effectiveness of various psychotherapeutic

interventions, including Cognitive Behavioral Therapy (CBT), Mindfulness-Based Stress Reduction (MBSR), Emotionally Focused Therapy (EFT), Narrative Exposure Therapy (NET), among others [4–15]. In Kazakhstan, psychotherapeutic assistance is most often provided through clinics, psychological support centers, social services, and short-term group or individual stress management and self-regulation training programs. Common approaches include cognitive-behavioral therapy, art- and body-oriented practices, psychoanalysis, and psychoeducational programs. However, many of these methods are time-consuming, require numerous sessions, and involve a high level of patient engagement, which limits their accessibility and practical effectiveness for women who have experienced psychological abuse. A particular focus of this study is the author's Self-Coping Method, developed by Professor M.A. Asimov (2011), which integrates cognitive, body-oriented, and imagery techniques within the “feeling–sensation–image” cycle. This method has previously been applied in the treatment of obsessive–anxious disorders, eating disorders, alcohol misuse, depression, and anxiety [16–18]. This research explores the potential of integrating Self-Coping into interventions for women affected by psychological abuse. It aims to assess whether this approach can expand the range of therapeutic tools and enhance the effectiveness of preventive and corrective psychological programs, taking into account cultural and psychological specificities of the local context. It also evaluates the potential for integrating this method into existing psychosocial and psychoprophylactic frameworks. The objective of the study is to identify the specific emotional characteristics of women who have experienced psychological abuse, analyze international psychocorrectional practices, and assess the potential for adaptation and implementation of the Self-Coping Method as an innovative approach to emotional regulation and trauma recovery.

**Materials and methods.** A systematic literature review was conducted on interventions addressing the emotional state of women who have experienced psychological abuse. The search was performed in PubMed, PsycINFO, and Scopus databases using the following keywords: psychological abuse, emotional regulation programs, trauma interventions, coping, IPV survivors. The inclusion criteria were: studies involving women who experienced psychological abuse; use of standardized assessment tools for emotional state and mental health; availability of quantitative and/or qualitative data on the effectiveness of interventions; peer-reviewed publications in English or Russian indexed in Web of Science and Scopus. The review included key studies covering cognitive-behavioral approaches (CBT, TF-CBT), emotionally focused programs (EFT), mindfulness- and trauma-oriented interventions (MBSR, MBCT, EMDR), as well as integrative approaches such as art therapy and psychodrama. Additionally, the Self-Coping Method was examined as an emerging technique currently under adaptation for women affected by psychological abuse. The methodological strategy involved data systematization, comparative analysis, and interpretation in the context of Kazakhstan's cultural specificities. It also included an assessment of the feasibility of adapting and implementing international psychocorrectional practices in work with women who have experienced psychological abuse, integrating the Self-Coping approach.

**Results and discussion.** Studies indicate that victims of psychological violence frequently experience anxiety, depression, stress responses, emotional dysregulation, and PTSD. Effective interventions must address emotional states and foster sustainable self-regulation skills. An analysis of contemporary psychotherapeutic approaches shows that the most effective trauma- and violence-focused programs combine cognitive, behavioral, somatic, and integrative components. These evidence-based interventions have demonstrated efficacy in reducing anxiety, depression, and PTSD symptoms while improving emotional regulation skills. Table 1 presents the primary psychotherapeutic and integrative approaches used in both international and local contexts for addressing the consequences of trauma, violence, and emotional dysregulation. It also includes the author's Self-Coping Method, which is currently at the pilot implementation stage.

Table 1. Psychotherapeutic and Integrative Programs for Addressing Trauma, Violence, and Emotional Dysregulation

Method / Program	Key Features*	Assessment Tools	Main Outcomes	Authors / Practitioners
Cognitive Behavioral Therapy (CBT)/ Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Evidence-based psychotherapeutic approach based on the interaction between thoughts, emotions, and behaviors. TF-CBT is a trauma-focused modification that involves gradual processing of traumatic experiences in a safe environment. Includes cognitive restructuring, exposure, coping skills training, relaxation, and psychoeducation. Typical duration: 8–16 weekly sessions; clinical improvement is often observed within the first 6–10 sessions.	PHQ-9, GAD-7, PCL-5	Reduction in depression and anxiety, decrease in PTSD symptoms, improved emotional regulation and coping strategies, increased sense of safety	Iverson, 2015 [5], Cohen J.A., Mannarino A.P., 2015 [6]
EMDR (Eye Movement Desensitization and Reprocessing)	EMDR uses bilateral stimulation (eye movements, auditory or tactile signals) to activate adaptive information processing mechanisms and reduce emotional intensity of traumatic memories. Especially suitable for trauma survivors who may not tolerate prolonged exposure. Typical duration: 6–12 sessions; noticeable symptom reduction may occur after 3–5 sessions.	CAPS-5, PCL-5, SUDS (during sessions)	Decreased PTSD symptom severity, reduced emotional distress, improved emotional resilience and sense of control	C. Tarquinio, Brennstuhl et al., 2012 [7]
EFT (Emotionally Focused Therapy)	Emotionally Focused Therapy based on attachment theory. Emphasizes recognition and processing of primary emotions, restoring emotional bonds between partners, and creating secure attachment. Uses a structured protocol (conflict de-escalation, interaction restructuring, consolidation).	DAS, ECR, qualitative interviews	Increased relationship satisfaction, restored trust and emotional safety, reduced attachment anxiety and avoidance	Leal, J., Cunha, C., Santos, A. et al., 2021 [8], MacIntosh, 2018 [9]

	Typical duration: 8–20 sessions; improvements in emotional safety and attachment are often observed from mid-treatment onward.			
Mindfulness (MBSR, MBCT)	Based on mindfulness practice and nonjudgmental awareness of the present moment. MBSR focuses on stress reduction; MBCT combines mindfulness with cognitive elements. Enhances body awareness, emotional tolerance, and stress resilience. Typical duration: structured 8-week group program; stress reduction and emotional regulation improvements usually appear from week 4.	DERS-16, MAAS, PSS, qualitative interviews (assessment of subjective experience, perceived safety, and body awareness). GAD-7, PHQ-9, and quality of life measures were not used in this study but are commonly applied in similar MBSR/MBCT interventions.	Increase in mindfulness, improvement in emotional regulation, reduction in stress levels, and restoration of a sense of safety and control.	Esper, Larissa & Gherardi-Donato, Edilaine (2018) [10]
Seeking Safety / Integrative Programs	Modular approach developed for individuals with trauma and substance use. Combines CBT, psychoeducation, self-regulation skills, group therapy, motivational interviewing, and mindfulness. Emphasizes establishing safety and coping skills before trauma processing. Typical duration: flexible format from 8 to 25 sessions, depending on setting; stabilization often occurs in the first half of treatment.	PHQ-9, GAD-7, PCL-5, qualitative analysis (interviews, observation)	Reduced anxiety and depression, improved coping strategies, increased sense of safety	Najavits, 2002 [11]
Group and Expressive Methods (Art Therapy, Psychodrama, Body-Oriented Practices)	Expressive methods aim to provide a safe channel for processing traumatic experiences through creativity, movement, and role play. Art therapy engages nonverbal	DERS-16, PCL-5, DASS-21 IES-R qualitative analysis (focus	Reduction in anxiety, PTSD symptoms, and somatic complaints; improved emotional	Bessel van der Kolk, Shaun McNiff, Cathy A. Malchiodi, Jacob L. Moreno

	experience, psychodrama allows enactment of internal conflicts, and body-oriented practices focus on restoring bodily safety. Often combined with psychoeducation and CBT. Typical duration: flexible format from 8 to 25 sessions, depending on setting; stabilization often occurs in the first half of treatment.	groups, interviews)	regulation and awareness; restored sense of control and bodily boundaries; strengthened group support	[12]
*The indicated duration and expected timeline of clinical improvement are based on the original treatment protocols and clinical guidelines developed by the founders of the respective methods (e.g., Shapiro, Kabat-Zinn, Najavits, Johnson, Cohen & Mannarino, Moreno, van der Kolk), as well as WHO and APA recommendations.				

Table 1 demonstrates contemporary evidence-based psychotherapeutic and integrative approaches used to address the consequences of traumatic experiences, violence, and emotional dysregulation. The table systematizes key methods according to three criteria: theoretical and practical features; mechanisms of action and expected therapeutic effects; evidence base and authors confirming the effectiveness of the approaches. In international practice, most psychotherapeutic programs focus primarily on reducing anxiety and depression, restoring emotional regulation, and processing traumatic experiences. Evidence shows that the most widely used and effective methods are cognitive-behavioral and trauma-focused approaches (CBT/TF-CBT), which demonstrate stable reductions in levels of depression, anxiety, and PTSD symptoms. EMDR and EFT have proven effective in processing traumatic memories and restoring disrupted attachment patterns. Mindfulness-based programs enhance awareness, self-regulation, and emotional resilience, while reducing chronic stress. Integrative and expressive methods — including art therapy, psychodrama, and body-oriented practices — provide additional resourceful effects, strengthening psychological resilience and reducing the sense of isolation.

The use of standardized assessment tools such as PHQ-9 (depression), GAD-7 (anxiety), DERS-16 (emotional regulation), and PCL-5 (PTSD) enables the quantitative evaluation of intervention effectiveness and tracking of emotional recovery dynamics in women who have experienced psychological abuse [15–17]. Of particular note is the Self-Coping Method, developed and tested under the guidance of Professor Marat Asimov. This integrative approach combines cognitive-behavioral, Gestalt, symbol-dramatic, and visualization techniques, as well as elements of mindfulness, cognitive restructuring, and somatic awareness. It has shown high effectiveness in reducing anxiety, preventing burnout, and developing adaptive coping strategies [18]. The method aims to restore emotional regulation, reduce anxiety and depression, and build stable self-regulation skills. The Self-Coping program consists of six stages: Differentiation of the state (feeling–sensation–image). Induced imagery with eyes closed (introspection, observation of mental dynamics). Spontaneous imagery with eyes closed (verbalization of spontaneous images and sensations). Free imagery with eyes open (independent experiencing of states). Induced problem imagery with eyes open (deactualization of problem states and processing emotionally charged situations). Ecological behavior (conscious expression of feelings and thoughts in real-life contexts).

To illustrate the practical application of the method, the “Dialogue” technique is presented, which is used to overcome a “stuck” state — a recurring, undesirable emotional condition. This example demonstrates how structured experiencing of an emotional state through the *feeling–sensation–image* cycle contributes to the development of self-regulation skills and the strengthening of adaptive coping strategies. Table 2 also illustrates the sequence of the *feeling–sensation–image*

cycle and the dynamics of emotional state transformation during Self-Coping therapy, using a clinical case of a patient with pathological gambling and specific phobia.

Table 2 – Experiencing the State “Fear of Going Insane” (Self-Coping)

Image	Feeling	Sensation	Cycle
My acquaintance who lost his mind	Anxiety	Tension in the back of the head	1
I see myself like my acquaintance	Fear	Tension throughout the body	2
Psychiatric hospital	Fear	Shaking throughout the body	3
...	...	...	...
Home, family	Calmness	Heaviness in the upper part of the body	10

The practice of independently experiencing problematic emotional states enabled the patient to increase emotional awareness, reduce anxiety, and develop skills to manage unwanted internal states. Following therapy, a decrease in maladaptive coping strategies (“distancing,” “escape-avoidance”) and an increase in adaptive self-support skills were observed. This example illustrates that Self-Coping effectively influences emotional regulation and the development of self-regulation skills. A review of the literature confirms that Self-Coping has a high potential for working with women who have experienced psychological abuse and can complement existing approaches by providing a multicomponent impact on emotional states and fostering the sustainable development of self-regulation skills. The Self-Coping Method is an original national development that has been tested in various psychoclinical and social contexts in Kazakhstan and CIS countries, including work with obsessive–anxiety disorders, addictions, psychosomatic conditions, and burnout prevention. Its structure and the technique of experiencing emotional states naturally incorporate cultural specificities of cognition, emotional expression, and interpersonal relationships within the region. Due to its local origin, the method is already culturally adapted for the target population, ensuring a high level of trust, accessibility, and effectiveness. Previously, it has been successfully applied in working with obsessive–anxiety disorders, eating disorders, addictions, depression, and psychosomatic disturbances, confirming its strong potential for adaptation to work with women who have experienced psychological abuse. The application of Self-Coping in the context of psychological violence appears to be a natural extension, as the core principles of the method (the feeling–sensation–image cycle, state experiencing, ecological behavior) are universal and can be easily integrated into existing national prevention and psychocorrection programs. At present, the method is being adapted and tested within the framework of the doctoral research of G. Saitgareyeva (2025) to address the consequences of psychological abuse and emotional dysregulation, which further enhances the program’s practical significance. The adaptation focuses primarily on working with anxiety states and emotional regulation difficulties. Table 3 presents the key characteristics of the program, assessment tools, and expected outcomes of its implementation.

Table 3. The Self-Coping Method: Key Features, Assessment Tools, and Expected Outcomes for Addressing the Consequences of Psychological Abuse and Emotional Dysregulation in Women

Method / Program	Key Features	Assessment Tools	Expected Outcomes
Self-Coping	An integrative short-term psychotherapeutic and psychocorrectional method based on the conscious experiencing of mental states through the triad “feelings – sensations – images.” The method includes six stages of training (state differentiation; working with induced, spontaneous, and free imagery;	NorAQ – screening for psychological abuse; ERQ – emotional regulation (cognitive reappraisal, suppression); PACT – self-coping and perceived ability to handle trauma;	Reduction in anxiety levels, decreased emotional dysregulation, increased mindfulness, improved impulse control and emotional acceptance, enhanced self-coping

	<p>processing problem states; and ecological behavior). It draws on theories of introspection, cognitive and behavioral psychology, psycholinguistics, Gestalt, and symbol drama. The method is applied both individually and in groups and can be combined with training and art-based practices.</p>	<p>PHQ-9 – depressive symptoms; GAD-7 – anxiety symptoms, qualitative analysis (interviews)</p>	<p>capacity, development of new emotion regulation strategies, ecological behavior, and conscious experiencing of emotional states.</p>
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The presented table and clinical example demonstrate that Self-Coping provides an effective integration of quantitative and qualitative approaches to assessing emotional states, allowing for the measurement of both reductions in anxiety and emotional dysregulation and the development of adaptive self-support strategies. For a comprehensive study of the consequences of psychological abuse and the effectiveness of the Self-Coping intervention, standardized instruments were selected to cover key aspects of emotional state and self-coping in women. The use of standardized assessment tools such as NorAQ (screening for psychological abuse), ERQ (emotion regulation: cognitive reappraisal and suppression), PACT (self-coping and perceived ability to handle trauma), PHQ-9 (assessment of depressive symptoms), and GAD-7 (assessment of anxiety) enables a quantitative evaluation of the program’s effectiveness and allows for monitoring the dynamics of emotional recovery in women who have experienced psychological abuse.

Further directions for research include: Piloting the Self-Coping program for the correction of emotional states in women with a history of psychological abuse, taking into account varying levels of anxiety and emotional dysregulation; Investigating the short-term effects of the method on emotional states, adaptive coping strategies, and self-coping skills; Evaluating the potential integration of the method into existing psychopreventive and psychocorrective programs, considering the cultural characteristics of the local population. A promising avenue involves long-term monitoring of effectiveness and the development of additional modules tailored to individual characteristics of women and specific manifestations of psychological abuse. Thus, Self-Coping demonstrates high potential for implementation in psychopreventive and psychotherapeutic practice, providing comprehensive effects on emotional states and the development of sustainable self-regulation skills while maintaining cultural adaptability.

**Conclusion.** This study confirms that women who have experienced psychological abuse often face anxiety, depression, stress reactions, emotional dysregulation, and PTSD symptoms, necessitating specialized psychocorrection. International practice in psychotherapeutic programs (CBT, TF-CBT, EMDR, EFT, Mindfulness, and integrative art- and psychodrama-based approaches) has demonstrated significant reductions in anxiety, depression, and PTSD symptoms, while integrative programs further enhance psychological resilience and a sense of social support. The Self-Coping Method, an indigenous integrative program combining cognitive-behavioral, body-oriented, and imagery-based techniques, shows high potential for local application. It has already been piloted in various psychoclinical contexts in Kazakhstan and the CIS, considers cultural characteristics of the audience, and can be integrated into existing psychocorrection programs. The method focuses on experiential processing through the *feeling–sensation–image* cycle and the development of sustainable self-regulation skills. Self-Coping has previously been applied to obsessive–compulsive and anxiety disorders, addictions, psychosomatic conditions, burnout prevention among healthcare workers, and clinical cases of gambling disorder, demonstrating its versatility and adaptability. The program can be implemented both in face-to-face and remote formats, expanding possibilities for psychocorrection and prevention of emotional distress, as well as allowing integration with international programs and educational projects. Future research should evaluate the long-term effects of Self-Coping on the emotional states of women who have experienced abuse. The development of standardized implementation protocols for integrating the method into psychocorrectional and preventive programs is recommended. Thus, Self-Coping is an effective, culturally adapted, and

versatile tool that can serve as a foundation for comprehensive programs targeting the emotional states of women who have experienced psychological abuse in Kazakhstan, enhancing the effectiveness of psychoprevention and psychocorrection while accounting for the cultural and psychological characteristics of the local population.

### References

1. World Health Organization. Violence against women prevalence estimates, 2018. — Geneva: World Health Organization, 2021. — 53 p.
2. United Nations Population Fund (UNFPA) Kazakhstan. *Gender-based violence report*. — Astana : UNFPA Kazakhstan, 2018. — 52 p.
3. Dokkedahl, S.B., Kirubakaran, R., Bech-Hansen, D. et al. The psychological subtype of intimate partner violence and its effect on mental health: a systematic review with meta-analyses. *Syst Rev* 11, 163. 2022. <https://doi.org/10.1186/s13643-022-02025-z>
4. Nair, Shruti; Nataraj, Sushma; Satyanarayana, Veena A; Desai, Geetha. Intimate Partner Violence among Women with Somatoform Disorders: A Systematic Review. *Indian Journal of Social Psychiatry* 39(4):p 384-387, Oct–Dec 2023. | DOI: 10.4103/ijsp.ijsp\_188\_21
5. Iverson K.M., Gradus J.L., Resick PA, Suvak MK, Smith KF, Monson CM. Cognitive-behavioral therapy for PTSD and depression symptoms reduces risk for future intimate partner violence among interpersonal trauma survivors. *J Consult Clin Psychol*. 2011 Apr;79(2):193-202. doi: 10.1037/a0022512. PMID: 21341889; PMCID: PMC3071252
6. Cohen J.A., Mannarino A.P. Trauma-focused Cognitive Behavior Therapy for Traumatized Children and Families. *Child Adolesc Psychiatr Clin N Am*. 2015 Jul;24(3):557-70. doi: 10.1016/j.chc.2015.02.005. Epub 2015 Apr 22. PMID: 26092739; PMCID: PMC4476061.
7. C. Tarquinio, M.-J. Brennstuhl, J.A. Rydberg, A. Schmitt, F. Mouda, M. Lourel, P. Tarquinio. Eye movement desensitization and reprocessing (EMDR) therapy in the treatment of victims of domestic violence: A pilot study, *European Review of Applied Psychology*, Volume 62, Issue 4, 2012, Pages 205-212. <https://doi.org/10.1016/j.erap.2012.08.006>.
8. Leal, J., Cunha, C., Santos, A. et al. Helping Clients Victimized by Intimate Partners Through Stages of Change: An Emotion-Focused Approach. *J Contemp Psychother* 51, 41–48 (2021). <https://doi.org/10.1007/s10879-020-09474-4>
9. MacIntosh HB, Johnson S. Emotionally Focused Therapy for couples and childhood sexual abuse survivors. *J Marital Fam Ther*. 2008 Jul;34(3):298-315. doi: 10.1111/j.1752-0606.2008.00074.x. PMID: 18717921.
10. Esper, Larissa & Gherardi-Donato, Edilaine. (2018). Mindfulness-based interventions for women victims of interpersonal violence: A systematic review. *Archives of Psychiatric Nursing*. 33. 10.1016/j.apnu.2018.09.003.
11. Najavits, L. M. *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*. — New York: Guilford Press, 2002. — 401 p.
12. Otaguiri, Alliny T. M.; Siqueira, Aline C.; D’Affonseca, Sabrina M. Group Interventions with Mothers and Children Exposed to IPV: a systematic literature review. *Psicol. teor. prat.* [online]. 2022, vol.24, n.1 [citado 2025-10-10], pp.1-24.
13. Expressive therapies / edited by Cathy A. Malchiodi ; foreword by Shaun McNiff. — New York : Guilford Press, 2005. — 361 c. — ISBN 978-1-59385-087-6 (hardcover), ISBN 978-1-59385-379-2
14. Spitzer RL, Kroenke K, Williams JB, Löwe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. *Arch Intern Med*. 2006 May 22;166(10):1092-7. doi: 10.1001/archinte.166.10.1092. PMID: 16717171.
15. Bjureberg, J., Ljótsson, B., Tull, M. T., Hedman, E., Sahlin, H., Lundh, L.-G., Bjärehed, J., DiLillo, D., Messman-Moore, T., Gumpert, C. H., & Gratz, K. L. (2016). Development and validation of a brief version of the Difficulties in Emotion Regulation Scale: The DERS-16. *Journal of Psychopathology and Behavioral Assessment*, 38(2), 284–296. <https://doi.org/10.1007/s10862-015-9514-x>
16. Straus, M. A., et al. (1996). The revised Conflict Tactics Scales (CTS2). *Journal of Family Issues*, 17(3), 283–316.
17. Sergey Lee, Zarina Rozybakieva, Marat Asimov, Fatima Bagiyarova, Aygul Tazhiyeva, Neilya Ussebayeva, Timur Saliev, Shynar Tanabayeva, Ildar Fakhriyev. Coping strategy as a way to prevent