

# Comparison of the Effectiveness of Emotionally Focused Therapy and Self-Compassion Skills Training on Differentiation of Self and Sexual Intimacy of Women Affected by Marital Infidelity

Mahnaz Farshchiyan Yazdi<sup>1</sup>, Zahra Bagherzadeh Golmakani<sup>2\*</sup>, Ahmad Mansouri<sup>2</sup>

<sup>1</sup>Department of Psychology, Torbat-e Jam Branch, Islamic Azad University, Torbat-e Jam, Iran

<sup>2</sup>Department of Psychology, Neyshabur Branch, Islamic Azad University, Neyshabur, Iran

\* **Corresponding authors:** Zahra Bagherzadeh Golmakani, Assistant Professor, Department of Psychology, Neyshabur Branch, Islamic Azad University, Neyshabur, Iran. Email: z.golmakan@gmail.com

Received 2021 March 19; Accepted 2021 July 22.

## Abstract

**Background and Aims:** This study aimed to compare the effectiveness of emotionally focused therapy (EFT) and self-compassion skills training on differentiation of self and sexual intimacy of women affected by marital infidelity.

**Methods:** It was a quasi-experimental study and the statistical population included all women affected by marital infidelity in Mashhad in 2019-2020. A statistical sample consisted of 45 women who referred to psychological clinics and were selected using available sampling and were randomly assigned to experimental and control groups (15 people in each group). The intervention groups received emotionally focused training and self-compassion separately for 8 sessions of 90 minutes and the control group was on the waiting list. The Differentiation of Self-Inventory Revised (DSI-R) of Skowron and Schmitt (2003) and the Inventory Sexual Intimacy of Botlani et al. (2010) were used to collect data. Data were analyzed by repeated measures analysis of variance using the SPSS 24 software.

**Results:** The results indicated that both treatments were effective in increasing the level of differentiation of self and sexual intimacy, but the effectiveness of the emotionally focused approach on the differentiation of self was significant compared to self-compassion ( $p < 0.05$ ).

**Conclusion:** The findings showed that emotionally focused therapy training can be used as an effective intervention for improving the psychological resilience of women affected by marital infidelity by creating new patterns in the relationship.

**Keywords:** Differentiation of self, Emotionally focused, Infidelity, Self-compassion, Sexual intimacy

## 1. Introduction

Nowadays, in various societies, commitment and monogamy are still a trusted principle despite the changing boundaries of the emotional relationship. Although infidelity is an unacceptable act and a major mistake in relationships, it still has a significant frequency. According to a general definition, infidelity, as a violation of the commitment of a two-person relationship, leads to the formation of some degree of emotional and physical intimacy with someone outside the relationship (1). Infidelity is a maladaptive and harmful behavior and a solution that one hopes to use to satisfy one's psychological needs. For this reason, marital infidelity exposure has a devastating and shocking effect on couples. It is one of the most difficult areas of psychological pathology that a person experiences in their lifetime, especially during the formal marriage, and experience of intense emotions (such as anxiety, stress and depression) are common (2).

According to the hypothesis, women are more sensitive to the signs of infidelity than men and focus more on their rival attractions in the vicinity of their

husbands (3). According to Moemeni Javid and Shoa Kazemi (4) the most important sources of worry and anxiety are the repetition of past behaviors. Interpersonal and intrapersonal security is disrupted, and the individual has to process new information about himself or herself and his or her spouse in his or her brain. The resulting helplessness is established as a new standard in the active inner pattern of the individual, and this issue becomes more complicated when the infidelity of spouse is both the cause of the suffering and the solution. In explaining the reasons for infidelity, they classify predisposing factors into four main categories: demographic, individual differences, relationship-related factors, and environmental factors (5).

Accordingly, one of the most important personality and intrapersonal variables that is effective in infidelity is differentiation of self (6). Differentiation of self is a complex combination of emotional maturity, the ability to think logically in an emotional situation, and the ability to maintain close emotional relationships (7). In addition, the concept of differentiation refers to the ability to experience intimacy with others and to remain in an emotional

atmosphere while being independent of others (8).

In such a way that highly differentiated people rationally control their reactions, have a clear definition of themselves and their beliefs, and in highly emotional situations that lead to involuntary behaviors and grips in many people, make right decisions and do not lose control (9). Subsequently, followed by Shirazi et al. (10) showed in a study that infidel spouses had lower differentiation and emotional expression compared to normal spouses, which can be the cause of marital infidelity.

In general, many studies consider differentiation as a predictor of the quality of marital relations and marital intimacy. From this point of view, marital intimacy requires a strong sense of self and differentiation of self (11). Therefore, one of the factors that affect marital relationships and attitudes toward infidelity and play a facilitating role in its occurrence is intimacy. Intimacy is an interactive and dynamic process and involves interrelated dimensions. One of the dimensions of marital intimacy is sexual intimacy. Bagarozzi (12) defines sexual intimacy as the need to communicate, share, and express thoughts, feelings and desires that are sexual in nature. In addition, the focus of recent research showed that having intimacy between couples is an important factor in creating lasting marriages and avoiding it leads to failure in family life and consequently leads to issues such as infidelity (13).

Meanwhile, sexual intimacy plays an important role in creating sexual and marital satisfaction (14). According to Barrientos (15), argued that couples' sexual satisfaction and intimacy can be used as a means of measuring their interactions. Thus, sexual intimacy in the family environment reduces interpersonal problems and marital conflicts and improves the relationship and marital satisfaction in the family environment through the ability to share sexual emotions, receive regular feedback from intercourse and awareness of the feelings of the spouse (16). Therefore, paying attention to this important psychological structure and examining and improving its dimensions in women faced with husband infidelity can play an important role in the mental and physical health of these people.

Normally, these elements cause psychological damage which occurs chronically in women and affects their adaptation and well-being. Therefore, intervening in improving women's health and providing various psychological interventions and choosing more effective treatment are very important. One of the most widely used approaches in this field is teaching skills based on the emotional focused approach. Various studies indicated the successful application of this treatment model in better understanding of marital relationships and ways to deal with marital conflict and repairing damaged relationships caused by marital infidelity (17;18).

Emotionally focused approach is a neo-humanistic and experimental approach. According to this therapeutic model, humans are aroused by the emotions they seek (19) and emotions themselves have an inherently adaptive capacity that, if activated, can help the individual to change their unwanted emotional and expressive positions (20).

This model emphasizes the importance of looking at the whole context in which behavior occurs, not

just specific reinforcers that follow specific behaviors. According to this approach, family members live within an emotional system with an important role in the quality of interpersonal relationships, psychological traumatic symptoms, and their health. Therapeutic techniques are extremely structured and focus on creating and regulating emotional states, and more attention has been paid to the arrangement of other people involved in clients' lives to effectively support skills based on the emotional focused approach. The emphasis of this approach is on adaptive attachment methods through care, support, and mutual attention to the individual and spouse's own needs. The ultimate goal of this approach is an attempt to integrate the growing concept of the role of emotion in therapy and the concept of interaction and communication in human relationships, to deepen one's emotional experience and soften internal criticism, and to resolve conflicts resulting from one's internal criticism (19).

Hence, through emotional awareness, emotional signification, knowledge and experience of the agency in change processes and reorganization of inflexible interaction patterns, negative emotions are taken under the control and the mental adjustment raises (21).

Another way that can help a person control their emotions to deal with the problems in their relationship is the compassionate focused approach. Compassion-focused therapy is one of the newest cognitive therapies and is the fourth wave of behavioral therapy, which according to Darrow & Callaghan (2015) seeks an approach to understanding and treating human suffering and is based on behavioral principles. It is derived from performance measurement and uses various methods of behavior therapy (22).

Self-compassion means experiencing and being affected by the suffering of others in a way that makes one's problems and sufferings more bearable (23). This therapeutic approach has been proposed in order to increase mental health, improve emotional and mental processing methods and promote psychotherapy systems (24). The basic principles in this treatment refer to the internalization of external soothing thoughts, factors, images, and behaviors (25).

One way to help people transition from a domineering relationship to a more loving one is to expand compassion training in the face of self-suffering and the feeling of helping to alleviate one's problems and makes the mind aware of the individual's emotions and facilitating the whole process of self-regulation (26).

A review of research related to the self-compassion component confirms that compassion and mindfulness effectively improve emotion regulation skills in individuals (27; 23).

According to the theory of McLean (28) and research on that, it can be said that, considering the experience of negative emotions and the creation of destructive communication and interaction patterns around infidelity, the use of these intervention methods is of great importance. The main focus of both intervention methods is to eliminate the unpleasant emotions caused by conflict in extramarital affairs, to recognize and correct problematic emotional and behavioral patterns and to ensure the security of past

events(29;30). Moreover, research showed the effect of emotionally focused therapy and self-compassion training on the women's psychological indicators (17; 30;31).

Since, the emotional focused approach concentrates on self-treatment and balance of the individual and tries to self-regulate the individual and the emotional system through positive self-concept (32) and also self-compassion is a treatment based on the individual's view of himself and emphasizes individuals' self-concept (33), therefore, recognizing the difference in the quality of effectiveness of these two approaches may have important implications for the application of therapeutic interventions in reducing the psychological damage caused by marital infidelity in women.

Although both approaches are used in treatment, it is important to repeat and compare the effectiveness of each of these interventional methods. Previous evidence provides new avenues for research. Furthermore, by comparing these two intervention techniques, we will achieve the results of which method is more effective in increasing the differentiation of self and sexual intimacy. Thus, due to the multidimensional nature of infidelity, it is necessary to use different patterns to improve the consequences. Therefore, the aim of this study was to compare the effectiveness of skills training based on emotionally focused therapy and self-compassion on increasing the differentiation of self and sexual intimacy of women affected by marital infidelity.

## 2.Method

It was a quasi-experimental pretest-posttest design with follow-up and control group. The statistical population included all women affected by marital infidelity Mashhad in 2019-2020. The statistical sample consisted of 45 women who referred to Social Work Clinics and Psychological Services (Navid, Aria and Kian Mehr) and were selected by available sampling method and were randomly assigned to two experimental groups and one control group (15 people in each group). It should be noted that the maximum sample size required for quasi-experimental research is 15 people in each group (34). First, all three groups took the pretest. Then, the first experimental group received emotionally focused training (19) and the second experimental group received self-compassion training (35) during 8sessions of 90-minute in a step-by-step manner and regular exercises. No intervention was performed for the control group (in order to observe the research ethics, an emotionally focused approach was implemented for the control group after the end of the research). Then, immediately after the treatment and two months after that, all three groups participated in the posttest and follow up test, respectively(36;37).

Inclusion criteria were being at least 20 years of old (38) and having a university degree (post-diploma-bachelor-master), having experience of infidelity in marital relations, having at least two years of cohabitation (39), willingness to participate in the training sessions, completing the consent form, committing to participate in all training sessions, not abusing drugs/alcohol, not suffering from psychotic, mood and personality disorders (clinical interviews and MMPI2 by clinical psychology)

and chronic physical illness, not attending other treatment programs at the same time and receiving individual counseling or medication and lack of experience in emotionally focused and self-compassionate approaches at the time of the research. Exclusion criteria were the absence of more than two sessions and being a divorce applicant (40). Obtaining informed consent to participate in the research, the right to leave the study, safe intervention, confidentiality and privacy of the volunteers and providing the results if desired were observed. The present research was extracted from the doctoral dissertation and has been approved by the Ethics Committee of Mashhad Azad University with the code IRJAU.MSHD.REC.1399.074.

### **Differentiation of Self-Inventory Revised (DSI-R):**

This questionnaire was designed and developed by Skowron and Friedlander (1998) with 43 questions and revised in 2003 by (41) and the final questionnaire was constructed by Jackson in 46 items. The four subscales of emotional reactivity, I- position, emotional cutoff, and fusion with others are scored on a Likert scale from 1 to 6. All questions are scored in reverse, except for questions 4-7-11-15-19-23-27-31-37-43-41. In this questionnaire, the maximum score is 276 and the minimum score is 46 which is a sign of low levels of differentiation. In research Skowron& Schmitt (41), the reliability coefficient of the whole test was 0.92. In Jahanbakhshi and Kalanter Kusheh (42) research, the total reliability of the test was calculated to be 0.69 by Cronbach's alpha method and 0.73, 0.64, 0.61 , 0.75 for the subscales, respectively. In the present study, the total reliability of the questionnaire was calculated using Cronbach's alpha coefficient of 0.73 and 0.79, 0.67, 0.74 ,0.85for each subscale.

### **Inventory Sexual Intimacy of Botlani et al. (ISI):**

This questionnaire was designed by (43) to measure marital sexual intimacy. Botlani et al. prepared the sexual intimacy questionnaire, according to authoritative prepared the "Bagarozzi sexual intimacy questionnaire" and the research conducted in this regard. In this questionnaire, 30 questions are asked and each question has a range of 4 options (always, sometimes, rarely, Never) with scores from 1 to 4. This questionnaire does not have a subscale. The maximum score is 120 and the minimum is 30. The higher score indicates the higher sexual intimacy of most couples. Validity of the questionnaire was confirmed by five counseling and psychology experts in the faculty of educational sciences The university of Isfahan and the internal reliability of the questionnaire for 140 people was 0.81 using the Cronbach's alpha coefficient. Furthermore, the internal reliability of the questionnaire in Shakermi et al.'s (14) study, which was performed on 48 women referring to the Mental Health Support Center in Bojnourd, was calculated using Cronbach's alpha (0.78). The internal reliability of the questionnaire in this study was calculated using Cronbach's alpha (0.75).

## 3.Procedure

Firstly, the necessary coordination was done with three psychological clinics (Navid, Aria, and Kian Mehr) located in districts 2, 4, 11 of Mashhad. Then, women affected by marital infidelity who referred to Aria Clinic in 2019-2020 (79 people) were carefully examined. The

Whitley Marital Infidelity Attitude Questionnaire (44) was distributed among them for more accurate screening. A sample of 45 participants was selected (available sampling) according to the statistical formula

$$N = \frac{2(|Z\beta| + |z\alpha/2|)^2}{\Delta^2}$$

as the similar studies (45;46;47) after completing the

questionnaire according to the acceptance or rejection of marital infidelity. Then they were randomly assigned to two groups of experiments (N=15) and a control group (N=15). Finally, the purpose and method of conducting the research were explained to these individuals, their informed consent was obtained, and they were assured of confidentiality and privacy. The summary and the content of each session are presented in the following section.

**Table 1.** Summary of emotionally focused therapy training sessions (19):

Session 1	Communicating (including general familiarity with the topics - introducing the therapist - examining their motivation and expectation from participating in the class), Initial evaluation and presentation of treatment logic (defining emotionally focused concepts, intimacy, commitment, conflict, resilience, and examining people's opinions regarding these concepts), Assessing and recognizing the issue of individual communication conflicts, how they deal with problems-discovering problematic interactions and barriers to attachment and interpersonal and intrapersonal emotional engagement - assessing marital relationship status, intimacy, and commitment
Session 2	In-depth assessing of the cycles of interpersonal and intrapersonal interactions and individual evaluation including the discovery of outstanding events - collecting information that is not possible in the presence of the spouse, such as assessing the level of commitment to marriage, extramarital affairs, previous personal attachment trauma that affects the current relationship - evaluating their fear of revealing secrets
Session 3	Identifying the underlying emotions, achieving the unknown emotions that underlie the interactive patterns. (Including accepting and acknowledging the feelings - Discovering the insecurity of attachment and fears of the subject to help the person to be more open and self-disclosure - Continuation of treatment)
Session 4	Re-framing the problem by noticing the negative cycle; Reconstruction of the damaged emotional connection including clarifying the key emotional responses - Expanding the emotional experience of each subject in the marital relationship and the emergence of new elements in the experience - Coordinating the therapist's diagnosis with the clients - Accepting the negative cycle by the subjects in the marital relationship- Commenting and reviewing the relationships
Session 5	Increasing awareness of your emotions and aspects; Including deepening the subject's emotional involvement in the marital relationship based on attachment, and increasing the identification of attachment needs - Deepening the personal relationship with the emotional experience - Improving the mental and interactive states
Session 6	Increasing acceptance of new experiences and interactions of the individual; (Including determining the appropriateness of the therapist framework with the client experience - Accepting more subjects from their own experience - Promoting new methods of interaction)
Session 7	Facilitating the tools of needs and wants and creating emotional conflict, rebuilding interactive situations; Including reconstruction of interactions and change of events - More involvement of the couple with each other - Clarifying the desires and wishes of the subjects in the marital relationship - Finding new solutions to old problems and changing the spouse's annoying behavior, creating harmony in the inner sense of self and relationship, changing interactions - Overcoming barriers to positive reaction and building a safe attachment and happy relationship story
Session 8	Closing includes facilitation at the end of the sessions - Maintaining changes in future interactions - Determining the difference between the negative interaction pattern of past and present sessions - Maintaining emotional engagement to strengthen the bond between them

**Table 2.** Summary of Gilbert (35) Self-compassion training sessions

Session 1	Pre-test performance - Familiarization of the therapist and group members with each other, discussion about the purpose of the sessions and its overall structure, review of expectations of the first treatment session, familiarity with the general principles of compassion-oriented treatment and the description of compassion: what is compassion and how to overcome problems through it.
Session 2	Mindfulness training with physical and respiratory examination practice, familiarity with the brain systems based on compassion, familiarity with the characteristics of compassionate people, compassion for others, cultivation of a sense of warmth and kindness towards oneself, perception of others with their potential flaws and problems (cultivating a sense of human interaction) in the face of self-destructive feelings.

Session 3	Training to increase warmth and energy, mindfulness, acceptance, wisdom and power, warmth and non-judgment, encouraging subjects to self-knowledge and examining their personality as "compassionate" or "non-compassionate" according to educational topics
Session 4	Applying the exercises of "cultivating the mind of compassion", the value of compassion, empathy, and compassion for oneself and others, teaching styles and methods of expressing compassion, verbal compassion, practical compassion, cross-sectional compassion, and continuous compassion and using these methods in the upcoming meeting.
Session 5	Applying these methods in everyday life and for others. Teaching compassion skills in the areas of compassionate attention, compassionate reasoning, compassionate behavior, compassionate imagery, compassionate feeling, and perception, playing the role of the individual in the existential dimensions of self-criticism and compassion using the Gestalt Empty Chair technique, finding self-critical and self-compassionate voice during the inner conversation and its similarity to the conversation pattern of important people in life like parents. Filling the weekly table of critical and compassionate thoughts and behaviors.
Session 6	Teaching compassionate mental imaging techniques, soothing-rhythm breathing, mindfulness, and compassionate letter writing
Session 7	Summarizing, concluding, and answering the members' questions and evaluating all meetings, appreciating the members for participating in the meetings.
Session 8	The eighth session is the execution of the post-test.

#### 4. Results

In this study, descriptive and inferential statistics have been used to analyze the data presented in tables 3 to 6.

The demographic findings of the present study showed that in each of the control groups, emotionally focused approach and self-compassion approach, about 40% of selected women were housewives and 60% are employed. The mean and standard deviation of the dependent variables (differentiation of self and sexual intimacy) in the pre-test, post-test and follow-up stages were shown for the experimental and control groups in Table 3.

In this study, for inferential analysis of the results, repeated measures analysis of variance and Bonferroni

post hoc test was used to test the research hypothesis. Statistical results were evaluated using SPSS24 statistical software. First, the required defaults were examined. The results of Shapiro-Wilk test showed normal distribution of data in the variable of self-differentiation and sexual intimacy in the experimental and control groups in the pre-test, post-test and follow-up stages ( $p > 0.05$ ). Moreover, the presumption of homogeneity of variance of error was measured by Levene test, the results of which were not significant, indicating that the presumption of homogeneity of variance of error in the research variables was observed ( $p > 0.05$ ).

**Table 3.** The mean and standard deviation of pre-test, post-test, and follow-up test for differentiation of self and sexual intimacy variables.

Variable	Group	Pretest		Posttest		Follow-up	
		M	SD	M	SD	M	SD
Emotional reactivity	Control	39.0	5.5	40.0	4.3	40.9	4.7
	emotionally focused	39.8	4.8	46.1	3.9	47.3	5.7
	self-compassion	39.3	5.0	41.1	4.4	44.3	4.0
I-position	Control	36.4	5.7	41.0	6.9	38.1	4.3
	emotionally focused	37.9	4.9	41.9	4.4	44.0	5.5
	self-compassion	37.9	5.9	41.9	5.8	40.7	5.1
Emotional cutoff	Control	40.5	4.7	40.2	5.9	42.4	5.0
	emotionally focused	40.9	5.2	44.8	4.3	48.7	3.3
	self-compassion	40.7	5.4	42.5	4.4	43.3	5.9
Fusion with others	Control	42.6	4.8	40.1	6.1	42.8	5.1
	emotionally focused	42.5	4.7	50.7	4.5	49.2	4.3
	self-compassion	42.9	6.0	48.1	5.7	46.3	4.9
Differentiation of self	Control	158.5	8.7	161.3	10.6	164.2	5.5
	emotionally focused	161.1	10.0	183.6	10.2	189.2	10.3
	self-compassion	160.7	12.2	173.6	9.4	174.7	7.6
Sexual intimacy	Control	74.2	4.3	74.5	4.8	76.0	4.6
	emotionally focused	75.3	6.6	82.4	5.8	83.3	4.5
	self-compassion	73.8	4.6	80.5	6.4	81.2	4.4

**Table 4.** Results of Mauchly's sphericity test for the research variables

Variable	Mauchly's test	Chi-square	df	sig	Greenhouse-Geisser
Differentiation of self	0.963	1.54	2	0.463	0.964
Sexual intimacy	0.980	0.83	2	0.661	0.980

The results of Mauchely test (Table 4) showed that the probability values obtained in the Mauchly's sphericity hypothesis test for the research variables were greater than the significance level of the test of 0.05, so, the assumptions of

repeated analysis of variance were confirmed and repeated analysis of variance can be used to analyze the two interventions of emotionally focused approach and self-compassion on self-differentiation and sexual intimacy.

**Table 5.** The results of intragroup and intergroup effects related to the comparison of differentiation of self and sexual intimacy variables

Variable	Source		Mean of squares	f	Sum of squares	F	Sig	Etha
Differentiation of self	intragroup	Time	3200.1	2	6400.1	92.88	0.0001	0.69
		time*group	578.9	4	2315.8	16.80	0.0001	0.44
		error	34.5	84	2894.1			
Sexual intimacy	intragroup	group	3100.1	2	6200.1	15.06	0.0001	0.42
		error	205.9	42	8646.5			
		time	420.8	2	841.7	47.87	0.0001	0.53
Sexual intimacy	intragroup	time*group	65.7	4	262.6	7.47	0.0001	0.26
		error	8.8	84	738.4			
		group	345.0	2	690.1	5.45	0.008	0.21
		error	63.3	42	2658.5			

The results of the above table showed that there was a significant difference between self-differentiation and sexual intimacy in terms of time and interactive effects between the time and group ( $p < 0.05$ ). Therefore, there

was an interaction between different levels of time and different levels of groups. Then, Bonferroni post hoc test was used to examine the differences between the research groups in more detail.

**Table 6.** Bonferroni post hoc test results for differentiation of self and sexual intimacy variables

Variable	Group		Mean difference	SD	Sig
Differentiation of self	emotionally focused	self-compassion	8.31	3.02	0.026
		control	16.60	3.02	0.0001
	self-compassion	control	8.29	3.02	0.027
Sexual intimacy	emotionally focused	self-compassion	1.84	1.68	0.833
		control	5.44	1.68	0.007
	self-compassion	control	3.60	1.68	0.113

The results showed that there was a significant difference between the mean score of differentiation of self and sexual intimacy in the emotionally focused and self-compassion groups with the control group ( $p < 0.05$ ). But the

difference between the two groups of emotionally focused and self-compassion was not significant in sexual intimacy ( $p > 0.05$ ) and there was a significant difference in the differentiation of self-variable ( $p < 0.05$ ).

## 5. Discussion

The present study was conducted to compare the effectiveness of emotionally focused therapy and self-compassion skills training on differentiation of self and sexual intimacy of women affected by marital infidelity. The results showed that both interventions of emotionally focused approach and self-compassion approach were effective in increasing the level of self-differentiation and sexual intimacy of women affected by marital infidelity. Moreover, training emotionally focused approach skills in increasing differentiation of self has had better results than the self-compassion approach. In arguing these findings, the nature of the emotionally focused approach, which is based on emotion, should be noted. According to the results of research, Razurel(48) and Farchione (49) stated that emotion focused approach is a therapeutic method that uses functional analysis and strategies related to increasing and enhancing developmental growth for adaptation, healthy behavior and reduction of avoidant behaviors.

The emotionally focused approach has now published successful treatment guidelines and protocols specifically for better understanding marital relationships and ways to deal with marital conflict and repair damaged bonds caused by marital infidelity, and several empirical studies have confirmed the effectiveness of this intervention.

Among them, we can mention the studies of (17;50;51), which were consistent with the results of the present study. A study on the effectiveness of an emotionally focused approach to increasing the level of self-differentiation and sexual intimacy can be found in study Jafari et al. (52) stated that emotional focused therapy reduced emotional separation in the experimental group and strengthened I-position. These findings also support the findings of Girard and Woolley (53) who suggested that emotional focused therapy training increases couples' sexual intimacy. In this regard, Zanganeh Motlaghet al (54) also showed that emotionally focused intervention can be effective in emotional dysfunction and increase sexual intimacy of couples.

Continuing the argument for increasing the level of self-differentiation and sexual intimacy as a result of participating in emotionally focused approach sessions, we can refer to the model of Mineka& Zinbarg (55). In this model, it is believed that genetic and natural factors, the history of conditioning and the history of socio-cultural learning of individuals as vulnerabilities are effective in the occurrence of anxiety, marital conflict and differentiation of self. Thus, emotionally focused treatment by controlling the experiences of direct and substitutive traumatic conditioning, reducing the perception of uncontrollability and unpredictability of stressful events (Marital Infidelity), and by creating cognitive changes in the mind and subsequent change in interactive responses, emotional awareness, emotional outburst, emotional regulation, change in the nature and corrective experiences of emotion, increasing the level of self-differentiation and sexual intimacy of individuals could be successful (56).

On the other hand, the researcher's experience showed that training an emotionally focused approach (skills such as changing defective thought processes and cognitive reconstruction of emotional responses, breaking the cycle

of internal negative experiences, situational awareness, reversing and correcting incorrect emotional processes, changing traumatic memories and disturbing information, simultaneous change of feelings, thoughts and emotions, focusing on emotional recovery and prevention of negative mood on the one hand and using motivational skills to increase the motivation and mood of clients on the other hand, increase the level of differentiation of self and sexual intimacy in clients (57). Hence, the significant effectiveness of the emotionally focused approach can be logically explained.

Moreover, in order to explain the results of the present study on the effect of self-compassion intervention on the health of the main family and marital commitment, we can refer to the study of Ghezelsefloo et al. (58) and Dasht Bozorgi (31) which pointed to the effectiveness of self-compassion intervention on the feeling to loneliness and emotion regulation of women afflicted by marital infidelity. In general, the results of the present study were consistent with the results of the studies of (27;59;60).

Shapiro's theory (61) can be used to explain these findings. He believes that humans have an innate physiological system that links information processing to mental health. Psychological damage occurs when the information processing system stops. Traumatic information (such as infidelity) is stored stagnant, unresolved, and fixed at the moment the disturbing event occurs.

Daily stimuli evoke the negative feelings and beliefs that lurk in these traumatic memories and cause the individual to react in a way that is mentally, emotionally, and behaviorally compatible with the trauma, increasing the lack of self-differentiation and reducing the sexual intimacy of traumatized women and respond emotionally and behaviorally to the injury. These include self-compassion skills (such as changing defective thought processes and cognitive reconstruction of emotional responses, breaking the cycle of negative inner experiences, mindfulness, relaxation, confirm, sensitivity to suffering, motivatoin to care for well-being, sympatric and muscular nervous system inhibition, through the network of sleep turbines, etc.) for emotional self-regulation, control of emotions and rumination which help people to learn the ability to regulate their inappropriate behavior and improve their mental health (23;35).

Therefore, self-compassion requires conscious awareness of one's emotions, and according to the theory of mindfulness, clients' awareness focuses on thoughts and desires in the present moment and allows the individual to set a good ground for regulating the need to maintain communication, maintain autonomy and give freedom to emotional partner. As a result, it increases marital intimacy and self-differentiation, which ultimately leads to higher self-compassion, happiness, optimism, life satisfaction and inner motivation, and higher levels of emotional intelligence, interpersonal relationships, wisdom and resilience are reported (62). Therefore, This can facilitate the acceptance of positive feedback and the ability to deal with neutral feedback in women affected by extramarital affairs, and facilitate sincere attitudes in responding to the husband's feelings, sharing couples' emotional states, awareness of spouse's feelings and interpersonal problems

due to their self-compassion. Moreover, in stressful events (such as spouse extramarital affairs), with empathetic relationship and a sense of connection and a sense of belonging and solidarity, people face the problems and the result of which is likely to improve women's sexual intimacy and self-differentiation which is consistent with the results of this research.

This result is consistent with research.

Accordingly, in the general explanation of the present study, it can be acknowledged that, behind the difference between the two approaches, there is a fundamental similarity (both emphasize the emotional dimensions of the client), and the emotionally focused approach has a clearer structure than the compassion approach and uses behavioral and validation techniques simultaneously. It also includes principles and techniques (such as self-observation) that lead to the stability of change.

Furthermore, we can mention the more active participation and higher level of clients in emotionally focused therapy skills. Linehan (63) considers three factors to be effective in the success and superiority of this method. In the emotionally focused approach, the acquisition of skills and the development of behavioral motivations are the basis of change, which is why Linehan added therapeutic strategies to treatment that reflect the acceptance and validation of clients' current behavioral capacities and abilities. Balancing acceptance and change is one of the principles of the emotionally focused approach (64). Therefore, the superiority of emotionally focused therapy skills training compared to the compassionate approach can be justified, especially in the variable of self-differentiation.

Because a wide range of people with infidelity do not enter the treatment phase, generalizations to the widespread prevalence of infidelity are challenging. Therefore, its generalization is at least related to groups that have the ability to use mental health services and live in Iranian culture. It is recommended that in order to make the therapeutic effects of the above approaches clearer and to extend the results, it is better to examine the injuries caused by infidelity in pairs in the next research, in large samples, and from the perspective of the couple.

Despite the limitations, it can be said that access to mental health services after the onset of infidelity is a very key point in helping people overcome the crisis. Therefore, it is recommended to provide training programs for coping with stress and acquiring effective communication skills to these people and to develop a therapeutic skills booklet for emotionally focused, self-compassion and crisis management for these people. Although, in this study, none of the women were seeking divorce, it seems that in order to maintain the long-term results of treatment, clients should continue treatment besides more effective intervention and supportive measures.

## 6. Conclusion

As the results show, the emotionally focused approach can be used as an effective training to improve the psychological resilience of women affected by marital infidelity by using concepts such as emotional awareness, emotion symbolism and emotion regulation. The effectiveness of the emotionally focused and self-compassionate approach

in family counseling and psychotherapy clinics is of particular importance.

## Conflict of interest

The authors did not declare any conflict of interest.

## Acknowledgments

We would like to gratitude all the people who participated in the present research.

## References

1. Fife ST, Weeks GR, Stellberg-Filbert J. Facilitating Forgiveness in the Treatment of Infidelity: An Interpersonal Model. *Journal of Family Therapy*. 2013;35(4):343- 367. doi: org/10-1111/j.1467-6427.2011. 00561.x
2. Spielberger CD, Anton WD, Bedell J. The Nature and Treatment of Test Anxiety. In *Emotions and Anxiety: New Concepts, Methods, and Applications*. 2015;(pp.317-344).
3. Ein-Dor T, Perry-Paldi A, Hirsch Berger G, Birnbaum GE, Deutsch D. Coping with mate poaching: gender differences in detection of infidelity-related threats. *Evolution and Human Behavior*. 2015; 36(1): 17-24. doi:org /10.1016/j.evolhumbehav.2014.08.002.
4. Moemeni Javid M, Shoa Kazemi M. The effect of couple psychotherapy on the quality of life of couples affected by marital infidelity in Tehran, *Research and Health*. 2011; 1(1): 63-53.
5. Fincham FD, May RW. Infidelity in romantic relationships. *Current opinion in psychology*. 2017; 13:70-74. doi: org/10.1016 /j. copsyc. 2016.03.008
6. Simon HLM, DiPlacido J, Conway JM. Attachment styles in college students and depression: The mediating role of self-differentiation. *Mental Health & Prevention*. 2019; 13: 135-142. doi: 10.1016/j.MHP.2019.01.011
7. Drake JR. Differentiation of Self Inventory –Short Form: Creation and Initial Evidence of Construct Validity. PhD Dissertation, University of Missouri-Kansas City. 2011. Available from: <http://hdl.handle.net/10355/11137>
8. Klever P. Goal direction and effectiveness, emotional maturity, and nuclear family functioning. *Journal of Marital and Family Therapy*. 2009; 3:308-324. Available from: <https://doi.org/10.1111/j.1752606.2009.00120x>
9. Pirsaghi F, Zahrakar K, Kiamanesh A, Mohsenzadeh F, Hassani J. Presenting a model of efficient marital relationship with an approach based on data theory. *Cultural and Educational Quarterly of Women and Family*. 2018; 45 (13): 7- 35.
10. Shirazi R, Bakhtiari Arksi H, Alizadeh Zakaria R. Comparison of Differentiation and Emotional Expression in Betrayed and Normal Spouses, *Journal of Contemporary Psychology*. 2017; 12: 990-986. Available from: <https://civilica.com/doc/732459>.
11. Jahan Bakhshian N, Rasouli M, Tajik Ismaili A, Sarami Foroushani Gh. Comparison of the effectiveness of group therapy based on Bowen family systems with group therapy based on short-term couple therapy object relationships on marital intimacy. *Journal of Urmia School of Nursing and Midwifery*. 2018; Volume 17(3): 213-226. Available from: URL: <http://rjms.iuums.ac.ir/article-1-5666-fa.html>
12. Bagarozzi DA. Enhancing intimacy in marriage, *Phil-*

- adelphia: A clinical hand book, Brunner/ Rout ledge.2001.
13. Pananakhonsab W. Migration for love? Love and intimacy in marriage migration processes. *Emotion, Space and Society*. 2019. doi: 10.1016/j.emospa.2019.03.001
  14. Shakarami M, Davarnia R, Zaharakar K, Gohari Sh. The effect of the sex education on sexual intimacy of married women. *Psychiatrics Nursing journal*. 2014;2(1): 34-42. [In Persian]
  15. Barrientos JE. Psychological variables of sexual satisfaction *Journal of Sex of Marital therapy*. 2006; 32: 351-368. doi: 10.1080/00926230600834695
  16. DeSousa A, McDonald S, Rushby J, Li S, Dimoska A, James C. Understanding deficits in empathy after traumatic brain injury: The role of affective responsiveness. 2011;47(5):526-535. doi: 10.1016/j.cortex.2010.02.004
  17. Mousavi FS, Eskandari H, Bagheri F. Comparison the effect of Glaser Reality Therapy and Emotion-Focused Therapy on Marital Quality and Marital Satisfaction in Betrayed Women. *Middle Eastern Journal of Disability Studies*. 2019;150)10(: 1-6.
  18. Wiebe SA, Johnson SM. A review of the research in emotionally focused therapy for couples. *Family Process*. 2016; 55 (3): 390-407. doi: 10.1111/famp.12229
  19. Greenberg L, Goldman R. Emotion-focused couple therapy. Translated by Ramezani MA, Ghaemmaghami A, Jannesari Z, Jamshidnejad N, Dayani N, Faghih S. Tehran: Virayesh Publishing. 2018. [In Persian]
  20. Palmer-Olsen L, Gold LL, Woolley SR. Supervising emotionally focused therapists: A systematic research-based model. *J Marital Fam Ther*. 2011; 37(4):411-426.
  21. Mohamadipor M, Nori J, Namni E. The effectiveness of group emotion therapy on interpersonal forgiveness and hope in divorced women. *Culture of Counseling and Psychotherapy*. 2016; 8 (29): 57-87. doi:10.22054/QC-CPC.2017.19768.1463
  22. Abbasi F, Kimiaei SA, Saffarian Tusi MR, Abedi MR. The fourth wave of behavior therapy: the process of formation of behavioral therapies and its challenges. *The growth of psychology*. 2018; 7 (1): 223-236. Available from: <http://frooyesh.ir/article-1-965-fa.html>
  23. Neff KD, Germer C. Self-Compassion and Psychological Wellbeing. In J. Doty (Ed.) *Oxford Handbook of Compassion Science*, Chap. 27; Oxford University Press. 2017. doi:10.1093/oxfordhb/9780190464684.013.27
  24. Irons C, Lad S. Using compassion focused therapy to work with shame and self-criticism in complex trauma. *Australian Clinical Psychologist*. 2017; 3(1): 47-54.
  25. Gilbert P. The origins and nature of compassion focused therapy. *British Journal of Clinical Psychology*. 2014; 53(1): 6-41. doi:10.1111/bjc.12043
  26. Terry ML, Leary MR. "Self-compassion, self-regulation, and health". *Self and Identity*. 2011; 10: 352-362. doi: 10.1080/15298868.2011.558404.
  27. Shojaei Vaghani F, Sohrabi A, Azizi A, Mohammadi Raigani M, Nasiri Hanis Gh. The effect of compassion-based therapy on marital intimacy and emotional regulation of couples. *The Rooyesh-e- Ravanshenasi*. 2018; 8:11-20.
  28. Mansouri Kh. Comparison of early maladaptive schemas, tolerance of anxiety and tolerance of ambiguity in students with problem-oriented and emotion-focused coping styles. Master Thesis in Clinical Psychology, Islamic Azad University, Science and Research Branch. 2013. [In Persian]
  29. Franckowiak M. Intimacy after Sexual Trauma: Clinical Perspectives. Retrieved from Sophia, the St. Catherine University repository. Available from: [https://sophia.stkate.edu/msw\\_papers/734](https://sophia.stkate.edu/msw_papers/734). 2017.
  30. Babaei Garmkhani M, Kasaei A, Zaharakar K, Asadpour E. Effectiveness of compassion focused group counseling on emotion regulation strategies and marital satisfaction of betrayal women cyber infidelity. *Family Counseling and Psychotherapy*. 2019;2:73-92
  31. Dasht Bozorgi Z. Effectiveness of self-compassion therapy on loneliness and emotion regulation of damaged women from marital infidelity. *Knowledge & Research in Applied Psychology*. 2017;2:72-79
  32. Fakhri MS. Comparison of the effectiveness of neurofeedback therapy and emotion-focused group therapy on reducing mood dysphoria and improving marital satisfaction. Master Thesis. Ferdowsi University of Mashhad. 2014. [In Persian]
  33. Navarro-Gil M, Lopez-del-Hoyo Y, Modrego-Alarcón M, Montero-Marin J, Van Gordon W, Shonin E, Garcia-Campayo J. Effects of attachment-based compassion therapy (ABCT) on self-compassion and attachment style in healthy people. *Mindfulness*. 2020; 11(1): 51-62. Available from: <https://doi.org/10.1007/s12671-018-0896-1>
  34. Delavar A. Theoretical and practical principles of research in the humanities and social sciences [7th ed. Tehran: ROSHD. 2010. [In Persian]
  35. Gilbert P. Compassion-focused therapy [Esbati M, Faizi A. (translators). 1th ed. Tehran: Ibn Sina; 2010. [In Persian]
  36. Araghian SH, Nejat H, Touzandehjani H, Bagherzadeh Golmakani Z. Comparing the effectiveness of quality of life therapy and compassion-focused therapy on the quality of interpersonal relationships and distress tolerance in women with marital conflict. *Journal of Fundamentals of Mental Health*. 2020;21(3):91-180. doi:10.22038/JFMH.2020.15917
  37. Shadish WS, Shadish WR, Chelmsky Cook TD, Campbell DT. *Experimental and quasi-experimental designs for generalized causal inference* (1th). New York: Houghton Mifflin. 2002.
  38. Haghani M, Abedi A, Fatehizadeh M, Aghaei A. A comparison of the effectiveness of combined systemic couple therapy (Bowen) and emotion-focused therapy (Johnson) packages and integrated couple therapy on the quality of marital life of couples affected by infidelity. *Sadra Med Sci J*. 2020;8(1): 11-28. doi:10.30476/SMSJ.2020.82902.1040
  39. Pourhossein Ali S, Amir Fakhraei A. The effectiveness of system-oriented couple therapy on emotional failure and self-differentiation of women affected by marital infidelity, *Fasnameh zan v motaleate khanevadeh*. 2019; 12 (46): 7-24. [In Persian]. doi: 10.30495/JWSF.2020.1884635.1413
  40. Davarniya R, Zaharakar K, Asadpour E, Mohsenzadeh F, Kasaei Esfahani A. The Effectiveness of Group Counseling based on Compassion-Focused Therapy (CFT)

- on Rumination in Women Affected by Marital Infidelity. *Armaghane danesh*. 2019; 24 (5) :950-967. [In Persian]. Available from: URL: <http://armaghanej.yums.ac.ir/article-1-2641-fa.html>
41. Skowron EA, Schmitt AT. Assessing interpersonal fusion: Reliability and validity of a new DSI fusion with others subscale. *Journal of Marital and Family Therapy*. 2003; 29: 209-222. doi:org/10.1111/j.1752-0606. 2003.tb01201.x
42. Jahanbakhshi Z, Kalantar Kusheh SM. The relationship between the dimensions of early maladaptive schemas and their differentiation with the desire to marry in male and female students of Allameh University. *Family Counseling and Psychotherapy Quarterly*. 2012; 2, 254 - 234.
43. Botlani S, Ahmadi SA, Bahrami F, Shahsiah M, Mohebbi S. Effect of attachment-based couple therapy on sexual satisfaction and intimacy. *J Fund am Mentz Health*. 2010; 2(46): 496-505. [In Persian]
44. Whatley M. Attitudes toward infidelity scale. *Journal Social Psychology*. 2008; 133 (1): 547-51. doi:10.29252/bjcp.13.2.149
45. Ghodrati Torbati A, Samari A, Akbari Amarghan H, Nejat H, Toozandehjani H. Comparison of the Effectiveness of Dialectical Behavior Therapy and Compassion Focused Therapy on Blood Cortisol and Serotonin Levels in Drug Abusers. *Razavi International Journal of Medicine*. 2021; 9(1): 14-20. doi: 10.30483/rijm.2021.249763.0
46. Ghodrati Torbati A, Nejat H, Toozandehjani H, Samari A A, Akbari Amarghan H. Effect of Compassion-Focused Therapy (CFT) on Blood Cortisol and Cognitive-Emotion Regulation in Drug Abusers. *Jundishapur J Health Sci*. 2020 ; 12(1):e100148. doi: 10.5812/jjhs.100148.
47. Ghodrati Torbati A, Nejat H, Toozandehjani H, Samari AA, Akbari Amarghan H. Comparing the effectiveness of Dialectical Behavior Therapy and Compassion Focused Therapy on blood cortisol levels and self-control in drug abusers. *Journal of Torbat Heydariyeh University of Medical Sciences*. 2020;7(4):35-48
48. Razurel C. Relationship between perceived perinatal stress and depressive symptoms, anxiety, and parental self-efficacy in prim parous mothers and the role of social support. *Women Health*. 2017;154-172. doi:10.1080/03630242.2016.1157125.
49. Farchione T. Behavioral Activation Strategies for Major Depression in Trans diagnostic Cognitive-Behavioral Therapy. An Evidence-Based Case Study. *American Psychological Association*. 2017; 54(3): 225–230. doi:org/10.1037/pst0000121.
50. Zuccarini D, Johnson SM, Dalglish T L, Makinen JA. Forgiveness and reconciliation in emotionally focused therapy for couples: The client change process and therapist interventions. *Journal of Marital and Family Therapy*. 2013; 39(2): 148-162. Available from: <https://doi.org/10.1111/j.1752-0606.2012.00287.x>
51. Stavrianopoulos K. Enhancing relationship satisfaction among college student couples: An emotionally focused therapy (EFT) approach. *Journal of Couple and Relationship Therapy*. 2015; 14(1): 1-16. doi: 10.1080/15332691.2014.953656
52. Jafari F, Samadi Kashan S, Zamani Zarchi M, Asayesh M. The Effectiveness of Emotionally Focused Couple Group Therapy on Self-Differentiation of Couples with Conflict. *Quarterly Journal of Social Work*. 2018;7(1):5-13
53. Girard A , Woolley S. Using Emotionally Focused Therapy to Treat Sexual Desire Discrepancy in Couples. *Journal of sex & Marital Therapy*. 2017;43(8): 720–735. doi:101080/0092623x.2016.1263703
54. Zanganeh Motlagh F, Bani J, Shokooh Sadat Ahadi H, Hatami HR. The effectiveness of couple therapy based on acceptance and commitment and emotion-focused couple therapy on improving intimacy and reducing couples' emotional failure. *Thought and Behavior*. 2016; 12 (44): 56-46.
55. Mineka S, Zinbarg R. A contemporary learning theory perspective on the etiology of anxiety disorders: It's not what you thought it was. *American Psychologist*. 2006; 61: 10–26. doi:10.1037/0003-066X.61.1.10
56. Greenberg LS. Emotion focused therapy: A clinical synthesis. *Focus*. 2010; 8(1): 1-11. doi: org/10.1176/foc.8.1. foc32
57. Spence SH, Rapee RM. The etiology of social anxiety disorder: an evidence-based model. *Behaviour Research and Therapy*. 2016; 86: 50-67. doi: org/10.1016/j.brat.2016.06.007
58. Ghezelsefloo M, Jazayeri R, Bahrami F, Mohammadi R. Relationship between original family health and self-compassion with marital commitment. *Journal of Mazandaran University of Medical Sciences*. 2016;2:79-96
59. Yousefi z, Karimnezhad R. The effectiveness of spouse treating based compassion training on improving family relations marital conflicts forgiveness and intimacy among deaf and semi-deaf couples. *Journal of Woman and Family Studies*. 2018;12:199-223. doi:10.22051/JWFS.2017.15408.1452
60. Baillargeon S, Rosen N, Steben M, Pâquet M, Perez M. Does Self-compassion Benefit Couples Coping With Vulvodynia? Associations With Psychological, Sexual, and Relationship Adjustment. *Wolters Kluwer Health, Inc*. 2018;34 (7):629- 637. doi:10.1097/AJP.0000000000000579
61. Reuther ET, Davis TE, Moree BN, Matson JL. Treating Selective Mutism Using Modular CBT for Child Anxiety: A Case Study. *Journal of Clinical Child & Adolescent Psychology*. 2011; 40(1): 156–163. doi: 10.1080/15374416.2011.533415
62. Ahmadpour Dizji J, Zahrakar K, Kiamanesh A. Comparison of the effectiveness of compassionate treatment and well-being treatment on the psychological capital of female students with emotional failure. *Faslnameh Elmi Paghoheshi Zan V Farhangh*. 2017; 8(31): 7-21. [In Persian]
63. Linehan MM. Cognitive-behavior treatment of borderline personality disorder. New York, USA: thGuilfordpress. 1993. Available from: <https://doi.org/10.1037/ccp0000496>
64. Swales MA, Heard HL. Dialectical Behavior Therapy, The CBT distinctive features series. Routledge: Published in the USA and Canada. 2009.