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Effectiveness of Compassion-Focused Therapy on Emotion Regulation and Fear of Intimacy in Women Affected by Marital Infidelity

Zahra Fadai Moghadam[1], Saadat Mehri[2], Mahsa Dehghani[3], Amin Allah Gholami[4], Forud Gholami[5*]

1 Master of Science in General Psychology, Department of Psychology, Qom Branch, Islamic Azad University, Qom, Iran
2 M.A. in Rehabilitation Counseling, Allameh Tabataba'i University, Tehran, Iran
3 Master of Science in General Psychology, Department of Psychology, Hormozgan University, Hormozgan, Iran
4 Master of Criminal Law and Criminology, Law Department, Ahvaz Branch, Islamic Azad University, Ahvaz, Iran
5 M.A. in Women Studies, Department of Social Sciences, Faculty of Literature and Humanities, University of Isfahan, Isfahan, Iran

*Correspondence: forod.gholami@ltr.iu.ac.ir

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ABSTRACT

The aim of this study was to evaluate the effectiveness of Compassion-Focused Therapy (CFT) on emotion regulation and fear of intimacy in women affected by marital infidelity. This study was conducted as a randomized controlled trial and included 30 women aged 25 to 45 years residing in Tehran who had reported experiences of marital infidelity. Participants were randomly assigned to an intervention group (n=15) and a control group (n=15). The intervention group received a 12-session Compassion-Focused Therapy program, while the control group was placed on a waitlist. To assess emotion regulation and fear of intimacy, the Cognitive Emotion Regulation Questionnaire (CERQ) and the Fear of Intimacy Scale (FIS) were administered at three time points: pre-test, post-test, and 5-month follow-up. The results indicated that the intervention group demonstrated significantly greater improvements in emotion regulation and reductions in fear of intimacy compared to the control group. Repeated measures ANOVA showed that these changes in both variables remained statistically significant at the post-test and follow-up stages ($p < 0.001$). Furthermore, the intervention produced a marked reduction in emotional turmoil and fear of intimacy in the intervention group. Compassion-Focused Therapy proved to be effective in enhancing emotion regulation and reducing fear of intimacy in women affected by marital infidelity. The positive effects of this intervention were sustained over time, indicating the potential of CFT as a long-term therapeutic approach. These findings suggest that CFT may be an effective strategy for addressing emotional and relational challenges resulting from infidelity.

Keywords: Compassion-Focused Therapy, Emotion Regulation, Fear of Intimacy, Marital Infidelity, Women

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Introduction

Marital infidelity is one of the fundamental challenges in couple relationships, leaving profound effects on mental health, emotion regulation, and emotional intimacy, particularly in women. This phenomenon is not only recognized as a traumatic event but can also evoke emotions such as anger, shame, and fear of intimacy, which complicate emotion regulation processes (1). Marital infidelity is defined as a violation of emotional or sexual commitment in a relationship and is often associated with diminished trust and intimacy (2). This experience can activate individuals' emotional threat systems, leading to issues such as self-blame and reduced self-compassion (3). In this context, psychological interventions such as Compassion-Focused Therapy (CFT) have been proposed as effective approaches for improving emotion regulation and reducing fear of intimacy (4).

Emotion regulation, as the ability to manage and respond to emotional experiences, plays a key role in coping with the aftermath of marital infidelity (5). Women affected by infidelity often struggle with regulating negative emotions, which may intensify feelings of shame and guilt (6). Studies have shown that maladaptive emotion regulation strategies, such as rumination or emotional suppression, can reduce mental health and increase fear of intimacy (7). In contrast, interventions that focus on cultivating self-compassion can assist in improving emotion regulation by reducing self-blame and enhancing self-acceptance (8). Self-compassion, as a core component of CFT, includes three dimensions: self-kindness, mindfulness, and a sense of common humanity, which can mitigate the negative effects of infidelity (9).

Fear of intimacy is another common consequence of marital infidelity, defined as the anxiety or avoidance of forming close emotional relationships (1). This fear may stem from the insecurity and distrust resulting from infidelity and can hinder the rebuilding of intimate relationships (10). Studies have found that fear of intimacy is associated with reduced self-compassion and heightened feelings of guilt, which may exacerbate psychological distress (11). Compassion-Focused Therapy, by targeting self-criticism and fostering a kind attitude toward the self, can reduce fear of intimacy and improve relationship quality (12). Through the use of techniques such as mindfulness and compassion-focused imagery, this approach helps individuals cope with the painful emotions associated with infidelity (13).

Compassion-Focused Therapy, developed by Paul Gilbert, is an integrative approach drawing from evolutionary theory, neuroscience, and positive psychology (14). The therapy focuses on strengthening the emotional soothing system and reducing threat system activation, which can contribute to improved mental health in individuals affected by infidelity (15). Numerous studies have confirmed the effectiveness of this approach in enhancing emotion regulation and alleviating psychological problems in women. For instance, research has shown that teaching self-compassion skills can reduce emotional turmoil and enhance marital satisfaction in women harmed by infidelity (8). Moreover, this therapy supports the rebuilding of relationships by fostering marital intimacy and reducing conflict (16).

Compared to other therapeutic approaches such as Emotion-Focused Therapy (EFT) or Cognitive Behavioral Therapy (CBT), Compassion-Focused Therapy appears particularly suitable for women suffering from marital infidelity due to its emphasis on cultivating self-compassion and reducing self-blame (2, 10). For example, while EFT emphasizes rebuilding emotional bonds between partners, CFT focuses on improving individuals' relationships with themselves and alleviating feelings of shame, which may be a

prerequisite for restoring intimacy (7). Additionally, in contrast to CBT, which targets cognitive pattern changes, CFT emphasizes emotional and affective dimensions, potentially yielding deeper effects on emotion regulation (14). These features make CFT an ideal intervention for women affected by infidelity.

Considering the Iranian cultural context, where marital infidelity is often associated with social shame and cultural pressures, Compassion-Focused Therapy may be especially effective. Iranian women affected by infidelity often grapple with guilt and self-blame, which can lead to emotional isolation and reduced intimacy (4). Studies have shown that compassion-based interventions, due to their focus on self-acceptance and non-judgment, align well with the cultural needs of this population (12). For example, research in Iran has demonstrated that self-compassion training can reduce loneliness and improve emotion regulation among women who have experienced infidelity (3).

Furthermore, recent studies have revealed that self-compassion can function as a mediator between marital infidelity and psychological problems. For example, one study indicated that self-compassion could buffer the negative effects of infidelity-related stress (9). Compassion-based interventions have also been shown to promote mental health and reduce maladaptive behaviors such as emotional eating or rumination (13). These findings underscore the importance of applying CFT in the treatment of women harmed by infidelity.

Despite growing evidence on the effectiveness of Compassion-Focused Therapy, limited research has specifically examined the impact of this intervention on emotion regulation and fear of intimacy in Iranian women. Most studies in Iran have focused on variables such as marital satisfaction or marital conflicts (17). Additionally, few investigations have addressed the long-term sustainability of the intervention's effects (6). This research gap highlights the necessity of the present study.

The current study aimed to examine the effectiveness of Compassion-Focused Therapy on emotion regulation and fear of intimacy in Iranian women affected by marital infidelity.

Methods and Materials

Study Design and Participants

This study was designed as a randomized controlled trial (RCT). The statistical population consisted of women aged 25 to 45 years residing in Tehran who reported experiencing marital infidelity. Sampling was conducted using a convenience sampling method, and 30 participants were randomly assigned to two groups: an intervention group (15 participants) and a control group (15 participants). Inclusion criteria included self-reported experience of marital infidelity, absence of severe psychiatric disorders (based on clinical interviews), and willingness to participate in therapy sessions. Exclusion criteria included missing more than two therapy sessions or withdrawal from the study. The intervention group received a 12-session Compassion-Focused Therapy (CFT) protocol, while the control group received no intervention and was placed on a waitlist. A 5-month follow-up was conducted after the intervention to assess the durability of treatment effects.

Data Collection

The **Cognitive Emotion Regulation Questionnaire (CERQ)** was developed by Garnefski, Kraaij, and Spinhoven in 2001. This tool consists of 36 items assessing nine subscales: self-blame, other-blame,

rumination, catastrophizing, acceptance, positive refocusing, positive reappraisal, putting into perspective, and planning. Each subscale contains 4 items, and responses are rated on a 5-point Likert scale (ranging from 1 = almost never to 5 = almost always). Subscale scores range from 4 to 20, and the total score ranges from 36 to 180, with higher scores indicating more frequent use of emotion regulation strategies. The reliability and validity of this questionnaire have been confirmed in numerous studies, including those conducted in Iran. For example, studies in Iran have reported Cronbach's alpha coefficients above 0.7 and acceptable convergent and divergent validity with related instruments.

The **Fear of Intimacy Scale (FIS)** was developed by Descutner and Thelen in 1993. This questionnaire consists of 35 items that assess fear of intimacy in close relationships. Items are rated on a 5-point Likert scale (from 1 = not at all true of me to 5 = very true of me). Total scores range from 35 to 175, with higher scores indicating a greater fear of intimacy. The scale covers two main dimensions: fear of emotional intimacy and fear of social intimacy. The validity and reliability of this tool have been confirmed in both international and Iranian studies. In Iran, research has shown that the FIS has a Cronbach's alpha of approximately 0.85 and appropriate construct validity when compared with related instruments such as anxiety and attachment scales, making it a reliable tool for assessing fear of intimacy in the Iranian population.

Intervention

The CFT-based intervention protocol was designed to improve emotion regulation and reduce fear of intimacy in women affected by marital infidelity. The protocol consisted of 12 weekly 60-minute sessions, developed based on the principles of Compassion-Focused Therapy, with a focus on cultivating self-compassion, reducing self-blame, and reconstructing intimate relationships using cognitive, emotional, and behavioral techniques. Each session included practical exercises, group discussions, and homework assignments that progressively built compassion-focused skills and helped participants cope with negative emotions related to infidelity while rebuilding emotional intimacy. The protocol was culturally adapted to align with the psychological needs of Iranian women.

Session 1: Introduction and Group Formation: The therapist introduced the goals of CFT and created a safe and supportive space to foster trust among group members. Participants introduced themselves and shared their experiences of marital infidelity. The concept of self-compassion and its distinction from self-pity was explained. A calming breath exercise was introduced to reduce anxiety and improve focus. Homework included daily calming breath practice and writing a short note about feelings related to infidelity.

Session 2: Understanding Emotional Systems: This session focused on educating participants about the three emotional systems (threat, drive, soothing). The therapist used visuals and simple examples to explain their functioning and the impact of infidelity on activating the threat system. Participants were encouraged to identify moments when their threat system was activated. A mindfulness exercise to enhance awareness of momentary emotions was introduced. Homework involved daily tracking of threat-activating situations.

Session 3: Cultivating the Compassionate Mind: The session introduced the concept and traits of the compassionate mind (e.g., kindness, courage, wisdom). Through a guided imagery exercise, participants

imagined a compassionate figure (e.g., an ideal friend). Group discussion focused on barriers to self-compassion, such as guilt or shame. Homework involved writing a compassionate letter to oneself regarding the experience of infidelity.

Session 4: Working with Self-Blame: This session focused on reducing self-blame, which is prevalent among women harmed by infidelity. The therapist used cognitive techniques to identify and challenge self-critical thought patterns. The "compassionate chair" exercise was introduced, in which participants spoke to themselves from the perspective of a compassionate friend. Homework involved daily identification of self-blaming thoughts and replacing them with compassionate statements.

Session 5: Regulating Emotion through Compassion: This session taught techniques for regulating emotion using compassion. The therapist introduced rhythmic breathing and safe place imagery to reduce the intensity of negative emotions. Participants shared their experiences with previous exercises and received feedback. Homework included daily practice of safe imagery and tracking its emotional impact.

Session 6: Self-Acceptance and Forgiveness: The session addressed the concepts of self-acceptance and forgiveness as components of compassion. Through a guided imagery exercise, participants were encouraged to accept painful emotions related to infidelity. A group discussion on barriers to self-forgiveness was held. Homework included writing a forgiveness letter to oneself and practicing mindfulness for emotional acceptance.

Session 7: Rebuilding Trust in Relationships: This session focused on reducing fear of intimacy and rebuilding trust in relationships. The therapist discussed the effects of infidelity on intimacy fears and introduced compassion-based techniques for restoring trust. Role-playing exercises were used to practice compassionate communication with others. Homework included engaging in compassionate interaction with a close person.

Session 8: Strengthening the Compassionate Self: Participants were encouraged to reinforce their compassionate self. A guided imagery exercise called “compassionate safe space” was conducted to create emotional security. The therapist shared stories of compassion from Iranian culture to establish cultural relevance. Homework involved repeating the safe space exercise and recording associated feelings.

Session 9: Managing Anger and Blame: This session addressed managing anger and blaming others (e.g., spouse or third party). The therapist taught compassion-based techniques such as writing letters of compassion to others. A mindfulness practice for observing anger without judgment was introduced. Homework included writing a compassionate letter to someone who caused anger and practicing the mindfulness exercise.

Session 10: Enhancing Emotional Intimacy: This session was dedicated to strengthening emotional intimacy in current or future relationships. The therapist taught compassionate communication techniques such as active listening and expressing needs. A group exercise was held to practice these skills. Homework included applying the techniques in real relationships and documenting the outcomes.

Session 11: Integrating Skills: In this session, previously learned skills were reviewed and integrated. Participants shared their homework experiences and received feedback. A visualization exercise was conducted to strengthen the compassionate mind and review therapeutic goals. Homework involved creating a personalized plan for continuing compassion-based practices.

Session 12: Closure and Evaluation: The final session focused on evaluating participants' progress and ending the therapy. The therapist collected group feedback and helped participants develop a plan for maintaining the learned skills. A guided imagery exercise for self- and group-appreciation was conducted. Participants shared their overall experiences in the group and received certificates of participation. The final assignment included continued daily practice of compassion-based techniques.

Data analysis

Collected data were analyzed using SPSS version 27. To assess the effectiveness of the intervention on the dependent variables (emotion regulation and fear of intimacy), Repeated Measures ANOVA was used. This analysis assessed both within-group changes (at pre-test, post-test, and follow-up) and between-group differences (intervention vs. control). Bonferroni post-hoc tests were conducted to identify specific differences between stages. The significance level for all analyses was set at 0.05. Descriptive statistics, including means and standard deviations, were also used to report the results.

Findings and Results

In this study, 30 women affected by marital infidelity participated and were randomly assigned to two groups: intervention (n = 15) and control (n = 15). The mean age of participants was 34.7 years (SD = 5.2). In terms of education, 9 participants (30.1%) held a high school diploma, 12 participants (40.3%) had a bachelor's degree, and 9 participants (29.6%) had a master's degree or higher. Regarding marital status, 21 participants (69.8%) were still married, 6 (20.4%) were separated, and 3 (9.8%) were divorced. In terms of marriage duration, 14 participants (46.7%) had been married for less than 10 years, 10 (33.2%) for 10 to 15 years, and 6 (20.1%) for more than 15 years. The distribution of these characteristics did not significantly differ between the intervention and control groups.

Table 1. Descriptive statistics: Mean and Standard Deviation for Emotion Regulation and Fear of Intimacy in the Intervention and Control Groups

Variable	Group	Phase	Mean	SD
Emotion Regulation	Intervention	Pre-test	92.47	8.73
		Post-test	124.82	7.91
		Follow-up	121.65	8.14
	Control	Pre-test	93.18	9.02
		Post-test	94.76	8.87
		Follow-up	93.94	9.11
Fear of Intimacy	Intervention	Pre-test	128.53	10.46
		Post-test	96.71	9.33
		Follow-up	99.82	9.67
	Control	Pre-test	127.89	10.82
		Post-test	126.44	10.65
		Follow-up	127.12	10.94

Table 1 presents the means and standard deviations for emotion regulation and fear of intimacy at three time points: pre-test, post-test, and follow-up, for both intervention and control groups. For emotion regulation (score range: 36–180), both the intervention group (M = 92.47, SD = 8.73) and the control group (M = 93.18, SD = 9.02) had similar means at pre-test. At post-test, the intervention group (M = 124.82, SD = 7.91) showed a significant increase compared to the control group (M = 94.76, SD = 8.87), and this improvement remained stable at follow-up (M = 121.65, SD = 8.14). For fear of intimacy (score range: 35–

175), both groups were similar at pre-test (intervention: M = 128.53, SD = 10.46; control: M = 127.89, SD = 10.82). At post-test, the intervention group (M = 96.71, SD = 9.33) exhibited a significant reduction compared to the control group (M = 126.44, SD = 10.65), and this reduction remained stable at follow-up (M = 99.82, SD = 9.67).

Prior to conducting statistical analyses, the assumptions for repeated measures ANOVA were assessed. The normality of data distribution was confirmed using the Shapiro-Wilk test ($p = 0.087$ for emotion regulation; $p = 0.112$ for fear of intimacy). Homogeneity of variances was confirmed with Levene's test ($F(1, 28) = 0.921$, $p = 0.346$ for emotion regulation; $F(1, 28) = 1.104$, $p = 0.302$ for fear of intimacy). Additionally, the assumption of sphericity was evaluated using Mauchly's test, which confirmed its validity ($W = 0.934$, $p = 0.214$). Therefore, all necessary assumptions for conducting repeated measures ANOVA were met, and subsequent analyses were based on these conditions.

Table 2. Results of Repeated Measures ANOVA for Emotion Regulation and Fear of Intimacy

Variable	Source	SS	df	MS	F	p	η^2
Emotion Regulation	Time	12874.29	2	6437.14	104.82	<0.001	0.79
	Time × Group	11982.47	2	5991.23	97.54	<0.001	0.78
	Error	3441.86	56	61.46			
Fear of Intimacy	Time	10653.74	2	5326.87	89.41	<0.001	0.76
	Time × Group	9876.19	2	4938.09	82.87	<0.001	0.75
	Error	3337.94	56	59.61			

Table 2 displays the results of repeated measures ANOVA for the variables of emotion regulation and fear of intimacy. For emotion regulation, both the main effect of time ($F(2, 56) = 104.82$, $p < 0.001$, $\eta^2 = 0.79$) and the time × group interaction ($F(2, 56) = 97.54$, $p < 0.001$, $\eta^2 = 0.78$) were statistically significant, indicating notable changes over time and significant differences between the intervention and control groups. For fear of intimacy, both the main effect of time ($F(2, 56) = 89.41$, $p < 0.001$, $\eta^2 = 0.76$) and the time × group interaction ($F(2, 56) = 82.87$, $p < 0.001$, $\eta^2 = 0.75$) were also significant, indicating a significant reduction in fear of intimacy and meaningful group differences. The high effect sizes ($\eta^2 > 0.75$) for both variables reflect the strong impact of the CFT intervention.

Table 3. Bonferroni Post-Hoc Test Results for Emotion Regulation and Fear of Intimacy

Variable	Comparison	Mean Difference	SE	p
Emotion Regulation	Pre-test vs. Post-test	-31.29	2.14	<0.001
	Pre-test vs. Follow-up	-28.12	2.27	<0.001
	Post-test vs. Follow-up	3.17	1.89	0.284
Fear of Intimacy	Pre-test vs. Post-test	30.87	2.31	<0.001
	Pre-test vs. Follow-up	27.76	2.46	<0.001
	Post-test vs. Follow-up	-3.11	1.94	0.326

Table 3 presents the results of Bonferroni post-hoc tests for emotion regulation and fear of intimacy. For emotion regulation, pairwise comparisons showed that the mean difference between pre-test and post-test ($MD = -31.29$, $SE = 2.14$, $p < 0.001$) and between pre-test and follow-up ($MD = -28.12$, $SE = 2.27$, $p < 0.001$) in the intervention group were statistically significant, while the difference between post-test and follow-up ($MD = 3.17$, $SE = 1.89$, $p = 0.284$) was not significant, indicating improvement and stability of intervention effects. For fear of intimacy, the mean differences between pre-test and post-test ($MD = 30.87$, $SE = 2.31$, $p < 0.001$) and between pre-test and follow-up ($MD = 27.76$, $SE = 2.46$, $p < 0.001$) were significant, while the

difference between post-test and follow-up (MD = -3.11, SE = 1.94, p = 0.326) was not, indicating a reduction and maintenance of intervention effects over time.

Discussion and Conclusion

The findings of this study demonstrated that Compassion-Focused Therapy (CFT) significantly improved emotion regulation and reduced fear of intimacy in women affected by marital infidelity. Repeated measures ANOVA indicated that, compared to the control group, the intervention group showed substantial improvement in emotion regulation scores and a significant reduction in fear of intimacy scores at both the post-test and 5-month follow-up stages. Bonferroni post-hoc tests confirmed that these differences in both variables were statistically significant between pre-test and post-test as well as between pre-test and follow-up, indicating that the effects of the intervention remained stable over time. These results are consistent with previous studies that have examined the effectiveness of CFT in improving mental health among women affected by infidelity (4, 6).

The improvement in emotion regulation in the intervention group can be attributed to CFT's emphasis on cultivating self-compassion and reducing self-blame. Marital infidelity often activates the emotional threat system, leading to maladaptive emotion regulation strategies such as rumination or emotional suppression (3). CFT helped participants manage negative emotions more adaptively by teaching techniques such as mindfulness and compassion-focused imagery (8). This finding aligns with (14), which showed that CFT, compared to cognitive-behavioral therapy, had a greater impact on improving distress tolerance and self-compassion in women harmed by infidelity. Likewise, (5) confirmed that mindfulness-based interventions like CFT can enhance emotion regulation in women with psychological problems. These results suggest that by strengthening the emotional soothing system, CFT contributes to the reduction of negative affect intensity and the enhancement of emotion regulation strategies (15).

The reduction in fear of intimacy in the intervention group is also explainable through the theoretical foundations of CFT. Fear of intimacy often stems from insecurity and distrust resulting from marital infidelity and is exacerbated by self-judgment and guilt (1). CFT aided participants in reducing emotional barriers to intimacy by cultivating a compassionate attitude toward the self and reducing shame (12). This result aligns with the findings of (2, 10), which indicated that self-compassion skills training had a greater impact on reducing marital conflicts and enhancing intimacy in women harmed by infidelity, compared to emotion-focused therapy. Similarly, (11) showed that self-compassion is positively related to increased marital intimacy and reduced fear of intimacy. These findings confirm that CFT can help reduce fear of intimacy by rebuilding self-trust and trust in others (7).

The stability of intervention effects at the 5-month follow-up indicates the long-term impact of CFT. This durability may be attributed to practical exercises and homework assignments included in the intervention protocol, which helped participants internalize compassion-based skills in their daily lives (13). The study by (6) also found that CFT, compared to other approaches, produced more enduring effects on emotion regulation in women harmed by infidelity. Additionally, (16) confirmed that compassion-based interventions can enhance sexual intimacy and reduce marital conflicts in the long term. These results are in line with the findings of (9), which showed that self-compassion can serve as a mediator in reducing the negative effects

of stress associated with infidelity. This evidence underscores the importance of integrating CFT into therapeutic programs for Iranian women, especially considering the cultural and social pressures associated with marital infidelity (17).

From a cultural perspective, the results of this study align with the needs of Iranian women affected by marital infidelity. In Iranian culture, infidelity is often accompanied by social shame and self-blame, which may lead to emotional isolation and diminished intimacy (4). CFT, through its emphasis on self-acceptance and non-judgment, helped participants cope with these cultural challenges (12). The study by (8) also showed that compassion-based training can reduce emotional turmoil in Iranian women. These findings indicate that CFT can serve as a culturally adapted approach for Iranian women, particularly due to its alignment with cultural values such as kindness and empathy (7). Furthermore, (18) confirmed that emotionally oriented interventions can improve marital adjustment and reduce negative emotions, which is consistent with the results of this study.

Despite the valuable findings, this study faced several limitations. First, the relatively small sample size (30 participants) may limit the generalizability of the results. Additionally, participants were selected exclusively from Tehran, which may restrict the cultural and social applicability of the findings to urban populations and may not represent women in rural areas or other cities in Iran. Furthermore, this study examined only women, excluding the perspectives of men affected by marital infidelity. Finally, although a 5-month follow-up was conducted, the absence of longer-term follow-ups (such as one year) limits the comprehensive understanding of the intervention's sustained effects.

Future studies can enhance generalizability by increasing sample sizes and selecting participants from more diverse geographic regions. Moreover, investigating the effectiveness of CFT in men affected by marital infidelity may offer a more comprehensive understanding of the intervention's impact. Conducting studies with longer follow-up periods (e.g., one or two years) could better assess the durability of CFT's effects. In addition, comparing CFT with other therapeutic approaches, such as cognitive-behavioral therapy or emotion-focused therapy, in an experimental design can help identify the relative strengths and limitations of this approach. Finally, examining the influence of mediating variables such as resilience or social support on the effectiveness of CFT could deepen the understanding of the mechanisms underlying this intervention.

For psychologists and counselors, it is recommended that Compassion-Focused Therapy be incorporated as an effective intervention in treatment programs for women affected by marital infidelity. Counselors can assist women in managing negative emotions and rebuilding emotional intimacy by teaching self-compassion techniques such as mindfulness and compassion-focused letter writing. Furthermore, organizing CFT-based group workshops can create a safe space for sharing experiences and reinforcing the sense of common humanity. Clinically, integrating CFT with other therapeutic approaches, such as couples counseling, may contribute to improved marital relationships and reduced conflicts. Finally, attending to cultural factors in implementing this intervention—such as emphasizing family and social values—can enhance its effectiveness among the Iranian population.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Written consent was obtained from all participants in the study.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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