

## The effectiveness of self-compassion couple therapy on rumination of anger and marital intimacy women affected by infidelity

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### Abstract

**Introduction:** This study was conducted to investigate the effectiveness of self-compassionate couple therapy on rumination of anger and marital intimacy in women affected by infidelity.

**Method:** This research is quasi-experimental and the design used in it is experimental with pre-test-post-test with follow-up. The study population included all couples involved in marital infidelity who referred to Iranmehr Counseling and Psychological Services Center in Rasht in 2020. Among them, 20 couples (40 people) were selected as the sample by available sampling method Sakhodolovsky and Thompson and Walker marital intimacy questionnaires were used to collect data. Couples therapy sessions were performed for 8 sessions of 2 hours (each treatment was a two-hour session) and weekly. After three months of treatment sessions, couples participated in a follow-up session to assess the duration of treatment. Data were analyzed using repeated measures analysis of variance.

**Results:** The difference between pre-test and post-test means was statistically significant and Self-compassionate couple therapy has been shown to reduce anger rumination ( $F = 62.3$  and  $P = 0.0001$ ) and increase marital intimacy ( $F = 88.05$  and  $P = 0.0001$ ) in women affected by infidelity

**Conclusion:** Self-compassion couple therapy interventions reduce anger rumination and increase marital intimacy and using this therapeutic approach in counseling centers to help incompatible couples to improve and reduce marital problems, increase satisfaction, especially in couples affected by infidelity is very effective.

**Keywords:** marital intimacy, marital infidelity, rumination of anger, Self-compassion

**Citation:** Teymori Z., Mojtabaie M., RezaZade S.M., Rafiepoor A.. The effectiveness of self-compassion couple therapy on rumination of anger and marital intimacy women affected by infidelity, Family and health, 2022;11(4): 11- 26

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## **Introduction:**

People usually get married with high hopes and tend to be optimistic about the chances of their marriage succeeding. Research has shown that there are many expectations from any romantic relationship and the issue of fidelity seems to be an essential part of any long-term relationship (1). Marital infidelity is one of the most harmful factors for couples and families and is also a common phenomenon for family and marriage therapists. Re-experiencing personal and sexual intimacy is the most important motivation for married men and women who tend to engage in illicit relationships and marital infidelity. Something they no longer experience in their life together (2). Hidden relationships outside of marriage always cause a strong emotional impact on both parties. This type of relationship causes symptoms similar to post-traumatic stress disorder, as well as emotions such as depression, anger, frustration, lack of self-confidence, loss of identity and feelings of worthlessness in the betrayed spouse.

Severe emotional turmoil after the revelation of infidelity is often accompanied by cognitive disturbance

One of the most important disorders experienced by a betrayed spouse is severe rumination about the event, which can be so severe and uncontrollable that it interferes with a person's daily functioning and concentration (3). People whose spouse commits adultery feel oppressed and angry with their spouse. They may also be angry with themselves for a number of reasons. Feelings of embarrassment and shame from these events can also increase the feeling of anger and sadness (4). On the other hand, ideally close interpersonal relationships, allows the individual to meet his or her need to be accepted, cared for, valued, and loved and gives them the opportunity to reciprocate such attitudes and behaviors (5). In fact, intimacy is one of the characteristics of a couple's relationship, a relationship defined by true self-disclosure and the other person's perception of equal participation. Couples linguistically or non-linguistically while trusting each other and they are sensitive to each other's feelings. They express things about themselves that fit into the context of an intimate relationship (6).

Intimacy means having a close, intimate and usually loving relationship or a loving and intimate relationship with another person. Of course, it is necessary to have a sincere relationship with very personal information or a deep knowledge of the other party (7). Intimacy as a type of relationship in which self-disclosure, understanding, trust and deep intimacy are experienced. And commitment in married life is the interest and intention that a person desires to the extent and on the basis of which she wants to remain in the marital relationship and to keep the covenant she has made (8). Breaking this commitment or marital infidelity is something that couples therapists regularly encounter in their clinical work. And it can provide a confusing and painful experience, and in addition, infidelity is one of the main reasons for divorce and the breakdown of marriage (9). Marital infidelity is the most important reason that leads couples to divorce counseling centers. Accordingly, therapists are better at working with unfaithful couples. Instead of focusing on the issue of infidelity, focus on the relationship as a whole.

Because the discovery of betrayal and the resulting crisis, if not completed and undergoing the treatment process, will create long-term psychological effects (10).

There are no specific statistics in this field in Iran and the percentage of married people breaking the covenant varies from study to study. One explanation for these wide-ranging differences may be the conservatism of respondents when answering questions (11). Now, due to the psychological and communication damage in the victims of marital infidelity (12), it is necessary to use effective treatment for these people. Different theoretical models have been presented in explaining and treating couples involved in the problem of marital breach. In this study, self-compassion therapy has been used to reduce the damage caused by infidelity. Compassion-oriented therapy, along with other new therapeutic approaches in the field of third wave psychology, has attracted the attention of modern therapists for specific diseases (13). This treatment is designed to reduce pain, suffering, anxiety and depression (14). Self-compassion means the ability to accept the unfavorable and negative aspects of life (15, 16, 17). According to researchers, compassion-focused therapy leads to stability and tolerance of emotional disturbances (18) And that a person with high compassion experiences more positive emotions and moods and less negative emotions (19). Self-compassion exercises emphasize relaxation, relaxation of mind, self-compassion and mindfulness which plays an important role in calming the mind, reducing feelings of loneliness, anxiety and rumination (20). In this regard, studies have shown the effectiveness of compassion-focused therapy on reducing self-criticism (21, 22), Reduction of depression and anxiety (23); Reduce loneliness and increase emotional regulation (24) Reduce rumination (15, 25) among different groups. Compassion-focused therapy helps reduce patients' psychological problems by increasing their inner awareness, acceptance without judgment, empathy, and constant attention to their inner feelings (26). Deliberate activation of the compassion system can give the courage and psychological flexibility needed to face it; Provide with the challenges of life and be a step towards a meaningful and joyful life (27). Self-compassion causes emotional resilience by deactivating the threatening system (associated with insecure attachment, defense, and arousal of the autonomous system) and activating care systems (associated with feelings of secure attachment and security) (28). Various studies have shown that there is a significant negative correlation between self-compassion and depression (29). Increasing self-compassion can lead to less negative feelings and self-blame (30) In compassion, experiencing and being affected by the suffering of others in a way that makes the reflection of one's own suffering more tolerable is significant (14, 18). According to Neff's theory, people with high levels of compassion have better mental health, less anxiety, and depression than those without self-compassion. Because their experiences of suffering and failure are not magnified and perpetuated through violent self-blame, they do not feel isolated and do not emulate thoughts and emotions. Also, people with high compassion resolve their interpersonal conflicts by considering the needs of themselves and others (32). Therefore, considering the effectiveness of self-compassion therapy in reducing psychological damage and lack of research on the effectiveness of self-compassionate couple therapy on rumination of anger and marital intimacy in women affected by infidelity

The researchers decided to test the effect of this treatment on reducing rumination of anger and increasing the intimacy of women affected by marital infidelity.

**Methods:**

This study was a quasi-experimental study using a pretest-posttest design with follow-up. The statistical population of this study includes all women affected by infidelity who referred to Iranmehr Counseling and Psychological Services Center in Rasht during 2020.

Targeted sampling method and sample size includes 20 pairs Which uses Cohen's table with an effect size of .89 And test power .84 It is estimated. Criteria for entering the research are: Willingness to attend training sessions, Betrayed, no history of mental disorder based on clinical interview, at least one year of living together, having at least a diploma, Have a minimum of 20 years and a maximum of 50 years. Also the criteria for leaving the research Also unwilling to continue cooperation, legal divorce and ongoing betrayal were considered In order to describe and analyze the research data Repeated measurement analysis of variance and mixed or mixed analysis of variance were used and from 26 SPSS statistical software at a significant level of .5 occurred. In order to observe the ethical aspects, after obtaining the necessary permission from the clinic officials and also receiving the code of ethics, the objectives and research method were explained to the subjects. After obtaining their consent, signing the relevant form, a questionnaire was provided and the complete and clear response method was explained and emphasized the confidentiality of the information obtained Subjects were reminded that there was no pressure or coercion to continue participating Exit from this study is optional. After completing the chewing questionnaires of anger and marital intimacy by the affected women, the couple therapy sessions based on their compassion were performed for 8 sessions of 2 hours (each treatment is a two-hour session) and weekly.

Finally, after the end of 8 treatment sessions, the couples were post-tested After three months of treatment sessions, they also participated in a follow-up session to assess the duration of treatment. Self-compassion couple therapy sessions were designed based on the theoretical guidelines for "self-development-compassion, learning mindfulness skills, and balancing difficult emotions" (35,36) and Russell Colts.

**Table 1: Summary of self-compassion therapy sessions**

<b>sessions</b>	<b>Purpose of the sessions</b>	<b>Content of the sessions</b>	<b>Change the desired behavior</b>	<b>Homework</b>
1	Introduce and establish a therapeutic relationship, acquaint members with each other, state the rules of the workshop and provide definitions	Perform pre-test and introduction, explain the logic of the sessions, define compassion and the importance of compassion, the difference between a risk-focused mind and a compassionate mind		

2	Conceptualizing emotion regulation systems and mindfulness techniques	Introducing various emotion regulation systems, teaching techniques (physical examination and moment-to-moment attention) expressing the metaphor of vomiting and performing the technique of soothing breathing	Ability to be present in the moment and recognize different emotional states when performing the technique	<b>Practice a soothing role</b>
3	Explain the concept of self-criticism, its types and functions and introduce the illustration technique	Identify self-criticism, articulate effects, self-criticism with tiger metaphor, empty seat technique and self-critical imagery	Ability to separate the critic herself from the main character	<b>Self-Criticism Benefit Registration Form</b>
4	Explain the concept of compassionate self-correction and compassionate identity	The difference between compassionate self-correction and self-criticism, the characteristics of the compassionate person, the compassionate self-illustration technique	Trying to gain a compassionate identity	<b>Practice your compassionate and self-assessment form</b>
5	Emphasis on compassionate identity and understanding the concept of anger rumination	Paying attention to compassionate identity by emphasizing the characteristics of the compassionate person, conceptualizing anger rumination and its effects	Evaluate and monitor people's anger	<b>Monitor your anger form</b>
6	Focus on showing compassion to others and receiving compassion from them	Teach others to practice compassion and receive compassion from them by practicing compassionate chair	Recognize your inner fears of compassion and poison in overcoming them	<b>Practice loving friend</b>
7	Teaching techniques to cultivate a compassionate mind	Reconstruct hard emotional memories with an emphasis on adopting compassionate identity, teaching compassionate letter writing	Develop a system of relief and build a compassionate	<b>Practice self-compassion with illustration, illustration</b>

		techniques, practicing compassionate event recording	inner relationship with yourself	<b>registration form</b>
8	Provide solutions and summaries	Overview, review of participants' opinions about the educational concepts of homework and the changes made in them, encouraging people to continue doing exercises, post-test	Motivate to apply the techniques in daily life	<b>Daily form for recording compassion exercises</b>

**Research tools: Anger Ruminant Questionnaire:** This scale was developed by Sakhodolovsky et al. (33) and measures the tendency to think about existing anger-provoking situations and recall periods of anger in the past. This scale consists of 19 items and 4 components: 1. The thought of anger (after arguing with someone in my mind I constantly argue with him), 2. Memories of anger (I think about the injustices done to me), thoughts of revenge 3. (After a conflict, I have a lot of fantasies about revenge), 4. Understand the causes (I think about why people mistreat me). Each item is scored on a 5-point Likert scale from never (with a score of 1) to forever (with a score of 5). The test is scored in such a way that a higher score indicates more anger chewing. The creators of this questionnaire obtained its reliability by using Cronbach's alpha coefficient for anger post 0.86, revenge thoughts 0.72, anger memories 0.85 and understanding the causes 0.77. Also, Cronbach's alpha coefficient of the total score of the questionnaire was reported to be 0.93. Besharat, Taheri, Gholam-Ali Lavasani (34), the reliability of this scale is based on Cronbach's alpha coefficient the total scores of the Rumination Rage, Anger Thought Scale, Revenge Thoughts Anger Memories, and Understanding Causes scores were 0.95, 0.89, 0.83, 0.87, and 0.78, respectively, on a sample of 833 students and examine the content validity of this scale based on the judgments of ten psychologists and Kendall agreement coefficients for each of the anger rumination scales (total score), So the thoughts of anger, thoughts of revenge, memories of anger and understanding of causes calculated 0.70, 0.82, 0.79, 0.70, 0.78, respectively.

**Marital Intimacy Questionnaire:** Designed by Thompson and Walker (35) and contains 17 items and was used to measure love and intimacy. It scores on a 7-point Likert scale, from 1 (never) to 7 (always). The higher the score in this questionnaire, the higher the intimacy. Sanaei (36) obtained its reliability coefficient based on data of 100 couples in Isfahan 0.96. Naeem (2008) also used Cronbach's alpha and halving methods to determine the reliability of the intimacy questionnaire. Which equal to 0.96 and 0.96 respectively indicates the optimal reliability of the questionnaire. Based on the intended scores, the range of scores that can be achieved will be between 17 and 119 points. So that the score of 17-34 indicates low intimacy in the family and the scores of 35-85 indicate moderate intimacy and the scores of 119-86 indicate high intimacy in the family.

**Results:** The age group of the subjects was 20 to 50 years that 35% of people were under 30 years old and 35% were over 40 years old. 30% were between 31 and 40 years old, and education varied from diploma to master's degree that The highest percentage was undergraduates with 45%, 50% of the subjects were housewives, 25% were freelancers and 25% were employees.

**Table 2) Demographic characteristics**

Variable	group Condition	CFT	
		number	Percentage
Age (years)	Less than 30	7	35
	۳۰-۳۱	6	30
	More than 40	7	35
education	Diploma	7	35
	Masters	9	45
	MA	4	20
Job	housewife	10	50
	Free	5	25
	Employee	5	25

**Table3. Frequency of emotion regulation, anger rumination and marital intimacy in women affected by infidelity in three time points of study**

Constructs	Condition	3 months after baseline					
		At baseline N=20		After the intervention N=20		N=20	
		N	%	N	%	N	%
Anger rumination	Weak (19-37)	0	0	20	100	20	100
	Medium (38-57)	4	20	0	0	0	0

	<b>Strong (58-76)</b>	<b>16</b>	<b>80</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Marital intimacy</b>	<b>Weak (17-34)</b>	<b>15</b>	<b>75</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>Medium (35-85)</b>	<b>5</b>	<b>25</b>	<b>20</b>	<b>100</b>	<b>20</b>	<b>100</b>
	<b>Strong (86-119)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

The results are tabulated in Table 3 of the Anger Rumble Questionnaire, which contains 19 questions related to current angry situations and recall of past angry experiences.

Each questionnaire question is measured in 4-point scale on the Likert scale (score 1 (very low), score 2 (low), score 3 (high) and score 4 (very high). A higher score calculated from the Rage Ruminance Questionnaire indicates greater anger. Based on the points, the range of achievable scores will be between 19 and 76 points a score of 19-37 indicates less anger, a score of 38-37 indicates moderate anger, and a score of 58-76 indicates high anger. Also, Alexis G questionnaire (measuring love and intimacy in the family) has 17 questions related to measuring intimacy. Each questionnaire questions in 7-point Likert scale (score 1 (never), score 2 (rare), score 3 (sometimes), score 4 (often), score 5 (mostly), score 6 (almost always) And a score of 7 (always) is measured The higher scores calculated from the Alexis G questionnaire indicate greater intimacy in the family. Based on the intended scores, the range of achievable scores will be between 17 and 119 points So that the score of 17-34 indicates low intimacy in the family and the scores of 35-85 indicate moderate intimacy and the scores of 119-86 indicate high intimacy in the family.

**Table 4) Comparison of pre-test and post-test scores and follow-up with pre-test in dependent variables of rumination, anger and marital intimacy in women affected by infidelity**



Variables	pre-exam	Post-test			Follow up		
	Mean ± (standard deviation)	Mean ± (standard deviation)	t	p	t	p	Mean ± (standard deviation)
Anger rumination	10.62±50.9	4.73±25.8	7.9	P=0.0001	<b>7.89</b>	<b>0.0001</b>	4.34±26.7
Marital intimacy	17±54.1	7.68±84.1	8.9	<b>P=0.0001</b>	<b>10.61</b>	<b>0.0001</b>	8.92±82.35

  

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Marital intimacy	17±54.1	7.68±84.1	8.9	<b>P=0.0001</b>	<b>10.61</b>	<b>0.0001</b>	8.92±82.35

According to the results of Table 4 and t-test, it was observed at the significance level of  $P = 0.001$  that there is a significant difference between the two variables of rumination, anger and marital intimacy in the pre-test with post-test and follow-up with pre-test. In other words, self-compassionate couple therapy has been effective in reducing anger rumination and increasing the marital intimacy of women affected by infidelity. In addition, the results of the analysis of variance with repeated values on the dependent variable of anger rumination with respect to the value of the test power equal to 0.1 and  $P = 0.0001$  showed that there was a statistically significant difference between rumination of anger of women affected by infidelity Time periods are seen ( $F = 30.309$  and  $P = 0.0001$ ). Table 5

Also, the results of the analysis of variance with repeated values on the dependent variable of marital intimacy with respect to the test power equal to 0.1 and  $P = 0.0001$  showed that there is a statistically significant difference between marital intimacy of women affected by infidelity in It is seen in time periods ( $F = 88.05$  and  $P = 0.0001$ ). Table 5

**Table 5) Results of repeated measures analysis of variance in women affected by infidelity to significantly assess the difference between the means in the studied variables (before and after the intervention and after follow-up)**

constructs	At baseline	After the	3 months after	In-group statistical estimation
	N=20	intervention	baseline	
	Mean (SD)	Mean (SD)	Mean (SD)	
<b>Anger rumination</b>	<b>10.62±50.9</b>	<b>4.73±25.8</b>	<b>4.34±26.7</b>	<b>F=62.3 P=0.0001</b>
<b>Marital intimacy</b>	<b>17±54.1</b>	<b>7.68±84.1</b>	<b>8.92±82.35</b>	<b>F=88.05 P=0.0001</b>

### Discussion and conclusion:

The aim of this study was to investigate the effectiveness of self-compassionate couple therapy on rumination of anger and marital intimacy in women affected by infidelity the results of the study showed that self-compassionate couple therapy is effective on rumination of anger and marital intimacy in women affected by infidelity. Findings of the present study with previous results that high levels of self-compassion with high levels of life satisfaction (37) happiness, optimism and positive emotion (38), emotional intelligence (39) and psychological well-being and low levels of emotion, neurotic perfectionism Anxiety and rumination (38, 39, 29) are related. Explaining the effectiveness of self-compassion therapy on reducing rumination of anger, it can be said that this treatment is based on two main processes. The first process refers to all experimental processes, which include increasing affection and kindness to oneself and others. Also, Behavioral processes of this model also include conditioning, managing to strengthen one's freedom, and helping relationships. In this way, people are taught to observe their thoughts and feelings without judgment and to see them as simple mental events that come and go, instead of seeing them as part of themselves or a reflection of reality. This kind of attitude towards cognitions related to problems prevents the intensification of negative thoughts in the rumination pattern of anger. In this regard, studies have shown the effectiveness of compassion-focused therapy on reducing self-criticism (21, 22), reducing depression and anxiety (23), increasing mental health Salimi et al. (22), reducing loneliness and increasing emotional regulation (22, 24), is the reduction of rumination (15, 17, 25) among different groups. Compassion-focused therapy helps reduce patients' psychological problems by increasing their inner awareness, acceptance without judgment, empathy, and constant attention to their inner feelings (26).

In explaining the treatment based on self-compassion on marital intimacy, it can be said that marital intimacy, like other characteristics of the quality of relationships between spouses, is affected by various factors. Among these factors, we can name the compassion of each spouse. Having a compassionate attitude in people helps them to feel the bond between themselves and others and through this feeling overcome the fear of rejection and intimacy. Following the psychological peace and flexibility as well as the effective performance of couples in regulating emotion and expressing constructive and pleasant emotions in couple relationships which is the result of the psychological characteristic of self-compassion, is a probable and desirable result of promoting couples' intimacy. The mindfulness factor, which is known as the main element of compassion, provides a good ground for regulating the need for continued communication, maintaining autonomy and granting freedom to the emotional partner, which again leads to an increase in the marital intimacy of the couple. The acceptance that is created for the compassionate people in the face of the shortcomings and shortcomings and unwanted experiences of themselves and their spouse (common human trait), causes softer defensive tendencies and marital conflicts, which is a conceivable result for this situation is a couple. The findings of the present study are consistent with the findings of Shojaei Vajrani, Sohrabi, Azizi, Mohammadi Raigani et al. (40) on the effect of self-compassion-based therapy on marital intimacy and emotion regulation of couples. One of the limitations of this study was the lack of a control group to observe professional ethics by the researcher due to the distress of the injured partner at the time of referral and also the existence of a crisis in the family and the need to receive intervention that can bias in the results. It is suggested that other researchers take measures to conduct research with the control group. Also, considering that compassion-based treatment can reduce anger rumination and also increase marital intimacy in couples In addition to repeating this study in other populations, it is recommended that such interventions be used to increase marital intimacy, reduce couples' problems, and prevent social harm in clinics and counseling centers and psychological services.

### **Acknowledgment**

This article was taken from a Ph.D. thesis approved at Guilan University of Medical Sciences, Rasht, Iran. All participants in this research project are appreciated.

Ethical consideration: The study protocol was approved by ethical review board of Guilan University of Medical Sciences. ethical code (IR.GUMS.REC.1399.662)

### **Conflict of interest:**

The authors declared no Conflict of interest.

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