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Comparison of the effectiveness of emotion-oriented couple therapy and self-compassion-based therapy on anger rumination in women affected by infidelity

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Abstract

This study aimed to compare the effectiveness of emotion-oriented couple therapy and self-compassion-based therapy on anger rumination in women affected by infidelity. The method of this quasi-experimental study was with a pretest-posttest design 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, from which 20 couples (40 people) were selected as the sample by available sampling method. For data collection, Sukhodolsky et al. (2001) anger rumination questionnaire was used and emotion-focused couple therapy and self-compassion therapy sessions were performed for 16 sessions of 4 hours (one treatment every two hours) every week. After three months of treatment sessions to measure the duration of treatment, couples also participated in a follow-up session. Data were analyzed using combined analysis of variance. The results showed that the difference between emotion-focused couple therapy and self-compassion-based therapy on anger rumination was statistically significant ($F = 13.05$ and $P = 0.001$) and the effectiveness of emotion-focused couple therapy on reducing anger rumination from treatment. It is based on more compassion.

Keywords: Emotion-oriented couple therapy, Self-compassion-based therapy, Anger rumination, Marital infidelity

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Introduction

The family is the core of any society and the center for maintaining mental health. Mental health is the source of human emotions and the center of the most intimate interpersonal relationships and interactions. If there is a rift in the trust and sense of security of the family, it will cause injury to one or both couples. Extramarital affairs undermine the most fundamental component of a relationship, which is trust, and ultimately lead to divorce between couples. Marital infidelity is a crisis for couples and families. Marital infidelity has a significant prevalence in clinical and normal settings, which causes significant disturbances for the perpetrators and their spouses.

Accordingly, some research has addressed the dangers of the consequences of betrayal; For example, 30% of family homicides are committed by women who have been murdered by their husbands due to adultery and suspicion. On the other hand, 22% of family murders are related to the murder of men by their husbands, and in 40% of cases, women kill their husbands with the complicity of their lovers.

Various studies have been conducted on the types of injuries caused by adultery. The study found that couples involved in marital infidelity show consequences such as confusion, stress, anger, aggression and mistrust. Negative self-referential processing (including worry and rumination) is a mental quality about self and the future as one of the symptoms of depression that affects a person's ability to deal with life experiences and causes defects in information processing and cognitive biases. It can lead to undiagnosed disorders such as depression in people (1-3). Ruminant in various fields such as anger and self-criticism is a set of passive thoughts that have a repetitive aspect, focus on the causes of the results, prevent problem-solving, increase negative thoughts and increase negative emotions such as anger and stress (4).

Agent analyst approaches have shown that anger rumination consists of two components: first, thinking and visualizing an angry event, and second, a mental review of vengeful actions (5). Therefore, many interventions have been performed to reduce tensions and disorders in marital relationships, the most

important of which is emotion-oriented couple therapy. Emotion-oriented therapy is an experimental therapy that is strongly related to Balbi's (1969) theory through concepts such as focusing on how to deal with basic emotions, interacting with others based on these emotions, and constantly constructing one's emotions from repetitive emotional interactions (6).

Emotion-based couple therapy is a therapy with the origins of Balbi's theory of attachment, which combines the first and third forces of psychotherapy with the systems approach in the family. The use of adult attachment theory in this approach provides a coherent framework for understanding the nature of adult love. The main purpose of this approach is to help couples identify and express each other's needs, main tendencies, and attachment concerns, thus reducing the insecurities of the couple's attachment and fostering a secure attachment between them. This approach emphasizes the role of each couple's emotional experiences and its systematic approach emphasizes the role of interactive cycles in maintaining the problem and integrating the interpersonal and interpersonal world (7).

Studies show that this treatment is effective in reducing the loneliness of women affected by extramarital affairs (8); Improving marital satisfaction and reducing the tendency to extramarital affairs of women affected by domestic violence (9) and reducing sexual violence (10). Wiebe, Johnson, et al. (2017) (11) showed that emotion-focused couple therapy affected increased satisfaction with the emotional relationship and reduced avoidance of attachment and reduced anxiety during the treatment period and 2-year follow-up period. Wiebe, Elliott, Johnson (2019) showed that emotion-focused couple therapy was effective in reducing the avoidance of attachment and sexual satisfaction of couples with a 2-year follow-up period (12).

Another treatment that examines the effect of marital infidelity is self-compassion therapy (13). Self-compassion is about being in touch with your suffering instead of avoiding or cutting it off, creating a desire to alleviate that suffering and being kind to yourself. Self-sufficiency also includes unrealistic judgments about pain, inadequacy, and failure, because personal experience is part of one's larger experiences (13).

Compassion is the ability to transform understanding, acceptance, and love into an inner form. Many people can show compassion to others, but they have trouble spreading the same compassion to themselves. Studies determined that women show less compassion than men, and this may be because women often play a socially caring role (14). Yaarmohammadi et al. showed that self-compassionate education has increased the level of marital intimacy and marital satisfaction (15). Another study showed that self-compassion training can be more effective in reducing marital conflicts in women affected by infidelity who want to improve relationships with their husbands than in forgiveness training (16).

According to what has been said, extramarital affairs are one of the main reasons for divorce and the breakdown of the marriage. Also, society will incur a lot of expenses every year to deal with the mentioned problems. Therefore, conducting the necessary studies to identify the determinants of extramarital affairs and provide solutions for the health of couples' relationships can provide evidence that relying on them and targeting it at the beginning eradicates some problems. Therefore, this study aimed to compare the effectiveness of emotion-oriented couple therapy and self-compassion-based therapy on the rumination of anger in women affected by infidelity.

Materials and Methods

This study was a quasi-experimental study using a pretest-posttest design with follow-up which was approved by the ethics committee with the code number IR.GUMS.REC.1399.662. The statistical population of this study includes all women affected by infidelity who were referred to Iranmehr Counseling and Psychological Services Center in Rasht during 2020. Sample size with alpha 0.5, Power 0.8, and effect size 0.89. The statistical method of mixed analysis of variance was determined to be 40 pairs ($n = 80$) and 20 pairs were randomly divided into two experimental groups (EFT and CFT groups). The sampling method was purposive.

After completing the Sukhodolsky et al. (2001) anger rumination questionnaire by 20 couples, emotion-focused couple therapy sessions and self-compassion-based therapy for 16 sessions (each treatment one two-

hour session separately for each couple) and weekly on groups The experiment was performed. Finally, after 16 treatment sessions, the post-test group was taken. After three months of treatment sessions, both groups participated in a follow-up session to assess the duration of treatment.

The anger rumination questionnaire was used to collect data. This questionnaire was developed by Sakhodolovsky et al. (2001) 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), 3: thoughts Revenge (after a conflict, I have a lot of fantasies about revenge), 4: Understanding 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 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 of causes 0.77. Also, Cronbach's alpha coefficient of the total score of the questionnaire was reported to be 0.93 (Sukhodolsky et al. 2001).

The package of emotion-focused couple therapy sessions in this study was taken from the book *Emotionally Focused Marital Therapy* by Sue Johnson (17). A brief description of emotion-focused couple therapy sessions is presented in Table 1.

The package of self-compassion therapy sessions in this study was taken from Paul Gilbert's book *Compassion-focused therapy* (18). A brief description of self-compassion therapy sessions is presented in Table 2.

In order to describe and analyze the information obtained from the research from descriptive statistics such as frequency, percentage, mean, standard deviation and coefficients of variation and also in the inferential statistics section to control and eliminate the effect of group differences in pre-test from composite or mixed analysis of variance Post hoc tests were used to compare the treatment methods. All these steps using

SPSS statistical software version 26 at a significant level 0.05 occurred.

Table 1. A summary of the emotion-focused couple therapy plan.

Sessions (steps and steps)	The content of meetings briefly
Evaluation and coherence	Familiarity, creating therapeutic alliances, examining the motivation for treatment
De-stressing and identifying the negative interaction cycle	Discovering problematic interactions and negative cycles, evaluating attachment injury issues and markers, accessing unrecognized emotions
Assure the injured partner that the injury and blow will not be repeated	Unlocking outstanding attachment experiences, accepting fundamentally unrecognized feelings about injury, Acceptance of the interaction cycle by the couple
Analysis and change of emotions	Access to vulnerabilities, hidden needs, fears and models, promote acceptance by a spouse - expand client dance
Link Reconstruction	The more emotionally involved the hurt partner becomes and the more sensitive the victim's pain becomes
Link Reconstruction	Expressing emotions, increasing identification of attachment needs, accepting emotions, deepening conflict with emotional experience
Deep emotional conflict	Rebuild interactions, discover new solutions to old problems, emotionally responsive partner of the traumatized species
Consolidation and integration	Clients' sincere involvement with their spouse, accepting new situations, creating a secure attachment and turning the relationship into a safe haven, creating a new narrative of the relationship

Table 2. Summary of self-compassion therapy training sessions.

Purpose of the meeting	Content	Change the desired behavior	Homework
Introduce and establish a therapeutic relationship, acquaint members with each other, state the rules of the meeting and provide definitions	Pre-test and introduction, explaining the logic of the sessions, defining compassion and the importance of compassion, the difference between a risk-focused mind and a compassionate mind	-	-
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 at the moment and recognize different emotional states when performing the technique	Practice a soothing role

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 chair technique and self-critical imagery	The ability to separate the critic himself from the main character	Self-Criticism Benefit Registration Form
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	Practice your compassion and your evaluation form
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	Monitor your anger form
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	Practice loving friend
Teaching techniques to cultivate a compassionate mind	Reconstruction of hard emotional memories with emphasis on adopting a compassionate identity, teaching compassionate letter writing techniques, practicing compassionate event recording	Cultivate a system of relief and build a compassionate inner relationship with oneself	Practice self-compassion with illustration, illustration registration form
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, conducting post-tests	Motivate to apply the techniques in daily life	Daily form of recording compassion exercises

Results

The age group of the subjects was 20 to 50 years old, of which the highest percentage, ie 60%, was in the age group of 20 to 30 years. The subjects were self-employed.

The demographic variables of the subjects are shown in Table 3. The results of Chi-square test showed that there is no statistically significant relationship between the frequency distribution of age group, level of

education and employment status of women in the two treatment groups EFT and CFT.

Table 3. Frequency of age, level of education and employment status of the subjects in both groups.

	Group	EFT		CFT		P value
Age	<30	1	63	7	36	P=0.282
		2	.2	.8	9	

	31-40	4	40	6	60	1	10	
						0	0	
	>40	4	36	7	63	1	10	
			.4	.7	.6	1	0	
Educa tion	Diplom a	3	30	7	70	1	10	
						0	0	
	Bachelo r	1	59	9	40	2	10	P=0.
		3	.1	.9	.9	2	0	312
	Masters	4	50	4	50	8	10	
							0	
Job	Housew ife	5	33	1	66	1	10	
			.3	0	.7	5	0	
	self- employ ment	8	61	5	38	1	10	P=0.
			.5	.5	.5	3	0	26
	Employ ee	7	58	5	41	1	10	
			.3	.7	.7	2	0	

Hypothesis H0 II (1-2): EFT treatment does not affect the rumination of the anger of women affected by infidelity.

Using one-way ANOVA with Repeated Measurements, the anger of women affected by infidelity in three time periods (before the intervention, after intervention and three months after intervention) in the EFT group was examined.

Therefore, the second H0 hypothesis (2-2) that CFT treatment does not affect the rumination of anger in women affected by infidelity is rejected. In other words, self-compassionate couple therapy has been effective in reducing women's anger and its rate has decreased from the pre-test session to the follow-up.

Hypothesis H1 II (3-2): There is a difference between emotion-focused couple therapy and self-compassion therapy based on anger chewing in women affected by infidelity.

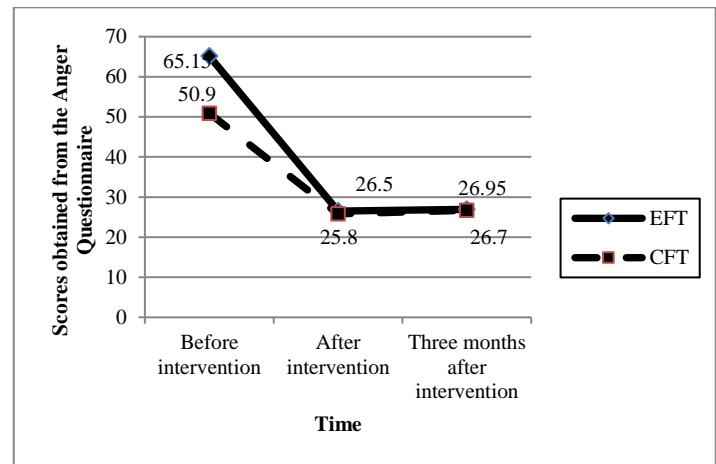
Using the combined analysis of variance test, the results obtained on the rumination of anger of women affected by infidelity in three time periods (before the intervention, after intervention and three months after intervention) in two treatment groups (EFT and CFT) were examined.

Thus, it was found that there is a statistically significant difference between emotion-focused couple therapy and self-compassion-based therapy on the dependent variable of anger rumination (Table 4) (Figure 1).

Table 4. Summary of the results of combined analysis of variance to determine the effectiveness of EFT and CFT on rumination of anger in two groups of women affected by infidelity.

Group	Before intervention	After intervention	Three months after the intervention	Intergroup statistical estimation
EFT	65.15± 7.4	26.5± 3.42	26.95± 3.42	F=13.05
CFT	50.9± 10.62	25.8± 4.73	26.7± 26.7	P=0.001

Figure 1. Comparison of changes in rumination of anger of women affected by infidelity in the studied periods between the two groups EFT and CFT.



Discussion

This study aimed to compare the effectiveness of emotion-oriented couple therapy and self-compassion-based therapy on anger rumination in women affected by infidelity. The results of this study showed that both treatments were effective in reducing women's anger rumination but there was a statistically significant difference between the two methods and the effectiveness of emotion-focused couple therapy in reducing women's anger rumination was greater than compassion-based therapy.

On the effect of emotion-oriented couple therapy on reducing anger rumination with the present study by Biasley; Vazhappilly; Girard; Wiebe (8-12).

Explaining this finding, separation chaos is aroused when the security bond is lost - protest, clinging, despair, heartbreak. When attachment returns, the child provides clear clues about his or her needs. Without defense, it demands it. When the expression of attachment responds, the child trusts and accepts the mother's consolation - reassurance - the child is calm. The same process occurs in adult couples.

Emotion-oriented couple therapy identifies the attachment cycle and the basic needs of couples and reconstructs new situations and expresses underlying emotions and offers new ways to deal with emotional issues. During emotion-focused therapy sessions, new experiences occur, challenging the individual's active mental patterns that are reflections of past experiences, and thus causing couples to reconsider their expectations of each other. The result of this process is that spouses find new ways to regulate their emotions. On the other hand, validating emotions, however unpleasant, makes couples feel accepted and therefore relaxed; The therapist's reassurance and calmness have the advantage that couples are not overwhelmed while engaging in emotional experiences. The ability of therapy to properly reflect, accept, and clarify painful experiences enables couples to reorganize and reorganize their experiences. In general, couples' experiences will be easier to tolerate when the couple's experience is understood in a safe environment by the therapist. Research has confirmed that eliminating vicious emotional cycles and rebuilding emotional bonds in this treatment is the most important element in enhancing therapeutic potency. The goal of emotion-focused couple therapy is to increase the effectiveness of communication experiences and reconstruct the couple's interactions, and ultimately create a secure attachment and a sense of security. In this treatment, couples were taught to improve their communication skills and intimacy by identifying their own and their spouse's emotions, awareness, support, and availability, responding promptly to their spouse's emotional needs, and developing safe behaviors (6).

Explaining the effectiveness of compassion-based therapy in reducing anger rumination, it can be said that

this treatment is based on two main processes. The first process refers to all the empirical processes that involve increasing affection and kindness to oneself and others. The 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 simply 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 pattern of anger damage.

Conclusions

The reason that emotion-focused couple therapy has a greater effect on reducing these women's anger chewing than their compassionate therapy may be that EFT expands experience and interaction, and the primary goal of treatment is to gain access to the underlying responses of each couple. It is their reprocessing. These are the answers that often lead to dry and harsh and limited positions of couples. In fact, in this treatment model, the person can have some control over what emotion, when and how to express it. Modify your emotional reactions. Also in emotion therapy, the therapist in all steps while supporting the injured partner and validating and acknowledging secondary emotions, an empathetic reflection of superficial emotions and ensuring that the damage is no longer repeated with timely and effective interventions. Helps the injured partner become more emotionally involved and gain direct experience of their partner's pain and become sensitive. Defined safe. Because he is both the source of the injured person's injury and the solution to his injuries.

Therefore, according to the roadmap that the emotion-oriented therapist has in hand and tries in all steps to meet the needs of the injured couple, such as answering his questions about infidelity and injury, reassuring the injured partner, and providing real evidence of current loyalty. Accepting responsibility for the betrayal by the person hurting and expressing sincere remorse, helping to acknowledge and process any feelings, and finally experiencing the hurt partner as someone available, accountable, and committed. This could be the reason

for the greater effectiveness of this approach in reducing women's rumination.

Author contribution

MM, SMR and **HF** participated in the performance of the research and analytic tools. **ZT** and **MRT** participated in the research design and wrote the manuscript and edited and confirmed the final version. All authors reviewed and confirmed the final manuscript.

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Conflict of interest

No potential conflict of interest was reported by the authors.

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