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Determining the Effectiveness of Compassion-Focused Therapy on Empathy and Marital Conflicts Among Women Whose Spouses Are Recovering from Drug Addiction

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A B S T R A C T

The consequences of addiction include physical, psychological, social, and economic problems for the individual dependent on drugs and their family. The present study aimed to investigate the effectiveness of compassion-focused therapy on empathy and marital conflicts among women whose spouses are recovering from drug addiction. The research method was quasi-experimental with a pretest-posttest control group design. The statistical population consisted of women with spouses in recovery from drug addiction in all addiction treatment centers in Isfahan in 2023. The sample was selected through convenience sampling from addiction treatment centers in Isfahan and then randomly assigned to two groups of 20 participants each (experimental and control groups). Mehrabian and Epstein's Empathy Questionnaire (1972) and Sanaei's Marital Conflict Questionnaire (2008) were administered to both groups. The experimental group received compassion-focused therapy according to Gilbert's Compassion-Based Therapy (2010) in a group setting, while the control group did not receive any training. After the completion of the training sessions for the experimental group, both groups completed the questionnaires again. The results of data analysis indicated that compassion-focused therapy significantly affected the variables of empathy (F = 29.06) and marital conflicts (F = 16.09) in women whose spouses are recovering from drug addiction. Based on the findings of the study, compassion-focused therapy is recommended for improving empathy and reducing marital conflicts in women whose spouses are recovering from drug addiction.

Keywords: *Compassion-focused therapy, marital conflicts, women with spouses in recovery from drug addiction, empathy.*

1. Introduction

In the Diagnostic and Statistical Manual of Mental Disorders (DSM), substance-related disorders (substance abuse, substance dependence, substance intoxication, and substance withdrawal) are categorized as a group of disorders. Today, addiction is one of the most prevalent psychiatric disorders worldwide (Albal & Buzlu, 2021; Bluth & Eisenlohr-Moul, 2017). Addiction, both directly and indirectly, destabilizes moral foundations by making the individual dependent on drug use, leading to consequences such as increased crime, violence, and criminal activities. Undoubtedly, the primary victims of these issues are the family members and close relatives of individuals with addiction, who, willingly or unwillingly, face these consequences (Karbasian et al., 2023). The consequences of addiction can include physical, psychological, social, and economic problems for the drug-dependent individual and their family. Without a doubt, the most severe impact of addiction is on the family, leading to distress, loss of anger control, chaos (Arévalo et al., 2008), poor disciplinary skills (Goldstein et al., 2013), and, in some cases, moral laxity.

The destructive behaviors of the addicted individual often lead to various harms, such as a reduction in the spouse's empathy toward the behaviors, thoughts, and feelings of the addicted partner (Barnard, 2006). Marital empathy reduces distress and increases feelings of security in the relationship, particularly when one of the spouses is struggling with an issue such as addiction. Empathy improves the communication between the addicted spouse and their partner. The presence of empathy in the relationship between a woman and her addicted spouse, as a life partner to support and protect during the addiction period, is essential. Empathy is a core component of the marital caregiving system and a mechanism through which signs of a partner's distress can be recognized (Pines & Nunes, 2003). Sullivan and Schwebel (1995) state that empathy helps maintain and enhance intimate and satisfying relationships between couples over time (Sullivan & Schwebel, 1995). On the other hand, a lack of empathy leads to feelings of being misunderstood, unimportant, and neglected by the partner, negatively affecting the quality of the relationship and marital satisfaction (Boostani-Kashani et al., 2021; Hakimi Dezfouli & Ebrahimpour, 2024; Rajabi, 2018). High empathy increases an individual's understanding or awareness of themselves and their spouse who is struggling with addiction, leading to an increase in empathetic responses through emotional regulation and positive feedback toward the partner (Moyers & Miller, 2013; Öztop et al., 2024).

One of the most significant family-related harms in the shadow of addiction is its destructive impact on the emotional, psychological, and sexual relationship between husband and wife. A husband's addiction creates a sense of isolation and emotional and psychological detachment from the spouse, ultimately leading to conflict and disputes between the couple (Basharpoor & Ahmadi, 2020). Therefore, in such families, the wife, in the role of a spouse, must endure not only fear and insecurity in the supposed safety of the family—an institution that should provide her with security and peace—but also the greatest pressures and harms, bearing the responsibility of an unstable family alone (Sohrabi & Jafari Roshan, 2016). The damage caused by living with an addicted individual can sometimes become so profound that, in addition to bearing the consequences of addiction, the spouse is also exposed to stress, psychological issues, and marital problems (Arfo, 2022).

One approach that can be used in this regard is compassion-focused therapy. This approach, alongside other third-wave psychological approaches, is primarily focused on reducing negative symptoms, pain, suffering, anxiety, and depression. Compassion and its training are defined as the quality of facing one's own suffering and harm and providing full help to solve problems for oneself and others (Freiberger et al., 2012). Compassion includes caring for and showing kindness to oneself and others when faced with perceived hardships or deficiencies (Neff et al., 2007). High compassion is associated with psychological well-being and helps protect individuals from anxiety (Neff et al., 2007), and is defined as the acceptance of vulnerable feelings, care, and kindness toward oneself and others, and a non-judgmental attitude toward one's own shortcomings and failures, while recognizing individual experiences (Muris & Petrocchi, 2017). The goal of this described training is to facilitate emotional change, with the aim of greater self-care and support for oneself and others, which weakens self-criticism and increases acceptance while reducing emotional distress. It enables individuals to soothe and manage both themselves and others more effectively (Gilbert, 2010, 2015). Compassion-focused therapy can play a key role in establishing and maintaining relationships, accepting each other's flaws and differences, and the ability to express positive emotions and feelings in relation to the addicted spouse. Therefore, the present study aims to determine the

effectiveness of compassion-focused therapy on empathy and marital conflicts among women with addicted spouses.

2. Methods and Materials

2.1. Study Design and Participants

This study was conducted as a quasi-experimental research with a pretest-posttest control group design. The statistical population consisted of women whose spouses were in recovery from drug addiction, from all addiction treatment centers in Isfahan in 2023. The sample was selected using convenience sampling from addiction treatment centers in Isfahan and was randomly assigned into two groups of 20 participants each (experimental and control groups). Inclusion criteria included having a spouse in recovery from drug addiction, literacy, willingness to participate in training sessions, and not receiving psychological training or therapy. Participants were excluded from the study if they attended any psychological training sessions or missed more than two sessions of the training.

For the study's implementation, after selecting the sample and assigning them to groups, both groups completed the Mehrabian and Epstein Empathy Questionnaire and the Sanaei Marital Conflict Questionnaire under the same conditions in the pretest. The experimental group received compassion-focused therapy, while the control group did not receive any training. After the training sessions for the experimental group were completed, both groups completed the questionnaires again. The compassion-focused therapy package was based on Gilbert's (2010) Compassion-Focused Therapy and was conducted over eight 90-minute sessions. The training package was adapted to the variables of the present study.

2.2. Measures

2.2.1. Empathy

The Mehrabian and Epstein Empathy Scale was developed in 1972. It consists of 33 questions, of which 17 are positively worded, and 16 are negatively worded. Negative items in the scale include questions like "Displaying emotions in public is disturbing to me" (items 3, 4, 6, 11, 12, 13, 20, 21, 23, 24, 26, 28, 30, and 32), while positive items include statements such as "I feel sad when I see someone who feels like an outsider in a group." The questions are rated on a 5-point Likert scale, ranging from "strongly agree" to "strongly disagree," with scores from 5 to 1. The empathy questionnaire measures seven components: reactive empathy, expressive empathy, participatory empathy, emotional influence, emotional stability, empathy toward others, and control. A study by Mehrabian and Epstein, involving 202 men and women (equally distributed), reported a reliability coefficient of 0.84 for the scale. In a study by Zaresghaei and colleagues, the mean and standard deviation for the empathy scale scores were calculated for the sample group to clarify its emotional empathy features (Hakimi Dezfouli & Ebrahimpour, 2024).

2.2.2. Marital Conflict

The Marital Conflict Questionnaire was developed by Sanaei Zakir and Barati in 2008 to measure seven main dimensions of marital conflicts. It consists of 42 questions based on the clinical experiences of the research supervisor. This tool measures seven aspects of marital conflict: decreased cooperation, reduced sexual relations, increased emotional reactions, increased support seeking from children, increased personal relationships with relatives, reduced family relations with the spouse's relatives and friends, and separating financial matters. The total possible score on the questionnaire ranges from 42 to 210, with higher scores indicating greater conflict. Each subscale score is calculated by multiplying the number of questions in that subscale by 5. The questionnaire has good content validity. After a preliminary implementation and item analysis, 13 questions from the initial 55-item questionnaire were removed. In a study by Khazayi in 2006, the correlation coefficients for all subscales of the Marital Conflict Questionnaire with total marital conflict scores ranged from 0.31 to 0.82, all significant at the 0.01 level (Hakimi Dezfouli & Ebrahimpour, 2024).

2.3. Intervention

2.3.1. Compassion-Focused Therapy

The compassion-focused therapy sessions were conducted based on Gilbert's (2010) concepts as follows (Gilbert, 2010, 2015; Goad & Parker, 2021; Hosseinverdi et al., 2021):

Session 1: Introducing group members, outlining group rules, discussing signs of addiction, its consequences on marital life, and its dimensions, sharing addiction experiences, explaining the compassionate mind and how and why its dysfunction occurs.

Session 2: Explaining and defining compassion, what compassion is, and how it can help overcome problems.

Session 3: Thinking about compassion toward others, focusing on compassion, compassionate thinking, compassionate behavior, and compassionate imagery.

Session 4: Enhancing warmth and energy, mindfulness, acceptance, wisdom and power, warmth, and non-judgment.

Session 5: Practicing awareness, mindfulness, and reviewing beliefs that trigger unhelpful emotions, exploring their pros and cons.

Session 6: Practicing the compassion color exercise, compassionate voice and imagery, and writing compassionate letters.

Session 7: Writing compassionate letters, practicing anger and compassion, addressing fear of compassion, and preparing to conclude the group.

Session 8: Reviewing, summarizing, concluding the group, and conducting the posttest.

2.4. Data analysis

Data were analyzed using SPSS version 27. Descriptive statistics were calculated for all variables to summarize the sample characteristics. Pearson correlation analyses were conducted to examine the bivariate relationships between the dependent variable (social functioning) and each independent variable (emotional intimacy and anxiety sensitivity). To further explore the predictive power of emotional intimacy and anxiety sensitivity on social functioning, a multiple linear regression analysis was performed with social functioning as the dependent variable and emotional intimacy and anxiety sensitivity as the independent variables. The assumptions of linear regression, including normality, linearity, homoscedasticity, and multicollinearity, were tested and met. The significance level was set at $p < 0.05$ for all statistical tests.

3. Findings and Results

The frequency of respondents aged 25 to 35 in the experimental group was 7 participants (35%), and in the control group, it was 8 participants (40%), which was higher than other age groups. Additionally, respondents under the age of 25 had the lowest frequency, with 2 participants (10%) in the experimental group and 1 participant (5%) in the control group. The frequency of respondents with associate and bachelor's degrees was higher in the experimental group, with 11 participants (55%), while respondents with less than a diploma or a high school diploma made up the majority in the control group with 12 participants (60%). Respondents with a master's or doctoral degree had the lowest frequency, with 1 participant (5%) in the experimental group and 0 in the control group. Descriptive statistics results are presented in Table 1.

Table 1

Mean and Standard Deviation of Scores in Experimental and Control Groups During Pretest and Posttest Stages

Variable	Group	Stage	Mean	Standard Deviation
Empathy	Experimental	Pretest	76.38	16.21
		Posttest	89.97	17.95
	Control	Pretest	77	17.68
		Posttest	79.2	16.38
Marital Conflicts	Experimental	Pretest	126.22	21.34
		Posttest	116.27	20.91
	Control	Pretest	124.8	20.78
		Posttest	127.48	21.38

As shown in Table 1, the mean and standard deviation of empathy and marital conflict scores in the experimental and control groups during the pretest stage were similar. However, differences emerged in the posttest stage, with changes in the mean empathy and marital conflict scores in the experimental group compared to the control group. To examine these changes, the data were analyzed using multivariate and univariate covariance analysis in the subsequent tables.

The normality of the variable distributions in both groups was assessed using the Kolmogorov-Smirnov test. The results indicated that the significance level was above the 0.05 error threshold, confirming that the data for empathy and marital conflict variables were normally distributed. The Levene's test was not significant for any of the variables, allowing for the use of parametric tests. The results of the Box's M test showed a significance level of 0.15, indicating that the assumption of homogeneity of variance-covariance matrices was met. With these assumptions confirmed, the

results of multivariate covariance analysis are presented below.

Table 2

Summary of Multivariate Covariance Analysis Results

Test	Value	F	Hypothesis df	Error df	p	Eta Squared	Power
Pillai's Trace	0.65	23.18	2	37	0.001	0.51	1.00
Wilks' Lambda	0.64	23.18	2	37	0.001	0.51	1.00
Hotelling's Trace	0.69	23.18	2	37	0.001	0.51	1.00
Roy's Largest Root	0.61	23.18	2	37	0.001	0.51	1.00

The results in Table 2 show that the Pillai's trace test statistic (F = 23.18) indicates a significant effect on the empathy and marital conflict variables in the experimental group at the 0.01 significance level (p = 0.001). This suggests that there is a significant difference in at least one of the variables (empathy or marital conflict) between the pretest and posttest stages. Therefore, the intervention was effective on at least one of the dependent variables. The effect size (eta squared) indicates that the training accounted for 51% of the variance in the dependent variables.

Table 3

Covariance Analysis Results for Stereotypical Behavior and Social Interactions in Experimental and Control Groups

Variable	Source of Variance	SS	df	MS	F	p	Eta Squared	Power
Empathy	Pretest	222.95	1	222.85	8.22	0.006	0.26	0.57
	Group	345.34	1	345.34	29.06	0.001	0.47	1.00
	Error	168.83	38	8.44				
Marital Conflict	Pretest	33.41	1	33.41	9.96	0.04	0.12	0.67
	Group	425.32	1	425.32	16.09	0.02	0.49	0.91
	Error	164.41	38	8.65				

As shown in Table 3, the significance levels for the variables of empathy (F = 29.06, p = 0.001) and marital conflicts (F = 16.09, p = 0.002) are both smaller than 0.01, indicating a significant difference between the experimental and control groups in these variables. The effect sizes (eta squared) indicate that the training had a substantial impact on empathy (0.47) and marital conflict (0.49) in the posttest. Thus, the hypothesis that compassion-focused therapy affects empathy and marital conflicts in women with spouses recovering from drug addiction is confirmed.

4. Discussion and Conclusion

The aim of the present study was to determine the effectiveness of compassion-focused therapy on empathy and marital conflicts in women with addicted spouses. Based on the significance level obtained for the variables of empathy and marital conflicts, it can be concluded that there is a significant difference between the experimental and control groups in these variables. Therefore, compassion-focused therapy has a positive impact on empathy and marital conflicts in women whose spouses are recovering from drug addiction. The findings of this study are consistent with the prior research (Bahrami Hidaji et al., 2022; Balsamo, 2013; Barry et al., 2015; Hosseinverdi et al., 2021), which confirm the effectiveness of compassion-based therapy on empathy, as well as previous research (Lotfi et al., 2021; Rajaei et al., 2022; Tarkhan et al., 2020), which support the effectiveness of compassion-focused therapy on marital conflicts.

In explaining the results, it can be said that, according to cognitive theory, individuals with greater compassion typically exhibit higher psychological capabilities such as satisfaction, optimism, and positive emotions. Compassionate individuals, when aware of their emotional and physical states in difficult situations or when they forget an important task, tend to shift their mindset toward understanding how they can stop self-criticism and care for themselves with kindness rather than forgetting their psychological distress or judging themselves harshly. This approach leads to more positive and fewer negative emotions, ultimately increasing empathy and improving their effectiveness in various life situations, as well as reducing marital conflicts (Akbari et al., 2012).

Self-compassion training reduces the quality of self-harming behaviors and enhances the feeling of helping oneself to resolve problems. This approach helps individuals focus on practicing compassion and acting compassionately. Compassion helped women whose spouses were recovering from drug addiction to be kinder toward themselves and their spouses, with the first step being sensitivity to their own and others' suffering, rather than sensitivity to behavior. Additionally, the compassion-based approach taught these women that the more compassionate behavior they exhibited, the more their minds would naturally become compassionate. Furthermore, the nature and content of the compassion-focused therapy exercises played a role in this. These exercises emphasized relaxation, a compassionate and mindful mindset, which can contribute significantly to an individual's sense of calm and increased empathy (Klimecki et al., 2014).

Gilbert explains that individuals living in damaging environments often struggle with kindness and compassion toward themselves and others due to low self-worth and feelings of worthlessness, which leads them to interpret others' behavior negatively. Compassionate exercises, by addressing emotional, cognitive, and behavioral aspects and employing metaphors and mindfulness techniques, help calm the mind, reduce stress, decrease automatic negative thoughts, and increase self-esteem. Furthermore, this therapy works like "mental physiotherapy" for women with addicted spouses. By activating the soothing system, it promotes change and resilience against anxiety and depression, thus increasing empathy (Gilbert, 2010, 2015). In this training, women were taught compassion skills, helping them to change problematic cognitive and emotional patterns associated with anxiety, anger, self-criticism, and criticism of others, while emphasizing well-being, empathy, non-judgment, and avoiding blame.

Compassion therapy, in fact, is a strategy that helps individuals avoid negative feelings about themselves. As many theorists have pointed out, people often create self-serving distortions to maintain a positive self-image, and these distortions are unconsciously accompanied by negative judgments of others and elements of deception. These self-serving misperceptions not only fail to help individuals accurately see themselves and others, but also prevent accurate self-assessment. People with high self-compassion tend to judge themselves less harshly, making it easier for them to accept negative life events. Their self-assessments and reactions are more accurate and based on real performance because their self-judgment neither leans toward excessive self-criticism nor toward defensive self-inflation. Having self-compassion requires individuals to avoid harsh self-criticism for failures or unmet standards. This does not mean ignoring or failing to address these shortcomings. When self-criticism is seen as a way to force oneself to change and improve, harsh judgments can lead to suppressing one's shortcomings from self-awareness. Without self-awareness, these weaknesses remain unchallenged, and this cycle of self-judgment can ultimately lead to improved judgment and reduced conflict in marital relationships (Goad & Parker, 2021; Wilson et al., 2019).

Every study has its limitations. Since this research was conducted on women whose spouses are recovering from drug addiction, generalizing the results to other populations should be done cautiously. Another limitation was that different types of addiction were not specifically examined. Moreover, since this research was conducted in Isfahan, cultural differences should be considered when generalizing the results to other provinces. Given the effectiveness of compassion-focused therapy on empathy and marital conflicts in women whose spouses are recovering from drug addiction, it is suggested that similar research be conducted on other married women and compared with the current study. Since this study was conducted in Isfahan, researchers may consider broader studies across other provinces and nationwide. Based on the results, which confirmed the effectiveness of compassion-focused therapy on empathy and marital conflicts in women with addicted spouses, it is also recommended that similar research be conducted, considering different types of addiction, and the results compared.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

References

Akbari, E., Khanjani, Z., Poursharifi, H., Mahmoud-Alilou, M., & Azimi, Z. (2012). Comparative efficacy of transactional analysis versus cognitive behavioral therapy for pathological symptoms of emotional breakdown in students. *Journal of Clinical Psychology*, *4*(3), 87-101. https://jcp.semnan.ac.ir/article_2100.html?lang=en

Albal, E., & Buzlu, S. (2021). The effect of maladaptive schemas and psychological flexibility approaches on the addiction severity of drug addicts. *Archives of Psychiatric Nursing*, *35*(6), 617-624. https://doi.org/10.1016/j.apnu.2021.09.001

Arévalo, S., Prado, G., & Amaro, H. (2008). Spirituality, sense of coherence, and coping responses in women receiving treatment for alcohol and drug addiction. *Evaluation and Program Planning*, *31*(1), 113-123. https://doi.org/10.1016/j.evalprogplan.2007.05.009

Arfo, R. (2022). *My stomach is full, but my heart is hungry: Understanding the processes of acculturation and remote enculturation in the diasporic Kurdish families in Norway* https://vid.brage.unit.no/vid-xmlui/handle/11250/3016821

Bahrami Hidaji, M., Peyvandi, P., & Mohammadi Shirmahaleh, F. (2022). The efficacy of cognitive therapy based on acceptance and commitment with a focus on self-compassion emotional schemas and empathy in couples. *Journal of Psychological Science*, *21*(120), 2449-2467. https://doi.org/10.52547/JPS.21.120.2449

Balsamo, M. (2013). Personality and depression: Evidence of a possible mediating role for anger trait in the relationship between cooperativeness and depression. *Comprehensive Psychiatry*, *54*(1), 46-52. https://doi.org/10.1016/j.comppsych.2012.05.007

Barnard, M. (2006). *Drug addiction and families*. Jessica Kingsley Publishers. https://books.google.com/books/about/Drug_Addiction_and_Families.html?id=e-4PBQAAQBAJ

Barry, C. T., Loflin, D. C., & Doucette, H. (2015). Adolescent self-compassion: Associations with narcissism, self-esteem, aggression, and internalizing symptoms in at-risk males. *Personality and individual differences*, *77*, 118-123. https://doi.org/10.1016/j.paid.2014.12.036

Basharpoor, S., & Ahmadi, S. (2020). Modelling structural relations of craving based on sensitivity to reinforcement, distress tolerance and self-Compassion with the mediating role of self-efficacy for quitting. https://etiadpajohi.ir/browse.php?a_id=2105&slc_lang=en&sid=1&printcase=1&hbnr=1&hmb=1

Bluth, K., & Eisenlohr-Moul, T. A. (2017). Response to a mindful self-compassion intervention in teens: A within-person association of mindfulness, self-compassion, and emotional well-being outcomes. *Journal of adolescence*, *57*, 108-118. https://doi.org/10.1016/j.adolescence.2017.04.001

Boostani-Kashani, A.-A., Khodabakhshi-Koolaee, A., Davoodi, H., & Heidari, H. (2021). The Effect of Narrative Therapy on Communication Skills, Emotional Expression and Empathy among Couples Intending to Marry. *SALĀMAT-I IJTIMĀĪ (Community Health)*, *8*(2), 232-246. https://doi.org/10.22037/ch.v8i2.28959

Freiberger, V., Steinmayr, R., & Spinath, B. (2012). Competence beliefs and perceived ability evaluations: How do they contribute to intrinsic motivation and achievement? *Learning and Individual Differences*, *22*(4), 518-522. https://doi.org/10.1016/j.lindif.2012.02.004

Gilbert, P. (2010). *Compassion Focused Therapy: Distinctive Features*. Routledge. https://doi.org/10.4324/9780203851197

Gilbert, P. (2015). The evolution and social dynamics of compassion. *Social and Personality Psychology Compass*, *9*(6), 239-254. https://doi.org/10.1111/spc3.12176

Goad, E. J., & Parker, K. (2021). Compassion-focused therapy groups for people with intellectual disabilities: An extended pilot study. *Journal of Intellectual Disabilities*, *25*(4), 661-679. https://doi.org/10.1177/1744629520925953

Goldstein, A. L., Faulkner, B., & Wekerle, C. (2013). The relationship among internal resilience, smoking, alcohol use, and depression symptoms in emerging adults transitioning out of child welfare. *Child abuse & neglect*, *37*(1), 22-32. https://doi.org/10.1016/j.chiabu.2012.08.007

Hakimi Dezfouli, Z. S., & Ebrahimpour, G. (2024). The role of psychological flexibility, emotional empathy and spiritual experiences in predicting marital satisfaction of married women. *Studies in Islam and Psychology*. https://islamicpsy.rihu.ac.ir/article_2162.html?lang=en

Hosseinverdi, M., Pourassadi, Z., Keshavarz, S., & Kakavand, A. (2021). Effectiveness of compassion-focused therapy on self-esteem, empathy, and forgiveness in child labor. *J Child Ment Health*, *7*(4), 181-196. https://doi.org/10.52547/jcmh.7.4.12

Karbasian, P., MaghsoudiMehraban, F., & Karbasian, P. (2023). The Effectiveness of Positive Cognitive Behavioral Therapy on Positive and Negative Affection and Academic Progress of Adolescents with Cyberspace Addiction. *Journal of Psychology New Ideas*, *16*(20), 1-10. https://jnip.ir/browse.php?a_id=918&slc_lang=en&sid=1&printcase=1&hbnr=1&hmb=1

Klimecki, O. M., Leiberg, S., Ricard, M., & Singer, T. (2014). Differential pattern of functional brain plasticity after compassion and empathy training. *Social Cognitive and Affective Neuroscience*, *9*(6), 873-879. https://doi.org/10.1093/scan/nst060

Lotfi, B., Jajarmi, M., & Mohammadipour, M. (2021). The Effectiveness of Compassion-based Couple Therapy on Increasing Segregation and Reducing Marital Conflicts. *Community Health Journal*, *15*(2), 40-49. https://chj.rums.ac.ir/article_137031.html?lang=en

Moyers, T. B., & Miller, W. R. (2013). Is low therapist empathy toxic? *Psychology of Addictive Behaviors*, *27*(3), 878. https://doi.org/10.1037/a0030274

Muris, P., & Petrocchi, N. (2017). Protection or vulnerability? A meta-analysis of the relations between the positive and negative components of self-compassion and psychopathology. *Clinical Psychology & Psychotherapy*, *24*(2), 373-383. https://doi.org/10.1002/cpp.2005

Neff, K. D., Rude, S. S., & Kirkpatrick, K. L. (2007). An examination of self-compassion in relation to positive

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psychological functioning and personality traits. *Journal of research in personality*, *41*(4), 908-916. https://doi.org/10.1016/j.jrp.2006.08.002

Öztop, F., Bilač, S., & Kutuk, Y. (2024). Improving Empathy and Peer Relationships in Adolescents: A Social Cognition Training Approach. *International Journal of Education and Cognitive Sciences*, *5*(2), 23-30. https://doi.org/10.61838/kman.ijeas.5.2.4

Pines, A. M., & Nunes, R. (2003). The relationship between career and couple burnout: Implications for career and couple counseling. *Journal of employment counseling*, *40*(2), 50-64. https://doi.org/10.1002/j.2161-1920.2003.tb00856.x

Rajabi, G. (2018). Assessing The Model Of The Relationship Between Family Of Origin And Marital Satisfaction With Mediations Of Marital Commitment And Marital Empathy In Nurses. *Nursing and Midwifery Journal*, *16*(6), 432-444. https://www.sid.ir/paper/372243/en

Rajaei, R., Neshat, D. H. T., & Aghaee, K. H. (2022). Effectiveness of Compassion Focused Therapy on Marital Conflicts in Women Applying for Divorce in Isfahan City Consulting Centers. https://doi.org/10.52547/rbs.20.2.255

Sohrabi, F., & Jafari Roshan, F. (2016). Effectiveness of positive group psychotherapy on resiliency, happiness and general health on women with a substance dependence spouses. *Positive Psychology Research*, *2*(1), 31-46. https://ppls.ui.ac.ir/article_21295.html?lang=en

Sullivan, B. F., & Schwebel, A. I. (1995). Relationship beliefs and expectations of satisfaction in marital relationships: Implications for family practitioners. *The Family Journal*, *3*(4), 298-305. https://doi.org/10.1177/1066480795034003

Tarkhan, M., Neshatdost, H. T., & Tarkhan, M. (2020). The Effectiveness of Compassion Focused Therapy on Cognitive Flexibility and Social Sufficiency of Women with Marital Conflicts. *Social Cognition*, *9*(18), 137-152. https://sc.journals.pnu.ac.ir/article_7462.html?lang=en

Wilson, A. C., Mackintosh, K., Power, K., & Chan, S. W. (2019). Effectiveness of self-compassion related therapies: A systematic review and meta-analysis. *Mindfulness*, *10*, 979-995. https://doi.org/10.1007/s12671-018-1037-6

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