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Effectiveness of compassion-focused therapy on psychological distress and fear of negative evaluation in married women of Isfahan city

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Abstract

This study aimed to investigate the training of compassion-focused therapy on psychological distress and fear of negative evaluation in married women. The current research method was quasi-experimental with a pre-test and post-test design with a control group. The statistical population of this research was women aged 20 to 45 years who were referred to psychological counseling and services centers under the supervision of the Isfahan welfare organization in 1400 due to marital problems and conflicts. Thirty female clients who had this problem based on the marital conflicts questionnaire of Sanaei, Barati, and Bustanipour (2008) were included in the study according to available sampling, and randomly, 15 people were placed in the experimental group, and 15 people were in the control group. Data collection tools were Sanai et al.'s Marital Conflicts Questionnaire, Leary's Fear of Negative Evaluation Scale, and Kessler's Psychological Distress Questionnaire. Data analysis was done using SPSS version 26 software. In this research, multivariate analysis of covariance (MANCOVA) was used to analyze the obtained data, check all hypotheses, determine the intervention's effect on the experimental group, and evaluate the difference in the scores of the two groups in the pre-test and post-test intervals. The results obtained from the research indicate that compassion-focused treatment training affects psychological distress and fear of negative evaluation in married women.

Keywords: *Compassion-focused treatment training, psychological distress, fear of negative evaluation, married women.*

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Introduction

Based on the World Health Organization, marriage has long been considered as one of the most important and noblest social customs to meet the emotional needs of people, and it is a human, complex, delicate and dynamic relationship that has special characteristics. The main reasons for marriage are mainly love and affection, having a partner and companion in life, satisfying emotional-psychological expectations and increasing happiness and pleasure (Bernstein & Bernstein, 2020). Nowadays, acquiring multiple aspects of the context of a couple's romantic relationship has become an important struggle for research. Maintaining healthy and stable relationships is a contentious issue for families (Sacco & Phares, 2017). Studying couples' relationships helps clarify the structural frameworks in which couples' relationships are formed. When one of the couples experiences dissatisfaction, harm, or threat in their relationship, they will have an emotional response, which is a behavior on the part of the couple to create a sense of security in the relationship (Zeimer-Gambek & Duckett, 2016). Usually, when couples go to a counselor, they are in a situation where they cannot solve their problems through negotiation. Some of these couples experience the escalation of conflict; some withdraw or use other family dynamics such as withdrawal and expectation (Shankman, 2019). Psychological distress of couples is one of the cases that shows the conflict and dissatisfaction of couples. Psychological distress is widely used as an indicator of mental health and public health in demographic surveys, epidemiological studies, and an outcome in clinical and effectiveness studies (Drippo, Marchand, & Bola Preust, 2019).

Psychological distress is a specific discomfort and emotional state experienced by people temporarily or permanently in response to specific stress and traumatic demands (Ridner, 2014). In addition to this, psychological distress is the unpleasant mental state of depression and anxiety, which have both physiological and psychological symptoms (Mirowsky & Ross, 2012). In the context of the role of psychological distress in marital conflicts, Pournaghash Tehrani, Ghalandrazadeh, Farahani, Saberi, and Pashaei Bahram showed in research that there is a positive relationship and correlation between domestic violence and the psychological distress of women who are victims of spousal abuse. Among other psychological and emotional variables is the fear of negative evaluation, which can represent conflicts and marital dissatisfaction. Fear of negative evaluation effectively creates and maintains irrational anxiety and vision related to social situations (Ghasempour & Falah, 2017). Watson and Friend (2009) defined the fear of negative evaluation as people's concern about the evaluations of others, excessive confusion about negative evaluations, avoidance of evaluation situations, and the expectation of experiencing negative evaluations from others. The construct of fear of negative evaluation includes the feelings of fear related to the evaluations of others, the distress caused by these negative evaluations, and the expectation that others will evaluate him negatively. Fear of negative evaluation and poor self-evaluation causes avoidance of social situations (Mojtabaei & Lashkari, 2018). There are various psychological interventions to reduce negative emotional symptoms and signs and improve positive and adaptive emotional symptoms and signs in couples

with marital conflicts and marital dissatisfaction. One of these treatment methods is compassion-based therapy. Compassion therapy is very suitable for the existing conditions and the paths ahead toward acceptance and personal growth in crises caused by divorce. According to the conditions created in the person's situation, acceptance is gradually created so that the children of divorce, especially teenagers, feel that they are suitable individuals socially, academically, and professionally (Gilbert, 2014). Self-compassion includes self-love versus self-judgment, human commonality versus isolation, and mindfulness versus extreme assimilation (Neff, 2013).

The combination of these three related components is the characteristic of a person who has self-compassion (Saeidi, Ghorbani, Sarafaraz and Sharifian, 2015). Compassion includes a set of emotional, cognitive and motivational elements that are involved in the ability to create opportunities for growth and change along with kindness and care. Compassion therapy bases its conceptualization of compassion on basic science concepts rather than clinical observations. In the model based on compassion, a link has been established between the processes effective in the experience of compassion and emotion and arousal of the neurophysiological system, especially those related to social behaviors, through the two dimensions of passion and healing (Pullmer et al., 2019). In this regard, Neff and Germer (2015) in a study on a group of women found that compassion therapy is effective in reducing depression, anxiety, stress and psychological distress and increasing life satisfaction, compassion for self and others, and mindfulness. In addition, it was found that these results persist in a one-year follow-up period. In another study

by Salimi et al. (2017), it was shown that compassion therapy reduces psychological problems and improves mental health through increasing inner awareness, non-judgmental acceptance, empathy and continuous attention to inner feelings. In sum, in marriage, couples experience interpersonal problems and conflicts. Interpersonal problems and marital conflicts can endanger the quality of relationship and marital commitment and lead to emotional and physical injuries in addition to psychological injuries. Undoubtedly, paying attention to the damages that may occur in the field of marital conflicts, marital heartbreak and marital infidelity of couples and their prevention or reconstruction can help to strengthen the correct relationship of couples, improve marital commitment and strengthen the foundation of families. Identification and prevention, due to the high coexistence of injuries in the lives of couples, can be effective in preventing the imposition of high treatment costs and wasting time due to dealing with each of these injuries separately. Moreover, based on the searches conducted by the researcher of this study, no research has been conducted on the effectiveness of compassion therapy on the fear of negative evaluation and psychological distress of married women in the country. Therefore, the current research seeks to answer whether compassion-focused therapy has an effect on psychological distress and fear of negative evaluation of married women.

Method

The method of the current research was quasi-experimental with a pre-test-post-test design with a control group and random selection. The statistical population of this research was women aged 20 to 45 who have referred to psychological counseling and

service centers under the supervision of Isfahan Welfare Organization in 2021 due to marital problems and conflicts. 30 female clients who had this problem based on the marital conflicts questionnaire of Sanai, Barati and Bustanipour (2008) were included in the study according to available sampling. According to random replacement, 15 people were in the experimental group and 15 people were in the control group.

Materials

Marital conflicts questionnaire (revised)

MCQ-R. This questionnaire was created by Sanai et al. (2008) to measure marital conflicts and based on Sanai's clinical and therapeutic experiences. The Marital Conflicts Questionnaire has 42 items that are graded on a 5-point Likert scale from never 1 to absolutely always 5. The maximum total score of the questionnaire is 210 and the minimum score is 42. In this tool, a higher score indicates more marital conflict and a lower score means less marital conflicts and a better marital relationship (Sanaei et al., 2008). This questionnaire will be implemented at the beginning of the work for women who have referred to counseling centers and medical services under the supervision of Isfahan City Welfare Organization with complaints of marital problems and conflicts.

Fear of negative evaluation scale (short form).

This 12-item scale designed by Leary (1983) measures people's experienced anxiety or their negative evaluation. In this scale, each item is answered based on a five-point spectrum (1=never applies to 5=almost always applies). Higher scores indicate the experience of anxiety and fear. The minimum score is 12 and the maximum is 60. The cutoff score in this questionnaire is 30. Examining a group of undergraduate students with this scale showed that this tool

has a high correlation with the original form of this scale (0.96). It was also found that the short form of the fear of negative evaluation scale has high internal consistency (Cronbach's alpha equal to 0.90) (Leary, 1983). Checking the reliability by retest method with an interval of four weeks showed a coefficient of 0.75 (Miller, 1995). The validity of this scale in the research of Dadashzadeh et al. (2012) was obtained as 0.98 by retest method and with a two-week interval on 15 undergraduate students. Finally, its internal homogeneity was obtained by Cronbach's alpha method and on 24 of them equal to 0.83.

Psychological distress questionnaire form 10 questions (K-10).

Kessler's Psychological Distress Questionnaire (K10) was developed by Kessler, Andrews and Capel in (2002) with 10 questions, which is specific for the identification of mental disorders in the general population and examines the mental state during the last month. The answers to the questions of this questionnaire are in the form of 5 options (always to never) and are scored between zero and four. To calculate the overall score of the questionnaire, the scores of all the questionnaire items are added together. The score range of this questionnaire will be between 0 and 40. The higher the score of this questionnaire, the higher the psychological distress and vice versa (Kessler, Barker, Kandel, Epstein, 2003). Veldozen (2007) obtained Cronbach's alpha reliability coefficient of the overall score of this questionnaire at 0.71. Also, in Yaqoubi's research (2014), the Cronbach's alpha coefficient of the questionnaire was 0.93 and the reliability coefficient of Tsanif and Spearman-Brown was 0.91. In a research study, Vaziri and Lotfi Kashani (2012) found the reliability of Kessler's questionnaire to be

0.904 with Cronbach's alpha method and 0.868 with the two-half method. By obtaining the correlation of the scores of this questionnaire with the mental health questionnaire, they have reported the validity of this test as 0.803.

Findings

Table 1. Descriptive indicators of research variables before and after compassion-focused therapy training

Variable	Group	Pre-test		Post-test	
		Mean	Standard deviation	Mean	Standard deviation
Psychological distress	Exp.	37/33	2/71	32/33	4/27
	Control	37/27	3/36	36/80	3/46
Fear of negative evaluation	Exp.	34/73	0/96	27/33	1/95
	Control	34/06	0/91	33/66	2/82

Table (1) shows that the mean and standard deviation of psychological distress in the control and experimental groups in the pre-test stage is 37.27 ± 3.36 , and 32.23 ± 4.27 , respectively. Also, in the post-test stage, the mean and standard deviation of psychological distress of the two control and experimental groups were 37.33 ± 2.71 and 32.33 ± 4.27 , respectively, which means that we can see a decrease in the average psychological distress in women of the experimental group. The mean and standard deviation of fear of negative evaluation in the pre-test stage in control and experimental groups are 34.06 ± 0.91 and 33.66 ± 2.82 , respectively. Also, in the post-test stage, the mean and standard deviation of the fear of negative evaluation of the control and experimental groups were 34.06 ± 0.91 and 33.66 ± 2.82 , respectively. As a result, we can see a decrease in the average fear of negative evaluation in women of the experimental group. Table (1) shows that the mean and

This research used descriptive statistics (mean and standard deviation) and inferential statistics to analyze the data, following the assumptions of multivariate analysis of covariance (MANCOVA) with spss version 26 software.

standard deviation of psychological distress in the control and experimental groups in the pre-test stage is 37.27 ± 3.36 , and 32.23 ± 4.27 , respectively. Also, in the post-test stage, the mean and standard deviation of psychological distress of the two control and experimental groups were 37.33 ± 2.71 and 32.33 ± 4.27 , respectively, which means that we can see a decrease in the average psychological distress in women of the experimental group. The mean and standard deviation of fear of negative evaluation in the pre-test stage in control and experimental groups are 34.06 ± 0.91 and 33.66 ± 2.82 , respectively. Also, in the post-test stage, the mean and standard deviation of the fear of negative evaluation of the control and experimental groups were 34.06 ± 0.91 and 33.66 ± 2.82 , respectively. As a result, we can see a decrease in the average fear of negative evaluation in women of the experimental group.

Table 2. of the results of the normality test of the research variables

Variable	Group	Stage	N	z	Sig	Result
Psychological distress	Control	Pre-test	20	0/457	0/855	Normality confirmed
		Post-test	20	0/931	0/542	Normality confirmed

Fear of negative evaluation	Exp.	Pre-test	20	0/265	1/005	Normality confirmed
		Post-test	20	0/968	0/494	Normality confirmed
	Control	Pre-test	20	0/509	0/822	Normality confirmed
		Post-test	20	0/078	1/274	Normality confirmed
	Exp.	Pre-test	20	0/337	0/942	Normality confirmed
		Post-test	20	0/585	0/775	Normality confirmed

In Table (2), the results of the Shapiro-Wilk test to check the normality of the distribution of the variables are reported. The results of this Table show that the significance level obtained for all variables in the pre-test and post-test stages is higher than ($\alpha=0.05$), the normality of data distribution is confirmed.

Therefore, the distribution of research variables (psychological distress, fear of negative evaluation) is normal. Therefore, it is possible to test research hypotheses using multivariate variance analysis and covariance analysis.

Table 3. Levene's test results regarding the assumption of equality of variances of the groups in the research variables

Index	F	Df1	Df2	Sig
Psychological distress	0/015	1	28	0/90
Fear of negative evaluation	0/019	1	28	0/89

According to table (3), the obtained f is insignificant. Because the level of significance (Sig) obtained for all research variables is greater than 0.05, it can be

concluded that the variances are homogeneous. Therefore, the equality of variances is expected, and the implementation of covariance is possible.

Table 4. Pearson's correlation coefficient test results between auxiliary random variables and dependent variable

Post-test	Pre-test	Coefficient of correlation	Sig
Psychological distress	Psychological distress	0/412	0/000
Fear of negative evaluation	Fear of negative evaluation	0/452	0/000

Table 4 shows a linear and positive relationship between the dependent variables (before and after compassion-focused

therapy training) (the significance level is lower than the default value of 0.05).

Table 5. summary of multivariate covariance analysis of psychological distress and fear of negative evaluation in experimental and control groups

Source	Sum of squares	df	Mean square	F	Sig
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Group × pre-test	Psychological distress	184/01	2	92/008	1/40	0/25
	Fear of negative evaluation	310/88	2	155/44	1/68	0/36
Total	Psychological distress	389/35	27	14/42		
	Fear of negative evaluation	154/61	27	5/72		
Corrected total	Psychological distress	573/36	29			
	Fear of negative evaluation	465/50	29			

Based on table (5), the assumption of homogeneity of the regression slopes has been examined. The interaction between the two groups and the pre-test of psychological

distress and fear of negative evaluation is insignificant. In other words, the data support the hypothesis of homogeneity of the regression slopes ($P < 0.05$).

Table 6. summary of covariance analysis of psychological distress in experimental and control groups by removing the interaction effect

Source	Sum of squares	df	Mean square	F	Sig	Effect size	Power
Between groups	139/93	1	139/93	8/96	0/006	0/25	0/82
Error	405/76	26	15/60				
Total	573/36	29					

According to table (6), post-test covariance analysis of psychological distress variable scores after pre-test adjustment shows that by removing the effect of pre-test scores, the

effect of the intervention on the post-test score is significant. ($\text{Eta} = 0.25$, $p = 0.006$, $F(29, 1) = 8.96$) shows a difference between the two groups.

Table 7. of the adjusted averages of psychological distress of the research groups along with standard error and upper and lower bounds in the post-test

Variable			Mean diff.	Std. error	Sig	Lower bound	Upper bound
Psychological distress	Experimental group	Control group	-4/34	1/45	0/006	-7/32	-1/36
	Control group	Experimental group	4/34	1/45	0/006	1/36	7/32

The results of the Bonferroni test show a significant difference between the psychological distress of women in the control and experimental groups after the

intervention, and the amount of psychological distress in the experimental group has decreased compared to the control group ($p < 0.05$).

Table 8. summary of covariance analysis of fear of negative evaluation in experimental and control groups by removing the interaction effect

Source	Sum of squares	df	Mean square	F	Sig	Effect size	Power
Between groups	305/19	1	305/19	49/69	0/000	0/65	1
Error	159/68	26	6/14				
Total	465/50	29					

According to table (8), the covariance analysis of the post-test scores of the fear of negative evaluation variable after the pre-test adjustment shows that by removing the

effect of the pre-test scores, the effect of the intervention on the post-test score is significant. ($\eta^2 = 0.65$, $p = 0.000$, $F(29, 1) = 49/69$).

Table 9. of the adjusted averages of fear of negative evaluation of the research groups along with standard error and upper and lower bounds in the post-test

Variable			Mean diff.	Std. error	Sig	Lower bound	Upper bound
Fear of negative evaluation	Experimental group	Control group	-6/41	0/91	0/000	-8/28	-4/54
	Control group	Experimental group	6/41	0/91	0/000	4/54	8/28

The results of the Bonferroni test show a significant difference between the fear of negative evaluation of women in the control group and the experiment after the compassion-focused treatment training. That is, the fear of negative evaluation of the experimental group has decreased compared to the control group ($p < 0.05$).

Discussion

According to the obtained results, it was found that compassion-focused treatment training is effective in psychological distress in married women. In this regard, Irons and Lad (2017) have shown that compassion-focused therapy significantly reduces depression and anxiety in divorced women. Also, Bryans et al. (2016) found in their studies that compassion-focused therapy effectively reduces psychological problems, including symptoms of psychological distress. Ashworth, Clark, Jones, Jennings, and Longworth (2015) showed in a study that compassion-focused group therapy can reduce self-criticism, anxiety, and depression in brain injury

patients. In explaining this finding, it can be said that the treatment of compassion leads to the expansion of kindness, self-understanding and avoiding criticism and unfavorable judgments towards oneself. This therapy brings self-compassion acceptance, kindness, and non-judgment. Therefore, when a person faces life's problems, he shows positive self-regulation and by increasing self-esteem, he promotes sincere attitudes towards a more purposeful life. As Neff (2017) stated, self-compassion-based therapy creates a loving and receptive approach to the undesirable aspects of self and interpersonal life and has the following three main components. In the first place, it includes being kind to yourself and understanding yourself in difficulties or when you see inadequacies. Second, self-compassion, paying attention to human commonality, considers suffering and failure as inevitable dimensions of common human experiences. Finally, a balanced awareness of one's feelings is one of the components of self-compassion. Compassionate therapy is associated with

greater psychological health and causes the inevitability of pain and feelings of failure to continue. Brutal self-blame reduces feelings of isolation. Therefore, this supportive attitude toward oneself is associated with many positive psychological outcomes, such as greater motivation to resolve marital conflicts, constructive problem-solving, and reduced psychological distress in married women (Cuppige, Baird, & Gibson, 2019).

According to the obtained results, it was found that compassion-focused treatment training is effective in fear of negative evaluation in married women. In this regard, Jacobson et al. (2018) showed that people with high self-compassion can resolve conflict in their romantic relationship by using compromise, balancing, and satisfying solutions for their needs and those of the other party. Tofangchi et al. (2021) studied the effectiveness of compassion-based therapy on self-criticism, fear of negative evaluation, and anxiety in women with chronic tension headaches. The results of multivariate covariance analysis showed that with pre-test control, compassion-based treatment compared to the control group caused a significant improvement in the level of self-criticism and fear of negative evaluation and anxiety in women with chronic tension headaches. In explaining these results, compassion therapy can be an emotion-oriented coping strategy in many ways. Because it requires the conscious awareness of one's emotions, not avoiding painful and uncomfortable feelings, and closeness with kindness, understanding, and feeling of human commonality. In fact, people in compassion therapy first recognize their own emotional experiences using mindfulness and then find a compassionate attitude toward their negative emotions. In addition, the findings of this research are consistent with studies that show that a compassionate attitude in people helps them feel a connection between themselves and others. As a result, through this feeling, they overcome the fear of rejection and lack of compatibility with

the existing conditions. Therefore, people who receive compassion skills experience less negative emotions and more forgiveness in experiencing unpleasant events such as conflicts and problems in interpersonal relationships (Dugas & Robichaud, 2021), thus fearing less negative evaluation. In other words, the existence of a compassionate attitude helps people to feel a connection between themselves and others and, through this feeling, overcome the fear of rejection (Baldur-Felskov et al., 2016); Therefore, people who have higher self-compassion experience less negative emotions when experiencing unpleasant events, especially experiences that involve evaluation, social comparison, and self-criticism, considering that humans may make mistakes and all humans make mistakes. The need for more control of socioeconomic variables and the level of education of married women is one of the limitations of the research. According to the results, it is suggested that family counselors and couple therapists use compassion-focused therapy, related exercises, and other therapeutic approaches. Especially when their clients have high psychological distress and fear of negative evaluation. These results can be used in counseling centers and family psychology services to improve healthy strategies concerning marital relations and also reduce psychological distress and fear of negative evaluation of couples.

Ethics

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

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Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

References

- Ashworth, F., Gracey, F., & Gilbert, P. (2011). Compassion focused therapy after traumatic brain injury: Theoretical foundations and a case illustration. *Brain Impairment*, 12(2), 128-139.
- Baldur-Felskov B, Kjaer SK, Albieri V, Steding-Jessen M, Kjaer T, Johansen C, Dalton SO, Jensen A. (2016). Psychiatric disorders in women with fertility problems: Results from a large Danish register-based cohort study. *Hum Reprod*; 28(3):683-90.
- Bernstein, P. H., & Bernstein, M. T. (2020). Marital therapy from a behavioral-communicative point of view. (Translated by Seyyed Hasan Pourabdi Nayini and Gholamreza Manshai). Tehran: Roshd.
- Breines, J. G., Thoma, M. V., Gianferante, D., Hanlin, L., Chen, X., & Rohleder, N. (2016). Self-compassion as a predictor of interleukin-6 response to acute psychosocial stress. *Journal of Brain, Behavior, and Immunity*, 37, 109-114.
- Cuppige, j., Baird, K., Gibson, D. (2019). Compassion focused therapy: Exploring the effectiveness with a transdiagnostic group potential proecesses of change. *British journal of clinical psychology; wiley online library*.
- Drapeau, A., Marchand, A., & Beaulieu-Prévost, D. (2019). Epidemiology of psychological distress. In L. Labate (Ed.), *Mental illnesses: Understanding, prediction and control*, (pp. 105-134). Rijeka, Croatia: InTech.
- Dugas, M. J. & Robichaud, M. (2021). *Cognitive behavioral treatment for generalized anxiety disorder: from science to practice*; New York: Taylor & Francis Group.
- Ghasempour A, Fallah A. (2017). Effectiveness of Emotional Regulation Strategies Training for Fear of Positive Evaluation of male Adolescents Suffering from Social Phobia Disorder. *Community Health Journal*, 8(4), 59-67.
- Gilbert P. (2014). The origins and nature of compassion focused therapy. *BRIT J CLIN PSYCHOL*; 53(1): 6-41.
- Gilbert, P. and Procter, S. (2016). Compassionate Mind Training for People with High Shame and Self-Criticism: Overview and Pilot Study of a Group Therapy Approach. *Clinical Psychology and Psychotherapy*, 04, 424-444.
- Irons C, Lad S. (2017). Using compassion focused therapy to work with shame and selfcriticism in complex trauma. *Australian Clinical Psychologist* 21; 3(1):1743.
- Jacobson, E. H. K., Wilson, K. G., Solomon Kurz, A., & Kellum, K. K. (2018). Examining self-compassion in romantic relationships. *Journal of Contextual Behavioral Science*. 8, 69-73.
- Mirowsky, J., & Ross C. E. (2012). Selecting outcomes for the sociology of mental health: Issues of measurement and dimensionality. *Journal of Health and Social Behavior*. 43, 152-170.
- Mojtabai M, Lashkari A. (2018). Relationship between the fear of negative evaluation and trait anxiety with students' shyness. *Thought and Behavior*, 5(2), 1-12.
- Neff, K. D. (2013). The role of self-compassion in development: A healthier way to relate to oneself. *Human Development*, 52(4): 211-214.
- Neff, K. D., & Germer, C. K. (2015). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of clinical psychology*, 69(1), 28-44.
- Pullmer, R., Chung, J., Samson, L., Balanji, S., Zaitsoff, S. (2019). A systematic review of the relation between self-compassion and depressive symptoms in adolescents. *Journal of Adolescence*, 74: 210-220.
- Ridner, S. H. (2014). Psychological distress: concept analysis. *Journal of Advanced Nursing*, 45, 536-545.
- Sacco, W. P., Phares, V. (2017). Partner appraisal and marital satisfaction: the role of self-esteem and depression. *Journal of Marriage and Family*, 63(2), 504-513.
- Saidi, Z., Ghorbani, N., Sarfaraz, M. R., & Sharifian, M. H. (2014). The relationship between self-compassion and the value of self-regulation of conscious emotion, *Journal of Psychological Health Research*, 6(3), 9-1.
- Salimi, A., Arslan Deh, F., & Zaharakar, K. (2017). The effectiveness of compassion-focused therapy on the mental health of women with multiple sclerosis. *Ofogh Danesh*. 24 (2):125-131.
- Scheinkman, M. (2019). Vulnerability Cycle in Couple Therapy. *Encyclopedia of Couple and Family Therapy*, Springer International Publishing.
- Tofangchi, M., Raisi, Z., Ghamarani, A., & Rezaei, H. (2021). Development of a stress tolerance promotion package and comparing its effectiveness with compassion-based treatment on self-criticism, fear of negative evaluation, and anxiety in women with chronic tension headaches. *Journal of Psychological Sciences*. 20th volume, number 100, 603-616.
- Watson D, Friend R. (2009). Measurement of social evaluative anxiety. *Journal of Consulting and Clinical Psychology*, 33, 448-457.
- Zimmer-Gembeck, M. J., & Ducat, W. (2016). Positive and negative romantic relationship

quality: Age, familiarity, attachment and well-being as correlates of couple agreement and projection. *Journal of Adolescence*, 33(6), 879-890.