



Comparison of the Effectiveness of Unified Transdiagnostic Treatment and Short-Term Psychodynamic Therapy on the Spiritual Health of Women Affected by Marital Infidelity

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ABSTRACT

Objective: The present study aimed to compare the effectiveness of unified transdiagnostic and short-term psychodynamic treatments on the spiritual health of women affected by marital infidelity.

Methods and Materials: A quasi-experimental design using a pretest-posttest-follow-up with a control group was employed. The population included women affected by marital infidelity in Jam city during the first six months of 2022, and the sample consisted of 45 eligible and volunteering individuals who approached a social studies counseling center. These women were initially assessed and selected for the pretest, then randomly assigned to two experimental groups and one control group (15 per group). The short-term psychodynamic group received 12 sessions and the unified transdiagnostic group underwent 8 sessions of individual therapy, while the control group was placed on a waiting list. After the treatment sessions, a posttest and a two-month follow-up test were conducted. The Spiritual Well-Being Scale by Paloutzian and Ellison (1982) was used, along with multivariate analysis of covariance and SPSS software version 26 to test the hypotheses.

Findings: Both treatments were effective in enhancing the spiritual health of women, with the unified transdiagnostic treatment being more effective compared to the short-term psychodynamic therapy, and this effectiveness was sustained over time. ($P < .05$)

Conclusion: Given the effectiveness and the differences in the impacts of unified transdiagnostic and short-term psychodynamic treatments on the spiritual health of women affected by marital infidelity, it is recommended that these treatments be considered in their counseling.

Keywords: *Spiritual health, Unified transdiagnostic treatment, Short-term psychodynamic therapy, Marital infidelity*

1. Introduction

The core issue in every intimate relationship involves the negative reaction to either real or imagined attraction of one's partner towards another person. Some believe that men are particularly threatened when their partners are sexually attracted to a male rival, whereas women are more threatened by their partner's emotional attraction to a rival. Although these gender-based differences seem plausible, recent research suggests that both men and women are threatened by any type of infidelity (Levy et al., 2006; McNulty et al., 2004). Infidelity in marital relationships often arises from meeting emotional needs outside the marital domain and is a primary cause of divorce and harm to the couple (Asvadi et al., 2023; Atkins et al., 2005).

Pichon and colleagues (2020) define infidelity as an individual crossing the boundaries of the marital relationship by establishing physical or emotional intimacy with someone outside of the relationship. In other words, all behaviors and actions of a permanently married individual with the opposite sex outside the family framework, in a way that leads to a friendly, intimate, emotional, and romantic relationship, which brings special excitement to the acting spouse, are considered marital infidelity (Pichon et al., 2020). Infidelity and betrayal represent a type of disorder and illness in behavior, as they bring along undesirable and abnormal consequences, causing various problems for all parties involved (Gorjian Mahlabani et al., 2022; Marín et al., 2014). Secret relationships outside of marriage can lead to feelings like depression, anger, despair, low self-esteem, loss of identity, and feelings of worthlessness in the spouse who has been cheated on. Marital infidelity also leads to feelings of doubt, depression, and guilt in the cheating spouse, and can have disastrous consequences for the individual who cheated, their spouse, the marital relationship, and the family involved (Snyder et al., 2023).

Another personality characteristic that can influence the relationships between couples and marital infidelity is their spiritual health (Ariapooran & Hajimoradi, 2021; Bhattacharyya, 2020; Haghdoost et al., 2020; Paloutzian & Ellison, 1982; Seyedfatemi et al., 2006). Low spiritual health can be a precursor to marital infidelity. Buford and colleagues view spiritual health as a combination of religious health, personal connection with God, and existential health, personal connection with the world, encompassing a sense of meaning, satisfaction, and purpose in life. In other words, spiritual health is a state of human growth and a state of

health that reflects positive human emotions, behaviors, and cognitions in relation to oneself, others, nature, and a higher power, ultimately providing the individual with an integrated identity, satisfaction, happiness, love, respect, positive attitudes, inner peace, purpose, and direction in life (Amini et al., 2020).

Scholars have discussed spiritual health from various perspectives; for example, Myers (2000) views spiritual health as having two dimensions: the first is religious spirituality, where the concept of God is expressed as a sacred being in a religious context, and the second is existential spirituality, which focuses on specific psychological experiences (Haghdoost et al., 2020). Thus, spiritual health plays a significant role in how individuals cope with the pleasures and difficulties of life, instilling a sense of purpose and guiding their lives. Recent studies suggest that spirituality can serve as a social and psychological resource in coping with stress, improving quality of life, and fostering hope, while low levels of it can make an individual vulnerable to psychological, social, and even physical harm (Ariapooran & Hajimoradi, 2021; Bhattacharyya, 2020). For instance, research by Ariapooran and Hajimoradi (2021) indicates a correlation between low levels of spiritual health and marital infidelity (Ariapooran & Hajimoradi, 2021). Bhattacharyya (2020) emphasized the correlation between low spiritual health and marital infidelity in a study (Bhattacharyya, 2020).

In Iran, studies have been conducted on the effectiveness of various interventions for treating the consequences of marital infidelity. For example, interventions such as schema therapy and quality-of-life-based therapy on worry (Yousefian Amirkhiz et al., 2023), emotion-focused couple therapy and cognitive-behavioral couple therapy on post-traumatic stress (Asvadi et al., 2023), "hypnotherapy" and "schema therapy" on mental health (Talaeezadeh et al., 2023), cognitive-behavioral couple therapy and integrated behavioral couple therapy on communication patterns (Farabi et al., 2023), emotional reconstruction couple therapy on cognitive emotional regulation (Gorjian Mahlabani et al., 2022), an integrated protocol for transdiagnostic treatment in reducing depression related to marital issues (Bameshgi et al., 2019), functional analytic psychotherapy with an integrated protocol for fluctuations in depression, anxiety, and marital satisfaction (Etemadi et al., 2017) have been mentioned.

In international research, one can refer to cases such as integrated behavioral couple therapy (Atkins et al., 2005; Atkins et al., 2010; Barraca & Polanski, 2021; Marín et al.,

2014), couple therapy to improve relationship satisfaction and depression symptoms after infidelity (Atkins et al., 2010), traditional behavioral couple therapy (Atkins et al., 2005), and the integrated approach (Gordon et al., 2004).

Given that couples are adults who carry a bag of memories, experiences, patterns, and teachings from childhood into a critical stage of life called marriage, they are inevitably challenged by these experiences. Thus, one of the most significant changes that can be made in the lives of couples dealing with marital infidelity is improving their spiritual health. In this context, research shows that psychological interventions play an effective role in managing or reducing psychological syndromes or enhancing their psychological capabilities, with treatments like unified transdiagnostic and short-term psychodynamic therapy being among these interventions (Shams et al., 2022).

Transdiagnostic treatment represents a common approach for a range of emotional disorders. This treatment considers various psychological problems, including emotional disorders, as psychological injuries, involving common processes in their maintenance and creation, and strives to treat these disorders using a common treatment plan (Carlucci et al., 2021; Etemadi et al., 2017). This treatment has been developed from decades of research on effective cognitive-behavioral treatments for anxiety and mood disorders, incorporating fundamental principles of evidence-based cognitive treatments, along with advances in emotion regulation research (Barlow, 2004). Consequently, transdiagnostic treatment emphasizes the functional and adaptive nature of emotions and primarily aims to amend maladaptive processes for emotion regulation, facilitating appropriate processing and eliminating disproportionate responses to external and internal cues (Kazemipour et al., 2021). Research results show that, compared to individuals who received cognitive-behavioral treatment, those who underwent transdiagnostic treatment experienced a shorter treatment duration and faced relatively fewer problems (Mozaffari et al., 2020). Schmit, Watson, and Fernandez (2018) also examined and confirmed the effectiveness of transdiagnostic treatment on improving mental health (Schmit et al., 2018).

Given the rationale behind this therapeutic approach, improvements and significant clinical changes in the severity of symptoms of emotional disorders could be attributed to targeting common factors such as emotional regulation, repetitive thoughts, and negative affect, which are emphasized in the units of the protocol. In other words,

reductions in the severity of specific symptoms of emotional disorders may indirectly result from changes in these common factors. This could be due to targeting these common or transdiagnostic factors as key symptoms of all emotional spectrum disorders through the integration of effective skills and techniques in this protocol (Bateman et al., 2016). Additionally, the transdiagnostic intervention helps individuals learn how to confront their inappropriate emotions and respond to their emotions in a more adaptive manner. This method aims to reduce the intensity and occurrence of emotional habits by regulating emotional regulation habits, decreasing harm, and enhancing functioning. In an integrated approach, thoughts, behaviors, and feelings dynamically interact, each playing a role and influencing the emotional experience (Kenney et al., 2016).

In addition to unified transdiagnostic treatment, another therapeutic approach in marital infidelity is short-term psychodynamic therapy (Ranjbar Bahadori et al., 2022). Short-term psychodynamic psychotherapies have evolved through the efforts of Malan and colleagues (Shams et al., 2022). In psychodynamic psychotherapy, the root of psychological disorders is emotional conflicts, which are assumed to arise from an individual's early experiences. In this approach, the therapist's continuous effort to experience deep emotional experience is considered a healing element (Pennebaker, 1997). The therapist in this approach helps clients overcome their anxiety and defensive avoidances, during which clients learn to experience their unbearable and distressing emotions and regulate them. As a result, the client's symptoms and defensive behaviors are reduced (Town et al., 2017). Accordingly, treatment with a psychodynamic approach effectively helps individuals to infer subconscious and unconscious thoughts and feelings through various listening techniques (Çitak et al., 2021; Mensi et al., 2021; Shams et al., 2022). According to psychodynamic theory, it is said that the concordance of emotions with conditioned anxiety due to attachment trauma can lead to emotional dysregulation. Moreover, defenses can create and maintain unregulated emotions. Psychodynamic theory believes that in early experiences with caregivers, individuals learn to cover negative and harmful feelings with defense mechanisms to protect their relationship with the attachment figure (Mensi et al., 2021). In the approach of short-term psychodynamic therapy, a safe space and a deep therapeutic relationship are provided for clients so that these suppressed needs and emotions can be authentically experienced and expressed, allowing them to preserve their

emotional bonds in adulthood and current life and increase their capacity to accept life realities (Çitak et al., 2021).

Several studies have demonstrated the effectiveness of short-term psychodynamic therapy in reducing anxiety (Çitak et al., 2021; Mensi et al., 2021; Shams et al., 2022; Town et al., 2017), interpersonal conflicts, improving mental health, enhancing well-being, improving mental health, and reducing depression and anxiety disorders (Çitak et al., 2021; Mensi et al., 2021; Shams et al., 2022; Town et al., 2017).

Given that marital infidelity is one of the most bitter issues many couples face; and considering that women, due to maternal affection and cultural, economic, and social issues, endure all hardships and misfortunes, and in some cases, even after infidelity, are not willing to leave the marital life. They cannot forget past damages, which further damages their marital relationships and endangers the mental health of their children; thus, the use of therapeutic interventions is necessary to prevent and improve the negative consequences. Based on a review of research in this area, firstly, intervention studies in Iran related to commitment-breaking and marital infidelity, especially treatments like unified transdiagnostic and short-term psychodynamic, are very scarce; secondly, a comparative examination of the effectiveness of these interventions is a new topic; and thirdly, there is a scientific gap regarding their potential effectiveness simultaneously on the variable of spiritual health in women affected by marital infidelity. Therefore, this research seeks to answer the fundamental question of whether there is a difference between the effectiveness of unified transdiagnostic treatment and short-term psychodynamic therapy in the spiritual health of women affected by marital infidelity.

2. Methods and Materials

2.1. Study design and Participant

The methodology of the current research was quasi-experimental, utilizing a pre-test, post-test, follow-up design with a control group. The independent variable was treatment at three levels (unified transdiagnostic treatment, short-term psychodynamic therapy, no intervention), with the dependent variable being spiritual health and the control variables being gender and age range. The study population comprised all women affected by spousal infidelity who visited the Social Studies Counseling Center (related to both native and non-native petrochemical families in Jam city, Bushehr province) during the first six months of 2022.

Initially, 95 married women who had consulted the center regarding marital infidelity issues were assessed using the Spiritual Well-Being Scale. Forty-five women who scored below 60 on the Spiritual Well-Being Scale and expressed interest in participating in the research were selected as the sample. The sampling method was convenient and voluntary. These individuals were randomly assigned to experimental group 1 (unified transdiagnostic treatment, 15 people), experimental group 2 (short-term psychodynamic therapy, 15 people), and a control group (15 people). The experimental groups received interventions, and the control group was placed on a waiting list. After the therapy sessions, a post-test was conducted, followed by a two-month follow-up test. Considering the participants' motivation to effectively confront infidelity and the promise of post-experimental services to the control group, there was no dropout during the experiment.

Eligibility criteria for the study included: being in an ongoing marriage (not undergoing divorce), no familial or legal obstacles to attending the training sessions, experience and involvement in extramarital relationships, no mental disorders, being aged between 25 – 45 years, and having at least a high school diploma. Exit criteria included: missing more than two sessions, family or legal prohibitions on participating in the training, simultaneous receipt of another psychological training or intervention, and suffering from other psychological disorders.

Forty-five women who met the cut-off score on the Spiritual Well-Being Scale and the entry conditions expressed their informed consent to participate in the research. An initial assessment served as the pre-test. Then, the experimental groups underwent the designated interventions, while the control group was placed on a waiting list for treatment. At the end of the research, for ethical considerations, they benefited from three free sessions on emotion management.

2.2. Measures

2.2.1. Spiritual Health

This questionnaire was developed by Paloutzian and Ellison (1982) and consists of 20 questions. It is scored on a Likert scale from 1 (strongly disagree) to 6 (strongly agree), with questions 1, 2, 5, 6, 12, 13, 16, and 18 scored in reverse. The range of spiritual health scores is 10-60 for each subgroup, where higher scores indicate higher religious and existential well-being. The total spiritual health score ranges from 20 to 120. In the study by Paloutzian and Ellison (1982;

as cited in Seyyed Fatemi et al., 2006), the validity and reliability of this questionnaire were confirmed, and a Cronbach's alpha coefficient of 0.84 was reported. In the study by Seyyed Fatemi et al. (2006), the validity of the Spiritual Well-Being Scale was established through content validity and its reliability was determined with a Cronbach's alpha coefficient of 0.82, indicating good reliability of this tool (Haghdoost et al., 2020; Seyyedfatemi et al., 2006). In the present study, the initial calculated alpha for spiritual health was 0.83.

2.3. Intervention

2.3.1. Unified Transdiagnostic Treatment (Barlow et al., 2011)

Session 1: Introduction to the treatment methods and overview of the therapy, motivation enhancement for participation in treatment. This session is designed to familiarize participants with the structure of the therapy and to encourage their active involvement by highlighting the benefits and goals of the treatment.

Session 2: Understanding emotions, identification, and tracking of one's emotions. The focus here is on helping participants develop awareness and understanding of their emotional states, learning to identify and track different emotional experiences as they occur.

Session 3: Learning to monitor experiences. Participants are taught techniques to observe and reflect on their emotional and cognitive processes, aiming to increase mindfulness and presence in daily activities.

Session 4: Assessment and modification of cognitive appraisals. This session introduces cognitive restructuring techniques to help participants challenge and modify unhelpful thoughts that contribute to emotional distress.

Session 5: Avoidance of emotions. The therapist works with the participants to identify and confront avoidance behaviors, teaching them to face rather than avoid difficult emotions.

Session 6: Emotion-driven behaviors, awareness of bodily sensations, and tolerance of these sensations. Participants learn to recognize how emotions influence their behaviors and practice techniques to tolerate and respond to uncomfortable physical sensations that accompany strong emotions.

Session 7: Confrontation with internal and external emotional triggers, maintenance of gains, and relapse prevention. This session involves exposure strategies to deal

with emotional triggers and planning to maintain therapeutic gains and prevent relapse.

Session 8: Summary and providing recommendations for continuing treatment, conducting post-test. The final session reviews the skills learned throughout the therapy, discusses ongoing application of these techniques outside of therapy, and conducts a post-intervention assessment (Barlow, 2004).

2.3.2. Short-term Psychodynamic Therapy (Davanloo, 2013)

Session 1: Establishing the patient's capacity to respond and explore the nature and factors of the problem, gathering deeper and more accurate information, determining the onset and continuation of the problem. This session is foundational, setting the stage for the therapeutic work by understanding the patient's current psychological state and history.

Session 2: Starting pressure with specific and concrete demands in response to vague answers. This involves challenging the patient to be clearer and more specific about their feelings and experiences, enhancing the depth of the therapeutic engagement.

Session 3: Following up on questions and increasing pressure to feel emotions based on technical interventions. The therapist intensifies the exploration of emotional experiences, pushing the patient to engage more deeply with their feelings.

Session 4: Identifying and clarifying defenses, stimulating the patient against their own defenses, challenging based on technical interventions. This session focuses on recognizing and addressing the psychological defenses that patients use to avoid dealing with distressing thoughts and feelings.

Session 5: Signs of transference resistance, direct engagement with transference resistance based on interventions. The therapist addresses the patient's resistance within the therapeutic relationship, which reflects broader patterns of avoidance in their life.

Session 6: Continuing pressure and challenge until symptoms of getting closer to feelings and impulses appear. The session aims to break down the barriers the patient has built around acknowledging their emotions.

Session 7: Focusing instead of defending on touching and directly experiencing feelings, disclosing feelings to the therapist and describing them. This involves the patient expressing their newly acknowledged emotions openly in therapy, which helps process these emotions more fully.

Session 8: Experiencing feelings with all cognitive, physiological, and motor components, strengthening the therapeutic alliance. This session solidifies the emotional work done in therapy by integrating thoughts, physical sensations, and actions associated with emotional experiences.

Session 9: Establishing connections and analyzing similarities between the patient's patterns of relating in the transference and their other relationships in current and past life. This aims to help the patient see patterns in their relationships and understand their origins.

Session 10: Analyzing disclosed materials with two triangles of conflict and person, exploring family life. The focus is on deeper exploration into the patient's relational dynamics and core conflicts as revealed through the therapy sessions.

Session 11: Making questions more dynamic and clarifying the structure of the patient's core conflict. This session involves intensifying the exploration of the patient's core emotional conflicts and making them more conscious of these dynamics.

Session 12: Summary and providing recommendations for continuing treatment, conducting post-test. This final session reviews the progress made, plans for future psychological work, and assesses the patient's condition at the conclusion of therapy (Davanloo, 2013).

2.4. Data Analysis

In this study, data were analyzed using SPSS software version 26. Descriptive statistics (frequency, percentage, mean, standard deviation, charts, etc.) were used in the descriptive section, and in the analytical section, the Shapiro-Wilk test and Levene's test were used to check the assumptions, and one-way analysis of covariance (ANCOVA) and Bonferroni post-hoc test were used to test the research hypothesis.

3. Findings and Results

In all three groups, the majority of individuals had a bachelor's degree, and most of the women studied in each group were aged between 25 and 30 years.

Table 1

Mean and Standard Deviation of Spiritual Health in Experimental and Control Groups at Different Stages

Group	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD	Follow-up Mean	Follow-up SD
Short-term Psychodynamic	45.01	3.98	50.4	3.11	50.07	2.73
Unified Transdiagnostic	45.67	2.58	54.47	2.19	54.33	2.19
Control	44.8	1.89	45.27	2.12	44.73	2.69

According to the data in Table 1, the scores for spiritual health in the experimental groups increased at the post-test and follow-up stages compared to the pre-test stage. The Shapiro-Wilk statistic was not statistically significant at the 0.05 level, indicating normality of the data. Additionally, the results of Levene's test at the post-test ($F = 1.270, p = .291$)

and follow-up stages ($F = 1.070, p = .352$) were also not significant, confirming the homogeneity of variance across groups. Furthermore, the F values for the homogeneity of regression slopes at the post-test ($F = 1.234, p = .697$) and follow-up stages ($F = 1.085, p = .747$) were not significant.

Table 2

One-way Analysis of Covariance (ANCOVA) Results for Spiritual Health

Source	Scores	Sum of Squares	df	Mean Square	F	Significance Level	Effect Size
Group	Pre-test	122.27	1	122.27	72.217	.001	.649
	Post-test	529.337	2	264.668	156.506	.001	.889
Error		65.953	39	0.691			
	Follow-up	600.369	2	300.185	166.46	.001	.895
Error		70.331	39	1.083			

According to the results in Table 2, the ANCOVA shows that after controlling for pre-test scores of spiritual health as a covariate, the main effect of both unified transdiagnostic and short-term psychodynamic treatment on spiritual health

was significant at both the post-test ($F = 156.506, p < .001$) and follow-up stages ($F = 166.46, p < .001$); that is, the observed differences in the mean scores of spiritual health among participants of the experimental and control groups

based on group membership were statistically significant ($p < .001$). Furthermore, the effect sizes at the post-test stage

were 0.892 and at the follow-up stage were 0.895 for spiritual health.

Table 3

Bonferroni Post Hoc Test Results for Spiritual Health at Post-test and Follow-up Stages

Stage	Group 1	Group 2	Mean Difference	Standard Error	p
Post-test	Short-term Psychodynamic	Unified Transdiagnostic	-3.620	0.480	.001
		Control	4.933	0.481	.001
	Unified Transdiagnostic	Short-term Psychodynamic	3.620	0.480	.001
		Control	8.552	0.485	.001
Follow-up	Short-term Psychodynamic	Unified Transdiagnostic	-3.915	0.496	.001
		Control	-5.199	0.492	.001
	Unified Transdiagnostic	Short-term Psychodynamic	3.915	0.496	.001
		Control	9.11	0.33501	.001

According to the results in [Table 3](#), at both the post-test and follow-up stages, the differences in mean scores for spiritual health between the unified transdiagnostic treatment group and the control group were statistically significant ($p < .001$). Moreover, in both the post-test and follow-up stages, the differences in mean scores for spiritual health between the unified transdiagnostic treatment group and the short-term psychodynamic treatment group were statistically significant ($p < .001$). Based on the mean differences, the unified transdiagnostic treatment was more effective than the short-term psychodynamic treatment in enhancing spiritual health.

4. Discussion and Conclusion

The present study aimed to compare the effectiveness of unified transdiagnostic treatment and short-term psychodynamic therapy on the spiritual health of women affected by marital infidelity. Data analysis indicated that the unified transdiagnostic treatment was effective in improving the spiritual health of women affected by infidelity, showing an increase in the mean spiritual health scores for the experimental group compared to the control group. These findings are somewhat consistent with the results of prior studies ([Bamesghi et al., 2019](#); [Caiado et al., 2022](#); [Carlucci et al., 2021](#); [Etemadi et al., 2017](#); [Kazemipour et al., 2021](#); [Mozaffari et al., 2020](#)) reported the effectiveness of unified transdiagnostic treatment in increasing adaptive strategies. [Carlucci et al. \(2021\)](#) demonstrated that unified transdiagnostic treatment protocols have the potential to improve mental health outcomes, particularly anxiety and depression ([Carlucci et al., 2021](#)). [Schmit and colleagues \(2018\)](#) also concluded that unified transdiagnostic treatment effectively improves mental health ([Schmit et al., 2018](#)).

Unified transdiagnostic treatment includes strategies such as emotional awareness training, learning emotional observation, familiarization with dysfunctional emotional avoidance strategies, awareness of the negative effects of emotional avoidance, and identification of emotion-driven behaviors that modulate individuals' emotions. Therefore, transdiagnostic training, by focusing on emotion regulation techniques, enables individuals to recover their emotions, especially negative ones, which leads to an internal acceptance of these emotions. Ultimately, this will increase spiritual health ([Kazemipour et al., 2021](#)). Considering that having a quality, comfortable, and healthy life depends on first accepting both negative and positive emotions, and then committing to reducing negative emotions in a balanced and calm manner, unified transdiagnostic treatment can be expected to be beneficial in improving the spiritual health of women affected by marital infidelity.

Similarly, short-term psychodynamic therapy has also been effective in improving the spiritual health of women affected by marital infidelity, with an increase in the mean spiritual health scores for the experimental group compared to the control group. This finding aligns with the results of prior studies ([Çitak et al., 2021](#); [Fooladi et al., 2018](#); [Jarare & Etemadi, 2007](#); [Mensi et al., 2021](#); [Mirgol, 2019](#); [Ranjbar Bahadori et al., 2022](#); [Ranjbar Sudejani & Sharifi, 2017](#); [Rocco et al., 2021](#); [Shams et al., 2022](#); [Town et al., 2017](#)). [Mirgol's study \(2019\)](#) suggested the effectiveness of short-term psychodynamic psychotherapy in mental health ([Mirgol, 2019](#)). [Jarare and colleagues \(2008\)](#) confirmed the effectiveness of psychodynamic therapy in improving mental health ([Jarare & Etemadi, 2007](#)). [Mensi and colleagues \(2021\)](#) also noted that short-term psychodynamic psychotherapy effectively improves mental health ([Mensi et al., 2021](#)).

Regarding the impact of short-term psychodynamic therapy, it can be stated that in this treatment, the therapist is active and empathetically tries to understand the inner psychological world of the client, how they use maladaptive defense mechanisms, and their attachment patterns. Empathy in this therapeutic method is a key component. Empathy acts both indirectly as a compensatory process and directly by facilitating the process of expansion and interpretation. In this approach, the therapist empathetically and systematically immerses in the client's subjective world and examines their inner psychological world. In other words, the therapist shifts the focus from the background (the client) to the foreground (the therapist) by emphasizing self-psychology. Using this method, clients come to understand their psychological states, recognize their repetitive patterns and ineffective mechanisms for coping with anxiety, and strive for change (Mensi et al., 2021). Being understood and receiving attention in therapy helps clients feel more integrated and healthy, and within this therapeutic environment and by creating a conscious therapeutic alliance, they can understand and tolerate their debilitating states and ineffective anxiety control methods and act towards changing them. In another explanation, it is noteworthy that through the use of transference, which is very important in short-term therapies, the anxiety of these individuals (women affected by infidelity) and their chronic problems are explored in the relationship with the therapist. With the therapist's guidance, clients use the therapeutic relationship as an opportunity to better understand, account for, and test their fears, coming to realize that they are not necessarily always subject to criticism, rejection, and punishment, which itself is an effective step towards improving psychological and spiritual health. Therefore, it can be said that short-term psychodynamic therapy effectively increases the spiritual health of women affected by marital infidelity (Çitak et al., 2021).

Finally, the results of the study showed that there is a significant difference between the mean spiritual health scores of the short-term psychodynamic and unified transdiagnostic groups, with the unified transdiagnostic treatment having a greater effect on increasing spiritual health. According to the researcher's review, no study has reported on the comparison of the effectiveness of unified transdiagnostic treatment and short-term psychodynamic therapy on spiritual health. Therefore, no consistent or contradictory evidence for this result can be presented. Nevertheless, other studies have confirmed the effectiveness of short-term psychodynamic therapy on other variables. For

instance, in the study by Talaezadeh and colleagues (2023), "hypnotherapy" and "schema therapy" were effective in increasing mental health in men and women affected by marital infidelity, but no difference in the level of effectiveness was observed (Talaezadeh et al., 2023).

One of the skills in unified transdiagnostic treatment is identifying and correcting the tendencies for maladaptive actions or emotion-driven behaviors, which is the main subject in exposure practices. It is possible that one of the main functions of exposure is to prevent action tendencies associated with emotion and to facilitate alternative behaviors. This aligns with theories and evidence from the science of emotion, which emphasize that correcting these actions is an effective method for emotional control. As Izard pointed out in 1971, "people learn to act in this way and to feel in a new way" (Barlow, 2004). Another skill in unified transdiagnostic treatment is increasing awareness and tolerance of bodily sensations during intrinsic exposure. All patients, regardless of diagnosis and specific area of anxiety, are asked to perform exercises designed to provoke bodily sensations similar to typical anxiety and discomfort. Intrinsic or visceral exposures are applicable in the treatment of panic disorder, where bodily sensations are the primary trigger and specific area of anxiety. However, in unified transdiagnostic treatment, intrinsic exposures are also used in other diagnoses with the aim of increasing clients' awareness of bodily sensations and increasing tolerance towards them, even if bodily sensations are not the specific area of anxiety of the patients. During emotional exposure practices, patients become aware of the role of bodily sensations in emotional experiences and how they affect thoughts and behaviors, as well as the reciprocal role of behaviors and thoughts in intensifying sensations (Bamesghi et al., 2019; Caiado et al., 2022).

Therefore, conscious exposure to destructive emotions and thoughts can have more enduring effects on spiritual health. This characteristic enhances the effectiveness of unified transdiagnostic treatment. Thus, it can be said that the effectiveness of unified transdiagnostic treatment in increasing the spiritual health of women affected by marital infidelity is more effective compared to short-term psychodynamic therapy.

5. Limitations and Suggestions

Use of self-report tools, limitations of the statistical population, and the possibility of not precisely controlling intervening variables could be limitations of the research.

Given the effectiveness of unified transdiagnostic and short-term psychodynamic treatments, they should be used in clinics and counseling centers for women affected by marital infidelity to improve spiritual health, with a greater emphasis on unified transdiagnostic treatment. Researchers are advised to conduct similar studies concerning men affected by marital infidelity and to study the comparative effectiveness of other intervention approaches such as schema therapy, Imago therapy, compassion-focused therapy, etc., on the spiritual health of women affected by marital infidelity.

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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The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. This article is derived from the first author's master's thesis at Lahijan branch, Islamic Azad University, Lahijan, Iran. It has received ethical approval with the identifier IR.IAU.LIAU.REC.1401.017 from the Ethics Committee of Islamic Azad University, Lahijan branch

References

- Amini, M., Shehni Yailagh, M., & Hajiyakhchali, A. (2020). The Causal Relationship of Psychological Capital with Psychological Well-Being and Academic Performance with the Mediating Role of Social Capital. *Positive Psychology Research*, 6(2), 1-16. <https://doi.org/10.22108/ppls.2020.116114.1688>
- Ariapooran, S., & Hajimoradi, R. (2021). The Role of Spirituality Well-being, Forgiveness, and Marital Self-Disclosure in Internet Infidelity in Couples: A Survey Study. *Family Counseling and Psychotherapy*, 11(1), 1-34. <https://doi.org/10.22034/fcp.2021.61960>
- Asvadi, M., Bakhshipour, A., & Razavizadeh Tabadkan, B. B. Z. (2023). Comparing the Efficacy of Emotionally Focused Couple Therapy and Cognitive-Behavioral Couple Therapy in Reducing Post-Traumatic Stress in Women Affected by Infidelity. *Journal of Applied Psychological Research*, 14(1), 145-160. <https://doi.org/10.22059/japr.2023.328175.643932>
- Atkins, D. C., Eldridge, K. A., Baucom, D. H., & Christensen, A. (2005). Infidelity and behavioral couple therapy: optimism in the face of betrayal. *J Consult Clin Psychol*, 73(1), 144-150. <https://doi.org/10.1037/0022-006x.73.1.144>
- Atkins, D. C., Marín, R. A., Lo, T. T., Klann, N., & Hahlweg, K. (2010). Outcomes of couples with infidelity in a community-based sample of couple therapy. *J Fam Psychol*, 24(2), 212-216. <https://doi.org/10.1037/a0018789>
- Bamesghi, M., Kimiaei, S. A., & Mashhadi, A. (2019). Effectiveness of the Unified Protocol for Transdiagnostic Treatment in Reducing Depression Associated with Marital Problems [Research Article]. *J Health Rep Technol*, 5(2), e93299. <https://doi.org/10.5812/jhrls.93299>
- Barlow, D. H. (2004). Psychological treatments. *Am Psychol*, 59(9), 869-878. <https://doi.org/10.1037/0003-066x.59.9.869>
- Barraca, J., & Polanski, T. X. (2021). Infidelity treatment from an integrative behavioral couple therapy perspective: Explanatory model and intervention strategies. *Journal of marital and family therapy*, 47(4), 909-924. <https://doi.org/10.1111/jmft.12483>
- Bateman, A., O'Connell, J., Lorenzini, N., Gardner, T., & Fonagy, P. (2016). A randomised controlled trial of mentalization-based treatment versus structured clinical management for patients with comorbid borderline personality disorder and antisocial personality disorder. *BMC psychiatry*, 16(1), 304. <https://doi.org/10.1186/s12888-016-1000-9>
- Bhattacharyya, K. K. (2020). The sacred relationship between marriage, spirituality and healthy aging in Hinduism. *Journal of Religion, Spirituality & Aging*, 32(2), 135-148. <https://doi.org/10.1080/15528030.2019.1670771>
- Caiado, B., Góis, A., Pereira, B., Canavaro, M. C., & Moreira, H. (2022). The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders in Children (UP-C) in Portugal: Feasibility Study Results. *International journal of environmental research and public health*, 19(3).
- Carlucci, L., Saggino, A., & Balsamo, M. (2021). On the efficacy of the unified protocol for transdiagnostic treatment of emotional disorders: A systematic review and meta-analysis. *Clinical psychology review*, 87, 101999. <https://doi.org/10.1016/j.cpr.2021.101999>
- Çitak, S., Avci, S. H., & Kahraman, B. B. (2021). The effectiveness of short-term psychodynamic psychotherapy in depression and anxiety disorders. *Psychodynamic Practice*, 27(4), 372-383. <https://doi.org/10.1080/14753634.2021.1951825>
- Davanloo, H. (2013). Intensive short-term dynamic psychotherapy: extended major direct access to the unconscious. *Eur Psychiat*, 2001a, 121-155.

- <https://istdp.ch/sites/default/files/downloadfiles/Davanloo-2001.pdf#page=25>
- Etemadi, A., Gholizadeh, H., Salimi, H., & Farahbakhsh, K. (2017). The comparison of the effectiveness of functional analytic psychotherapy with unified protocol for trans diagnostic treatment on depression, anxiety and marital satisfaction among women with marital distress. *Thoughts and Behavior in Clinical Psychology*, 12(46), 47-56. https://jtbcp.roudehen.iau.ir/article_1238.html
- https://jtbcp.roudehen.iau.ir/article_1238_b1c8ed945ccf32ecf90a100660bffc5a.pdf
- Farabi, M., Teimouri, S., & Rajaei, A. (2023). Comparing the Effect of Cognitive Behavioral Couple Therapy and Integrative Behavioral Couple Therapy on Communication Patterns in Couples with Extramarital Relationships. *International Journal of Behavioral Sciences*, 16(4), 241-247. <https://doi.org/10.30491/ijbs.2023.365115.1862>
- Fooladi, F., Kavyani borujeni, M., & Ranjbar Sudejani, Y. (2018). Effectiveness of Intensive Short-Term Dynamic Psychotherapy (ISTDP) on the Social Anxiety of Mothers of Children with Asperger Syndrome. *Research-Institute-for-Education*, 18(2), 55-64. <http://joec.ir/article-1-645-en.html>
- Gordon, K. C., Baucom, D. H., & Snyder, D. K. (2004). AN INTEGRATIVE INTERVENTION FOR PROMOTING RECOVERY FROM EXTRAMARITAL AFFAIRS. *Journal of marital and family therapy*, 30(2), 213-231. <https://doi.org/10.1111/j.1752-0606.2004.tb01235.x>
- Gorjian Mahlabani, H., Sheykholeslami, A., Kiani, A., & Rezaei Sharif, A. (2022). The Effectiveness of Affective-Reconstructive Couple Therapy on Cognitive Emotion Regulation in Women Affected by Infidelity. *mui-jbs*, 20(3), 552-561. <https://doi.org/10.52547/rbs.20.3.552>
- Haghdoost, Z., Mobayen, M., & Omidi, S. (2020). The Relationship between Spiritual Experiences with Hope to be Alive and Death Anxiety in Burned Patients. *Journal of Isfahan Medical School*, 38(598), 811-817. <https://doi.org/10.22122/jims.v38i598.13219>
- Jarare, j., & Etemadi, a. (2007). Comparison of the effectiveness of intensive short-term dynamic psychotherapy (ISTDP) with relationship couple therapy (RCT) on enhancing couples mental health and marital satisfaction. *Educational Psychology*, 3(7), 1-26. <https://doi.org/10.22054/jep.2007.6001>
- Kazemipour, A., Mirderikvand, F., & Amraei, K. (2021). Effectiveness of Acceptance and Commitment Therapy on the Acceptance and Post-Traumatic Growth in Colorectal Cancer Patients Comorbid with Stress. *Research-in-Medicine*, 45(3), 38-43. <http://pejouhesh.sbm.ac.ir/article-1-2518-en.html>
- Kenny, D. T., Arthey, S., & Abbass, A. (2016). Identifying attachment ruptures underlying severe music performance anxiety in a professional musician undertaking an assessment and trial therapy of Intensive Short-Term Dynamic Psychotherapy (ISTDP). *SpringerPlus*, 5(1), 1591. <https://doi.org/10.1186/s40064-016-3268-0>
- Levy, K., Kelly, K., & Jack, E. (2006). Sex Differences in Jealousy: A Matter of Evolution or Attachment History? https://www.researchgate.net/publication/232600099_Sex_Differences_in_Jealousy_A_Matter_of_Evolution_or_Attachment_History
- Marín, R., Christensen, A., & Atkins, D. (2014). Infidelity and Behavioral Couple Therapy: Relationship Outcomes Over 5 Years Following Therapy. *Couple and family psychology: Research and practice*, 3, 1. <https://doi.org/10.1037/cfp0000012>
- McNulty, J. K., Karney, B. R., & McNulty, J. K. (2004). Positive expectations in the early years of marriage: should couples expect the best or brace for the worst? *J Pers Soc Psychol*, 86(5), 729-743. <https://doi.org/10.1037/0022-3514.86.5.729>
- Mensi, M. M., Orlandi, M., Rogantini, C., Borgatti, R., & Chiappedi, M. (2021). Effectiveness of Short-Term Psychodynamic Psychotherapy in Preadolescents and Adolescents Affected by Psychiatric Disorders. *Psychiatry Investig*, 18(10), 923-927. <https://doi.org/10.30773/pi.2021.0015>
- Mirgol, A. (2019). The Effectiveness of Short-term Comprehensive Scheduling Psychosis on Mental Health of Students with Special Learning Disabilities. *frooyesh*, 8(4), 75-84. <http://frooyesh.ir/article-1-446-en.html>
- Mozaffari, V., Ghorban Shiiroudi, S., & Shafiabadi, A. (2020). Effectiveness of Integrated Meta-Diagnostic Therapy on Cognitive Emotion Regulation and Psychological Resilience of Veterans' Spouses. *Iranian Journal of War and Public Health*, 12(48), 149-155. <https://www.magiran.com/paper/2276194>
- Paloutzian, R., & Ellison, C. (1982). Loneliness, spiritual well-being and the quality of life. In D. Peplau & P. D. (Eds.), *Loneliness: a sourcebook of current theory, research and therapy*. <https://doi.org/10.1037/t00534-000>
- Pennebaker, J. W. (1997). *Opening up : the healing power of expressing emotions*. Guilford Press. <https://archive.org/details/openinguphealing00penn>
- Pichon, M., Treves-Kagan, S., Stern, E., Kyegombe, N., Stöckl, H., & Buller, A. M. (2020). A Mixed-Methods Systematic Review: Infidelity, Romantic Jealousy and Intimate Partner Violence against Women. *International journal of environmental research and public health*, 17(16).
- Ranjbar Bahadori, S., Taklavi, S., & Kazemi, R. (2022). The effectiveness of intensive short-term dynamic psychotherapy on emotional expressiveness and differentiation betrayed women. *frooyesh*, 11(1), 113-124. <http://frooyesh.ir/article-1-3219-en.html>
- Ranjbar Sudejani, y., & Sharifi, K. (2017). Effectiveness of Intensive Short Term Dynamic Psychotherapy (ISTDP) on Social Anxiety of Children with Mental Disability and Visual Perception Disorder. *SEO*, 1(144), 15-22. <http://exceptionaleducation.ir/article-1-947-en.html>
- Rocco, D., Calvo, V., Agrosi, V., Bergami, F., Busetto, L. M., Marin, S., Pezzetta, G., Rossi, L., Zuccotti, L., & Abbass, A. (2021). Intensive short-term dynamic psychotherapy provided by novice psychotherapists: effects on symptomatology and psychological structure in patients with anxiety disorders. *Res Psychother*, 24(1), 503. <https://doi.org/10.4081/ripppo.2021.503>
- Schmit, M. K., Watson, J. C., & Fernandez, M. A. (2018). Examining the Effectiveness of Integrated Behavioral and Primary Health Care Treatment. *Journal of Counseling & Development*, 96(1), 3-14. <https://doi.org/10.1002/jcad.12173>
- Seyedfatemi, N., Rezaie, M., Givari, A., & Hosseini, F. (2006). Prayer and spiritual well-being in cancer patients. *payeshj*, 5(4), 0-0. <http://payeshjournal.ir/article-1-732-en.html>
- Shams, S., Ghelichkhan, N., Yousefi, N., & Alijani, S. (2022). Comparison of the effectiveness of short-term intensive dynamic psychotherapy and mentalization-based therapy on emotional dysregulation, defense mechanisms and insecure attachment styles in women who have experienced the trauma of marital infidelity. *ijpn*, 10(1), 106-121. <https://doi.org/10.22034/IJPN.10.1.106>
- Snyder, D. K., Gordon, K. C., & Baucom, D. H. (2023). *Getting past the affair : a program to help you cope, heal, and move on-together or apart* (Second edition ed.). The Guilford Press. <https://search.worldcat.org/title/1380616664>

- Talaezadeh, M., Eftekhari Saadi, Z., Heydarie, A., & Joharifard, R. (2023). Comparing the effectiveness of "hypnosis therapy" and "schema therapy" on the dimensions of mental health in the prevention of divorce of men and women who have been betrayed. *jhpm.ir*, 12(3), 63-81. <https://doi.org/10.22034/JHPM.12.3.63>
- Town, J. M., Abbass, A., Stride, C., & Bernier, D. (2017). A randomised controlled trial of Intensive Short-Term Dynamic Psychotherapy for treatment resistant depression: the Halifax Depression Study. *Journal of affective disorders*, 214, 15-25. <https://doi.org/10.1016/j.jad.2017.02.035>
- Yousefian Amirkhiz, S., Bagherzadeh Gholmakani, Z., & Khodabakhsh, M. (2023). Comparing the effectiveness of schema therapy and therapy based on improving the quality of life on anxiety in women affected by infidelity. *frooyesh*, 12(2), 83-94. <http://frooyesh.ir/article-1-4187-en.html>