




The Effectiveness of Compassion-Focused Therapy on Negative Meta-Emotions and Sexual Self-Efficacy in Women Affected by Extramarital Relationships

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ABSTRACT

Objective: This study aimed to investigate the effectiveness of Compassion-Focused Therapy (CFT) in reducing negative meta-emotions and enhancing sexual self-efficacy in women affected by extramarital relationships.

Methods and Materials: The study employed a randomized controlled trial design with pre-test and post-test assessments and no follow-up. A total of 60 married women aged 25–40 years who had experienced psychological distress due to their spouse's extramarital relationship were selected from counseling centers in Tehran. Participants were randomly assigned to an intervention group (n = 30) receiving eight weekly 90-minute sessions of CFT, and a control group (n = 30) receiving no psychological intervention. Data were collected using the Meta-Emotion Scale (MES) and the Sexual Self-Efficacy Scale – Female Functioning (SSES-F). Statistical analyses were conducted using ANCOVA and Bonferroni post-hoc tests via SPSS-27.

Findings: The ANCOVA results indicated significant differences between the groups in both outcome variables after controlling for pre-test scores. For negative meta-emotions, the intervention group showed a substantial decrease compared to the control group ($F(1, 56) = 91.63, p < .001, \eta^2 = .611$). Similarly, sexual self-efficacy significantly increased in the intervention group compared to the control ($F(1, 56) = 68.51, p < .001, \eta^2 = .550$). These results confirm the efficacy of CFT in improving both emotional and sexual functioning in the target population.

Conclusion: Compassion-Focused Therapy is an effective intervention for reducing negative meta-emotions and enhancing sexual self-efficacy in women experiencing emotional trauma from extramarital betrayal. Integrating compassion-based strategies may be critical in therapeutic programs aimed at post-betrayal recovery.

Keywords: Compassion-Focused Therapy, Negative Meta-Emotions, Sexual Self-Efficacy, Extramarital Relationships, Women, Infidelity.

1. Introduction

Experiencing betrayal in the form of extramarital relationships often triggers a profound psychological crisis for women, shaking the foundations of their emotional security, identity, and self-worth. One of the most disruptive consequences of such trauma is the emergence of negative meta-emotions—emotions about emotions—such as guilt about feeling anger or shame about sadness, which compound psychological distress and hinder emotional recovery (Brajša-Žganec, 2014; Ghorbannezhad, 2022). Alongside these affective disturbances, sexual self-efficacy—the individual's confidence in her ability to engage in, manage, and enjoy sexual activity—may also suffer significantly, particularly in the context of relational trauma (Rasouli et al., 2024; Shenan et al., 2021). In such situations, clinical interventions that simultaneously address emotional complexity and support psychological healing in intimate domains become imperative.

Compassion-Focused Therapy (CFT), developed by Paul Gilbert, has garnered increasing scholarly and clinical interest as a transdiagnostic approach particularly suited to individuals with high self-criticism, shame, and trauma histories. CFT incorporates mindfulness, imagery, and cognitive techniques to activate the “soothing system,” cultivate self-compassion, and counteract the dominance of threat-based emotional responses (Aghaie, 2021; Karami, 2024). Evidence from multiple studies supports the efficacy of CFT in reducing emotional dysregulation and fostering psychological flexibility among women suffering from marital betrayal, infidelity-related trauma, or relational disturbances (Abedin et al., 2023; Dasht Bozorgi, 2018; Farshchiyan Yazdi et al., 2021).

Meta-emotions, a central concept in emotional self-awareness, refer to the way individuals perceive and evaluate their own emotional responses. In the context of betrayal trauma, meta-emotional problems frequently emerge in the form of self-judgment, rumination, and avoidance, which intensify emotional suffering (Tenore et al., 2024). For instance, women may perceive their own anger or grief as signs of personal weakness or moral failure, thereby suppressing healthy emotional expression. Studies have shown that high levels of negative meta-emotions are predictive of increased psychological inflexibility, perfectionism, and interpersonal difficulties (Ghorbannezhad, 2022; Rahmani et al., 2022). These findings suggest that addressing meta-emotions directly may

serve as a critical therapeutic pathway to reduce secondary suffering and promote emotional healing.

Parallel to the rise in meta-emotional challenges, sexual self-efficacy often declines following the trauma of extramarital betrayal. Sexual self-efficacy encompasses not only the belief in one's capacity to experience sexual pleasure but also in navigating communication, consent, and emotional intimacy in sexual contexts. Reduced sexual self-efficacy may stem from internalized shame, body image disturbances, and loss of sexual agency—all of which are prevalent among women coping with betrayal (Masoudi Marghmaleki et al., 2023; Rasouli et al., 2024). This breakdown in sexual confidence can create further interpersonal distance, prevent relationship recovery, or hinder the formation of new secure attachments (Jahangiri & Rezaei, 2021; Sanati, 2024).

Compassion-Focused Therapy offers a powerful, integrative framework for treating both negative meta-emotions and sexual self-efficacy deficits in this population. CFT aims to increase the capacity for emotional self-soothing, develop a compassionate inner voice, and reduce the internalization of shame and self-criticism (Teymori et al., 2021; Timouri et al., 2021). In the context of betrayal trauma, these shifts can help women reinterpret their emotional pain as valid and survivable, rather than evidence of personal inadequacy. Recent research supports the application of CFT to improve not only psychological outcomes such as anger rumination and emotional dysregulation but also dimensions of sexual functioning and marital intimacy (Shenan et al., 2021; Timouri et al., 2021).

The effectiveness of compassion-based interventions for women affected by infidelity has been demonstrated across several domains. Aghaie et al. (2021), for instance, found significant reductions in emotional turbulence among women who participated in compassion-focused education following experiences of marital infidelity (Aghaie, 2021). Similarly, Babaei et al. (2020) reported improvements in emotion regulation strategies and marital satisfaction among betrayed women receiving CFT-based group counseling (Babaei et al., 2020). In a comparative study, Karami (2024) found that CFT was more effective than Cognitive Behavioral Therapy (CBT) in enhancing distress tolerance and self-compassion among betrayed women, indicating its unique value in cases characterized by deep emotional wounds (Karami, 2024). These findings have positioned CFT as a front-line approach for post-betrayal recovery.

In addition to psychological and sexual outcomes, CFT has been shown to improve self-efficacy in a variety of

clinical contexts. Aslami et al. (2020) demonstrated that self-compassion therapy significantly enhanced both anger control and general self-efficacy in women living with addicted spouses, a population similarly burdened by relational trauma and emotional instability (Aslami et al., 2020). Likewise, Masoudi Marghmaleki et al. (2023) found that compassion-based Acceptance and Commitment Therapy led to improvements in psychological flexibility and self-efficacy in women with chronic illness, further underscoring the role of compassion training in promoting inner strength and adaptive coping (Masoudi Marghmaleki et al., 2023).

The theoretical underpinning of CFT lies in its evolutionary model of affect regulation, which identifies three primary systems: the threat system, the drive system, and the soothing system. In women who have been betrayed, the threat system often dominates, manifesting in hypervigilance, self-criticism, and emotional dysregulation. CFT interventions aim to reduce the overactivation of the threat system by stimulating the soothing system through compassionate imagery, mindfulness, and self-reassurance practices (Tenore et al., 2024; Teymori et al., 2021). This recalibration of the affective balance facilitates not only emotional regulation but also reconnection with one's embodied sense of self, including in sexual domains.

While much of the prior research has focused on general psychological outcomes or marital satisfaction, less attention has been paid specifically to the combined effects of CFT on meta-emotions and sexual self-efficacy. However, an integrative approach is increasingly recognized as essential. As highlighted by Farshchiyan Yazdi et al. (2021), interventions that attend simultaneously to emotional and relational dimensions are more effective in reducing marital conflict and enhancing differentiation of self (Farshchiyan Yazdi et al., 2021). Similarly, Jahangiri and Rezaei (2021) emphasized that compassion-based and emotionally focused approaches significantly enhance both sexual intimacy and emotional resilience in betrayed women (Jahangiri & Rezaei, 2021).

This study builds upon these insights by targeting two underexplored yet clinically significant variables—negative meta-emotions and sexual self-efficacy—within the framework of Compassion-Focused Therapy. Drawing on the work of Goudarzi et al. (2021), who established the mediating role of meta-emotion in psychological empowerment, this research investigates how CFT can facilitate internal change not just through symptom reduction but by transforming emotional meaning-making

processes (Goudarzi et al., 2021). Similarly, based on the findings of Janbozorgi et al. (2020), who identified self-compassion as a mediator between communication patterns and family health, the present study explores self-compassion as a foundational mechanism for restoring sexual confidence and emotional integrity (Janbozorgi et al., 2020).

The clinical relevance of this research is particularly pronounced in the Iranian sociocultural context, where women affected by infidelity often face stigmatization and limited access to specialized support services (Abedin et al., 2023; Babaei et al., 2020). Integrating culturally sensitive compassion-based approaches may help empower women to reclaim their emotional and sexual agency without internalizing social blame. As Banisi (2019) noted, training in positive meta-emotions and emotional awareness in culturally tailored formats can enhance well-being and autonomy, particularly among women from stigmatized groups (Banisi, 2019).

In summary, a growing body of empirical evidence supports the use of Compassion-Focused Therapy as an effective and culturally adaptable intervention for addressing the psychological and relational effects of betrayal trauma. This study aimed to investigate the effectiveness of Compassion-Focused Therapy (CFT) in reducing negative meta-emotions and enhancing sexual self-efficacy in women affected by extramarital relationships.

2. Methods and Materials

2.1. Study design and Participant

This study employed a randomized controlled trial (RCT) design with a pre-test and post-test structure and no follow-up phase. A total of 60 women, aged between 25 and 40 years, who had experienced psychological distress due to their partner's extramarital relationship, were recruited from counseling centers in Tehran. Participants were selected through purposive sampling and then randomly assigned into two equal groups: an intervention group receiving Compassion-Focused Therapy (CFT) and a control group receiving no psychological treatment during the study period. Inclusion criteria included being married, having experienced an infidelity-related trauma in the past year, and providing informed consent. Exclusion criteria included current psychiatric medication, participation in other psychological therapies, and diagnosis of a severe mental disorder. Ethical approval for the study was obtained from the relevant institutional review board.

2.2. Measures

2.2.1. Negative Meta-Emotions

To assess negative meta-emotions, the Meta-Emotion Scale (MES) developed by Mitmansgruber, Beck, Höfer, and Schüßler (2009) was used. This instrument evaluates individuals' emotions about their own emotional experiences, including self-criticism, rumination, and emotional suppression. The scale comprises 20 items and is structured around three subscales: "Rejection of Negative Emotions," "Suppression of Emotional Experience," and "Negative Self-Evaluation." Responses are rated on a 5-point Likert scale ranging from 1 (not at all true) to 5 (completely true), with higher scores indicating greater levels of negative meta-emotional responses. The MES has demonstrated strong psychometric properties in previous studies, including high internal consistency and construct validity. In Iran, the Persian version of the MES has been validated by Khodabakhshi Koolae et al. (2018), confirming its cultural applicability, acceptable reliability (Cronbach's $\alpha > 0.80$), and factor structure in Iranian populations, particularly among women with relational distress.

2.2.2. Sexual Self-Efficacy

To measure sexual self-efficacy, the Sexual Self-Efficacy Scale–Female Functioning (SSES-F), developed by Zucker, Wertheimer, and Fine (2005), was employed. This scale is specifically designed to evaluate women's confidence in managing various aspects of their sexual functioning, including communication, arousal, desire, and orgasm. It consists of 28 items across four subscales: "Efficacy in Initiation," "Efficacy in Communication," "Efficacy in Enjoyment," and "Efficacy in Sexual Decision-Making." Each item is scored on a 5-point Likert scale from 1 (not confident at all) to 5 (completely confident), with higher total scores indicating greater sexual self-efficacy. The scale has been widely used in both clinical and non-clinical female populations and demonstrates excellent internal consistency (Cronbach's α ranging from 0.82 to 0.92). In the Iranian context, the SSES-F has been translated and psychometrically validated by Fakhri et al. (2013), showing strong reliability and convergent validity, making it a suitable instrument for assessing sexual self-efficacy among Iranian women affected by extramarital relationship trauma.

2.3. Intervention

This intervention was based on the standard Compassion-Focused Therapy (CFT) model developed by Paul Gilbert (2009), adapted to address emotional trauma and sexual self-efficacy in women affected by extramarital relationships. Conducted over eight 90-minute group sessions, the therapy focused on cultivating self-compassion, emotional regulation, and reducing shame and self-criticism—core issues frequently observed in this population. Each session included psychoeducation, guided exercises (such as imagery and mindfulness), group discussion, and homework assignments. The sessions were conducted weekly and facilitated by a licensed clinical psychologist trained in CFT.

Session 1: Introduction to Compassion-Focused Therapy

The first session focused on building rapport, introducing the principles and goals of CFT, and discussing the psychological effects of infidelity-related trauma. Participants were educated on the three affect regulation systems—threat, drive, and soothing—and how imbalance among them contributes to self-criticism and emotional suffering. The session concluded with a guided soothing rhythm breathing exercise and assigning a self-observation task related to inner dialogue and self-critical thoughts.

Session 2: Understanding the Threat System and Self-Criticism

This session explored the evolutionary roots of the threat system and how it contributes to hypervigilance, shame, and negative meta-emotions in women who have experienced betrayal. Participants learned how early relational experiences shape self-evaluations. Through discussion and imagery exercises, they identified personal sources of self-criticism. The homework included journaling situations where the inner critic was activated during the week.

Session 3: Introduction to Self-Compassion and Compassionate Mind Training

Participants were introduced to the concept of self-compassion and the compassionate self. The therapist guided them in identifying compassionate qualities (wisdom, warmth, strength) and discussed the fears, blocks, and resistances to self-compassion. A visualization of the "compassionate image" was conducted to begin activating the soothing system. Homework involved practicing daily compassionate image work and recording experiences.

Session 4: Developing the Compassionate Self

In this session, participants were trained to embody the compassionate self in various situations, especially in response to self-criticism and shame. They practiced shifting

perspectives from the inner critic to the compassionate self using chair work and internal dialogue exercises. The session emphasized compassionate reasoning and tone of voice. Homework required responding to a recent difficult experience using the compassionate self framework.

Session 5: Emotional Regulation and Compassionate Mindfulness

This session taught emotion regulation through compassionate mindfulness practices. Participants were guided through mindful breathing and body scans, emphasizing acceptance of emotional experiences without judgment. Discussion centered on how negative meta-emotions (e.g., guilt about anger or sadness) could be softened with compassionate awareness. Homework included daily mindfulness practice and compassionate journaling.

Session 6: Healing Shame and Reconnecting with the Body

Given the profound impact of infidelity on body image and sexual self-worth, this session focused on reducing body shame and reconnecting with bodily experiences through compassion. Exercises included body-focused imagery and writing a compassionate letter to the self. The group reflected on internalized shame narratives and began reframing them using compassionate language. Homework included mirror work and self-affirmation practices.

Session 7: Compassionate Relationships and Sexual Self-Efficacy

This session focused on interpersonal aspects of compassion, including assertiveness, boundary-setting, and sexual self-efficacy. Role-playing and imagery were used to rehearse compassionate responses in intimate and sexual contexts. Participants explored their fears about future relationships and practiced visualizing themselves engaging in sexual intimacy with self-worth and confidence. Homework included creating a “sexual self-compassion script” for self-affirmation.

Session 8: Consolidation and Future Planning

In the final session, participants reviewed progress, reinforced key concepts, and discussed relapse prevention

strategies. They created personal compassion action plans, which included ongoing practices for self-compassion and sexual confidence. The group reflected on their therapeutic journey and shared meaningful insights. The session ended with a collective compassionate imagery exercise and a symbolic closure activity.

2.4. Data Analysis

Data were analyzed using SPSS software version 27. Descriptive statistics (mean, standard deviation, frequency, and percentage) were used to describe the demographic characteristics of the participants. To examine the effectiveness of the intervention, analysis of covariance (ANCOVA) was conducted on post-test scores of negative meta-emotions and sexual self-efficacy, controlling for pre-test scores. Prior to conducting ANCOVA, assumptions such as normality, homogeneity of variances, and homogeneity of regression slopes were tested and met. Where significant group effects were found, Bonferroni post-hoc tests were used for pairwise comparisons to determine the specific differences between the groups.

3. Findings and Results

The final sample included 60 participants, with 30 women in each group. In terms of age distribution, 18 participants (30.0%) were between 25 and 30 years old, 25 participants (41.7%) were between 31 and 35, and 17 participants (28.3%) were between 36 and 40. Regarding educational background, 21 participants (35.0%) held a diploma, 24 participants (40.0%) held a bachelor's degree, and 15 participants (25.0%) had a master's degree or higher. As for employment status, 34 participants (56.7%) were employed, while 26 participants (43.3%) were homemakers. All participants were married and residing in Tehran at the time of the study.

Table 1 presents the means and standard deviations of the two dependent variables (negative meta-emotions and sexual self-efficacy) across both intervention and control groups in pre-test and post-test phases.

Table 1

Means and Standard Deviations for Negative Meta-Emotions and Sexual Self-Efficacy

Variable	Group	Pre-Test M (SD)	Post-Test M (SD)
Negative Meta-Emotions	Intervention	72.45 (5.83)	48.32 (6.14)
	Control	71.87 (6.01)	70.96 (5.78)
Sexual Self-Efficacy	Intervention	58.21 (6.35)	74.67 (5.29)
	Control	57.94 (6.08)	58.32 (5.91)

As shown in Table 1, there was a substantial reduction in negative meta-emotions from pre-test ($M = 72.45$, $SD = 5.83$) to post-test ($M = 48.32$, $SD = 6.14$) in the intervention group, while the control group showed minimal change. Similarly, sexual self-efficacy increased significantly in the intervention group from pre-test ($M = 58.21$, $SD = 6.35$) to post-test ($M = 74.67$, $SD = 5.29$), with little variation observed in the control group.

Before conducting ANCOVA, assumptions of normality, homogeneity of variances, and homogeneity of regression slopes were evaluated. The Kolmogorov–Smirnov test indicated that the distribution of the post-test scores for both

dependent variables was normal ($p = 0.112$ for negative meta-emotions, $p = 0.088$ for sexual self-efficacy). Levene's test for equality of variances was non-significant for both variables ($F = 1.24$, $p = 0.270$ for negative meta-emotions; $F = 0.97$, $p = 0.329$ for sexual self-efficacy), indicating homogeneity of variance. Furthermore, the interaction between the covariate (pre-test scores) and the group variable was non-significant ($p > 0.05$), supporting the assumption of homogeneity of regression slopes. These results confirmed that ANCOVA was an appropriate method for data analysis in this study.

Table 2

ANCOVA Summary for Negative Meta-Emotions and Sexual Self-Efficacy ($N = 60$)

Variable	Source	SS	df	MS	F	p	η^2
Negative Meta-Emotions	Pre-Test	1984.12	1	1984.12	65.38	<.001	.532
	Group	2781.66	1	2781.66	91.63	<.001	.611
	Error	856.42	56	15.29			
Sexual Self-Efficacy	Pre-Test	2169.34	1	2169.34	74.81	<.001	.572
	Group	1987.22	1	1987.22	68.51	<.001	.550

As seen in Table 2, the ANCOVA results indicated a statistically significant difference between the intervention and control groups on both outcome variables after controlling for pre-test scores. For negative meta-emotions, the group effect was significant ($F(1, 56) = 91.63$, $p < .001$, $\eta^2 = .611$), indicating a large effect size. Similarly, for sexual self-efficacy, the group effect was also significant ($F(1, 56) = 68.51$, $p < .001$, $\eta^2 = .550$), suggesting that Compassion-Focused Therapy had a strong positive effect in enhancing participants' sexual self-efficacy.

4. Discussion and Conclusion

The findings of this study revealed that Compassion-Focused Therapy (CFT) had a statistically significant effect on reducing negative meta-emotions and enhancing sexual self-efficacy among women affected by extramarital relationships. Analysis of covariance demonstrated that participants in the intervention group reported a substantial reduction in negative meta-emotions and a marked increase in sexual self-efficacy compared to those in the control group. These results are consistent with the theoretical foundations of CFT, which emphasize the importance of activating the soothing system and fostering self-compassion to counterbalance the dominance of the threat system (Karami, 2024; Timouri et al., 2021).

The reduction in negative meta-emotions observed in the intervention group aligns with prior studies emphasizing the role of self-compassion in alleviating self-critical and shame-based emotional patterns. For instance, Tenore et al. (2024) demonstrated that imagery rescripting targeting meta-emotional problems significantly reduced internalized emotional conflict (Tenore et al., 2024). Similarly, Ghorbannezhad (2022) highlighted the predictive relationship between negative meta-emotions and perfectionistic tendencies, suggesting that interventions addressing meta-emotions can disrupt maladaptive cognitive-emotional loops (Ghorbannezhad, 2022). The present study extends this literature by showing that targeted compassion-based interventions not only reduce internal distress but also promote emotional clarity and acceptance in women navigating betrayal trauma.

The effectiveness of CFT in this study also strongly supports the growing body of evidence underscoring the therapeutic utility of compassion-based approaches for women with relational trauma. Aghaie et al. (2021) found that compassion-based education effectively decreased emotional turbulence in women who had experienced infidelity, pointing to self-compassion as a core regulatory mechanism in processing betrayal-related emotions (Aghaie, 2021). In another study, Babaei et al. (2020) reported that

CFT-based group counseling significantly enhanced emotion regulation strategies and marital satisfaction in women coping with cyber infidelity (Babaei et al., 2020). These findings converge with the current results, indicating that CFT is particularly well-suited to the emotional and relational complexities faced by this population.

In terms of sexual self-efficacy, the intervention group exhibited significant improvement following the eight-session CFT program. This enhancement can be attributed to several core mechanisms embedded within the therapy: reduction of self-judgment, restructuring of shame narratives, and re-engagement with bodily experiences through compassionate imagery. These findings are consistent with those of Rasouli et al. (2024), who identified self-compassion as a predictor of reduced sexual distress and highlighted the mediating role of body image and emotional regulation difficulties (Rasouli et al., 2024). Likewise, the results of Shenasi et al. (2021) demonstrated that CFT contributed to improved sexual performance and emotional functioning in infertile women, reinforcing the link between compassionate self-attitudes and sexual agency (Shenasi et al., 2021).

The integration of emotional and sexual healing processes within the framework of CFT echoes the arguments made by Farshchiyan Yazdi et al. (2021), who asserted that multidimensional therapeutic models are essential for addressing the overlapping domains of marital conflict and psychological differentiation in women affected by infidelity (Farshchiyan Yazdi et al., 2021). Similarly, the findings of Jahangiri and Rezaei (2021) support the conclusion that compassion-based and emotionally focused interventions can enhance both interpersonal and intrapersonal outcomes, including sexual intimacy and self-differentiation (Jahangiri & Rezaei, 2021). The improvement in sexual self-efficacy observed in the current study may thus reflect deeper processes of reestablishing trust in oneself, embodied confidence, and psychological safety in intimate contexts.

Additional evidence from related clinical populations reinforces the present results. Aslami et al. (2020) observed that self-compassion therapy significantly improved both anger control and self-efficacy in women married to individuals with substance abuse issues (Aslami et al., 2020), suggesting that compassion-based interventions can effectively enhance psychological functioning in women facing relational adversity. Similarly, Masoudi Marghmaleki et al. (2023) reported that a compassion-focused variant of Acceptance and Commitment Therapy led to improvements

in self-efficacy and psychological flexibility in women with chronic illness, underscoring the broad applicability of this approach across various female populations (Masoudi Marghmaleki et al., 2023).

CFT's focus on balancing the affect regulation systems is particularly useful for women affected by extramarital betrayal, who often operate under an overactive threat system. As discussed by Teymori et al. (2021), women impacted by infidelity frequently experience hypervigilance and self-criticism, which can be alleviated by reactivating the soothing system through compassionate engagement (Teymori et al., 2021). The present findings support this model by demonstrating that fostering compassionate inner dialogues and imagery can help women reclaim their emotional equilibrium and sense of bodily autonomy.

Moreover, the current results offer empirical support for conceptual frameworks that place meta-emotion at the core of psychological adaptation. Goudarzi et al. (2021) proposed a model in which resilience and meta-emotion serve as mediators between distress and empowerment in pregnant women, a framework that closely parallels the processes observed in the current study (Goudarzi et al., 2021). Similarly, Janbozorgi et al. (2020) demonstrated that self-compassion mediates the relationship between communication patterns and family health, further validating the importance of self-directed kindness and emotional insight in relational recovery (Janbozorgi et al., 2020).

From a cultural perspective, the findings have important implications for therapeutic work with Iranian women, who may internalize social and religious norms related to loyalty, shame, and gendered morality. Several studies underscore the need for culturally attuned therapeutic approaches that empower women without reinforcing stigma (Abedin et al., 2023; Sanati, 2024). In this context, CFT provides a non-judgmental, affirming framework that validates women's emotional pain and promotes recovery without pathologizing their experiences. Banisi (2019) emphasized the benefits of meta-emotional training in enhancing subjective well-being and self-management in elderly women, suggesting that culturally tailored emotional interventions can have wide-ranging positive outcomes (Banisi, 2019).

In alignment with the current results, Timouri et al. (2021) found that CFT improved marital intimacy and reduced anger rumination in women affected by infidelity, highlighting its dual impact on internal states and interpersonal dynamics (Timouri et al., 2021). Likewise, Rahmani et al. (2022) found that metacognitive and meta-

emotional approaches improved sexual problem resolution in couples, indicating the therapeutic synergy of these techniques with compassion-based work (Rahmani et al., 2022). The current findings, therefore, contribute to a growing consensus regarding the effectiveness of integrative models grounded in compassion and emotional intelligence.

5. Limitations and Suggestions

Despite its promising findings, this study has several limitations. First, the sample size was relatively small ($n = 60$), and all participants were drawn from counseling centers in Tehran, which may limit the generalizability of the results to broader populations, particularly those in rural or non-clinical settings. Second, the study design did not include a follow-up phase, making it difficult to assess the long-term sustainability of the therapeutic gains. Third, the reliance on self-report questionnaires may have introduced response biases, particularly in a cultural context where issues related to sexuality and betrayal are highly sensitive and prone to underreporting.

Future studies should consider longitudinal designs that include multiple follow-up assessments to evaluate the durability of improvements in meta-emotions and sexual self-efficacy. It would also be valuable to compare CFT with other evidence-based approaches such as Emotionally Focused Therapy or Schema Therapy in order to delineate the relative strengths of each method in post-betrayal recovery. In addition, exploring the role of mediating variables—such as body image, attachment style, and cognitive distortions—could deepen our understanding of the mechanisms through which CFT exerts its effects. Incorporating qualitative methods, such as narrative interviews, may also provide richer insights into women's lived experiences of transformation through compassion-focused interventions.

Therapists working with women affected by extramarital betrayal should consider integrating CFT into their clinical repertoire, especially for clients struggling with self-criticism, shame, and sexual disempowerment. Tailoring compassion-based exercises to cultural values and relational dynamics can enhance both therapeutic rapport and client outcomes. Group-based formats may be particularly effective, providing participants with a shared space of validation and emotional support. Furthermore, incorporating body-based practices and imagery work into therapy may help clients reconnect with their bodily autonomy and sexual self-worth. Ultimately, compassion-

focused therapy offers a humane, evidence-informed approach that honors emotional pain while fostering resilience and personal growth.

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.

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