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Review Article

Depression and Anemia the Effectiveness of Compassion Therapy on Problem Solving, Marital Intimacy and Positive Feeling Towards Spouse in Married Students of Mashhad

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Abstract

Purpose: The aim of this study was to investigate the effectiveness of compassion therapy on positive feelings towards spouse, marital intimacy and problem solving of married students in Mashhad.

Method: This research was a quasi-experimental study with pretest-posttest and control group design. The statistical population includes the married students of Hekmat Razavi Institute of Higher Education, Mashhad in 2020 which from them, 40 students were selected using convenience sampling method and were randomly divided into two experimental (n=20) and control (n=20) groups. The experimental group received 8 sessions of compassion therapy and the control group did not receive any intervention. The Cassidy and Long problem-solving questionnaire, Bagarozi marital intimacy need questionnaire and O'Leary positive feelings towards spouse questionnaire were used to collect data at two stages of pre and posttest. The data were analyzed using MANCOVA method by SPSS-23 software.

Findings: The results showed significant difference between the experimental group and control group and compassion therapy led to the improvement of the dimensions of problem solving, marital intimacy and positive feelings towards the spouses of married students.

Keywords: compassion therapy; problem solving; marital intimacy; positive feeling toward spouse the effectiveness of compassion therapy on problem solving, marital intimacy and positive feelings towards spouse in married students of mashhad

Introduction

Today, despite deep cultural changes and changes in lifestyles, many couples lack the necessary and basic abilities to face life issues, and this has made them vulnerable in facing marital life issues and problems. A woman in the role of a wife has the ability to create a warm and loving home, and a man as a husband keeps the foundations of social and economic relationships strong, all these things are possible when both husband and wife have mental health (Tajvidi & Bahrami)., 2018). Because problem solving is an effective process that increases the adaptive consequences of coping; Therefore, it is a multiple strategy (D'zurilla & Goldfried, 1971; Mahoney, 1974). Problem solving is considered a cognitive path that provides appropriate answers for difficult situations and also selects the most effective answer among the available solutions. In solving a problem, finding a solution is not a priority; Rather, it is important to find a principle that can be generalized to other life situations (D'Zurilla, Nezu & Maydeu-Olivares, 2002). Learning from problem solving is a skill in problem solving (Prochaska & Norcross, 2009). This skill can prevent family problems and conflicts. The findings indicate that it is not important that people face problems, troubles and troubles in life, but it is important that they can act in a correct way when facing such situations (Masoumi et al, 2017). Research has shown that a couple lives happily and enjoys life together when they ignore some issues, adapt to some issues, and resolve disputed issues. identify and deal with the differences, with logic and reason, so that they can plan the principles of a sincere cooperation with each other (Nabiei, Hosseini &

Kakabaraie, 2020). Research in the field of marital issues has shown that unsatisfied couples suffer from inadequacy and failure in constructive conflict management and problem solving, and for this reason, they try hard to restore their communication activities. Turner and his colleagues showed that teaching life skills, including problem solving skills and effective communication; It increases their problem-solving abilities and effective use of social support (Turner & Celedón-Pattichis, 2011). By teaching life skills, including problem-solving skills, people were able to better solve their problems, categorize goals, use support systems in society better, and improve their intimacy with others (Masoumi et al., 2017). Communication with others is the greatest capital and source of power for us humans, and intimacy is the way to use that source of power. The ability to create a relationship is one of the most important skills that a person can acquire in order to establish a positive relationship with the other party. All couples have a basic need to establish intimate relationships, the lack of which is an indicator of marital turmoil. When a person becomes intimate with a spouse who loves them, it creates unlimited opportunities for growth in all of their relationships. Intimacy allows husband and wife to leave the world of loneliness and separation and get closer to the space of emotional integration (Jaberi, Etemadi & Ahmadi, 2016). Marital intimacy is a supportive communication skill that strengthens attachment and has five dimensions: emotional, social, intellectual, sexual, and recreational. Intimacy is also defined as a multidimensional concept that includes the ability to trust one's partner, share thoughts and feelings, and have effective sexual relationships. The state of intimacy and closeness in a marital relationship, in which two people communicate physically and emotionally, makes them prone to accept criticism. In such cases, because they share the most secret parts of their being, their defense power decreases (Mikaeili et al, 2021). According to Ravin's belief, intimacy is revealed when the marriage is functioning well, and the lack of intimacy indicates that the marital relationship is functioning poorly (Parasandi, 2020). Many couples who refer to a counselor because of intimacy problems in their relationship often cite poor communication and lack of problem-solving skills as the main reason for their problems (Mashek & Aron, 2004). At the beginning of this century, psychologists and psychological issues have focused more on positive human experience and what makes one moment better than another. Also stated, the emotional quality of current experience is the basis of positive psychology (Behjat et al, 2020). Positive psychology has focused on three areas of human experiences to define its scope and direction with their help. At the mental level, it emphasizes positive mental states such as hope and optimism and positive emotions such as happiness, satisfaction with life, peace and intimacy. At the individual level, it focuses on the traits and characteristics of people such as courage, loyalty, honesty, patience, and wisdom, and at the social level, it focuses on progress, creativity, maintaining a positive attitude, and civic virtues (Peterson, Park & Seligman, 2006). Positive psychology emphasizes the positive processes, virtues and abilities of people and advises therapists to pay attention to the positive processes of their clients, which rarely and rarely occur in their lives; In fact, positive psychology works on a person's attitudes towards problems (Didani et al, 2020). Research in 2009 showed hope and having a purpose in life as essential components in increasing life satisfaction (Cotton Bronk et al, 2009). It has been shown that the use of positivity method in psychotherapy through interventions based on positive perceptions of the person can lead to an increase in positive self-descriptions of the person and make clients more self-confident, family incompatibilities can be significantly reduced and depression Clients improve (Ziapour et al, 2017). In general, when people marry a spouse with a positive attitude, relationship problems will be solved much easier and faster, there will be less blame and more collaboration, and most importantly, people will experience more love (Masoumi). et al., 2017). All psychotherapists believe that treatment should be done in a compassionate way; It means to be full of respect and support and generally with kindness (Gilbert, 2007). Rogers (Rogers, 1957) considers the main components of the therapeutic relationship to be positive attention, authenticity, and empathy, which can be considered as a compassionate relationship. Recently, helping people to have self-compassion has attracted the attention of researchers (Gilbert, & Procter, 2006; Leary et al, 2007; Neff, 2003) and can be considered among the effects of self-help (Gilbert, 2009). Cultivating compassion and kindness towards oneself and others as a way to promote well-being has been the focus of Eastern traditions for thousands of years (Vessantara, 1993; Leighton, 2012; Dalai Lama & Jacobi, 1995). Compassion-focused therapy is a multimodal therapy based on a wide range of cognitive behavioral therapies and other treatments and interventions. Therefore, it focuses on attention, reasoning and mental rumination, behavior, emotions, motivations and imagery (Gilbert, 2017). This approach can be explained byIntegrative therapies have tried to bridge our traditional gap between emotion and cognition in the field of cognitive behavioral therapy. One of the focal issues of this approach is the use of compassionate mind training to help people and create inner gentleness, security and relief through compassion for oneself and others. The advantage of promoting compassion is increasing emotional and mental health. Trained mental health professionals believe that compassion therapy helps and supports clients who are seeking compassionate ways to establish intimacy and positive relationships with themselves and others. By using this treatment, such people can be taught to feel more secure and intimate in interacting with themselves and others (Smith, 2015). Compassion-focused therapy is based on the current understanding of emotion regulation systems: the threat and self-protection system, the drive and arousal system, the soothing and satisfaction system, and the social security system. Therapy sessions emphasize the integration between these systems, human behavior and thoughts. The goal of compassion-focused therapy is to balance these systems (Bijaeyeh et al, 2021). Considering that group therapy is one of the effective methods in the field of psychological interventions and facilitates exchanges between members; Also, due to the fact that there is more attention and support in the group and the person does not feel alone in having problems, in this research, the treatment based on compassion has been addressed in a group way, and since compassion itself can be a key factor in creating a healthy relationship with defined by self and others, it is predicted that therapy emphasizing the component of compassion can be effective on problem solving, intimacy and positive feelings towards the spouse.

Method

This research is applied research in terms of its purpose and in terms of research method it is semi-experimental with pre-test-post-test with a control group. In this method, the experimental group underwent compassion therapy, but the control group waited to receive treatment. The statistical population included 200 married students of Hikmat Razavi Institute of Higher Education in Mashhad, and 30 people were randomly selected as the study sample from among the married students who volunteered to participate in the research. The sampling method was available. In this way, married volunteer students were placed in two experimental groups (15 people) and control (15 people). The experimental group was treated with compassion, and the subjects of the

control group remained on the waiting list. Before and after the end of compassion therapy sessions, the subjects of both groups filled in problem solving, marital intimacy and positive feeling questionnaires. Research tools Problem Solving Questionnaire (Cassidy & Long, 1996): This questionnaire was created during two studies and measures 6 factors. These factors include: helplessness, problem solving control, creative style, trust in problem solving, avoidance style and approach style. This scale consists of 24 questions, each of the factors is measured by four scales (Cassidy & Long, 1996). Mohammadi and Sahebi (Mohammadi & Sahebi, 2001) have reported the internal reliability of this test to be 0.6 using Cronbach's alpha coefficient.

Marital Intimacy Needs Questionnaire (Bagarozzi, 1997: This questionnaire contains 44 questions on a Likert scale and examines the needs of intimacy and its dimensions, namely emotional, intellectual, sexual, physical, spiritual, aesthetic, social, recreational, and time. Each of the dimensions is graded on a scale of 10 options from 1 (I don't have this need at all) to 10 (I have this need strongly). The marital intimacy needs questionnaire is divided into four parts: First part: intensity comments the needs of each dimension and the opinions of the general needs are compared. The second part shows the satisfaction of each person in the acceptance of his partner, the degree of expressiveness and openness in the expression of needs in the 8 dimensions of intimacy Spouse and self-disclosure deal with these 8 dimensions of intimacy. The fourth part: couples compare their time needs for intimacy. This questionnaire was first translated by Etemadi (2005) and the total reliability coefficient was 0.93. Before the implementation of the research, this questionnaire was presented to 30 couples for two weeks to determine the total reliability of 0.84. Also, the validity of each dimension was as follows: emotional intimacy dimension 0.88, psychological intimacy 0.82, intellectual intimacy 0.73, sexual intimacy 0.76, physical intimacy 0.72, spiritual intimacy 0.85, aesthetic intimacy 0.86, social and recreational intimacy 0.76 and time intimacy 0.50. Positive Feelings Questionnaire (O'Leary, Fincham & Turkewitz, 1983): The mentioned questionnaire contains 17 questions to measure positive feelings towards one's spouse, which was created in 1975 at the State University of New York. Its reliability was reported using a retest with an interval of 1 to 3 weeks with a correlation coefficient of 0.93. This questionnaire is prepared in 2 parts. The first part consists of 8 questions in which the subject determines his overall feelings during the past few months with numbers from 1 (extremely negative feeling) to 7 (extremely positive feeling). The second part consists of 9 items that the person selects one of the numbers from 1 to 7 based on his general feeling towards each item. This questionnaire was translated into Persian by Haydari Mazaheri and Pouretemad (Haydari, Mazaheri & Pouretemad, 2005). The internal consistency of the questionnaire in this research was calculated as 0.89. Compassion therapy protocol: Compassion therapy is a system of psychotherapy, which is one of the most famous psychotherapies known as the third wave of behavioral therapy, which combines techniques from cognitive behavioral therapy with ideas from

Evolutionary anthropology has integrated social psychology, developmental psychology, Buddhist psychology, and neuroscience (Gilbert, 2009). The treatment summary can be seen in Table No.

Table 1: Summary of compassion therapy sessions

Meetings Description of meetings

The first session of the pre-test phase

Getting to know the members and also the therapist with the group members

Discuss the purpose of the meetings

Examining expectations from the treatment plan

Familiarity with the general principles of compassion-focused therapy Distinguish compassion from self-pity The second session of explaining compassion Mindfulness training along with physical and breathing exercises Familiarity with brain systems based on compassion

The third session of getting to know the characteristics of compassionate people

Compassion for others

Cultivating a feeling of warmth and kindness towards oneself

Cultivating and understanding that others also have defects and problems (cultivating a sense of human commonality) against self-destructive feelings.

Training to increase warmth and energy

Mindfulness, acceptance, wisdom and reality, warmth and non-judgment

The fourth session of encouraging subjects to self-knowledge

Examining one's personality as compassionate or non-compassionate according to educational topics

Identifying and applying exercises to cultivate a compassionate mind

The value of compassion, empathy and sympathy towards oneself and others

The fifth session of teaching the styles and methods of expressing compassion from verbal, practical, cross-sectional and continuous compassion

Applying these methods in daily life for parents, friends and acquaintances

The sixth session of teaching compassion skills to the participants in the areas of concern for compassion

Compassionate reasoning

Compassionate behavior

Photography of Shafqat Verz

The feeling of compassion and the perception of compassion

Playing the role of a person in the three existential dimensions of self-criticism, self-criticism, and self-compassionateness using Gestalt's empty chair technique.

Finding the tone and tone of the internal self-critic and self-compassionate voice during internal conversation and its similarity to the conversation pattern of important people in life such as parents

The seventh session of filling the weekly table of critical thoughts, compassionate thoughts

Find compassionate colors, places, and music that can be components of compassionate imagery

Working on the fear of self-compassion and the obstacles to cultivating this trait

Teaching mental imaging techniques of compassion and compassion

Rhythmic Soothing Breathing, Mindfulness, and Compassionate Letter Writing

The 8th session of summarizing and concluding and answering the questions of the members and evaluating the entire sessions

Thanks to the members for participating in the post-test implementation sessions

The data obtained from the implementation of this research were analyzed using descriptive and inferential statistical analysis methods. In order to analyze the data and examine the research hypotheses, the method of multivariate covariance analysis was used using SPSS software version 23.

The findings

The information related to the demographic variables of the research participants is presented in Table 2.

Table 2: Demographic findings

Control group test group variable

Percent Frequency Percent Frequency

Age 20-25 2 13 3 20

25-30 3 20 3 20

30-35 5 34 3 20

35-40 3 20 3 20

40-45 2 13 3 20

Bachelor's education 7 46 7 46

Master's degree 8 54 8 54

In Table 3, descriptive indexes of mean and standard deviation of the research subjects in the variables of problem solving, marital intimacy and positive feeling towards the spouse are presented separately for the two experimental groups and the control group.

Table 3: Descriptive statistics of problem-solving variables, marital intimacy and positive

feeling towards spouse

The group variable of the implementation stage is the average standard deviation

Solving the problem of the pre-exam 7/31 2/1

Post-exam 2/3/16 79

Pre-test control 7/06 0.95

Post-test 6.6 0.91

Pre-test helplessness 0.69 0.63

Post-test 2.6 0.54

Pre-test control 0.73 0.71

Post-test 0.71 0.66

Moderator of the pre-exam test 0.7 1/07

Post-test 2.85 0.81

Pre-test control 1/04 0.72

Post-test 0.99 0.62

Creative style of the pre-exam test 0.81 1.8

Post-test 2.69 0.89

Pre-test control 1.65 0.87

Post-test 1.54 0.84

Confidence in solving the problem of the pre-exam test 1.2 0.45

Post-test 2.94 0.61

Pre-test control 1.35 0.72

Post-test 1/28 0/6

Pre-test test avoidance style 1.25 0.74

Post-test 2.81 0.73

Pre-test control 1.14 0.72

Post-exam 1/02 0.67

Pre-test test tendency style 1.3 0.69

Post-test 2/9 0.66

Pre-test control 1.15 0.52

Post-exam 1/06 0.59

Marital intimacy pre-test 12/12/93 12/16

Post-exam 11/90 7/34

Pre-test control 12/91 13/72

Post-exam 7/12/13 105

Positive feeling towards the spouse of the pre-test 104/24 13/23

Post-exam 121/65 11/54

Pre-test control 105/23 13/69

Post-exam 75/103 02/11The results of Table 3 showed that there is no significant difference between the average scores of the problem solving variable and its 6 components in the experimental and control groups in the pre-test stage. In the post-test stage, the difference between the experimental and control groups has increased and the experimental group has shown improvement in the variable of problem solving and its components compared to the control group and has obtained more scores. Also, in the variables of marital intimacy and positive feeling towards the spouse, while there was no significant difference in the pre-test stage, however, in the post-test stage, the experimental group scored higher than the control group. Due to the fact that the subjects of the two experimental and control groups were evaluated in two phases, pre-test and post-test, in order to investigate the difference between the two groups and investigate the effect of compassion therapy on problem solving, marital intimacy and positive feelings towards the spouse, multivariate analysis of covariance was used. became. In this analysis, the group (experimental and control) was entered into the model as a factor between the subject and the scores of the variables of problem solving, marital intimacy and positive feeling towards

the spouse as dependent variables.

Table 4: The results of multivariate analysis of variance to compare the scores of two groups in the variables of problem solving, marital intimacy and emotionPositive Q towards the wife Test name df value hypothesis df error F value significance value

Pillai Tris 0.69 25 2 36.95 0.038

Before presenting the results of the multivariate analysis of variance, it should be noted that the results of the box test to check the assumption of homogeneity of variance-covariance were statistically significant ($p<0.05$) and this means a violation of the assumption of homogeneity of variances. Therefore, the Tris test was used to check the significance of multivariate effects. The results of this analysis in Table 4 show that there is a significant difference between the participants of the two experimental and control groups in the new variable that is obtained from the linear combination of problem variables, marital intimacy and positive feeling towards the spouse as dependent variables (Pilai Tris=0.74 , 0.05, $p<36.95$ ($F(2,25)$)).

Table 5: The results of the tests of the effects between the subjects to compare the scores of the two groups in the variables of problem solving, marital intimacy and positive feelings towards the spouse. Variable statistical index, the sum of the squares of the degree of freedom, the average of the squares of the F value, the significance value of the Eta square

Solving the problem 2/4293 1 2/4293 **75/69 0.001 0.74

Helplessness 48/43 1 48/43 *41/13 0/023 0/32

Moderator 26/88 1 26/88 *34/28 0/015 0/36

Creative style 144/6 1 6/144 **36/24 001/0 51
Confidence in solving the problem 184/42 1 42/184 **43/84 0.001 0.64
Avoidance style 122/86 1 86/122 **32/75 001/0 0/42
Trend style 151/15 1 151/15 **32/39 0/001 0/59
Marital intimacy 182/91 1 182/91 **95/82 001/08
Positive feeling towards spouse 51/13 1 51/13 **29/14 0.001 0.54

In order to compare the two groups in terms of problem solving, the results of the effects test between the subjects in Table 5 showed that there is a significant difference between the subjects of the two experimental and control groups in the scores of the problem solving variable ($p<0.01$). The results of multivariate analysis of variance also showed that the scores of the experimental group in the variable of problem solving are higher than the control group and this difference is statistically significant ($F=75.69$, $p<0.01$), which indicates the effectiveness of compassion therapy on increasing It is a problem solver. On the other hand, between the subjects of the two experimental and control groups in the scores of the components of creativity style, confidence in problem solving, avoidance style and orientation style ($p<0.01$) and helplessness and restraint ($p<0.05$). There is a significant difference. The results of multivariate analysis of variance also showed that the scores of the experimental group in these components are higher than the control group and this difference is statistically significant (respectively, $F=36.24$, $p<0.01$; $p<0.01$). $F=0.43$, $F=0.75$, $F=0.32$, $F=0.41$, $F=0.34$ $F=28$) which indicates the effectiveness of compassion therapy on improving problem solving components. Also, the results of Table 5 showed that there is a significant difference between the subjects of the two experimental and control groups in the variable scores of marital intimacy ($p<0.01$). The results of multivariate variance analysis also showed that the scores of the experimental group in the variable of marital intimacy are higher than the scores of the control group and this difference is statistically significant ($F=0.01$, $p<95.28$), which indicates the effectiveness of compassion therapy on It increases marital intimacy. In addition, the results of Table 5 showed that there is a significant difference between the subjects of the two experimental and control groups in the variable scores of positive feelings towards the spouse ($p<0.01$). In this regard, the results of the multivariate analysis of variance also showed that the scores of the experimental group in the variable of positive feelings towards the spouse are higher than the scores of the control group and this difference is statistically significant ($F=29.14$, $p<0.01$). which indicates the effectiveness of compassion therapy on increasing positive feelings towards the spouse. the result The present study was conducted with the aim of investigating the effectiveness of compassion therapy on problem solving, marital intimacy and positive feelings towards spouse in married students of Mashhad. The main hypothesis of this research, that is, the effectiveness of compassion therapy on the ability to solve problems, marital intimacy and positive feelings towards the spouse, was confirmed. The results obtained from the mentioned hypothesis are consistent with the results of other researches. For example, the findings of this research are in line with Sohrabi and Zemestani's research (Sohrabi & Zemestani, 2019) on the subject of investigating compassion therapy on the components of blood pressure and quality of life among people with hypertension, which showed that compassion therapy has a positive effect on quality of life. has Salimi and colleagues (Salimi et al, 2018) investigated the effect of compassion-focused treatment on the mental health of women with multiple sclerosis, and the results indicated the effect of this treatment on the mental health of women. Khalatbari and colleagues (Khalatbari et al, 2018) investigated the effectiveness of compassion therapy on the body image and marital satisfaction of women with breast cancer, and the results indicated the effect of this treatment on two components. Although compassion-focused therapy is rooted in the psychological, neuroscience, and evolutionary sciences, it borrows heavily from influences from Eastern traditions. For over 2,500 years, these traditions have focused on compassion and mindful attention toward enlightenment and "healing our minds." Some of these traditions focus on mindfulness and loving-kindness, while other traditions' practices focus exclusively on compassion (Leighton, 2012). At the end of his life, Buddha said that his basic teachings were mindfulness and compassion, not harming oneself and others. The Buddha designed an eightfold path to train and train the mind to avoid harm and promote compassion. This path includes compassionate meditation, compassionate visualization, compassionate behavior, compassionate thinking, compassionate attention, compassionate feeling, compassionate speech, and compassionate livelihood, these multifaceted components together create a compassionate mind. Today we know that practicing different dimensions of compassion increases well-being and affects brain function, especially in the field of emotion regulation (Davidson et al, 2003). Neff (2003) is one of the pioneers of Met Elah is about self-compassion. He has shown that self-compassion is different from self-esteem and predicts well-being components better than self-esteem (Neff & Vonk, 2009); Also, self-compassion helps to cope with academic failures (Neff, Hsieh & Dejitterat, 2005). Writing a self-compassionate letter improves coping with life events and reduces depression (Leary et al, 2007). You've probably noticed by now how if the threat defense system is activated, our mind is focused on the threat, and this activation affects our emotions and motivations, the way we think about it, and the way we behave. Our images, imaginations and dreams may also have threatening themes; So when we are in a threat-focused state of mind, it is a completely different situation than when we want to create a benevolent state of mind (Gilbert, 2010). In contrast to the previous conditions, the compassionate state of mind organizes our minds in different ways, so compassionate attention, compassionate thinking, compassionate behaviors, compassionate emotions, and compassionate imaginings are quite different from threat-focused types. Helping therapy seekers understand the difference between a threat-focused mind and a compassionate mind in these simple ways may be helpful. Part of the therapist's job is to help people understand when they are entering a threat-focused state of mind and rumination. Therefore, with this account, you can teach them to pay attention to any changes in the focus of attention, bodily sensations, thoughts and impulses, and then take deliberate action to focus and activate the compassionate mind. It is clear that a wide range of cognitive-behavioral therapy interventions, acceptance-based therapy, mindfulness-based therapies, and dialectical behavior therapy will be effective to achieve this goal (Gilbert, 2010). One of the limitations of the research is the difficulty of gathering members due to the conditions created by the COVID-19 virus, as well as the lack of supervision of practice assignments outside of training sessions. It is suggested to compare different treatment methods in this field in future researches. In addition, due to the corona virus, restrictions were created in the selection of the sample size, so it is suggested to conduct interventions on a larger number of people in the next research.

References

1. Bagarozzi, D. A. (1997). Marital intimacy needs questionnaire: Preliminary report. *American Journal of Family Therapy*, 25(3), 285-290
2. Behjat, A., Mohammadabadi, F., Ezazi Bojnourdi, E., Chenarani, H., & Esmaeili, M. (2020). The Effect of Positive Couple Therapy on Marital Happiness, Marital Intimacy and Social Anxiety of Divorce Applicant Couples. *Scientific Journal of Social Psychology*, 8(55), 89-99
3. Bijaeyeh, J. S. A., Majdi, M. A., Ghamari, M., & Aghdam, G. F. (2021). The Effectiveness of the Self-Compassion Training on Life Satisfaction and Resilience in the Elderly Women. *Aging Psychology*, 7(1).
4. Cassidy, T., & Long, C. (1996). Problem-solving style, stress and psychological illness: Development of a multifactorial measure. *British Journal of clinical psychology*, 35(2), 265-277
5. Cotton Bronk, K., Hill, P. L., Lapsley, D. K., Talib, T. L., & Finch, H. (2009). Purpose, hope, and life satisfaction in three age groups. The Journal of Positive Psychology, 4(6), 500-510
6. D'Zurilla, T. J., Nezu, A. M., & Maydeu-Olivares, A. (2002). Social problem-solving inventory-revised
7. Dalai Lama, X. I. V., & Jacobi, D. (1995). The power of compassion. Aquarian Press
8. Davidson, R. J., Kabat-Zinn, J., Schumacher, J., Rosenkranz, M., Muller.et al. (2003). Alterations in brain and immune function produced by mindfulness meditation. *Psychosomatic medicine*, 65(4), 564-570
9. Didani, R., Tabrizi, M., Mardani Rad, M., & Karami, A. (2020). Comparison of Positive Therapy and Logo-Therapy Efficacy on Positive Feelings towards Spouse and Marital Conflicts in Married Women. *Positive Psychology Research*, 6(1), 83-98
10. D'zurilla, T. J., & Goldfried, M. R. (1971). Problem solving and behavior modification. Journal of abnormal psychology, 78(1), 107
11. Etemadi, O. (2005). Investigating and comparing the effect of psychological-educational approach based on cognitive-behavioral and communication therapy on the intimacy of couples referring to counseling centers in Isfahan city. Doctoral thesis of the Faculty of Psychology and Educational Sciences of Tarbiat Moalem University.
12. Gilbert, P. (2007). Psychotherapy and counseling for depression. *Sage*
13. Gilbert, P. (2009). Evolved minds and compassion-focused imagery in depression. In Imagery and the Threatened Self (pp. 216-241). Routledge
14. Gilbert, P. (2010). An introduction to compassion focused therapy in cognitive behavior therapy. *International Journal of Cognitive Therapy*, 3(2), 97-112
15. Gilbert, P. (2017). Compassion: Definitions and controversies. In Compassion (pp. 3-15). Routledge
16. Gilbert, P., & Procter, S. (2006). Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. Clinical Psychology & Psychotherapy: *An International Journal of Theory & Practice*, 13(6), 353-379.
17. Haydari, M., Mazaheri, M., & Pouretemad, H. (2005). The relationship between communication beliefs and positive feelings towards the spouse. *Journal of Family Research*, 1(2), 122-30
18. Jaberi, S., Etemadi, O., & Ahmadi, S. (2016). Investigation of structural relationship between communication skills and marital intimacy. *Research in Cognitive and Behavioral Sciences*, 5(2), 143-152
19. Khalatbari, J., Hemmati Sabet, V., & Mohammadi, H. (2018). Effect of compassion-focused therapy on body image and marital satisfaction in women with breast cancer. *Iranian Journal of Breast Diseases*, 11(3), 7-20
20. Leary, M. R., Tate, E. B., Adams, C. E., Batts Allen, A., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: the implications of treating oneself kindly. *Journal of personality and social psychology*, 92(5), 887
21. Leighton, T. D. (2012). Faces of Compassion: Classic Bodhisattva Archetypes and Their Modern Expression—An Introduction to Mahayana Buddhism. Simon and Schuster.
22. Mahoney, M. J. (1974). *Cognition and behavior modification*. Ballinger.
23. Mashek, D. J., & Aron, A. (Eds.). (2004). Handbook of closeness and intimacy. *Psychology Press*
24. Masoumi, S. Z., Khani, S., Kazemi, F., Kalhori, F., Ebrahimi, R. et al. (2017). Effect of marital relationship enrichment program on marital satisfaction, marital intimacy, and sexual satisfaction of infertile couples. *International journal of fertility & sterility*, 11(3), 197
25. Mikaeili, N., Aghajani, S., Habibi, N., Fathi, E., & Varzaneh, A. H. (2021). The Effectiveness of Prevention and Relationship Enhancement Program (PREP) on Marital Burnout in Married Women. *International Journal of Health Studies*, 8(2), 36-40
26. Mohammadi, F., & Sahebi, A. (2001). Investigating problem solving style in depressed people and comparing with normal people. *Journal of Psychological Science*, 1(1), 24-43.
27. Nabiei, A., Hosseini, S. S., & Kakabaraie, K. (2020). The pattern of structural equations in relation to the tendency to divorce with communication skills and the health of the main family with the mediating role of marital intimacy and marital conflicts. *Islamic Life Journal*, 4(1), 9-17
28. Neff, K. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. Self and identity, 2(2), 85-101
29. Neff, K. D., & Vonk, R. (2009). Self-compassion versus global self-esteem: Two different ways of relating to oneself. *Journal of personality*, 77(1), 23-50
30. Neff, K. D., Hsieh, Y. P., & Dejitterat, K. (2005). Self-compassion, achievement goals, and coping with academic failure. *Self and identity*, 4(3), 263-287
31. Parasandi, H. S. (2020). Ravin's Psychosocial Development in Ravinder Singh's Can Love Happen Twice?. LITERA KULTURA: *Journal of Literary and Cultural Studies*, 8(3), 15-22
32. Peterson, C., Park, N., & Seligman, M. E. (2006). Greater strength of character and recovery from illness. *The journal of positive psychology*, 1(1), 17-26
33. Prochaska, J. O., & Norcross, J. C. (2009). Comparative conclusions. JO Prochaska & JC Norcross. Systems of psychotherapy: *A transtheoretical analysis*, 485-516

34. Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of consulting psychology*, 21(2), 95
35. Saeedi, Z., Bahrami, H., & Alipour, A. (2016). Self-control and health: the moderating effect of self-compassion. *Quarterly Journal of Health Psychology*, 5(19), 85-98.
36. Salimi, A., Arsalandeh, F., Zahrakar, K., Davarniya, R., & Shakarami, M. (2018). The effectiveness of compassion-focused therapy on mental health of women with multiple sclerosis. *Internal Medicine Today*, 24(2), 125-131
37. Smith, J. L. (2015). Self-compassion and resilience in senior living residents. *Seniors Housing and Care Journal*, 23(1), 17-31
38. Sohrabi, A., & Zemestani, M. (2019). Effectiveness of compassion-focused therapy on blood pressure and quality of life in women with hypertension. *Journal of Ilam University of Medical Sciences*, 27(1), 161-169
39. Tajvidi, M., & Bahrami, T. (2018). The Relationship Between General Health and Marital Satisfaction in Married Women Referred to Health Centers in Karaj. *Alborz University Medical Journal*, 7(4), 315-322
40. Turner, E. E., & Celedón-Pattichis, S. (2011). Mathematical problem solving among Latina/o kindergartners: An analysis of opportunities to learn. *Journal of Latinos and Education*, 10(2), 146-169
41. Vessantara. (1993). Meeting the Buddhas: A Guide to Buddhas, Bodhisattvas, and Tantric Deities. *Windhorse Publications*
42. Ziapour, A., Mahmoodi, F., Dehghan, F., Hoseini Mehdi Abadi, S. M., Azami, E., & Rezaei, M. (2017). Effectiveness of group counseling with acceptance and commitment therapy approach on couples' marital adjustment. *World Family Medicine*, 15(8), 5-230

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