

The effectiveness of strength-based counseling on the tendency toward marital infidelity and self-compassion of conflicted couples

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ABSTRACT

Objective: It is natural for differences and conflicts to arise between husband and wife. Due to the nature of spouses' activities, it sometimes happens that differences of opinion occur or needs are not met. As a result, spouses feel angry, disappointed, and unhappy towards each other. The current research aimed to determine the effectiveness of strength-based counseling on conflicted couples' tendency toward marital infidelity and self-compassion.

Methods and Materials: It was quasi-experimental with a pre-test and post-test design with an experimental group, a control group, and a three-month follow-up period. The statistical population of the research included all couples referring to a private counseling center in District 10 of Tehran. For sampling, 30 couples were selected and randomly assigned to two experimental groups (15 couples) and a control group (15 couples) using the available sampling method. This research used the strength-based counseling package compiled by Parsakia and Darbani (2022). Also, in order to collect data, Neff's self-compassion scale (2003) and Bashirpour et al.'s marital infidelity questionnaire (2018) were used.

Findings: The results of the data analysis showed that strength-based counseling significantly increased self-compassion scores ($F = 13.08$) and decreased the scores of the tendency toward marital infidelity of the experimental group ($F = 9.52$). Also, Bonferroni's post hoc test results indicated good stability of these effects. **Conclusion:** Therefore, the strength-based approach can increase the self-compassion of conflicted couples and decrease their tendency toward committing marital infidelity. **Conclusion:** It can be concluded that parent-child interaction training was effective on behavioral problems and aggression of children with ADHD symptoms, and this effect was stable.

Keywords: Strength-based counseling, tendency toward marital infidelity, self-compassion, couples.

1. Introduction

It is natural for differences and conflicts to arise between husband and wife. Due to the nature of spouses' activities, it sometimes happens that differences of opinion occur or needs are not met; As a result, spouses feel angry, disappointed and unhappy towards each other (Navabinejad, Rostami, & Parsakia, 2023).

Marital infidelity is one of the worst events in a couple's relationship and can cause the family unit to break up and couples to separate from each other (Babakhani, 2020). Infidelity in marriage means unfaithfulness and lack of commitment to the committed relationship of the couple and establishing any emotional and sexual relationship with the opposite sex outside of said commitment (Moradi, Maleki, & Namjoo, 2020). Infidelity in marriage is considered the main cause of marital dissatisfaction (Bagarozzi, 2014), the main reason for marital conflicts and disputes, and one of the most important problems in marital relationships and the most important reason for divorce and separation of couples (Navabinejad, Rostami, & Parsakia, 2023). Marital infidelity can have disastrous consequences for the person who cheated, their spouse, marital relationship, immediate family, and extended family (Snyder, Baucom, & Gordon, 2007). Marital infidelity, in addition to questioning the basic beliefs about the relationship, the spouse and the individual (Saffarinia et al., 2017).

Compassion has been identified as a key target variable, and some experts have considered compassion as a mechanism by which acceptance-based interventions affect psychological health (Janbozorgi, Darbani, & Parsakia, 2020). Preliminary theory and evidence suggest that a person's connection to compassion is a useful means of promoting health, well-being, and resilience among health professionals, however, research in this area is sparse. Self-compassion and mental health are limited. Its positive aspects are linked to optimism, happiness, individual creativity, freedom to experience, and lower stress and self-concept (Neff, 2003, 2019). Self-compassion provides the ability to face difficult situations and welcomes stressful issues and events with a warm embrace. Self-compassion as a perspective promotes negative emotions, allows a person to deal with difficult emotions and emotions, instead of avoiding or reacting to them (Janbozorgi, Darbani, & Parsakia, 2020).

Strengths can be categorized into biological, psychological, social, cultural, environmental, economic, material, and political levels as follows. Biological

strengths: that is, comfort, nutrition, acceptance of treatment, health status, exercise, and leisure time should be sufficient. Psychological strengths are divided into different categories: Cognitive, such as intelligence, problem-solving abilities, and knowledge. Emotional: self-esteem, mood stability, positivity, coping skills, self-reliance, and self-discipline. Social: like belonging and support, friends, family, and teachers. Cultural: beliefs, values, traditions, stories, strong positive ethnic identity, sense of social participation, and bicultural identity. Economic means being employed, having enough money, and having a suitable house. Political: like equal opportunity and decision-making role (Darbani & Parsakia, 2022a, 2022b; Parsakia et al., 2022). The strength-based approach to treatment is based on the client's internal strengths instead of trying to fix weaknesses or deficiencies. Everyone has personality strengths and main patterns of thinking and behavior that are positive and benefit the person and the people around them when used intentionally. Counselors who focus on empowerment believe using it can make it easier to change behaviors and improve lives. A positive self-concept helps flexibility, and the ability to overcome adversity and continue the path despite major obstacles. Strengths-based therapy supports the principle that all people have inherent value, and a counselor who uses this approach helps clients see their worth (Lee & Park, 2016). In summary, the strength-based intervention consists of 10 steps, which are: 1) creating a therapeutic alliance or relationship; 2) identification of strengths; 3) evaluation of the present problem; 4) encouraging and injecting hope; 5) framing solutions; 6) building strength and capability; 7) empowerment; 8) change; 9) creating resilience; 10) Evaluation and termination (Smith, 2006).

Therefore, according to the said material and the lack of research on the effectiveness of strength-based counseling, the present study was conducted to investigate the effectiveness of strength-based counseling on the tendency toward marital infidelity and self-compassion of conflicted couples.

2. Methods and Materials

2.1. Study design and Participant

It was quasi-experimental with a pre-test and post-test design with an experimental group, a control group, and a three-month follow-up period. The statistical population of the research included all couples referring to a private counseling center in District 10 of Tehran. For sampling, 30

couples were selected and randomly assigned to two experimental groups (15 couples) and a control group (15 couples) using the available sampling method. This research used the strength-based counseling package compiled by Parsakia and Darbani (2022) for experimental group.

2.2. Measures

In order to collect data, Neff's self-compassion scale (2003) and Bashirpour et al.'s marital infidelity questionnaire (2018) were used.

2.2.1. Self-compassion

The self-compassion questionnaire was created by Neff in 2003. This scale has 26 items with a five-point Likert scale (almost never to almost always), with questions such as: (I judge and disapprove of my mistakes and inadequacies. When I talk about inadequacies I think, I feel more alone and I think I'm different from the rest of the world), measures self-compassion. The validity and reliability of the self-compassion questionnaire by Neff in 2003 was obtained using Cronbach's alpha above 0.72. The psychometric properties of the self-compassion scale were investigated in Tehran students. The participants in the research were 300 people (150 women, 150 men) who completed the self-compassion scale, the Rosenberg self-esteem scale, the Beck depression questionnaire and the Beck anxiety questionnaire. In the factor analysis, 4 factors were extracted for the self-compassion scale, which explained about 47% of the total variance. Confirmatory factor analysis confirmed the correctness of the extracted factors. The convergent and divergent validity of the self-compassion scale was calculated through the implementation of the self-esteem scale and Beck's depression and anxiety questionnaires, and the results were significant. Also, the internal consistency of

the self-compassion scale was calculated according to Cronbach's alpha coefficient and confirmed with a correlation coefficient of 0.70. The significant correlation coefficient of 0.89 between the scores of two tests with an interval of 10 days indicates the high retest reliability of the scale (Neff, 2003, 2019).

2.2.2. Tendency Toward Marital Infidelity

The questionnaire was designed and compiled by Bashirpour, Shafiabadi & Dokaneifard (2018) to measure the tendency to marital infidelity according to the criteria of local culture. This questionnaire has 45 questions and three family, individual and social components. The scoring of this questionnaire is based on a 5-point Likert scale from 1 to 5. Therefore, the range of scores of this questionnaire is between 45 and 225. The higher the obtained score, the higher the tendency to marital infidelity. This questionnaire's content, form and criterion validity has been confirmed in the study of Bashirpour, Shafiabadi, & Dokaneifard (2018). Also, the reliability of this questionnaire was obtained 0.70 by Cronbach's alpha method by questionnaire creators (Bashirpour, Shafiabadi, & Dokaneii, 2018; Bashirpour, Shafiabadi, & Doukaneifard, 2020). In this study, alpha value of 0.83 was obtained, which indicates the good reliability of the questionnaire.

2.3. Interventions

2.3.1. Strength-based Counseling

The content of the counseling sessions was implemented according to the protocol prepared by Darbani & Parsakia (2022) based on the Smith model (2006) (Darbani & Parsakia, 2022a; Smith, 2006) on the statistical sample of the research, which is summarized as follows Table 1:

Table 1

Strength-based counselling sessions

Session	Content
1	Expressing the goals and regulations of the group, familiarizing the members with each other, establishing a therapeutic relationship, preparing a list of the strengths of each member, reflecting the strength of the members by the group leader and other members of the group.
2	Identifying strengths, describing the story of life with a strength-based perspective, describing the positive things that each member wants to continue in their relationship.
3	Assessing the current problems, measuring the behavioral and emotional skills, capabilities and characteristics that create a sense of personal success, revealing these things by the members: the way they understand their problems, the reason they believe in the existence of problems, behaviors and situations that lead to the occurrence of most problems and their consequences
4	Encouraging and injecting hope, emphasizing the members' own efforts or progress instead of the results of their efforts, defining the leader from the group members and the members from each other, making expressions that help the members feel self-worth and belonging, using the technique of "building a hope box"
5	Framing the solutions, using the "exception question" technique, paying attention to the way the problems are expressed instead of the problems themselves, identifying and evaluating the members' past coping situations and current support sources in relation to the problems they are facing, using the forgiveness technique.
6	Building strength and capability, helping members to understand that they are not incapable of influencing life changes
7	Empowering, identifying and promoting the proper functioning of members, transferring power to members, trying to create interactions between the person and social realities, developing a major awareness about the interactions of life realities, promoting conscientiousness, exploring the social roots of clients' actions.
8	The change phase, using "change talk" to help members become aware of the changes they need to make to improve their lives, and to articulate the strengths or resources they have to make these changes, encouraging members to make mistakes. See it as an opportunity to learn, using the techniques of "changing the meaning of life events" and "reframing"
9	The stage of creating resilience in members, training and practicing problem solving skills, training and practicing coping skills
10	Evaluation and termination stage, summarizing and presenting a summary of the meetings, re-implementation of the questionnaire (Post-test)

2.4. Data Analysis

Finally, the statistical data was analyzed with SPSS software and using analysis of variance with repeated measurements. Bonferroni's post hoc test was used to check the stability of the effects of the interventions.

3. Findings and Results

In terms of demographic characteristics, the mean of the age of the experimental group was 33.51 and the control group was 35.85. The descriptive data of the experimental and control groups are reported in the [Table 2](#).

As can be seen in the [Table 2](#), there is not much difference between the mean of the scores of self-compassion and tendency toward marital infidelity of the statistical sample of the research in the pre-test stage between the two experimental and control groups. However, the self-compassion scores of the experimental group in the post-test stage intuitively increased, while this increase was not seen in the control group. Also, the scores of the tendency toward marital infidelity in the experimental group intuitively decreased after the intervention, which was not seen in the control group. Analysis of variance with repeated measurements in three stages has been used to test the training effectiveness. For this purpose, first, the required assumptions were checked.

Table 2

Descriptive statistics findings

Variable	Stage	Experimental group		Control group	
		Mean	SD	Mean	SD
Self-compassion	Pre-test	52.64	5.29	53.77	6.01
	Post-test	65.32	5.81	52.99	5.66
	Follow-up	66.20	6.13	52.27	6.15
Tendency toward marital infidelity	Pre-test	172.56	8.32	175.25	7.98
	Post-test	160.44	9.15	174.66	8.45
	Follow-up	161.78	8.77	175.80	8.40

Table 3

Results of Shapiro Wilk and Levene's test

Variable	Group	Shapiro-wilk test			Levene's Test		
		Degree of freedom	Statistics	.Sig	Degree of freedom 2	Statistics	.Sig
Self-compassion	Experimental	15	0.91	0.45	28	2.15	0.19
	Control	15	0.90	0.43	28	1.90	0.24
Tendency toward marital infidelity	Experimental	15	0.80	0.27	28	2.02	0.22
	Control	15	0.82	0.30	28	2.16	0.19

According to the [Table 3](#), the Shapiro-Wilk test shows that the obtained data have a normal distribution, and based on Levene's test results, the equality of variance is

established. In the following, the delay test results to test the sphericity condition are reported.

Table 4

The results of the Mauchly's test to check the assumption of sphericity of the data

Variable	W	X ²	Df	.Sig	Epsilon		
					Greenhouse Geiser	Hewitt-Flett	Lower Bounds
Self-compassion	0.60	6.86	1	0.02	0.65	0.74	0.50
Tendency toward marital infidelity	0.63	5.29	1	0.02	0.64	0.72	0.50

Based on the [Table 4](#), considering the significance level of 0.05, the condition of data sphericity is established. Further, the variance of repeated measures was used to

analyze the results. The results of analysis of variance with its repeated measurements are shown in [Table 5](#).

Table 5

Analysis of variance with repeated measurements in three stages Pre-test, Post-test and Follow-up

Variable	Effect	Sum of squares	Degree of freedom	Mean squares	F	.Sig	Effect size
Self-compassion	Stages	1201.63	1	1201.63	219.20	0.000	0.71
	Group × Stages	509.70	1	420.86	13.08	0.004	0.65
	Error	120.06	28	4.08			
Tendency toward marital infidelity	Stages	2985.55	1	2985.55	328.44	0.000	0.82
	Group × Stages	769.88	1	501.49	9.52	0.009	0.51
	Error	215.21	28	7.19			

As shown in the [Table 5](#), strength-based counseling had a significant effect on the variables of self-compassion (F = 13.08) and tendency toward marital infidelity (F = 9.52). In the following, Bonferroni's post hoc test was used to check the stability of this effect.

The contents of the [Table 6](#) show that the changes in the variables were caused by the interventions (P < 0.001). In addition, the comparison of the averages in the follow-up and post-test phases indicates that these effects were stable (P < 0.001).

Table 6

Results of Bonferroni's post-hoc test in the three stages of pre-test, post-test and follow-up by groups

Variables	Stage		Strength-based Counseling	
			Mean dif.	.Sig
Self-compassion	Post-test	Pre-test	12.68	0.00
	Follow-up	Pre-test	13.61	0.00
	Follow-up	Post-test	0.93	1.00
Tendency toward marital infidelity	Post-test	Pre-test	12.12	0.00
	Follow-up	Pre-test	10.78	0.00
	Follow-up	Post-test	1.34	1.00

4. Discussion and Conclusion

Current research aimed to investigate the effectiveness of counseling based on competence on the tendency toward marital infidelity and self-compassion of conflicted couples. The results obtained from the statistical analysis of the data showed that counseling based on competence significantly affects the tendency toward commit marital infidelity and self-compassion of conflicted couples. The results obtained from the present research are consistent with the results of (Chung, Burke, & Goodman, 2010; Darbani & Parsakia, 2022a, 2022b; Parsakia et al., 2022; Smith, 2006; Tse et al., 2016).

In explaining the findings, the strength-based approach focuses on the individual's abilities instead of paying attention to their shortcomings, morbid symptoms, or problems. The strength-based approach guides counselors in orientation to the individual and in the set of answers they should provide. At its heart, the strengths-based approach conceptualizes clients and counselors as partners in a communication process that leads them to explore and identify issues, concerns, assets, strategies, and opportunities for growth and clarify goals, supports, and barriers. Within this relationship, counselors and clients reflect thoughts, feelings, and behaviors positively and affirmatively. Strengths-based counseling guides people in creating new relationships with themselves, shaping their actions in their lives. A strength-based approach to treatment can be motivating and empowering, focusing on the client's strengths over weaknesses and expanding what is currently right instead of staying and stopping at what is wrong. When

a person begins to believe in himself and feel intrinsic self-worth, he can overcome problems, use his strengths to achieve his goals, and spread happiness in his life (Chung, Burke, & Goodman, 2010; Parsakia et al., 2022; Smith, 2006). In this regard, to explain more of the findings, a person's shortcomings are considered instead of his strengths. Therefore, a strength-based psychological climate is one where people feel appreciated, and those strengths can be put to work, facilitating a sense of competition, self-worth, and respect.

In further explanation of the research findings, motivational interviewing can be mentioned. Motivational interviewing is a type of person-centered and collaborative guidance to extract and empower the fundamental motivation for change. The four fundamental principles of motivational interviewing are: expressing empathy, adapting to resistance, supporting self-efficacy and expanding dualities or contradictions. Expressing empathy refers to understanding the patient's point of view and accepting his contradictions. Resistance adaptation emphasizes avoidance of conflict and corrective reflection, which originates from coercively guiding the patient to make the right decisions to correct perceived problems. Supporting self-efficacy includes fostering clients' belief in their ability to create change. Disc discrepancies refer to the conflict between the client's current behavior and his more comprehensive goals or values (Chung, Burke, & Goodman, 2010). So, motivational interviewing can increase the self-compassion of conflicted couples and reduce their tendency toward infidelity.

We can refer to the hope box technique to further explain the research findings. In other words, one technique to inject hope during counseling is to build a hope box. Counselors encourage clients to imagine a hope box to give problems a chance to disappear. The consultant states that three wishes or desires can come out of the hope chest under the conditions that changes must be applied to ensure continuity. Clients are asked to state the three wishes they take out of the hope chest and explain how taking out these hopes would change their current situation. For example, the consultant can structure the interview through the following questions. "Let's say you can build a hope chest that lets your problems go away forever": What three hopes do you want to get out of this box? How will taking out these hopes change your current situation? What should you do to keep your hopes alive? "Hope questions" reveal what clients want to change about their lives and what they want to do to sustain and sustain those changes (Parsakia et al., 2022; Smith, 2006).

5. Limitations

Every research has limitations and the present research is no exception to this rule. Among the limitations of this research, we can mention the quasi-experimental design and the available sampling method, which reduces the power of generalization of the findings. Also, using a questionnaire as a data collection tool may not be accurate enough. Therefore, it is suggested to be cautious in generalizing the findings of this research.

6. Suggestions and Applications

According to the obtained results, it is suggested that counselors and psychotherapists, especially couple therapists, use the techniques of the approach based on competence in their work. Also, considering the lack of

research regarding the effectiveness of strength-based counseling, it is suggested that more research be done with different variables and different statistical population.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics principles

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

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