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Original research

# Comparison of the Effectiveness of Group Compassion-Focused Therapy (CFT) and Acceptance and Commitment Therapy (ACT) on Marital Satisfaction in Married Individuals with Relapsing-Remitting Multiple Sclerosis (RRMS)

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## Abstract

**Introduction**: The primary aim of this study was to compare the effectiveness of group Compassion-Focused Therapy (CFT) and Acceptance and Commitment Therapy (ACT) in marital satisfaction among married individuals with relapsing-remitting Multiple Sclerosis (RRMS).

**Research Methods:** This study was an applied, quasi-experimental pre-test-post-test design with a control group. The population of the study included all patients with relapsing-remitting Multiple Sclerosis (RRMS) who referred to the Comprehensive MS Center of Mashhad University of Medical Sciences in 2023 and had a medical record. Using purposeful and convenience sampling, 24 patients who met the inclusion and exclusion criteria and had a one standard deviation lower score on the ENRICH Marital Satisfaction Questionnaire in the pre-test were selected from the population and randomly assigned to three groups of 8: Group A received group Compassion-Focused Therapy (CFT), Group B received Acceptance and Commitment Therapy (ACT), and Group C served as a control group and received no treatment. Repeated measures ANOVA was used to analyze the data.

**Findings:** The results indicated that there was a significant difference between the mean scores of both Compassion-Focused Therapy (CFT) and Acceptance and Commitment Therapy (ACT) groups compared to the control group ($p < 0.01$)

**Conclusion**: The findings demonstrated that both therapeutic approaches, Compassion-Focused Therapy (CFT) and Acceptance and Commitment Therapy (ACT), were effective in enhancing marital satisfaction. Therefore, it is recommended that therapists and couples therapists consider these two therapeutic approaches as effective interventions for improving marital relationships.

**Keywords:** Group compassion-focused therapy, Acceptance and Commitment Therapy (ACT), marital satisfaction, married individuals with relapsing-remitting multiple sclerosis (RRMS)

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**Introduction:**

Multiple sclerosis (MS) is one of the most common neurological diseases characterized by the involvement of multiple areas of the central nervous system. It is considered one of the most debilitating diseases of young adulthood, affecting a significant number of individuals, with women being more susceptible than men. The disease is most prevalent in individuals aged 20 to 40 (1).

MS is a progressive disease that impacts various aspects of an individual's life, disrupting normal routines and activities such as social engagement, employment, and family life, especially during prime years when these aspects are most valued (2). Living with a chronic progressive disorder like MS not only creates stress for patients but also causes significant distress for their intimate partners (3). This disease impacts an individual's social and family life, leading to social, psychological, and physical consequences for both the patient and their family, which can sometimes be life-threatening. Marriage and marital satisfaction are negatively correlated with illness, mortality, and chronic diseases (4). MS is one of these debilitating diseases that can create significant stress for spouses, leading to marital dissatisfaction, separation, and divorce (5). Chronic illnesses are generally perceived as negative life events that can significantly alter family dynamics and interactions. Consequently, MS should be viewed as a family problem that, like other chronic illnesses, impacts all family members. Individuals with MS are more likely to experience marital difficulties compared to healthy individuals; this is because the spouse must adapt to a new role and responsibilities, often leading to an imbalance in the marital relationship. The additional burden placed on the spouse as a result of the illness can significantly impact their quality of life and the relationship. Therefore, these changes have an impact on marital satisfaction. Marital satisfaction is an attitude that can be either positive or negative and reflects an individual's evaluation of their marriage. Marital satisfaction is a process that develops over the course of a couple's lifetime and encompasses five dimensions: physical attraction, sexual attraction, understanding, perception, and investment. In reality, various factors influence how couples interact with each other throughout their lives, and these factors contribute to either marital satisfaction or dissatisfaction.

Researches indicate that marital satisfaction differs significantly between individuals with multiple sclerosis and the general population (7). Therefore, it is necessary to provide psychological interventions for these individuals in healthcare settings. One therapy that has received less attention in the psychological empowerment of couples with MS is compassion-focused therapy. Compassion-focused therapy is considered one of the newest cognitive therapies. It is a method designed to help individuals transition from a self-critical and self-defeating relationship to a more compassionate relationship with themselves. Compassion training is described as a process of facing one's own pain and suffering while cultivating a sense of self-compassion to alleviate distress (8).

Self-compassion is conceptualized as nurturing oneself against self-judgment, embracing common humanity rather than isolation, and mindfulness over identification (9). This integrative therapy draws from neuroscience, social psychology, developmental psychology, Buddhist psychology, and various other therapeutic models for mental health issues. Through this therapy, clients are assisted in cultivating or enhancing an internal compassionate relationship with themselves, replacing self-blame, self-judgment, and self-criticism. Outcomes of this therapy include valuing well-being, fostering understanding and empathy, non-judgment and non-blaming of others, and developing the capacity to tolerate distress and suffering through compassionate attention, thoughts, behaviors, imagery, feelings, and sensations (10).

Researches indicate that high levels of self-compassion are negatively correlated with depression, anxiety, neurotic perfectionism, rumination, and thought suppression (11), and positively correlated with happiness, optimism, life satisfaction, and intrinsic motivation, coping skills, resilience, and higher levels of emotional well-being (12). Self-compassion promotes a higher quality of life, life satisfaction (13); marital satisfaction (14), conflict resolution and challenge (15), marital stability (16), trust in one's spouse (17), positive and compatible romantic relationships with one's spouse (18), the longevity and stability of marital life, and positive and constructive behavior in relationships (19).

On the other hand, couples have various approaches for increasing marital satisfaction and reducing communication conflicts, one of which is Acceptance and Commitment Therapy (ACT). The goal of ACT is to help couples create a rich, full, and meaningful life. The key processes in ACT-based couples' therapy include acceptance, mindfulness, defusion, self as context, values, and committed action (20). Instead of teaching new ways to achieve marital compatibility and commitment, this approach teaches methods to reduce conflict, avoidance, and being lost in the present moment. From this perspective, compatibility and commitment mean living a rich, fulfilling, and meaningful life (16).

Acceptance and Commitment Therapy (ACT) teaches couples to approach unwanted inner thoughts and feelings, and the bodily sensations associated with these dynamics and patterns of interaction. Couples learn to mindfully accept these thoughts and feelings, and practice behaviors that consistently aim to enhance their emotional connection, intimacy, compatibility, and commitment. As couples begin to implement these skills and strategies, they become more inclined to approach previously avoided situations and are given the opportunity to behave in ways that enhance relationship satisfaction and interpersonal intimacy. Approaching thoughts and feelings associated with past avoidance and acting in alignment with shared relationship values provides couples with the opportunity to develop a stronger connection with each other, leading to increased compatibility and commitment (15). Given the significance of marital health and the impact of Multiple Sclerosis (MS) on marital relationships, this study aims to investigate the effectiveness of two therapeutic approaches in improving marital satisfaction among married individuals with relapsing-remitting MS. The research question is: Is there a difference in the effectiveness of group therapy using Compassion-Focused Therapy (CFT) compared to Acceptance and Commitment Therapy (ACT) in enhancing marital satisfaction among individuals with relapsing-remitting MS?

**Research Method:**

This study employed a quasi-experimental design with a pre-test-post-test control group design and random assignment to groups. The population of this study consisted of all relapsing-remitting multiple sclerosis (MS) patients who referred to the Comprehensive MS Center of Mashhad University of Medical Sciences in 2023 and had a medical record. After administering the Marital Satisfaction Questionnaire, 28 married women who scored one standard deviation below the mean on the questionnaire were selected as the sample using a convenience and purposive sampling method. Four individuals declined to continue the study, leaving a sample of 24 female patients. The participants were equally divided into three groups: experimental group 1 (receiving acceptance and commitment therapy), experimental group 2 (receiving compassion-focused therapy), and a control group (receiving no intervention). The collected data were analyzed using repeated measures analysis of variance.

Inclusion Criteria: Female, married patients, Age range: 20-45 years, At least a high school diploma, At least 3 months since the definitive diagnosis of MS by a specialist, No substance

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abuse, alcohol, or psychotropic drug use, No concurrent receipt of counseling or psychological services during the study sessions, Research Instrument:

**ENRICH Marital Satisfaction Scale:** The ENRICH marital satisfaction scale, developed by Olson, consists of 47 items and includes 12 subscales: conventional response, marital satisfaction, personality issues, marital communication, conflict resolution, financial management, leisure activities, sexual relationship, children and parenting, family and friends, equalitarian roles, and religious orientation.

In Mahdavian's study (9), the reliability of the ENRICH test was examined using Pearson's correlation coefficient and the test-retest method with a one-week interval the results were as follows: for men, 0.937; for women, 0.944; and for both men and women, 0.94 the coefficients for the subscales of idealistic distortion, marital satisfaction, personality issues, communication, conflict resolution, financial management, leisure activities, sexual relationship, children and parenting, family and friends, equalitarian roles, and religious orientation for both men and women were 0.72, 0.85, 0.76, 0.76, 0.76, 0.81, 0.63, 0.69, 0.87, 0.69, 0.62, and 0.73, respectively the reliability obtained in this study using Cronbach's alpha was 0.95.

In Mirkheshti's study (12), titled "Examining the Relationship between Marital Life Satisfaction and Mental Health," the validity of this questionnaire is discussed as follows: "in this study, the questions of the ENRICH questionnaire were retranslated some unclear and culturally inconsistent questions were removed with the guidance and consultation of the supervisor finally, 47 questions were selected from the questionnaire the questionnaires were administered to a pilot group of 30 individuals some questions were unclear, and modifications were made to them. the content validity was confirmed by the supervisors and consultants the correlation coefficient of the ENRICH questionnaire with family satisfaction scales ranged from 0.41 to 0.60, and with life satisfaction scales from 0.32 to 0.41, indicating construct validity all subscales of the ENRICH questionnaire distinguish between satisfied and dissatisfied couples, demonstrating good criterion validity.

**Acceptance and Commitment Therapy (ACT):** Therapy sessions were conducted in a format of eight 90-minute weekly sessions. A summary of the sessions is provided in the table below

**Table1:** Content of Acceptance and Commitment Therapy (ACT) sessions

| Session | Content |
|---|---|
| **Session 1** | Getting to know the group with each other and establishing a therapeutic relationship; introducing people to the research topic; Examination of the MS disease in each person in the group, including the duration of the disease and the measures taken; Overall assessment, answering to questionnaires. |
| **Session 2** | Investigating the inner and outer world in ACT therapy, creating a desire to leave the ineffective program of change and understanding that control is the problem, not a solution, and introducing an alternative to control, i.e. desire |
| **Session 3** | Identifying people's values; statement of values; statement of goals; Declaration of actions and declaration of obstacles. Choosing a healthy relationship (motivation, desire and passion), |
| **Session 4** | Familiarity with the functioning of the mind and how to get rid of destructive thoughts of the mind, weakening expectations (not |

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| | eliminating them), teaching conflict resolution methods. Examining the values of each person and deepening the previous concepts. |
| **Session 5** | Explaining cognitive fusion and diffusion, and conducting exercises for diffusion, Recognizing shared values and taking committed action, Identifying the strengths of the couples |
| **Session 6** | Introduction and identification of relationship barriers: disconnection, reaction, avoidance, inner mind, overlooked values (familiarity and identification of relationship barriers), understanding fusion with the conceptualized self and training on how to defuse from it |
| **Session 7** | Introduction to layers of cognitive fog: regrets, should and shouldn't, if only... (Understanding psychological fog), mindfulness and emphasis on being present. |
| **Session 8** | Choosing effective actions based on values despite unpleasant thoughts and feelings, conducting forgiveness ceremonies and oath-taking (implementing learned concepts) |

**Compassion-Focused Therapy (CFT):** Therapy sessions were conducted in a format of eight 90-minute weekly sessions. A summary of the sessions is provided in the table below.

**Table2**: Content of Compassion-Focused Therapy (CFT)sessions

| Session | Content |
|---|---|
| **Session 1** | Conducting the pre-test - familiarizing the therapist and group members with each other, discussing the purpose of the meetings and their overall structure, checking the expectations from the treatment plan, getting to know the general principles of compassion-focused therapy and distinguishing compassion from self-pity |
| **Session 2** | Explaining compassion: what compassion is and how to overcome problems through it. Mindfulness training along with physical examination and breathing exercises, familiarity with brain systems based on compassion. |
| **Session 3** | Familiarity with the characteristics of compassionate individuals, compassion towards others, cultivating warmth and kindness towards oneself, fostering the understanding that others also have flaws and problems (developing a sense of shared humanity) in contrast to self-destructive feelings training to increase warmth and energy, mindfulness, acceptance, wisdom and strength, warmth and non-judgment. |
| **Session 4** | Encouraging participants to engage in self-reflection and assess their personality as "compassionate" or "non-compassionate" based on educational discussions, identifying and applying "compassionate mind training" exercises, the value of compassion, empathy, and sympathy towards oneself and others. |
| **Session 5** | Training on styles and methods of expressing compassion (verbal compassion, practical compassion, situational compassion, and continuous compassion) and applying these methods in daily life. |
| **Session 6** | Training participants in compassion skills in the areas of compassionate attention, compassionate reasoning, compassionate behavior, compassionate imagery, compassionate feeling, and compassionate |

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| | perception role-playing the individual in the three existential dimensions of self-critic, self-criticized, and self-compassionate using the Gestalt empty chair technique finding the tone and voice of the inner self-critic and self-compassionate during inner dialogue and its similarity to the dialogue patterns of significant people in life, such as parents. |
| **Session 7** | Filling out a weekly chart of critical thoughts, compassionate thoughts, and compassionate behaviors identifying the color, place, and music of the compassionate self that can be components of compassionate imagery working on the fear of self-compassion and barriers to developing this trait training in compassionate mental imagery techniques, soothing rhythmic breathing, mindfulness, and writing a compassionate letter. |
| **Session 8** | Summary and conclusion, addressing members' questions, evaluating all sessions, expressing gratitude to members for their participation, conducting a post-test. |

**Findings:**

In the tables below, descriptive and inferential analysis of the data will be conducted.

**Table 3:** Descriptive indices of marital satisfaction based on test phases and by group

| Variables | Group | Pre-test | | Post-test | | Follow-up | |
|---|---|---|---|---|---|---|---|
| | | Mean | SD | Mean | SD | Mean | SD |
| **Marital Satisfaction** | **CFT** | 103.62 | 2.397 | 147.12 | 2.364 | 143.25 | 2.981 |
| | **ACT** | 101.63 | 2.343 | 171.00 | 2.436 | 169.12 | 2.279 |
| | **Control** | 104.25 | 2.455 | 105.25 | 2.040 | 105.00 | 2.666 |
| **Personality issues** | **CFT** | 13/75 | 1/359 | 19.38 | 1.349 | 18.50 | 1.350 |
| | **ACT** | 13/12 | 1.076 | 22.50 | 0.982 | 22/12 | 1.025 |
| | **Control** | 14.88 | 1.093 | 15.38 | 1.085 | 15.00 | 1.035 |
| **Communication** | **CFT** | 10.075 | 1.206 | 18.38 | 1.051 | 17.75 | 0.996 |
| | **ACT** | 11.88 | 1.156 | 19.62 | 1.164 | 19/12 | 1.141 |
| | **Control** | 11.75 | 0.726 | 11.50 | 0.802 | 11.38 | 0.905 |
| **Family and friends** | **CFT** | 10.12 | 1.540 | 19.62 | 1.438 | 19.38 | 1.413 |
| | **ACT** | 1.288 | 1.288 | 20.75 | 0959 | 20.50 | 0.824 |
| | **Control** | 13.00 | 1.254 | 12.75 | 0.959 | 13.00 | 0.926 |
| **Financial management** | **CFT** | 11/12 | 1.156 | 16.88 | 0.859 | 16.38 | 1.017 |
| | **ACT** | 12/12 | 1.302 | 20.75 | 1.191 | 2.38 | 1.085 |
| | **Control** | 13.00 | 0.926 | 13.25 | 0.861 | 13.25 | 0.861 |
| **Leisure time** | **CFT** | 12.00 | 0.535 | 15.25 | 0.526 | 15.25 | 0.590 |
| | **ACT** | 10.38 | 1.133 | 15.62 | 1.051 | 15.38 | 1.281 |
| | **Control** | 10.00 | 134/1 | 10.45 | 0.854 | 10.25 | 0.996 |
| **Sexual relationship** | **CFT** | 9.62 | 1.224 | 13.88 | 1.586 | 13.50 | 1.570 |
| | **ACT** | 7.50 | 0.779 | 18/12 | 1.950 | 17.62 | 1.580 |
| | **Control** | 9.88 | 0.479 | 9.75 | 0.559 | 9.62 | 0.653 |
| **Children** | **CFT** | 25/12 | 1.114 | 15.25 | 1.146 | 15/12 | 1.060 |
| | **ACT** | 10.50 | 1.296 | 15/12 | 0.915 | 15.88 | 0.972 |
| | **Control** | 8.88 | 1.076 | 9.00 | 0.845 | 9.00 | 0.655 |
| **Conflict resolution** | **CFT** | 1.55 | 0.886 | 14.00 | 1.195 | 13.62 | 0.925 |
| | **ACT** | 10.88 | 0.743 | 2.25 | 0.648 | 20.25 | 0.701 |
| | **Control** | 11.75 | 1.031 | 12.00 | 1.195 | 11.88 | 1.008 |
| | **CFT** | 12.50 | 1.376 | 14.50 | 1.282 | 13.75 | 1.146 |

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|---|---|---|---|---|---|---|---|
| **Religious orientation** | **ACT** | 13.38 | 0.925 | 18.25 | 1.048 | 17.88 | 0.766 |
| | **Control** | 11/12 | 0.896 | 11.62 | 1.101 | 11.62 | 1.034 |
| **Experiential Avoidance** | **CFT** | 36.88 | 1.546 | 27.62 | 2.449 | 27.62 | 2.632 |
| | **ACT** | 35.75 | 2.467 | 24.75 | 2.512 | 26/12 | 2.497 |
| | **Control** | 44.00 | 2.145 | 44.25 | 2.204 | 45.00 | 2.136 |

Table 3 results indicate that, in both post-test and follow-up assessments, participants in the compassion-focused therapy and acceptance and commitment therapy groups exhibited significantly higher mean scores of marital satisfaction compared to the control group. A comparison of means reveals that in both the compassion-focused therapy and acceptance and commitment therapy groups, mean scores changed from pre-test to post-test and follow-up. However, from post-test to follow-up, there was no significant change in the scores of participants in these groups.

To address the research hypothesis, a multivariate analysis of variance with repeated measures was employed. A post-hoc Bonferroni test was used to conduct pairwise comparisons across the measurement time points. The assumptions underlying this method are discussed below.

**Table 4**: Results of the Kolmogorov-Smirnov test for normality of variable distribution

| **Variables** | **CFT** | | **ACT** | | **Control** | |
|---|---|---|---|---|---|---|
| | Statistic | Significance level | Statistic | Significance level | Statistic | Significance level |
| Marital Satisfaction | 0.485 | 0.973 | 0.514 | 0.954 | 0.540 | 0.932 |
| Experiential Avoidance | 0.379 | 0.999 | 0.684 | 0.738 | 0.628 | 0.825 |

Table 4 results indicate that the distribution of all variables is normal across groups ($p > 0.05$).

**Table 5**: Results of Levene's test for equality of variances in marital satisfaction between Compassion-Focused Therapy and Acceptance and Commitment Therapy groups.

| **Variables** | **Pre-test** | | **Post-test** | | **Follow-up** | |
|---|---|---|---|---|---|---|
| | F | Significance level | F | Significance level | F | Significance level |
| **Marital Satisfaction** | 0.212 | 0.810 | 0.114 | 0.892 | 0.164 | 0.850 |
| **Personality issues** | 0.698 | 0.509 | 0.424 | 0.660 | 0.152 | 0.860 |
| **Communication** | 2.775 | 0.50 | 1.099 | 0.352 | 0.146 | 0.865 |
| **Family and friends** | 0.247 | 0.783 | 2.432 | 0.112 | 3.180 | 0.062 |

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| **Financial management** | 0.898 | 0.422 | 0.591 | 0.503 | 0.433 | 0.654 |
| **Leisure time** | 2.759 | 0.086 | 0.887 | 0.78 | 2.616 | 0.097 |
| **Sexual relationship** | 2.805 | 0.119 | 2.280 | 0.127 | 2.424 | 0.131 |
| **Children** | 0.790 | 0.467 | 0.475 | 0.628 | 1.330 | 0.286 |
| **Conflict resolution** | 1.006 | 0.383 | 2.645 | 0.095 | 0.925 | 0.412 |
| **Religious orientation** | 1.742 | 0.200 | 0.387 | 0.684 | 0.824 | 0.452 |

Table 4 shows that the homogeneity of variances in marital satisfaction (personal issues, marital communication, family and friends, financial management, leisure time, sexual relations, children, conflict resolution, religious orientation) was achieved. The Box's M test also indicated that the homogeneity of the variance-covariance matrix was achieved ($p > 0.05$, $F = 1.12$, Box's $M = 26.101$). Bartlett's test of sphericity indicated that there was a significant correlation in marital satisfaction (personal issues, marital communication, family and friends, financial management, leisure time, sexual relations, children, conflict resolution, religious orientation) ($p < 0.01$, $\chi^2 = 91.451$). The results of Mauchly's test of sphericity are presented in Table 6.

**Table 6:** Results of Mauchly's test of sphericity in the model comparing marital satisfaction between Compassion-Focused Therapy and Acceptance and Commitment Therapy groups.

| Variable | Mauchly's W | $\chi^2$ | df | Significance level | Greenhouse-Geisser epsilon correction |
|---|---|---|---|---|---|
| **Marital Satisfaction** | 0.544 | 12.175 | 2 | 0.002 | 0.687 |
| **Personality issues** | 0.264 | 26.659 | 2 | 0.0001 | 0.576 |
| **Communication** | 0.271 | 26.98 | 2 | 0.0001 | 0.578 |
| **Family and friends** | 0.311 | 23.383 | 2 | 0.0001 | 0.592 |
| **Financial management** | 0.318 | 22.888 | 2 | 0.0001 | 0.860 |
| **Leisure time** | 0.837 | 3.555 | 2 | 0.169 | 0.611 |
| **Sexual relationship** | 0.364 | 20.224 | 2 | 0.001 | 0.722 |
| **Children** | 0.615 | 9.735 | 2 | 0.008 | 0.725 |
| **Conflict resolution** | 0.711 | 6.812 | 2 | 0.033 | 0.776 |
| **Religious orientation** | 0.706 | 6.952 | 2 | 0.031 | 0.773 |

Table 6 shows that the assumption of sphericity for the marital satisfaction variables (personal issues, marital communication, relatives and friends, financial management, leisure time, sexual relations, children, conflict resolution, religious orientation) was not met ($p < 0.05$), and therefore, Greenhouse-Geisser epsilon correction should be used to estimate the differences in these variables. The results of the multivariate test are presented in Table 7.

**Table 7**: Results of the multivariate test to examine group differences in marital satisfaction between Compassion-Focused Therapy and Acceptance and Commitment Therapy groups.

| Source of Variation | Wilk's Lambda | F | Significance level | Eta Squared |
|---|---|---|---|---|
| **Test** | 0.016 | 26.546 | 0.0001 | 0.875 |
| **Group Membership** | 0.053 | 4.843 | 0.0001 | 0.770 |
| **Test x Group Membership** | 0.007 | 10.011 | 0.0001 | 0.713 |

The table above shows that Wilk's Lambda test is significant for the stages of the test, by group membership, and by the interaction between test and group membership ($p < 0.05$). The results of the repeated measures (ANOVA) for dimensions of marital satisfaction (personal issues, marital communication, family and friends, financial management, leisure time, sexual relations, children, conflict resolution, religious orientation) are presented in Table 8.

**Table 8**: Results of repeated measures ANOVA for marital satisfaction in Compassion-Focused Therapy and Acceptance and Commitment Therapy groups.

| Variable | | Source of Variation | Sum of Squares | Degrees of Freedo | Mean Square | F | Significance level | Eta Squared |
|---|---|---|---|---|---|---|---|---|
| **Marital Satisfaction** | Within Groups | Time | 6386.674 | 1 | 6386.674 | 674.606 | 0.0001 | 0.910 |
| | | Group x Time | 53.764 | 2 | 26.882 | 20.606 | 0.0001 | 0.662 |
| | | Error(time) | 198.812 | 21 | 9.467 | | | |
| | Between Groups | Group | 203.1118 | 2 | 110.05619 | 77.172 | 0.0001 | 0.880 |
| | | Error | 2998.500 | 21 | 142.786 | | | |
| **Personality issues** | Within Groups | Time | 130.340 | 1 | 130.430 | 99.911 | 0.0001 | 0.826 |
| | | Group x Time | 53.764 | 2 | 26.882 | 20.606 | 0.0001 | 0.662 |
| | | Error(time) | 27.396 | 21 | 1.305 | | | |
| | Between Groups | Group | 208.361 | 2 | 104.181 | 3.706 | 0.042 | 0.261 |
| | | Error | 590.292 | 21 | 28.109 | | | |
| **Communication** | Within Groups | Time | 119.174 | 1 | 119.174 | 538.686 | 0.0001 | 0.926 |
| | | Group x Time | 62.347 | 2 | 31.174 | 5.315 | 0.014 | 0.336 |
| | | Error(time) | 4.646 | 21 | 0.221 | | | |
| | Between Groups | Group | 373.444 | 2 | 186.722 | 7.913 | 0.003 | 0.430 |
| | | Error | 495.542 | 21 | 23.597 | | | |

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| **Family and friends** | Within Groups | Time | 150.063 | 1 | 150.063 | 136.942 | 0.0001 | 0.867 |
| | | Group x Time | 88.042 | 2 | 44.021 | 40.084 | 0.00001 | 0.792 |
| | | Error(time) | 23.06 | 21 | 1.098 | | | |
| | Between Groups | Group | 293.583 | 2 | 146.792 | 4.774 | 0.020 | 0.313 |
| | | Error | 645.750 | 21 | 30.750 | | | |
| **Financial management** | Within Groups | Time | 106.778 | 1 | 106.778 | 174.727 | 0.0001 | 0.893 |
| | | Group x Time | 53.389 | 2 | 26.694 | 43.682 | 0.0001 | 0.801 |
| | | Error(time) | 12.833 | 21 | 0.611 | | | |
| | Between Groups | Group | 259.194 | 2 | 129.597 | 5.402 | 0.013 | 0.340 |
| | | Error | 503.792 | 21 | 23.990 | | | |
| **Leisure time** | Within Groups | Time | 32.11 | 1 | 32.111 | 82.571 | 0.0001 | 0.797 |
| | | Group x Time | 22.389 | 2 | 11.194 | 28.786 | 0.0001 | 0.733 |
| | | Error(t time) | 8.167 | 21 | 0.389 | | | |
| | Between Groups | Group | 244.528 | 2 | 5.856 | 5.856 | 0.010 | 0.358 |
| | | Error | 438.458 | 21 | 20.879 | | | |
| **Sexual relationship** | Within Groups | Time | 110.250 | 2 | 110.250 | 50.195 | 0.0001 | 0.705 |
| | | Group x Time | 83.292 | 2 | 41.646 | 18.961 | 0.0001 | 0.644 |
| | | Error(time) | 46.125 | 21 | 2.196 | | | |
| | Between Groups | Group | 262.333 | 2 | 131.167 | 3.963 | 0.035 | 0.274 |
| | | Error | 695.000 | 21 | 33.095 | | | |
| **Children** | Within Groups | Time | 22.563 | 1 | 22.563 | 58.465 | 0.0001 | 0.736 |
| | | Group x Time | 10.500 | 2 | 5.250 | 13.604 | 0.0001 | 0.564 |
| | | Error(time) | 8.104 | 21 | 0.386 | | | |
| | Between Groups | Group | 411.750 | 2 | 205.875 | 8.724 | 0.002 | 0.454 |
| | | Error | 406.208 | 21 | 19.343 | | | |
| **Conflict resolution** | Within Groups | Time | 1.70/8407 | 1 | 70.840 | 82.171 | 0.0001 | 0.796 |
| | | Group x Time | 57.556 | 2 | 28.778 | 33.381 | 0.0001 | 0.761 |
| | | Error(time) | 18.104 | 21 | 0.862 | | | |
| | Between Groups | Group | 364.778 | 2 | 182.389 | 9.429 | 0.0001 | 0.473 |
| | | Error | 406.208 | 21 | 19.343 | | | |
| | | Time | 32.111 | 1 | 32.111 | 130.516 | 0.0001 | 0.861 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Religious orientation** | Within Groups | Group x Time | 0.15/056 | 2 | 7.582 | 30.597 | 0.0001 | 0.745 |
| | | Error(time) | 5.167 | 21 | 0.246 | | | |
| | Between Groups | Group | 307.528 | 2 | 153.764 | 9.429 | 0.001 | 0.473 |
| | | Error | 568.485 | 21 | 27.069 | | | |

Table 8 indicates that there is a significant difference ($p < 0.01$) in marital satisfaction (personal issues, marital communication, family and friends, financial management, leisure time, sexual relations, children, conflict resolution, religious orientation) between the Compassion-Focused Therapy and Acceptance and Commitment Therapy groups, based on the test and the interaction effect of test and group membership, as well as between-group membership. Repeated measures ANOVA results showed that for the variables of marital satisfaction (personal issues, marital communication, relatives and friends, financial management, leisure time, sexual relations, children, conflict resolution), there was a significant interaction between time and group ($p < 0.1$), indicating differences in marital satisfaction between the experimental groups (two therapy groups) and the control group across the different dimensions of marital satisfaction. Eta squared values for the variables exceeded 0.10, suggesting a substantial effect size. Post-hoc comparisons using the Bonferroni test to compare means across time points and groups are presented in Table 9.

**Table 9**: Bonferroni post-hoc comparisons of mean marital satisfaction across time points in Compassion-Focused Therapy and Acceptance and Commitment Therapy groups.

| Variables | Baseline group & Comparison group | Mean difference | p |
|---|---|---|---|
| **Marital Satisfaction** | CFT & ACT | -15.917 | 0.0001 |
| | CFT & Control | 26.500 | 0.0001 |
| | ACT & Control | 42.417 | 0.0001 |
| **Personality issues** | CFT vs ACT | -2.042 | 0.589 |
| | CFT & Control | 2.125 | 0.539 |
| | ACT & Control | 4.167 | 0.038 |
| **Communication** | CFT & ACT | -1.250 | 1.000 |
| | CFT & Control | 4.083 | 0.025 |
| | ACT & Control | 5.333 | 0.003 |
| **Family and friends** | CFT & ACT | -1.333 | 1.000 |

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| | | | |
|---|---|---|---|
| | | | |
| | CFT & Control | 3.458 | 0.127 |
| | ACT & Control | 4.792 | 0.02 |
| **Financial management** | CFT & ACT | -2.958 | 0.146 |
| | CFT & Control | 1.625 | 0.790 |
| | ACT & Control | 4.583 | 0.012 |
| **Leisure time** | CFT & ACT | 0.375 | 1.000 |
| | CFT & Control | 4.083 | 0.016 |
| | ACT & Control | 3.708 | 0.031 |
| **Sexual relationship** | CFT & ACT | -2.803 | 0.670 |
| | CFT & Control | 2.583 | 0.404 |
| | ACT & Control | 4.667 | 0.031 |
| **Children** | CFT & ACT | 0.375 | 1.000 |
| | CFT & Control | 5.250 | 0.004 |
| | ACT & Control | 4.875 | 0.007 |
| **Conflict resolution** | CFT & ACT | -4.083 | 0.012 |
| | CFT & Control | 1.167 | 1.000 |
| | ACT & Control | 5.250 | 0.001 |
| **Religious orientation** | CFT & ACT | -2.197 | 0.197 |
| | CFT & Control | 2.125 | 0.515 |
| | ACT & Control | 5.042 | 0.009 |

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Table 9 indicates that pairwise comparisons revealed significant differences in mean marital satisfaction scores between the compassion-focused therapy group and the control group for the dimensions of marital communication, leisure time, and children. Similarly, the acceptance and commitment therapy group showed significant differences compared to the control group for a broader range of marital satisfaction dimensions, including personal issues, marital communication, relationships with family and friends, financial management, leisure time, sexual relations, children, conflict resolution, and religious orientation. Additionally, there was a significant difference between the two therapy groups in overall marital satisfaction and conflict resolution. It is worth noting that while not reaching statistical significance at the 95% confidence level, the acceptance and commitment therapy appeared to have a larger effect size compared to compassion-focused therapy for the remaining variables.

**Discussion and Conclusion:**

This study aimed to compare the effectiveness of group Compassion-Focused Therapy (CFT) and Acceptance and Commitment Therapy (ACT) in enhancing marital satisfaction among married individuals with relapsing-remitting multiple sclerosis. The results indicated that both therapies were effective in increasing marital satisfaction, however, Acceptance and Commitment Therapy demonstrated a more significant impact compared to Compassion-Focused Therapy. These findings are consistent with previous research (21, 22, 23, 24, 25, 26).

Self-compassion appears to enhance not only intrapersonal functioning but also interpersonal functioning. Individuals high in self-compassion were described by their partners as feeling more connected, accepted, and independently supported, while being less detached, controlling, and verbally or physically aggressive compared to those low in self-compassion. Moreover, self-compassion was significantly correlated with forgiveness (27). Forgiving others requires a broad understanding of the complex array of causes and conditions that lead people to act as they do. It is the ability to forgive and accept a person's inherent imperfection, and thus seems to extend to others as well.

Self-compassion was found to be significantly, but weakly, correlated with compassion for others, empathic concern, and altruism in the community and Buddhist samples. This correlation was not as strong as expected, perhaps due to the fact that most individuals reported being kinder to others than to themselves. Interestingly, no correlation was found between self-compassion and other-oriented concern (e.g., benevolence, empathic concern, altruism) among students. This may be because young people often strive to recognize commonalities in their life experiences and exaggerate their differences from others. Their schemas for why they deserve care and why others deserve care may thus have a weak integrative tendency. The correlation between self-compassion and other-oriented concern was strongest among meditators, which may be a result of practices such as loving-kindness meditation that intentionally cultivate compassion for both self and others (9).

Research also suggests that the degree to which individuals are kind to themselves is correlated with how kind they are to their partners; self-compassionate individuals establish better relationship quality with their partners, demonstrate higher acceptance of their spouses, and report greater marital satisfaction. Self-compassion toward oneself and others is more prevalent in women than men. Moreover, self-compassion in women, in addition to being associated with higher motivation, leads to the correction of interpersonal mistakes and is linked to numerous positive psychological outcomes such as increased motivation to resolve personal conflicts, constructive social interactions, optimism, adaptability, and intimacy between couples, enhanced mental health, relationship longevity and stability, adoption of adaptive emotion regulation strategies in romantic relationships, and increased resilience (24).

From an Acceptance and Commitment Therapy (ACT) perspective, the root of conflicts and emotional distance within couples stems from a combination of rigid and futile attempts by each partner to control

the other, coupled with experiential avoidance strategies within the relationship. The act of taking negative thoughts and evaluations at face value and acting upon them perpetuates a negative relationship cycle. ACT seeks to undermine these processes, thereby reducing unnecessary suffering experienced by couples due to their experiential avoidance. The primary goal of the acceptance and commitment approach is to help each partner become aware of their negative cognitive processes and emotional reactions, both when alone and within the relationship, and to clarify the values that keep them together. It encourages committed action, as committed behavior is aligned with values, leading to increased positive reinforcement and improved long-term quality of life.

Couples often avoid situations associated with hurt, rejection, or conflict. Acceptance and Commitment Therapy (ACT) encourages couples to accept unwanted internal thoughts, feelings, and physical sensations related to these dynamics and patterns of interaction. It is evident that when one partner feels emotionally hurt, they tend to withdraw emotionally from the relationship. Although emotional distance may offer short-term protection, it can cause long-term damage. Acceptance and Commitment Therapy involves learning the skill of mindful acceptance of such thoughts and acting in ways that enhance the couple's connection and emotional intimacy. In summary, the interventions in Acceptance and Commitment Therapy help couples resolve conflicts, initiate new and positive communication patterns, strive for greater intimacy in their relationship, and ultimately experience more harmonious and satisfying relationships. Therefore, the common mechanism of effectiveness of both approaches is to improve interpersonal relationships by modifying individuals' thoughts and emotions, increasing self-acceptance and acceptance of others, fostering empathy and intimacy, and reducing marital tension and conflict, ultimately leading to increased marital satisfaction.

**Limitation:** One limitation of this study is the restricted nature of the research population, which is limited to patients visiting the Comprehensive MS Center at Mashhad University of Medical Sciences. The sampling method used also poses limitations. Therefore, caution should be exercised when generalizing the results to other groups. It is recommended that similar studies be conducted in other cities and cultures on other individuals and chronic patients to allow for comparison of research findings. Additionally, the limitations in selecting the sample group, considering certain psychological variables (such as participants' knowledge and attitudes about therapeutic interventions, their expectations, and psychological mindset) and demographic variables (such as education level and socioeconomic status), represent another limitation of this study. Therefore, it is suggested that similar studies be conducted in other cities and cultures on other individuals and chronic patients to allow for comparison of research findings. Finally, considering the positive impact of both therapies on the marital satisfaction of these individuals, it is recommended that therapists and counselors utilize the findings of this study in addressing marital conflicts and the challenges faced by MS patients.

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**Ethical Considerations:** Ethical considerations for this study included providing written information to participants about the research, assuring participants of the confidentiality of their data and its use solely for research purposes, ensuring voluntary participation, and obtaining written informed consent from all participants.

It is worth noting that ethical approval with the code IR.IAU.MSHD.REC.1401.161 was obtained to conduct this research.

**Conflict of Interest:** The authors declare that this work is the result of independent research and that there are no conflicts of interest with any other organizations or individuals.

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**References** :


1- Maghsoodi S, Mohammadi N. Qualitative analysis of the process of restoring social esteem by the women with multiple sclerosis. Quality & Quantity. 2018; 52(6):2557-75. https://doi.org/10.1007/s11135-017-0677-2.

2- Lex H, Weisenbach S, Sloane J, Syed S, Rasky E, Freidl W. Social-emotional aspects of quality of life in multiple sclerosis. Psychology, health & medicine. 2018;23(4):411-23. https://doi.org/10.1080/13548506.2017.1385818.

3- Reynolds F, Prior S. "Sticking jewels in your life": Exploring women's strategies for negotiating an acceptable quality of life with multiple sclerosis. Qualitative health research. 2003;13(9):1225-51. https://doi.org/10.1177/1049732303257108

4- Özen Ş, Karataş T, Polat Ü. Perceived social support, mental health, and marital satisfaction in multiple sclerosis patients. Perspectives in Psychiatric Care. 2021;57(4):1862-75. https://doi.org/10.1111/ppc.12760

5- Ajilchi B, Oskoei AS, Kargar FR. Marital satisfaction and mental health in multiple sclerosis patients' and healthy individuals' accordance to sex. Psychology. 2013;4(11):845. http://dx.doi.org/10.4236/psych.2013.411121.

6- Sabanagic-Hajric S, Suljic E, Memic-Serdarevic A, Sulejmanpasic G, Mahmutbegovic N. Quality of life in multiple sclerosis patients: influence of gender, age and marital status. Materia Socio-medica. 2022;34(1):19. doi: 10.5455/msm.2022.33.19-24

7- Namvar H. The relationship between marital satisfaction of patients with multiple sclerosis (the patients' spouses) with the interpersonal dependency and personality type. The American J of Family Therapy. 2023;51(3):267-82. https://doi.org/10.1080/01926187.2021.1967221.

8- Dahmardeh H, Sadooghiasl A, Mohammadi E, Kazemnejad A. Correlation between self-esteem and self-compassion in patients with multiple sclerosis–a cross-sectional study. Česká a Slovenská Neurologie a Neurochirurgie. 2021;84 (2).doi: 10.48095/cccsnn2021169

9- Germer CK, Neff KD. Self-compassion in clinical practice. Journal of clinical psychology. 2013;69(8):856-67. https://doi.org/10.1002/jclp.22021

10- Shafiei M, Akbari S, Heidarirad H. The Effectiveness of Self-Compassion Training on the Loneliness and resilience destitute women. Shenakht J Psychol Psychiatry. 2019;5:71-84. DOI: 10.29252.

11- Van Dam NT, Sheppard SC, Forsyth JP, Earleywine M. Self-compassion is a better predictor than mindfulness of symptom severity and quality of life in mixed anxiety and depression. Journal of anxiety disorders. 2011;25(1):123-30. https://doi.org/10.1016/j.janxdis.2010.08.011

12- Neff KD. The role of self-compassion in development: A healthier way to relate to oneself. Human development. 2009;52(4):211-4. https://doi.org/10.1159/000215071

13- Neff KD, Kirkpatrick KL, Rude SS. Self-compassion and adaptive psychological functioning. Journal of research in personality. 2007;41(1):139-54. https://doi.org/10.1016/j.jrp.2006.03.004

14- Mahmoudpour A, Farahbakhsh K, Balochzadeh E. Prediction of women's marital commitment based on their attachment styles, self-compassion and distress tolerance. Family Counseling and Psychotherapy. 2018;8(1):65-84. doi:10.22034/fcp.2018.60857

15- Yarnell LM, Neff KD. Self-compassion, interpersonal conflict resolutions, and well-being. Self and identity. 2013;12(2):146-59. https://doi.org/10.1080/15298868.2011.649545

16- Fahimdanesh F, Noferesti A, Tavakol K. Self-compassion and forgiveness: major predictors of marital satisfaction in young couples. The American Journal of Family Therapy. 2020;48(3):221-34. doi.org/10.1080/01926187.2019.1708832.

17- Bibi S, Masood S, Ahmad M, Bukhari S. Effect of self-compassion on the marital adjustment of Pakistani adults .Foundation University Journal of Psychology. 2017;2(2):52-66. https://doi.org/10.33897/fujp.v1i2.52

18- Breines JG, Chen S. Self-compassion increases self-improvement motivation. Personality and social psychology bulletin. 2012;38(9):1133-43. https://doi.org/10.1177/0146167212445599

19- Breines JG, Chen S. Activating the inner caregiver: The role of support-giving schemas in increasing state self-compassion. Journal of Experimental Social Psychology. 2013;49(1):58-64. https://doi.org/10.1016/j.jesp.2012.07.015

20- Hayes SC, Strosahl KD, Wilson KG. Acceptance and commitment therapy: The process and practice of mindful change :Guilford press; 2011.

21- Kamali M, Mahdian H. The Effectiveness of Therapy Based on Acceptance and Realistic Commitment on Marital Adjustment and Marital Satisfaction of Couples on The Verge of Divorce. Journal of Psychological Dynamics in Mood Disorders (PDMD). 2023;2(2):10-20.doi: 10.22034/pdmd.2023.177546

22- Heidari A, Heidari H, Davoudi H. Effectiveness of acceptance and commitment-based therapy on the physical and psychological marital intimacy of women. Int J Educ Psychol Res. 2017;3:163. doi: 10.4103/jepr.jepr_62_16

23- Mirmoeini P, Bayazi MH, Khalatbari J. Comparing the effectiveness of acceptance and commitment therapy and compassion focused therapy on worry severity and loneliness among the patients with multiple sclerosis. Internal Medicine Today. 2021;27(4):534-49. doi: 10.32598/hms.27.4.3426.1

24- Huynh T, Phillips E, Brock RL .Self-compassion mediates the link between attachment security and intimate relationship quality for couples navigating pregnancy. Family process. 2022;61(1):294-311 . https://doi.org/10.1111/famp.12692

25- Daneshvar S, Shafiei M, Basharpoor S. Compassion-focused therapy: Proof of concept trial on suicidal ideation and cognitive distortions in female survivors of intimate partner violence with PTSD. Journal of interpersonal violence. 2022;37(11-12). https://doi.org/10.1177/0886260520984265

26- Pasyar S, Baghuli H, Barzgar M, Sohrabi N. The effectiveness of treatment based on acceptance and commitment on health anxiety, body image and psychological well-being in women with mastectomy breast cancer. Family and health Quarterly. 2023; 13 (1): 2322-3065.doi: 20.1001.1.23223065.1402.13.1.4.1

27- Neff KD. Self-compassion, self-esteem, and well-being. Social and personality psychology compass. 2011;5(1):1-12. doi: 20.1001.1.23223065.1402.13.1.4.1.