

Effectiveness of Psychodynamic Therapy on Guilt and Loneliness in Women Affected by Marital Infidelity

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ABSTRACT

Marital infidelity, as a traumatic experience, can evoke profound feelings of guilt and loneliness in individuals, particularly in women who have been affected, and can have significant negative effects on their mental health. This study aimed to investigate the effectiveness of psychodynamic therapy on guilt and loneliness in women affected by marital infidelity. The research employed a quasi-experimental method with a pretest-posttest control group design. The statistical population consisted of women in Tehran who had been affected by marital infidelity. From this population, 30 participants were selected through convenience sampling and randomly assigned to experimental and control groups. The experimental group received psychodynamic therapy in 10 sessions of 90 minutes each, while the control group did not receive any intervention. Findings indicated that psychodynamic therapy significantly reduced feelings of guilt and loneliness in women affected by marital infidelity. The results suggest that psychodynamic therapy, by focusing on unconscious conflicts, past relationships, and emotional experiences during the therapeutic process, can improve the psychological state of these individuals. Therefore, it is recommended that this therapeutic approach be incorporated into psychotherapy programs for women dealing with marital infidelity.

Keywords: marital infidelity, psychodynamic therapy, guilt, loneliness, affected women

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Introduction

Marital infidelity is a complex and multifaceted phenomenon in human relationships that leaves profound psychological consequences and can destabilize individuals' emotional and social foundations. This concept refers to the violation of explicit or implicit commitments in an emotional or marital relationship and may

manifest in the form of sexual, emotional, or other types of intimacy outside the primary relationship (1-4). In many cultures—particularly those where family values and marital commitments are highly esteemed—infidelity is regarded not only as a breach of moral and emotional contracts but also as a threat to individual identity, sense of security, and family cohesion. This phenomenon often evolves into an emotional and psychological crisis that demands targeted and effective therapeutic interventions. The experience of marital infidelity is accompanied by a wide range of intense emotional reactions, including shock, anger, humiliation, distrust, and deep insecurity. Among these responses, the feeling of rejection is one of the most common and destructive outcomes, profoundly affecting an individual's emotional foundations. This sense of rejection is experienced not only as a rupture in the emotional relationship but often becomes internalized as a feeling of worthlessness and unlovability, which can seriously threaten self-esteem and personal identity (5, 6).

Loneliness is a painful and distressing experience that stems from perceived deficiencies in one's private and social relationships, whereas being alone merely refers to physical separation from others and does not necessarily involve the feeling of loneliness (7, 8). Loneliness encompasses a complex array of negative emotions, cognitions, and psychological distress that can result in severe psychological and physical issues. This painful experience not only impacts mental health but can also reduce individuals' physical, emotional, and psychological capacities over time, weakening their ability to cope with daily life challenges (8).

Women affected by marital infidelity, due to experiences of rejection, diminished self-confidence, and interpersonal relationship disturbances, are often at high risk of severe loneliness. This feeling is frequently accompanied by conscious emotions such as shame and guilt, which arise from deeply negative self-evaluations or perceptions of their behavior (9). Shame, as a debilitating emotion, drives individuals toward isolation, avoidance, or withdrawal, whereas guilt is associated with regret over past actions (Malinakova et al., 2020). Middle adulthood, as a period filled with physiological, psychological, and social changes, can intensify these emotions—especially in women confronting the crisis of marital infidelity. These changes may include reduced social interactions, shifting family roles, or a perceived loss of personal identity, all of which contribute to heightened loneliness (10).

One of the effective therapeutic approaches to reducing shame, guilt, and loneliness in women affected by marital infidelity is psychodynamic therapy. This approach, through the exploration of unconscious conflicts, relational patterns, and object relations, helps women process painful emotions and rebuild their sense of self-worth and interpersonal connection. Psychodynamic therapy enhances self-awareness and emotional expressiveness, thereby reducing the intensity of negative emotions and increasing psychological resilience against distress caused by infidelity (10-12). This therapeutic method, which has received limited attention in this specific context, could serve as an effective strategy to improve mental health and reduce loneliness in this population (13). Nonetheless, further research is required to examine the efficacy of this approach compared to other treatment modalities.

Intensive Short-Term Dynamic Psychotherapy (ISTDP), rooted in Freud's classical psychoanalytic model, was designed and developed by Davanloo at McGill University (13). This therapeutic approach was devised as a structured, effective, and short-term alternative to traditional long-term psychoanalysis. In ISTDP, patients learn—with the therapist's guidance—to recognize their anxiety, experience repressed emotions,

and distance themselves from maladaptive defense mechanisms. This process helps them enhance their capacity to cope more healthily with internal feelings such as guilt, shame, and loneliness (14).

In a recent meta-analytic review study, the effectiveness of short-term psychodynamic psychotherapy was examined in 13 clinical trials on psychosomatic disorders. The results demonstrated that this therapeutic approach can be considered a reliable method for treating psychosomatic conditions (10). Based on the evidence, the central question of the present study is: Can intensive short-term dynamic psychotherapy be effective in reducing guilt and loneliness in women affected by marital infidelity?

Methods and Materials

Study Design and Participants

This study aimed to investigate the effectiveness of Intensive Short-Term Dynamic Psychotherapy (ISTDP) in reducing feelings of guilt and loneliness in women affected by marital infidelity. The research method was quasi-experimental, employing a pretest-posttest control group design with a two-month follow-up. The statistical population consisted of all women who visited a psychology clinic in 2024 and reported experiencing marital infidelity, which had been confirmed by a qualified psychiatrist or clinical psychologist. The sample size was determined using Cohen's table, considering a 95% confidence level, an effect size of 0.30, and a statistical power of 0.83. Consequently, the minimum sample size was set at 12 individuals per group; however, to mitigate the effects of sample attrition and enhance the generalizability of the findings, 15 participants were ultimately selected for each group (a total of 30 participants). Sampling was conducted in two phases: first, 30 eligible volunteers were selected using convenience sampling, and then they were randomly assigned to experimental and control groups (15 participants each) using simple randomization (lottery method).

Inclusion criteria included confirmation of the experience of marital infidelity through a structured clinical interview, age between 20 and 45 years, a minimum educational level of a high school diploma, and submission of a written informed consent form. Exclusion criteria were the presence of severe concurrent psychiatric disorders (such as Bipolar I Disorder or Schizophrenia), use of psychiatric medications that could affect the therapeutic process, and missing more than two therapy sessions in the experimental group.

Data Collection

UCLA Loneliness Scale (Revised): The UCLA Loneliness Scale was initially developed by Russell, Peplau, and Ferguson (1978) at the University of California and later revised by Russell in 1980 and 1996. This scale consists of 20 descriptive items rated on a four-point Likert scale (Never, Rarely, Often, Always), with some items reverse scored. The total score ranges from 20 (lowest loneliness) to 80 (highest loneliness), with higher scores indicating greater loneliness. Russell (1996) reported a Cronbach's alpha of 0.94 for the scale. In Iranian studies, Rahimzadeh, Bayat, and Anari (2009) confirmed the reliability with a Cronbach's alpha of 0.93. Similarly, Bahiraei, Dalour, and Ahadi (1999) reported a Cronbach's alpha of 0.88 and a correlation coefficient of 0.67 between loneliness and depression scores, indicating good validity and reliability of the instrument in the Iranian population.

Guilt and Shame Questionnaire: This questionnaire was developed by Cohen et al. in 2011 and contains 16 items assessing two dimensions: shame and guilt. It presents everyday life scenarios and the

individual's probable emotional reactions to these situations. Respondents are asked to imagine themselves in each scenario and rate the likelihood of their reaction on a five-point Likert scale ranging from 1 (never) to 5 (very much). Factor analysis by the developers identified two guilt subscales: Negative Behavior Evaluation (items 1, 9, 14, and 16) and Reparative Action (items 2, 5, 11, and 15). Shame consists of the subscales Negative Self-Evaluation (items 3, 6, 10, and 13) and Withdrawal after public exposure of wrongdoing (items 4, 8, and 12). Cohen et al. (2011) showed that although the subscales of guilt are highly correlated, the correlations among shame subscales are relatively weak. In two separate studies, they reported desirable Cronbach's alpha coefficients ranging from 0.61 to 0.71. A study by Varmaghani et al. (2022) found Cronbach's alpha coefficients of 0.82 for guilt, 0.79 for shame, and 0.86 for the entire scale, demonstrating acceptable reliability for both subscales and the overall questionnaire. Content and face validity were also confirmed. In the present study, the total reliability of the questionnaire was found to be 0.87 using Cronbach's alpha.

Intervention

The experimental group received psychodynamic therapy over 15 sessions of 90 minutes each, while the control group did not receive any intervention. Both groups were assessed using the psychological hardiness and shame questionnaires across three time points. The intervention followed the standard ISTDP manual, including the seven stages of inquiry regarding problems, pressure, challenge, transference resistance, and direct access to the unconscious, according to Davanloo's psychodynamic psychotherapy manual. The intervention protocol consisted of 15 structured sessions based on the principles of Intensive Short-Term Dynamic Psychotherapy (ISTDP). In the first session, the therapeutic rules were explained, and an initial interview was conducted using the dynamic sequence known as trial therapy to evaluate participants' core problems. In sessions 2 to 13, various defense mechanisms—ranging from tactical defenses such as vague language, generalizations, and intellectualization, to deeper resistances like denial, externalization, obsessive doubt, and regressive behaviors—were identified and addressed using targeted interventions. These interventions included clarification, challenge, confrontation, blocking, and direct emotional engagement based on each defense type. Specifically, common defenses such as rationalization, rumination, projection, and somatization were worked through using repeated clarification and pressure to access underlying affect. Sessions 14 and 15 focused on consolidating therapeutic gains, reviewing progress, planning for follow-up assessments, and formally concluding the therapy process with patient acknowledgment and appreciation (15).

Data analysis

Data were analyzed using SPSS version 26. The statistical method employed was two-way repeated-measures ANOVA. For demographic data analysis, Fisher's exact test was used. To assess normality assumptions, the Kolmogorov-Smirnov test was applied. Mauchly's test was used to evaluate the assumption of sphericity, and Levene's test was employed to test the homogeneity of variances. The significance level was set at 0.05 for all statistical tests.

Findings and Results

In this study, 30 women affected by marital infidelity participated, with 15 in the experimental group and 15 in the control group. The demographic characteristics of the two groups were compared as follows.

In terms of age, the highest frequency in both groups fell within the 30–39 age range (46.7%), while the lowest frequency belonged to participants aged 50 and older (6.6%). There was no significant difference in age distribution between the two groups ($P = 1.00$).

Regarding education level, most participants in both groups held a bachelor's degree or higher (Experimental: 46.7%, Control: 53.3%). No significant difference was observed between the two groups in terms of education ($P = 0.85$).

With respect to employment status, the majority of participants in both groups were homemakers (Experimental: 60%, Control: 66.7%). There was no significant difference in employment status between the groups ($P = 0.71$).

For marital duration, most participants had been married for 10 to 15 years (40% in both groups). No significant difference was observed between the groups in terms of marriage duration ($P = 0.91$).

In terms of the number of children, the most frequent category was having two or more children (53.3% in both groups). The distribution of the number of children did not differ significantly between the groups ($P = 0.89$).

Finally, regarding the time elapsed since the experience of infidelity, approximately half of the participants in each group had experienced infidelity within the past year (Experimental: 53.3%, Control: 46.7%). This difference was also not significant ($P = 0.77$).

Overall, the results of statistical tests indicated no significant differences between the groups in demographic variables, confirming group homogeneity in this regard.

Table 1 shows the changes in loneliness and guilt scores across the pretest, posttest, and follow-up phases for both experimental and control groups. The results revealed that the mean loneliness score in the experimental group was 56.44 ($SD = 3.67$) at pretest, which decreased to 40.75 ($SD = 3.70$) after the intervention and remained stable at follow-up ($M = 40.75$, $SD = 3.70$). In contrast, the control group had a pretest mean of 45.80 ($SD = 2.16$), which showed no meaningful change in posttest ($M = 48.46$, $SD = 3.38$) or follow-up ($M = 46.12$, $SD = 3.19$). The range of loneliness scores in the experimental group was between 19 and 32, while in the control group it ranged from 15 to 30.

Regarding the guilt variable, the experimental group had a pretest mean of 56.34 ($SD = 3.67$), which decreased to 40.21 ($SD = 3.70$) at posttest and remained at that level during follow-up ($M = 40.21$, $SD = 3.70$), indicating the intervention's effectiveness in reducing guilt. The control group showed a pretest mean of 32.80 ($SD = 2.16$), which changed slightly to 33.48 ($SD = 3.38$) at posttest and 33.12 ($SD = 3.19$) at follow-up, with no meaningful difference. The range of guilt scores in the experimental group was 20 to 34, while in the control group it ranged from 21 to 35.

These results suggest that the intervention in the experimental group significantly reduced both loneliness and guilt in women affected by marital infidelity, whereas the control group, which received no intervention, exhibited no significant changes. These findings highlight the positive impact of psychological interventions in alleviating negative emotions associated with marital infidelity. Inferential statistical analyses were conducted to confirm the significance of these changes and assess the effects of the intervention.

Table 1. Descriptive Indicators for Participants

Variable	Group	Pretest M ± SD	Posttest M ± SD	Follow-Up M ± SD
Loneliness	Experimental	56.44 ± 3.67	40.75 ± 3.70	40.75 ± 3.70
Loneliness	Control	45.80 ± 2.16	48.46 ± 3.38	46.12 ± 3.19
Guilt	Experimental	56.34 ± 3.67	40.21 ± 3.70	40.21 ± 3.70
Guilt	Control	32.80 ± 2.16	33.48 ± 3.38	33.12 ± 3.19

To examine the effects of group (experimental vs. control) and time period (pretest, posttest, follow-up) on the variables of loneliness and guilt, a two-way repeated-measures ANOVA was conducted. The results are presented in the table below.

Table 2 shows that for the variable of loneliness, a significant difference was found between the groups ($F(1, 28) = 4.688$, $P = 0.033$, $\eta^2 = 0.27$), indicating a group effect on loneliness levels. The effect of time was also significant ($F(2, 56) = 24.416$, $P < 0.001$, $\eta^2 = 0.67$), meaning that loneliness scores changed significantly over time. Moreover, the interaction effect of group \times time was significant ($F(2, 56) = 30.888$, $P < 0.001$, $\eta^2 = 0.71$), indicating that the trajectory of change in loneliness differed between the experimental and control groups over time.

Similar results were observed for the guilt variable. There was a significant difference between groups ($F(1, 28) = 15.703$, $P = 0.024$, $\eta^2 = 0.204$). The time effect was very strong and significant ($F(2, 56) = 36.997$, $P < 0.001$, $\eta^2 = 0.785$), indicating substantial changes in guilt scores across time points. The interaction effect of group \times time was also significant ($F(2, 56) = 18.206$, $P < 0.001$, $\eta^2 = 0.653$), reflecting differing changes in guilt over time between the two groups.

These results demonstrate that the intervention delivered to the experimental group significantly reduced feelings of loneliness and guilt, and that the patterns of change in these variables differed meaningfully from those observed in the control group.

Table 2. Two-Way Repeated-Measures ANOVA Results for the Effects of the Independent Variable on Loneliness and Guilt

Variable	Source	SS	df	MS	F	P	η^2
Loneliness	Group	205.589	1	205.589	4.688	0.033	0.27
Loneliness	Time	96.572	2	48.286	24.416	< 0.001	0.67
Loneliness	Group \times Time	120.001	2	60.000	30.888	< 0.001	0.71
Guilt	Group	98.822	1	98.822	15.703	0.024	0.204
Guilt	Time	92.822	2	46.411	36.997	< 0.001	0.785
Guilt	Group \times Time	132.022	2	66.011	18.206	< 0.001	0.653

Discussion and Conclusion

This study aimed to examine the effectiveness of Intensive Short-Term Dynamic Psychotherapy (ISTDP) in reducing feelings of guilt and loneliness in women affected by marital infidelity. The findings revealed that this therapeutic approach significantly reduced both guilt and loneliness in this group of women. These results are consistent with previous research (6, 9-17).

The effect of psychodynamic therapy in reducing guilt and loneliness can be explained by its focus on helping individuals confront unconscious emotions, hidden anxieties, and painful feelings. Initially, the intensity of guilt and loneliness may increase; however, as therapy progresses and repressed emotions are expressed, the individual's ability to manage and regulate emotions improves. Through the use of active confrontation techniques, the therapist supports the client in identifying and facing these emotional experiences (10-12).

In the process of psychodynamic psychotherapy, women affected by infidelity are encouraged to deeply experience and express their emotions, thereby enhancing their emotional and cognitive regulation skills. This helps them develop greater self-awareness and insight into their psychological and emotional states, strengthen their coping mechanisms, and ultimately reduce feelings of loneliness and guilt. Additionally, decreasing emotional inhibition and increasing emotional expression during therapy sessions help these women more effectively cope with the psychological consequences of marital infidelity (10).

Recent studies provide strong evidence supporting the efficacy of this approach. For example, a 2023 study by Kashefi et al. showed that ISTDP significantly improved self-differentiation and attachment behavior in women with tendencies toward marital infidelity. This study, conducted on 40 women, found that the results were maintained during a two-month follow-up phase after nine 90-minute sessions (10). Similarly, a 2019 study by Parisouz et al. on married women experiencing emotional divorce demonstrated that ISTDP significantly reduced marital conflicts and improved interpersonal processing. The results indicated a significant reduction in marital conflicts ($F = 43.93$, $p < 0.01$) and an increase in interpersonal processing ($F = 85.43$, $p < 0.01$). These findings align with earlier studies (6, 9-11, 17, 18), highlighting ISTDP's potential in reducing negative emotions and improving relational dynamics.

The current study also found that ISTDP can reduce guilt and loneliness by providing a secure space for the gradual confrontation of shame-laden and repressed emotions. Emotional release techniques and transference analysis allow individuals to identify and adaptively process the underlying roots of guilt and loneliness (6, 12, 14, 16).

This therapeutic approach strengthens psychological capacities and internal resources, such as enhanced ego functioning and self-care. It enables individuals to manage guilt and loneliness more effectively without relying on maladaptive defense mechanisms, leading to improved mental well-being. Furthermore, ISTDP fosters a trust-based therapeutic alliance and creates a safe emotional environment conducive to healing and the reduction of negative affective states (10, 17).

Based on the findings of this study, it is recommended that therapists and counselors incorporate ISTDP in therapeutic programs aimed at reducing guilt and loneliness in women affected by marital infidelity. Further research with larger samples and the examination of additional moderating variables is also advised.

Limitations of this study include the lack of control over certain background variables such as individual differences in treatment motivation and the severity of psychological trauma. Additionally, ISTDP may not be suitable for all individuals and requires further examination in diverse contexts and populations. Future studies with long-term follow-up and more heterogeneous samples could deepen the understanding of this approach's effectiveness. The focus on women in this study may limit the generalizability of results to men or mixed-gender couples. Moreover, the use of self-report instruments and the lack of control over contextual variables—such as trauma severity or cultural differences—may have influenced the interpretation of the results. Lastly, this method may not be universally applicable, and its effectiveness should be further evaluated across different communities and conditions.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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