

Comparison the effectiveness of emotional focused couple therapy and cognitive-behavioral couple therapy on marital intimacy of women affected by infidelity

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Abstract

Introduction: Due to the high prevalence of contract in marital relationships and its irreparable consequences, the design, implementation and comparison of the effectiveness of various interventions is one of the necessities of modern research in this field. The aim of this study was to compare the effectiveness of emotion-focused couple therapy and cognitive-behavioral couple therapy on marital intimacy of women affected by infidelity.

Methods: In this quasi-experimental study, the statistical population of this study included all women who referred to a counseling center after experiencing a breach of contract in the first quarter of 2020. From this statistical population, 45 people were selected by purposive method based on inclusion criteria and randomly replaced in three groups. The first group consisted of 15 patients receiving cognitive-behavioral couple therapy, the second group consisted of 15 patients receiving emotion-oriented couple therapy, and the third group received control group who did not receive any intervention. All participants were assessed before, after, and two months after the intervention with the Walker and Thompson (1983) Intimacy Scale (MIS). The obtained data were analyzed by statistical methods of analysis of variance of duplicate data.

Results: The results showed that cognitive-behavioral couple therapy and emotion-oriented couple therapy in marital intimacy were significantly different from the control group ($P < 0.001$). Emotion-focused couple therapy showed higher effectiveness ($P < 0.05$).

Conclusion: According to the findings, although cognitive-behavioral couple therapy has increased intimacy between couples, but emotive couple therapy has been more effective in increasing the marital intimacy of betrayed women; Therefore, it is suggested to use emotion-oriented techniques to improve the relationship between the betrayed couple. Also, considering the effectiveness of both treatments, an integrated approach can be used in future studies.

Keywords: emotional focused couple therapy" cognitive-behavioral couple therapy" intimacy

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Introduction:

Family experts believe that psychosocial problems and injuries of individuals are derived from relationships within the family, so the family can be source of healing or rising of problems. People with healthy families experience higher levels of love, support, value, self-efficacy, and a better ability to cope with illness than people who live in stressful and unhealthy environments. On the other hand, the unhealthy atmosphere of the family is associated with psychosocial disorders and the occurrence of numerous medical problems among family members. Therefore, forming a healthy family is a fundamental and priority goal for most people in different cultural contexts (1).

One of the basic principles of maintaining the foundation of the family is commitment and loyalty in the family. Marital commitment means stay with their spouse even when their marriage is not rewarding (2). On the other hand, infidelity is one of the issues that seriously damages the functioning of the family. Breach of covenant is defined as a breach of commitment in an emotional or sexual relationship, or both, that leads to a departure from the underlying relationship without the consent of the other party (3).

A significant percentage of women choose to stay in a relationship after infidelity experience for personal, economic, social or family reasons; But they face fundamental challenges in restoring lost intimacy. Intimacy refers to the interaction between couples that leads to feelings of closeness, love and attention. Intimacy is made up of multiple elements that grow over time and follow a step-by-step pattern. This pattern begins with rational intimacy (conversation and self-disclosure) and continues with physical intimacy (holding hands, hugging, and sex) and then leads to emotional intimacy (availability, support, emotional expression, and mutual sensitivity). (4). In complex conflicts and consequences after breaking a covenant, if the couple fails to find a way to heal the damaged intimacy and reduce the suffering, the whole family is affected and may even break up despite the efforts of the couple. This is where the role of psychotherapy and counseling is highlighted.

Among the various approaches and therapies in couple therapy, cognitive-behavioral therapies have been very popular due to their better known, simpler and more practical and appropriate effectiveness in various fields. In addition to individual studies, several review studies have identified cognitive-behavioral couple therapy as an effective method, although it has been suggested that further studies are still needed (5). Emotional couple therapy, on the other hand, has gained considerable popularity among therapists as a method based on the most influential interpersonal theory of attachment. Attachment styles have been introduced as an effective variable in the occurrence and continuation of commitment, and in the injured person, attachment is one of the variables that is severely damaged after the manifestation of infidelity. This treatment follows consistent and defined steps that accompany the client to recovery; therefore, review studies have evaluated this treatment method in all types of communication injuries, including breach of contract (6).

Intimacy provides the foundation for a person's satisfaction and dissatisfaction with life (7), because it strengthens the couple's commitment to the relationship and is positively associated with marital happiness and compatibility (8). Therefore, several studies have examined the effectiveness of interventions on improving couple's intimacy. Beasley and Ager showed the effectiveness of emotion-oriented couple therapy in the last 19 years and showed that this treatment has been effective in various groups with marital problems, including breaking the

covenant, and not only can increase marital satisfaction for several months. It has been stable after treatment (6). In the study of Zakhirdar et al., the results showed that cognitive-behavioral therapy has been effective on couple intimacy (9). As explained in the description of cognitive-behavioral and emotion-oriented therapies, both methods use different techniques to achieve a similar goal, which is to improve the couple's relationship (10). They use a different theoretical basis and methods, and review studies have confirmed the effectiveness of both methods (11-12). In some individual studies, cognitive-behavioral couple therapy (13) and emotion couple therapy (14) have been introduced as appropriate methods to improve post-contractual relationships. Both methods seem to be among the most popular treatments in couple therapy approaches in the field of breach of contract (15,16-17). However, different methods are used for treatment. Review studies have emphasized that more studies are needed in this area to determine the sustainability and effectiveness of these methods. Studies in Iran have used the usual methods of cognitive-behavioral therapy and emotion-oriented couple therapy and a limited studies have used special injury or contract treatment programs. On the other hand, it is not clear which of these treatments is more effective; Therefore, considering that no study was found to examine cognitive-behavioral couple therapy and emotion-oriented treatment in women affected by infidelity, this study was conducted to compare the effectiveness of emotion-oriented couple therapy and cognitive-behavioral couple therapy on marital intimacy affected by breach of contract.

Method:

This study was performed by quasi-experimental method with pretest-posttest-follow-up (30 days) and control group. The statistical population of the present study included all women who referred to a counseling center after the experience of infidelity of spouse in the first quarter of 2020 (69 people). The sample size was estimated based on similar studies (N=15 in each group). 45 participants who were eligible for the study were selected from the participants. Sampling was done by purpose-based method and based on inclusion and exclusion criteria. Inclusion criteria include experience of breaking a spouse in the last 6 months; Lack of active relationship outside of marital relationship; No chronic mental or physical illness; Minimum cycle education; Lack of experience of severe stress such as bankruptcy or loss of loved ones in the last 6 months; Willingness to cooperate; Availability is for 3 months. Exclusion criteria include divorce in the past year, menopause, absence from counseling sessions of more than one session, distorted or invalid questionnaire, infertility, severe differences and physical violence between couples, drug or alcohol addiction, and use of drugs that affect It was flowing. After completing the quorum, the samples were randomly assigned to three groups: cognitive-behavioral couple therapy intervention (n = 15), emotion-focused couple therapy (n = 15) and control group (n = 15).

Participants were assessed before, after the intervention and one month after the intervention with the Marital Intimacy Questionnaire. In addition to the demographic questionnaire (age, duration of marriage, duration of infidelity, number of children, education, occupation), the following questionnaire was used to collect data:

The Walker & Thompson (1983) Intimacy Scale (MIS) is a 17-item tool designed to measure affection and intimacy. Scores range from 1 (never), rarely (2), sometimes (3), often (4), most often (5), almost always (6), always (7). The questionnaire has one component. Scores range

from 17-119. A higher score is a sign of greater intimacy. Chan, Tu, and Wang (2015) confirmed the single factor of the questionnaire and reported a Cronbach's alpha coefficient of 0.91 for the questionnaire (18). This study has been translated and validated by Sanaei and Alaqband (2008). In Sanaei and Alaqband (2008) study, the intimacy scale was first applied to 166 undergraduate students, 68% of whom were 20 to 25 years old and 166 mothers of middle class students, most of whom were between 40 and 49 years old (63%) and 73% of whom were in first marriage. And 147 grandmothers, 40% of whom were between 60 and 69 years old, 40% between 70 and 79 years old, 52% of whom were married and 45% of whom were widows, performed. And for girls it was 6.04 (SD = 1) (19). In the present study, the reliability coefficient of the questionnaire was obtained by calculating the Cronbach's alpha coefficient of 0.71.

Procedure

In the implementation of the present study, ethical considerations include the principle of respect for human dignity and freedom; The principle of conscientiousness and responsibility; The principle of usefulness and non-harm; The principle of non-discrimination; The principle of paying attention to the welfare of others and the principle of paying attention to the value system of the society was observed and the participants signed a written consent before starting the study. This study has been registered with the ethics code IR.IAU.BOJONURD.REC.1399.012. In the first stage, sampling was done by purpose-based method. After completing the quorum, the samples were randomly assigned to three groups: cognitive-behavioral couple therapy intervention (n = 15), emotion-focused couple therapy (n = 15) and control group (n = 15). Participants were assessed before, after the intervention and one month after the intervention with the Marital Intimacy Questionnaire. When completing the questionnaires, the researcher was present to answer any questions. Participants in the cognitive-behavioral couple therapy group attended the counseling center for twelve sessions. The structure of cognitive-behavioral couple therapy sessions was designed based on post-traumatic stress disorder for couples (20), which has been used in several studies in Iran and abroad. Meetings were held twice a week, (60-90 minutes). All sessions were conducted in the presence of couples

The sessions for the emotion-oriented couple therapy group were designed based on the emotion-focused couple therapy program for infidelity (20). This program, which was implemented in eight consecutive sessions, has also been used in studies to improve the situation of unfaithful couples in Iran and abroad. Meetings were held twice a week (60-90 minutes). All sessions were conducted in the presence of couples.

During this period, the control group did not receive any training by the research group. At the end of the intervention, the control group, selected by the participants, participated in couple therapy sessions. Before the intervention, the content of the sessions was reviewed by three psychologists for approval and the opinions of the experts were applied. After the follow-up phase, 15 people remained in the emotion-focused couple therapy group and 14 people remained in the control group. In the intervention group, one person was excluded from the study due to incomplete sessions. One person in the control group was removed due to unavailability.

In the descriptive statistics mean, minimum, maximum, frequency, and standard deviation were used. In inferential statistics, Chi-square test was used to compare qualitative variables in three

groups. First, the assumptions of repeated measurement analysis were examined, then repeated measurement analysis post hoc test were used to compare the groups in time intervals. It should be noted that SPSS 20 software was used to analyze the obtained data.

Results:

The demographic characteristics of the participants are described and compared in Table (1). To compare the means with the repeated measures analysis test, the assumptions were first examined. The hypothesis of normality of the data was confirmed by Kolmogorov-Smirnov test. Levin test showed that the variances were homogeneous. In order to check the spatiality of the data, Mochley test was used. Considering that the significance level in the test for the dependent variable was less than 0.05, the correction was made using the Gausser Greenhouse index and this assumption was established.

Table (3): Comparison of demographic characteristics of participant's cognitive-behavioral couple therapy and emotion-oriented couple therapy with control

Variable		CBT	EFT	Control	K-square
		N(%)	N(%)	N(%)	
Education	Diploma and below	5(35.7)	2(13.3)	5(35.7)	$\chi^2=6.97$ P -value=0.13
	undergraduate	6(42.9)	12(80)	9(64.9)	
	graduate	3(21.4)	1(6.7)	0	
Children	1	5(35.7)	5(33.73)	2(14.3)	$\chi^2=5.91$ P -value=0.43
	2	5(35.7)	5(33.3)	9(64.3)	
	3	1(7.1)	0	0	
Age	Mean±SD	31.42±6.02	32.66±6.76	34.14±4.78	F=0.75 P=0.47
Marriage	Mean±SD	5.78±2.50	6.92±2.55	6.06±2.31	F=0.80 P=0.45

The results of comparing the demographic status of the studied samples by intervention and control groups show that the three groups are not significantly different in terms of age, duration of marriage, education and number of children and are homogeneous ($P < 0.05$).

Table (2). Analysis of variance and descriptive indicators of marital intimacy in pre-test, post-test and follow-up

GROUP	Pretest		Post test		Follow-up		result		
	M	SD	M	SD	M	SD	F	P	eta
CBT	44.53	4.55	52.00	4.37	54.07	4.84	6.29	0.01	0.18
EFT	45.26	4.55	57.60	4.15	59.80	4.90			
control	4.50	44.85	4.26	44.12	4.66	43.07			

The mean and standard deviation of the intimacy variable in the table above show that the mean of the three groups in the pre-test stage does not show difference. In the post-test stage, the scores increase in the intervention groups and no significant changes are seen in the control group. The general study of the difference between the two groups showed that the difference between the groups was significant in this variable $p > 0.05$; $F 6 = 6.29 (1,27)$. Based on ETA coefficients, it is determined that one of the interventions caused 17% more changes in intimacy score.

Table (3). Results of comparing the differences between the means of the two intervention groups in time periods

Follow up		Post test		Stage
P	MD	P	MD	
0.001*	-12.12	0.001*	-9.98	pretest
0.001*	-2.13	-	-	Post test

The findings of the above table and figur1 show that there was a significant difference between the scores of post-test and follow-up in the treated group and while confirming the effectiveness of its stability in the follow-up stage is also confirmed. As shown in the chart below, the scores in the emotion-oriented couple therapy group have increased more and according to the table above, this difference has been significant, so it can be said that emotion-oriented couple therapy has been more effective on the intimacy variable.

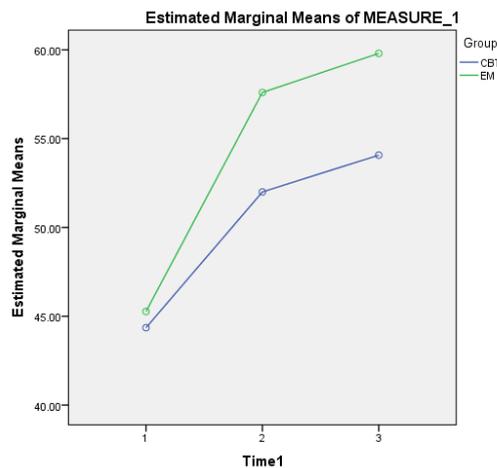


Figure 1. Time stages and differences between cognitive couple therapy and emotion-oriented couple therapy groups in the intimacy variable

Discussion:

The aim of this study was to evaluate and compare the effectiveness of emotion-oriented couple therapy and cognitive-behavioral therapy couple on marital intimacy in women affected by breach of contract. Examining the findings related to comparing the two groups of emotion-

oriented couple therapy intervention and cognitive-behavioral therapy showed that emotion-focused couple therapy was more effective than cognitive-behavioral couple therapy on intimacy. This means that those who participated in the emotion-focused couple therapy group reported significantly more improvement in intimacy scores after the sessions and during the follow-up than the cognitive-behavioral couple therapy group. Consistent with the findings of the present study, Zakhirdar et al. (2019) in a study that aimed to investigate the effectiveness of cognitive-behavioral couple therapy and emotion-oriented therapy on marital intimacy. The results of the study after the treatment sessions showed that emotion-oriented therapy was more effective than cognitive-behavioral couple therapy in increasing the intimacy of couples (9). Gerard has also concluded in a review of studies that emotion-oriented therapies are highly effective on emotion-related variables (17). On the general anxiety showed the effectiveness of cognitive-behavioral and emotion-oriented therapies showed that the two groups were not significantly different in terms of effectiveness (10). This difference in the findings can be explained by the difference between the studied variable and also the studied samples who had experienced damage from breach of contract.

This finding can be justified by the fact that during the treatment process, the therapist's emotion-oriented approach pays attention to the attachment style and communication patterns of individuals and adjusts the treatment steps in such a way as to lead to secure attachment and individuals can be more confident in relationships. Take positive and constructive steps and be able to express their emotions in a constructive way; Therefore, this issue is expected to increase intimacy. In fact, when attachment in a relationship is damaged by the revelation of infidelity, trust and intimacy are the first positive emotions that are disrupted in the relationship between the couple. The injured person feels that there has not been enough intimacy in the relationship and this has led to the concealment of the spouse. On the other hand, he does not see the wrong spouse as worthy of intimacy and tries to avoid intimate feelings towards his spouse. The emotion therapist pays attention to the dynamics of the clients in the therapy sessions, examines the family interactions of individuals, and tries to strengthen the communication that is based on sincere feelings; To achieve this goal, the therapist encourages them to look at their current emotional issues and helps them to better identify their feelings and emotions (22). Although cognitive-behavioral couple therapy also increases intimacy by reducing cognitive distortions and increasing the ability to interact, the main focus of emotion therapy, as its name implies, is on emotions. Intimacy is referred to as a kind of emotion, and because the feeling of intimacy is among the emotions and shows a high correlation with emotional variables, it grows more under the influence of emotion-oriented couple therapy.

According to the findings, emotion-oriented couple therapy has been effective on the intimacy of women affected by breaking their spouses. This means that people who attended emotion-focused couple therapy sessions reported higher intimacy after completing the sessions, and this improvement was sustained at follow-up. This finding is consistent with the results obtained in the study of Pour Yahya et al. (138); Arianfar and Etemadi (11); Trust and brotherhood (12) were aligned. Zakhirdar et al. also reported that emotion-oriented therapy is effective in increasing couples intimacy.⁽⁹⁾

Explaining this finding, it can be pointed out that the goal of the emotion-oriented couple therapy approach is to access and reprocess the underlying emotional reactions in couples'

interactions. These reactions lead to the development of safer attachment styles and different couples' patterns, couples' empathy for each other's experiences, and the development of new interactive patterns. During emotion-oriented couple therapy sessions, the therapist taught her emotion regulation skills after establishing an effective relationship with the client. To achieve this goal, the components of focusing on positive emotions, emotional reconstruction, finding new meanings for better communication with others were used, which eventually leads to forgiveness and reconciliation after accepting each other's mistakes and flourishes intimacy in the relationship.

According to the findings of the couple, cognitive-behavioral therapy has been effective on the marital intimacy of women affected by the breach of the spouse. This means that people who attended emotion-focused couple therapy sessions reported higher marital intimacy after completion, and this improvement was sustained at follow-up. This finding is consistent with the results obtained in the studies of Baba al-Hawajji et al.; Abbasi, The Dual of the Individual and Shafi'abadi; Arianfar and Etemadi (2016) and Zakhirdar et al. were in harmony **(9,11,12,14-15)**.

Inferred from this finding, it can be said that the reason for the effectiveness of cognitive-behavioral therapy on increasing couples' intimacy is that the simultaneous goal of cognitive-behavioral couple therapy is to improve post-traumatic stress symptoms in one or both spouses and improve intimate relationship functions in them. During the sessions, the two-way effect of post-traumatic stress and communication compatibility on each other is taught, and at the same time, in couple interaction trainings, reduction of bias towards negative communication behaviors and increase of positive perspectives are practiced. Couples learned strategies to facilitate participation in health, such as recognizing the early signs of anger and conflict management strategies. Couples are also taught about the destructive role of avoidance in maintaining stress disorder and communication disorders and communication skills. Increasing mutual connection as a way to avoid injury-related emotional numbness led to increased intimacy. Communication skills are trained and practiced over several sessions to help couples recognize and participate in their feelings and to pay attention to the ways that affect their thoughts, feelings, and behaviors. The couple then used these communication skills to discuss content related to the disorder and problem-solving, which increased their intimacy.

Overall, the results showed that cognitive-behavioral couple therapy and emotion-oriented couple therapy were effective in improving the marital relationship of betrayed women. These two treatments can be used to improve couples' relationships after infidelity. The differences in the effectiveness of these approaches also show that the effectiveness of each of the treatments used can be different in different dimensions and different treatments can be used based on the client's condition. The therapist's experience during the research and based on the background showed that sexual relations have played an effective role in men's tendency to betray; Therefore, it is suggested that in addition to using techniques such as therapy and cognition and focusing on emotions, the process of sexual intercourse and the problems of this issue should be addressed in order to prevent future breaches of the covenant. It is suggested that the therapeutic couple use an integrated approach in the face of people affected by infidelity according to their background problems and personal characteristics, which can make the most positive changes in client relationships.

The researcher in the present research process faced limitations that may have affected the quality of the research. Coinciding with the outbreak of the coronavirus, this study caused problems such as lack of direct access to participants in the follow-up phase, which forced the researcher to use online questionnaires. In this study, women affected by infidelity were examined. Due to the implementation of treatment sessions by only the researcher, it was possible to have skills and expertise in one treatment more than another, and this may have influenced the research findings. In this study, the level of primary mental health of the participants was not assessed. This difference may play a role in the effectiveness of treatments or the severity of the problems. Regarding hormonal and physiological factors, the researcher had to be content with self-reporting of clients and it was not possible to study the effective physical factors on the severity of post-traumatic stress. Therefore, it is suggested that in future studies, participants be homogenized based on the level of anxiety and depression. It is also recommended to use family therapy and the participation of all family members to heal women affected by infidelity.

Applied research results

The results of this study can be used in the field of treatment and counseling. Since the phenomenon of infidelity causes wounds of attachment, the treatment methods of this method need to be changed and updated, and the information in this study can be used to improve the information in this field by counselors and families.

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Conflict of interest

There is no conflict of interest in this study. This article is part of the results of the doctoral dissertation.

Ethical considerations

To implement ethical interventions in the present study, the ethical codes proposed by the APA and the Organization of the Psychological and Counseling System of the Islamic Republic of Iran were considered. Accordingly, the following components were observed for all patients participating in the study (at each stage of the study): the principle of respect for human dignity and freedom; The principle of conscientiousness and responsibility; The principle of usefulness and non-harm; The principle of non-discrimination; The principle of paying attention to the welfare of others and the principle of paying attention to the value system of society

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