

Effectiveness of Cognitive Behavioral Couple Therapy on the Level of Intimacy and Cognitive Emotion Regulation of Young Couples

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Abstract

Introduction: Educational interventions aimed at the treatment and healing of all types of relationships have in most cases led to the individual and interpersonal vitality of couples. For this reason, the present study was conducted with the aim of the effectiveness of cognitive behavioral therapy on the intimacy and cognitive emotional regulation of young couples in Qazvin city.

Research Methods: The current research method is quasi-experimental with a pre-test and post-test design along with a control group. The statistical population in the present study included young couples referring to one of the counseling and psychology centers of Qazvin province, of which 32 people (16 experimental people and 16 control people) (consisting of 8 couples) were selected non-randomly with entry and exit criteria, were chosen. The research tools included Bagarozzi's Intimacy Questionnaire and Garnevsy's Emotional Regulation Questionnaire. Data analysis was done through parametric analysis of covariance using Spss22 statistical software.

Results: The components of social-recreational intimacy and physical intimacy, the effect of cognitive behavioral couple therapy on other components of marital intimacy is significant at the 0.01 level.

Conclusion: The results showed that the post-test scores compared to the pre-test scores in the variable of marital intimacy and its dimensions as well as the variable of cognitive regulation of negative emotions and cognitive regulation of positive emotions had a significant difference, which indicates the effectiveness of cognitive behavioral therapy on intimacy and regulation. He had an emotional recognition of the couple.

Keywords: Cognitive Behavioral Couple Therapy, Cognitive Emotion Regulatio, Intimacy

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Introduction:

Marriage and forming a family are an emotional bond between two people, which is usually associated with the reduction of negative mental health criteria, such as depression and anxiety, and the indicators of mental coping ability, such as resilience and psychological toughness, in a meaningful and specific way increased (2), what is important in marriage is compatibility and satisfaction of marriage. Therefore, experts in the field of family psychology often set their criteria as relationships and achieving secure attachment (2), marital satisfaction refers to the compatibility of couples and interest in continuing life and the relationship between two members that provides health. and satisfaction for each of the parties as well (3), the family system, which constitutes the most important social system, is formed based on the need to establish and maintain the bond between the two sexes (4), according to Hu, Jiang and Wang (5) A healthy marriage has several elements such as intimacy, commitment, marital satisfaction and communication, as well as the absence of elements such as violence and betrayal. Many conflicts between couples are derived from the lack of proper understanding of each other's emotions, weakness in communication skills, lack of awareness of their own and the other party's feelings, and their inability to express them, and this is important in various aspects of the relationship, including sex. Intimacy and the feeling of closeness are effective (6).

Intimacy is a human and emotional psychological need between couples due to which spouses easily empathize with each other. The need for intimacy can create a basis for self-disclosure between the parties and in the light of that, effective division of labor, sexual desires, and the establishment of love and affection. Affection takes place (7), also intimacy is a fundamental and important psychological principle and there is a belief that all humans need this basic need to establish intimate relationships (8), studies and clinical experiences show that In contemporary society, couples experience severe and extensive problems when establishing, maintaining intimate relationships and adapting to each other. Therefore, intimacy is a dynamic concept in human communication, especially in couple relationships, which means openness and lack of openness. Inhibition in relationships and the closeness of two or more people is emotional, logical and functional in various dimensions, which is created in the context of relationships and includes mutual support and understanding, establishing communication and sharing oneself, activities and assets with another person (9).

Researches have shown that by satisfying psychological needs, such as the need for couple's intimacy and increasing internal motivation, the level of satisfaction with married life and health of individuals can be improved (10), and also these needs are a determining factor for the optimal functioning of the family and Increase in marital commitment was considered (11), in addition, intimacy (12) and religion and forgiveness can predict the level of marital commitment (13), although commitment or intention to continue the relationship is often considered a general construct be; But Deo and Jackson (14) have divided it into three distinct types of commitment towards spouse or personal commitment, moral commitment and economic commitment. Therefore, marital commitment and intimacy are considered vital parts of any successful marriage (12), Clyde, Hawkins and Willoughby (15) found that commitment between couples can affect their response to mistakes and wrong beliefs about each other and cause constructive or destructive interactions between the two. For this reason, Jonzarowski, Nisan, Stroski and Rosenbaum (16) believe that intimacy is a very valuable and important category in marriage and causes the stability and strength of relationships between couples. to

be the research of Shahrasthani, Dostkan, Rehbardar and Mashhadi (17) showed that intimacy makes the relationship of couples more stable and stronger and increases their compatibility and marital satisfaction.

In addition to this investigation and recognition of factors and other relevant and influential factors that affect the level of quality of relationship between couples, we can also mention the regulation of emotion recognition (18) because the ability to create and maintain a satisfactory relationship requires the ability to identify emotions and expressing emotions towards the spouse (19) and has the ability to understand and accept the emotions of the other partner. Emotion regulation is a process through which people adjust their emotions consciously or unconsciously (20), in order to appropriately respond to diverse environmental demands (21), cognitive emotion regulation is actually the management and manipulation of information input. Called emotion refers to the fact that it can improve the quality of life of couples (22), in other words, the cognitive regulation strategies of emotion refers to the way people think after a negative experience or traumatic event occurs for them (23), so Cognitive emotion regulation can affect the quality of married life and improve marital relationships (24), also researches have shown that couples who have more ability to control emotions have more marital compatibility (25) and according to researches, In the regulation of excitement, it plays an essential role in psychological vulnerability (26, 27).

Various therapeutic and educational methods have been used for couples. One of these methods is cognitive-behavioral couple therapy. The results of the researches of Shakerdulagh, Narimani, Afroz, Hosni and Baghdarsarians (28), Kaviani, Hamid and Enayati (29), Azimi Far et al. (30), Eskandari et al. (31), Almasi et al. (32), Abramowitz et al. (33), Epstein and Zheng (34), Blunt et al. (35), Darsana et al (36). Communication between different people (37), especially couples, should be effective. In addition to dealing with cognitive reconstruction (38), cognitive-behavioral therapy uses a variety of behavioral interventions to strengthen coping skills (39), cognitive-behavioral therapy focuses on the four axes of cognitive changes, behavioral skills, communication skills, It is based on problem solving and conflict resolution (40), among the cognitive skills, it is possible to mention the familiarity of people in the field of cognitive errors, cognitive factors, and cognitive therapy techniques. It also includes behavioral skills, familiarity of people in the areas of social exchange pattern and the principle of confrontation, objectivity and behavioral specification, and behavioral exchange. From communication skills, we can refer to the fields of communication principles, positive communication skills, the impact of communication on individual life, common communication patterns between people, and communication training programs. Conflict resolution and problem-solving skills also include familiarizing people in the fields of conflict patterns, conflict theories, conflict resolution methods and problem-solving skills (41).

Considering the examination of the theoretical and research bases and with regard to the transformation of the family system and the change in the style of marital relations in the current society of Iran and the need to pay attention to the importance of the stability and durability of marriage in order to advance the goals of the society and increase its level of mental health, and on the other hand, considering As our society transitions from traditional to modern, it seems necessary to pay attention to marital commitment, which is one of the main components. The stability and durability of marriage based on various researches. Pay special

attention. Because the investigation of effective predictors of marital commitment can be used for couples who have difficulty in cognitive regulation of emotions and intimacy and emotional conflicts open the way and facilitate the reconstruction of their married life system. Therefore, the current research was conducted with the aim of determining the structural model of marital commitment based on cognitive behavioral couple therapy on the level of intimacy and cognitive regulation of young couples' emotions.

Research Method:

The current research method is quasi-experimental with a pre-test and post-test design with a control group. The statistical population in the present study included young couples who referred to one of the counseling and psychology centers of Qazvin province in 2018-2019. To carry out the research, after visiting psychology and counseling centers in Qazvin city and during coordination with that center, people who had visited counseling centers were invited to participate in this treatment intervention plan. In this method, there are two groups of 32 people (16 experimental people) and 16 control people (consisting of 8 couples), from which 16 people (8 couples) were pre-tested, then experimental treatment intervention for 8 sessions, each session lasting 90 minutes. Done. After careful examination of the couples in the treatment sessions, a post-test was taken to determine the effectiveness of the independent variable after 10 days (after completing the home exercises). Data analysis was done through the parametric analysis of covariance test and using SPSS 22 statistical software. Information gathering tool:

Garnefsky emotion regulation questionnaire: This questionnaire was prepared in 2006 by Garnefsky and Kraij (42) and has 36 items that evaluates 9 cognitive strategies including: self-blame, acceptance, rumination, positive refocusing, perspective taking, catastrophizing and blaming others. The scoring of this scale is based on a five-point Likert scale, so that the score (1) means that the person completely disagrees with the statement, and the score (5) means that the person completely agrees with that sentence. Its reliability and validity by the test-retest method showed that cognitive coping strategies have relative stability and the high internal consistency of the scales was confirmed with Cronbach's alpha coefficient of 0.80 (Garnefski, Karaij, 2006). In Iran, the results of Hosni's study also showed that the 9 subscales of the Persian version of the cognitive-emotional regulation questionnaire had good internal consistency. Cronbach's alpha range was from 0.76 to 0.92. (43).

Questionnaire of Marital Intimacy Needs of Bagaroz: This questionnaire was designed by Bagaroz (44) to measure marital intimacy in 41 questions and 8 emotional, psychological, intellectual, sexual, physical, spiritual, aesthetic, recreational-social dimensions. The scoring of the questionnaire is based on a seven-point Likert scale and its content validity has been approved by experts and its reliability has been reported as 0.89. Cronbach's alpha for Bagaroz's Marital Intimacy Needs Questionnaire is presented in the following table: Cronbach's alpha value table in Bagaroz's marital intimacy needs questionnaire is as follows: emotional dimension (0.71), psychological intimacy (0.65), intellectual intimacy (0.58), sexual intimacy (0.73), and physical intimacy (0.48). 0), spiritual intimacy (0.70), aesthetic intimacy (0.76) and social-recreational intimacy (0.66).

Cognitive behavioral therapy couples therapy sessions: In the present study, eight sessions of cognitive behavioral therapy (45) were prepared from the protocol, which were presented to couples in eight 90-minute sessions. Below is a summary of the sessions' content.

Table 1- Cognitive behavioral therapy couples therapy sessions

Session	content
First	Communicating and creating a good relationship and getting to know the principles and goals of cognitive behavioral therapy and the implementation of the pre-test
Second	Examining and understanding the goals of group members from participating in meetings and familiarizing with cognition, emotion and behavior in daily life
Third	Identifying unrealistic beliefs and expectations through the provision of cognitive skills
Fourth	Correcting cognitive errors, removing misunderstandings caused by wrong perception, replacing expectations and realistic thoughts
the fifth	Teaching effective communication skills between couples (verbal and non-verbal).
the sixth	Knowing the reinforcement and punishment patterns of each spouse, increasing positive reinforcers and increasing positive behavioral exchanges
the seventh	Teaching problem solving skills and roles in reducing factors related to marital conflicts
Eighth	Identifying issues related to the performance of sexual relations and their role in marital conflicts and the implementation of the post-test

Findings:

Table 2 shows the mean (standard deviation) and Shapiro-Wilk values (significance level) of the components of marital intimacy, adaptive and non-adaptive strategies of cognitive emotion regulation in the experimental and control groups and in the pre-test and post-test stages.

Table 2- Average (standard deviation) and Shapiro-Wilk values (significance level) of the components of marital intimacy, adaptive and non-adaptive strategies of cognitive emotion regulation

Variable	component	group	M (SD)		M (SD)	
			Prerest	posttest	Prerest	posttest
Marital intimacy	emotional intimacy	Experiment	63/22 (01/3)	43/34 (20/5)	957/0 (602/0)	961/0 (686/0)
		Control	69/24 (30/4)	81/25 (69/3)	946/0 (433/0)	902/0 (086/0)
	Psychological intimacy	experiment	37/22 (54/4)	25/31 (71/4)	898/0 (074/0)	958/0 (633/0)

		Control	06/23 (45/4)	19/24 (32/4)	917/0 (153/0)	933/0 (272/0)
	Rational intimacy	experiment	19/25 (50/4)	25/30 (05/5)	945/0 (420/0)	917/0 (152/0)
		Control	37/26 (90/3)	18/23 (70/4)	979/0 (955/0)	932/0 (261/0)
	sexual intimacy	experiment	56/24 (48/5)	82/28 (53/5)	924/0 (193/0)	934/0 (284/0)
		Control	13/22 (15/4)	25/22 (80/5)	943/0 (388/0)	903/0 (091/0)
	physical intimacy	experiment	44/22 (76/4)	87/23 (62/2)	959/0 (635/0)	955/0 (574/0)
		Control	56/20 (84/3)	00/22 (25/3)	944/0 (402/0)	931/0 (254/0)
	spiritual intimacy	experiment	82/30 (27/6)	62/43 (28/6)	907/0 (105/0)	937/0 (313/0)
		Control	00/31 (33/4)	00/28 (97/4)	908/0 (106/0)	936/0 (301/0)
	Aesthetic intimacy	experiment	00/20 (52/4)	51/30 (43/4)	941/0 (368/0)	922/0 (182/0)
		Control	63/22 (00/5)	75/21 (16/4)	946/0 (429/0)	957/0 (611/0)
	Social- recreational intimacy	experiment	00/19 (37/3)	94/25 (64/4)	958/0 (631/0)	959/0 (642/0)
		Control	19/21 (15/3)	94/22 (42/3)	908/0 (110/0)	942/0 (372/0)
Adaptive strategies of emotional regulation	the reception	experiment	69/9 (85/1)	00/12 (01/3)	902/0 (123/0)	922/0 (180/0)
		Control	56/9 (78/1)	44/7 (94/2)	888/0 (052/0)	897/0 (072/0)
	Positive refocusing	experiment	06/10 (17/2)	56/13 (34/2)	935/0 (290/0)	960/0 (665/0)
		Control	69/10 (10/2)	75/10 (33/2)	940/0 (348/0)	981/0 (974/0)
	Refocus on planning	experiment	87/10 (00/2)	81/12 (40/2)	938/0 (327/0)	938/0 (323/0)
		Control	68/11 (30/2)	87/8 (96/1)	926/0 (208/0)	929/0 (234/0)
	Positive reassessment	experiment	90/9 (03/2)	69/13 (82/1)	922/0 (180/0)	940/0 (355/0)
		Control	81/10 (14/2)	68/9 (34/3)	912/0 (123/0)	937/0 (313/0)

	opinion	experiment	57/10 (06/2)	81/13 (56/2)	901/0 (082/0)	950/0 (486/0)
		Control	43/10 (16/2)	06/10 (40/3)	954/0 (564/0)	958/0 (662/0)
Maladaptive strategies of emotional regulation	self blame rumination	experiment	94/12 (81/1)	32/7 (49/1)	899/0 (076/0)	907/0 (103/0)
		Control	63/11 (36/2)	68/10 (21/2)	904/0 (094/0)	960/0 (665/0)
	Catastrophe	experiment	69/13 (02/2)	69/8 (71/1)	917/0 (152/0)	923/0 (190/0)
		Control	63/13 (03/2)	44/12 (03/2)	924/0 (195/0)	957/0 (603/0)
	self blame rumination	experiment	15/13 (96/1)	82/8 (17/2)	889/0 (053/0)	927/0 (215/0)
		Control	32/13 (85/1)	18/13 (14/2)	945/0 (408/0)	901/0 (084/0)
	Catastrophe	experiment	88/12 (82/1)	94/7 (70/1)	934/0 (282/0)	963/0 (714/0)
		Control	94/12 (93/1)	82/12 (94/1)	935/0 (294/0)	908/0 (107/0)

Table 2, in addition to the mean and standard deviation of the components of each research variable, shows the Shapiro-Wilk values of each of them. As can be seen, the Shapiro-Wilk values of all components in both test and control groups in the pre-test and post-test stages are insignificant at the 0.05 level. This finding indicates that the distribution of data related to each of the components in both groups and in both pre- and post-test stages is normal.

In this research, the assumption of homogeneity of the post-test error variance of the components of all three variables was investigated using Lunn's test, the results of which are presented in Table 3. In addition, Table 3 shows the results of evaluating the assumption of homogeneity of the slope of the regression line between the pre-test and the post-test of each component.

Table 3- Evaluation of the assumptions of homogeneity of error variances and homogeneity of the slope of the regression line

Variable	component	Homogeneity of error variances		Homogeneity of the slope of the regression line	
		F	P	F	P
Marital intimacy	emotional intimacy	0.05	0.833	1.08	0.443
	Psychological intimacy	1.06	0.312	1.83	0.118
	Rational intimacy	0.01	0.924	0.47	0.928
	sexual intimacy	0.50	0.484	0.88	0.604

	physical intimacy	0.04	0.849	1.42	0.247
	spiritual intimacy	0.12	0.711	1.26	2.325
	Aesthetic intimacy	0.94	0.341	1.87	0.112
	Social-recreational intimacy	0.09	0.764	1.76	0.129
Adaptive strategies of emotional regulation	the reception	0.98	0.329	1.01	0.453
	Positive refocusing	0.34	0.563	1.12	0.374
	Refocus on planning	1.44	0.209	1.21	0.320
	Positive reassessment	1.37	0.245	1.74	0.116
	opinion	0.37	0.550	0.62	0.790
Maladaptive strategies of emotional regulation	self blame rumination	1.12	0.298	0.58	0.792
	Catastrophe	0.350	0.559	0.46	0.891
	self blame rumination	0.31	0.585	0.77	0.631
	Catastrophe	0.42	0.522	0.60	0.775

Table 3 shows that the error variances of any of the components of marital intimacy and cognitive emotion regulation in two groups are not significant at the 0.05 level, this shows that the assumption of equality of error variances among the data is valid. Table 3 also shows that the difference in the slope of any component in the two groups is not significant at the 0.05 level. Therefore, it can be said that in this research, the assumption of homogeneity of the slope of the regression line was also established.

After evaluating the assumptions and making sure that they are established, the data were analyzed using the method of multivariate covariance analysis known as MANCOVA. Before that, the establishment/non-establishment of the variance-covariance homogeneity assumption of the dependent variables was investigated using the "M-Box" statistic, the results of which are presented in Table 4.

Table 4- Evaluation of assumptions of homogeneity of variance-covariance and Bartlett's sphericity

Variable	Indicator	Box M	Bartlett's Test
Marital intimacy	Value	21.70	0.004
	F	38.1 (p = 0.065)	-
	2χ	-	83.02 (p = 0.001)
Adaptive strategies of emotional regulation	Value	41.14	0.001
	F	0.79 (p = 0.695)	-
	2χ	-	59.18 (p = 0.001)
Maladaptive strategies of emotional regulation	Value	55.10	0.010
	F	0.90 (p = 0.531)	-
	2χ	-	0.90 (p = 0.531)

Table 4 shows that the assumption of variance-covariance homogeneity of the dependent variables is established among the data of the present study. Table 3 shows that the result of Bartlett's sphericity test for all three variables is significant at the 0.01 level. This shows that there is an acceptable level of correlation between the components of each variable, and therefore it was concluded that multivariate covariance analysis is a suitable method for evaluating the effect of the implementation of the independent variable on the components of each variable. Table 5 shows the results of multivariate analysis in the test of the effectiveness of cognitive behavioral couple therapy on dependent variables.

Table 5- The results of multivariate covariance analysis in the test of the effect of the independent variable on the dependent variables

Components	Value	F	df	Error df	p	η^2
			assumed			
Marital intimacy	0.215	6.84	8	15	0.001	0.785
Adaptive strategies	0.339	8.17	5	21	0.001	0.661
Non-adaptive strategies	0.241	15.57	4	23	0.001	0.759

Table 5 shows that the F value obtained from covariance analysis for all three dependent variables is significant at the 0.01 level. This means that at least one of the components of each of the variables has changed under the influence of the implementation of the independent variable in the groups, or in other words, the effect of the independent variable on at least one of the components of each of the dependent variables is significant at the 0.01 level. To clarify this issue, Table 5 shows the results of one-way covariance analysis comparing the effect of cognitive behavioral couple therapy on the components of marital intimacy and cognitive emotion regulation.

Table 6- The results of the covariance analysis of the effect of the implementation of the independent variable on the components of marital intimacy and cognitive emotion regulation

Variable	component	Between-group mean squares	Mean squared error	F	p	X^2
Marital intimacy	emotional intimacy	206.93	21.22	9.75	0.005	0.307
	Psychological intimacy	238.12	12.82	18.57	0.001	0.458
	Rational intimacy	407.17	22.14	18.39	0.001	0.455
	sexual intimacy	184.37	24.41	7.55	0.009	0.256
	physical intimacy	20.93	11.04	1.90	0.182	0.079
	spiritual intimacy	1153.78	32.00	34.97	0.001	0.614
	Aesthetic intimacy	244.01	20.50	11.90	0.002	0.351
	Social-recreational intimacy	5.87	18.53	0.32	0.579	0.014
	the reception	139.31	10.13	13.75	0.001	0.355

Adaptive strategies of emotional regulation	Positive refocusing	38.23	4.39	8.72	0.007	0.259
	Refocus on planning	100.05	3.86	25.90	0.001	0.509
	Positive reassessment	76.46	7.30	10.48	0.003	0.295
	opinion	88.61	9.08	9.76	0.004	0.281
Maladaptive strategies of emotional regulation	self blame	75.06	7.68	9.78	0.004	0.284
	ruminantion	111.43	6.92	16.19	0.001	0.429
	Catastrophe	115.78	8.48	13.64	0.001	0.351
	blame others	194.02	6.44	30.16	0.001	0.583

Based on the results of Table 6, unlike the components of social-recreational intimacy and physical intimacy, the effect of cognitive behavioral couple therapy on other components of marital intimacy is significant at the 0.01 level. Also, the above table shows that the implementation of the independent variable on all adaptive and non-adaptive components of the cognitive regulation of emotion is significant at the level of 0.01. In order to evaluate the direction of the differences, Ben Feroni's follow-up test was used, the results of which are presented in Table 7.

Table 7- Bonferroni test for research variables

Variable	component	sig	standard error	p
Marital intimacy	emotional intimacy	2.15	6.70	0.005
	Psychological intimacy	1.67	7.19	0.001
	Rational intimacy	2.19	9.40	0.001
	sexual intimacy	2.30	6.32	0.012
	physical intimacy	1.55	2.13	0.182
	spiritual intimacy	2.68	15.82	0.001
	Aesthetic intimacy	2.11	7.27	0.002
	Social-recreational intimacy	2.00	1.13	0.579
Adaptive strategies of emotional regulation	the reception	4.47	1.21	0.001
	Positive refocusing	2.34	0.79	0.007
	Refocus on planning	3.79	0.75	0.001
	Positive reassessment	3.32	1.02	0.003
	opinion	3.57	1.14	0.004
Maladaptive strategies of emotional regulation	self blame	3.22	0.73	0.004
	ruminantion	3.93	0.69	0.001
	Catastrophe	4.00	0.77	0.001
	blame others	5.18	0.67	0.001

The results of the Ben Feroni test in Table 6 show that cognitive behavioral couple therapy has increased the average of its other components in the experimental group compared to the control group, unlike social-recreational intimacy and physical intimacy. Also, the results of Table 6 show that the average components of adaptive strategies of cognitive regulation of emotion in the experimental group have increased compared to the control group, and the average components of non-adaptive strategies have decreased. Therefore, the results of the

present study showed that cognitive behavioral couple therapy increases marital intimacy and the use of adaptive emotional regulation strategies in young couples and decreases the use of non-adaptive emotional regulation strategies.

Discussion and Conclusion:

Intimacy refers to the existence of interaction between couples. Its absence or deficiency is an indicator of turmoil in the marital relationship (46), it is certain that by increasing the marital intimacy, one can hope for the improvement of the couple's relationship. Therefore, some experts have tried to develop theories and interventions that can be referred to cognitive behavioral couple therapy as a combination of cognitive and behavioral approaches (second wave) (47), recently couple therapy is used for the effective treatment of couple problems. The results of the research indicated the effectiveness of cognitive-behavioral couple therapy on marital intimacy. These results are consistent with the researches of Etemadi et al. (48) and Vakili et al. (49) in the field of CBCT. Also, these results are in line with the researches of Kashfi and Hanparrovan (50) and Arabnejad, Birshak and Abul Maali (51) in the field of couple therapy.

In explaining why, the results of the research on the effectiveness of cognitive-behavioral couple therapy on marital intimacy, it can be said that being aware of the spouse's family experiences in couple therapy sessions make couples gain new information and be able to know each other's point of view on various issues. Therefore, by being aware of the wife's point of view, couples can share each other's positive and negative feelings. Also, the counselor uses the downward arrow method and allows each couple to become aware of their own chain of thoughts and see how they reinforce stable assumptions that are not necessarily true, then while explaining the reasons and intentions of their behaviors to Correcting misunderstandings and perceptions of each other. The counselor asks the couple to identify the cognitive processes (selective perception, destructive attributions, inappropriate predictions, inappropriate assumptions, unrealistic standards) that cause confusion in the relationship, and replace rational beliefs in the relationship so that without any Afraid of his wife's reaction, express his important thoughts and beliefs in the relationship. In general, knowing the effective factors in improving marital relations, and managing it, is one of the methods worthies of attention in solving problems and achieving satisfaction from married life. Therefore, knowing these factors not only helps the couple therapist to recognize their problem, but also helps the couple to create, strengthen or correct them by knowing these factors and achieve satisfaction and intimacy (52). Also, the findings showed that behavioral couple therapy has a significant effect on emotion regulation. This finding is consistent with the research of Presotti and Baraka (53). In addition to integrated behavioral couple therapy, the results indicated that cognitive-behavioral couple therapy has a significant effect on couples' emotion regulation. This finding is with the researches of Bagherinia, Yamini, Javadi Elmi and Noradi (54); Shushtri, Rezaei and Taheri (55), Levinson (56) and Dan (57) are aligned.

In explaining the effectiveness of behavioral couple therapy, it can be said that in the early stages of a relationship, accepting and tolerating differences among most couples occurs simply. In fact, in many cases, couples refer to each other's differences as the source of their attraction, during the first days when couples are together, these differences are less considered

as threatening and problematic factors in relationships. After the passage of time, the tendency of some couples to accept, compromise and compromise with differences decreases. For a long time, they will not look at their behavior styles as a source of attraction, and eventually begin efforts to change each other. Unfortunately, these efforts manifest in negative coercive behaviors such as blaming. When these patterns of mutual pressure increase and become common, couples see each other not as different people, but as imperfect people, and eventually begin to blame each other. When blame increases, each couple feels justified in their efforts to correct their spouse. As a result, these differences will tend to intensify and the gap between them will become more and more. Therefore, the problem arises due to mutual pressure and blaming, and not due to differences between couples. In fact, some problems arise due to the efforts of people to resolve such differences. Cognitive-behavioral couple therapy differs from traditional behavioral couple therapy and other contemporary couple therapies due to the opposite techniques of acceptance and change. Change techniques are used in order to change some behaviors or to eliminate the lack of behavioral skills. If we try to reduce the frequency of critical behaviors in the husband or increase the number of emotional behaviors in the wife, we have tried to create change. In contrast, acceptance techniques are aimed at accepting a behavior rather than performing a behavior. We have used acceptance techniques when we help a woman understand the behavior of her critical husband when he is under great pressure, or when we help a husband or empathize with his wife's callousness. In fact, both acceptance techniques and change techniques mutually facilitate the change process. When a husband or wife is accepting, his wife will be more willing to change, and when a wife or husband changes, his wife will accept him more easily. In general, acceptance is used to moderate the conflicting aspects of couples and change in order to solve their current problems. Blaming is one of the maladaptive cognitive regulation strategies of emotion. In fact, blaming can be defined as: a way of thinking based on the fact that others are responsible and guilty for the bad things that have happened to a person. Studies have shown that blaming others is associated with poor emotional well-being and behavioral problems. Self-blame and other-blame are individual documentary styles, along with internal thinking, with the stability and generality of causality of experiences and events, especially negative events. According to the mentioned materials, it can be concluded that cognitive behavioral couple therapy technique reduces the blaming of couples, and thus, with the implementation of cognitive behavioral couple therapy, incompatible and non-adaptive strategies of cognitive emotion regulation are reduced.

Research limitations:

Most of the researches that are done on humans face a series of limitations in the research stages. The current research also has some limitations, such as: not examining the long-term effects of therapeutic intervention, so it is suggested that this therapeutic intervention be performed on divorcing couples on a long-term basis as well.

Conflict of interest

In this study, no conflicts of interest were reported by the authors.

Contribution of the authors

Zahra Rasouli participated in data collection, data analysis, and writing the research report, and Mina Mojtabai participated in guiding the research stages.

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In the current research, the ethical principles that include the principle of confidentiality, obtaining informed consent to protect the privacy of the participants were observed, according to the conditions and time of the research and completing the questionnaires, the participants were free to withdraw from the research.

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