



Effectiveness of Emotionally-Focused Couples Therapy on Marital Violence, Marital Adjustment, and Sexual Intimacy of Couples Visiting Counseling Centers of Ahvaz

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Abstract

Introduction: The degree of marital intimacy is essential to robust marital relationships in family. The present study aimed to investigate the effectiveness of emotionally-focused couple's therapy (EFCT) on marital violence, marital adjustment, and sexual intimacy of couples visiting counseling centers of Ahvaz.

Methods: This study adopted a single-case research design with the noncurrent multiple baseline approach. The statistical population included all the volunteer couples with marital maladjustment visiting the counseling centers of Ahvaz, Khuzestan Province (Iran) in 2021. Purposive sampling was employed to select two couples (i.e., four individuals). The intervention program was administered to all the participants in two phases (18 intervention sessions) and four stages (baseline, intervention, a 45-day first follow-up, and a 3-month second follow-up). Research questionnaires were employed to analyze the participants before the therapy in sessions 4, 8, 12, 16, and 18 as well as the 45-day and 3-month follow-ups. The Dyadic Adjustment Scale (DAS), Couples' Sexual Intimacy Questionnaire and the Violence Against Women Questionnaire were used to collect data. The visual analysis method, the reliable change index (RCI), and the recovery percentage formula were used for data analysis.

Results: According to the results, the EFCT managed to significantly improve sexual intimacy, mitigate marital violence, and improve poor marital adjustment among participants at the end of the therapy and during the 45-day and 3-month follow-ups.

Conclusions: This study achieved promising results concerning the applicability of EFCT. Hence, the EFCT can alleviate both marital violence and poor marital adjustment in addition to enhancing sexual intimacy among couples.

INTRODUCTION

Intimacy is the affinity, similarity, and romantic or emotional relationship between one individual and another [1]. It requires the in-depth cognition and perception of spouses as well as expressing the thoughts and feelings representing their similarities [2, 3]. The degree of marital intimacy is essential to robust marital

relationships in the family. Intimacy should be considered the result of a growth process in a relationship. This process starts before marriage and continues afterward [4, 5]. The definitions of intimacy have mostly included attachment, the satisfaction of needs, and emotional attachment. Intimacy is defined as

the ability to establish relationships with others while maintaining subjectivity [6, 7]. According to these self-based definitions, an individual should reach a degree of personal growth to strike congenial relationships with others [8]. Furthermore, intimacy can be considered an ability to achieve self-identification in the presence of others, a process in which self-awareness and identity development are essential for a person's capacity and capability of intimacy by having many effects on the quality of sexual relationships [9, 10].

Discussing the importance of sexual intimacy in couples, Luk and Loke [11] indicated that successful sexual relationship and intimacy would improve marital adjustment in couples, acting as a major predictor of marital satisfaction. Essentially, couples need certain levels of adjustment to have a consistent, happy life [12]. Marital life is not complete unless both spouses comply with their rights and fulfill their ethical and material tasks to help build a happy life that leads to the satisfaction of many marital needs based on coexistence, love, and appreciation [13]. Hence, adjustment means the logical encounter with the current challenges in life, resulting from a favorable marital relationship and communication skills. In other words, adjusting couples face problems differently by experiencing peace, satisfaction, and consistency in their relationships [14]. Family consultants and psychiatrists need to employ novel psychotherapy training approaches to cover the problems in the lives of couples who experience domestic violence. In this regard, an effective approach is emotionally-focused couple's therapy (EFCT). Introduced by Greenberg and Johnson in the early 1980s, the EFCT is a type of short-term couples therapy [15]. Determining the key therapy interventions that would successfully help reconstruct communicational-emotional interactions of couples, this model emerged as a result of empirical observations of the therapeutic processes of couples. The emotionally-focused therapy (EFT) puts a special emphasis on the integration of emotion into motivation and behavior. In the EFT, it is vital to identify and improve emotional schemas [16]. The EFCT consists of three major assignments: creating a secure cooperative union, expanding and obtaining emotional responses that direct interactions of couples, and reconstructing interactions for accessibility and accountability [17]. The EFT is an approach that focuses on both family relationships and individual emotions. According to this therapy model, emotions have inherently adjusting capacities that, if activated, can help couples to modify their unwanted emotional stances and expressions. The EFCT aims to track and re-process emotional reactions in the interactions of couples. These reactions lead to the development of safer attachment styles, whereas different interaction models of couples result in the growth of empathy between couples and the formulation of new interactive patterns [18]. The EFCT has effectively treated many

problems of couples. Moreover, many studies have proved it useful in solving the problems of couples [19]. Although the attitudes of couples toward marriage are improved, knowledge expansion does not mean enhancing the specialized coping ability. Only a small number of women disclose domestic violence or seek relevant services. This process has the highest prevalence rate for women vulnerable to domestic violence, socially vulnerable women, undereducated women, rural women, and poor women. Accordingly, this study aimed to investigate the effectiveness of EFCT on marital violence, marital adjustment, and sexual intimacy of couples visiting counseling centers in Ahvaz.

METHODS

This study adopted a single-case research approach with a noncurrent multiple baseline design. There were 18 therapy sessions, after which 30-day and 90-day follow-up steps were implemented. The statistical population included all the couples with marital maladjustment who visited the counseling centers of Ahvaz. A purposive sample was employed to finally select two couples (4 people). At first, an announcement was made to identify the non-adjusting couples and hold the EFCT sessions at counseling centers. After the inclusion and exclusion criteria were explained to the participants, they received Greenberg and Johnson's emotionally-focused couples therapy [20]. Table 1 presents an overview of the therapy sessions. The inclusion criteria were defined as being aged 20–60 years, giving informed consent and willingness to participate in the study, living a married life with a spouse for at least one year, having no psychological disorders based on DSM-5, having no addiction to psychedelic substances based on personal reports, experiencing domestic violence based on personal reports, and having at least a high school diploma. Furthermore, the exclusion criteria were defined as receiving other simultaneous therapies, being absent for more than three sessions, and undergoing the divorce process. To comply with ethical considerations, the participants are assured that their information will remain confidential. Also, a written consent letter was received from the participants to participate in the research. The present study was approved by the ethics committee of Islamic Azad University, Ahvaz branch (code IR.IAU.AHVAVZ.REC.1400.021).

Instruments

Dyadic Adjustment Scale (DAS): Designed by Spanier [21], the Dyadic Adjustment Scale (DAS) consists of 32 items in four dimensions: dyadic satisfaction, dyadic cohesion, dyadic consensus, and affectional expression. The score of this scale ranges from 0 to 151. The scores equal to or above 100 indicate adjustment, whereas the scores below 100 indicate the presence of a problem in marital relationships and the lack of adjustment or

agreement in the family. Cronbach's alpha coefficient for subscales dyadic satisfaction, dyadic cohesion, dyadic consensus, and affectional expression of this scale

was reported as 0.84, 0.66, 0.80, and 0.84, respectively [22].

Table 1. A summary of emotionally-focused couple's therapy sessions

Step / Session	Implementation
Step 1: Negative Cycle De-Escalation (e.g., attack-withdrawal that helps maintain insecure attachment and diminishes secure emotional participation).	
First	Pretest, introduction, definition and application of emotion, evaluation of the nature of a problem and a relationship, evaluation of goals and expectations of couples in the therapy
Second	Analysis of a negative interaction cycle, evaluation of the relationship and attachment between couples and the obstacles to attachment, acquaintance with the EFT principles and the roles of emotions in interactions, reconstruction of interactions and escalation of spousal flexibility, and agreement therapy.
Third	Acquisition of the unidentified feelings, concentration on emotions, needs and fears of attachment, development of a secure communication space for couples, facilitation of interactions between couples, valuation of experiences, needs, and desires of attachment with a focus on secondary emotions, exploration for underlying and unknown emotions, and discussion over primary emotions and hot cognitions.
Fourth	New formation of problems based on underlying feelings and attachment needs, emphasis on the ability to express emotions and show attachment behaviors to a spouse, acquaintance of couples with the effects of fear and self-defense mechanisms for cognitive and emotional processes, coordination between therapists and couples, description of the cycle in the context of attachment.
Step 2: Changing Interactive Situations (restructuring the negative interactions and forming new responsiveness cycles and availability to make a solitary individual more involved and active in order to express needs and fears. The follow-up couple can start expressing their needs to grow empathy and contact in a way and meet their needs).	
Fifth	Encouraging to identify the suppressed needs and the denied aspects of personality, drawing the attention of couples to the way of mutual interaction and reflecting their interactive patterns with respect and empathy, expressing attachment needs, identifying the denied needs, and increasing the acceptance of corrective experience.
Sixth	Informing people of the underlying emotions, clarifying each spouse's position in the relationship, emphasizing the acceptance of spousal experiences and new ways of interaction, tracking the identified emotions, highlighting and restating the attachment needs, and indicating their healthy nature.
Seventh	Facilitating the expression of needs and desires and creating emotional involvement, developing primary emotional experiences in attachment and identifying intrinsic needs and belongings, and creating new attachments with a secure bond between spouses.
Step 3: Consolidation and Integration (Processes of change in the spousal communication model and self-feelings of couples)	
Eighth	Creating new interactive situations between spouses and ending the obsolete interactive patterns, clarifying interactive patterns, and reminding couples of attachment needs.
Ninth	Improving the changes occurring over time, highlighting the differences between current interactions and old interactions; forming a relationship based on a secure bond that is not harmed by discussing problems and seeking solutions would not.
Tenth	Discussing the positive and negative points of the experimental scheme; evaluating changes; and conducting the posttest.

Couples' Sexual Intimacy Questionnaire: This 30-item questionnaire was developed by Botlani et al. [23]. Each item is scored on a four-point Likert (always, sometimes, rarely, never), scored from 1 to 4, respectively. The minimum score is 30 and the maximum score is 120. A higher score indicates more sexual intimacy. Botlani et al. [23] reported Cronbach's alpha coefficient of 0.81 for the Persian version of the questionnaire.

Violence Against Women Questionnaire: This 32-item questionnaire was developed by Haj-Yahia [24]. It involves four factors: psychological violence (items 1 to 16), physical violence (items 17 to 27), sexual violence (items 28 to 30), and economic violence (items 31 and 32). The options (never, once, and twice or more) are scored 1, 2, and 3, respectively, and the final score ranges from 32 to 96. Cronbach's alpha coefficient for subscales psychological violence, physical violence, sexual violence, and economic violence of this questionnaire was reported as 0.90, 0.93, 0.79, and 0.78 respectively [25].

Statistical Analyses

The concept of clinical meaningfulness was used in this study. Moreover, data analysis and efficiency evaluation were performed through visual analysis (or graphical chart analysis), diagnostic improvement, and six indices of efficiency. The resultant indices were presented in three steps baseline, intervention, and follow-up.

RESULTS

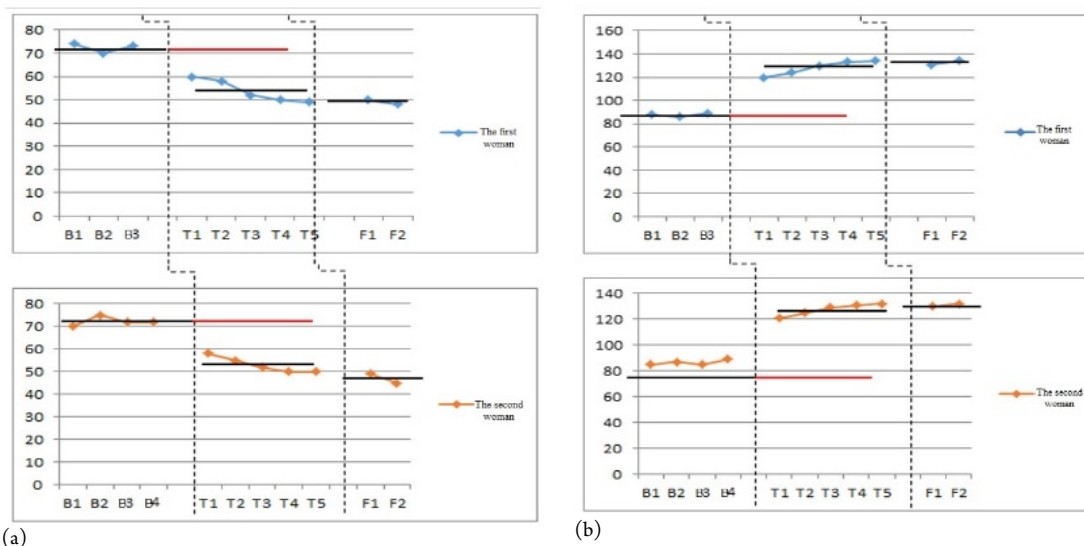
The Means and standard deviation (SD) age and duration of marriage of participants were 37.52 (6.67) and 7.22 (3.44) respectively. Table 2 demonstrates change trends in the scores of marital violence, marital adjustment, and sexual intimacy at baseline, intervention, and follow-up steps in the EFCT for two groups of men and women. According to the results, the means and scores of marital violence, marital adjustment, and sexual intimacy of couples improved in both therapy and follow-up steps in comparison with the baseline. Furthermore, according to the conservative dyadic scale, the intervention yielded clinically meaningful results because all visual data points were above the prediction line and each participant's change trend.

Figures 1 and 2 indicates the means and scores of the constructs improved in both therapy and follow-up steps as opposed to the baseline. Furthermore, since the reliability change index of participants was clinically meaningful, the EFCT was successfully effective in both

therapy and follow-up steps based on the Blanchard classification. Generally, the results indicated the effectiveness of the EFCT in improving the research variables.

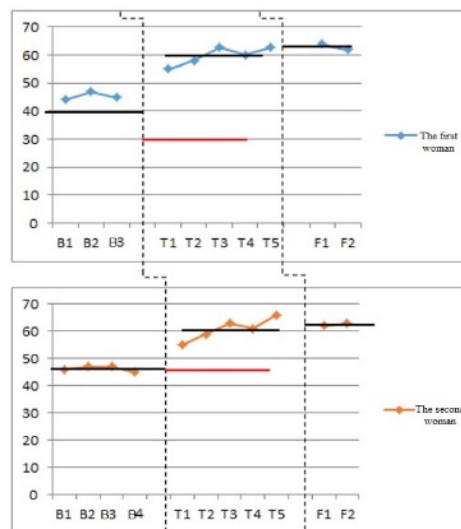
Table 2. The trend of changing the treatment phases on marital violence, mental health, and sexual intimacy

Variable	Marital violence		Marital adjustment				Sexual intimacy			
	The first woman	The second woman	The first woman	The second woman	The first man	The second man	The first woman	The second woman	The first man	The second man
First baseline	74	70	88	85	89	88	44	46	50	46
Second baseline	70	75	76	87	82	85	47	47	51	48
Third baseline	73	72	79	85	81	87	45	47	50	49
Fourth baseline	-	72	-	89	-	87	-	45	-	49
First session	60	58	120	121	115	119	55	55	58	57
Second session	58	55	124	125	120	122	58	59	63	60
Third session	52	52	130	129	124	127	63	63	66	62
Fourth session	50	50	133	131	128	128	60	61	68	65
Fifth session	49	50	134	132	130	130	63	66	70	66
First follow-up	50	48	131	130	126	130	64	62	68	67
Second follow-up	49	45	134	132	125	129	62	63	65	64
Reliable change index (treatment)	17.99	18.68	84.43	85.62	23.39	26.21	19.55	19.66	14.67	14.00
Reliable change index (follow-up)	22.65	24.51	93.39	92.70	48.13	56.54	23.87	21.95	17.17	16.50



(a)

(b)



(c)

Figure 1. The trend of marital violence (a), marital adjustment (b), and sexual intimacy (c) scores in the women at baseline, intervention, and follow-up phases

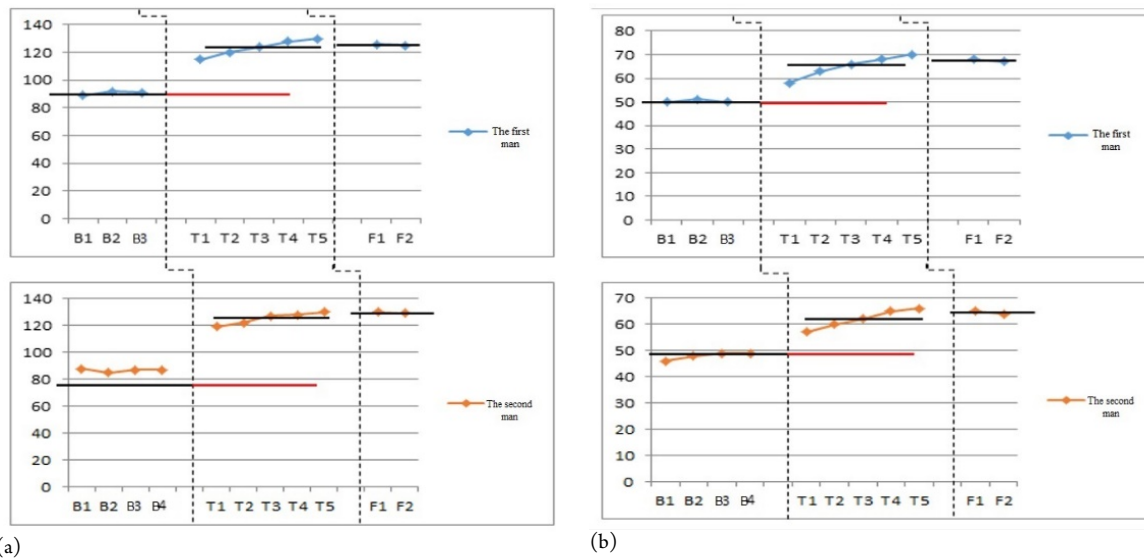


Figure 2. The trend of marital adjustment (a) and sexual intimacy (b) scores in the men at baseline, intervention, and follow-up phases

DISCUSSION

This study aimed to investigate the effectiveness of EFCT on marital violence, marital adjustment, and sexual intimacy of couples visiting counseling centers in Ahvaz. According to the results of statistical analysis and the general improvement percentage, the EFCT of women was classified as successful in both therapy and follow-up steps based on the Blanchard classification. In general, the EFCT managed to mitigate marital violence in addition to improving mental health, marital adjustment, and sexual intimacy in both men and women. The results are consistent with the results of previous studies [26, 27].

The EFCT claims that people’s emotions and behaviors are rooted in their childhoods and form through close individuals. Therefore, this therapy first tries to indicate that primary emotions emerging in a person’s behavior are rooted in the suppressed emotions from childhood. They are the primary emotions that overflow differently as secondary emotions through association with childhood memories. Regarding the effect of the EFCT on the mitigation of marital violence, it can be stated that the process of change in the EFT approaches would emerge through the expression of emotions and underlying needs [15]. The EFT results in a positive interaction cycle that is characterized by increasing emotional availability and accountability. In other words, the deep levels of experience and the interactive and connective responses are the effective factors of the change process. Successful couples indicated higher percentages of connective and spontaneous responses than unsuccessful couples in the EFTs [20].

These findings indicate that the successful couples were characterized by lower levels of domination and higher levels of communication. Moreover, communicative

and acceptable behaviors replaced hostile and compulsive behaviors. In addition, a blameful partner in successful couples reached from impersonal discourse and self-disclosure to higher levels of self-disclosure, exploration, and integration. Hence, the EFCT increased marital adjustment by escalating the positive interaction cycle, infusing connective and acceptable behaviors, and replacing hostile and compulsive behaviors with communication [18]. Furthermore, it reduced marital violence by mitigating the domains of destructive behaviors such as criticism, humiliation, defensive attitudes, and marital stonewalls. These results were consistent with the findings of Hossein Abadi and Hazrati et al. [28] who indicated that the EFT strategy decreased violence against women in particular. Regarding the effectiveness of the EFCT in sexual intimacy of couples, it can be stated that the emotionally-focused approach seeks to identify the emotions and change them into understandable messages and constructive behaviors. The inability to interpret emotional situations can cause certain problems in interpersonal relationships. Defined as the ability to identify and express emotions and sympathize with others, emotional skills enhance intimacy, boost the quality of marital relationships, and enhance mental health. The EFT approach can also help couples modify and control their personal relationships with their spouses by increasing emotional awareness, emotional symbolization, and knowing about the roles of experience and changes in processes [29]. This approach seeks to identify emotions and change them into understandable messages and constructive behaviors. For this purpose, emotional skills were defined as the ability to identify and express emotions as well as sympathizing with others. This approach

enhances intimacy and infuses a feeling of security. It increases a person's ability to take criticisms (in a positive aspect), something which is essential to the retention of a successful marriage. In therapy sessions, the EFCT helped couples reconstruct their relationships with their spouses by emphasizing spousal support, expressing emotions positively, focusing on self-emotions and identifying them, expressing new experiences in marital life, forming new interactions in the relationship, emphasizing the spousal care, identifying and eliminating negative interaction cycles. In the light of a healthy and effective relationship, it is then possible to enhance marital satisfaction and mental health. Halchok [30] indicated that couples expressed lower levels of emotional dysregulation as well as higher levels of marital adjustment, trust, and support in a more secure attachment style after they received the EFCT.

CONCLUSION

The EFT is based on the assumption that the mental status of couples can be organized through their emotional experiences. In this approach, the main hypothesis states that marital conflicts emerge as long as none of the couples is able to express their attachment needs in terms of satisfaction and security. Hence, it appears that emotional strategies and regulation of needs are correlated with attachment styles. They can also affect sexual negotiation and satisfaction. The EFT is an empirical, systemic, and attachment-based approach. In fact, it is considered an empirical approach with an emphasis on empathy as the main catalyst of experience, acceptance, and modification of emotional and self-disclosure experiences. It is characterized by a systemic approach with an emphasis on interactive, creative, and self-retaining cycles. Finally, it is defined as an attachment system with an emphasis on the availability, accountability, and communicational security. The emphasized elements in these approaches are exactly consistent with the constituents of intimacy (i.e., empathy, emotional openness, self-disclosure, and rich relationship). Since expressing thoughts, feelings, and emotions can be considered a major element of intimacy, it seems natural that steps 5 and 6 of the EFT, which encourage individuals and couples to overflow

emotions in a new way, can result in intimacy among couples. It is not surprising that the EFT can enhance marital intimacy [31]. In comparison with the other novel methods, this approach has greatly been effective in solving emotionally underlying problems. In this regard, Girard and Woolley [29] indicated that the couples participating in the EFT programs had significantly higher levels of sexual intimacy after the intervention than the couples from the control group.

This study faced certain limitations. For instance, it was conducted on a small sample taken from the statistical population, something which can limit the generalizability of the results. In addition, this study was conducted only in Ahvaz; thus, the results might not be generalized to other cultures. Hence, it is recommended to conduct a similar study on larger samples and in other cultural settings.

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ETHICAL CONSIDERATION

To comply with ethical considerations, the participants are assured that their information will remain confidential. Also, a written consent letter was received from the participants to participate in the research. The Ethics Review Board of Islamic Azad University, Ahvaz branch, approved the present study with the following number: IR.IAU.AHVAZ.REC.1400.021.

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CONFLICT OF INTEREST

The authors declare that they have no conflict of interests.

AUTHOR CONTRIBUTION

Simin Panabad: Study concept and design, acquisition of data, analysis and interpretation of data, and statistical analysis. Maryam Gholamzadeh Jofreh: Administrative, technical, and material support, study supervision. Parviz Asgari and Kobra Kazemian Moghaddam: Critical revision of the manuscript for important intellectual content.

REFERENCES

1. Raj A. Public health impact of marital violence against women in India. *Indian J Med Res.* 2019;150(6):525-31. doi: 10.4103/ijmr.IJMR_1427_19 pmid: 32048616
2. Omid K, Pakseresht S, Niknami M, Kazem Nezhad Leilie E, Salimi Kivi M. Violence and Its Related Factors in Infertile Women Attending Infertility Centers: A Cross-Sectional Study. *J Midwife Reproduct Health.* 2021;9(4):3023-33.
3. Labrecque LT, Whisman MA. Extramarital Sex and Marital Dissolution: Does Identity of the Extramarital Partner Matter? *Fam Process.* 2020;59(3):1308-18. doi: 10.1111/famp.12472 pmid: 31290150
4. Choi SY, Kim HR, Myong JP. The Mediating Effects of Marital Intimacy and Work Satisfaction in the Relationship between Husbands' Domestic Labor and Depressive Mood of Married Working Women. *Int J Environ Res Public Health.* 2020;17(12). doi: 10.3390/ijerph17124547 pmid: 32599777
5. van Lankveld J, Jacobs N, Thewissen V, Dewitte M, Verboon P. The associations of intimacy and sexuality in daily life: Temporal dynamics and gender effects within romantic relationships. *J Soc Pers Relat.* 2018;35(4):557-76. doi: 10.1177/0265407517743076 pmid: 29899585
6. Pasha H, Basirat Z, Esmailzadeh S, Faramarzi M, Adibrad H. Marital Intimacy and Predictive Factors Among Infertile

- Women in Northern Iran. *J Clin Diagn Res.* 2017;11(5):QC13-QC7. **doi:** 10.7860/JCDR/2017/24972.9935 **pmid:** 28658854
7. Sheikhan Z, Ozgoli G, Zahiroddin A, Khodakarami N, Nasiri M, Kavosi F. Effective Factors on Sexual Quality of Life in Iranian Women: A Path Model. *Advance Nurs Midwife.* 2019;28(3):15-21.
 8. Mallory AB, Stanton AM, Handy AB. Couples' Sexual Communication and Dimensions of Sexual Function: A Meta-Analysis. *J Sex Res.* 2019;56(7):882-98. **doi:** 10.1080/00224499.2019.1568375 **pmid:** 30777780
 9. Gottman J, Gottman J. The Natural Principles of Love. *J Famil Theory Rev.* 2017;9(1):7-26. **doi:** 10.1111/jftr.12182
 10. Stulhofer A, Jurin T, Graham C, Janssen E, Traeen B. Emotional intimacy and sexual well-being in aging European couples: a cross-cultural mediation analysis. *Eur J Ageing.* 2020;17(1):43-54. **doi:** 10.1007/s10433-019-00509-x **pmid:** 32158371
 11. Luk BHK, Loke AY. Sexual satisfaction, intimacy and relationship of couples undergoing infertility treatment. *J Reprod Infant Psychol.* 2019;37(2):108-22. **doi:** 10.1080/02646838.2018.1529407 **pmid:** 30317866
 12. Mirghafourvand M, Farshbaf-Khalili A, Ghanbari-Homayi S. Marital Adjustment and Its Relationship with Religious Orientations Among Iranian Infertile and Fertile Women: A Cross-Sectional Study. *J Relig Health.* 2019;58(3):965-76. **doi:** 10.1007/s10943-018-0566-6 **pmid:** 29380176
 13. Basharpour S, Sheykholeslami A. The Relation of Marital Adjustment and Family Functions With Quality of Life in Women. *Eur J Psychol.* 2015;11(3):432-41. **doi:** 10.5964/ejop.v11i3.859 **pmid:** 27247668
 14. Bilal A, Rasool S. Marital Satisfaction and Satisfaction with Life: Mediating Role of Sexual Satisfaction in Married Women. *J Psychosex Health.* 2020;2(1):77-86. **doi:** 10.1177/2631831820912873
 15. Beasley CC, Ager R. Emotionally Focused Couples Therapy: A Systematic Review of Its Effectiveness over the past 19 Years. *J Evid Based Soc Work (2019).* 2019;1-16. **doi:** 10.1080/23761407.2018.1563013 **pmid:** 30605013
 16. Shahar B. New Developments in Emotion-Focused Therapy for Social Anxiety Disorder. *J Clin Med.* 2020;9(9). **doi:** 10.3390/jcm9092918 **pmid:** 32927706
 17. Najafi M, Soleimani AA, Ahmadi K, Javidi N, Kamkar EH. The Effectiveness of Emotionally Focused Therapy on Enhancing Marital Adjustment and Quality of Life among Infertile Couples with Marital Conflicts. *Int J Fertil Steril.* 2015;9(2):238-46.
 18. Wiebe SA, Johnson SM. A Review of the Research in Emotionally Focused Therapy for Couples. *Fam Process.* 2016;55(3):390-407. **doi:** 10.1111/famp.12229 **pmid:** 27273169
 19. McKinnon JM, Greenberg LS. Vulnerable Emotional Expression In Emotion Focused Couples Therapy: Relating Interactional Processes To Outcome. *J Marital Fam Ther.* 2017;43(2):198-212. **doi:** 10.1111/jmft.12229 **pmid:** 28337786
 20. Woldarsky Meneses C, McKinnon JM. Emotion-focused therapy for couples. Clinical handbook of emotion-focused therapy. Washington, DC, US: American Psychological Association 2019. 447-69 p.
 21. Spanier GB. Measuring Dyadic Adjustment: New Scales for Assessing the Quality of Marriage and Similar Dyads. *J Marriage Famil.* 1976;38(1):15-28. **doi:** 10.2307/350547
 22. Maroufizadeh S, Omani-Samani R, Hosseini M, Almasi-Hashiani A, Sepidarkish M, Amini P. The Persian version of the revised dyadic adjustment scale (RDAS): a validation study in infertile patients. *BMC Psychol.* 2020;8(1):6. **doi:** 10.1186/s40359-020-0375-z **pmid:** 31996245
 23. Botlani S, Ahmadi A, Bahrami F, Shahsiah M, Mohebbi S. Effect of attachment-based couple therapy on sexual satisfaction and intimacy. *J Fundament Mental Health.* 2010;12(2):496-505.
 24. Haj-Yahia MM. Wife abuse and its psychological consequences as revealed by the first Palestinian National Survey on Violence Against Women. *J Fam Psychol.* 1999;13(4):642-62. **doi:** 10.1037/0893-3200.13.4.642
 25. Sotoodeh Ghorbani S, Ghaffari M, Hashemi Nazari SS. Psychometric properties of Haj-Yahia's questionnaire of violence against women in a sample of married women in Tehran, Iran. *BMC Public Health.* 2022;22(1):448. **doi:** 10.1186/s12889-022-12831-8 **pmid:** 35255890
 26. Welch TS, Lachmar EM, Leija SG, Easley T, Blow AJ, Wittenborn AK. Establishing Safety in Emotionally Focused Couple Therapy: A Single-Case Process Study. *J Marital Fam Ther.* 2019;45(4):621-34. **doi:** 10.1111/jmft.12398 **pmid:** 31355959
 27. Akhavan Bitaghsir Z, Sanaee Zaker B, Navabinejad S, Farzad VA. Comparative of Emotionally Focused Couple Therapy and Acceptance and Commitment Therapy on Marital Adjustment and Marital Satisfaction. *Iran J Health Educ Health Promot.* 2017;5(2):121-8. **doi:** 10.30699/acadpub.ijhehp.5.2.121
 28. Hazrati M, Hamid TA, Ibrahim R, Hassan SA, Sharif F, Bagheri Z. The Effect of Emotional Focused Intervention on Spousal Emotional Abuse and Marital Satisfaction among Elderly Married Couples: A Randomized Controlled Trial. *Int J Communit Based Nurs Midwife.* 2017;5(4):329-34.
 29. Girard A, Woolley SR. Using Emotionally Focused Therapy to Treat Sexual Desire Discrepancy in Couples. *J Sex Marital Ther.* 2017;43(8):720-35. **doi:** 10.1080/0092623X.2016.1263703 **pmid:** 27892795
 30. Halchuk R, Makinen JA, Johnson SM. Resolving Attachment Injuries in Couples Using Emotionally Focused Therapy: A Three-Year Follow-Up. *J Couple Relation Therap.* 2010;9(1):31-47. **doi:** 10.1080/15332690903473069
 31. Torkan A, Farhadi H, Golparvar M. Comparative Study of the Effectiveness of Emotional-Focused Couple Therapy and Narrative Couple Therapy on Marital Conflicts. *RBS.* 2019;17(1):159-70. **doi:** 10.52547/rbs.17.1.159