


## Efficacy of Emotion-Focused Couple Therapy on Intimacy, Marital Adjustment, and Forgiveness among Couples with a History of Extramarital Affairs

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### Article Info

#### Article type:

Original Research

#### How to cite this article:

Ameri Torani, R., & Sedaghati Fard, M. (2024). Efficacy of Emotion-Focused Couple Therapy on Intimacy, Marital Adjustment, and Forgiveness among Couples with a History of Extramarital Affairs. *Applied Family Therapy Journal*, 5(2), 95-102.

<http://dx.doi.org/10.61838/kman.afj.5.2.11>



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### ABSTRACT

**Objective:** The current study aimed to examine the effectiveness of Emotion-Focused Couple Therapy (EFCT) on intimacy, marital adjustment, and forgiveness among couples with a history of extramarital affairs.

**Methods:** The research design was a quasi-experimental pretest-posttest with a control group. The study population included all women in Tehran who were affected by their husbands' extramarital relationships in 2022. A sample of 30 women affected by such relationships and visiting counseling centers in District 2 of Tehran was selected through convenience sampling and randomly assigned to either the experimental or control group in equal numbers. The research instruments included the Thompson and Walker (1983) Intimacy Scale, the Spanier (1976) Marital Adjustment Questionnaire, and the Rye et al. (2001) Forgiveness Questionnaire. The experimental group received EFCT in eight 60-minute sessions over a month; the control group was placed on a waiting list. Data were analyzed using repeated measures analysis of variance with the aid of SPSS version 23 software.

**Findings:** The findings indicated that EFCT significantly improved intimacy ( $p < 0.01$ ), marital adjustment ( $p < 0.01$ ), and marital forgiveness ( $p < 0.01$ ).

**Conclusion:** It can be concluded that Emotion-Focused Couple Therapy effectively enhances intimacy, adjustment, and forgiveness in couples with a history of extramarital affairs.

**Keywords:** Emotion-Focused Couple Therapy, intimacy, marital adjustment, forgiveness, couples, extramarital relationships.

### 1. Introduction

A healthy society is formed from a healthy family, and when the family environment encompasses a healthy and constructive atmosphere with warm and intimate

interpersonal relationships, it can facilitate the growth and progress of family members. On the other hand, couples may be involved in damaging relationships such as severe conflicts and even extramarital relationships, which can lead

to serious relational problems (Zabihivalad Abad, 2017). Some married women turn to extramarital relationships to reclaim lost intimacy and happiness with their husbands and to escape loneliness. From therapists' perspectives, extramarital relationships often emphasize the concept of sexual variety-seeking or infidelity. Infidelity encompasses all behaviors and actions of a married person with the opposite sex outside the family framework, leading to friendly, intimate, emotional, and romantic connections that cause specific emotions such as emotional and behavioral disturbance and dissatisfaction for the initiating spouse (Stephenson, 2015). When a woman becomes emotionally involved, she receives care, empathy, love, and understanding from a third party, withholds these feelings and cares from her husband, and in the marital relationship, she tends to ignore, tolerate, and refrain from discussing problems (Nelson, 2017). Some believe that men are more threatened by sexual attraction to a rival male, while women are more threatened by emotional attraction to a rival female (Arianfar, 2016). Studies indicate that approximately one-third of men and one-quarter of women are likely to be involved in extramarital relationships at least once during their marriage (Mark, 2011).

Moreover, marital intimacy, the level of couples' interest in each other, and a positive attitude towards being married are related to factors such as idealistic distortion of personality issues, communication, conflict resolution, financial management, leisure activities, sexual relationships, children and parenting, family and friends, egalitarian roles, and religious orientation (Bahari, 2015). Marital intimacy is created through mutual interest, compatibility, acceptance, understanding of each other, and satisfying needs, including sexual needs. One of the interventions that can reduce sexual desire differences, resolve emotional and emotional problems (John, 2016), and increase marital satisfaction among couples is Emotion-Focused Therapy (EFT). EFT is a couples' therapy method that pays special attention to negative interaction cycles, attachment, and emotions. EFT emphasizes supportive attachment methods through mutual care, support, and attention to one's own and spouse's needs. This approach believes that marital disturbances accompany a pervasive state of negative affect and attachment injuries and continue as such. EFT can be an effective and efficient treatment for resolving sexual differences between couples, also helping reduce sexual addiction and improve this disorder (Love, 2016). The results of studies conducted in this area indicate that EFT increases satisfaction, intimacy, and marital

compatibility (Akhavan Bitaghsir, 2017; Zanganeh Motlag, 2017); enhances self-esteem and sexual performance (Asadpour, 2017; Badihi, 2016); improves distress tolerance and communication patterns of couples (Faghih, 2018; Javidi, 2013), and reduces marital boredom (Sayadi, 2017). Due to its structured nature and having a phased treatment plan for couples, EFT is more effective compared to other approaches and significantly reduces the likelihood of recurrence. This treatment initially assesses the communication style of couples, and once defenses become apparent, it reveals this style to the couples and clarifies its consequences; hence, couples gradually recognize the suppressed and unclear emotions that perpetuate this negative communication cycle, halt it based on interventions whose effectiveness has been verified in numerous studies, and improve their relationships (Wiebe, 2016). Therefore, considering this superiority and given the importance and role of variables such as marital satisfaction and extramarital relationships in marital adaptation, stability, and endurance of couples' lives, the present research aimed to examine the effectiveness of Emotion-Focused Couple Therapy on intimacy, adaptation, and marital forgiveness among couples with a history of extramarital relationships.

## 2. Methods

### 2.1. Study design and Participant

The research design used in this study was a quasi-experimental pretest-posttest with a control group. The study population included all women in Tehran affected by extramarital relationships in 2022. Thirty women affected by extramarital relationships who attended counseling centers in District 2 of Tehran were selected through convenience sampling and randomly assigned to either the experimental or control group in equal proportions. Inclusion criteria were: age range 20 to 50 years, no acute physical or personality disorders based on medical records, not receiving any concurrent psychological treatments, and having an educational level from diploma to master's degree. Exclusion criteria included: use of psychotropic drugs and substance abuse, illiteracy, inability to participate in therapy sessions, and absence from more than two sessions.

For the implementation of the research, after defining the topic and research model and preparing the necessary instruments, visits were made to counseling centers in District 2 of Tehran. After explaining the purpose of the current research to the center officials and requesting their collaboration, women attending these centers for

extramarital relationship issues were invited to participate in the study. After ensuring the participants about the confidentiality of their information, they responded to the research instruments in two stages: pretest, posttest, and follow-up.

## 2.2. Measures

### 2.2.1. Intimacy

This is a 17-item instrument designed to measure warmth and intimacy. The questionnaire was evaluated for validity by Etemadi (2005) and was translated by Sanaei (2000). To determine content and face validity, the questionnaire was initially reviewed by 15 counseling professors and 15 couples, and both face and content validity were confirmed. Khazaei (2007) in her master's thesis estimated a correlation coefficient of 82% with the Bagarozzi questionnaire, significant at the 0.01 level, indicating criterion validity for this scale. Etemadi conducted it on 100 randomly selected couples in Isfahan as part of her doctoral dissertation. The overall reliability of the scale was obtained using Cronbach's alpha and found to be 0.96, indicating acceptable reliability. Khazaei (2007) also reported an overall reliability of 0.85. Scores on this questionnaire are obtained by summing the item scores and dividing by 17, with a range from 1 to 7 where higher scores indicate greater intimacy (Mohammadi et al., 2021). Before conducting the research, the questionnaire was presented to 30 couples over two weeks to determine reliability; the researcher achieved a Cronbach's alpha of 0.89.

### 2.2.2. Marital Adjustment

This 32-item scale is used to assess the quality of the marital relationship from the perspective of the wife, husband, or both. This tool is designed for two purposes. By obtaining total scores, this instrument can be used to measure overall satisfaction in an intimate relationship. Factor analysis shows that this scale measures four dimensions of the relationship: dyadic satisfaction, dyadic cohesion, dyadic consensus, and expression of affection. The overall scale score has good internal consistency with a Cronbach's alpha of 0.71. The internal consistency of the subscales ranges from good to excellent: dyadic satisfaction 0.94, dyadic cohesion 0.81, dyadic consensus 0.90, and expression of affection 0.73 (Mohammadi et al., 2021). In this study, the reliability of this scale was obtained through Cronbach's alpha as 0.83.

### 2.2.3. Forgiveness

This questionnaire was created by Rye et al. (2001) and consists of 15 items with two subscales: absence of negative feelings (10 items) and presence of positive feelings (5 items), used to measure forgiveness in individuals. The questionnaire is scored on a 5-point Likert scale with scores of 1 (strongly disagree), 2 (disagree), 3 (neutral), 4 (agree), and 5 (strongly agree) for each option. Rye et al. (2001) reported satisfactory validity for this questionnaire and mentioned its reliability as above 0.90 according to Cronbach's alpha (Rahimi & Mousavi, 2020). In this study, the reliability of this scale was obtained through Cronbach's alpha as 0.82.

## 2.3. Interventions

### 2.3.1. Emotion-Focused Therapy

The Emotion-Focused Therapy (EFT) program implemented in this study was designed to enhance intimacy, adjustment, and forgiveness among couples experiencing extramarital issues. The therapy was conducted over eight sessions, each lasting 60 minutes. These sessions were structured to systematically address emotional awareness, conflict patterns, attachment styles, and communication strategies within the relationship, aiming to improve emotional bonding and resolve interpersonal conflicts.

#### Session Descriptions

##### Session 1: Introduction and Setting Rules

In the first session, participants were introduced to each other to foster a sense of community within the group. The facilitator encouraged participants to discuss their motivations and expectations from the therapy. Key concepts such as emotion, management, emotional and sexual satisfaction, family, and various communication patterns were defined collaboratively with the participants to ensure a common understanding and to engage them in the therapeutic process.

##### Session 2: Exploring Conflict in Various Domains

The second session focused on recognizing and reflecting on significant yet often overlooked experiential (interactional and emotional) items that participants found important. The session aimed to identify problematic interactions and clarify the nature of negative interaction cycles that perpetuate distress. It also assessed emotional responses related to attachment levels, evaluated attachment-related issues and barriers, established a

therapeutic agreement, and identified negative interaction cycles.

**Session 3: Identifying Underlying and Unexpressed Emotions**

This session was dedicated to expressing emotions and identifying the nature of the problem more clearly. Participants were encouraged to differentiate between pure emotions and "sidelines" (distractions caused by incorrect communication patterns that prevent mutual understanding). The session also focused on exploring fundamental fears and insecurities that limit emotional connection between couples and assisted women in experiencing their emotions during the session.

**Session 4: Reshaping the Problem through the Negative Cycle**

In the fourth session, key emotional responses were clarified. There was an alignment between the therapist's diagnosis and participants' perceptions, acceptance of the problematic interaction cycle, and deeper engagement with emotional experiences. This session helped increase recognition of attachment needs and acceptance of emotions.

**Session 5: Addressing Fears Stemming from the Relationship**

The fifth session deepened engagement with marital relationships by promoting new interaction methods, focusing on self rather than the partner, and expressing fears derived from desires and aspirations in the presence of the spouse, which helped redefine attachment.

**Session 6: Expanding Acceptance Experienced by the Spouse**

During this session, participants were given worksheets to write down their questions, which they would bring to the next meeting. The session also involved reconstructing

interactions and changing events, symbolizing particularly suppressed desires.

**Session 7: Reconstructing Interactions Based on New Perceptions**

Session seven responded to the questions raised by the women. It involved reconstructing interactions, suggesting changes in harmful spousal behaviors, and facilitating new solutions for longstanding and chronic problems.

**Session 8: Consolidating the Current Created Cycle, Summary, and Post-test**

The final session focused on discussing the intimate involvement of the women with their husbands, accepting new situations, creating secure attachments, and constructing a happy narrative of the relationship. The session reviewed key learnings from the therapy, examined positive and negative feedback on the therapeutic approach, and conducted a post-test to evaluate the outcomes of the intervention.

*2.4. Data Analysis*

Data were analyzed using repeated measures analysis of variance with the help of SPSS version 23 software.

**3. Findings and Results**

Participants in this study ranged from 20 to 35 years old, with a mean age of 27 years. The educational levels of most participants (66.56%) were high school graduates (17 participants), 28.66% (8 participants) had a diploma, and 16.66% (5 participants) held a bachelor's or master's degree. Descriptive statistics for the study variables are presented in [Table 1](#).

**Table 1**

*Descriptive Statistics for Study Variables by Test Type and Group*

Variable	Stage	Experimental Group Mean (SD)	Control Group Mean (SD)
Marital Intimacy	Pretest	29.53 (3.22)	28.86 (3.87)
	Posttest	44.60 (7.54)	29.80 (3.05)
	Follow-up	42.40 (8.61)	29.60 (3.01)
Marital Forgiveness	Pretest	21.46 (4.23)	22.26 (4.63)
	Posttest	37.06 (8.40)	23.93 (5.43)
	Follow-up	38.11 (8.26)	23.86 (5.69)
Marital Adjustment	Pretest	59.20 (8.56)	54.13 (7.73)
	Posttest	77.20 (9.04)	55.40 (7.45)
	Follow-up	78.53 (9.13)	55.53 (7.61)

According to the results in [Table 1](#), the means of all variables differed significantly across the pretest, posttest,

and follow-up stages. The experimental group showed changes in mean scores between stages, whereas no such changes were observed in the control group.

**Table 2**

*Repeated Measures ANOVA for Comparing Pretest, Posttest, and Follow-up of Marital Intimacy, Adjustment, and Forgiveness between Experimental and Control Groups*

Scale	Source of Effect	Sum of Squares	df	Mean Square	F	Significance	Eta Squared
Marital Intimacy	Time*Group	717.800	2	358.900	41.204	.001	.595
	Group	440.356	1	440.356	34.899	.001	.555
Marital Forgiveness	Time*Group	861.800	2	430.900	88.570	.001	.760
	Group	552.150	1	522.150	78.350	.001	.737
Marital Adjustment	Time*Group	70.067	2	35.033	4.262	.001	.132
	Group	187.267	1	187.267	10.830	.001	.402

Results from [Table 2](#) indicated that the obtained F-ratios for the group factor in variables of marital intimacy ( $p < .01$ ), marital forgiveness ( $p < .01$ ), and marital adjustment ( $p < .01$ ) were significant. This finding suggests that Emotion-Focused Couple Therapy effectively improved intimacy,

adjustment, and forgiveness among the couples. A repeated measures ANOVA for the experimental group across the three stages of the therapeutic intervention showed significant improvements in marital intimacy, forgiveness, and adjustment variables ( $p < .01$ ).

**Table 3**

*Results of Bonferroni Post Hoc Tests for Emotion-Focused Couple Therapy on Marital Intimacy, Adjustment, and Forgiveness in the Experimental Group*

Variable	Time	Mean Difference	Standard Error	Sig
Marital Intimacy	Pre-Post	15.54	2.51	.001
	Pre-Follow-up	13.61	1.10	.001
	Post-Follow-up	2.86	1.23	.061
Marital Forgiveness	Pre-Post	16.281	2.39	.001
	Pre-Follow-up	17.78	1.13	.001
	Post-Follow-up	-1.33	1.29	.120
Marital Adjustment	Pre-Post	18.59	2.72	.001
	Pre-Follow-up	19.44	1.38	.001
	Post-Follow-up	-1.12	1.35	.139

Changes over time in the experimental group, as shown in [Table 3](#), demonstrated that the differences in variables of marital intimacy, adjustment, and forgiveness were significant in the posttest compared to the pretest ( $p < .001$ ). Additionally, significant differences were observed in the follow-up stage compared to the pretest ( $p < .001$ ). However, no significant differences were observed in the follow-up compared to the posttest, indicating the stability of the therapeutic effect.

#### 4. Discussion and Conclusion

The present study aimed to examine the effectiveness of Emotion-Focused Couple Therapy (EFCT) on intimacy,

adjustment, and forgiveness in couples with a history of extramarital relationships. The findings indicate that EFCT has successfully increased intimacy, marital adjustment, and forgiveness among couples. These results are consistent with the prior findings (Asadpour, 2017; Basharpour, 2018; Faghieh, 2018; Javidi, 2013; Sayadi, 2017; Wiebe, 2016; Zanganeh Motlag, 2017). The recovery rates of couples experiencing marital discord were reported between 70% to 73%. This substantial improvement should not be considered biased by the researchers, as this study was conducted parallel to behavioral interventions by therapists, and the recovery rate of the latter group was only 45% (Wiebe, 2016). Evidence has confirmed that EFCT competes

well with all previously examined approaches, establishing its efficacy (Wiebe, 2016).

In explaining the findings from this study, it can be stated that EFCT is a therapeutic approach primarily focused on engaging emotions in the persistent patterns of discord among troubled couples. This therapy aims to uncover vulnerable emotions in each partner and facilitate their ability to express these emotions in safe and loving ways. It is believed that processing these emotions in a safe context leads to healthier and newer interactive patterns, which calm the level of disturbance and enhance the experience of loving intimacy and more satisfying connections (Sayadi, 2017). A major issue reported during therapy sessions by women affected by extramarital relationships was the loss of love, interest, and intimacy towards their husbands, feeling no positive emotions towards them anymore. In EFCT, to assist women affected by extramarital relationships, the therapist educates them that the absence of love feelings is a natural part of marital boredom, and throughout the sessions, helps them to meet their psychological needs and those of their husbands, such as security, partnership, consolation, and sexual intimacy, thus improving their marital functions.

Moreover, in EFCT, therapists help clients change the destructive elements in their relationships. When the negative cycle is disrupted and responses begin to change, a more positive cycle emerges that assists women to move towards a safer bond. In fact, the aim of EFCT is to enable clients to access and process the emotional responses underlying their negative interaction patterns, express them, and reprocess them (Akhavan Bitaghsir, 2017; Arianfar, 2016). Then, individuals affected by extramarital relationships can send new emotional signals to their partners, allowing interaction patterns to shift towards more accessibility and responsiveness, and consequently, creating a safer and more satisfying bond. This secure bond established in the relationship between women affected by extramarital relationships and their husbands enables them to address and discuss their sexual dissatisfaction, thus overcoming feelings of shame and guilt and achieving greater marital satisfaction.

It can also be said that a significant portion of the spousal relationship is rooted in emotional, emotional, and sexual issues. When a partner perceives their injured emotions and needs differently, this leads to a change in how they respond to their partner, which may involve engagement in relationships outside the marital framework to meet their own needs; therefore, it is not unexpected that with increased experiences arising from secure attachment to their spouse,

their commitment to each other and ultimately to the marriage bond increases; thus, in the current study during the process of EFCT, the therapist, while recognizing emotions and the correct way of expressing them to the women and understanding between the couple, helped to improve and significantly increase communication and marital commitment, and reduce their inclination towards extramarital relationships (Love, 2016; Sayadi, 2017). In fact, the inability to express these emotions timely and appropriately initially leads to emotional withdrawal and the loss of intimacy, and ultimately to emotional divorce and dysfunction in their sexual performance. Most often, the purely logical and rational cognitive therapeutic approach prevents the therapist from addressing their sexual and emotional issues and since many of the couple's issues and problems are rooted in how emotions and underlying needs are expressed, EFCT addresses the internal issues of clients and identifies and solves problems related to their sexual performance that may be related to their internal emotions and issues. Emotion-Focused Couple Therapy does not solely focus on expressing positive emotions and pays special attention to emotions that may not seem positive, such as anger, sorrow, and distress, and their importance in creating positive or negative sexual performance. Healthy sexual functioning during the expression of emotions in a healthy manner and based on the timely demonstration of emotions can be an attainable capability for couples, and healthy sexual functioning can be achieved as a skill by learning appropriate emotional expression (Badihi, 2016; Zanganeh Motlag, 2017).

## 5. Suggestions and Limitations

This research, like other studies, has faced limitations which suggest that given that the study population was women affected by extramarital relationships, caution should be exercised in generalizing the research findings to women with other social injuries. Also, this study did not consider the role of influential factors such as religiosity and economic status and their impact on marital satisfaction and the inclination towards extramarital relationships. Moreover, the study population of this research was specific to couples in Tehran, and it is recommended that considering cultural and social differences, future research should also study the population of women affected by extramarital relationships from other cities. Also, in studying this population, other methods of data collection such as interviews should be used to enhance the richness of the information obtained. Overall,

it is suggested that Emotion-Focused Couple Therapy be considered as an appropriate method in counseling and psychotherapy centers by counselors and psychotherapists to improve conflicts and sexual problems among couples.

### Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

### Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

### Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

### Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

### Declaration of Interest

The authors report no conflict of interest.

### Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

### Ethical Considerations

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

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