

Analysis of the Role of Intimacy-Based Communication Therapy Intervention on Emotional Abuse in Betrayed Women Seeking Relationship Improvement with Their Spouse

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ABSTRACT

Objective: The present study aimed to analyze the role of intimacy-based communication therapy intervention on emotional abuse in betrayed women who seek to improve their relationship with their spouse.

Methods: This study employed a quasi-experimental design with a pre-test and post-test, including a control group. The study sample consisted of 30 women experiencing marital difficulties due to spousal infidelity, who were selected through convenience sampling from among women referring to counseling centers in Qeshm County. Participants were randomly assigned to two groups of 15 (15 participants in the control group and 15 in the experimental group). The sampling method involved identifying women with marital problems who reported experiencing spousal infidelity. The researcher then assessed their willingness to participate in educational sessions before selecting the final sample. The experimental group underwent an intimacy-based communication therapy intervention, which was conducted in eight 90-minute sessions, held twice a week. Data collection was carried out using the Emotional Abuse Questionnaire developed by Brehimi (2008). The data were analyzed using SPSS software, employing both descriptive statistics (demographic tables and charts) and inferential statistics (covariance analysis).

Findings: The findings indicated that intimacy-based communication therapy intervention had a significant effect on emotional abuse and all its dimensions—except for social restriction—among betrayed women seeking to improve their relationship with their spouse.

Conclusion: Therefore, intimacy-based communication therapy intervention can be effectively utilized for supporting women and girls who have experienced emotional distress.

Keywords: Intimacy-Based Communication Therapy Intervention, Emotional Abuse, Infidelity.

1. Introduction

Infidelity and betrayal have detrimental effects on the foundation of the family and the upbringing of children. They contribute to the deterioration of social health and security, leading to disturbances and disruptions within society. This issue must be regarded as a serious and hidden social harm. The lack of precise statistics in the country does not imply the absence of this social problem. Extramarital affairs are a significant social challenge, a shocking issue for couples and families, and a common phenomenon encountered by marriage and family therapists (Akerstrom, 2017; Azkhosh et al., 2024; Grigoropoulos, 2024).

Infidelity can cause severe emotional trauma in couples. Psychotherapists report that spouses who have been betrayed often experience emotions such as anger, low self-esteem, a sense of violation, depression, and helplessness. Unfaithful spouses also struggle with feelings of shame, guilt, doubt, anger, and despair (Navabinejad et al., 2024; Weiser et al., 2022). Severe emotional distress following the revelation of infidelity is often accompanied by cognitive turmoil. Any form of secrecy from a spouse and engagement in activities outside the framework of marriage is considered a form of betrayal (Glass & Wright, 2007; Khamshah et al., 2015).

One of the major consequences of family dysfunction caused by infidelity, particularly for the betrayed spouse, is emotional abuse. Emotional abuse is highly prevalent among Iranian families, with an even higher rate reported in families with a disabled member (Kargar et al., 2014). Emotional abuse between spouses is often denied or overlooked by others, and sympathy is extended only when one or both partners experience severe harm. Emotional abuse can manifest in various forms, including verbal abuse, where the abuser uses derogatory names for their spouse. Restrictive domination refers to behaviors intended to limit the spouse's communication and impose restrictions on their interactions (Gama et al., 2021). Withdrawal and avoidance involve the use of avoidance strategies and the withholding of emotional support from the spouse. Dominance and intimidation occur when the abuser creates fear in the victim through threats of aggression, establishing an atmosphere of fear and intimidation, sometimes using a knife or firearm to threaten their spouse (Hoeboer et al., 2021).

The rising rates of both emotional and legal divorce, the impact of emotional problems on tendencies toward divorce and infidelity, and the increasing demand among spouses for improving marital relationships highlight the necessity of specialized interventions and training in this field,

particularly for women. Approaches such as marriage enrichment programs are highly effective and cost-efficient in preventing long-term marital problems. Marriage enrichment programs are preventive interventions that enhance communication and interpersonal skills, conflict management and problem-solving abilities, coping strategies, empathy, and intimacy among couples, ultimately increasing marital satisfaction and reducing distress (Mortelmans, 2020).

One of the most prominent and preventive programs in the field of marital enrichment is the Practical Application of Intimate Communication Skills Program. This educational program, developed by Gordon (1983), aims to teach the essential skills needed for building intimate relationships. The Practical Application of Intimate Communication Skills Program is derived from some of the most well-known humanistic therapies of the second half of the twentieth century, including the works of Satir, Fermo, Bowen, Perls, and Burden (Gordon & Durana, 1999). This program incorporates more than eighty experiential, behavioral, and communicative techniques (Mata et al., 2021). One of the fundamental principles of this program is the maintenance of continuous intimacy. When intimacy diminishes, the foundation of marriage weakens, and the ability to resolve conflicts and overcome challenges decreases. Various therapeutic experiences have demonstrated that when couples learn to create, recreate, and sustain intimacy, key aspects such as commitment, cooperation, loyalty, and creative management of individual differences are more effectively structured (Asadi & Mohammadi Fard, 2021).

Ultimately, given the increasing trend of both emotional and formal divorce, the significance of emotional issues in inclinations toward divorce, and the proven effectiveness of intimacy-based communication therapy in addressing a wide range of marital problems, the present study seeks to answer the question: Does intimacy-based communication therapy intervention have an effect on emotional abuse in betrayed women seeking to improve their relationship with their spouse?

2. Methods

2.1. Study Design and Participants

The present study is an applied research in terms of its objective and employs a quasi-experimental design with a pre-test and post-test, including a control group. The statistical population of this study consisted of all women

who visited counseling centers in Qeshm County in April and May 2021 and were experiencing marital difficulties. Regarding sample selection, based on Delavar's (2006) recommendation, a sample size of 15 participants per group in semi-experimental studies can yield statistically valid results. Consequently, the study sample comprised 30 women experiencing marital difficulties due to spousal infidelity. These participants were selected through convenience sampling from among women visiting counseling centers in Qeshm County and were randomly assigned to two groups of 15 (15 in the control group and 15 in the experimental group).

The sampling method involved identifying women with marital problems who reported experiencing spousal infidelity. The researcher assessed their willingness to participate in educational sessions before selecting the final sample. The inclusion criteria for the study were as follows: betrayed women seeking to improve their relationship with their spouse, betrayed women experiencing intimacy issues in their family, betrayed women with literacy skills in reading and writing, and those who provided informed consent for participation. Additionally, participants were required to have no specific physical or psychological disorders, as determined through an initial interview. The exclusion criteria included failure to provide comprehensive responses to the questions, unwillingness to participate in the study, and simultaneous participation in other research or intervention programs.

2.2. Measures

2.2.1. Emotional Abuse

The Emotional Abuse Questionnaire was developed by Brahim (2008) and consists of 30 statements covering various aspects of emotional abuse. To determine content validity, the questionnaire was reviewed by five family counseling experts from the Faculty of Educational Sciences at the University of Isfahan. These experts indicated that the number of statements was insufficient for measuring emotional abuse. Subsequently, the questionnaire was preliminarily administered to 80 individuals (40 couples). The Cronbach's alpha coefficient for the entire test was calculated as 0.93. Following this preliminary study, ten open-ended questions related to emotional abuse were provided to couples, leading to the development of an additional 54 statements, making up the final version of the questionnaire. This revised questionnaire was again reviewed by five family counseling experts at the University

of Isfahan's Faculty of Educational Sciences. After modifications, the questionnaire was approved by all experts, confirming its content validity. Each question was scored on a five-point Likert scale, ranging from never (score of one) to always (score of five). All questions were scored directly. The total score of the questionnaire ranged from a minimum of 80 to a maximum of 400, with higher scores indicating greater emotional abuse and lower scores indicating the absence of emotional abuse. A preliminary test was conducted, in which 80 individuals (40 couples) from among parents of female students in various educational levels in Isfahan were randomly selected and completed the questionnaire. This pilot test was conducted to determine the validity and reliability of the questionnaire. The validity of the questionnaire was assessed using the correlation between each question and the total score. All questions showed significant correlations with the total score. Items that were significant at the $p < 0.05$ level were removed, and the remaining 80 statements, which showed at least a $p < 0.01$ correlation with the total score, were retained. The Cronbach's alpha coefficient for the 80-item questionnaire was then recalculated, yielding a reliability coefficient of 0.97. To assess convergent and divergent validity, the questionnaire was administered alongside the Marital Satisfaction Questionnaire, the SCL-90-R Questionnaire, and the Marital Conflict Questionnaire. The correlation between the Emotional Abuse Questionnaire and marital satisfaction was -0.85 ($p < 0.01$), indicating a strong negative relationship. The correlation with marital conflict was 0.68 ($p < 0.01$), while the correlation with the total SCL-90-R score was 0.59 ($p < 0.01$). Construct validity was assessed using both factor analysis and subscale intercorrelations with the total test score. A sample of 300 individuals (150 couples) from Isfahan was randomly selected, and the questionnaire was administered. Factor analysis was performed on the 80 items to reduce the questionnaire's content to meaningful factors. Initial results from Kaiser-Meyer-Olkin (KMO) test (0.95) and Bartlett's test of sphericity ($\chi^2 = 21913$, $p < 0.001$) confirmed the suitability of the data for factor analysis. The principal components method was used for factor extraction, and due to high inter-factor correlations, orthogonal rotation was applied. Based on the scree test and eigenvalues, four factors were identified. The first factor had an eigenvalue above three, the second and third factors had eigenvalues above two, and the fourth factor had an eigenvalue of 1.80. Together, these four factors explained 51.59% of the total variance. To determine the reliability of the questionnaire,

Cronbach's alpha and split-half reliability methods were used. The Cronbach's alpha coefficient for the entire test was 0.97. In the split-half method, the reliability coefficients for the first half and second half of the test were both 0.96, the correlation between the two halves was 0.87, and the Guttman split-half coefficient was 0.93. In another study, the questionnaire was administered to 30 individuals (15 couples), and the test-retest reliability after one month was found to be 0.89 ($p < 0.01$). In a study conducted by Farshad (2015), internal consistency reliability was also calculated using Cronbach's alpha, yielding a reliability coefficient of 0.82, indicating strong internal consistency. The Cronbach's alpha coefficients for the four subscales of emotional abuse were also high, confirming that all subscales demonstrated good internal coherence (Asadi & Mohammadi Fard, 2021).

2.3. Intervention

2.3.1. Intimacy-Based Communication Therapy

The intervention protocol used in this study consisted of eight sessions, each lasting 90 minutes, conducted twice a week. The content of the intervention was based on Gordon's (1999) Intimate Communication Skills Training, which has been widely used in numerous master's theses and has been validated in previous studies (Asadi & Mohammadi Fard, 2021; Gordon & Durana, 1999). The training sessions were conducted online by a professional specialist, with the researcher also present in the virtual environment.

The first session focused on establishing communication and preparing participants for the intervention. The primary objectives were introducing participants, building initial rapport, obtaining commitment, familiarizing them with the principles, rules, and objectives of the sessions, and clarifying the number and duration of sessions. Additionally, a pre-test was administered to assess participants' baseline emotional abuse levels.

The second session emphasized communication and dialogue. Participants were introduced to a communication roadmap, stress-inducing communication styles, and congruent communication strategies. They were also taught the key elements that enhance communication effectiveness, including active listening and healthy self-expression. These skills aimed to help participants navigate difficult conversations and express their emotions constructively.

The third session explored the logic of love and emotions. Participants reviewed the previous session's assignments, learned about differentiating emotions, practicing empathy, and accurately expressing emotions. The session

emphasized understanding and validating one's own and others' emotions, fostering emotional awareness and regulation.

The fourth session focused on fair conflict resolution and the release of anger and negative emotions. Participants examined conflicts and conflict resolution styles, learned effective problem-solving strategies, and explored techniques to access, express, and release intense negative emotions in a safe and constructive manner. The session also addressed reducing emotional suffering from past experiences and promoting emotional healing.

The fifth session was dedicated to clarifying assumptions and mental representations. Participants reviewed their previous assignments, explored love-related cognitive distortions, and identified hidden mental assumptions that might influence their perceptions of relationships and emotional pain. The goal was to challenge and reframe dysfunctional beliefs to facilitate emotional recovery.

The sixth session examined personal history and unique self-awareness. Participants explored how past experiences and personal characteristics influenced their emotional responses and relational patterns. They identified emotional sensitivities and repetitive dysfunctional cycles, allowing them to recognize and address emotional vulnerabilities more effectively.

The seventh session focused on emotional re-education, emotional literacy, and fostering attachment bonds. Participants were introduced to the relationship between brain function and behavior, explored concepts related to loss and grief, and learned about investing in emotional connections (love bank theory). The session also emphasized understanding and practicing appropriate caregiving behaviors to strengthen relational bonds.

The eighth and final session was dedicated to contracting and clarifying expectations. Participants reviewed their previous assignments, reinforced their understanding of appropriate caregiving behaviors, and engaged in conscious relational agreements based on behavioral contracts. Discussions also covered power dynamics and decision-making in relationships. The session concluded with a summary of the intervention, collecting feedback, and administering a post-test to assess progress.

2.4. Data Analysis

Data were analyzed using SPSS (version 23) through both descriptive and inferential statistical tests. Descriptive statistics, including mean and standard deviation, were used

to summarize research indicators. To test the research hypotheses, analysis of covariance (ANCOVA) was applied as an inferential statistical method.

3. Findings and Results

As shown in Table 1, the mean (\pm standard deviation) total emotional abuse score for the experimental group in the

pre-test phase was 278.77 (\pm 13.78), while in the post-test phase, it decreased to 264.46 (\pm 13.98). In contrast, the mean (\pm standard deviation) score for the control group remained largely unchanged, with values of 282.41 and 282.78 in the pre-test and post-test phases, respectively. Additionally, the mean values of the emotional abuse components for both groups, presented in the table above, indicate a reduction in all components except for the social restriction component.

Table 1

Mean Scores of Emotional Abuse and Its Subscales

Group	Phase	Index	Verbal Abuse-Criticism	Neglect-Avoidance	Domination	Social Restriction	Emotional Abuse
Experimental	Pre-test	Mean	108.21	67.16	48.27	55.13	278.77
		SD	5.37	2.99	2.13	2.96	13.78
	Post-test	Mean	100.30	63.23	45.52	55.41	264.46
		SD	5.98	3.05	2.81	3.27	13.98
Control	Pre-test	Mean	110.04	69.50	48.48	54.39	282.41
		SD	5.82	2.61	2.20	3.29	12.47
	Post-test	Mean	109.84	69.22	48.71	55.01	282.78
		SD	6.09	2.13	3.14	2.91	13.14

To analyze the role of intimacy-based communication therapy intervention on emotional abuse in betrayed women seeking to improve their relationship with their spouse, a multivariate analysis of covariance (MANCOVA) was

conducted. The assumptions of covariance analysis were verified, and the use of MANCOVA was deemed appropriate.

Table 2

Multivariate Analysis of Covariance (MANCOVA) Results for the Effect of Intimacy-Based Communication Therapy on Emotional Abuse

Effect	Test	Value	F	Effect	Error	Significance	Eta Squared	Statistical Power
Group	Pillai's Trace	0.69	45.25	5	22	0.001	0.60	0.63
	Wilks' Lambda	0.69	45.25	5	22	0.001	0.60	0.63
	Hotelling's Trace	9.06	45.25	5	22	0.001	0.60	0.63
	Roy's Largest Root	9.06	45.25	5	22	0.001	0.60	0.63

As shown in Table 2, the significance level for all four multivariate statistics (Pillai's Trace, Wilks' Lambda, Hotelling's Trace, and Roy's Largest Root) is 0.001 ($p < 0.05$). Additionally, the effect size (Eta squared) for all four multivariate statistics is 0.60, indicating a significant difference between the two groups in overall scores.

Consequently, the null hypothesis is rejected, confirming a statistically significant difference between the two groups.

To determine the post-test effects, an intergroup comparison test within MANCOVA was conducted, with detailed results presented below.

Table 3

Intergroup Comparison Results for Experimental and Control Groups in the Post-Test Phase

Variable	Sum of Squares	Df	Mean Square	F	Significance	Eta Squared
Verbal Abuse	789.169	1	364.169	43.55	0.001	0.41
Neglect and Avoidance	968.54	1	419.54	59.06	0.001	0.49
Domination	697.89	1	364.89	66.66	0.001	0.56
Social Restriction	12.169	1	12.169	11.58	0.140	0.21
Emotional Abuse	1061.637	1	2122.937	47.29	0.001	0.60

Table 3 indicates that the observed differences in the mean scores for emotional abuse and its subcomponents, except for social restriction, were statistically significant in the post-test phase ($p < 0.05$). Therefore, intimacy-based communication therapy intervention had a significant effect on verbal abuse, neglect and avoidance, and domination. However, it did not have a significant effect on social restriction.

As a result, the research hypothesis is confirmed for all dimensions of emotional abuse except for social restriction.

4. Discussion and Conclusion

The findings indicate that the observed difference in the mean scores of emotional abuse and its components, except for social restriction, was statistically significant in the post-test phase ($p < 0.05$). Therefore, intimacy-based communication therapy intervention had a significant effect on the total emotional abuse score and its components, including verbal abuse, neglect and avoidance, and domination. However, it did not have a significant effect on social restriction. Consequently, the research hypothesis is confirmed for all components except for social restriction.

Regarding the significant effect of intimacy-based communication therapy intervention on the components of emotional abuse (verbal abuse-criticism, neglect-avoidance, domination, and social restriction) in betrayed women seeking to improve their relationship with their spouse, research findings indicate that these results align to a large extent with prior studies (Khamseh et al., 2015; Kimiaei & Gorjian, 2015).

To explain the significant impact of intimacy-based communication therapy intervention on emotional abuse in betrayed women seeking to improve their relationship with their spouse, it can be argued that infidelity is a factor that profoundly emotionally devastates and weakens the victim. These individuals lose their ability to adapt to the situation, lack the energy and motivation to restore their lives to normalcy, and experience profound emotional distress. However, women or men who decide to forgive their partner can reduce the intensity of their emotional distress through effective therapeutic approaches.

During the intimacy-based communication therapy sessions, the therapist taught participants how to express their inner emotions and created a space where they could share their emotional experiences without fear or concealment. The first factor that helped reduce emotional

vulnerability was emotional release, which facilitated a partial restoration of emotional stability.

The next phase of therapy focused on self-care principles, emphasizing that the infidelity they experienced could not be erased. It was an unavoidable past experience, and dwelling excessively on negative emotions and thoughts would not alleviate their suffering. Instead, it would exacerbate emotional and psychological distress. Therefore, preventing such consequences and prioritizing self-care became essential.

Focusing these women on designing personal plans that addressed their needs, desires, and aspirations was another key aspect of the intervention, which significantly helped restore their emotional and psychological strength. This process prepared them to re-enter their distressed relationship. At this stage, the therapist emphasized teaching and internalizing interactive skills such as active listening, awareness of personal responsibilities, and empathy, which enhanced their ability to engage in constructive conversations.

By internalizing these skills, participants gradually applied them in interactions with their spouse, leading to relationship improvement. The partner, witnessing the betrayed spouse's ability to forgive, became more motivated to change and amend their behavior, which in turn reinforced intimacy and emotional connection. Experiencing such changes gradually restored hope in these women, reduced their emotional distress and anxiety, and strengthened their ability to repair the damaged bond.

To further explain the significant impact of intimacy-based communication therapy intervention on the components of emotional abuse (verbal abuse-criticism, neglect-avoidance, domination, and social restriction) in betrayed women seeking to improve their relationship, it can be observed that these women realized they were exceptionally courageous individuals for choosing to return to the relationship despite their painful experience.

During the therapy process, the therapist guided them to recognize that rebuilding the relationship required courage and significant emotional effort. They needed to abstain from behaviors that are natural reactions to such betrayal, such as constant criticism, blame, and withdrawal.

This group was encouraged not only to eliminate these distressing behaviors but also to revive positive qualities and functional aspects within themselves, such as dialogue, empathy, care, and affection. To achieve this, emotional release was facilitated, allowing participants to externalize repressed emotions that were hindering relationship repair.

This process, coupled with enhancing their ability to regulate emotions, helped reduce the tension caused by infidelity and accelerated the path to relationship recovery.

Additionally, the therapist taught participants alternative skills, such as empathy, dialogue, responsibility acceptance, and care. Although applying these skills in interactions with their spouse was initially challenging, gradual implementation resulted in significant and observable changes in their partner, which encouraged the women to persist in their efforts. This process gradually diminished emotional abuse and reduced impulsive behaviors such as neglect, avoidance, blame, and humiliation.

However, it should be noted that this approach was not particularly effective in reducing social restriction. Given the sensitivity of their current circumstances and fear of experiencing infidelity again, these women were reluctant to ease communication restrictions and even emphasized strengthening them. It is possible that, over time and with increasing trust in their partner, this restriction may naturally decrease.

5. Suggestions and Limitations

Conducting this study in counseling centers in Qeshm limits the generalizability of the results to other settings and cultures. The exclusive focus on betrayed women while excluding betrayed men is another limitation that affects the internal and external validity of the findings. Additionally, as a quasi-experimental study, complete control over intervening variables was not possible, which may have affected the internal validity of the results.

Future studies are recommended to explore the role of intimacy-based communication therapy intervention on emotional abuse in betrayed women seeking to improve their relationship in different cultural and social contexts. Further research should also investigate the effectiveness of this intervention on betrayed men, as well as conduct a comparative analysis of its impact on both betrayed men and women who seek to restore their relationships.

It is recommended that family counseling centers adopt intimacy-based communication therapy when working with women who have experienced spousal infidelity, as this approach can enhance their expression of love and reduce emotional abuse. Implementing this intervention may help restore the quality of marital relationships and prevent relationship dissolution. Additionally, court-affiliated counseling centers dealing with cases of infidelity can incorporate this approach to support women who are not

only experiencing psychological distress but are also at risk of marital breakdown. By applying intimacy-based communication therapy, these centers can enhance the psychological security of affected individuals, fostering hope and motivation to maintain and rebuild their relationships.

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.

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Declaration of Interest

The authors report no conflict of interest.

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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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