

The effectiveness of emotion-focused therapy on anxiety sensitivity, distress tolerance and coping strategies in betrayed women

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ABSTRACT

Objective: This study aimed to investigate the effectiveness of emotion-focused therapy on anxiety sensitivity, distress tolerance, and coping strategies in betrayed women.

Method: The current research method was quasi-experimental, with a pre-test-post-test-follow-up design with a control group. The statistical population included all women affected by extramarital relationships who had been referred to psychological clinics and specialized marriage centers (under the welfare organization) in Isfahan City in order to use psychological services in the second half of 2022. The sample of this research included 30 women affected by extramarital relationships who were willing to participate in the research and were selected as available sampling. The data were obtained by using an anxiety sensitivity questionnaire (2005), a distress tolerance scale (2005), and a coping strategies questionnaire (1984). The experimental group underwent Johnson's (2004) emotion-focused treatment. The data obtained from the research were analyzed using SPSS version 26 and the statistical method of analysis of covariance.

Results: The results showed that emotion-focused therapy was effective in anxiety sensitivity ($F=22.94$, $P<0.001$), distress tolerance ($F=29.17$, $P<0.001$), and problem-oriented ($F=8.95$, $P<0.001$) and emotion-oriented ($F=18.47$, $P<0.001$) coping strategies in betrayed women.

Conclusion: It can be concluded that emotion-focused therapy was effective in anxiety sensitivity, distress tolerance, and coping strategies in betrayed women, and emotion-focused therapy can reduce the problems of betrayed women.

Keywords: emotion-based therapy, anxiety sensitivity, distress tolerance, coping strategies, marital infidelity.

1. Introduction

T

he most important function of the family is to create security and mental peace for the family members. Therefore it can be said that the family is a protective factor against all kinds

of hardships and dangers and is a supporter and a safe haven for its members in any situation (Swets & Cox, 2023); However, the family, like other social institutions, is not immune from various damages and may face various problems and hardships during its lifetime (Weiser et al., 2023). Meanwhile, infidelity is one of couples' most serious injuries (Lişman & Corneliu, 2023; Navabinejad, Rostami, & Parsakia, 2023). Although some couples consider themselves committed to their marital relationship at the beginning of their life together, their commitment may not be enough to withstand the damage caused by life's adversities. (Luo & Yu, 2022). *Marital infidelity* (MI) is one factor that challenges the family's health and is the most important factor that threatens the performance, stability, and continuity of marital relationships (Wusu, 2022). MI, based on a general definition, is a violation of the relationship commitment of two people, leading to emotional and physical intimacy with someone outside of this relationship (Asadu & Egbuche, 2020). Betrayal is the feeling of being harmed by a trusted person's intentional or unintentional behavior (Serban et al., 2022). After revealing the infidelity of the spouse, families face various issues such as: Marital crisis (Anwar, Riaz, & Ahmed, 2022), impaired performance in the role of parents (Kyegombe, Stern, & Buller, 2022), career problems (Kyegombe, Stern, & Buller, 2022), beating and suicide (Olamijuwon, Odimegwu, & Chemhaka, 2021).

Psychologists who work regarding marital problems point out that the quality of relationships between couples is very important to prevent divorce and satisfy marital and psychological needs. These scholars have emphasized the role of some pathological cognitive-emotional structures in the quality of marital relations and the mental health of couples, among which we can mention *anxiety sensitivity* (AS). AS is the second most common cause of disability in couples, and its symptoms usually appear during marriage. Unfortunately, the chronicity of the nature of AS, the lack of proper prognosis and definitive treatment, and the involvement of a person in married life cause many psychological problems in these people, among which the inability to control emotions, anxiety, depression, and stress are highly prevalent. (Asadu & Egbuche, 2020). AS leads to biases in retrieving and processing information related to anxiety-inducing stimuli, which provides the basis for a person to suffer from mental disorders, including anxiety and panic (Ranney et al., 2022). Research has shown that couples suffering from marital problems have a high AS, which makes the person experiencing the smallest physical

symptoms related to anxiety feel that he is facing a difficult situation during which he may not be able to tolerate communication conflicts. AS can be considered as one of the risk factors of marital problems of couples affected by extramarital relationships (poor emotional control) (Ranney et al., 2022).

Among these, one of the effects of betrayal is a decrease in *distress tolerance* (DT) in the betrayed person (Aghili & Kashiri, 2022). DT is defined as the capacity to experience and tolerate negative psychological states (Kyron et al., 2022). According to Rani et al. (2022), distress is represented as negative emotional states, often manifested by the desire to react to eliminate the negative emotional experience. People with a low level of DT evaluate the experience of emotional distress as exhausting and unacceptable, and as a result, they try to relieve this negative emotional state, but most of the time, they cannot focus their attention on anything other than their feeling of distress. (Paltell & Berenz, 2022).

Meanwhile, the effort that people make to eliminate stress or minimize or tolerate it is called coping (Folkman & Lazarus, 1988). *Coping* and stress are described as inseparable links. Coping is behavioral and cognitive efforts to manage, reduce or tolerate internal and external demands that are created by a stressful exchange; There are two types of *coping strategies*, one of which is regulating the emotions or anxiety caused by the stressful situation (*emotion-oriented coping strategies* (ECS)) and the other is managing the stressful problem by directly changing the elements of the stressful situation (*problem-oriented coping strategies* (PCS)). Although both forms of coping are used in most events, it depends on how a person evaluates the situation (Côté, Tremblay, & Dufour, 2022; Gupta & Kumar, 2020; Simons & Gaher, 2005).

There are different forms of psychological treatments for these people. One of the treatments used in recent years is the *emotion-focused therapy* (EFT) approach, an integrated and combined approach founded by Greenberg and Sarfran (1989). This approach focuses on how to work with the "relationship" and with the "self" in terms of regulating one's emotions and regulating the emotional relationship according to the situation (Greenberg & Safran, 1989). In the emotion-oriented approach, modern humanistic theories such as Rogers' reference-oriented and Perez's gestalt therapy, Satyr's empiricism and existential theory are presented by integrating the modern theory of emotion and the family system theory along with its main pillar, the attachment theory (Greenman & Johnson, 2022). This

approach attempts to integrate the growing concept of the role of emotion and the concept of interaction and communication in human relationships. Humans are motivated by the thrills they seek, and this approach emphasizes adaptive attachment patterns through mutual care, support, and consideration for one's own and partner's needs (Greenman & Johnson, 2022; Kyegombe, Stern, & Buller, 2022). Emotion-centered education is an experimental approach that considers emotion as the basis and basis of experience in relation to adaptive and non-adaptive functions. Evidence shows that emotions play an important role in behavioral response, marital conflict resolution, the decision-making process, enhancing memory for important events, and facilitating interpersonal interactions (Anwar, Riaz, & Ahmed, 2022; Greenman & Johnson, 2022).

Greenman and Johnson (2022) showed that emotion-focused training leads to a reduction in psychological conflicts. During that process, the client learns that the ability to achieve fundamental, incompatible and vulnerable emotional patterns and identity has an important connection with inner emotions. Clients gradually shape their sense of identity in the form of a coherent narrative of "self" in the organization of their emotional experiences and the opinions of others about their "self". Over time, it will clarify and strengthen the references of emotions and concepts of "self" and advance the individual's ability to self-regulate and other-regulate. Therefore, EFT can be very helpful in reducing the damage caused by conflicts and extramarital relationships (Greenman & Johnson, 2022). Therefore, this research aims to investigate the effectiveness of EFT on AS, DT and coping strategies in betrayed women.

2. Methods

2.1. Study design and Participant

The current research method was quasi-experimental with a pre-test-post-test-follow-up plan with a control group. The statistical population included all women affected by extramarital relationships who had been referred to psychological clinics and specialized marriage centers (under the welfare organization) in Isfahan City in order to use psychological services in the second half of 2022. The sample of this research included 30 of these women affected by extramarital relationships who were willing to participate in the study and were selected as available sampling. Then, among the research sample, 15 people were randomly replaced in the control group and 15 people in the

experimental group, and they were homogenized in terms of age and education level; This homogeneity was confirmed through a two-sample t-test and chi-square. The inclusion criteria were: involving with extramarital affairs or betrayal, having at least a diploma degree, age between 20 and 40 years, not suffering from other mental and personality disorders, not participating in other treatment programs at the same time, not receiving individual counseling or drug therapy, and declaring Satisfaction and the possibility of participating in treatment sessions during the implementation of the research and exclusion criteria include the absence of more than two sessions, non-cooperation during treatment sessions, suffering from other recognizable clinical disorders and personality disorders, taking psychoactive drugs, simultaneously participating in other psychological treatment programs and receiving individual counseling or drug therapy. The ethical considerations of the research were that all the sample people were assured that their names would not be mentioned in any part of the research and only the data results would be used. In order to conduct the research, an orientation meeting was held, and a consent form and a questionnaire containing demographic information were distributed among the participants. With the aim of anonymity and guaranteeing the participants' privacy, a corresponding code was assigned to each participant. After selecting and assigning the subjects and before implementing the treatment sessions, the subjects of both groups were evaluated through AS, DT, and coping strategies questionnaires. Then, the experimental group was subjected to an 8-session intervention based on 90-minute sessions once a week. The control group did not receive any intervention. After the end of the intervention sessions, the subjects of both groups were re-evaluated with research tools. The data obtained from the research were analyzed using SPSS version 26 and the statistical method of analysis of covariance.

2.2. Measurements

In order to collect data, *Anxiety Sensitivity Inventory* (ASI) (2005), *Distress Tolerance Scale* (DTS) (2005), and *Coping Strategies Questionnaire* (CSQ) (1984) were used.

2.2.1. Anxiety Sensitivity

ASI is a self-report questionnaire developed by Floyd and LaSota in 2005. It has 16 items on a five-point Likert scale (very little = 0 to very much = 4). Higher scores determine

the degree of experiencing fear of anxiety symptoms. The range of scores is between 0 and 64. ASI consists of three factors: fear of physical concerns (8 items), fear of lack of cognitive control (4 items) and fear of anxiety being observed by others (4 items). Examining the psychometric properties of ASI has shown its high internal consistency between 0.80 and 0.90. The retest reliability was 0.75 after 2 weeks and 0.71 for three years, which shows that this questionnaire is a stable personality construct. Its validity in the Iranian sample was calculated based on three methods of internal consistency, retesting and classification, which obtained 0.93, 0.95 and 0.97 validity for the whole scale, respectively. The validity of ASI was done based on three concurrent validity methods through simultaneous implementation with the SCL-90 questionnaire, showing a correlation coefficient of 0.56. The correlation coefficients with the total score were satisfactory and varied between 0.74 and 0.88. Cronbach's alpha reported in the present study was 0.793 (Floyd, Garfield, & LaSota, 2005).

2.2.2. *Distress Tolerance*

This self-report scale was developed by Simons and Gaher in 2005 and has 15 items and 4 subscales of tolerance, assimilation, evaluation, and adjustment, which are scored on a five-point scale from strongly agree to strongly disagree. Cronbach's alpha coefficients for the dimensions of emotional DT, absorption by negative emotions, mental estimation of distress and adjustment of efforts to relieve distress were reported as 0.72, 0.82, 0.78, 0.70 and 0.82 for the whole scale. Intraclass correlation after six months was 0.61 (Simons & Gaher, 2005). The correlation of DT with problem-oriented, emotion-oriented, less effective and effective coping methods is 0.21, 0.27, -0.33 and -0.19, respectively. Correlations of 0.54, -0.22 and -0.65 were

obtained between DT scale with positive emotion, negative emotion and smoking dependence. Cronbach's alpha reported in the present study was 0.87.

2.2.3. *Coping Strategies*

CSQ was designed by Folkman and Lazarus in 1988. CSQ has 66 items and 8 components of direct coping, distancing, self-control, seeking social support, acceptance of responsibility, avoidance, planned problem solving, and positive reappraisal. Based on the three-point spectrum, it is from not at all (0) to very much (3). Folkman and Lazarus (1988) found the reliability of this questionnaire to be 0.75 using Cronbach's alpha method, and the reliability of its subscales was 0.61 for the atmosphere-distance coping style, 0.79 for positive reappraisal, 0.74 for avoidance, and 0.88. They have reported 0.0 for the circuit problem strategy. In the present study, Cronbach's alpha coefficient was: direct confrontation subscale 0.76; distance seeking subscale 0.71; Self-control subscale 0.80; subscale seeking social support 0.70; Acceptance of responsibility subscale 0.82; 0.76 avoidance/avoidance subscale; Planned problem solving subscale 0.75; Positive reappraisal subscale 0.83; Cronbach's alpha for the whole questionnaire was also 0.91 (Folkman & Lazarus, 1988).

2.3. *Intervention*

In this research, EFT based on the protocol of Greenman & Johnson (2022) was performed on the experimental group in eight 90-minute sessions.

2.3.1. *Emotion-focused Therapy*

The content of EFT sessions is presented in the Table 1.

Table 1

The content of EFT sessions

Session	Content
1	Communicating, conducting a pre-test, explaining the nature of physical, emotional, and emotional abuse, its factors and symptoms, conceptualizing EFT, and observing and evaluating subjects in terms of their ability to focus on their inner experiences.
2	Identifying unsolved sorrows, sorrows, and resentments and contradictory, dual, and critical feelings about oneself and important and influential people in life.
3	Placing the subjects in the position of an empty chair conversation to talk with important, influential people in their lives creates conditions for the occurrence of usually unpleasant emotional experiences in the context of communication and family.
4	Implementing the relaxation technique reduces the effect of the subjects' experience of helplessness and teaches their thoughts and feelings.
5	Identifying the subjects' methods for breaking the feeling of inadequacy and learning to control emotions.
6	Describing and talking about the tone of voice, the level of discomfort, anger, and pain of the subjects, and acceptance of emotions and positive criticism.
7	Teaching the process of transferring feelings of disappointment, anger, and shame to subjects, increasing the ability to face problems and changes in important aspects of life.

8 Summarizing the points raised in the previous sessions, reviewing the skills presented, and providing examples of the quality of interpersonal relationships in people's lives to consolidate the learning of these skills and the implementation of the post-exam.

2.4. Data Analysis

In order to analyze the data, descriptive statistics (mean and standard deviation) and to check the normality of the distribution of the variables, the Klomogorov-Smirnov test and inferential statistics (multivariate covariance analysis) were used, following its assumptions and data analysis software spss-22.

The mean age for the present study sample by groups was reported 36.9±3.03 for the experimental group and 38.3±3.9 for the control group. The minimum age of the participants in this research was 28, and the maximum age was 40. Also, considering the significance level greater than 0.05, There was no significant difference between the two groups, and the two groups were homogeneous regarding age. The results of the descriptive findings of the research are presented in Table 2, separating the three stages of the research into two groups.

3. Findings and Results

Table 2

Descriptive findings of experimental and control groups in three stages

Variable	Group	Pre-test		Post-test		Follow-up	
		Mean	SD	Mean	SD	Mean	SD
DT	Experimental	70.8	5.19	81.3	6.63	79.7	5.83
	Control	71.0	6.19	70.7	6.29	71.3	6.83
AS	Experimental	50.3	6.92	39.8	6.53	41.1	7.42
	Control	49.4	6.19	48.8	7.05	49.6	7.35
PCS	Experimental	31.2	3.33	38.2	6.52	38.0	5.59
	Control	31.0	4.41	33.9	4.87	32.8	4.59
ECS	Experimental	36.8	5.02	31.4	3.41	32.1	3.88
	Control	37.1	5.91	36.9	4.98	37.0	5.11

Table 2 shows the average variables of DT, AS, and coping strategies in two groups - as can be seen; These variables do not show much difference between the two studied groups in the pre-test; But after the intervention, the intervention group shows a significant difference compared to the control group compared to before the intervention; Also, this difference can be seen in the follow-up phase. The results of the Kolmogorov-Smirnov test to check the normality of the data distribution and, as one of the

assumptions of the repeated measurement analysis, showed that at the significance level (p<0.05), the collected data is normal in all the variables of the experimental and control groups. The assumption of normality or parametric data has been respected. Also, M-Box's test was used to check the homogeneity of the covariance matrix, and its results were reported to be more than 0.05. Also, in this variable Mauchly's sphericity is not higher than 0.05; a conservative test such as Greenhouse Geisser was used for repeated measurement variance analysis.

Table 3

The results of the normal distribution of scores and homogeneity of variances test

Variable	Group	K-S			Levene			Mauchly		
		Df	Statistics	p	Df	Statistics	p	Statistics	W	p
DT	Experimental	15	0.616	0.776	28	1.754	0.196	2.55	0.77	0.35
	Control	15	0.846	0.424						
AS	Experimental	15	0.973	0.304	28	2.333	0.180	2.69	0.91	0.27
	Control	15	0.437	0.947						

PCS	Experimental	15	0.545	0.922	28	2.391	0.133	3.16	0.84	0.47
	Control	15	0.620	0.845						
ECS	Experimental	15	0.616	0.776	28	1.754	0.196	2.55	0.77	0.35
	Control	15	0.846	0.424						

According to the information in Table 3, the assumption of normality of variables is acceptable for all variables, considering probability values greater than 0.05. The results of the analysis of variance of repeated measurement of several variables among the studied groups in the variables of DT, AS and coping strategies showed that the effect between subjects (groups) is significant. This effect means

that at least one of the groups differs from each other in at least one of the variables of DT, AS and coping strategies. The within-subject effect (time) was also significant for the research variables, which means that there was a significant change in at least one of the variables during the time from pre-test to follow-up.

Table 4

Results of analysis of variance with repeated measures to compare pre-test, post-test and follow-up DT, AS and coping strategies in experimental and control groups

Scale	Effect	SS	Df	MS	F	Sig.	Eta ²
DT	Group*time	59.267	2	29.633	12.761	0.001	0.31
	Group	2507.51	1	2507.51	29.170	0.001	0.51
AS	Group*time	159.756	2	79.878	29.803	0.001	0.51
	Group	1719.79	1	1719.79	22.940	0.001	0.34
PCS	Group*time	263.622	2	131.811	37.465	0.001	0.57
	Group	207.52	1	207.52	8.950	0.001	0.23
ECS	Group*time	412.55	2	206.275	20.66	0.001	0.26
	Group	189.96	1	189.96	18.47	0.001	0.20

Table 4 showed that the F-value obtained in the groups factor in the dimensions of DT, AS, and coping strategies is significant (p<0.01). This finding indicates that EFT training improved DT, AS, and coping strategies but did not significantly affect coping. In this regard, an analysis of

variance with repeated measurements was done for the experimental group in three stages of therapeutic intervention, where the observed F ratio was in the improvement of the dimensions of DT, AS, and coping strategies.

Table 5

Tukey's post-hoc test results to compare pre-test, post-test and follow-up averages in DT, AS and coping strategies

Variable	Stage	Mean diff.	SE	Sig.	
DT	Pre-test	Post-test	-11.667	1.258	0.001
		Follow-up	-9.567	1.812	0.001
	Post-test	Follow-up	2.667	1.258	0.083
AS	Pre-test	Post-test	11.800	2.232	0.001
		Follow-up	9.933	2.308	0.011
	Post-test	Follow-up	-2.800	2.232	0.076
PCS	Pre-test	Post-test	7.033	1.478	0.001
		Follow-up	6.300	1.576	0.001
	Post-test	Follow-up	0.200	1.478	0.263
ECS	Pre-test	Post-test	5.033	1.478	0.002
		Follow-up	4.300	1.576	0.001
	Post-test	Follow-up	1.267	1.491	0.102

As can be seen in Table 5, there is a difference between the pre-test and the post-test and follow-up variables of DT, AS, and coping strategies at an error level of less than 0.05.

There is also a difference between post-test and follow-up. There is a difference between pre-test, post-test and follow-up in the variable of DT, AS and coping strategies at an error

level of less than 0.01. But there is no significant difference between the post-test and the follow-up, which means the durability of the treatment effect.

4. Discussion and Conclusion

This study aimed to investigate the effectiveness of EFT on AS, DT, and coping strategies in betrayed women. The present study showed that EFT is effective in AS, DT, and coping strategies in betrayed women. The result is consistent with the results of past studies (Greenman & Johnson, 2022). In the explanation of this finding, it can be said that the goal of teaching skills based on an emotion-oriented approach is to avoid experientially and increase psychological flexibility by accepting unpleasant, unavoidable, and disturbing feelings such as anxiety. The client is encouraged to relate fully and without resistance to their experiences as they move toward their valued goals and to accept them as they arise without judging their rightness or wrongness. This increases the motivation to change despite unavoidable obstacles and motivates a person to strive to realize valuable life goals (Floyd, Garfield, & LaSota, 2005; Greenman & Johnson, 2022; Ranney et al., 2022; Simons & Gaher, 2005). Instead of focusing on removing and removing traumatic factors, EFT skills training helps clients accept their controlled emotions and cognitions and free themselves from the verbal rules that caused their problems. EFT allows them to let go of conflict with them.

In relation to the alignment of the result of the current research on the effect of EFT on DT and coping strategies, it can be said that the result is in line with some previous results (Greenman & Johnson, 2022). In the explanation of the present findings, it can be said that the emotion-oriented approach and the use of motivational skills to increase the mood level of clients, on the other hand, has increased the control of emotions in people (Greenman & Johnson, 2022; Kyron et al., 2022; Simons & Gaher, 2005).

In the emotion-oriented approach, the acquisition of skills and the creation of behavioral motivations is the basis of change; for this reason, therapeutic strategies reflects accepting and validating the clients' current behavioral capacities and abilities. Establishing a balance between

acceptance and change is one of the principles of the emotion-oriented approach. In this way, in this program, training is improved by increasing emotional awareness and identifying emotional experiences, and finally, by processing and reorganizing interaction patterns that have led to the helplessness of people in marital relationships. Based on this, emotional recognition with prediction mechanisms, control, and effective coping strategies helps to increase the control of emotions (Côté, Tremblay, & Dufour, 2022; Floyd, Garfield, & LaSota, 2005; Greenman & Johnson, 2022; Lişman & Corneliu, 2023). The main emphasis of EFT is to reduce the intensity of the frequency of disturbing emotions and thoughts. Instead of directly trying to reduce the latter, this treatment emphasizes increasing behavioral efficacy in the presence of unpleasant thoughts and feelings.

5. Limitations

Among the limitations of the current research, we can mention the purposeful sampling method and the small sample size.

6. Suggestions and Applications

According to limitations, using random sampling methods and an appropriate sample size in future research is suggested. Moreover, it is suggested to use EFT in various situations including clinical, educational, and organizational situations.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics principles

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

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