




Effectiveness of Emotionally Focused Couple Therapy on Intimacy, Marital Forgiveness, and Marital Burnout in Women Affected by Extramarital Affairs

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ABSTRACT

Objective: Extramarital affairs are phenomena that often occur to fulfill an individual's emotional or sexual needs through relationships outside the marital domain. The present study aimed to determine the effectiveness of Emotionally Focused Couple Therapy (EFT) in increasing intimacy and marital forgiveness and reducing marital burnout in women affected by extramarital affairs.

Methods and Materials: The present study is a quasi-experimental design with a pre-test, post-test, and follow-up, along with a control group. The statistical population of this study included all women affected by their spouse's extramarital affairs who referred to specialized family counseling centers in District 6 of Mashhad. From this population, 30 women were selected through purposive sampling based on inclusion and exclusion criteria. Data were collected using the Marital Forgiveness Scale by Rye et al. (2001), the Marital Burnout Scale by Pines (1996), and the Marital Intimacy Scale by Thompson and Walker (1983). Participants were randomly assigned to three experimental groups and one control group, each consisting of 15 individuals. Data analysis was performed using repeated measures ANOVA with SPSS-20 statistical software.

Findings: The results indicated that Emotionally Focused Couple Therapy was effective in improving intimacy and marital forgiveness and reducing marital burnout in women affected by extramarital affairs ($P < 0.01$). The results of this study remained stable during the follow-up phase.

Conclusion: Therefore, it can be concluded that Emotionally Focused Couple Therapy is effective in enhancing intimacy, forgiveness, and reducing marital burnout in women affected by extramarital affairs. This therapeutic approach can be used to alleviate the psychological problems of couples affected by extramarital affairs.

Keywords: Emotionally Focused Couple Therapy, Intimacy, Marital Forgiveness, Marital Burnout, Extramarital Affairs.

1. Introduction

Extramarital affairs are phenomena that often occur to fulfill an individual's emotional or sexual needs through relationships outside the marital domain (Feng, 2018). Pitman (1989) believes that extramarital affairs are not necessarily sexual but are fundamentally based on secrecy. This secretive world lacks incompatibility, daily responsibilities, reality testing, and honest thinking. Extramarital affairs are issues that couple therapists frequently encounter (Rokach & Chan, 2023). This issue can be a painful experience for all those involved. Moreover, extramarital affairs are one of the major causes of divorce and marital breakdown. These affairs can cause symptoms similar to post-traumatic stress disorder and feelings of depression, anger, hopelessness, lack of self-confidence, loss of identity, and worthlessness in the betrayed spouse. Additionally, it can lead to feelings of doubt, depression, and guilt in the spouse engaged in the extramarital affair (Kayhan et al., 2022).

On the other hand, it is believed that all humans have a basic and fundamental need for intimate relationships. Intimacy is considered a primary psychological need (Navabinejad et al., 2024; Parsakia et al., 2023). Marital intimacy refers to an interaction between spouses that leads to feelings of closeness, love, and care. Intimacy fundamentally influences individual satisfaction or dissatisfaction with life, as it strengthens the couple's commitment to the relationship and is positively related to marital adjustment (Choi et al., 2020). The lack of intimacy in couples' relationships destabilizes their marriage, leading to prolonged conflicts and tension, resulting in family dysfunction (Teymouri et al., 2020). Conversely, the presence of intimacy is crucial in well-functioning families, as increasing intimacy in couples enhances life satisfaction and reduces the tendency towards separation (Hedayati et al., 2020). In successful marriages, mutual exchange and fulfillment of intimacy needs are at an acceptable level, strengthening affectionate relationships between spouses. It can be said that one of the principles of successful marriages is creating intimacy between spouses (Seo et al., 2020). Research shows that marital intimacy improves couples' communication skills, conflict management, problem-solving abilities, and coping skills, ultimately increasing satisfaction and reducing marital distress (Hedayati et al., 2020; Hosseinpour et al., 2022). Additionally, Ourk and Koti (2019) found that intimacy can significantly enhance family functioning, as higher marital intimacy positively affects

feelings of belonging, security, reducing isolation, loneliness, and marital burnout (Chang, 2014).

Several factors contribute to marital satisfaction, with forgiveness being one of the most important factors. Most studies have found that forgiveness and hope are the most significant variables. Forgiveness is highly effective in improving psychological problems, increasing intimacy, trust in marital relationships, problem-solving, and marital satisfaction (Kayhan et al., 2022). Forgiveness involves forgoing personal desires and interests for the benefit of the partner or to strengthen the relationship. In other words, forgiveness means overlooking actions or behaviors one desires or acting in a way that is not desirable (DiBlasio & Benda, 2008). After discovering a spouse's infidelity, individuals often experience intense emotions of anger, anxiety, and depression. Forgiveness is an effective intervention for anger, depression, issues with the family of origin, sexual trauma, and infidelity (Impett et al., 2014).

Studies show a relationship between forgiveness and life satisfaction (DiBlasio & Benda, 2008). However, there are also contradictory results, with some showing that the effect of forgiveness is significant at the post-test stage but decreases at the follow-up stage (Cohen et al., 2012). Cohen et al. (2012) found that marital forgiveness associated with health and marital continuity leads to greater happiness and relief, satisfaction with life, enjoyment of the relationship, and increased marital intimacy (Cohen et al., 2012). Therefore, when adverse conditions such as infidelity occur in a couple's relationship, a process of decreasing intimacy emerges, indicating an unfavorable environment with a lack of forgiveness. Hence, the spouse's perception of forgiveness from the sacrificial partner results in reporting less conflict and more intimacy (Young & Curran, 2016).

Extramarital affairs impose various pressures and tensions on couples' lives, affecting their interpersonal, social, and marital relationships. When couples become disappointed and discouraged from gaining trust and marital commitment in their relationships, it not only impacts their marital relationships but also destroys the intimacy and close emotions they need and value, resulting in stress, frustration, anger, and marital burnout (Bridge, 2019; Chang, 2014). Physical exhaustion involves decreased energy, chronic fatigue, weakness, and various physical and psychological complaints, while emotional exhaustion includes feelings of helplessness, hopelessness, and deception. Mental exhaustion relates to the development of negative attitudes towards oneself, work, and life (Golparvar & Parsakia, 2023; Jesse et al., 2018; Rezahaji Bidgoli & Tamannaefard, 2017).

Among the various theories, Emotionally Focused Couple Therapy (EFT) as an integrated and new approach is effective in explaining and treating marital problems. EFT is an integrated approach combining systemic, humanistic (experiential), and adult attachment theories, developed by Johnson and Greenberg in the early 1980s. Given the significant role of emotions in attachment theory, EFT emphasizes the crucial role of emotions and emotional connections in organizing communication patterns, considering emotion as a change factor (Johnson & Brubacher, 2015). Wiebe and Johnson (2016) believe that EFT is more effective than other approaches due to its structured and step-by-step therapeutic program for couples, with a significantly lower chance of relapse. This therapy first evaluates the couples' communication style and, after revealing defenses, makes this style apparent to the couples and specifies its consequences (Wiebe & Johnson, 2016). Therefore, couples gradually become able to identify suppressed and unclear emotions that perpetuate this negative communication cycle, stopping it based on interventions whose effectiveness has been confirmed in numerous studies, and improving their relationships (Novak et al., 2016).

Most studies on extramarital affairs are descriptive, focusing on individuals' attitudes towards extramarital affairs or their consequences and definitions. Additionally, such studies are very limited in Iran. Therefore, considering that some spouses in Iran want to continue living with their partner despite infidelity and need counseling services to adapt to this situation and start a new life with a new perspective and awareness, effective therapeutic models are particularly important. Thus, this study seeks to answer whether Emotionally Focused Couple Therapy affects intimacy, marital forgiveness, and marital burnout in women affected by extramarital affairs.

2. Methods and Materials

2.1. Study Design and Participants

The present study is an applied research and in terms of methodology, it is a quasi-experimental study with a pre-test, post-test, and follow-up design, along with a control group. The statistical population included all women affected by their spouse's extramarital affairs who referred to specialized family counseling centers in District 6 of Mashhad in the second half of 2021. According to the counseling center officials, there were 93 women in this population. The sample consisted of 30 women selected from those affected

by their spouse's extramarital affairs who referred to specialized family counseling centers in District 6 of Mashhad. A purposive sampling method was used to select the sample. First, a list of counseling centers in District 6 of Mashhad was obtained, and then two centers were randomly selected. From the clients of these centers who were willing to participate in the therapeutic intervention, 30 women who scored one standard deviation above the mean on the Marital Burnout Questionnaire were chosen as the final subjects. They were randomly divided into two groups: the first experimental group for EFT intervention (15 people) and the control group (15 people). The groups were randomly assigned for receiving EFT intervention or being in the control group. Using G-Power software and based on an effect size of 0.25, an alpha of 0.05, and a power of 0.80, the minimum sample size required for each group was determined to be 15, with a total of 30 participants. Additionally, considering the potential drop-out rate from previous studies, a drop-out rate of 2 participants per group was anticipated, resulting in a total sample size of 30 participants (15 in each experimental and control group). The control group did not receive any training. Inclusion criteria included informed consent, the ability to attend therapy sessions, a history of extramarital relationships by the spouse (sexual and emotional infidelity), age between 25 to 50 years, education from high school diploma to master's degree, not participating in other educational or therapeutic classes simultaneously, male infidelity towards the female, and the infidelity occurring between 3 to 6 months prior. Exclusion criteria included lack of willingness to continue participation, not meeting the inclusion criteria, and absenteeism from the sessions.

After determining the goals, appropriate tools were selected. The tests and scales described in the tools section were chosen, and after selecting the sample, permission was sought from the Welfare Organization of Mashhad. With the cooperation of the Prevention Office, the names of counseling centers were obtained, and two specialized family counseling centers in District 6 of Mashhad were selected. After explaining the study's objectives to the center officials, a call was made for participants (women affected by their spouse's extramarital affairs), and 93 individuals volunteered. Finally, 30 women who scored one standard deviation above the mean on the Marital Burnout Questionnaire were chosen as the final subjects and randomly assigned to two groups: the first experimental group for EFT intervention (15 people) and the control group (15 people). After selecting the final groups, participants

were invited to an orientation session to explain the study's objectives, motivating and securing their consent to participate. The first experimental group underwent 12 ninety-minute group therapy sessions (twice a week on Saturdays and Tuesdays) at the Binesh Family Counseling Center. After the last training session, the post-test was administered simultaneously under the same conditions to the experimental and control groups. To respect participants' ethical rights, they were asked to sign a consent form, assured of the confidentiality of their information, and reminded not to include their names on the questionnaires. They were also informed that they could withdraw from the study at any time. The participants were assured of their anonymity and that they could leave the study at any time. They were also offered individual counseling sessions to address infidelity issues after the study's completion.

2.2. Measures

2.2.1. Marital Forgiveness

This scale was developed by Rye et al. (2001). It consists of 15 Likert-type items (strongly agree to strongly disagree) designed to measure forgiveness towards the offending partner. Factor analysis revealed two factors: one includes items expressing negative thoughts, feelings, and behaviors towards the offending partner (absence of negativity), and the other expresses positive thoughts, feelings, and behaviors (presence of positivity). Thus, this scale measures both negative and positive responses. Scores range from 1 to 5. Higher scores indicate greater forgiveness, and lower scores indicate less forgiveness. Higher scores on this scale indicate greater forgiveness towards the offender. Positive correlations were found between this scale and the Enright Forgiveness Scale, as well as with measures of religiosity, spiritual health, hope, and social enthusiasm, while negative correlations were found with measures of trait anger and state anger. Cronbach's alpha for this scale was reported as 0.87. The reliability obtained through the matching method was relatively high ($r=0.50-0.75$). Cronbach's alpha for this tool in Zandi Pour's study (2002) was 0.96 ($r=0.96$). Reliability in Honar Parvaran's study (2014) using Cronbach's alpha was 0.79, and using the split-half method, it was 0.81. In Hamidi Pour, Sanaei Zaker, Nazari, and Farahani's study (2010), Cronbach's alpha reliability for this questionnaire was 0.83 (Kayhan et al., 2022). In this study, the reliability of the questionnaire using Cronbach's alpha was reported as 0.79.

2.2.2. Marital Burnout

This self-assessment tool was designed by Pines (1996) to measure the degree of marital burnout among couples. The questionnaire consists of 20 items and three dimensions: physical exhaustion (items 1, 4, 7, 10, and 16), emotional burnout (items 2, 5, 6, 9, 11, 13, 14, 17, 20, and 21), and psychological burnout (items 3, 8, 12, 15, 18, and 19) (Pines & Nunes, 2003). Responses are on a Likert scale ranging from 1 (never) to 7 (always), with higher scores indicating greater burnout. Pines and Nunes (2003) found that the Marital Burnout Scale has an internal consistency between 0.84 and 0.90, with negative correlations validating its reliability. The test-retest reliability was 0.89 for one month, 0.76 for two months, and 0.66 for four months. Internal consistency for most subjects was measured with Cronbach's alpha ranging from 0.91 to 0.93. In Iran, Navidi (2005) measured Cronbach's alpha for this questionnaire on a sample of 240 participants (120 nurses and 120 teachers), reporting it as 0.86 (Jesse et al., 2018; Rezahaji Bidgoli & Tamannaiefard, 2017). In this study, Cronbach's alpha reliability for this questionnaire was reported as 0.77.

2.2.3. Marital Intimacy

This scale was developed by Thompson and Walker to measure marital intimacy. The questionnaire has 17 items, with scores ranging from 1 (never) to 7 (always), with higher scores indicating greater intimacy. This scale has a good internal consistency with Cronbach's alpha ranging from 0.91 to 0.97. This scale was translated by Sanaei in 2000. For content and face validity, the questionnaire was reviewed by 15 counseling professors and 15 randomly selected couples in Isfahan, who confirmed its validity. It was then administered to 100 randomly selected couples in Isfahan, with Cronbach's alpha reliability of 0.96, indicating acceptable reliability. Removing individual items did not significantly impact reliability (Hedayati et al., 2020; Hosseinpoor et al., 2022). In this study, Cronbach's alpha reliability for this questionnaire was reported as 0.79. In this study, Cronbach's alpha reliability for this questionnaire was reported as 0.78.

2.3. Intervention

2.3.1. Emotionally Focused Couple Therapy

In this study, Emotionally Focused Couple Therapy refers to group EFT intervention based on Johnson's approach

(2004), conducted in 12 ninety-minute sessions with the first experimental group (Johnson & Brubacher, 2015).

Session 1: This session involves an introduction to the participants, the therapist's introduction, and an exploration of their motivations and expectations for attending the class. The core concepts of Emotionally Focused Couple Therapy, including values, acceptance and action, emotional regulation, and flexibility, are defined and discussed. Participants' views on these concepts are solicited, and the importance of confidentiality within the group is emphasized. An effort is made to create a safe and secure environment. Group members are assigned complementary roles, and the focus on building cohesion and evaluating therapeutic motivation is initiated.

Session 2: With a structural focus, this session examines the couple's most recent argument as if reviewing a film. This method aims to achieve the primary goal of conflict resolution by providing a detailed analysis of the argument, identifying patterns, and discussing alternative approaches.

Session 3: This session is dedicated to distinguishing between primary and secondary emotions. Participants are given the necessary education to differentiate these emotions, allowing them to identify the root causes of their primary emotions. This understanding is crucial for deeper emotional awareness and management.

Session 4: The focus here is on identifying problematic interactions and evaluating their coping strategies. Barriers to attachment and emotional engagement, both intrapersonal and interpersonal, are explored. The marital communication status is assessed. Homework involves observing pleasant (joy, happiness, excitement) and unpleasant (anger, hatred, sadness, jealousy, anxiety) emotional states.

Session 5: This session assesses the participants' commitment to their marriage and previous attachment traumas that may influence their current relationships. It also evaluates their fear of disclosing secrets. The homework assigned involves paying attention to each other's daily interaction cycles.

Session 6: Interaction patterns are identified, and participants are encouraged to accept validated feelings. The session explores each participant's attachment insecurities and fears, promoting openness and self-disclosure. Continuity in the therapeutic process is maintained. Homework involves accurately identifying pure emotions and feelings.

Session 7: This session brings forth new elements in the participants' experiences and aligns the therapist's diagnoses

with the clients' perceptions. Couples are guided to accept and reconsider their negative interaction cycles, leading to renewed relationship dynamics.

Session 8: The focus is on reconstructing the couple's bond by clarifying key emotional responses and expanding each partner's emotional experiences. Homework includes expressing pure emotions and feelings authentically.

Session 9: Emotional engagement is deepened, enhancing interaction methods by focusing on the self rather than the other. The session aims to reconstruct interactions and change events, symbolizing suppressed desires and aspirations.

Session 10: Participants are guided to discover new solutions to old problems, engage intimately with their partners, accept new situations, and develop secure attachments. This process facilitates the emergence of innovative approaches to longstanding issues.

Session 11: This session involves creating a positive narrative of the relationship, identifying interactions between past and present patterns, and concluding that vitality in the relationship does not require the therapist's presence.

Session 12: The final session focuses on maintaining interactional changes in the future. It distinguishes between past negative interaction patterns and summarizes the sessions. It also facilitates closure and conducts a post-test to evaluate the progress and outcomes.

2.4. Data analysis

Data analysis was conducted in two sections: descriptive and inferential. The descriptive section included central and dispersion indices: frequency, percentage frequency, minimum and maximum values, mean, and standard deviation. In the inferential section, the Shapiro-Wilk test was used to check the normality of data distribution, and the Levene's test was used to assess the homogeneity of error variances. Data analysis was performed using repeated measures ANOVA and Bonferroni post hoc tests. SPSS-16 statistical software was used for data analysis.

3. Findings and Results

The mean (standard deviation) age of participants in the Emotionally Focused Couple Therapy group was 30.15 (7.91) years, and in the control group, it was 33.91 (6.88) years.

Table 1

Descriptive Findings of Research Variables in Pre-test, Post-test, and Follow-up Stages

Variable	Group	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD	Follow-up Mean	Follow-up SD
Marital Burnout	Emotionally Focused Therapy	108.46	18.93	111.85	19.02	112.12	18.29
	Control Group	114.40	16.68	115.10	16.99	114.88	17.68
Marital Intimacy	Emotionally Focused Therapy	35.56	10.52	37.80	10.53	37.93	10.90
	Control Group	35.26	10.80	35.00	10.68	34.90	10.76
Marital Forgiveness	Emotionally Focused Therapy	28.20	8.97	30.33	9.14	30.28	8.93
	Control Group	28.86	8.74	29.60	8.70	29.41	9.29

Table 1 presents the mean and standard deviation scores of participants in the variables of marital burnout, marital intimacy, and marital forgiveness. As observed, participants had high scores in marital burnout and low scores in marital forgiveness and intimacy in the pre-test before interventions. Given the significance levels of the Shapiro-Wilk test ($\text{sig} > 0.05$), the assumption of normality is met, and hence parametric tests can be used due to a high probability of normal distribution (greater than 95%). Levene's test was used to test the assumption of equal variances between the two groups. The significance level for the interaction effect

of group (independent) * pre-test (covariate) was 0.76, greater than five percent ($P > 0.05$), indicating that the hypothesis of homogeneity of regression slopes is met. The results of Mauchly's test of sphericity indicated that this test was significant for marital burnout (Mauchly's $W = 0.60$; $df = 2$; $p < 0.05$), marital intimacy (Mauchly's $W = 0.77$; $df = 2$; $p < 0.05$), and marital forgiveness (Mauchly's $W = 0.89$; $df = 2$; $p < 0.05$), meaning that the assumption of sphericity was not met. Therefore, the Greenhouse-Geisser correction was used for examining the results of the univariate test for within-group and interaction effects.

Table 2

Multivariate Analysis of Variance Results in Two Experimental Groups and One Control Group

Effect	Value	F	df Hypothesis	df Error	Sig.	Eta Squared (Effect Size)
Intercept	Pillai's Trace	0.364	7.062	3	37	0.001
	Wilks' Lambda	0.636	7.062	3	37	0.001
	Hotelling's Trace	0.573	7.062	3	37	0.001
	Roy's Largest Root	0.573	7.062	3	37	0.001
Group	Pillai's Trace	1.117	16.017	6	76	0.000
	Wilks' Lambda	0.077	32.201	6	74	0.000
	Hotelling's Trace	9.516	57.096	6	72	0.000
	Roy's Largest Root	9.243	117.078	3	38	0.000

As seen in Table 2, the effect of group membership on changes in dependent variables is shown. Given that the F value in the multivariate analysis of variance test is significant for all four reported effects ($P < 0.01$), it can be concluded that group membership significantly caused changes in the scores of dependent variables (marital

forgiveness, marital intimacy, and marital burnout). Repeated measures analysis of variance was used to examine the significance of differences between marital intimacy, forgiveness, and burnout scores in the Emotionally Focused Couple Therapy group and the control group.

Table 3

Repeated Measures Analysis of Variance for Comparing Pre-test, Post-test, and Follow-up Scores of Marital Intimacy, Forgiveness, and Burnout in Emotionally Focused Couple Therapy and Control Groups

Scale	Source of Effect	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared
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Marital Intimacy	Time	293.32	1	293.32	50.59	0.0001	0.66
	Time*Group	251.74	1	251.74	48.30	0.0001	0.61
	Group	944.86	1	944.86	11.99	0.0001	0.29
Marital Forgiveness	Time	183.40	1	183.40	53.50	0.0001	0.67
	Time*Group	170.94	1	170.94	51.32	0.0001	0.65
	Group	653.88	1	653.88	12.12	0.0001	0.30
Marital Burnout	Time	692.75	1	692.75	91.56	0.0001	0.74
	Time*Group	613.85	1	613.85	89.61	0.0001	0.70
	Group	1515.39	1	1515.39	20.19	0.0001	0.32

The results in Table 3 indicate that the analysis of variance for the within-group factor (time) and the between-group factor, as well as the interaction of group and time, is

significant for the variables of marital intimacy, forgiveness, and burnout. Finally, the Bonferroni post hoc test was used for paired group comparisons.

Table 4

Bonferroni Post Hoc Test Results for Comparing Marital Intimacy, Forgiveness, and Burnout in Emotionally Focused Couple Therapy and Control Groups

Variable	Group	Stage	Post-test	Follow-up
Marital Intimacy	Emotionally Focused Therapy	Pre-test	1.73*	1.80*
		Post-test	-	0.11
	Control Group	Pre-test	0.06	0.07
		Post-test	-	0.10
Marital Forgiveness	Emotionally Focused Therapy	Pre-test	2.15*	2.30*
		Post-test	-	0.18
	Control Group	Pre-test	0.12	0.13
		Post-test	-	0.17
Marital Burnout	Emotionally Focused Therapy	Pre-test	5.46*	5.55*
		Post-test	-	0.29
	Control Group	Pre-test	0.20	0.23
		Post-test	-	0.25

*p<0.01

The results in Table 4 show that the scores of the variables marital intimacy, marital forgiveness, and marital burnout increased significantly in the experimental group in the post-test and decreased in the control group. In other words, Emotionally Focused Couple Therapy had a significant effect on increasing marital intimacy and forgiveness and reducing marital burnout. Moreover, these results indicate that the increase in marital intimacy and forgiveness and the decrease in marital burnout remained stable in the follow-up stage for the Emotionally Focused Couple Therapy group compared to the control group. Therefore, it can be concluded that the impact of Emotionally Focused Couple Therapy on improving marital intimacy, forgiveness, and reducing marital burnout has good stability.

4. Discussion and Conclusion

The aim of the present study was to determine the effectiveness of Emotionally Focused Couple Therapy (EFT) in increasing marital intimacy, marital forgiveness,

and reducing marital burnout in women affected by extramarital affairs. The results showed that EFT significantly improved marital intimacy, increased marital forgiveness, and reduced marital burnout in women affected by extramarital affairs. These findings are consistent with the prior results (Behrang et al., 2022; Boroumandrad, 2020; Bridge, 2019; Chang, 2014; Denton et al., 2012; Hedayati et al., 2020; Johnson & Brubacher, 2015; Kailanko et al., 2022; Novak et al., 2016; Smoliak et al., 2022; Teymouri et al., 2020; Weber et al., 2022; Wiebe & Johnson, 2016).

Regarding the effectiveness of EFT on marital intimacy, marital forgiveness, and marital burnout in women affected by extramarital affairs, it can be stated that EFT is a therapeutic method that primarily focuses on the involvement of emotions in the persistent dysfunctional patterns of distressed couples (Weber et al., 2022). This therapy aims to uncover vulnerable emotions in each partner and facilitate their ability to express these emotions in safe and affectionate ways. It is believed that processing these

emotions in a secure context creates healthier and newer interaction patterns, which reduce distress and increase love, intimacy, and satisfying communication. One of the severe concerns reported by women affected by extramarital affairs in this study was marital discord, inappropriate communication styles, inflexibility, and improper emotional expression. Throughout the sessions, participants were helped to meet each other's psychological needs, such as security, involvement, comfort, and sexual intimacy, thus improving their marital functioning (Bridge, 2019; Chang, 2014). As positive experiences between couples increased, positive emotions also returned to their relationship. Their hope for positive future interactions increased, and they recalled positive past memories more easily. Since emotion is a core factor in attachment theory, emotional structures help women affected by extramarital affairs predict, explain, react to, and control life experiences. Emotions are not stored in memory but are reactivated through the evaluation of situations that trigger a specific emotional framework, leading to particular behavioral sets. During EFT, such situations are redesigned so that couples can explore and expand their emotions. They could then modify their emotions through this new experience, making their emotions accessible, developed, and reconstructed to improve moment-to-moment experiences and behavior towards each other and others. By undergoing this stage of therapy, couples became aware of their emotions and expressed real emotions in various life situations, leading to increased relationship satisfaction (Johnson & Brubacher, 2015; Kailanko et al., 2022; Smoliak et al., 2022). According to this approach, when individuals feel that their partner is unavailable, unresponsive, critical, or rejecting, they often employ emotional regulation strategies that unintentionally perpetuate or exacerbate relationship distress, weakening the bond between them. These strategies include anxious blaming, demanding, withdrawing, and ignoring. In the first stage of EFT, de-escalation, the therapist helped each individual consciously observe their negative cycle and view the abandonment and rejection created by this cycle as their mutual enemy. In the second stage, restructuring, couples attempted to discover and share their attachment fears and desires and gradually found ways to clearly express these fears and desires, facilitating a more secure emotional connection (Kailanko et al., 2022). Couples then entered the third stage, consolidating gains. Change in EFT occurs when therapists help spouses alter elements of the destructive relationship. When the negative cycle is disrupted and responses begin to change, a more positive cycle emerges,

helping couples move towards a more secure bond. The goal of EFT is to enable spouses to access, express, and reprocess emotional responses underlying their negative interaction patterns. Spouses can then send new emotional signals, allowing constructive interaction patterns to move towards greater accessibility and responsiveness, creating a more secure and satisfying bond (Smoliak et al., 2022).

In the mid-phase of therapy, two significant events considered transformational points in EFT emerged. The first event, "engagement of the withdrawer," occurs when the withdrawn partner changes their interactional stance, becomes active in altering the relationship, and adopts an available position for their spouse. For example, a previously silent and distant spouse may express anger and need for respect and support in a way that allows their partner the chance to respond to their expressed needs. The second event, "softening" of the formerly critical and overactive partner, happens when they risk expressing their needs and vulnerabilities, beginning to trust their partner again. Research on the process of change has shown that this event is one of the most important predictors of reduced marital distress (Behrang et al., 2022; Wiebe & Johnson, 2016).

In the eighth stage of therapy, daily and usual issues were no longer the battleground for conflicts. Due to the created safety and trust, couples discovered new solutions and were not intensely emotionally engaged in conflicts. Instead of spending time on negative emotions, they could apply their problem-solving skills beneficially and effectively. As the communication context changed, the couples' understanding of the nature of problems also changed, and they worked on changing this understanding. Rather than teaching skills, couples entered therapy as therapists for each other. They discussed past obstacles to happiness. The therapist deepened the conversation, uncovering attachment needs that caused conflicts. The therapist also identified and helped couples confront barriers blocking desirable responses (Behrang et al., 2022). In the final stages of this phase, attachment-related events similar to the initial attachment experiences in the relationship emerged, and couples began a new interaction cycle characterized by "re-engagement" and "responsiveness." These attachment-related events (typically emerging in the seventh stage) were crucial for healing past wounds and redefining the nature of attachment. In this stage, the accusing partner could express their fears of separation, finding comfort through the reassurance provided by their partner.

5. Limitations & Suggestions

Due to the implementation of the study on women affected by their spouse's extramarital affairs who referred to specialized family counseling centers in District 6 of Mashhad, it is not possible to generalize the results to women affected by their spouse's extramarital affairs in other cities and provinces. Participants might have been influenced by the testing conditions due to multiple responses to the same questionnaire (pre-test and post-test), potentially reducing the accuracy of their responses. Despite the researcher's efforts to implement the treatment plan precisely, encountering certain challenges in working with women affected by their spouse's extramarital affairs cannot be overlooked, representing another limitation of this study. Finally, the last limitation was that the measurement of variables in this study was done through self-reporting, so referencing the results should be done with caution. Due to the large volume of requested information, some participants might not have answered the questions accurately or may have unconsciously completed the questionnaires in a self-affirming manner. The tool used in this study was only a questionnaire, and using a single tool may not gather precise information. The inability to control variables such as family support or lack thereof for women affected by their spouse's extramarital affairs was another limitation of the present study. The data from this study were obtained using self-report tools; future research should use other data collection methods such as interviews and observations. This study was conducted cross-sectionally, and it is suggested that future researchers conduct qualitative and longitudinal studies. Future studies should control demographic variables such as economic status, religion, and ethnicity. Future studies should include participants with less than high school education and a broader age range. Although the present therapeutic approaches have proven effective based on research findings, applying these therapeutic methods in single-subject and experimental designs with larger samples is necessary. Other psychotherapeutic approaches, such as meaning therapy, reality therapy, dialectical behavior therapy, cognitive-behavioral therapy, and compassion-focused therapy, should be applied to women affected by their spouse's extramarital affairs to enrich the research literature in this field. Emotionally Focused Couple Therapy should be used for counseling individuals with family problems similar to the variables of this study. Considering the cost-effectiveness, importance, and harmlessness of EFT methods, workshops aimed at teaching the essential skills and techniques of these counseling methods should be conducted for couples. Since counselor training in Iran

mostly focuses on traditional theories, it is suggested that new counseling theories like EFT receive more attention.

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Declaration

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

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics Considerations

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

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors contributed equally.

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