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Effectiveness of Emotion-Focused Couples Therapy on Sexual Function, Marital Intimacy, and Impulsivity in Women Affected by Marital Infidelity

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ABSTRACT

Objective: One of the most significant factors that can disrupt family health is the breaking of commitment and exclusivity in emotional and sexual relationships, leading to extramarital affairs, also known as marital infidelity. The current study was conducted to determine the effectiveness of Emotion-Focused Couples Therapy (EFCT) on sexual function, marital intimacy, and impulsivity in women affected by marital infidelity.

Methods and Materials: This study is a quasi-experimental research with a pretest, post-test, and three-month follow-up design, accompanied by a control group. The population studied included all women affected by marital infidelity who sought help at the Yarigar counseling centers and the Organic counseling center in Tehran, who had visited these centers in the first six months of the year 2023. According to the counseling centers' officials, the total number of these individuals was 93. The sample studied consisted of 30 women affected by marital infidelity who visited counseling centers in District 2 of Tehran in 2023, selected through purposive sampling and then randomly divided into experimental and control groups. Data were collected using the Marital Intimacy Scale, the Barratt Impulsivity Scale, and the Female Sexual Function Index. In this study, the experimental group underwent 9 sessions of Emotion-Focused Therapy (one 90-minute session per week). Data were analyzed using repeated measures analysis of variance and SPSS software version 22.

Findings: The results showed that Emotion-Focused Couples Therapy significantly improved sexual function (F=25.29, P<0.001), marital intimacy (F=5.49, P=0.026), and reduced impulsivity (F=39.46, P<0.001) in women affected by marital infidelity.

Conclusion: It can be concluded that Emotion-Focused Couples Therapy is effective in improving sexual function, marital intimacy, and impulsivity in women affected by marital infidelity and can be used to reduce the psychological problems of these women.

Keywords: Emotion-Focused Couples Therapy, sexual function, marital intimacy, impulsivity, marital infidelity.

1. Introduction

ne of the most significant factors that can disrupt family health is the breakdown of commitment and exclusivity in emotional and sexual relationships, leading to extramarital affairs or marital infidelity (Luo & Yu, 2022). Marital infidelity is considered one of the most damaging factors for couples and families and a common phenomenon among family and marriage therapists (Vowels et al., 2022). Infidelity involves a married individual engaging in sexual relationships with the opposite sex outside the family framework (Stavrova et al., 2023). The primary motive cited for both married women and men engaging in extramarital affairs and marital infidelity is the pursuit of re-experiencing personal and sexual intimacy; something no longer experienced in their marital life (Andersson, 2022). Studies in the United States have shown that 21% of men and 11% of women commit marital infidelity during their lifetime (Kato & Okubo, 2023). Marital infidelity is the most significant reason that drives couples, especially women, to divorce and seek family counseling centers (Birnbaum et al., 2022).

Research in the area of marital infidelity indicates that there are numerous reasons for individuals to engage in such behavior, among which sexual dysfunction can be noted (Gewirtz-Meydan & Opuda, 2022). Sexual dysfunction represents a heterogeneous group of disorders typically characterized by significant clinical distress in an individual's ability to respond sexually or experience sexual pleasure (Pérez-López et al., 2020). How couples perform sexually in a relationship can affect all aspects of their lives, including the quality of their relationships, sexual experiences, and satisfaction. Neglecting sexual instinct in humans can have irreparable consequences, endangering it leads to disturbances in emotions, personality, and social functioning of individuals (Sierra et al., 2021).

One of the most significant components causing issues between couples is women's impulsivity (Kertzman et al., 2022). People often engage in impulsive behaviors in everyday life, such as excessive drinking or overspending in stores. Although citing examples of impulsive behaviors seems straightforward, defining the phenomenon of impulsivity is challenging due to numerous disagreements on whether a behavior is impulsive or not. However, impulsivity can be described as a multidimensional concept involving the inability to delay gratification for the sake of obtaining immediate rewards and the inability to inhibit ongoing responses or pre-determined reactions (Blake et al.,

2022). Impulsive behavior is characterized by a lack of resistance to delaying gratification, a defect in motor inhibition, and a lack of focus during decision-making. In fact, impulsivity represents a wide range of behaviors that are less thought out, immaturely reaching for a reward or pleasure, involve high risk, and have significant unwanted consequences (Alacreu-Crespo et al., 2022).

Various couple and family therapy approaches have emerged with the aim of reducing conflicts and communication turmoil among couples (Rostami & Ghezelseflo, 2018). The goal of couples therapy is to assist couples in better adapting to current problems and learning more effective communication methods (Hatami et al., 2021). Among the effective approaches to couples therapy in solving marital issues is the emotionally focused approach (Mohammadi et al., 2022). The model of emotionally focused couples therapy emerged as a result of empirical observations of couples' therapy processes and determining key therapeutic interventions that successfully helped in reconstructing couples' emotional interactions (Roddy et al., 2020). These interventions were combined into a precisely researched protocol for therapy with specific stages and steps (Kula et al., 2023). Due to this specific protocol, emotionally focused couples therapy established itself as a responsive and empirically validated model, becoming one of the most credible experimental models of couples therapy (SEnol et al., 2023). Emotionally focused therapy emphasizes the centrality of emotion in marital turmoil and couples therapy (Greenberg & Goldman, 2019). An approach like emotionally focused therapy is both economical and prominent, as the therapist directly addresses the issue that clients are currently experiencing in their troubled relationships. The couples' experience of prominence in therapy reflects the fact that dropout rates in studies and clinical activities are very low overall, even for couples facing severe issues (Greenberg & Goldman, 2019). The current study was conducted to determine the effectiveness of emotionally focused couples therapy on sexual function, marital intimacy, and impulsivity in women affected by marital infidelity.

2. Methods and Materials

2.1. Study design and Participant

The current study is a quasi-experimental research with a pre-test, post-test, and three-month follow-up design, accompanied by a control group. The population studied included all women affected by marital infidelity who sought



help at Yarigar counseling centers and the Organic counseling center in Tehran, who had visited these centers in the first six months of the year 2023. According to the counseling centers' officials, the total number of these individuals was 93. The sample studied consisted of 30 women affected by marital infidelity who visited counseling centers in District 2 of Tehran in 2023, selected through purposive sampling and then randomly divided into experimental and control groups. The required sample size for each group, based on an effect size of 0.35, an alpha error probability of 0.05, a test power of 0.75, in three groups and with three measurements (pre-test, post-test, and follow-up), was determined to be 45 individuals using G*Power software. Inclusion criteria included informed consent, ability to participate in group therapy sessions, history of marital infidelity by the spouse (sexual and emotional infidelity), age 20 to 50 years, education from high school diploma to master's degree, not participating in other educational and therapeutic classes concurrently, and 3 to 6 months elapsed since the occurrence of marital infidelity. Exit criteria included lack of participant's willingness to continue in the study, not meeting the entry criteria, and absence in therapy sessions.

The intervention lasted for 2 months, and the intervention group was randomly divided into two groups of 15 participants each. The first experimental group received 9 sessions of Emotion-Focused Therapy, while the second experimental group received 9 sessions of integrative couple therapy. The control group received no intervention. Follow-up was conducted three months after the post-test. For the execution of the research, all participants responded to the research questionnaires and demographic-related questions before and after the therapy sessions. The researcher also committed to providing the intervention to the control group after the research completion, adhering to ethical principles. This study was approved by the Ethics Committee of Islamic Azad University, Birjand Branch, with the ethical ID 1402.004.IR.IAU.BIRJAND.REC.

2.2. Measures

2.2.1. Marital Intimacy

This scale is designed to measure intimacy among couples. The questionnaire contains 17 questions with a scoring range from 1 (never) to 7 (always), where higher scores indicate greater intimacy. The overall scale reliability, measured by Cronbach's alpha, was found to be 0.96, indicating acceptable reliability. The reliability calculation,

even with the removal of individual questions, showed that omitting any of the questions did not significantly affect the reliability coefficient (Teymouri et al., 2020). The reliability of this questionnaire in this study was obtained using Cronbach's alpha as 0.79.

2.2.2. *Impulsivity*

The eleventh edition was created by Barratt and colleagues (2004). This questionnaire consists of 30 items that respondents must answer on a four-point scale (1never/rarely; 2- occasionally; 3- often; 4- almost always/always). Eleven items are scored in reverse (1, 7-10, 12-15, 20,29,30). The lowest and highest possible scores are 30 and 120, respectively, with typical non-psychiatric control group scores ranging between 50 to 60. This scale assesses three impulsivity factors: cognitive/attentional impulsivity (rapid cognitive decision-making), motor impulsivity (acting without thinking), and non-planning impulsivity (lack of future orientation or immediate orientation). Patton, Stanford, and Barratt (1995) determined the validity and reliability of the Barratt Impulsivity Scale, reporting its validity and reliability as 0.87 and 0.79, respectively, indicating acceptable validity and reliability. Internal consistency reliability for the total score ranged from 0.79 to 0.83. Naderi and Haghnazari (2009) validated the "Barratt Impulsivity Scale" by calculating its correlation with Zuckerman's Sensation Seeking Scale in a student population. The correlation coefficient (r=0.28, p<0.005) and reliability coefficients using Cronbach's alpha (0.72) and split-half method (0.60) were reported (Kazemi et al., 2011). The reliability of this questionnaire in this study was reported using Cronbach's alpha as 0.78.

2.2.3. Sexual Functioning

Published by Rosen et al. (2000), this index evaluates sexual function in women. The questionnaire contains 19 questions covering six domains: sexual desire (2 questions), sexual arousal (4 questions), lubrication (4 questions), orgasm (3 questions), satisfaction (3 questions), and pain (3 questions). Scores are allocated as follows: desire (1-5) and the domains of arousal, lubrication, orgasm, pain (0-5), and sexual satisfaction (1-5 or 0). A score of zero indicates no sexual activity in the past four weeks. The total scale score is obtained by adding the scores of all six domains, with higher scores indicating better sexual function. Each domain is equally weighted, with a maximum score of 6 per domain and 36 for the entire scale. In the study by Mohammadi et al.

(2008), the reliability of the scale was calculated through internal consistency analysis, with Cronbach's alpha coefficient for each domain and the entire scale being 0.70 and above, consistent with the findings of Rosen et al. (2000) (0.89 or higher), Meston's (0.74 or higher), and Wiegel et al. (0.80 or higher) (Ammari et al., 2023).

2.3. Measures

2.3.1. Emotion-Focused Therapy

In the current study, the experimental group underwent 9 sessions (one 90-minute session per week) of Emotion-Focused Therapy (EFT) based on the protocol translated by Hosseini (2013) from Johnson (2005). The validity of this protocol in Iran was confirmed by Hamedi and colleagues (2013) (Ammari et al., 2022; Ammari et al., 2023; Asadpour & Veisi, 2017; Badihi Zeraati & Mosavi, 2016; Davoudvandi et al., 2018; Hamedi et al., 2013; Hatami et al., 2021).

2.4. Data Analysis

Descriptive statistics used mean and standard deviation, and for inferential statistics, repeated measures analysis of variance was employed. Pre-test assumptions were checked using Levene's test (for homogeneity of variances), ShapiroWilk test (for normality of data distribution), homogeneity of regression, Box's M test, and Mauchly's test of sphericity. Statistical analyses were performed using SPSS software version 22.

3. Findings and Results

Demographic findings indicated no significant difference in age (P=0.275) or education level (P=0.583) between the Emotion-Focused Therapy group and the control group. To assess the significance of differences in marital intimacy, sexual function, and impulsivity scores between the two groups, repeated measures ANOVA was used. Pre-tests for assumptions were checked, and since the Box's M test was not significant for any research variables, the condition of homogeneity of variance-covariance matrices was met. The non-significance of the Levene's test for all variables indicated that the condition of equality of variances across groups was met, and the error variance of the dependent variable was equal across all groups. The significance of Mauchly's test of sphericity for the variables of marital intimacy, sexual function, and impulsivity indicated that the assumption of sphericity was not met (Mauchly's W=0.45; df=2; p<0.0001). Hence, Greenhouse-Geisser correction was used for examining within-group effects and interaction effects.

 Table 1

 Central and Dispersion Indices of Research Variables Scores in Both Experimental and Control Groups

Variable	Group	Pretest Mean (SD)	Posttest Mean (SD)	Follow-up Mean (SD)
Marital Intimacy	Emotion-Focused Therapy	43.31 (8.19)	53.00 (11.46)	51.75 (10.48)
	Control	42.75 (7.23)	43.56 (8.09)	43.37 (8.31)
Sexual Function	Emotion-Focused Therapy	14.87 (3.68)	21.62 (5.57)	22.12 (5.75)
	Control	14.63 (3.11)	14.25 (2.86)	14.56 (2.82)
Impulsivity	Emotion-Focused Therapy	35.31 (6.19)	28.68 (3.94)	28.31 (3.01)
	Control	35.75 (5.23)	34.62 (5.25)	34.31 (5.30)

As observed in Table 1, all tests were significant at the 0.001 level, indicating that there was a significant difference in the means of the tests regarding the effectiveness of Emotion-Focused Therapy on improving marital intimacy, sexual function, and impulsivity between the experimental and control groups. Notably, Wilks' Lambda test with a

value of 0.08 and an F test of 150.12 indicated a significant difference between the effectiveness scores of Emotion-Focused Therapy on improving marital intimacy, sexual function, and impulsivity in the experimental and control groups at the 0.001 level of significance.

Table 2

Results of Multivariate Analysis of Variance Test

Effect	Test Name	Value	F Test	df1	df2	Significance Level	Eta²
Time	Pillai's Trace	0.92	170.98	2	29	< 0.001	0.92
	Wilks' Lambda	0.07	170.98	2	29	< 0.001	0.92



	Hotelling's T ²	11.79	170.98	2	29	< 0.001	0.92
	Roy's Largest Root	11.79	170.98	2	29	< 0.001	0.92
Time*Group	Pillai's Trace	0.91	150.12	2	29	< 0.001	0.91
	Wilks' Lambda	0.08	150.12	2	29	< 0.001	0.91
	Hotelling's T ²	10.35	150.12	2	29	< 0.001	0.91
	Roy's Largest Root	10.35	150.12	2	29	< 0.001	0.91

The results in Table 2 suggest that the analysis of variance for the within-group factor (time) is significant, meaning that the effect of time and group is significant. The

interaction between group and time is also significant. The Bonferroni post-hoc test was used for pairwise comparison of groups.

 Table 3

 Repeated Measures ANOVA for Comparing Pretest, Posttest, and Follow-up of Marital Intimacy, Sexual Function, and Impulsivity in Experimental and Control Groups

Scale	Effect Source	Sum of Squares	df	Mean Square	F	Significance	Eta ²
Sexual Function	Time	119.52	1.29	92.11	250.16	< 0.001	0.89
	Time*Group	92.14	1.29	71.01	192.86	< 0.001	0.86
	Group	117.04	1	117.04	25.29	< 0.001	0.45
Marital Intimacy	Time	112.14	2	56.07	379.08	< 0.001	0.92
	Time*Group	64.31	2	32.15	217.39	< 0.001	0.87
	Group	128.34	1	128.34	5.49	0.026	0.15
Impulsivity	Time	140.27	1.41	99.08	344.69	< 0.001	0.92
	Time*Group	109.52	1.41	77.36	269.13	< 0.001	0.90
	Group	145.04	1	145.04	39.46	< 0.001	0.56

The results in Table 3 suggest that the analysis of variance for the within-group factor (time) is significant, meaning that the effect of time and group is significant. The interaction

between group and time is also significant. The Bonferroni post-hoc test was used for pairwise comparison of groups.

Table 4

Bonferroni Post-hoc Test Results for Comparing Marital Intimacy, Sexual Function, and Impulsivity

Variable	Stages	Posttest Difference	Follow-up Difference	
Sexual Function	Pretest	-7.25*	-8.46*	
	Posttest	-	0.63	
Marital Intimacy	Pretest	-10.06*	-8.46*	
	Posttest	-	-1.25	
Impulsivity	Pretest	7.37*	7.00*	
	Posttest	-	0.34	

Results in Table 4 show that the sexual function score in the experimental group at the post-test stage was higher than in the control group, indicating that the Emotion-Focused Therapy group had a significant effect on improving sexual function. Moreover, these results indicate a significant increase in sexual function in the follow-up stage in the Emotion-Focused Therapy group compared to the control group. The marital intimacy score in the experimental group at the post-test stage was higher than in the control group, indicating that the Emotion-Focused Therapy had a significant effect on improving marital intimacy. Furthermore, these results show a significant increase in marital intimacy in the follow-up stage in the experimental

group compared to the control group. The impulsivity score in the experimental group at the post-test stage was lower than in the control group, indicating that the Emotion-Focused Therapy had a significant effect on reducing impulsivity. These results demonstrate a significant reduction in impulsivity in the follow-up stage in the experimental group compared to the control group.

4. Discussion and Conclusion

The present study aimed to determine the effectiveness of Emotion-Focused Couples Therapy (EFCT) on sexual function, marital intimacy, and impulsivity in women affected by marital infidelity. According to the findings, the



Emotion-Focused Couples Therapy group showed significant effectiveness in improving sexual function. Additionally, these results indicate a significant increase in sexual function at the follow-up stage in the Emotion-Focused Couples Therapy group compared to the control group. These findings are consistent with the research conducted by previous researchers (Ammari et al., 2022; Ammari et al., 2023; Asadpour & Veisi, 2017; Badihi Zeraati & Mosavi, 2016; Davoudvandi et al., 2018; Hamedi et al., 2013; Hatami et al., 2021; Roddy et al., 2020; SEnol et al., 2023; Shahabi & Sanagouye-Moharer, 2019; Teymouri et al., 2020; Wiebe & Johnson, 2016).

In explaining the effectiveness of Emotion-Focused Couples Therapy on improving sexual function, it can be said that EFCT is a therapeutic approach emphasizing the involvement of emotions in persistent patterns dysfunction in women affected by marital infidelity. This therapy aims to uncover vulnerable emotions in each of the affected women and facilitate their ability to express these emotions in a safe and loving manner (Navabinejad et al., 2023). It is believed that processing these emotions in a safe context creates healthier and newer interaction patterns, leading to reduced turmoil, increased affection, intimacy, and ultimately, a more satisfying relationship and better sexual function, which can enhance the mental health of the couple. Emotion-Focused Couples Therapy, by focusing on securing the couple's attachment style in their current relationship, helps them to be less sensitive to rejection instead of focusing on their spouse; being the best for their spouse to gain their satisfaction, without feeling such pressure from the spouse, also enjoy sexual relations themselves (Badihi Zeraati & Mosavi, 2016). This factor can play a significant role in reducing the stress of the couple in the entire marital relationship process, especially in the sexual dimension of their relationship; as existing study results also indicate that individuals with insecure attachment styles experience more sexual anxiety, distraction, and guilt; this causes them, contrary to their inner desire and solely for fear of being rejected by their spouse, to respond to the sexual desires of the spouse. Given that Emotion-Focused Couples Therapy has three impactful dimensions on cognition, behavior, and emotion, it is explainable that in the cognitive dimension, by correcting the couples' cognitions about their relationship, in the behavioral dimension by correcting more intimate interactive behaviors, and in the emotional dimension by creating security, trust, and mutual empathy, the conditions

for the sustainability of therapeutic effects are provided (Asadpour & Veisi, 2017; Badihi Zeraati & Mosavi, 2016).

The findings also show that the Emotion-Focused Couples Therapy group had significant effectiveness in improving marital intimacy. Additionally, these results indicate a significant increase in marital intimacy at the follow-up stage in the experimental group compared to the control group. Regarding the effectiveness of Emotion-Focused Couples Therapy on marital intimacy in women affected by marital infidelity, it can be said that EFCT is a therapeutic approach emphasizing the involvement of emotions in persistent dysfunctional patterns in distressed couples (Davoudvandi et al., 2018). This therapy aims to uncover vulnerable emotions in each of the partners and facilitate their ability to express these emotions in safe and loving ways. It is believed that processing these emotions in a safe context brings about healthier and newer interaction patterns, leading to reduced turmoil, increased affection, intimacy, and a more satisfying relationship. One of the severe concerns reported by women affected by marital infidelity participating in this study was marital dysfunction symptoms, disorder in appropriate communication styles, inflexibility, and inappropriate disclosure of emotions. During the sessions, participants were helped to fulfill each other's psychological needs such as security, involvement, consolation, and sexual intimacy, thereby improving their marital functions (Asadpour & Veisi, 2017). In the process of increasing positive experiences with each other, positive feelings also returned to their relationship. Also, their hope for positive interactions in the future increased, and they could more easily recall positive past memories. As emotion is one of the main factors of the attachment approach, emotional structures help predict, explain, respond to, and control life experiences for women affected by marital infidelity (Navabinejad et al., 2023; Shahabi & Sanagouye-Moharer, 2019). Emotions are not stored in memory but are reactivated through the assessment of situations that activate a specific emotional framework, leading to specific sets of behaviors. During Emotion-Focused Therapy, such situations were redesigned so that couples could explore and expand their emotions. Then, they could modify their emotions through this new experience. In this way, their emotions became accessible, developed, and were used to reconstruct moment-to-moment experiences and their behavior towards each other and others. By undergoing this stage of therapy, couples became aware of their emotions and, in a safe space, by expressing real emotions in different life situations, displayed new behaviors that increased their

relationship satisfaction (Ammari et al., 2022; Mohammadi et al., 2022).

Given the findings, it is observed that the Emotion-Couples Therapy group had significant effectiveness in improving impulsivity. These results show a significant reduction in impulsivity at the follow-up stage in the experimental group compared to the control group. In explaining this finding, it can be said that Emotion-Focused Couples Therapy, by inhibiting negative cycles, activating positive cycles, and strengthening attachment bonds, helped couples to free themselves from negative interactions and impulsivity, and express new responses, thereby increasing intimacy among couples and a strong marital commitment, consequently reducing impulsivity (Gabnai-Nagy et al., 2020). In Emotion-Focused Couples Therapy, efforts are made to provide grounds for positive feelings about communicative experiences with the spouse for couples. One of the important reasons that play a significant role in intensifying impulsivity is that couples are forced to play the role of a person who loves their spouse, i.e., to have forced affection towards their spouse or to perform their duties forcibly and have responsibilities that they have no motivation to perform. Therefore, this causes them to become more discouraged and disillusioned with life with their spouse and family life in general. In Emotion-Focused Couples Therapy, an environment was created where couples were helped to have better feelings about being together ((Mohammadi et al., 2022).

5. Limitations and Suggestions

Due to the research conducted on women affected by marital infidelity visiting counseling centers in District 2 of Tehran, it is not possible to generalize the results to women affected by marital infidelity in other cities and provinces. Subjects may have been influenced by the test conditions due to repeated responses to a questionnaire (pre-test and post-test), thereby reducing the accuracy of their responses. Despite the researcher's efforts in accurately implementing the treatment plan, facing some challenges in working with women affected by marital infidelity cannot be overlooked, which itself was among the limitations of the current

research. The present research was conducted cross-sectionally; future researchers are recommended to conduct qualitative and longitudinal studies. Future research should control demographic variables such as economic status, religion, sect, and ethnicity. It is suggested that future research include subjects with education below high school diploma and a wider age range. Given the effectiveness of Emotion-Focused Couples Therapy, it is recommended to be used in counseling to improve sexual function, marital intimacy, and impulsivity in women affected by marital infidelity.

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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.

Authors' Contributions

All authors reviewed and approved the final manuscript for publication.

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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