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The effectiveness of emotion-oriented couple therapy on empathy, internal coherence and sexual satisfaction of women with marital conflicts in Isfahan

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Abstract

This research aimed to investigate the effectiveness of emotional couple therapy on empathy, internal cohesion, and sexual satisfaction of women with marital conflicts in Isfahan. The experimental research method was pre-test, post-test with a control group, and a 2-month follow-up phase. The statistical population was all married women with marital conflicts who were referred to counseling centers and psychological services in Isfahan city in 2022. In the first stage, 30 people who scored higher than 108 on the scale of marital conflicts were selected using the available sampling method. Then they were replaced by a simple random method in an experimental group (15 people) and a control group (15 people). The first experimental group underwent ten 90-minute emotion-oriented couple therapy interventions adapted from Johnson (2008). However, the control group did not receive any intervention and remained on the waiting list. The Kansas Marital Conflict Scale (KMCS) by Eggman et al. (1985), the Empathy Scale (ES) by Davis (1983), the Internal Consistency Questionnaire (SOC) by Antonovsky (1993) and the Sexual Satisfaction Questionnaire (ISS) by Hudson et al. (1981) was used to collect data. The analysis of the information obtained from the implementation of the questionnaires was carried out through SPSS software version 24 in two descriptive and inferential sections (mixed variance analysis and Bonferroni's post hoc test). The results showed that the said treatment significantly affected empathy, internal cohesion, and sexual satisfaction of women with marital conflicts in the post-test and follow-up phase compared to the control group ($P < 0.05$). Based on the results of the present study, it can be said that emotion-oriented couple therapy can be used as a suitable treatment method to improve empathy, internal coherence, and sexual satisfaction of women with marital conflicts in counseling centers and psychological services.

Keywords: *Internal coherence, marital conflicts, sexual satisfaction, emotion-oriented couple therapy, empathy*

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Introduction

The main goal of family therapy theories has been to focus on marital conflicts, and despite this, marital conflicts still remain complex (Fadaei Moghadam, Khosh Akhlaq and Rezaei Jamaloui, 2022). Marital conflict is caused by inconsistency between husband and wife in the type of needs and the method of satisfying them and irresponsible behavior towards marital relationship and marriage (Zamanifar et al., 2022). In the theoretical literature, conflict has been defined as a type of marital relationship with violent behaviors such as insults, blame, criticism, and physical attacks. In it, couples feel enmity, resentment, anger, and hatred towards each other, and each of them believes that the other party is undesirable and incompatible, which causes him/her resentment and torment (Gordon, 2003); quoted by (Soleimani et al., 2021).

It can also be said that marital conflicts are the most common problems in couples' relationships that negatively affect their quality of life and cause negative physical, psychological, social, and spiritual consequences. Aggravation and the inability to solve it may damage the family and lead to divorce (Houshmandi et al., 2019). In addition, conflicts with spouses are inevitable during married life, and if they are not resolved constructively, they can lead to incompatibility (Khojstefar et al., 2012). Therefore, examining the factors that increase amicable conflict resolution is essential. One of these factors can be empathy (Aladdin et al., 2018). Empathy is a multifaceted structure and one of the vital concepts in social life, which allows people to find meaning in the behavior of others and be able to respond appropriately to their emotions (Mousavi et al., 2017).

People with higher empathy have more forgiveness and kindness, which can bring them peaceful and loving relationships with others (Vera Cruz & Molt, 2019). Empathy can be influential in establishing interpersonal relationships between people (Kamisaska et al., 2019). Recent research has shown that empathy leads to more friendly conflict resolution behaviors, and those with low empathy are more likely to suffer from depressive symptoms (Benik et al., 2019) and have more conflicts with their spouses (Sandy & Koran, 2000). On the other hand, according to the theory of Aron Antonovsky (1987; cited by (Munz et al., 2021), internal coherence is an important health and psychological source, which in addition to its positive effects on the physical and psychological health of people (Nagy & Luke, 2021), has positive effects on various functions of people's lives, so that based on the results of research, there is a significant positive relationship between internal coherence and self-esteem and people's performance in life (Memarbashi Aval et al., 2012).

Internal coherence is a personal orientation that can strengthen physical and mental health as an internal source and is a penetrating, stable, and dynamic feeling. This results from the assurance that life events are understandable and structured and that there are resources to face them (Mortazaei & Rahiminejad, 2016). Internal coherence is the core of human information processing, which resolves conflicts and makes stress bearable (Antonovsky, 1993, cited by Tarviji and Tarkhan, 2020). When a person has a high internal coherence, he will be less involved in conflicts and stress in the work environment and married life. For this reason, psychological empowerment, meaning having a meaningful life and self-

confidence, will also increase him (Chang & Liu, 2008). Based on the research background, family cohesion can predict sexual satisfaction (Somali et al., 2021).

Sexual activity and the resulting satisfaction are important features of married life; Paying attention to it can guarantee the survival and health of the family (Ghaderi et al., 2021). For cohabiting couples, the lack of opportunities to meet others and reduced leisure activities are likely to increase the amount of time couples spend together. This can lead to positive outcomes (e.g. strengthening relationships, appreciation, and tolerance (Evans et al., 2020)) and adverse outcomes (e.g., intensification of disputes or quarrels and reduction of couple bonding) (Aibara et al., 2020). Such changes may affect sexual behaviors such as sexual satisfaction (Fisher et al., 2022).

Like satisfaction in many other areas, sexual satisfaction has various components (Stolhofer et al., 2010). So that people can be more satisfied with one aspect of their sexual life than other aspects (Park & MacDonald, 2022). This sexual satisfaction is under the effects of marital conflicts so according to the results of research, sexual satisfaction is one of the important factors of compatibility between couples, and lack of satisfaction in this field will bring a feeling of failure; therefore, having sexual satisfaction It can be one of the effective factors in reducing conflicts and marital disputes (Soleimani et al., 1400). In order to reduce the problems caused by conflicts, interventions such as couple therapy based on the components of emotional intelligence (Panahi Far et al., 2021), cognitive couple therapy (Fedai Moghadam, Khosh Akhlaq and Rezaei Jamaloui, 2022), therapy based on the theory of communication framework selection (Latfi et al., 2020), mindset-oriented schema

therapy (Cherahi Saifabad et al., 2021), acceptance-commitment-based therapy and schema therapy have been used (Moqim et al., 2022). Another one of the most important interventions is emotion-oriented couple therapy (Jaafari et al., 2018; Cheraghi Saifabad et al., 2021). The emotion-oriented model emerged from empirical observations of couples' therapeutic processes and determined the key therapeutic interventions that successfully helped reconstruct the couples' emotional interactions. These interventions were combined in a detailed protocol for treatment with special stages and steps. Due to the existence of this special protocol, the emotion-oriented model has established itself as a responsive and empirically valid model and has become one of the most valid experimental models of couple therapy (Palmer-Elsen et al., 2011; quoted by Yavari et al., 2021)). Due to being structured and having a step-by-step treatment plan, emotion-oriented therapy is more effective than other approaches, and the probability of relapse in it is extremely less (Johnson, 2012). In the first stage, emotion-oriented therapy evaluates the communication style, and after the defenses are revealed, it reveals this style to the person and specifies its consequences; For this reason, people gradually succeed in recognizing and improving the suppressed and obscure emotions that perpetuate the negative cycle of communication (Bodenman et al., 2020). Emotion-oriented therapy emphasizes the method of compatible and safe attachments through care, support, and mutual attention for the needs of oneself and those around them (Ghaznavi Khazrabadi & Niknam, 2019). In the background of the research, the effectiveness of this treatment in solving marital problems has been emphasized; For

example, it has been shown in research that emotion-oriented therapy plays an important role in reducing psychological distress and emotional regulation of disturbed couples (Khojste Mehr et al., 2013). Since it has been shown in previous research that emotional couple therapy plays an important role in women's marital and sexual functions, and on the other hand, less research has been done in Iran. These questions are addressed below:

Does emotion-oriented couple therapy have a significant effect on increasing empathy, internal cohesion, and sexual satisfaction?

Does emotion-oriented couple therapy have a significant effect on increasing the components and the total score of empathy?

Method

The method used in this research was practical in terms of purpose and quasi-experimental, with a pre-test and post-test design with a control group with a 2-month follow-up.

The statistical population was all married women with marital conflicts who were referred to counseling centers and psychological services in Isfahan city in 2022. In the first stage, 30 married women who scored 108 or higher on the Kansas Marital Conflict Scale of Eggman et al. (1985) were selected through targeted sampling. In the second step, these 30 people were randomly replaced into an experimental group (15 people) and a control group (15 people). Since in similar research and based on the research methodology books, the size of each group is suggested to be 15 people (Sarmad et al., 2018), in this study, 15 people were selected for each group. Obtaining a score of 108 and above on the Kansas Marital Conflict Scale, informed consent to participate in the research, minimum middle school education, and the age range of 25 to

45 years are the criteria for entering the research. The incompleteness of the answer sheet related to the questionnaires, being under psychiatric or other psychological treatment, and the absence of more than two sessions in couple of therapy sessions were the criteria for exiting the research.

Materials

Kansas Marital Conflict Scale (KMCS) Eggman et al. (1985). This scale has 27 questions and 3 planning components with questions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 and 11; Controversy with questions 12, 13, 14, 15 and 16; It measures negotiation with questions 17, 18, 19, 20, 21, 22, 23, 24, 25, 26 and 27 to separate distressed couples from non-distressed couples. Scoring is in a 5-point Likert scale, so that never 1 mark, rarely 2 marks, sometimes three marks, mostly four marks and always five marks are awarded. The minimum score is 27, and the maximum score is 135, where high scores indicate less conflict (Abbaspour & Choobdari, 2020). The cut point of the questionnaire is 108 and above. Cronbach's alpha was used to check the reliability of this questionnaire, and the coefficient was 0.62 (Rajabi et al., 2021). In the current study, Cronbach's alpha and pre-test coefficients were 0.85, post-test 0.71, and follow-up 0.76.

Davis' (1983) Self-Report Empathy Scale (ES). This questionnaire includes 21 questions and three components and measures: planning with questions 1, 4, 7, 10, 14, 17 and 18; opinions with questions 2, 5, 9, 12, 16, 19 and 21; and personal confusion with questions 3, 6, 8, 11, 13, 15 and 20 (Azhasaran et al., 2021). The scoring of the scale is on a 5-point Likert scale, such that 1 point is given to completely disagree, 2 points to disagree, 3 points to some extent, 4 points to agree and 5 points to completely agree. Questions 3, 6, 9, 16, 19 and 20 are

scored in reverse. To obtain the overall score of the questionnaire, the total scores of each question are calculated together. Higher scores indicate more empathy in the respondent and vice versa (Isa Morad et al., 2019). Suppose the subject gets a score between 21 and 42. In that case, it will indicate a weak level of empathy, a score between 42 and 63 will indicate an average level of empathy, and a score higher than 63 will indicate a high level of empathy (Pira and Taher, 2022). The creator of the scale has used Cronbach's alpha to check its reliability, which obtained a coefficient of 0.70 (Davis, 1983). In Iran, in research to check its reliability, Cronbach's alpha was used, and the Cronbach's alpha coefficient was 0.73 (Azhasaran et al., 2021). In the current study, Cronbach's alpha was 0.80 for the pre-test, 0.82 for the post-test, and 0.90 for the follow-up.

Questionnaire of Internal Consistency (SOC). This questionnaire was compiled by Antonovsky (1993) and includes 29 questions, three components of comprehensibility with questions 1, 3, 5, 10, 12, 15, 17, 19, 24 and 26; being manageable with questions 2, 6, 9, 13, 18, 20, 23, 25 and 27; It measures meaningfulness with questions 4, 7, 8, 11, 14, 16, 22 and 28. Grading is 7 degrees in such a way that never 1 mark, very rarely 2 marks, very few times 3 marks, sometimes 4 marks, often 5 marks, most of the time 6 marks and always 7 marks. The minimum score is 29 and the maximum score is 203 (Esmailvand et al., 2022). Questions 1, 4, 5, 6, 7, 11, 13, 14, 16, 20, 23, 25 and 27 are scored in reverse. In this way, never 7 marks, very rarely 6 marks, very few times 5 marks, sometimes 4 marks, often 3

marks, most of the time 2 marks and always 1 mark. This questionnaire was translated for the first time in Iran and its content validity was confirmed, and then Cronbach's alpha was used to check the reliability, and the total coefficient of the questions was 0.97 (Alipour & Sharif, 2022). In another study in Iran, Cronbach's alpha was used to check the reliability, and the total coefficient of the questions was 0.76 (Ebrahimi Maimand et al., 2020). In the current study, Cronbach's alpha and pre-test coefficients were 0.82, post-test 0.86 and follow-up 0.92.

Hudson et al.'s Sexual Satisfaction Questionnaire (ISS) (1981). This questionnaire contains 25 questions, and the subject's answer to each question is on a 7-point Likert scale. In this way, never 0 marks, very rarely 1 mark, very few times 2 marks, sometimes 3 marks, often 4 marks, most of the time 5 marks and always 6 marks. In total, the score of the questionnaire fluctuates between 0 and 150. A high score in this questionnaire reflects sexual satisfaction. Questions 4, 5, 6, 7, 8, 11, 13, 14, 15, 18, 20, 24 and 25 are reverse-scored. In Iran, the internal consistency method was used to check the reliability of the questionnaire, and Cronbach's alpha coefficients for the questionnaire were 0.93 (Talaiezadeh & Bakhtiarpour, 2016) and 0.89 (Khayatan & Reyhani Asl, 2017). Abroad, Cronbach's alpha has been used to check reliability, and Cronbach's alpha coefficients have been calculated as 0.92 for men and 0.93 for women (Jukes et al., 2018). In the current study, Cronbach's alpha and pre-test coefficients were 0.70, post-test 0.80 and follow-up 0.91.

Table 1. Emotion-based couple therapy sessions adapted from Johnson (2008)

Session	Goal	Content	Assignment
1	Evaluating and establishing continuity and	Initial assessment of the nature of the problem,	Practicing key skills and communication,

	identifying the cycle of negative interactions and determining overall goals	assessment of client's expectations and concerns, conceptualization of the problem and presentation of treatment logic and familiarization with the general rules of treatment.	self-evaluation, giving and receiving feedback, paying attention to pleasant emotional states.
2	Continue to evaluate and identify the cycle of negative interactions and determine overall goals	Discovering problematic interactions and identifying the cycle of negative interactions, evaluating attachment problems and obstacles, creating a therapeutic agreement	Identify the cycle of your interactions in different situations
3	Strengthening connection and analysis and modification of emotions	Unlocking salient attachment experiences Acknowledging underlying unacknowledged emotions Clarifying key emotional responses Clients' acceptance of the interaction cycle	Identifying your fears, practicing safe support and developing a safe bond, expressing specific emotions and feelings, re-experiencing interactions and expressing pure feelings.
4	Intensification of emotional experience	Expressing emotions, accepting emotions, deepening engagement with emotional experience, improving interaction methods	Sharing their coping behaviors with their spouses, encouraging clients to have emotional and emotional conflicts in their interactions at home
5	Accepting feelings and identifying attachment needs, strengthening the interaction of group members	Reconstructing interactions and changing events, symbolizing desires, discovering new solutions to old problems	Allocating time to share behavior, thoughts and emotions with your partner
6	Creating new interactive patterns of emotional acquisition	Intimate engagement of clients with their spouses, acceptance of new situations, making a happy story of the relationship	Discovering your main emotions, completing the table of how the emotions and behaviors of couples affect each other
7	Creating emotional conflicts, increasing identification of attachment needs. Facilitating the expression	Emphasizing the importance of expressing sexual desires and needs, using the technique of tracking and reflecting members'	Encouraging to change interactive patterns using your spouse, encouraging to respond more responsibly to the

	of needs and desires in sexual relations	encounters with their attachment styles	needs of their spouse, encouraging to express sexual needs and desires.
8	Focusing on the self and not the other, reframing sexual relations, deepening the sexual conflicts of couples.	Helping group members to focus on themselves, determining and encouraging the needs of group members	Practice listening empathetically to your partner's needs, understanding your partner's underlying feelings
9	Enhancing sexual and non-sexual interactions between spouses, promoting new methods of couple interaction	Directing and designing interactions between couples, replacing the cycle of positive interactions instead of the negative cycle, discovering new solutions for old problems.	Encouraging new adaptive responses between couples, supporting new and responsive behaviors
10	Consolidating the situation and new responses, supporting constructive interaction patterns, ending	Summarizing and reviewing the contents of the meetings by the members, establishing interactive, intimate and productive conversations, returning the changes to the members	

Implementation

The method of collecting and compiling information in the library dimension was used by reviewing research literature, theses, scientific-research articles and conferences inside the country on the sites of Magiran, SID and scientific and research journals of the ministers. Also, scientific and research articles indexed on the Google Scholar site were used for Latin sources. Also, in this research, in the first stage, 30 women with marital conflict who scored 108 or higher in the Kansas Marital Conflict Questionnaire were selected through targeted sampling. In the second step, these 30 people were randomly replaced in an experimental group (15 people) and a control group (15 people). Then, the experimental group was given 10 90-minute sessions (one session per week on Saturdays) of emotional couple therapy, and

during this time, the control group did not receive any intervention from emotional couple therapy and remained on the waiting list. After completing the therapeutic intervention on the experimental group, both groups underwent a post-test and answered the questions of the questionnaires as a post-test. In addition, after 60 days, a follow-up phase was conducted and the sample answered the questions of the questionnaires and finally the collected information was analyzed with appropriate statistical tests. In this research, descriptive statistics such as mean and standard deviation and inferential statistics including mixed variance analysis were used. Also, "Bonferroni's post hoc test" and SPSS version 24 software were used to check the durability of treatment results and pairwise comparison of pre-test, post-test and follow-up.

Findings

The mean and standard deviation of the age of the experimental group are 32.87 and 6.685, and the mean and standard deviation of the control group are 33.53 and 5.986. The amount of independent t-statistic obtained from the comparison of the average age of two groups in the age variable is equal to $t\text{-test} = -0.288$. This amount is not statistically

significant ($\text{sig}=0.776$), which indicates that the two groups are equal in terms of age. The amount of Chi-Square analysis obtained from the comparison of 2 groups in the education variable is equal to $\text{Chi-Square} = 1.962$, which is not statistically significant ($\text{sig} = 0.743$). It shows that the two groups are equal in terms of education.

Table 2. The mean and standard deviation of the dependent variables in the experimental and control groups

Variable	Stage	Experimental group		Control group	
		Mean	Standard deviation	Mean	Standard deviation
Concern	Pre-test	12/60	1/056	12/67	0/724
	Post-test	14/40	1/242	12/80	0/676
	Follow-up	14/40	1/183	12/87	0/743
Opinion	Pre-test	13/13	1/060	13/27	1/163
	Post-test	15/67	1/447	13/40	1/352
	Follow-up	15/53	1/552	13/47	1/356
Personal distress	Pre-test	13/33	1/113	13/13	1/125
	Post-test	14/80	1/082	13/27	1/335
	Follow-up	14/73	1/033	13/20	1/265
Empathy total score	Pre-test	39/07	2/463	39/07	2/154
	Post-test	44/87	2/100	39/47	2/722
	Follow-up	44/67	2/024	39/53	2/560
Being understandable	Pre-test	37/60	0/910	36/93	1/387
	Post-test	40/47	1/506	37/07	1/163
	Follow-up	40/33	1/447	37/13	1/125
Being manageable	Pre-test	30/80	0/862	31/07	1/033
	Post-test	32/73	0/884	31/33	1/234
	Follow-up	32/53	1/246	31/47	1/187
Being meaningful	Pre-test	31/73	1/335	32/33	1/676
	Post-test	33/20	0/941	32/47	1/598
	Follow-up	33/00	0/926	32/53	1/642
Total internal consistency score	Pre-test	100/13	1/995	100/33	2/350
	Post-test	106/40	0/765	11/87	1/767
	Follow-up	105/87	1/959	101/13	1/552
Total sexual satisfaction score	Pre-test	95/27	2/604	95/40	2/414
	Post-test	98/60	2/694	95/40	2/414
	Follow-up	98/40	2/473	95/40	0/414

Table 2 shows the mean and standard deviation of the dependent variables of the experimental group (couple therapy, emotion-oriented couple therapy) and the control group by measurement stages (pre-test, post-test and follow-up) in women with

marital conflicts. Before performing the mixed variance analysis test, the results of Mbox, Mauchly and Levene's sphericity tests were checked to meet the defaults. Since the Mbox test was not significant for any of the research variables, the condition of

homogeneity of the variance-covariance matrices was not rejected. Also, the non-significance of any of the variables in Levene's test showed that the condition of equality of variances between groups was met. The error variance of the dependent variable is homogeneous in all groups. For

this reason, mixed variance analysis can be used to investigate the effectiveness of emotion-oriented couple therapy on empathy, internal cohesion and sexual satisfaction of women with marital conflicts, the results of which are shown in Tables 3, 4 and 5.

Table 3. The result of Mauchly's sphericity test of empathy, internal coherence and sexual satisfaction

Dependent variable	Sphericity	Chi-square	Df	Sig
Concern	0/313	31/343	2	0/001
Opinion	0/215	41/508	2	0/001
Personal distress	0/460	20/981	2	0/001
Empathy total score	0/180	46/256	2	0/001
Being understandable	0/164	48/837	2	0/001
Being manageable	0/526	17/330	2	0/001
Being meaningful	0/426	23/067	2	0/001
Total internal consistency score	0/481	20/908	2	0/001
Total sexual satisfaction score	0/087	65/896	2	0/001

According to table 3 of Mauchly's sphericity test, the significance level of the components and the total score of empathy is equal to 0.001. Therefore, Mauchly's assumption of sphericity is

not confirmed. Therefore, there has been a violation of the F statistical model. Therefore, the conservative Greenhouse-Geisser test was used, and the results are shown in Table 4.

Table 4- Intra-subject and inter-subject results of mixed variance analysis of empathy, internal coherence and sexual satisfaction

Dependent variables	Source	F	Sig	Impact	Power
Concern	group	10/679	0/003	0/276	0/884
	Time	32/604	0/001	0/538	0/999
	time × group	22/497	0/001	0/446	0/998
Opinion	group	9/824	0/004	0/260	0/857
	Time	41/548	0/001	0/597	0/999
	time × group	31/859	0/001	0/532	0/999
Personal distress	group	7/965	0/009	0/221	0/778
	Time	16/588	0/001	0/372	0/992
	time × group	12/472	0/001	0/308	0/965
Empathy total score	group	21/133	0/001	0/430	0/993
	Time	54/375	0/001	0/660	0/999
	time × group	40/157	0/001	0/589	0/999
Being understandable	group	35/166	0/001	0/557	0/999
	Time	39/563	0/001	0/586	0/999
	time × group	31/295	0/001	0/528	0/999
Being manageable	group	4/223	0/049	0/131	0/510
	Time	34/901	0/001	0/555	0/999
	time × group	17/335	0/001	0/382	0/995

Being meaningful	group	0/166	0/686	0/006	0/068
	Time	30/905	0/001	0/525	0/999
	time × group	19/519	0/001	0/411	0/997
Total internal consistency score	group	30/103	0/001	0/518	0/999
	Time	86/257	0/001	0/755	0/999
	time × group	56/069	0/001	0/667	0/999
Total sexual satisfaction score	group	6/626	0/019	0/182	0/673
	Time	12/972	0/001	0/317	0/999
	time × group	97212	0/001	0/317	0/999

The results of Table 4 show that emotion-oriented couple therapy has a significant effect on increasing empathy, internal cohesion and sexual satisfaction. In the following, the two-by-

two comparison of the average adjustment of the test stages (pre-test, post-test and follow-up) in empathy, internal coherence and sexual satisfaction is shown in Table 5.

Table 5- Bonferroni post hoc test results of empathy, internal coherence and sexual satisfaction to check the durability of the results

Dependent variables	Stage	Modified mean	Stages	Mean difference	Sig
Concern	Pre-test	12/633	Pre-test-Post-test	-0/967	0/001
	Post-test	13/600	Pre-test-follow-up	-1/000	0/001
	Follow-up	13/633	Post-test-follow-up	-0/033	0/999
Opinion	Pre-test	13/200	Pre-test-Post-test	-1/333	0/001
	Post-test	14/533	Pre-test-follow-up	-1/300	0/001
	Follow-up	14/500	Post-test-follow-up	0/033	0/999
Personal distress	Pre-test	13/233	Pre-test-Post-test	-0/800	0/001
	Post-test	14/033	Pre-test-follow-up	-0/733	0/002
	Follow-up	13/967	Post-test-follow-up	0/067	0/999
Empathy total score	Pre-test	39/067	Pre-test-Post-test	-3/100	0/001
	Post-test	42/167	Pre-test-follow-up	-3/033	0/001
	Follow-up	42/100	Post-test-follow-up	0/067	0/999
Being understandable	Pre-test	37/267	Pre-test-Post-test	-1/500	0/001
	Post-test	38/767	Pre-test-follow-up	-1/467	0/001
	Follow-up	38/733	Post-test-follow-up	0/033	0/999
Being manageable	Pre-test	30/933	Pre-test-Post-test	-1/100	0/001
	Post-test	32/033	Pre-test-follow-up	-1/067	0/001
	Follow-up	32/000	Post-test-follow-up	0/033	0/999
Being meaningful	Pre-test	32/033	Pre-test-Post-test	-0/800	0/001
	Post-test	32/833	Pre-test-follow-up	-0/733	0/001
	Follow-up	32/767	Post-test-follow-up	0/067	0/897
Total internal consistency score	Pre-test	100/233	Pre-test-Post-test	-3/400	0/001
	Post-test	103/633	Pre-test-follow-up	-3/267	0/001
	Follow-up	103/500	Post-test-follow-up	0/133	0/999
Total sexual satisfaction score	Pre-test	95/333	Pre-test-Post-test	-1/667	0/004
	Post-test	97/000	Pre-test-follow-up	-1/567	0/003
	Follow-up	96/90	Post-test-follow-up	0/100	0/785

As Table 5 shows, the average difference between pre-test and post-test (intervention effect) and the average difference between pre-

test and follow-up (time effect) is greater and more significant than the average difference between post-test and follow-up (intervention

stability effect). It shows that emotion-oriented couple therapy had an effect on empathy, internal coherence and sexual satisfaction in the post-test

phase and the continuation of this effect in the follow-up phase.

Table 6. Univariate covariance analysis of post-test scores of sexual satisfaction

Source	sum of squares	df	mean square	F	Sig	mean square
pre-test	1919/540	1	1919/540	164/396	0/000	0/859
group	341/122	1	341/122	29/215	0/000	0/520
error	315/260	27	315/260			

According to the above table, the significance levels related to the group (mindfulness training) regarding the sexual satisfaction score in the post-test are less than 0.05. Therefore, the above test is significant with 95% certainty, and it can be accepted that mindfulness training affects sexual justice in betrayed women. Considering the averages, we find that sexual satisfaction has increased after mindfulness training in the post-test period. The squared eta values show that 52% of the variance of sexual satisfaction in the post-test is explained through mindfulness training. In general, based on the findings, the hypothesis is confirmed that mindfulness training based on stress reduction has an effect on the sexual rights of betrayed women with high blood pressure.

Discussion

The purpose of this research was to investigate the effectiveness of emotion-oriented couple therapy on empathy, internal coherence and sexual satisfaction of women with marital conflicts in Isfahan. The results showed that emotion-oriented couple therapy has a significant effect on increasing the components and the total score of empathy. This result can be aligned with the results of Bradbury and Bodman (2020) and Rathgeber et al. (2019). Also, no inconsistent finding was found for the result obtained from this hypothesis. In explaining this result, it can be said that based on Johnson's approach, emotion-oriented therapy, by discovering the basic needs of couples,

reconstructs the new situation and expresses the underlying feelings and provides new solutions and empowers couples in empathy. Emotion-oriented therapy is a suitable field for discovering and regularizing disturbed emotions caused by lack of empathy. It can also be said that this method of treatment helps married women with marital conflicts to regulate their emotions due to their inability to cognitively process emotional information. In fact, women who have marital conflicts and are disturbed face problems in recognizing, revealing, processing, and regulating emotions and they have problems in differentiating internal emotions from physical emotions. As a result, married women with marital conflicts often enter therapy during certain emotional disturbances. They report low levels of intimacy, responsiveness, sympathy and empathy, and a feeling mixed with negativity towards the other party. Many times their efforts to restore intimacy and empathetic relationship with their spouse have failed and they communicate with each other with limited ways such as avoidance and withdrawal, blame and criticism, defensiveness and defensive cycles. Therefore, in the process of emotional therapy, the therapist tries to eliminate this feeling of insecurity. As a result, when the therapist identifies the interactive cycle, the emotions associated with these cycles are

also identified by the spouses and they will have more empathy towards each other after the treatment. In addition, in the process of emotion-oriented therapy, spouses re-adjust these cycles based on the expression of latent empathy needs. In the treatment cycle, spouses can easily express their needs using new cycles and accept the need for their spouse's empathy, which reduces emotional and marital problems of spouses and increases their empathy. Therefore, the purpose of this therapy is to help spouses with marital conflicts to achieve hidden emotions and facilitate positive interactions that increase availability and trust between spouses. This makes them experience more empathy among themselves and in their married life. Therefore, it is reasonable to say that the emotion-oriented couple therapy approach is effective on the empathy of women with marital conflicts.

The results showed that emotion-oriented couple therapy has a significant effectiveness in increasing the components and the total score of internal coherence. This result can be aligned with the results of Wiebe et al. (2017) and McKinnon and Greenberg (2017). Also, no inconsistent finding was found for the result obtained from this hypothesis. In explaining this result, it can be said that in emotion-oriented couple therapy, the therapist helps the person with marital conflicts to expand and organize himself internally. Expressing this experience includes a new way of presenting oneself and a new way to establish a relationship with another. Emphasis on emotion is the fundamental factor of change in emotion-oriented therapy. Emotion-oriented therapy uses the power of emotion to move spouses and provoke new responses in basic and frequent interactions that cause movement in people's married life. Excitement causes the

main responses in close relationships and organizes them and brings a sense of inner coherence. Emotion-oriented therapy identifies people's maladaptive emotions by emphasizing and labeling negative behaviors, thoughts, and emotions step by step. Finally, he tries to change them with methods and techniques, and as a result of this ability, a person will have a sense of inner coherence. Based on emotion-oriented therapy, the roots of people's emotions and behaviors are formed in childhood and with close people. Therefore, this therapeutic approach first tries to bring clients to the insight that the primary emotions that appear in a person's behavior are rooted in suppressed emotions and feelings in childhood. Basically, they are primary emotions that are released in another form and in the form of secondary emotions in adulthood due to the association of childhood conditions. This ineffective behavior style means not recognizing the primary emotions and not expressing them in the correct way, causes a negative interactive cycle, and the more ineffective this behavior style is, the person feels that he does not have enough internal coherence. Therefore, emotion-oriented therapy training can moderate positive and negative emotions due to having techniques such as awareness of emotions, acceptance of emotions and re-evaluation and appropriate expression of emotions. It is followed by the adjustment of judgment and positive perception of oneself and the promotion of the sense of internal coherence. Therefore, it is reasonable to say that emotion-oriented couple therapy has a significant effect on the inner cohesion of women with marital conflicts.

In this study, the statistical population was married women who referred to counseling centers and psychological services in Isfahan

city. Therefore, he cautioned in generalizing the results to men with marital conflicts as well as other cities. Due to time limitation, this research was not able to carry out a longer-term follow-up phase to investigate the continuity and durability of the effects of emotional couple therapy, and it was limited to only a two-month (60 days) follow-up phase. This research could have been done on men and women at the same time, but due to the lack of conditions, it was limited to the sample of women with marital conflicts. It is suggested that this research be repeated in other samples, including married men, and some of the questions arising from this study and the background of the research should be scientifically investigated. Also, this question should be answered with more certainty, whether this treatment method, i.e. emotion-oriented couple therapy, is a powerful and effective method compared to common therapeutic interventions in order to reduce the problems of married women with marital conflicts or not. The follow-up phase in this study was two months. Therefore, it is suggested to investigate the continuity of emotion-oriented couple therapy on married women with marital conflicts by including a longer and longer follow-up stage (more than six months or even a year) in future researches. Since this research was limited to married women with marital conflicts, in order to solve this limitation, it is suggested to conduct this research on men as well, because the gender factor may be decisive in the results of the research.

In this regard, at the theoretical level, the results of this research can confirm the results of previous researches on the effectiveness of emotion-oriented couple therapy. At the practical level, the findings of the current research can be used to develop family-oriented treatment programs in

counseling and treatment centers. In this way, the obtained results showed that emotion-oriented couple therapy was effective in increasing the empathy of women with marital conflicts. In this regard, it is suggested that counseling centers and psychological services help strengthen the foundation of the family and reduce the problems of women with marital conflicts by holding psychological workshops with an emphasis on emotional couple therapy. It is suggested that psychologists, counselors and family therapists use emotion-oriented couple therapy to improve the sense of cohesion of women with marital conflicts. Counseling centers and family therapists can periodically use emotional therapy workshops for women involved in conflicts and marital disorders with the help of therapists in the field of emotional couple therapy. Also, to increase sexual satisfaction in women with marital conflicts, it is suggested that counseling centers, family-oriented psychological services help reduce sexual problems and disorders in women with marital conflicts by holding emotion-oriented couple therapy workshops.

Ethics

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

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Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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