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The effectiveness of attachment-based couples therapy on intimacy, sexual satisfaction, empathy and marital self-disclosure of women with marital conflict

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Abstract

The purpose of this study was to investigate the effect of attachment-oriented couple therapy on intimacy, sexual satisfaction, empathy and marital self-disclosure of women with marital conflict in Isfahan city. The method of the current research was quasi-experimental with a 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 referred to counseling centers and psychological services in Isfahan city in 2022. In the first stage, using the purposeful sampling method, 30 people had marital conflicts, they were selected and then they were replaced by a simple random method in an experimental group (15 people) and a control group (15 people) and they were asked the marital conflicts questionnaire of Sanai Zaker et al. (2008), Thompson and Walker's Marital Intimacy Scale (1983), Meston and Trapnell's Sexual Satisfaction Questionnaire for Women (2005), Jolliffe and Farrington's Basic Empathy Scale (2006) and Waring et al.'s Marital Self-Disclosure Questionnaire (1998) responded. Data were also analyzed through mixed analysis of variance and Bonferroni post hoc test using SPSS-26 software. The results showed that the mentioned treatment had a significant effect on the intimacy, sexual satisfaction, empathy and marital self-disclosure of women with marital conflict in the post-test and follow-up phase compared to the control group ($P < 0.05$). Attachment-based couple therapy can be used as a suitable treatment method to improve intimacy, sexual satisfaction, empathy and marital self-disclosure of women with marital conflict in counseling centers and psychological services.

Keywords: *attachment-based couple's therapy, empathy, intimacy, marital conflict, marital self-disclosure, sexual satisfaction.*

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Introduction

The family is the main core of every society and the center of maintaining mental health and mental health. It is the origin of human emotions and the center of the most intimate relationships and interpersonal interactions (Bakhtiari, Hosseini, Arefi and Afsharinia, 2021). A healthy and successful marriage plays a fundamental role in the formation of a healthy family. A healthy family is the basis of society's health, and the criterion that determines a healthy family is a successful marriage (Greif & Malherb, 2001); quoted by (Kiani, Navabinejad, Ahmadi Nodeh and Taqvai, 2021). Therefore, marriage is a challenging institution. Based on this, it is not an issue that is only related to two people, but as an important event, it is also related to the family and society (Nabiei, Hosseini, Kakabraei, and Amiri, 2021). In addition to the fact that married life is the center of many positive emotions and productive outcomes for couples, but sometimes this family center can be exposed to threats that make married life dangerous (Thompson et al., 2020). One of these dangers that make married life face many problems is marital conflicts (Mohamad Sharoni et al., 2020).

Marital conflicts are one of the common problems of couples (Jaafari Menesh et al., 2020) and are caused by couples' inconsistency in the type of desires and expectations (Glasser, 2000, quoted by (Arman Panah, Sajjadian, and Nadi, 2020) and differences in behaviors and actions. It is irresponsible toward marital relationships and marriage (Khodadost & Ebrahimi Moghadam, 2019). Conflict in couple's relationship or normal functioning is caused by differences and cannot be avoided. Each couple acts differently from his spouse in terms of presenting the problem, thinking to solve the problem, and the expected results

from the solution to the problem (Kashfi & Khezri Moghadam, 2021). Severe conflicts and a lack of attention to resolving these conflicts lead to a decrease in intimacy so that knowing how to resolve conflicts will play an important role in increasing or decreasing marital intimacy (Rasuli, 2017).

On the other hand, intimacy as a basic need requires awareness, deep understanding and acceptance. Intimacy also means closeness, similarity and loving relationship with another. Intimacy in marital relationships is associated with emotional, emotional and social aspects that are formed based on acceptance, satisfaction and love. Marital intimacy problems begin when couples are dissatisfied with the extent to which their desires for a good marital relationship are being met. People with marital intimacy can express themselves more favorably in their marital relationship (Jon et al., 2011; quoted by Isanajad Jahrami and Dasht-e-Gorgi, 2018). Intimacy is an interactive process that includes related dimensions. It is also a real and rooted human need and grows in the framework of the survival need for attachment. Intimacy is defined as closeness, similarity and a romantic or emotional personal relationship with another, and the general intensity of the need for intimacy is different for each person from others (Bagarozzi, 2001, quoted by Farhadi, Salehin, Aghaian, Karamat, and Talebi, 2020). Based on the study literature, marital intimacy positively affects sexual satisfaction (Moradi & Madani, 2020).

On the other hand, it can be said that empathy is an individual's capacity to understand the behavior of others and their feelings, and empathy harmonizes a person with the feelings and thoughts of others and connects him with the social world (Kauf, Bruyne, Taylor and Hovat, 2016). Empathy is

considered along with other communication elements such as role, and the value system of the couple in the marital relationship. Different theories have assumed empathy as a concept that includes both cognitive and emotional aspects (Joliff and Farrington, 2006). Empathy is not defined and described as a one-dimensional structure (cognitive or emotional). Instead, it forms a set of structures that, while being different, are all somehow related to each other with sensitivity (Davis, 1983, quoted by Ali Mohammadi and Aghajani, 2021). As a result, the presence of marital empathy and self-disclosure during the relationship between husband and wife can predict their interpersonal processing (Naderi Nobandangani, Al-Mohammed, Hiyori and Kafi, 2020). Self-disclosure not only indicates compatibility in relationships, but is essential for achieving mental health and sustaining close relationships with others. This means that with high self-disclosure, we can have more compatibility and less worry about our relationship with others (Scham, Figley and Fohs, 1981).

Also, self-disclosure in couples is considered a means to increase health, self-esteem and the ability to overcome problems. Additionally, a lack of self-disclosure is associated with a degree of spousal depression, and an imbalance in spousal self-disclosure is related to concerns about blaming the other spouse (Drelga et al., 1993; cited in Waring, Holden, & Wesley, 1998). According to the results, self-disclosure and empathy predict intimacy in men, and self-disclosure and empathy predict their partner.

It seems that the development of self-disclosure and empathy is the most important determinant of intimate behavior with a spouse, but the way they are affected by

intimacy is affected by gender differences (Mitchell et al., 2008). Considering the importance of intimacy, sexual satisfaction, empathy and marital self-disclosure, providing psychological interventions and couple therapy can help improve these functions. One of these interventions is attachment-oriented couple therapy (Amini Nesab & Farah Bakhsh, 2015).

The initial experiences of each couple with their parents or the type of emotional relationship they have with their parents during childhood causes healthy and unhealthy attachment styles in a person. In addition, it can cause many problems in adulthood, especially family and marital conflicts and problems (Amini Nesab & Farah Bakhsh, 2015). Although attachment-oriented therapy is a process-oriented therapy, attachment-oriented couple therapy and family therapy provide a clear structure and roadmap to help therapists quickly address the attachment disruptions at the core of marital conflict. (Diamond, Rawson, and Levy, 2016). Attachment-based couple therapy is an empirically supported therapy designed to capitalize on the innate, biological desire for meaningful and secure relationships (Diamond, 2016). In attachment-based couple therapy, attention is paid to couples' primary feelings and unmet dependency needs (Diamond, 2014).

Also, in terms of the mentioned therapy, i.e., attachment-oriented couple therapy, this couple therapy is effective in the following cases: Improving family adaptability and reducing marital conflicts (Amini Nesab & Farah Bakhsh, 2015); increasing marital commitment (Shiri, Guderzi, Moradi and Ahmadian, 2021); Women's sexual performance (Shiri & Guderzi, 2020); increasing marital satisfaction (Firouzi & Ghaffari, 2014); Forgiveness in married life

(Dehghani & Aslani, 2020). However, what has not been addressed in previous research and can be mentioned as a research gap is the efficiency and effectiveness of attachment-based couple therapy on intimacy, sexual satisfaction, empathy, and marital self-disclosure of women with marital conflict. Based on this, to solve this research gap, this study seeks to answer the question, is attachment-oriented couple therapy effective on intimacy, sexual satisfaction, empathy, and marital self-disclosure of women with marital conflict in Isfahan?

Method

This research is quasi-experimental with a pre-test and post-test design; As thirty people who will be divided into two groups of fifteen people, control and experimental. At the beginning, the participants will take three tests of perception of suffering, resilience and sexual self-esteem. Then, in eight sessions and in 90 minutes and with Stephen Hayes Act method, the treatment will be implemented on the experimental group and at the end of the tests will be taken from both groups and the results will be checked. The statistical population in this research was the women who were betrayed and referred to the psychological clinic in the six regions of Tehran province. The statistical sample includes thirty unfaithful women who were selected by a non-random method. The criteria for entering the research are as follows. These women should not be in a relationship with a new person or be in a relationship with the same unfaithful person or have broken their relationship. Between 20 and 52 years old and not menopausal. To analyze the data of this research, the covariance analysis method will be used.

Materials

Marital Intimacy Scale (MIS) Thompson and Walker (1983). This scale has 17

questions and the range of scores for each question varies from 1 (never) to 7 (always) (Nazari et al., 2021). The range of higher scores is a sign of greater purity (intimacy) (Farhadi et al., 2020). This scale has been translated and standardized in Iran by Sanai et al. (2008). The creators of the scale have reported its reliability through Cronbach's alpha of 0.91 to 0.97 (Thompson and Walker, 1983). Convergent validity of the test was obtained through simultaneous implementation with the Bagaroozi Intimacy Questionnaire at 0.82, and the reliability of the scale was obtained at 0.75 by Cronbach's alpha test (Mansoori et al., 2020). In another study, Cronbach's alpha was used to check the reliability of the scale, and the coefficient was reported as 0.78 (Aghae and Mousavi, 2020). In another study, Cronbach's alpha was used to check the reliability of the scale, and the coefficient was calculated as 0.82 (Mirabi et al., 2021). In the current study, Cronbach's alpha and pre-test coefficients were 0.71, post-test 0.82 and follow-up 0.90.

Meston and Trapnell (2005) Sexual Satisfaction Questionnaire for Women (SSSW). This questionnaire contains 30 questions and the following 5 components. satisfaction with questions 1, 2, 3, 4, 5 and 6; Connection with questions 7, 8, 9, 10, 11 and 12; Compatibility with questions 13, 14, 15, 16, 17 and 18; relationship anxiety with questions 19, 20, 21, 22, 23 and 24; Personal anxiety with questions 25, 26, 27, 28, 29 and 30. Scoring in a 5-point scale including completely agree 1 point, slightly agree 2 points, neither agree nor disagree 3 points, slightly disagree 4 points and completely disagree 5 points. The questions of questions 2, 7, 8, 13, 14, 15, 16, 17 and 18 are scored inversely. Test-retest reliability was obtained for satisfaction 0.84, communication 0.80, compatibility 0.73, relational anxiety 0.86,

personal anxiety 0.97 and all questions 0.93. Also, Cronbach's alpha was obtained for satisfaction 0.84, communication 0.82, compatibility 0.91, relational anxiety 0.88, personal anxiety 0.90 and all questions 0.96. The convergent validity of the questionnaire with the scale of depression, anxiety and stress is significant at the level of 0.01 (Roshan Chesli, Mirzaei and Nik Azin, 2013). The reliability of the questionnaire was obtained by Cronbach's alpha method of 0.74 and by the retest method with a correlation coefficient of 0.58 and significant at the 0.01 level (Meston and Trapnell, 2005). In one study, Cronbach's alpha was used to check the internal consistency of the questionnaire, and the Cronbach's alpha coefficient of all questions was calculated as 0.95 (Stephenson, Polverman and Meston, 2014). In the current study, Cronbach's alpha was 0.70 for the pre-test, 0.73 for the post-test, and 0.92 for the follow-up.

Jolliffe and Farrington (2006) Basic Empathy Scale (BES). The empathy scale was prepared by Jolliffe and Farrington (2006). This scale contains 20 questions that measure the following two subscales. emotional empathy with questions 1, 2, 4, 5, 7, 8, 11, 13, 15, 17 and 18; Cognitive empathy with questions 3, 6, 9, 10, 12, 14, 16, 19 and 20. The scoring of the scale is on a 5-point Likert scale. In a study, Cronbach's alpha was used to examine the internal consistency of the scale, and Cronbach's coefficient was 0.87 for emotional empathy and 0.89 for cognitive empathy (Khanjani and Bahadori Khosroshahi, 2017). In one study, Cronbach's alpha was 0.91 (Kaji Esfahani et al., 2017). Abroad, Cronbach's alpha has been used to check the internal consistency of the scale, and Cronbach's coefficient was 0.85 for emotional empathy

and 0.79 for cognitive empathy (Truner, Foster and Webster, 2019). In another study, the Cronbach's alpha of the questions was calculated in the range of 0.68 to 0.87 (Carizales, Parchek and Langgrand-Willems, 2019). Also, a Cronbach's alpha research has obtained 0.72 for cognitive empathy, 0.74 for emotional empathy, and 0.80 for all questions (Lin, Chen, Tan, Yang and Chi, 2021). In the current study, Cronbach's alpha and pre-test coefficients were 0.71, post-test 0.80 and follow-up 0.90.

Marital Self-Disclosure Questionnaire (MSDQ) Waring et al. (1998). This questionnaire contains 40 questions and 4 subscales below. Relational self-disclosure (disclosing intimacy and loving) with questions 1, 5, 9, 13, 17, 21, 25, 29, 33 and 37; sexual issues (disclosure of sexual needs) with questions 2, 6, 10, 14, 18, 22, 26, 30, 34 and 38; money (financial disclosure) with questions 3, 7, 11, 15, 19, 23, 27, 31, 35 and 39; Lack of balance in self-disclosure (revelation of boring aspects and differences with spouse) with questions 4, 8, 12, 16, 20, 24, 28, 32, 36 and 40. Questions are scored as 1 point for correct and 0 points for incorrect. In this way, questions 1, 2, 5, 9, 13, 17, 18, 20, 21, 22, 26 and 29 are scored negatively. Also questions 3, 4, 6, 7, 8, 10, 11, 12, 14, 15, 16, 19, 23, 24, 25, 27, 28, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39 and 40 are scored positively (Mansoori et al., 2013). The creators have checked its reliability with Cronbach's alpha and reported coefficients for all questions of 0.91 and for subscales of relationship 0.91, sexual issues 0.92, money 0.85 and lack of balance in disclosure 0.68 (Waring and et al., 1998). In the current study, Cronbach's alpha was 0.76 for the pre-test, 0.75 for the post-test, and 0.77 for the follow-up.

Table 1. Attachment-oriented couple therapy sessions adapted from the research of Amini Nesab and Farahbakhsh (2015)

| Session | Content |
|---------|---|
| 1 | First, the consultant, then the members introduce themselves and state their goals. Then the therapist introduced the preliminary treatment program, the benefits of attending the meetings and the rules of the group were explained to the members. |
| 2 | The assignments and contents of the previous meeting will be evaluated and reviewed and the members will be asked to express what they know about the concept of attachment. Then the scientific expression of attachment will be discussed in simple language in the form of married life. Then the signs of positive and negative attachment will be discussed and they will be asked to analyze their behaviors and situations in their married life in the framework of attachment. |
| 3 | A comprehensive definition of attachment in adulthood will be presented to the group members, and the members will be asked to present the type of attachment style along with its symptoms to their spouse, family members, and friends, then exchange opinions and state what factors cause such attachment. It is possible for them to remember things that they have more negative attachment to. |
| 4 | Familiarization of sample people with the role of caregiver and care seeker, identification of attachment needs based on attachment styles, the effect of each couple in correcting insecure attachment style and its restoration, the effect of attachment on emotional order, tolerance of marital problems, and at the end of this meeting of the members They will be asked to express their opinions from the beginning of the course until this meeting. |
| 5 | Acquainting sample people with a systemic view of the family and explaining how family members influence each other and familiarizing them with marital components and how attachment styles affect the amount of marital relationships with examples. Presenting the assignment and expressing how their attachment needs affect their married life, the members will be asked to imagine their attachment based on the attachment styles in the family environment and express its effects on the relationships between family members. |
| 6 | Acquaintance of sample people with the features and states of insecure and secure attachment in themselves and their spouses and the main needs of each attachment in order to improve and replace insecure attachment patterns with secure ones, by playing a role by the therapist and presenting a task in the meeting in the field of providing feedback with characteristics had secure attachments to each other. |
| 7 | In this session, the effect of attachment in a positive and negative direction on cooperation, sexual relations, relations between couples and relations between them and families, and emotional reactions based on the notions of attachment and based on playing the role of group members and modeling the style of the therapist Positive attachment was expressed. |

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|---|---|
| 8 | A summary of the mentioned materials was presented with the aim of remembering the techniques and skills taught in the previous sessions, and reviewing the assignments and possible problems in applying the techniques and skills taught. |
|---|---|

Findings

The mean and standard deviation of the age of the experimental group were 33.07 and 5.625, and the mean and standard deviation of the control group were 33.93 and 5.325. The independent t-statistic obtained from comparing the average age of two groups in the age variable is equal to the t-test = -0.433, which is not statistically significant (sig =

0.668). It shows that the two groups are equal in terms of age. The amount of Chi-Square analysis result from the comparison of two groups in the education variable is equal to Chi-Square = 3.556. This amount is not statistically significant (sig=0.469), which indicates that the two groups are equal in terms of education.

Table 2. The result of the normality test with the Shapiro-Wilks test to check the distribution of scores

| Dependent variables | Stage | Index | | | |
|----------------------|-----------|------------|-------|----------|----------|
| | | Statistics | Sig | Skewness | Kurtosis |
| Marital intimacy | Pre-test | 0/923 | 0/169 | 0/227 | -0/408 |
| | Post-test | 0/917 | 0/129 | -0/421 | -1/029 |
| | Follow-up | 0/920 | 0/150 | 0/810 | 1/536 |
| Satisfaction | Pre-test | 0/960 | 0/623 | 0/650 | -0/314 |
| | Post-test | 0/900 | 0/069 | 1/021 | 2/562 |
| | Follow-up | 0/909 | 0/095 | 1/196 | 1/781 |
| Relationship | Pre-test | 0/948 | 0/429 | 0/516 | -0/604 |
| | Post-test | 0/957 | 0/575 | 0/511 | -0/723 |
| | Follow-up | 0/879 | 0/031 | -0/294 | -1/182 |
| Sexual compatibility | Pre-test | 0/939 | 0/307 | -0/215 | -0/821 |
| | Post-test | 0/957 | 0/572 | 0/324 | -1/017 |
| | Follow-up | 0/971 | 0/836 | -0/191 | -1/018 |
| Relationship anxiety | Pre-test | 0/926 | 0/186 | -0/202 | -1/076 |
| | Post-test | 0/905 | 0/084 | 0/256 | -0/750 |
| | Follow-up | 0/959 | 0/610 | -0/065 | -0/415 |
| Personal anxiety | Pre-test | 0/953 | 0/502 | -0/201 | -1/026 |
| | Post-test | 0/923 | 0/164 | 0/321 | -0/860 |

| | | | | | |
|------------------------------------|-----------|-------|-------|--------|--------|
| | Follow-up | 0/938 | 0/291 | -0/166 | -0/412 |
| Total sexual satisfaction score | Pre-test | 0/880 | 0/032 | 0/047 | -0/558 |
| | Post-test | 0/918 | 0/138 | 0/452 | -0/766 |
| | Follow-up | 0/958 | 0/590 | 0/411 | 0/073 |
| emotional empathy | Pre-test | 0/924 | 0/175 | 0/452 | 0/255 |
| | Post-test | 0/956 | 0/563 | 0/182 | -1/241 |
| | Follow-up | 0/954 | 0/530 | -0/162 | -1/046 |
| Cognitive empathy | Pre-test | 0/951 | 0/475 | -0/046 | -1/203 |
| | Post-test | 0/825 | 0/005 | 0/012 | -1/213 |
| | Follow-up | 0/889 | 0/045 | -0/150 | -1/547 |
| Empathy total score | Pre-test | 0/905 | 0/081 | 0/177 | -1/365 |
| | Post-test | 0/941 | 0/333 | -0/147 | -0/117 |
| | Follow-up | 0/959 | 0/618 | 0/456 | -0/928 |
| Communicative self-disclosure | Pre-test | 0/972 | 0/847 | 1/446 | 2/672 |
| | Post-test | 0/892 | 0/049 | -0/294 | -1/192 |
| | Follow-up | 0/897 | 0/060 | -0/329 | -0/769 |
| Sexual self-disclosure | Pre-test | 0/972 | 0/847 | 0/324 | -1/075 |
| | Post-test | 0/903 | 0/077 | -0/091 | -1/108 |
| | Follow-up | 0/892 | 0/049 | -0/102 | -1/077 |
| Financial self-disclosure | Pre-test | 0/965 | 0/732 | 0/346 | -0/820 |
| | Post-test | 0/932 | 0/232 | -0/058 | -0/515 |
| | Follow-up | 0/934 | 0/253 | 0/047 | -0/558 |
| Lack of balance in self-disclosure | Pre-test | 0/983 | 0/981 | 0/478 | -0/866 |
| | Post-test | 0/929 | 0/206 | -0/320 | -1/047 |
| | Follow-up | 0/921 | 0/155 | -0/238 | -0/828 |
| Self-disclosure total score | Pre-test | 0/968 | 0/781 | -0/082 | -0/717 |
| | Post-test | 0/942 | 0/348 | 1/053 | 1/075 |

| | | | | | |
|--|-----------|-------|-------|--------|--------|
| | Follow-up | 0/946 | 0/390 | -0/181 | -0/517 |
|--|-----------|-------|-------|--------|--------|

The results of Table 2, since fewer than 50 people were in each group, the Shapiro test was used to check the normality of the distribution of scores. Since the significance level of the obtained values is greater than 0.5, the distribution of scores is normal. Also, to check the normality of the distribution of the variables observed in the

present study, two common indices for checking the normality, including skewness and kurtosis, were used. The value of skewness and kurtosis of research variables is in the range (-2 to 2), which shows that the distribution of variables has normal skewness and kurtosis.

Table 3. Mean and standard deviation of dependent variables in experimental and control groups

| Dependent variables | Stage | Mean | | Standard deviation | |
|---------------------------------|-----------|---------------------|---------|---------------------|---------|
| | | Attachment-oriented | Control | Attachment-oriented | Control |
| Marital intimacy | Pre-test | 47/07 | 45/87 | 3/240 | 0/973 |
| | Post-test | 54/73 | 46/20 | 5/216 | 2/569 |
| | Follow-up | 54/47 | 46/27 | 5/423 | 2/576 |
| Satisfaction | Pre-test | 14/53 | 14/27 | 0/516 | 0/799 |
| | Post-test | 17/13 | 14/47 | 1/187 | 1/125 |
| | Follow-up | 17/00 | 14/53 | 1/254 | 1/187 |
| Relationship | Pre-test | 15/60 | 15/20 | 0/910 | 0/775 |
| | Post-test | 18/27 | 15/67 | 1/163 | 1/047 |
| | Follow-up | 17/87 | 15/73 | 1/457 | 1/100 |
| Sexual compatibility | Pre-test | 17/73 | 17/80 | 0/704 | 0/676 |
| | Post-test | 19/73 | 17/93 | 1/163 | 0/884 |
| | Follow-up | 19/40 | 18/07 | 1/183 | 0/884 |
| Relationship anxiety | Pre-test | 20/67 | 20/73 | 0/617 | 0/704 |
| | Post-test | 23/40 | 21/27 | 0/986 | 1/280 |
| | Follow-up | 23/20 | 21/27 | 1/207 | 1/280 |
| Personal anxiety | Pre-test | 21/47 | 23/33 | 1/060 | 0/816 |
| | Post-test | 23/87 | 23/53 | 1/060 | 0/834 |
| | Follow-up | 23/60 | 23/67 | 1/242 | 0/900 |
| Total sexual satisfaction score | Pre-test | 90/00 | 91/33 | 1/813 | 1/397 |
| | Post-test | 102/40 | 92/87 | 2/772 | 3/159 |
| | Follow-up | 101/07 | 93/27 | 3/474 | 2/840 |
| emotional empathy | Pre-test | 26/07 | 26/33 | 1/223 | 1/113 |
| | Post-test | 28/60 | 26/40 | 1/882 | 1/183 |
| | Follow-up | 28/47 | 26/47 | 1/922 | 1/187 |
| Cognitive empathy | Pre-test | 30/13 | 30/47 | 1/125 | 0/516 |
| | Post-test | 33/20 | 30/53 | 1/568 | 0/518 |
| | Follow-up | 32/93 | 30/53 | 1/751 | 0/525 |

| | | | | | |
|---|-----------|-------|-------|-------|-------|
| Empathy total score | Pre-test | 56/20 | 56/80 | 1/656 | 0/941 |
| | Post-test | 61/80 | 56/93 | 2/731 | 0/100 |
| | Follow-up | 61/40 | 57/00 | 3/066 | 1/069 |
| Communicative self-disclosure | Pre-test | 4/87 | 4/60 | 0/640 | 0/507 |
| | Post-test | 6/40 | 4/73 | 1/121 | 0/704 |
| | Follow-up | 6/20 | 4/80 | 1/207 | 0/775 |
| Sexual self-disclosure | Pre-test | 3/20 | 3/07 | 0/775 | 0/704 |
| | Post-test | 4/60 | 3/33 | 0/910 | 0/976 |
| | Follow-up | 4/53 | 3/60 | 0/990 | 0/910 |
| Financial self-disclosure | Pre-test | 3/07 | 2/87 | 0/884 | 0/834 |
| | Post-test | 4/53 | 3/13 | 1/302 | 1/125 |
| | Follow-up | 4/40 | 3/20 | 1/502 | 1/082 |
| Lack of balance in self-disclosure | Pre-test | 2/67 | 2/53 | 0/488 | 0/516 |
| | Post-test | 4/53 | 3/00 | 0/990 | 1/121 |
| | Follow-up | 4/20 | 3/13 | 1/424 | 0/990 |
| Self-disclosure total score | Pre-test | 13/80 | 13/07 | 1/424 | 1/534 |
| | Post-test | 20/07 | 14/20 | 1/792 | 3/167 |
| | Follow-up | 19/33 | 14/73 | 2/410 | 2/939 |
| Dependent variables | | | | | |

Table 3 shows the mean and standard deviation of the dependent variables of the experimental group (attachment-based 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's spheroid, and Levene's tests were checked to comply with 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 Levin'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 effect of attachment-based couple therapy on intimacy, sexual satisfaction, empathy, and marital self-disclosure of women with marital conflict. The results are shown in Tables 4, 5, and 6.

Table 4. The result of Mauchly's sphericity test of intimacy, sexual satisfaction, empathy and marital self-disclosure

| The dependent variables | Mauchly's sphericity | Chi-square | df | sig |
|-------------------------|----------------------|------------|----|-------|
| Marital intimacy | 0/020 | 105/834 | 2 | 0/001 |
| Satisfaction | 0/238 | 38/737 | 2 | 0/001 |
| Relationship | 0/401 | 24/699 | 2 | 0/001 |
| Sexual compatibility | 0/803 | 5/932 | 2 | 0/001 |
| Relationship anxiety | 0/131 | 54/965 | 2 | 0/001 |
| Personal anxiety | 0/775 | 6/892 | 2 | 0/001 |

| | | | | |
|---|-------|--------|---|-------|
| Total sexual satisfaction score | 0/543 | 16/649 | 2 | 0/001 |
| emotional empathy | 0/111 | 59/379 | 2 | 0/001 |
| Cognitive empathy | 0/557 | 15/789 | 2 | 0/001 |
| Empathy total score | 0/261 | 36/304 | 2 | 0/001 |
| Communicative self-disclosure | 0/403 | 24/550 | 2 | 0/001 |
| Sexual self-disclosure | 0/613 | 13/203 | 2 | 0/001 |
| Financial self-disclosure | 0/358 | 27/733 | 2 | 0/001 |
| Lack of balance in self-disclosure | 0/402 | 24/610 | 2 | 0/001 |
| Self-disclosure total score | 0/621 | 12/877 | 2 | 0/001 |

According to Table 4 of Mauchly's sphericity test, the significance level value of intimacy, sexual satisfaction, empathy, and marital self-disclosure is equal to 0.001. Therefore, Mauchly's sphericity assumption has not

been confirmed, and therefore there has been a violation of the F statistical model. Therefore, the Greenhouse-Geisser conservative test was used, the results of which are shown in Table 4.

Table 5. Results. Subject of mixed variance analysis of intimacy, sexual satisfaction, empathy and self-disclosure

| Dependent variables | Source | F | Sig. | Effect size | Power |
|--|---------------|----------|-------------|--------------------|--------------|
| Marital intimacy | Group | 32/876 | 0/001 | 0/540 | 0/999 |
| | Time | 15/502 | 0/001 | 0/356 | 0/968 |
| | time × group | 12/772 | 0/001 | 0/313 | 0/933 |
| Satisfaction | Group | 28/579 | 0/001 | 0/505 | 0/999 |
| | Time | 52/439 | 0/001 | 0/652 | 0/999 |
| | time × group | 36/430 | 0/001 | 0/565 | 0/999 |
| Relationship | Group | 35/809 | 0/001 | 0/561 | 0/999 |
| | Time | 25/167 | 0/001 | 0/473 | 0/999 |
| | time × group | 11/419 | 0/001 | 0/290 | 0/945 |
| Sexual compatibility | Group | 10/726 | 0/003 | 0/277 | 0/885 |
| | Time | 47/187 | 0/001 | 0/628 | 0/999 |
| | time × group | 32/079 | 0/001 | 0/534 | 0/999 |
| Relationship anxiety | Group | 17/512 | 0/001 | 0/385 | 0/981 |
| | Time | 49/972 | 0/001 | 0/641 | 0/999 |
| | time × group | 22/060 | 0/001 | 0/441 | 0/999 |
| Personal anxiety | Group | 5/340 | 0/028 | 0/160 | 0/607 |
| | Time | 18/039 | 0/001 | 0/392 | 0/999 |
| | time × group | 11/557 | 0/001 | 0/292 | 0/979 |
| Total sexual satisfaction score | Group | 54/442 | 0/001 | 0/660 | 0/999 |
| | Time | 93/207 | 0/001 | 0/769 | 0/999 |
| | time × group | 52/365 | 0/001 | 0/652 | 0/999 |
| emotional empathy | Group | 8/000 | 0/009 | 0/222 | 0/779 |
| | Time | 21/186 | 0/001 | 0/431 | 0/995 |

| | | | | | |
|---|--------------|---------|-------|-------|-------|
| | time × group | 18/100 | 0/001 | 0/393 | 0/987 |
| Cognitive empathy | Group | 18/331 | 0/001 | 0/396 | 0/985 |
| | Time | 61/197 | 0/001 | 0/686 | 0/999 |
| | time × group | 55/910 | 0/001 | 0/666 | 0/999 |
| Empathy total score | Group | 22/075 | 0/001 | 0/441 | 0/995 |
| | Time | 53/337 | 0/001 | 0/656 | 0/999 |
| | time × group | 47/295 | 0/001 | 0/628 | 0/999 |
| Communicative self-disclosure | Group | 18/305 | 0/001 | 0/395 | 0/985 |
| | Time | 17/855 | 0/001 | 0/389 | 0/994 |
| | time × group | 11/502 | 0/001 | 0/291 | 0/947 |
| Sexual self-disclosure | Group | 7/457 | 0/011 | 0/210 | 0/750 |
| | Time | 30/448 | 0/001 | 0/521 | 0/999 |
| | time × group | 9/834 | 0/001 | 0/260 | 0/937 |
| Financial self-disclosure | Group | 5/592 | 0/025 | 0/166 | 0/627 |
| | Time | 33/756 | 0/001 | 0/547 | 0/999 |
| | time × group | 14/467 | 0/001 | 0/341 | 0/978 |
| Lack of balance in self-disclosure | Group | 9/629 | 0/004 | 0/256 | 0/850 |
| | Time | 31/053 | 0/001 | 0/526 | 0/898 |
| | time × group | 9/434 | 0/001 | 0/252 | 0/999 |
| Self-disclosure total score | Group | 23/181 | 0/001 | 0/453 | 0/996 |
| | Time | 106/437 | 0/001 | 0/792 | 0/999 |
| | time × group | 42/825 | 0/001 | 0/605 | 0/999 |

The results of Table 5 show that attachment-based couple therapy significantly increases intimacy, sexual satisfaction, empathy, and marital self-disclosure. In the following, a two-by-two comparison of the average

adjustment of test stages (pre-test, post-test, and follow-up) in intimacy, sexual satisfaction, empathy, and marital self-disclosure is given in Table 6.

Table 6. Bonferroni post hoc test results of intimacy, sexual satisfaction, empathy and self-disclosure to check the validity of the results

| Dependent variables | Stage | Adjusted mean | Diff. | Mean diff. | Sig. |
|-------------------------|-----------|---------------|---------------------|------------|-------|
| Marital intimacy | Pre-test | 46/467 | Pre-test-post-test | -4/000 | 0/001 |
| | Post-test | 50/467 | Pre-test-follow-up | -3/900 | 0/002 |
| | Follow-up | 50/367 | Post-test-follow-up | 0/100 | 0/725 |
| Satisfaction | Pre-test | 14/400 | Pre-test-post-test | -1/400 | 0/001 |
| | Post-test | 15/800 | Pre-test-follow-up | -1/367 | 0/001 |
| | Follow-up | 15/767 | Post-test-follow-up | 0/033 | 0/999 |
| Relationship | Pre-test | 15/400 | Pre-test-post-test | -1/567 | 0/001 |

| | | | | | |
|--|-----------|--------|---------------------|--------|-------|
| | Post-test | 16/967 | Pre-test-follow-up | -1/400 | 0/001 |
| | Follow-up | 16/800 | Post-test-follow-up | 0/167 | 0/550 |
| Sexual compatibility | Pre-test | 17/767 | Pre-test-post-test | -1/067 | 0/001 |
| | Post-test | 18/833 | Pre-test-follow-up | -0/967 | 0/001 |
| | Follow-up | 18/733 | Post-test-follow-up | 0/100 | 0/855 |
| Relationship anxiety | Pre-test | 20/700 | Pre-test-post-test | -1/633 | 0/001 |
| | Post-test | 20/333 | Pre-test-follow-up | -1/533 | 0/001 |
| | Follow-up | 22/233 | Post-test-follow-up | 0/100 | 0/216 |
| Personal anxiety | Pre-test | 22/400 | Pre-test-post-test | -1/300 | 0/001 |
| | Post-test | 23/700 | Pre-test-follow-up | -1/233 | 0/001 |
| | Follow-up | 23/633 | Post-test-follow-up | 0/067 | 0/999 |
| Total sexual satisfaction score | Pre-test | 90/667 | Pre-test-post-test | -6/967 | 0/001 |
| | Post-test | 97/633 | Pre-test-follow-up | 6/500 | 0/001 |
| | Follow-up | 97/167 | Post-test-follow-up | 0/467 | 0/515 |
| emotional empathy | Pre-test | 26/200 | Pre-test-post-test | -1/300 | 0/001 |
| | Post-test | 27/500 | Pre-test-follow-up | -1/267 | 0/001 |
| | Follow-up | 27/467 | Post-test-follow-up | 0/033 | 0/999 |
| Cognitive empathy | Pre-test | 30/300 | Pre-test-post-test | -1/567 | 0/001 |
| | Post-test | 31/867 | Pre-test-follow-up | -1/433 | 0/001 |
| | Follow-up | 31/733 | Post-test-follow-up | 0/133 | 0/460 |
| Empathy total score | Pre-test | 56/500 | Pre-test-post-test | -2/867 | 0/001 |
| | Post-test | 59/367 | Pre-test-follow-up | -2/700 | 0/001 |
| | Follow-up | 59/200 | Post-test-follow-up | 0/167 | 0/550 |
| Communicative self-disclosure | Pre-test | 4/733 | Pre-test-post-test | -0/833 | 0/001 |
| | Post-test | 5/567 | Pre-test-follow-up | -0/767 | 0/001 |
| | Follow-up | 5/500 | Post-test-follow-up | 0/067 | 0/999 |
| | Pre-test | 3/133 | Pre-test-post-test | -0/833 | 0/001 |

| | | | | | |
|---|-----------|--------|---------------------|--------|-------|
| Sexual self-disclosure | Post-test | 3/967 | Pre-test-follow-up | -0/933 | 0/001 |
| | Follow-up | 4/067 | Post-test-follow-up | -0/100 | 0/725 |
| Financial self-disclosure | Pre-test | 2/967 | Pre-test-post-test | -0/867 | 0/001 |
| | Post-test | 3/833 | Pre-test-follow-up | -0/833 | 0/001 |
| | Follow-up | 3/800 | Post-test-follow-up | 00/033 | 0/999 |
| Lack of balance in self-disclosure | Pre-test | 2/600 | Pre-test-post-test | -1/167 | 0/001 |
| | Post-test | 3/767 | Pre-test-follow-up | -1/067 | 0/001 |
| | Follow-up | 3/667 | Post-test-follow-up | 0/100 | 0/855 |
| Self-disclosure total score | Pre-test | 13/433 | Pre-test-post-test | -3/700 | 0/001 |
| | Post-test | 17/133 | Pre-test-follow-up | -3/600 | 0/001 |
| | Follow-up | 17/033 | Post-test-follow-up | 0/100 | 0/999 |

As Table 6 shows, the average difference between the pre-test and post-test (intervention effect) and the average difference between the pre-test and follow-up (time effect) is more significant than the average difference between post-test and follow-up (intervention stability effect). It shows that attachment-oriented couple therapy affected intimacy, sexual satisfaction, empathy, and marital self-disclosure in the post-test phase and the continuation of this effect in the follow-up phase.

Discussion

The aim of the present study was to investigate the effect of attachment-based couple therapy on intimacy, sexual satisfaction, empathy and marital self-disclosure of women with marital conflict in Isfahan city. The results showed that attachment-based couple therapy has a significant effect on increasing marital intimacy. This result can be aligned with the results of Amini Nesab and Farahbakhsh

(2015), Diamond et al. (2016), Diamond (2014) and Purnell (2003), which have shown the effectiveness of attachment-based couple therapy. Also, no inconsistent finding was found for the result obtained from this hypothesis. In explaining this result, it can be said that people without attachment, in order to overcome the negative emotions they experience, are placed in a range of efforts to maximize or minimize attachment needs. Both of these strategies may put people at greater risk of psychological vulnerability because these people are likely to experience more negative events and emotions than people who are attached. Another characteristic of people lacking attachment is the lack of self-confidence and self-regulation, which greatly reduces marital intimacy. These people feel rejected due to the lack of support and approval from their spouses and feel that they have no control over their lives. Therefore, their self-confidence is reduced and they feel guilty and disappointed and cannot establish

intimate relationships with their spouses. The consequences of lack of attachment cause people to experience severe anxiety and stress, which leads to the inability to adapt to problems. These characteristics also harm their marital relationships and eventually cause marital discouragement and decrease marital intimacy, for which couples should undergo attachment-oriented couples therapy. With attachment-based couple therapy, relationships are restored and treated, and with the improvement of couples' relationships, their intimacy also increases. Therefore, it is reasonable to say that attachment-oriented couple therapy has a significant effect on increasing marital intimacy.

The results showed that attachment-oriented couple therapy has a significant effect on increasing sexual satisfaction. This result can be aligned with the results of Amini Nesab and Farahbakhsh (2014), Diamond et al. (2016), Diamond (2014) and Purnell (2003) who have shown the effectiveness of attachment-based couple therapy. Also, no inconsistent finding was found for the result obtained from this hypothesis. In explaining this result, it can be said that attachment is vitally important for the healthy development of a person and intimate relationships, especially in married life. The main characteristics of attachment include high self-confidence, enjoyment of intimate relationships, seeking social support, and the ability to share feelings with others (Etmidami and Saadat, 2015). All these items are effective in happy married life and quality of sexual life and sexual satisfaction. Attachment in marital relationships allows a person to trust his life partner. Also, they consider themselves valuable and form a positive internal work of themselves and others, and it is this model of positive

internal work that causes attachment in marital relationships. Self-attachment-oriented couple therapy creates many positive psychological characteristics in people and resolves problems in married life and sexual satisfaction. The tension and pressures that people without attachment suffer also decrease their sexual satisfaction, and attachment-oriented couple therapy leads to positive relationships with spouses and proper management of life problems and proper management of problems, and as a result, improvement of sexual satisfaction. According to what has been said, this result can be logically considered that attachment-oriented couple therapy is effective on the sexual satisfaction of women with marital conflict.

The results showed that attachment-oriented couple therapy has a significant effect on increasing empathy. This result can be aligned with the results of Amini-Nasab and Farahbakhsh (2015), Diamond et al. (2016), Diamond (2014) and Purnell (2003), which have shown the effectiveness of attachment-based couple therapy. Also, no inconsistent finding was found for the result obtained from this hypothesis. Lack of attachment in marital relationships causes a person to be unbalanced in emotions and conflicts. Therefore, during their conflicts with their spouses, they show a lot of negative behavior and it causes the negative feelings to intensify and the couples become colder from each other and decrease their empathy. Attachment-oriented couple therapy, focusing on solving these problems, ultimately increases empathy. The result of the lack of attachment is endangering the health of the couple's life and reducing their empathy. The lack of attachment of couples causes an increase in negative and unbalanced behaviors, such people have less

satisfaction and peace (Bakhtiari et al., 2019) and their empathy is at the lowest level or does not exist at all. The lack of attachment leads to the lack of communication between couples, so usually such couples do not talk and empathize with each other. People without attachment do not have the necessary skills to establish and form empathic relationships, there is a possibility that people without attachment cannot share the possible problems of life with each other and receive advice and empathy from each other due to the lack of ability to control their emotions. With attachment-oriented couple therapy, these problems are intervened and solved, and couples' empathy increases. Therefore, attachment-oriented couple therapy has a significant effect on increasing empathy.

The results showed that attachment-oriented couple therapy has a significant effect on increasing marital self-disclosure. This result is consistent with the results of Amini Nesab and Farah Bakhsh (2014), Diamond et al. (2016), Diamond (2014), and Purnell (2003), which have shown the effectiveness of attachment-based couple therapy. Also, no inconsistent finding was found for the result obtained from this hypothesis. Attachment-oriented couple therapy teaches couples to correct their behavior. Also, this approach tries to increase security and safe behaviors in their lives by reconstructing couples' relationships, reducing marital conflicts, and the desire to leave the relationship and divorce. Finally, it will increase people's well-being and improve their physical and psychological health. Attachment-oriented couples therapy also teaches couples to reveal important issues in their lives to their spouses, receive positive responses from their spouses, and be under their care. In addition, they should increase their verbal

and non-verbal interactions, show self-expression and self-disclosure in relation to their spouses, express their thoughts, feelings, needs, and desires, and feel closer to each other. Therefore, it is a logical conclusion that attachment-oriented couple therapy significantly increases marital self-disclosure.

In this study, the statistical population was married women referred to counseling centers and psychological services in Isfahan city. Therefore, caution should be taken in generalizing the results to men with marital boredom and other cities. Due to time constraints, this research could not carry out a longer-term follow-up phase to investigate the continuity and durability of the effects of attachment-oriented 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 simultaneously, but due to the lack of conditions, it was limited to the sample of women with marital conflicts. Limitations of data collection tools to questionnaires and non-use of other measurement tools are other limitations and problems of this research. There is a possibility that there is a bias in women's answers, and they gave socially acceptable answers to the questions.

It is suggested that this research be repeated in other samples, including married men, and that some of the questions arising from this study and the background of the research be scientifically investigated. In this regard, counseling centers and psychological services help strengthen the family's foundation and reduce women's problems with marital conflicts by holding psychological workshops emphasizing attachment-oriented couple therapy.

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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