

Effectiveness of Dialectical Behavior Therapy on Emotional Control, Communication Patterns, and Marital Intimacy in Women with Marital Infidelity Experience

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ABSTRACT

Objective: The present study aimed to investigate the effectiveness of Dialectical Behavior Therapy (DBT) on emotional control, communication patterns, and marital intimacy in women experiencing marital infidelity in the city of Isfahan.

Methods and Materials: The research method was quasi-experimental with a pre-test-post-test design including control and experimental groups. The statistical population of this research consisted of all women with marital infidelity experience who referred to counseling centers in Isfahan in 2023. The research sample comprised 45 women with marital infidelity experience, who were selected through convenience sampling and randomly assigned to two groups: the DBT experimental group and the emotion-focused therapy (EFT) group, as well as a control group. Data were collected using the Marital Infidelity Questionnaire by Yeniseri and Kokdemir (2006), the Emotion Regulation Scale by Williams, Chamless, and Aheratz (1997), the Communication Patterns Questionnaire by Christensen and Salovey (1984), the Marital Intimacy Questionnaire by Bagarozzi (2001), and the Emotion Regulation Questionnaire by Gross and John (2003). Data analysis was conducted using univariate and multivariate covariance analysis.

Findings: The results indicated that Dialectical Behavior Therapy effectively improved emotional control, communication patterns, and marital intimacy in women.

Conclusion: The findings indicate that Dialectical Behavior Therapy (DBT) is effective in improving emotional control, communication patterns, and marital intimacy in women experiencing marital infidelity. The results support the use of DBT as a valuable intervention for enhancing psychological well-being and relationship satisfaction among affected individuals.

Keywords: Marital intimacy, communication patterns, emotional control, Dialectical Behavior Therapy.

1. Introduction

The family is one of the most important social systems, formed through marriage and moral and customary commitment, and its preservation and continuity are of great importance (Mohammadi et al., 2021; Navabinejad et al., 2024). The stability and strength of this institution are influenced by various factors in intrapersonal, interpersonal, and environmental dimensions. One of the most critical factors that can disrupt family health is the breakdown of commitment and exclusivity of emotional and sexual relationships, leading to extramarital affairs. Marital infidelity is considered one of the most damaging factors for couples and families and is a common phenomenon for family and marriage therapists. Infidelity involves a married individual engaging in sexual relations with someone outside the family (Ghezelseflo et al., 2023).

The prevalence of marital infidelity is increasing, given its negative impacts on various societies, and is a cause for concern (Alavi et al., 2018). In particular, research on infidelity has linked it to decreased psychological health, and knowing about a partner's infidelity can result in negative reactions such as depression, loss of intimacy, and violation of relational beliefs. The prevalence of infidelity is on the rise in various societies (Alavi et al., 2018). Between 20 to 40 percent of men and 14 to 25 percent of women have reported infidelity at least once (Allen & Atkins, 2012), and 45 percent of men and 26 percent of women have confirmed extramarital affairs in the past six months (Ignat, 2018). In Iran, marital infidelity is also a concern and is associated with relationship instability and high divorce rates. Marital infidelity leaves an irreparable impact on emotional relationships and marital satisfaction (Ravhudzulo, 2012) and is often both a cause and consequence of marital issues (Allen & Atkins, 2012).

Marital infidelity can have severe consequences. Studies have shown that only a small percentage of couples improve their relationship after the occurrence of infidelity (Kianipour et al., 2018). Hall and Fincham (2009) reported that those who commit infidelity experience emotional turmoil because their tendency towards morality conflicts with harming others, especially their spouse. The betrayed partner may also exhibit symptoms of depression, sexual dissatisfaction, and distrust towards their spouse (Atkins et al., 2010). One of the factors affected after discovering infidelity is emotional control.

Emotional control involves the ability to calm oneself and alleviate ordinary anxieties, depression, hopelessness,

irritability, and the ability to accept responsibility for personal emotions and happiness (Zinchenko et al., 2017). Studies suggest that the lack of emotional regulation can disrupt the equilibrium and adaptation process of a relationship, creating a psychologically adverse and conflicted environment that undermines motivation for a satisfying relationship. Emotional control skills help individuals correctly identify and recognize their own and others' emotions, express regulated and appropriate emotions in the right time and place (Gallegos et al., 2017). These skills are associated with effective interpersonal communication, physical and psychological health, and marital satisfaction, and they reduce the expression of negative emotions within the family. Emotional control skills help individuals remain composed in the face of external stimuli and better control their emotions (Liu et al., 2019).

When couples visit counseling centers due to marital infidelity, they experience significant emotional turmoil, loss of self-confidence, and numerous emotional, relational, family, behavioral, and structural conflicts. Research shows that after discovering a partner's infidelity, individuals exhibit intense emotions such as denial, anger, rage, and depression. Women experiencing the stress of a partner's infidelity are six times more likely to suffer from major depression than when they do not experience such stress (KeshavarzAfshar et al., 2014). Therefore, marital infidelity also disrupts communication patterns (Oke, 2018).

Communication patterns refer to the frequent ways of interaction within a family; in other words, they include constructive mutual communication, mutual avoidance, and demand-withdraw communication. Constructive mutual communication refers to effective and efficient interaction, mutual avoidance refers to the couple avoiding communication, and demand-withdraw communication is a conflict pattern where one partner demands change from the other who withdraws from the discussion (Li & Johnson, 2018). Communication patterns are vital to a successful marriage. Couples strive to create a shared future and remain together during crises and conflicts (Fardad et al., 2022). Sanford (2010) believes that a mutual understanding of communication patterns among couples clarifies positive marital interactions, helping couples develop communication skills (Montajabian & Rezai Dehnavi, 2021). Research findings indicate that couples' communication patterns impact marital boredom, marital intimacy (Lotfi & Rasouli, 2019), marital adjustment (Gallegos et al., 2017; Shahroei et al., 2021), sexual

satisfaction (Gusakova et al., 2021), and emotional control (Bailer et al., 2017; Cohen et al., 2021). Dysfunctional communication patterns between couples severely affect marital intimacy (Hassani Moghaddam et al., 2019).

Intimacy in marital relationships is conceptualized as a critical behavioral pattern with strong emotional and social aspects, based on acceptance, satisfaction, and love. Intimacy is an interactive process, not merely a desire or wish but an essential and genuine need. It encompasses a broad concept, including self-disclosure, sexual relations, emotional, physical, and intellectual closeness. Loss of intimacy removes one of the marital bonds (Navabinejad et al., 2024; Parsakia et al., 2023). Intimacy is the ability to connect with another person and express emotions, a fundamental human right (Wang et al., 2021). Marital infidelity reduces trust and intimacy levels in couples. Marital intimacy is severely affected by infidelity, causing significant problems and conflicts that can even lead couples to divorce, with its severe consequences. Intimacy between couples is a fundamental component of a stable and strong marital life, and any factor weakening it is detrimental to marital satisfaction and adjustment, increasing the likelihood of divorce (Shahroei et al., 2021).

One therapeutic approach attracting researchers' attention in enhancing marital satisfaction is Dialectical Behavior Therapy (DBT) (DeCou et al., 2019). According to Linehan (1993), DBT shares similarities with cognitive-behavioral therapies in using principles such as problem-solving, skills training, crisis management, and respectful behavior. However, it differs in emphasizing the dialectical concept of behavior change, encouraging individuals to accept themselves as they are, reconstructing cognitions, and changing future-oriented behaviors. DBT aims to target dysfunctional behaviors through techniques like emotion regulation, effective interpersonal relationships, distress tolerance, emotional self-awareness or mindfulness, and self-management skills. This approach seeks to engage individuals in the therapy process, motivating and supporting change by emphasizing the management of in-session behaviors and the therapist-client relationship (Katz & Korslund, 2020). DBT simultaneously addresses acceptance and change, combining client-centered acceptance and empathy with cognitive-behavioral problem-solving and social skills training. Research has confirmed DBT's effectiveness on variables such as negative emotion regulation (depression, anxiety, and stress, anger, emotional stability) (Kleiber et al., 2017; Zamani et al., 2015). Studies have shown significant effectiveness of DBT on marital

boredom, infidelity, and emotional dysfunction in couples (Safa Kermanshahi et al., 2022; Sheykhkhadi et al., 2017). Given that DBT includes training related to cognitive-behavioral therapies and emotion regulation, this study examines the effectiveness of DBT on marital infidelity.

Based on this, addressing the psychological needs of individuals, especially women with a history of marital infidelity, is essential in improving their individual and marital relationships as it can impact the couple's relationship over time, particularly when one partner needs understanding and support to reduce the negative beliefs and consequences in marital relationships (Finney & Tadros, 2019). Research results indicate that new treatments in psychology, known as the third wave of psychotherapy, emphasize the role of psychological resources in couples facing marital stressors. Therefore, appropriate group couple therapy measures can help couples with poor marital skills to increase their positive psychological constructs (Zalewski et al., 2018).

Hence, given the importance of this topic, the main research question is whether Dialectical Behavior Therapy and Emotion-Focused Therapy are effective on emotional control, communication patterns, and marital intimacy in individuals with marital infidelity, and what differences exist between them?

2. Methods and Materials

2.1. Study design and Participant

This applied research is a quasi-experimental study with a pre-test, post-test, and follow-up design, including a control group. The statistical population of this research includes all women with marital infidelity experience who referred to counseling centers in Isfahan during the three summer months of 2023. The research sample comprised 45 women with marital infidelity experience, selected through convenience sampling and randomly assigned to two experimental groups (DBT and Emotion-Focused Therapy) and a control group. Given the two experimental groups and one control group, and three time points (pre-test, post-test), Cohen's sample size tables based on the F ratio were used to determine the sample size and assign individuals to each group. Efforts were made to select 45 participants (15 in each group) as the research sample and assign them to the experimental and control groups. Inclusion criteria included having at least a high school diploma, being aged between 25-40 years, having at least two years of married life, willingness of couples to participate in the study, and

experiencing marital infidelity based on clinical interviews. Exclusion criteria included having chronic psychological and physical disorders based on clinical interviews, missing more than two sessions, withdrawing and not continuing the therapy sessions, and participating in other therapy sessions simultaneously.

Ethical considerations included obtaining informed consent from participants, ensuring confidentiality, allowing voluntary withdrawal from the study, and obtaining an ethics code from the Biomedical Committee of Guilan University. Descriptive statistics such as mean and standard deviation were used to analyze the data and results.

2.2. Measures

2.2.1. Marital Infidelity Tendency

This questionnaire was developed by Yeniseri and Kokdemir (2006) to measure emotional and sexual infidelity. In Iran, it was validated by Karimi et al. (2019) to measure the confidence of elementary school staff. The questionnaire consists of 24 items and six subscales: legitimacy, seduction, normalization, sexual tendencies, social context, and sensation seeking, measured on a Likert scale with items like “being in a romantic relationship where the spouse does not show companionship and intimacy.” Yeniseri and Kokdemir (2006) reported Cronbach's alpha coefficients for the subscales as follows: legitimacy (0.83), seduction (0.80), normalization (0.74), sexual tendencies (0.84), social context (0.73), and sensation seeking (0.83). Variances explained by these factors were 11.33%, 9.43%, 9.28%, 8.22%, 3.92%, and 2.93%, respectively. In Karimi et al.'s (2019) study, the reliability for the questionnaire was above 0.70, with subscale reliabilities of legitimacy (0.79), seduction (0.75), normalization (0.51), sexual tendencies (0.80), social context (0.71), and sensation seeking (0.79). Content, face, and criterion validity of the questionnaire were assessed as appropriate (Ghezelseflo et al., 2023).

2.2.2. Emotion Regulation

This scale, developed by Williams, Chamless, and Aheratz (1997), consists of 42 items and four subscales: anger, depressed mood, anxiety, and positive affect. Responses are given on a 7-point scale from 1 (strongly disagree) to 7 (strongly agree). Internal and test-retest reliability coefficients were reported as follows: total scale (0.94, 0.78), anger (0.72, 0.73), depressed mood (0.91, 0.76), anxiety (0.89, 0.77), and positive affect (0.84, 0.64). Test-

retest reliability after two weeks was reported for the total scale (0.78) and subscales (0.66 to 0.77) (Williams et al., 1997). In Iran, Dehsh (2009) reported Cronbach's alpha for the total scale (0.84) and subscales: anger (0.73), positive affect (0.60), depressed mood (0.76), and anxiety (0.64). In Shafi'i et al.'s (2020) study, Cronbach's alpha was calculated as 0.88 (Babaei et al., 2020; Teymori et al., 2021).

2.2.3. Communication Patterns

Developed by Christensen and Salovey (1984) at the University of California, this 35-item questionnaire assesses couples' behaviors during three stages of marital conflict: problem occurrence, discussing the problem, and post-discussion of the problem. Couples rate each behavior on a 9-point Likert scale from 1 (not at all likely) to 9 (very likely). The questionnaire includes three subscales: mutual constructive communication, mutual avoidance communication, and demand/withdraw communication. The demand/withdraw subscale has two sections: male demand/female withdraw and female demand/male withdraw. Lee and Johansson (2018) reported internal consistency coefficients with Cronbach's alpha ranging from 0.69 to 0.84. In Iran, Ebadatpour (2000) standardized the questionnaire, with internal consistency coefficients of 0.58, 0.58, and 0.35 for the subscales of mutual constructive communication, mutual avoidance communication, and demand/withdraw communication, respectively, all significant at the 0.01 level. Internal consistency coefficients were 0.50, 0.51, 0.52, and 0.55 for mutual constructive, avoidance, male demand/female withdraw, and female demand/male withdraw communication, respectively. In Masoumi et al.'s (2017) study, Cronbach's alpha coefficients were 0.61 for mutual constructive communication, 0.62 for mutual avoidance communication, and 0.50 for demand/withdraw communication (Fardad et al., 2022; Hassani Moghaddam et al., 2019; Montajabian & Rezai Dehnavi, 2021).

2.2.4. Marital Intimacy

This 41-item questionnaire assesses eight dimensions of marital intimacy: emotional, psychological, intellectual, sexual, physical, spiritual, aesthetic, and social-recreational intimacy. Each dimension, except spiritual intimacy (6 items), has 5 items, rated on a 10-point scale from 1 (this need does not exist in me) to 10 (this need is strong in me). Each item is scored from 1 to 10, with total scores ranging from 41 to 410. Higher scores indicate greater marital

intimacy. Bagarozzi (2001) confirmed convergent validity by correlating the Marital Intimacy Needs Questionnaire with the Intimacy Scale, yielding a correlation of 0.62. Internal consistency reliability with Cronbach's alpha was 0.94 in a sample of 110 couples in Atlanta. Oh and Hwang (2018) reported convergent validity of 0.50 in a study of 60 young couples in South Korea, with internal consistency reliability of 0.88. In Iran, Etemadi et al. (2004) assessed content and face validity through qualitative methods, and internal consistency reliability with Cronbach's alpha was 0.91 in a sample of 69 couples in Isfahan. Kardan Sourki et al. (2019) confirmed construct validity through confirmatory factor analysis in 115 couples in Sari, reporting internal consistency reliability of 0.91 (Navabinejad et al., 2024; Parsakia et al., 2023).

2.3. Intervention

2.3.1. DBT

For DBT, the DBT protocol based on Linehan's (1970) theory was used in eight 90-minute sessions (Katz & Korslund, 2020).

Session 1: Understanding Dialectical Concepts

In the first session, participants are introduced to each other, and the goals and rules of the sessions are clarified. The expectations from the therapy and the structure of the group sessions, including attendance, duration, and timing, are explained. The concept of dialectics is defined, and an overview of Dialectical Behavior Therapy (DBT) is provided to set the stage for the intervention.

Session 2: Mindfulness Skills

The second session focuses on mindfulness skills, teaching participants to concentrate on the present moment and separate thoughts from bodily emotions and sensations. The three states of mind (logical mind, emotional mind, and wise mind) are introduced. Differences between description and judgment are clarified, with techniques to transform judgments into conflicts. Skills for "what" (observing, describing, and participating) and "how" (non-judgmental stance, mindfulness, and effective action) are covered in mindfulness practice.

Session 3: Distress Tolerance Skills

In the third session, participants learn distress tolerance skills, including techniques to divert or change attention, self-soothing, visualizing a safe place, mindful breathing, strategies to stop crises and commit to action, and preventing impulsive actions. They are taught how to observe and manage harmful urges.

Session 4: Distress Tolerance Skills

Building on the previous session, the fourth session emphasizes living in the present moment, developing a relaxation plan, and coping with stress using self-encouraging thoughts and affirmations. Participants practice self-talk and coping strategies to manage tension effectively.

Session 5: Emotion Regulation Skills

The fifth session introduces emotion regulation skills, focusing on recognizing and accepting emotions, reducing vulnerability to negative emotions, and balancing thoughts and feelings. Techniques to increase positive emotions, self-acceptance, and partner acceptance are discussed, including self-awareness, mindful attention to oneself, and managing anger in relationships.

Session 6: Emotion Regulation Skills

This session continues the focus on emotion regulation, addressing overcoming barriers to healthy emotions, reducing physical vulnerability to disturbing emotions, and practicing non-judgmental attention to emotions. Participants learn to confront emotions, act opposite to intense emotional urges, and enhance positive emotions.

Session 7: Effective Communication Skills

In the seventh session, participants are taught effective communication skills such as assertive listening, saying no, dealing with resistance and conflict, validating their partner, understanding their partner's problems and mistakes, and practicing verbal and non-verbal validation. Techniques for expressing clear emotions, identifying vague desires and feelings, and managing underestimation and overestimation in communication are covered.

Session 8: Effective Communication Skills

The final session focuses on negotiation and analyzing interpersonal problems, using conflicts positively to build intimacy, and teaching problem-solving dialogue techniques. Participants learn to manage issues, define problems, analyze problems, and practice these skills in real-life scenarios. The session concludes with a review and summary of the skills learned throughout the therapy.

2.4. Data Analysis

To compare pre-test and post-test scores and test the hypotheses, inferential statistical indicators, including MANOVA (univariate and multivariate covariance analysis) and Bonferroni post hoc test, were used. Data were analyzed using SPSS 26.

3. Findings and Results

The mean (standard deviation) age in the Dialectical Behavior Therapy group was 34.51 (4.32), in the Emotion-Focused Therapy group was 32.14 (3.44), and in the control group was 33.68 (1.34). Table 2 shows the chi-square test results, indicating no significant difference in the age

distribution among the three groups. Additionally, the one-way ANOVA results showed no significant difference in the mean age of the three groups. Thus, it can be stated that these three groups are almost homogeneous in terms of education and age variables. Descriptive statistics for the study variables in the control and experimental groups were calculated and are presented in Table 1.

Table 1

Descriptive Statistics for Study Variables in Control and Experimental Groups

Variable	Stage	Control M (SD)	Experimental M (SD)
Emotional Control	Pre-test	98.065 (11.23)	112.300 (9.23)
	Post-test	99.100 (10.93)	135.600 (8.127)
Communication Patterns	Pre-test	142.500 (5.665)	89.103 (4.278)
	Post-test	145.690 (4.718)	128.561 (3.998)
Marital Intimacy	Pre-test	132.409 (3.298)	78.132 (15.503)
	Post-test	138.376 (2.361)	122.554 (12.378)

The results in Table 1 show the descriptive statistics of the variables used in this study. To test the hypotheses, repeated measures ANOVA was used. Before presenting the repeated measures ANOVA results, the assumptions of normal data distribution and sphericity (homogeneity and similarity of variances at different measurement times) were examined. According to Jesson Becker (2013), the Shapiro-Wilk test was used to check the normality assumption, indicating that the study variables were normally distributed. To examine the sphericity assumption or equality of variance differences among the levels of the study variables, Mauchly's test was used, and the results showed that Mauchly's W for the emotional control variable (0.767) was not significant ($p > .05$). Thus, Mauchly's sphericity assumption for this variable is met. Similarly, Mauchly's W for the communication patterns variable (0.698) was not significant ($p > .05$), indicating that the sphericity

assumption for this variable is met. Moreover, Mauchly's W for the marital intimacy variable (0.515) was not significant ($p > .05$), confirming that the sphericity assumption for this variable is met. According to Miles and Banyard (2007), if the sample sizes in both groups are equal, the dependent variable's variance can be considered equal, eliminating the need for Levene's test for homogeneity of variances. As the sample size in each group in this study is equal, with 15 members in each group, the variance of the variables in these groups is homogeneous, and there is no need for Levene's test. To examine the homogeneity assumption of variance-covariance matrices, Box's M test was used, and the results showed that the homogeneity assumption for covariance matrices for the variables of emotional control, communication patterns, and marital intimacy is met ($p > .05$). The repeated measures ANOVA results are presented in Table 2.

Table 2

Repeated Measures ANOVA Results for Group Differences in Pre-Test, Post-Test, and Follow-Up Stages

Variable	Source	SS	df	MS	F	p	η^2	Power
Emotional Control	Stages	847.706	2	423.853	8.94	.001	.536	.933
	Stages × Group	3126.82	2	1563.41	190.378	.001	.925	1.00
	Groups	2421.692	4	605.423	61.718	.001	.817	1.00
Communication Patterns	Stages	912.24	2	456.12	15.83	.003	.663	.913
	Stages × Group	3349.96	2	1674.98	190.54	.001	.704	1.00
	Groups	2454.24	4	613.56	75.63	.02	.594	.982
Marital Intimacy	Stages	798.02	2	399.01	9.10	.001	.516	.977
	Stages × Group	2997.50	2	1498.75	168.38	.001	.718	1.00
	Groups	2156.304	4	539.076	81.72	.002	.667	.959

As shown in [Table 2](#), the interaction effect of stages and group on emotional control is significant ($p < .05$). This finding indicates that the experimental and control groups differ significantly in emotional control across the pre-test, post-test, and follow-up stages ($p < .05$). The simple mixed ANOVA results also showed that the main within-group effect on emotional control is significant ($p < .05$). Therefore, the results indicate that emotional control improved over time, regardless of the group. Additionally, the main between-group effect on emotional control is significant ($p < .05$). Hence, the results show that the groups differ significantly in emotional control ($p < .05$).

Furthermore, the interaction effect of stages and group on communication patterns is significant ($p < .05$). This finding shows that the experimental and control groups differ significantly in communication patterns across the pre-test, post-test, and follow-up stages ($p < .05$). The simple mixed ANOVA results also indicated that the main within-group effect on communication patterns is significant ($p < .05$). Therefore, the results indicate that communication patterns improved over time, regardless of the group. Moreover, the main between-group effect on communication patterns is significant ($p < .05$). Thus, the results show that the groups differ significantly in communication patterns ($p < .05$).

Additionally, the interaction effect of stages and group on marital intimacy is significant ($p < .05$). This finding shows that the experimental and control groups differ significantly in marital intimacy across the pre-test, post-test, and follow-up stages ($p < .05$). The simple mixed ANOVA results also indicated that the main within-group effect on marital intimacy is significant ($p < .05$). Therefore, the results indicate that marital intimacy improved over time, regardless of the group.

4. Discussion and Conclusion

The hypothesis stated that Dialectical Behavior Therapy (DBT) would increase emotional control in individuals experiencing marital infidelity. As presented in Chapter Four, the post-test emotional control scores of the experimental group (who underwent DBT) differed significantly from those of the control group, confirming the first hypothesis. These results align with findings from prior researchers ([Cohen et al., 2021](#); [Wilks et al., 2016](#); [Zalewski et al., 2018](#)).

In explaining the greater effectiveness of DBT on emotional control, it can be inferred that DBT techniques and skills specifically target reducing symptoms of

depression, anxiety, anger control, and positive affect ([DeCou et al., 2019](#); [Flynn et al., 2021](#)). In DBT's emotional regulation component, identifying emotions, labeling, emotional awareness, and emotion control methods are emphasized ([Safa Kermanshahi et al., 2022](#); [Wilks et al., 2016](#)). Since emotional control includes components such as anger control, depressed mood, and anxiety that prepare the organism's internal conditions for arousal, emotion regulation in DBT directly impacts these components, improving emotional control. DBT facilitates emotional discharge and teaches emotional moderation, leading to better emotional regulation. Additionally, individuals practicing DBT confront their emotions similarly to before but now have the necessary tools for confrontation. This newfound awareness helps them manage their emotions effectively, making DBT a valuable tool for increasing emotional control.

Therefore, DBT and its techniques and skills enhance emotional regulation and awareness, increasing emotional control in individuals. More specifically, problem-solving skills in DBT help patients resolve conflicts and make decisions, boosting personal efficacy and self-control.

The hypothesis stated that DBT would improve communication patterns in individuals experiencing marital infidelity. As presented in Chapter Four, the post-test communication pattern scores of the experimental group (who underwent DBT) differed significantly from those of the control group, confirming the second hypothesis. These results align with findings from prior researchers ([Flynn et al., 2021](#); [Sheykhkhadi et al., 2017](#)).

In explaining these results, it can be stated that during DBT sessions, couples practice skills for effective communication, expressing needs, and making simple requests, significantly reducing communication problems among couples. Wilks et al. observed that DBT positively impacted interpersonal and social communication among women with emotional regulation disorders. Similarly, Ameri and Shafi'i found a significant positive relationship between emotional divorce and dysfunctional communication patterns. In DBT sessions, couples practice effective communication skills, expressing needs, and making simple requests, which seems to significantly reduce communication problems among couples.

DBT is based on a combined motivational and skill deficit model, integrating supportive, cognitive, and behavioral therapy methods. The dialectical strategy aims to balance warm, supportive mutual communication (thesis) against impolite, rude tones (antithesis). This balance fosters

acceptance and change, where the clinician combines client-centered acceptance and empathy with cognitive problem-solving and social skills training, facilitating patient change through behavioral acceptance and emphasizing change to facilitate acceptance. DBT teaches distress tolerance skills, enhancing flexibility and offering new solutions, helping individuals cope with distressing events (Zalewski et al., 2018). Additionally, DBT's emotion regulation skills help clients accurately identify their feelings and examine each emotion without becoming overwhelmed. The goal is to moderate emotions without reactive, destructive behavior. Overall, DBT aims to cultivate wisdom, the ability to discern what is right, act wisely without self-harm, and engage fully and non-judgmentally in life experiences, facilitating the emergence of effective, skillful behavior. In summary, DBT strategies such as identifying negative emotions and coping with them, self-blame, self-absorption, and fantasizing to moderate situations can lead to more constructive communication patterns in life.

The hypothesis stated that DBT would increase marital intimacy in individuals experiencing marital infidelity. As presented in Chapter Four, the post-test marital intimacy scores of the experimental group (who underwent DBT) differed significantly from those of the control group, confirming the third hypothesis. These results align with findings from prior researchers (Safa Kermanshahi et al., 2022; Sheykhhadi et al., 2017).

Explaining the impact of DBT on marital intimacy among women with marital conflicts, it can be said that the intervention starts with evaluating adaptive marital processes, allowing participants to reframe their relationship with their spouse, achieving a significant cognitive change. DBT can enhance marital intimacy by addressing cognitions, beliefs, and thoughts related to negative interactions, and improving intimate relationships through positive interventions (Safa Kermanshahi et al., 2022). DBT teaches skills to create a sense of well-being, enabling individuals to manage difficult situations more effectively and overcome marital challenges. Mindfulness exercises in DBT increase awareness of the present moment, using techniques such as focused breathing and body awareness, enhancing cognitive processing and increasing resistance to interpersonal issues and stressful events. As a result, DBT improves marital intimacy among women on the brink of divorce. Additionally, DBT reveals the two poles of an action in the process of emotional divorce, showing how an emotion, thought, or behavior can enhance or destroy a relationship. DBT helps couples manage conflicts, increase

understanding, and enhance intimacy through mindfulness, emotional regulation skills, interpersonal effectiveness, and distress tolerance.

Thus, DBT aims to reveal the two poles of an action to couples in the process of emotional divorce, showing how an emotion, thought, or behavior can enhance or destroy a relationship. DBT helps couples manage conflicts and increase intimacy through mindfulness, emotional regulation skills, interpersonal effectiveness, and distress tolerance. DBT teaches skills to create a sense of well-being and manage difficult situations more effectively, overcoming marital challenges. Mindfulness exercises in DBT enhance awareness of the present moment, increasing resistance to interpersonal issues and stressful events (Safa Kermanshahi et al., 2022; Shoghi et al., 2023). As a result, DBT improves marital intimacy among women on the brink of divorce.

Based on the findings of researchers such as Linehan, DBT is an effective method for improving couples' relationships. Many couples face conflicts and challenges after marriage due to economic issues, family relationships, child-rearing, and sexual issues. These individuals' lives are affected over time by negative emotions and maladaptive behaviors. DBT with a mindfulness approach helps couples recognize and strengthen their behavior and strengths, leading to better self-perception and relationship satisfaction. The therapist teaches emotional regulation skills during DBT, encouraging couples to manage their emotions in daily activities. The therapist's constructive interventions in marital relationships create greater intimacy and better adaptation. DBT aims to help clients control negative emotions and enhance positive behaviors through skills like mindfulness, effective communication, emotional regulation, and resilience, either individually or in groups. Therefore, considering the findings of this study, DBT is effective in improving emotional control, communication patterns, and marital intimacy.

5. Limitations and Suggestions

One of the main limitations of this study was the repeated administration of the same questionnaires in the post-test and follow-up stages, which may have influenced the results due to practice effects. The second limitation was that the therapist and researcher were the same person, potentially affecting the study's outcomes. Another limitation is that the study was conducted only on women, so caution is needed when generalizing the findings to men. Therefore, it is

necessary to focus more on the psychological well-being of women with marital infidelity using effective therapeutic methods like DBT, requiring further studies. The findings can be used by psychologists and family counselors in welfare organizations, treatment centers, and counseling centers. It is suggested that research centers, women's study centers, health houses, and universities focus on this issue to prevent potential harm to women and families.

Based on the results, it is recommended that policymakers and planners design comprehensive and practical programs to improve emotional control among women, implemented by experienced therapists. It is suggested that the managers of psychological service centers require their counselors and therapists to undergo DBT training to use this method in their interventions. Considering DBT's importance in personal, social, and psychological domains, it is recommended to use this intervention to enhance marital adaptation and intimacy. Therapists and counselors are encouraged to use DBT alongside other therapeutic methods to improve the psychological characteristics of women on the brink of divorce, especially marital intimacy. It is also suggested to provide free educational facilities and workshops for couples to increase their awareness and learn effective strategies to manage emotions and negative feelings, improving marital quality and intimacy. Based on the third hypothesis results, therapists and counselors can use DBT alongside other therapeutic methods to improve the psychological characteristics of women on the brink of divorce, especially marital intimacy.

Future research should clarify the therapeutic effects of this method by studying larger samples and comparing it with other common approaches. It is recommended to use qualitative interviews alongside quantitative methods in similar future studies. Future studies should use multiple follow-up periods at different intervals to reveal the intervention's lasting effects.

Authors' Contributions

Authors contributed equally to this article.

Declaration

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

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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