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Effectiveness of Couple Therapy on Reducing Marital Violence and Improving Marital Intimacy in Betrayed Women

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Abstract

The purpose of this study was to determine the effectiveness of couples therapy in reducing marital violence and improving marital intimacy in betrayed women. This research is fundamental-applied in nature and employed a quasi-experimental pre-test and post-test design. The statistical population included all betrayed women who referred to counseling centers in District 1 of Tehran. From this population, 30 women were selected using the G*Power software and convenience sampling method and were randomly assigned to two groups: an experimental group (15 participants) and a control group (15 participants). The measurement tools used in this study were the Conflict Tactics Scale 2 (CTS2) by Straus and Douglas [1] and the marital intimacy questionnaire by Bagarozzi [2]. The face validity of these scales was confirmed, and their reliability was calculated using Cronbach's alpha method, yielding coefficients of 0.78 and 0.91, respectively, which are considered acceptable for these questionnaires. Couples therapy was conducted in a group format over 14 sessions, each lasting 90 minutes, over three months. To analyze the data, covariance analysis was performed using SPSS software version 21. Data analysis showed that couples therapy had a significant effect on marital violence and marital intimacy in betrayed women ($P < 0.01$). The results indicated that couples therapy can lead to a reduction in marital violence and an improvement in marital intimacy among betrayed women.


Keywords: Couples therapy, Marital violence, Marital intimacy, Betrayed women.

1 | Introduction

Today, infidelity in marriage is considered a major cause of marital dissatisfaction, a primary source of conflicts, incompatibility, and one of the most prominent issues in marital relationships and divorce. The emergence of new communication technologies, along with the transformations brought by virtual spaces,

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has disrupted many family functions in Tehran. These transformations have led to profound changes in the nature of relationships and family values. Moreover, the advent of a new wave of communication devices, their easy accessibility for all family members, and participation in social networks have intensified and propagated marital infidelity [3].

The family, as one of the most important social units, is particularly vulnerable at this stage, with marital infidelity being one of its significant challenges. In fact, social media is among the factors that can play an influential role in guiding, educating, and fostering individuals' social awareness and thereby improving marital satisfaction. Conversely, it can have adverse effects; when misdirected, it can lead to deviance, corruption, immorality, delinquency, marital conflicts, reduced marital satisfaction, and ultimately, marital infidelity [4]. All couples encounter issues and challenges in their relationships. These issues can range from mild to severe, short-term to long-term, and may stem from various causes. Some of these problems are easily solvable, while others persist despite the time and effort invested in addressing them. It is essential for couples to develop the ability to overcome obstacles, resolve disagreements, and accept their differences. Integrative Behavioral Couple Therapy (IBCT) is a behavioral treatment that helps couples achieve mutual acceptance, work on their issues, and enhance their satisfaction in the relationship [5].

IBCT has its roots in Traditional Behavioral Couple Therapy (TBCT), which is a skills-based approach aimed at increasing relationship satisfaction through deliberate and informed strategies for change. From the perspective of TBCT, an individual's satisfaction in the relationship is determined by the ratio of positive to negative reinforcements within the relationship. Distressed couples generally have fewer positive interactions and are more likely to respond to their partner's negative behaviors with further negativity [6].

The satisfaction theory underlying TBCT also incorporates cognitive aspects, suggesting that individuals compare the perceived costs and benefits of their current relationship to those they believe could be obtained in alternative relationships. When the cost-to-benefit ratio in the current relationship is significantly better than in potential alternatives, individuals are likely to stay in the relationship, even if it is not entirely satisfying. TBCT primarily focuses on helping couples increase the benefits and rewards of their relationship through positive interactions while minimizing its costs by reducing negative interactions [7].

This study aims to evaluate the effectiveness of couple therapy in reducing marital violence and improving marital intimacy in women who have experienced infidelity.

2 | Problem Statement

The significant role of women in the family and society is undeniable, and neglecting it will have numerous individual and social consequences. Many factors, such as violence, gender discrimination, infidelity, etc., lead to the emergence of harm among women. Infidelity is one of the issues that has turned women into a vulnerable group. Social harm refers to a set of individual or collective behavioral disorders and abnormalities in a society that stem from disorders, dysfunctions, social phenomena, and their undesirable consequences [8].

These harms often cause psychological, physical, and financial distress to specific and vulnerable groups in society. The foundation of a healthy society depends on the health of families, and the psychological and physical well-being of individuals in a society cannot be achieved unless we have exalted, healthy, flourishing, balanced, and righteous families [9]. In this regard, creating and maintaining a healthy family is of great importance, and this is only possible when husband and wife, as the main pillars of the family, enjoy a healthy and cohesive relationship. The marital bond is one of the strongest human relationships, and its quality has various implications for the health of spouses and other family members [10].

Marital violence can be one of the issues faced by women harmed by infidelity. Although it has been widely acknowledged that marital violence is a major public health concern, it remains underrecognized [11]. This social problem, in addition to its profound impact on the short- and long-term physical and mental health of victims and the threat it poses to the emotional relationships between men and women, results in negative

and irreversible consequences such as child abuse, divorce, running away from home, and suicide. Therefore, it requires global attention [12].

The term marital violence refers to behaviors in which one spouse or partner exhibits violent actions against the other spouse or partner, leading to physical, psychological, or sexual harm. Physical assault on a partner in an intimate relationship, such as marriage, may be the most common type of violence. Furthermore, research shows that a violent family environment is a risk factor for mental health problems in children and adolescents [13].

Another issue that can confront women affected by infidelity is the decrease in marital intimacy. Intimacy in couples' relationships is a means of exchanging and satisfying emotional and psychological needs at an acceptable and expected level. It also strengthens affectionate relationships and marital satisfaction. Research evidence suggests that increasing intimacy and commitment between spouses can play an effective role in marital performance and prevent the inclination toward extramarital relationships and infidelity [14].

Intimate relationships, as an important aspect of marital life, have a long history, and efforts to categorize them date back to Aristotle's time. Today, part of the existing knowledge in this field confirms his observations. Understanding intimacy is based on recognizing diversity in family structures. For this reason, family therapists try not to attribute individual problems solely to personal growth and transformation. Instead, they create a situation where couples can increase their intimacy with each other and understand different intimacy styles [15].

Various methods have been proposed to reduce marital violence and improve marital intimacy, one of which is couples therapy. In couples therapy, an individual's awareness and insight are increased in order to understand how schemas function in perpetuating problematic situations. According to this approach, an individual's schemas play a crucial role in both the creation and continuation of marital issues. The gaps in the couple's life are identified through schema therapy, and by disrupting behavioral patterns and questioning the validity of each schema, their impact is diminished. Schema therapy theory argues that each person enters into a marital relationship using strategies learned up to that point. These differences can cause conflict in marital life, as these strategies might be rooted in childhood experiences, which may involve emotional wounds. Unfortunately, these wounds often persist into adulthood and continue to affect marital life. It is possible that some individuals are completely unaware of such emotional wounds [16].

The schema therapy approach focuses on cognitive, emotional, interpersonal, and behavioral changes along with increasing insight. One of the goals of this approach is for couples to use more adaptive coping styles rather than maladaptive ones to fulfill their emotional needs. To this end, the role of emotions in the change process, the use of experiential techniques, attachment styles, and interpersonal behaviors are emphasized. One of the positive aspects of the schema therapy approach for couples is its origin, which comes from cognitive-behavioral therapy, and thus benefits from the ease of understanding. This therapeutic method goes beyond mere conversation, incorporating non-verbal perception (imagination) and visualization techniques [17].

Below are some studies related to the research topic:

Table 1. Studies Conducted on the Research Topic.

Author	Year	Research Objective
Fadaei Moghadam et al. [18]	2022	Comparing the effectiveness of schema-based couples therapy, emotionally focused couples therapy, and acceptance commitment couples therapy on the intimacy functioning of couples at the threshold of divorce in military families
Moradi Vafa et al. [19]	2022	Examining the effectiveness of schema-based couples therapy on marital satisfaction of couples

Table 1. Continued.

Author	Year	Research Objective
Jafari Nasab et al. [20]	2022	Comparing the effectiveness of reality therapy-based couples therapy with imago therapy-based couples therapy on improving quality of life and increasing marital intimacy in women affected by marital infidelity
Keilholtz and Spencer [21]	2022	Couples therapy and intimate partner violence: considerations, assessment, and treatment methods
Vil et al. [22]	2021	Examining the impact of infidelity and barriers to forming new intimate relationships among survivors of sexual partner violence

Given the gap in scientific efforts to determine the effectiveness of couples therapy in reducing marital violence and improving marital intimacy in women affected by infidelity, and in light of the conducted research and the points discussed, this study aims to pursue the following objectives:

- I. Determining the effectiveness of couples therapy in reducing marital violence in women affected by infidelity.
- II. Determining the effectiveness of couples therapy in improving marital intimacy in married female students.

3 | Research Method

This study is of a basic-applied nature. It uses a pre-test and post-test experimental design. The statistical population consisted of all women affected by infidelity who visited counseling centers in District 1, Tehran. From this population, 30 women were selected using convenience sampling with the help of G*Power software and were randomly assigned to two groups: an experimental group (15 participants) and a control group (15 participants). The instruments used in this study were the marital conflict questionnaire CTS2 by Straus and Douglas [1] and the marital intimacy scale by Bagarozzi [2]. The content validity of these scales was confirmed, and their reliability, measured using Cronbach's alpha, was found to be 0.78 and 0.91, respectively, which are considered acceptable coefficients for these questionnaires. Couples therapy was conducted in groups over 14 sessions, each lasting 90 minutes, over a three-month period. To analyze the data, covariance analysis was used, and SPSS version 21 software was employed to test the hypotheses.

Table 2. Summary of Couples Therapy Treatment.

Session	Objectives	Method
Session 1	To establish a safe and empathetic therapeutic relationship with the couple	The couple was asked to discuss their experience of the first session and their expected goals from therapy at a designated time.
Session 2	Identifying the couple's dysfunctional life patterns.	Each partner is asked to try to identify the connection between their childhood behaviors and their current behaviors in response to a distressing event.
Session 3	Teaching the schema-focused therapeutic model.	The couple was asked to think about the needs discussed in the session (which were provided to them in writing) during the week and carefully review their life history to identify which of these needs have been neglected and unmet.
Session 4	Examining basic needs and how they were met during childhood (individual session with the wife).	The female client was asked not to discuss her experiences from this session with her husband for now and to postpone it until after this session with her husband. She was also asked to reflect more deeply on her childhood experiences at home and to write down her thoughts and feelings.
Session 5	Reviewing basic needs and how they were fulfilled during childhood (individual session with the man).	The couple was asked to discuss their experience in the individual session with their spouse and express their feelings and emotions to the extent possible. However, this was an optional assignment, and they were free to choose the topics they had discussed with the therapist and the level of openness with their spouse.

Table 2. Continued.

Session	Objectives	Method
Session 6	Examination of coping styles	The client is asked to examine situations in their past (related to parents or others) that have triggered similar emotions, feelings, and thoughts in relation to their current issue (Review of similar situations in life).
Session 7	Conceptualizing the client's problem based on the schema therapy approach (individual session)	The client was asked to observe the activation of their schemas in their current life and to take notes on it to discuss in the next session. Self-observation helps the client see how their schemas are triggered and how they continue to persist.
Session 8	Changing maladaptive schemas through cognitive strategies.	The client is asked to carry the educational cards developed in the session during the week and review them in situations where their maladaptive schemas are activated.
Session 9	Changing Maladaptive Schemas through Cognitive Strategies (continued)	The client is asked to complete the schema recording form, which was designed with the help of the therapist, during the week when they encounter situations that trigger their schemas. In this form, the client notes the triggering event, emotions, thoughts, behaviors, schema, healthy perspective, realistic viewpoint, intense reactions, and healthy behaviors in relation to the issue that causes feelings of rejection and anxiety in the wife and the husband's experiences regarding this issue.
Session 10	Changing maladaptive schemas through emotional strategies.	The client is asked to write a letter to the individual(s) who harmed them during childhood and adolescence, usually parents, and bring it to the next session. The client is instructed to express their feelings about the parents' behavior, their wishes, and current desires in the letter.
Session 11	Changing maladaptive schemas through emotional strategies (continued)	The client is asked to write a letter to their spouse, similar to the letter written to their parents in the previous session, in which they express their feelings, expectations, and desires. Additionally, the task of filling out the schema registration form continues, and the changes will be reviewed in subsequent sessions.
Session 12	Changing maladaptive schemas through behavioral strategies	The couple was asked to choose healthier behaviors in response to schema-triggering situations during the week and report the results in the next session.
Session 13	Changing maladaptive schemas through behavioral strategies (continued)	Each partner is assigned tasks based on their need for specific training to change behaviors. For example, communication tasks are given to couples who lack communication skills.
Session 14	Ending the therapy session	The couple was asked to set a time and discuss their therapy experience and the changes that have occurred in their married life in various aspects.

4 | Findings of the Research

The demographic findings revealed that the majority of individuals (53.33%) in the sample are at the Bachelor's level, 43.33% are at the Master's level, and 3.33% hold a Doctorate degree. Additionally, it was found that most individuals (46.67%) in the sample are aged between 30 and 40 years, 23.33% are between 40 and 50 years old, and 30% are between 20 and 30 years old. In the descriptive findings of the research variables, it was shown that in the experimental group, the mean scores of the pre-test and post-test have increased. However, in the control group, there is a negligible difference between the mean scores. According to the Kolmogorov-Smirnov test results, the significance level is greater than the error level of 0.05, indicating that with 95% confidence, the null hypothesis in the Kolmogorov-Smirnov test, regarding the data following

the expected distribution (which in this case is a normal distribution), is confirmed. The *Table 3* reports the results of the M Box test for assessing the equality of covariance matrices of dependent variables between the experimental and control groups.

Table 3. Examination of the Homogeneity Assumption of Variance and Covariance Matrices.

Significance Level	F Statistic	M Box Statistic	Variable
0.12	1.943	6.317	Marital Violence
0.11	1.55	13.65	Marital Intimacy

Based on the significance of this statistic for the research variables, it can be concluded that the covariance matrices of the components for these variables are equal across the two groups. Furthermore, it was determined that the variances of the groups are homogeneous, making it possible to use covariance analysis for the observations. *Table 4* presents the results obtained from examining the interaction effects and between-subject effects.

Table 4. Results of Interaction and Between-Subject Effects Analysis.

Eta	Sig.	F	Mean Squares	Sum of Squares	Model	Dependent Variable
0.700	0.001	49.097	4542.385	4542.385	Group	Post-test marital violence
0.426	0.001	15.575	609.329	609.329	Group	Post-test marital intimacy

Based on *Table 4* and considering the F values for the research variables, the significance level (less than 0.05) was obtained. Therefore, it can be concluded that couples therapy has been effective in reducing marital violence and improving marital intimacy among women who have experienced infidelity.

The observed differences in the post-test mean scores of the research variables between the experimental and control groups are statistically significant. Additionally, the results indicated that the effectiveness of couples therapy in reducing marital violence was 70%, while its impact on improving marital intimacy was 42.6%.

5 | Conclusion

The purpose of this study was to determine the effectiveness of couples therapy in reducing marital violence and improving marital intimacy among women who experienced infidelity.

The results revealed that couples therapy significantly reduced marital violence and enhanced marital intimacy in these women. Similarly, the study by Keilholtz and Spencer [21] found that couples therapy reduces spousal violence, aligning with the findings of the present research. Additionally, the study by Vil et al. [22] indicated that infidelity has an adverse impact on future intimate relationships. In Jafari Nasab et al.'s research [20], significant differences were observed in the effectiveness of reality therapy-based couples therapy compared to Imago-based couples therapy in improving the quality of life and increasing marital intimacy among women affected by infidelity. Moreover, Moradi Vafa et al. [19] concluded that schema therapy-based couples therapy effectively increased and improved marital satisfaction among couples. However, Fadaei Moghadam et al. [18] showed that all three methods of couples therapy did not significantly improve intimacy functions.

To explain these findings, it can be noted that abnormal relationships between spouses, influenced by cultural values and existing laws and regulations, pose a significant threat to family and societal stability. One tangible example of abnormal and unconventional relationships is domestic violence. Men often resort to violence to achieve their goals, while women, out of fear of losing their reputation or due to intimidation, comply with their husbands' unreasonable demands, which can cause serious psychological harm to the family.

This study demonstrated that reality therapy significantly reduced marital violence among couples. Reality therapy suggests that individuals suffer not from a psychological disorder but from human, social, and global conditions. Failure to meet essential needs leads individuals to deviate from defined norms. Since essential needs are integral to an individual's current life, reality therapy avoids delving into the client's past or

unconscious issues. Instead, it focuses on counseling and problem-solving in the present to improve relationships between couples and significantly reduce violence.

On the other hand, intimacy, as an essential aspect of marital life, has a long history that dates back to Aristotle's observations, which some of today's knowledge corroborates. Understanding intimacy is based on recognizing diversity in family structures. Therefore, family therapists aim to view individuals within the context of their intimate family relationships, refraining from attributing individual problems solely to personal development. Instead, they create therapeutic situations where couples enhance intimacy and understand different intimacy styles [15].

5.1 | Limitations and Recommendations

This study faced some limitations. It focused exclusively on women who experienced infidelity and sought counseling in District 1 of Tehran. Therefore, caution should be exercised when generalizing the results to other samples, counseling centers, and cities. Additionally, the study was conducted on a single-gender population. It is recommended to conduct similar research in other populations and groups to reassess reproducibility and explore correlations further.

It is also recommended that the Ministry of Health organize couples therapy training programs for counselors. To enhance marital intimacy among couples, it is suggested that couples therapy be implemented in counseling centers and its effectiveness be examined across various regions of the country with larger samples.

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Author Contributions

Samar Ranjbar Banki was responsible for conceptualizing and designing the study, contributed to data collection and analysis, and served as the lead writer for the manuscript. Elahe Sadeghi aided in data collection, performed statistical analysis, and assisted with revisions of the manuscript. Maedeh Martami was involved in the literature review, data interpretation, and editing of the manuscript. All authors reviewed and approved the final version of the manuscript.

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Data Availability

The data that underpins the findings of this study can be made available upon reasonable request from the corresponding author. However, to ensure participant confidentiality and adhere to ethical standards, access to the data is limited.

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