

## Original research

**Comparing the effectiveness of group counseling based on Gutman couple therapy and integrated behavioral couple therapy on marital quality, emotional abuse and frustration of women with addicted spouses in Tehran city**Nazanin haghighat bayan<sup>\*1</sup>**Abstract**

**Introduction:** This study was designed and conducted with the aim of comparing the effectiveness of group counseling based on Gutman couple therapy and integrated behavioral couple therapy on marital quality, emotional abuse and frustration of women with addicted husbands in Tehran.

**Research method:** The present study was an experimental method with a repeated measurement design mixed with a control group. The statistical population of the research consisted of all women with addicted husbands who referred to the welfare organization of Tehran city in 1401. The sample of this study was 45 women with addicted husbands who were randomly assigned to two experimental groups and one control group based on the criteria for entering and exiting the study and based on the scores obtained in the questionnaire. Data collection tools were Busby Marital Relationship Quality Questionnaire, Brahimi Emotional Abuse Questionnaire, and Pines Marital Frustration Questionnaire, which were completed by subjects of all three groups in pre-test, post-test and one-month follow-up stages. To analyze the research data, analysis of variance with repeated measurements was used using SPSS 26 software.

**Findings:** The results of the study confirmed the effectiveness of both group counseling methods based on Gutman couple therapy and group counseling based on integrated behavioral theory in improving the quality of marital relationship and reducing emotional abuse and frustration in the post-test and one-month follow-up phase.

**Conclusion:** The findings indicated that the group counseling method based on Guttman's theory was more effective in emotional abuse and frustration than the integrated behavioral method. Also, group counseling based on integrated behavioral theory was more effective in marital quality than the group counseling method based on Guttman's theory.

**Keywords:** emotional abuse, frustration, group counseling, Gutman couple therapy, integrated behavioral couple therapy, marital quality

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**Introduction:**

Dependence on substances has been introduced in the fifth diagnostic and statistical manual of mental disorders as addictive and substance-related disorder and is defined as a set of cognitive, behavioral and physiological symptoms that show that a person continues to use drugs despite significant problems related to substances. Material continues (1). Drug addiction is a chronic disease that is seen in 20 to 30 percent of people with compulsive drug seeking and consumption (2). This disease has destructive physical, mental, family, occupational, financial, moral, adverse social consequences and also the loss of young human capital and thinking minds (3). Undoubtedly, the first blows of addiction are inflicted on the family, and the result for the family is nothing but distress, lack of anger control and chaos, weak disciplinary skills, and in some cases, disobedience (4). Several studies have stated that families in which the husband suffers from abuse are significantly different from normal families; So that addiction causes disruption in various functions at the level of society, including social, interpersonal, and educational relationships, and in the family, such as emotional relationships and economic issues (5).

One of the most important aspects of a successful marriage is marital quality. The quality of marital relationship is one of the important dimensions of family life that shapes the health and well-being of family members, especially the husband and wife, and can help in the well-being of the couple by satisfying the important needs of the husband and wife, including emotional needs. In fact, marital quality is a multidimensional concept that includes not only intrapersonal characteristics, but also interpersonal characteristics of spouses and various aspects of couples' relationships such as compatibility, satisfaction, happiness, cohesion, and commitment. Also, marital quality is a dynamic concept and the nature and quality of marital relationships can change over time. Marital quality is related to a series of variables such as perceptual cognitive style, relationship costs, life events, love, and marital frustration (6). Research has shown that marital quality is related to mental health and marital satisfaction and is an important determining factor in the breakdown of cohabitation (7).

When married life does not go as husband and wife expect, couples reach a state of disbelief and this state gradually causes marital frustration. Marital frustration leads to a gradual decrease in emotional attachment, which includes a decrease in attention to the spouse, emotional alienation, and an increase in the feeling of disinterest and indifference to the spouse. The experience of discouragement does not have the same effect on couples; In some of them, it leads to divorce; But some people choose to stay married; Even if they don't have much interest in their spouse; And some people act to improve communication and reduce frustration. Marital frustration, if not treated, has consequences such as physical collapse, mental collapse, and emotional and emotional collapse. Physical exhaustion occurs in the form of chronic fatigue, chronic headache, abdominal pain, back pain, cold, lack of appetite or overeating, and sometimes even infertility (8).

Several factors increase marital turmoil, one of these factors is the presence of abuse and violence between couples. Violence is one of the crises whose presence in any form causes instability and weakness in the family. And it happens in four ways; physical, emotional, sexual and verbal; that emotional abuse is the most common form of it, which is a type of interpersonal violence and includes all forms of non-physical violence and distress caused by

verbal and non-verbal actions, and can include forms of abnormality, attempts to isolate the partner and undermine the spouse's self-esteem (9) emotional abuse It is defined as humiliation, behavioral control, financial coercion, isolation and threatening behavior (10). In Iran, there is no accurate statistics on the prevalence of emotional abuse, but in a research by Haj Nasiri, Qanei Qashlaq, Karmi, Taherpour Maryam, Khatouni and Sayeh Miri (2013) with a review of articles published between 2001 and 2014 on domestic violence in Iranian women. They found the prevalence of emotional violence among Iranian women to be 59%, physical violence to 45%, and sexual violence to 32%. The research conducted by Trimel (2006) showed that there is a strong positive correlation between the experience of emotional abuse and the desire to leave the relationship. Also, the conducted research shows the relationship between emotional abuse and post-traumatic stress and physical complaints, depression, decreased life satisfaction, and low self-confidence (11). Based on this and considering the above, examining the variables related to emotional abuse can be useful to better explain the conditions that increase or decrease it.

One of the effective interventions to solve problems between couples is the Gutman couple therapy method. Gutman is one of the psychologists in the field of marriage who has developed various training programs to strengthen the relationship of couples. Guttman's method is an observation-based method of couple therapy and tries to help couples reach a deep understanding of cognition, awareness and empathy and begin to create a connection in their relationship that ultimately leads to proper intimacy and growth between them. It becomes their individual (12). Gutman's couples therapy model helps couples to change their thoughts, perceptions and behaviors. This model enables the therapist to teach couples to improve and grow relationships and intimacy. This approach makes the therapists flexible in using different approaches, tools and techniques in order to change the system and facilitate individual psychological transformations and understand how changes happen at the behavioral level (13). The goal of Gutman couple therapy is to restore the relationship and strengthen the relationship It is important for marriage to help couples learn conflict management and what it means to have a common sense in a relationship. Research findings showed that Guttman's couple therapy model has been able to reduce marital conflicts and create more attachment and emotional stability. Many evidences indicate that in couples with disturbed communication, strong negative emotions and responses such as criticizing and hostility, anger, anxiety, jealousy, withdrawal and acting defensively are experienced more (14). Also, Babcock, Gutman, Ryan and Gutman (2013) have reported the effectiveness of Gutman's approach on the components of relationship satisfaction, friendship quality and destructive conflict of spouses during a one-year follow-up study.

Another approach that has been proposed to treat the problems of families and couples is integrative behavioral couple therapy, which was founded by Jacobsen and Crescents (1999), and is based on those therapeutic methods that are used to solve problems related to couples' communication it works Problems that can be caused by cognitive distortions between couples and they also lack the necessary knowledge and skills to realistically understand and solve problems caused by how they communicate (15). In this approach, in order to increase emotional acceptance between couples, four methods of empathic union, united neutrality, increasing tolerance and increasing self-related activities are used (16). Researches have

shown that the approach of behavioral-integrated couple therapy by improving the communication patterns of couples can increase the level of marital compatibility and emotional and sexual intimacy of couples, and reduce their negative emotions and marital conflicts (17). Also, researches showed that through the improvement of couple's relationship, behavioral-integrated couple therapy increases their security and safe behaviors, and reduces marital conflicts and conflicts, the desire to leave the relationship and divorce, and improves their physical and psychological health (18).

The truth is that considering that the health of the society depends on the health of the family and women play a vital role in the family and society, there is no doubt that a special look at the mental and physical health of women is necessary because it helps the mental health of the society. And in the case of women who live with an addicted husband, solutions and measures should be sought to relieve and regulate their emotions by changing their attitude (19). Considering the weaknesses and deficiencies that arise in the individual functioning of the wives of addicted women, the wife of an addicted person faces a situation due to her husband's abuse that she needs to learn a series of skills to adapt or overcome those conditions, which undoubtedly enriches her. It is very important to the interpersonal and emotional relationships of these women because it breaks the cycle of consumption and increasing conflicts.

According to the research results, the importance of the quality of marital relations and the role that its improvement plays in empowering spouses against problems, this research has compared the effectiveness of Gutman couple therapy and integrated behavioral approaches; Because these two approaches have different philosophical bases and treatment methods, and each one has separate and passionate followers, and they provide unique and unique models for improving couples' relationships with different perspectives and data sets. According to the mentioned materials and considering the importance of the issue of spouse's addiction and the harm caused by it, especially in women, there is a need for more investigation and research on the effectiveness of psychotherapy interventions, including integrated behavioral couple therapy and Gutman couple therapy, to reduce the negative effects. And its destructiveness is seen. Due to the lack of evaluation of the effectiveness of relatively new approaches and the comparison of these approaches, it attracts more attention; In view of what was stated, and considering that the estimation of the effectiveness of any intervention approach compared to other therapeutic approaches is more effective in helping couples, including therapists' concerns, this research aims to answer the question of whether integrated behavioral couple therapy And Gutman's couples therapy has an effect on marital quality, emotional abuse and frustration of women with addicted spouses, and which method has the greatest effect?

### **Research method:**

The present study was used in terms of practical purpose and in terms of semi-experimental method of pre-test-post-test type with control group. The experimental and control groups were selected randomly and before the experimental interventions were applied to the experimental and control groups, a pre-test was performed on them. At the end of the interventions, the post-test was performed on both groups. The pre-test, post-test comparison of the groups was examined for statistical significance. In this way, Gutman couple therapy

and combined behavioral couple therapy were applied as independent variables to determine their effectiveness on marital quality, emotional abuse and marital frustration of women with addicted spouses as dependent variables.

In this research, for researching the theoretical foundations and investigating the background of the research, the library method has been used by using specialized Persian and Latin books and articles and theses, and to collect the necessary data by referring to scientific sources and using a standard questionnaire was used. The data collection method in this research is a combination of library and field methods. Cronbach's alpha formula was used to determine the validity of the questionnaire and it was found that the questionnaire questions have good reliability coefficients. After the final approval, the questionnaire was sent to the statistical population.

The statistical population of the research consisted of all women with addicted husbands who referred to the welfare organization of the 1st district of Tehran in 1401. In the present study, 44 women with addicted spouses who in the questionnaire Emotional abuse and marital frustration got a high score and the quality of marital relations got a low score in the scales. Among the necessary criteria for entering the study: living with an addicted spouse, the spouse being a drug addict, having lived together for at least 3 years, the age range of 20 to 50 years, and having the minimum literacy to understand educational materials were selected. The criteria for leaving the research were not attending the meetings regularly, the chastity of the spouse and divorce, or divorce at the time of the meetings. Also, in order to comply with ethical issues, after informing the participants of the research objectives, the necessary and necessary condition for participating in this program was their informed consent, which was included in the consent form of the participants.

In the current research, a questionnaire was used to compare the effectiveness of group counseling based on Gutman couple therapy and integrated behavioral couple therapy on marital quality, emotional abuse and frustration of women with addicted husbands in Tehran.

#### 1- Questionnaire of emotional abuse

**This questionnaire was created by Brahimi (21).** The purpose of this scale is to measure the level of emotional abuse in couples. This questionnaire measures 4 subscales of emotional abuse, which are: verbal abuse-criticism, neglect, withdrawal, dominance, and social-restriction. This scale has 80 questions and is scored on a five-point scale from one to five as follows: never (1), rarely (2), sometimes (3), mostly (4), and always (5). The minimum score that the subject can get in this questionnaire is 80 and the maximum score is 400. A low score indicates no emotional abuse and a high score indicates more emotional abuse. To obtain the validity of this structure, after collecting the material of the questions from different sources, based on the main components, the method of factor analysis was used. They explain the total variance. Convergent and divergent validity of this questionnaire has been determined through correlation with marital satisfaction questionnaire - 0.85 and with marital conflict questionnaire - 0.68, which is significant at 0.001 level. Also, its content validity and construct validity have been confirmed and it shows the appropriate validity of this scale. The retest reliability of the test was obtained using Cronbach's alpha for 355 subjects 0.93 (20). In Alipanah et al.'s research, the reliability of each of the subscales was obtained using Cronbach's alpha coefficient as follows: verbal abuse, criticism 0.76, social restriction 0.81,

dominance 0.79, withdrawal neglect 0.73 (21 ). In this research, the reliability of the questionnaire was calculated through Cronbach's alpha.

**Marital relationship quality questionnaire:** The Marital Quality Questionnaire was created by Busby et al. (22), which is used to measure the quality of marital relationships. This 14-item questionnaire is scored on a 1-point Likert scale from completely agree (5) to completely disagree (0) and has 3 consensus subscales: agreement (questions 1 to 6), satisfaction (questions 7 to 10) and cohesion (questions 11 to 14). ) have been formed, which show the total score of marital quality, and high scores indicate higher marital quality (22). The reliability of the questionnaire according to Cronbach's alpha method in Holist and Miller's study for the three subscales of agreement, satisfaction, coherence was reported from 0.80 to 0.90 (23). In a research, Isanejad, Ahmadi and Etimadi (24) reported the reliability coefficient of internal consistency, including Cronbach's alpha and Tsanif, for the entire questionnaire as 0.92 and 0.89, respectively. Also, the convergent validity coefficients of the questionnaire with the marital satisfaction questionnaire, the couple correlation assessment questionnaire, and the two-person agreement compatibility scale were reported as 0.39, 0.36, and 0.33, respectively. In this research, the reliability of the questionnaire was calculated through Cronbach's alpha of 0.36, 0.36 and 0.35.

**Marital frustration questionnaire:** This questionnaire was invented by Pines (25) and has 20 questions that include three main components of physical fatigue (for example, feeling tired, weak and having sleep disorders), emotional exhaustion (feeling depressed, hopeless, trapped) and exhaustion psychological fall (such as feelings of worthlessness, frustration and anger towards the spouse) and the questions are answered on a seven-point scale. It takes 15 to 20 minutes to complete the marital frustration questionnaire (25). In order to calculate validity and reliability, Navidi (26) implemented the mentioned questionnaire on a sample of 240 people and reported the reliability coefficient of this questionnaire to be 0.86 using Cronbach's alpha. In this research, the reliability of the questionnaire was calculated through Cronbach's alpha of 0.88.

After coordinating with the welfare authorities in Tehran, to present the aims, the importance of research and obtaining the necessary permits, the research population as well as the survey goal and importance, were reassured about ethical points and they will sign a informed and voluntary participation in the research. First, 44 children were selected purposefully and then the measures of marital quality, emotional harassment and marital disappointment as a pretest by all participants. Then these 45 individuals were selected randomly and targeted, in two experimental and one group. Furthermore, the experimental group 1, 8 90 minutes sessions of combined behavioral therapy pair and 2, 8 90 minute sessions of Gaetman pair therapy were received by the control group. After the completion of the sessions, the measures of marital quality, emotional harassment and marital disappointment were completed by the participants.

**Table (1): Couples sessions of behavioral therapy-compilation (27).**

Meetings	Content
<b>First</b>	The introductory session was held to establish empathy between the couples and the therapeutic relationship between the couples. Then, it is necessary to inform married couples about the rules of treatment and to build trust in couples to share their thoughts and feelings

<b>Second</b>	Explore the present relationship of each couple with their spouse, family of origin, and other important persons in their lives, examining the family history and the problems raised
<b>Third</b>	The study and discovery of ineffective communication patterns in couples, focusing on the personal characteristics of each couple, and facilitating the expression of couples' feelings about their inefficient relationships with important people in the present
<b>Fourth</b>	It works to help couples to express the feelings and desires of the most important people in their lives and to ease the emotional evasion of couples
<b>Fifth</b>	Focus on iterative interactive patterns, discovering defenses and resisters that stabilize, sympathetically confront these conflicts
<b>Sixth</b>	Changing and modifying repetitive cycles, changing anxiety, defense and latent tendencies of each partner according to the duplication of the main family and current relationships
<b>Seventh</b>	Generalizing therapeutic relationship to other individual life relationships, especially outside of the session, encouraging members to engage in intimate interactions and accepting responsibility for their position and role in relation by each pair
<b>8th</b>	Reviewing the relationships that couples have had with each other and with the therapist during the sessions, exploring the methods and techniques can help maintain healthy relationships between couples and important people in their lives
<b>Ninth</b>	Analysis of the Role of Affecting Factors on Marital Boredom of Couples Recognition of Problems and Imbalance of Emotions and Compiling a List for Identifying Dysfunctional Procedures and Thoughts in Collaboration with Couples
<b>Tenth</b>	Review previous sessions to facilitate new solutions for old problems to open sessions.

**Table (2): Gaetman Couple Therapy Sessions (28)**

<b>Meetings</b>	<b>Content</b>
<b>First</b>	Getting familiar with couples and identifying their goals and logic of meetings, establishing relationships and understanding with the importance of marital relationships and concepts of harmony and intimacy of couples, expressing the waiting for visitors and their commitment to attend meetings, the necessity of learning the material and trying to apply it in real life and finally expressing the importance of doing tasks.
<b>Second</b>	Purpose: Meeting the first principle (Map your love). Homework: Practice Roadmap Love to help strengthen knowledge and knowledge.
<b>Third</b>	Objective: The second principle is to strengthen the sense of attachment and praise, concepts of attachment and appreciation, signs of attachment and how to create attachment in relationship. Assignment: In this field, a seven-week course assignment is for them.

<b>Fourth</b>	Objective: The third principle means rather than turning back to each other; The love and emotional feelings of couples, how they develop and maintain the marital relationship Assignment: When your partner is not willing to you, Objective: Principle IV. Let your spouse be over; How to deal with a spouse
<b>Fifth</b>	of power. Assignment: Surrender to win and play Tanazai.
<b>Sixth</b>	Objective: Principle V Solving Problems Assignment: An example of their conflicts; Without discussing it.
<b>Seventh</b>	Continuing work on solving conflicts in field
<b>8th</b>	Objective: The sixth principle of overcoming barriers in the concept of deadlock in relationships of marital, identifying reasons, and providing reports.
<b>Ninth</b>	Objective: Article VII realization of common concept, Lets create Assignment: Implementation of rules at home, study and review of the contents at meetings, and preparation.
<b>Tenth</b>	Final discussions on meetings and meetings.

The collected data were analyzed using descriptive and inferential statistics. For the classification and analysis of collected data, descriptive and inferential statistics have been used. Qualitative data analysis was conducted by using foundation and coding techniques. The statistical methods used in this study, beside the descriptive statistics (frequency, percentage frequency, mean and standard deviation), were mixed sample analyzes (variance analysis). All statistical analysis of this study was done using SPSS software version 26. Moreover, for all hypotheses, a significant level was considered as 0.05.

### Findings:

The findings are presented in the form of two parts of descriptive and inferential findings. The descriptive analysis and the statistical indicators of the sample include tables on frequency distribution, diagrams, mean and standard deviations. In the inferential findings, repeated measures have been used to answer the research hypotheses.

**Table (3): Mean and standard deviation of age, marriage duration to separate groups**

Variable	control group		Combined Behavioral Therapy Group		Gateman treatment group	
	Average	Standard Deviation	Average	Standard Deviation	Average	Standard Deviation
Age	43.3	48.33	89.3	41/34	86.3	69.34
Duration of marriage	91.5	29/10	22.5	25/11	38.6	63.12

According to the above table, the mean age of the Guttman group was 34.69 years, the mean age of the group under combined behavioral therapy was 34.41 years and the control group was 33.48 years. The average duration of marriage was 12.63 years, 11.25 years and 10.29 years, respectively.

**Table (4): The Distribution of Students' Education**

<b>Education</b>	<b>Group</b>	<b>cumulative frequency percentage</b>	<b>Percent of frequency</b>	<b>Frequency</b>
<b>Bachelor</b>	Gaetman	7/46	7/46	7
<b>Master's</b>	therapy	100	3/53	8
<b>Aggregate</b>		-	100	Chapter fifteen
<b>Bachelor</b>	Combined	40	40	6
<b>Master's</b>	behavioral	100	60	9
<b>Aggregate</b>	therapy	-	100	Chapter fifteen
<b>Bachelor</b>	Control	7.66	7.66	Chapter ten
<b>Master's</b>		100	3/33	5
<b>Aggregate</b>		-	100	Chapter fifteen

Table 4 shows the frequency distribution of the subjects' education. According to the information contained in this table, in Guttman group, seven students had bachelor's degrees and eight master's degree. Six patients had bachelor's degrees and nine master's degrees in the integrated behavioral group. In the control group, 10 students had bachelor's degrees and 5 master's degree.

**Table (5): Frequency distribution of the number of children**

<b>Group</b>	<b>Child Count</b>	<b>Frequency</b>	<b>cumulative frequency percentage</b>	<b>Percent of frequency</b>
<b>Gaetman therapy</b>	1 child	4	7/26	7/26
	2 children	8	80	3/53
	3 children	3	100	Chapter 20
<b>Combined behavioral therapy</b>	1 child	5	3/33	3/33
	2 children	6	3/73	40
	3 children	4	100	7/26
<b>Control</b>	1 child	4	7/26	7/26
	2 children	6	7.66	40
	3 children	5	100	3/33

Based on table 3-4, it can be concluded that the majority of patients treated with Gaetman treatment, i.e. 8 had two children. The most common individuals were six children and in the control group six children had two.

**Table (6): Average and standard deviation of research variables**

Variable	Test Step	control group		Combined Behavioral Therapy Group		Gateman treatment group	
		Average	standard deviation	Average	standard deviation	Average	standard deviation
<b>Marital quality</b>	Pre-test	19.5	72.66	75.4	60.65	49.6	46.66
	Post-test	98.4	69.64	95.3	53.72	59.6	91.69
	Tracking	99.4	18/64	59.4	12.75	48.15	36.71
<b>Emotional Abuse</b>	Pre-test	93.5	14/33	82.7	68.32	49.9	69.39
	Post-test	21.6	38.30	10.8	41/25	88.9	91.31
	Tracking	13/6	58.33	45.8	20/33	9.61	12/40
<b>Frustration</b>	Pre-test	83.4	52.36	31.9	26.32	96.8	42/33
	Post-test	36.5	28.31	54/10	95.28	23/10	64/29
	Tracking	41.5	38.35	74.9	43/34	78.9	34/35

Table 6 shows the mean and standard deviation of the variables of this research in the pre-test, post-test and post-test of the three groups. The mean marital quality of the Gatman treatment group was 66.46, changed to 69.91, followed by 71.36, and the matched behavioral therapy was 65.60 for the group under combined treatment, which was 72.53 and 75.12 respectively. The mean control group was 66.72 before and 64.69 after the test and 64.18 after the test, respectively. Also, based on the TDH table, the group treated with Gutman has been 39.69 before and after the experiment has been changed to 31.91 and in the follow up to 40.12. The mean for the combined behavioral therapy group was 32.68 before and 25.41 after the pretest and 33.20 in the follow-up. Moreover, the mean of control in pre-test was 33.14 and in the post-test it was 30.38 and in the tracking it was 33.58. Also, based on the mean scale of frustrations of the group treated by Guttmann, the group exposed to the pretest has been 33.42, which has been changed to 29.64 and 35.34 respectively. The mean for the combined behavioral therapy group was 32.26 for the pretest and 28.95 for the post-test, and 34.43 for the treatment. Moreover, the mean of control in pre-test was 36.52 and in the post-test it was 31.28 and in the tracking it was 35.38. To find out whether these changes are statistically significant, we have studied the hypotheses that the results are presented in the inferential findings.

**Table (7): Kolmogorov-Smirnov test results to check the normal distribution of grades**

Variable	control group		Combined Behavioral Therapy Group		Gateman treatment group	
	significance level	Z Value	significance level	Z Value	significance level	Z Value
<b>Marital quality</b>	0.792	0.712	0.692	0.696	0.586	0.852
<b>Emotional Abuse</b>	0.612	0.769	0.945	0.565	0.656	0.985
<b>Frustration</b>	0.895	0.581	0.803	0.659	0.558	0.886

$P > 0/05$  As shown in Table 7, since the Kolmogorov-Smirnov test values do not mean the variables of marital quality, emotional harassment and frustration in the experimental groups and control, therefore, it is concluded that the distribution of points is normal in these variables.

**Table (8): Levin test results: Survey of variance homogeneity**

Variable	significance level	Degrees of Freedom 2	Degrees of Freedom 1	Emare F
<b>Marital quality</b>	0.963	42	2	030/0
<b>Emotional Abuse</b>	0.512	42	2	0.545
<b>Frustration</b>	0.742	42	2	93.1

$P > 0/05$  As seen in Table 8, the F values indicating the amount of Levin test to assess the heterogeneity of the experimental and control groups are not included in any of the quality variables, emotional harassment and marital abuse. According to this result, the pretest and control groups' ranking in research variables will be confirmed. Since the hypotheses were followed by ANOVA with repeated measures, the results of research hypotheses were presented. It should be noted that at first, the results of the repeated measurements are presented and according to each hypothesis, the results of this test are used to answer that question. Before performing this test the Moccilli's Kervit's default result for homogeneity of the covariance matrix of the variables scores has been presented. It should be noted that the W coefficients of Machley were more than 0.05 when the assumption was fulfilled.

**Table (9): Machley Plate Test Results**

Variable	Epsilon			significance level	Degrees of Freedom	Chi-squared coefficient	W-Machley Coefficient
	Bottom Limit	Hoin-Field	Green House-Keiser				
<b>Marital quality</b>	0.50	0.759	0.693	0.001	2	39.21	0.545
<b>Emotional Abuse</b>	0.50	0.585	0.525	0.001	2	0.29	0.956
<b>Frustration</b>	0.50	0.596	0.535	0.001	2	69.6	0.818

Based on the results of Table 9, W Macheli was observed for all variables according to the significance level of the W coefficient. In order to interpret the results of variables, a Hoin-Field coefficient has been used.

**Table (10): The results of the variance test with repeated measures concerning the intra-group and extragroup effects**

Effects	Source	Variable	significance level	Emare F	Average of squares	Degrees of Freedom	Sum of squares	Effect size
In-Test	Time	Marital quality	0.001	81.25	68.712	59.1	19/1048	-
		Emotional Abuse	0.001	86.4	95.964	1/15	54/1073	-
		Frustration	0.001	61.5	75.781	21.1	52.855	-
	Time-group interaction (interaction effect)	Marital quality	0.001	79.6	19.185	92.2	63.542	-
		Emotional Abuse	0.001	68.18	26.380	36.2	72.896	-
		Frustration	0.001	14/19	29/271	59.2	95.641	-
	Error	Marital quality			65.30	36.51	93.1459	
		Emotional Abuse			19.22	63.37	78.821	
		Frustration			83.15	76.38	93.542	
Group	Marital quality	0.005	23/6	19/620	2	45/1345	<b>0.281</b>	
	Emotional Abuse	0.004	83.6	82.1082	2	64/2169	<b>0.326</b>	
	Frustration	0.004	29.7	63.891	2	12/1854	<b>0.312</b>	
Error	Marital quality			93.98	42	89.3467		
	Emotional Abuse			72.167	42	91.5487		
	Frustration			74/125	42	63.4002		

In Table 9, the results of analysis of variance were shown by repeated measurements to evaluate the effects between the subjects and them.  $P < 0/01$  As we can see, in the light of time, the variables of quality of marriage, emotional harassment and frustration have been meaningful (respectively, the pre-test, post-test and follow-up phase are different in these variables and components. The study of these differences about any hypothesis are proposed separately in its response. The experimental and control groups showed significant differences with regard to F values and meaningful levels. There was a significant difference in the variables of marital quality, emotional harassment and control. For each variable, a comparison between two and two of these groups is presented in response to the relevant research hypothesis. The size of the effect on the impact of time on the variables of marital quality, emotional harassment and frustration.  $P < 0/01$  In addition, the results of the table show that there are inter-group and interaction times in marital quality, emotional harassment and frustration variables. There is a difference between pre- and post-test procedures and follow-up between therapeutic groups and control in dependent variables, the results of which are provided in response to the hypothesis of the research.

### **Discussion and conclusion:**

In this section, a review of the obtained results about the research hypotheses and the research evidence associated with the results is conducted and the findings are described and interpreted. Based on the values displayed in tables (11, 12 and 13), the results of analysis of variance with repeated measures showed that the group counseling based on Gattman couple therapy significantly improved the quality of marriage, decreased the results of the group's interventions in the post - test and follow-up stages.

A study whose results are directly in line with the findings of these hypotheses was not observed, but the results of the test of these hypotheses are with the results of Dilmi et al.'s research (29) who showed in their research that Guttman's couple therapy model has a positive effect on constructive relationships. Married women have had a positive impact; Teodora et al. (30) who studied the quality of marital relationships and physical health found that Gutman's couple therapy method played an effective role in improving the quality of marital relationships. Lott (31) that receiving awareness of the four riders of destruction in the marital relationship increases the effectiveness of revelation therapy and mindfulness, as well as increasing marital satisfaction; Babcock et al. (32) who showed in their research that Guttman's couple therapy led to an increase in marital satisfaction, a decrease in marital problems and destructive conflict in one year. In explaining the obtained results, it can be said that couples are helped to change their thoughts, perceptions and behaviors in Gutman therapy (32). By combining therapeutic measures with couple exercises, this treatment method helps these people to identify and define the natural obstacles that prevent them from establishing an effective relationship (33). In this approach, there is the belief that optimism about feelings indicates the existence of sufficient feelings between the partners of the relationship, in order to prevent the negative effects that arise from conflicts. Conflict management refers to couples' ability to make successful corrective efforts. Love and other positive feelings between couples enable them to talk in toxic situations without harming the relationship, even if the conversations do not lead to solving the conflicts between them. The goal of Gutman

couple therapy is primarily to help couples rebuild and strengthen their friendships with each other through constructive dialogue - and also to help them learn how to manage conflicts by changing the balance between positive and negative exchanges before, during and after conflicts. It is a marriage that ultimately leads to moving from everyday life to talking about permanent problems (34). Gutman's couple therapy method teaches clients to talk about permanent issues and problems with their partners and play an effective role in improving the quality of their marital relationship by using conflict management methods. With the beginning of changes in the client's life, the expert therapist in Gutman couples therapy examines communication barriers and problematic behaviors of couples. And by emphasizing the improvement of communication skills in clients, it advances the therapeutic goals. Gutman couples therapy therapists use the technique of solving solvable problems for clients. The main goal of this technique is to help clients learn to identify solvable problems from persistent problems. In this method, work is done on solvable problems. In order to solve problems, clients are taught to use four basic skills: starting without tension, repairing and de-convulsing, accepting the impact of their behavior and compromising, calming down (35).

In addition to the technique of solving solvable problems, another intervention technique of Gutman therapists is to establish a dialogue about permanent problems. The purpose of this technique is to help clients to have a conversation about their persistent problems. Persistent problems are issues that couples may have adapted to over the years. Persistent problems often seem to center on fundamental differences between couples' personality traits, needs, and values. The purpose of this technique is not to solve problems because these problems will probably never be completely solved. The goal is to change the emotional behaviors associated with these problems. The goal is to change the frequency of negative emotions to positive emotions. These differences are often inferred as the badness of the other party, and couples try to change each other by criticizing and blaming each other. Therefore, couples need to learn to be more accepting of each other's differences and show this acceptance to each other (36).

In the Gutman couple therapy sessions, instead of getting involved in problems and repeating incompatible solutions, the participants were able to seek to solve solvable problems and try to increase their capabilities to properly control tensions and choose suitable solutions to solve their problems and become more compatible. It seems that facing permanent problems leads to the creation of a cycle of incompetence in managing incompatible relationships, and by repeating this cycle, couples approach the end point of an effective and quality relationship, so by emphasizing on facing permanent problems and accepting differences Each other provides a suitable basis for making constructive changes in the relationships of couples, which can lead to the improvement of the quality of marital relationships in women with addicted spouses.

Based on the values shown in the table (14, 15 and 16), the results of variance analysis with repeated measurements showed that group counseling based on integrated behavioral couple therapy increases marital quality, reduces emotional abuse and frustration in the subjects of the intervention group. The post-test procedures were followed up. A study whose results are directly in line with the findings of these hypotheses was not observed, but the results of the test of these hypotheses are in agreement with the research results of Bakum et al. (37) who

showed in their research that integrated behavioral therapy and traditional behavioral therapy Both have a positive effect on the quality of marital relationships; Moghfrah (38) who found in his research that integrated behavioral couple therapy in troubled couples increased acceptance and reduced negative behaviors; Sobral et al. (39) who found that behavioral-integrated couple therapy through increasing the sense of security and support, availability, appropriate response to the spouse's needs, creating safe behaviors, methods of increasing intimacy and communication, training correct and desirable communication skills, Increase the level of emotional intimacy, sex and marital compatibility of people. In explaining the results of this study, it can be said that in IBCT, two techniques of tolerance and change work in order to improve marital quality. Tolerance interventions allow couples to stop trying to change each other. Tolerance occurs through paying attention to the positive aspects of negative behavior, practicing negative behavior in the therapy session, pretending the negative behavior between sessions, and self-care (40), and change techniques are also used directly to bring about changes in the couple's behavior. It is used and consists of behavioral exchange strategies and communication and problem solving training interventions. And since marital quality includes both marital compatibility and marital happiness (41). The high level of quality indicates the existence of objective characteristics of the relationship between spouses, such as companionship, good communication and lack of conflict, which are characteristic of their harmonious relationship. It also includes the level of satisfaction with the relationship and spouse. The structure of marital quality combines this compatibility and satisfaction in a broader and comprehensive concept. Therefore, this approach works in the direction of training couples to establish a good relationship away from contradictions and conflict, as a result of this relationship, a relative agreement is achieved, followed by compatibility, satisfaction and happiness in married life, which is a requirement for the quality of marital relationship (42).

**Limitation:** The first limitation of this study is limited to the nature of cross-sectional study. Longitudinal research is important because some of the longitudinal research results have been reported. The second limitation of this sample is that it causes the results of the study to be valid. The third limitation of this study is using In the following research, it is better than the interviews. **Suggestions:** It is suggested that the respondents' marriage duration be investigated in future researches. It is suggested that the effect of other variables be investigated. Conducting similar research through interviews and... and using different samples can check the reproducibility of the findings of the current research.

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