

Original research

The Effectiveness of Emotion-Focused Couple Therapy Based Hold-Me-Tight Relationship-Education Program on Attachment Behavior in Marital Relationships and Sexual Satisfaction in Women Victims of Sexual Coercion in Intimate relationship

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Abstract

Introduction: The purpose of this study was to The effectiveness of emotion-focused couple therapy based hold-me-tight relationship-education program on attachment behavior in marital relationships and sexual satisfaction in women victims of sexual coercion in intimate relationships.

Method: This semi-experimental study was conducted with a pretest-posttest design with control group and follow-up 2 month. The statistical population of the present study was all women victims of sexual coercion in intimate relationships in Tehran city in winter 2024. In the first stage, the number of 30 women with a score of 34 and above on the sexual coercion in intimate relationships scale was selected and then randomly divided into 1 experimental groups (15 women) and one control group (15 women) were replaced and experimental group underwent emotion-focused couple therapy based hold-me-tight relationship-education program, but the control group received no training and remained in the waiting list. To collect data sexual coercion in intimate relationships scale (SCIRS), brief accessibility, responsiveness, and engagement scale (BARES) and sexual satisfaction questionnaire (SSQ). Data analysis was performed using SPSS-28 software with analysis of variance with repeated measures and Bonferroni.

Findings: The results of the study showed that of emotion-focused couple therapy based hold-me-tight relationship-education program had a significant effect on attachment behavior in marital relationships and sexual satisfaction in women victims of sexual coercion in intimate relationships ($P < 0.05$).

Conclusion: Based on the results of the present study, it can be said that emotion-focused couple therapy based hold-me-tight relationship-education program can be used as a treatment method to on attachment behavior in marital relationships and sexual satisfaction in women victims of sexual coercion in intimate relationships.

Keyword: attachment behavior, marital relationships, emotion-focused couple therapy, hold-me-tight relationship-education program, sexual coercion in intimate relationships, sexual satisfaction.

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Introduction:

Sexual coercion is defined as "the use of pressure, alcohol or drugs, or force to have sexual contact with someone against their will" (1), which is often referred to as male aggression against women (2). This is a significant global issue and exists in all cultures (3), occurring both within and outside of marital relationships (4) and has a wide range of negative consequences for victims, including physical problems such as headaches and psychological problems such as depression (5, 6, and 7). Various reasons have been cited for this, including aggressive sexual fantasies (8), increased access to and use of pornography in society (9), and insecure attachment in marital relationships (10). Attachment behaviors are flexible strategies and provide potential points for intervention (11). Secure attachment behaviors can act as a buffer against other relationship and marital problems (12). By engaging in secure attachment behaviors, such as being available and responsive, couples can create a kind of "safe haven" for themselves, providing comfort and protection during difficult times and helping each other grow and develop (13).

On the other hand, it can be said that when one spouse expresses specific needs and the other responds in a comforting manner, accessibility, responsiveness, and companionship emerge in the marital relationship, which is a key factor in attachment within marital relationships (14). Research shows that individuals who have higher levels of accessibility, responsiveness, and companionship have less coercion in their sexual relationships, suggesting that secure attachment in couples is responsible for preventing sexual coercion and emotional abuse in both men and women (15). Studies have shown that individuals with low accessibility are characterized by high levels of trust and intimacy in marital relationships and are willing to seek help when needed and also help their partners (16). Moreover, research on attachment has expanded to include aspects of sexual functioning, such as less severe forms of sexual coercion (17).

Research in this area indicates that the various relational behaviors exhibited by insecurely attached individuals can reflect actions indicative of perpetrating or being a victim of sexual coercion (18 and 19). For example, the deep-seated fear of rejection and abandonment in anxiously attached individuals may lead them to engage in sexual coercion, forcing their partners to have sex when they are unwilling (20). Shaver and Mikulincer (17) suggested that intense relational and sexual anxieties in anxiously attached individuals may provoke coercive and/or intrusive behaviors aimed at compelling partners to engage in sexual activity. Conversely, the fear of rejection, need for validation, and desire to maintain physical and emotional closeness with their partners can make anxiously attached individuals vulnerable to being either the perpetrator or victim of sexual coercion, a behavior that leads them to appear submissive and eagerly comply with their partner's sexual demands (21). Supporting this argument, insecure attachment has been positively correlated with various aspects of sexual coercion, such as manipulating partners and gaining power over them, and sexual coercion may in fact be a manifestation of a coercive strategy in adulthood used by anxiously attached individuals to meet their needs in childhood (22).

Such circumstances cause couples, especially women who are victims of sexual coercion by their husbands, to experience lower levels of sexual satisfaction (23). Sexual satisfaction is defined as an emotional response resulting from an individual's cognitive evaluation of the positive and negative aspects associated with sexual relations (24). Sexual satisfaction refers to an individual's subjective perception of the positive and negative aspects of sexual relationships (25) and can

occur independently of sexual function and can be a key focus in therapy (26). Sexual satisfaction is crucial for relationship quality, and individuals hold varying beliefs (implicit theories) about what constitutes sexual satisfaction (27). Therefore, it can be said that sexual satisfaction is an important part of sexual health, and recently, efforts have been made to better understand the factors that contribute to positive sexual experiences and sexual satisfaction among young adults, especially women (28). Research has shown that experiencing forced or coerced sexual experiences with a partner significantly predicts higher avoidance motivations (e.g., engaging in sex to avoid conflict with a partner), which in turn predicts greater psychological distress and sexual dissatisfaction. These results indicate that sexual coercion in intimate relationships leads victims of sexual coercion to experience greater sexual dissatisfaction in their sexual relationships with their partners (29). In an effort to reduce such problems in marital relationships, various couples and family therapy approaches have emerged over the past few decades with the goal of reducing conflicts and communication and sexual disturbances between partners. One of these programs, Emotionally Focused Couples Therapy (EFT) with the approach of "Hold me tight," is based on the model of marital enrichment (30).

Emotionally Focused Therapy (EFT) with the approach of "Hold me tight" is rooted in humanistic psychotherapy and the psychodynamic concept of Bowlby's attachment theory (31). This program is a promising option for improving marital relationships and emphasizes the role of emotion and attachment through skill-building, exercises, and homework assignments (Johnson, 2015). As a structured, short-term, supportive group intervention for couples, this program is not merely a therapeutic approach but also a psycho-educational program to help groups or couples prevent or enrich relationships, enabling them to connect securely with each other and learn skills related to love, attachment needs, and potentially negative interaction cycles and how to change them (32). The goal of this program is to enhance understanding of love, needs, emotions, and to examine and control negative patterns in couples, shaping a positive romantic bond. Through seven dialogues, this educational program helps couples break free from negative relationship patterns and develop harmonious, open, responsive, and emotionally engaged and caring connections with each other. The "Hold me tight" program is the first relationship education program based on a fully conceptual and researched theory, attachment theory. The aim of this program is to increase relationship satisfaction or reduce couples' distress levels (33). Research has shown that Emotionally Focused Therapy (EFT) with the "Hold me tight" approach can influence attachment styles and improve women's sexual functioning (34 and 35).

In terms of the importance and necessity of research, it can be said that the significance of Emotionally Focused Therapy (EFT) with the "Hold me tight" approach lies in its emphasis on creating empathetic connection, emotion regulation, and emotional experience. Emotions can transform one's entire being (36). Awareness of one's own and one's partner's interaction patterns, identification with the roles presented in the therapy videos, exploring primary emotions, and Discussion regarding cycles and demonic dialogues have been well-received by women and have had a profound impact on resolving their conflicts with their spouses (30, 31, and 36). Therefore, given that sexual coercion in intimate relationships can be associated with intimate partner violence during pregnancy, intimate partner homicide, and fantasies of sexual aggression (37, 8), the use of couple therapy interventions to improve the problems of women who are victims of

sexual coercion in intimate relationships is important and can influence attachment styles and improve women's sexual functioning (34 and 35). However, since this therapeutic approach has not yet been studied in relation to attachment behaviors in marital relationships and sexual satisfaction, especially in women who are victims of sexual coercion in intimate relationships, conducting such research can provide a clear outlook for these women, allowing couples therapists to use this therapeutic approach for these women as well. Therefore, given the foregoing, the research question is: Does emotionally focused therapy with the "hold me tight" approach have an effect on attachment behavior in marital relationships and sexual satisfaction in women who are victims of sexual coercion in intimate relationships?

Research Method:

The research method employed is a pre-test, post-test, control group quasi-experimental design, which also includes a 2-month follow-up phase. The target population for this study was women who were victims of sexual coercion in intimate relationships and who sought counseling at clinics in District 1 of Tehran during the winter of 2023. Using purposive sampling, women who expressed interest in participating in the research through a call for participants at counseling clinics in District 1 of Tehran were invited to complete the Sexual Coercion in Intimate Relationships Scale by Goetz and Shackelford [1]. From those who scored 34 or above on this scale, 30 individuals were randomly selected and assigned to two groups (15 in the experimental group and 15 in the control group). It's important to note that Cohen's table was used to determine the sample size in this research. With a 95% confidence level, an effect size of 0.70, and a statistical power of 0.91, a sample size of 12 individuals was determined for each group. However, to account for potential sample attrition and to enhance the generalizability of the results, the sample size for each group was increased to 15. Inclusion criteria for the study included: being at least six months to one year post-marriage, obtaining a score of 34 or higher on the Goetz and Shackelford Sexual Coercion in Intimate Relationships Scale, and possessing at least a high school diploma. Exclusion criteria included missing more than two therapy sessions, participating in other courses or therapeutic interventions concurrently with the study. Ethical considerations in this research included providing informed consent to participants and offering condensed intervention sessions to the control group.

The research was conducted using a purposive sampling method. Women who, through a call for participation via counseling clinics in District 1 of Tehran, expressed interest in participating in the study were asked to respond to the Goetz and Shackelford Intimate Partner Coercion Scale (4). From those who scored 34 and above, 30 individuals were selected and randomly assigned into two groups (15 in the experimental group and 15 in the control group). The experimental group participated in group sessions, with two 90-minute sessions each week (on Saturdays and Tuesdays). The sessions began on Saturday, 2023/12/23 (Persian calendar) and continued until 2025-01-15. After the sessions were completed, both groups participated in the post-test phase and answered the questionnaires. Additionally, a follow-up phase was conducted two months later, on 2024-03-12. After data collection, the information was analyzed using repeated measures analysis of variance.

Research Tool:

Sexual Coercion in Intimate Relationships Scale (SCIRS): This scale was developed by Goetz and Shackelford (4) and consists of three subscales: resource manipulation/ violence (15 items): This subscale includes coercive acts where men withhold or give gifts and benefits, threaten, or use physical violence and force. Commitment Manipulation (10 items): This subscale includes coercive acts where men manipulate their partners by stating that the status of the relationship requires sexual access. defection threat (9 items): This subscale includes coercive acts where men threaten to pursue relationships with other women. This questionnaire is scored on a 6-point Likert scale, where: This act did not occur in the past month" is scored 0, this act occurred once in the past month" is scored 1, tthis act occurred twice in the past month" is scored 2, this act occurred 3 to 5 times in the past month" is scored 3, ttthis act occurred 6 to 10 times in the past month" is scored 4, this act occurred 11 times or more in the past month" is scored 5 and the score range is between 0 and 170, with a higher score indicating greater sexual coercion in intimate relationships. The cutoff score for the scale is 34 or higher. The scale's developers examined its psychometric properties, and the Cronbach's alpha coefficients were reported as follows: 0.92 for the resource manipulation/ violence, 0.92 for commitment manipulation, 0.95 for defection threat, and 0.96 for the overall scale and the concurrent validity of the scale was assessed using the Mate Retention Inventory-Short Form (MRI-SF). by Buss and colleagues (38), yielding a Pearson correlation coefficient of 0.20, which was significant at the 0.01 level (4). In this study, the Cronbach's alpha coefficient was reported as 0.80.

The Accessibility, Responsiveness, and Engagement Scale (BARES): This scale was developed by Sandberg and colleagues (12) and consists of 12 items, measuring the following 6 subscales: Self-accessibility (items 1 and 2), Self-responsiveness (items 3 and 4), Self-engagement (items 5 and 6), Mate accessibility (items 7 and 8), Mate responsiveness (items 9 and 10), Mate engagement (items 11 and 12).The scale is scored on a five-point Likert scale, where "never" is scored 1, "rarely" is scored 2, "sometimes" is scored 3, "usually" is scored 4, and "always" is scored 5. The score range for this scale is between 12 and 60, with higher scores indicating a higher level of attachment behaviors in the marital relationship. Sandberg and colleagues (12) examined its reliability and validity, reporting Cronbach's alpha coefficients ranging from 0.53 to 0.78. They also assessed the factor validity, with the Root Mean Square Error of Approximation (RMSEA) and comparative fit index (CFI) values reported as 0.003 and 0.990, respectively. Sandberg and colleagues (14) also reported Cronbach's alpha coefficients ranging from 0.57 to 0.87. They calculated the factor validity, with the chi-square ratio to degrees of freedom and the Root Mean Square Error of Approximation (RMSEA) values reported as 3.84 and 0.01, respectively. This scale has been translated and standardized in Iran. To assess its reliability, Cronbach's alpha was used on 400 married students in Tehran, with a test-retest reliability coefficient of 0.90. The Cronbach's alpha coefficients for self-accessibility, self-responsiveness, and self-engagement were 0.82, 0.77, and 0.84, respectively. The coefficients for mate accessibility, mate responsiveness, and mate engagement were 0.74, 0.76, and 0.90, respectively. Convergent validity was assessed using marital satisfaction, yielding a correlation coefficient of 0.72, significant at the 0.01 level. Concurrent validity was assessed with marital conflicts, yielding

a correlation coefficient of -0.58, also significant at the 0.01 level (39). In this study, the Cronbach's alpha coefficient was reported as 0.70.

Sexual Satisfaction Questionnaire (SSQ): This questionnaire was developed by Larson and colleagues and consists of 25 questions. It measures three subscales: Sexual compatibility: Questions 1, 3, 16, 18, 20, 22, and 23. Quality of sexual life: Questions 2, 4, 6, 7, 8, 13, 15, 19, and 24. Sexual attitudes: Questions 5, 9, 10, 11, 12, 14, 17, 21, and 25. For questions 1, 2, 3, 10, 12, 13, 16, 17, 19, 21, 22, and 23, the following scores are assigned: Never (1), Rarely (2), Sometimes (3), Most of the time (4), Always (5). For questions 4, 5, 6, 7, 8, 9, 11, 14, 15, 18, 20, 24, and 25, the following scores are assigned: Never (5), Rarely (4), Sometimes (3), Most of the time (2), Always (1). The score range for this scale is between 25 and 125, and the results are categorized as follows: a score of 25 to 50 indicates sexual dissatisfaction, 51 to 75 indicates low sexual satisfaction, 76 to 100 indicates moderate sexual satisfaction, and a score above 101 indicates high sexual satisfaction (41). The developers of the questionnaire assessed its reliability using Cronbach's alpha, obtaining a coefficient of 0.93. Convergent validity was assessed with the Index Sexual Satisfaction (ISS) by Hudson and colleagues (42), yielding a Pearson correlation coefficient of 0.27, significant at the 0.01 level (40). This questionnaire has been translated and standardized in Iran. To assess its reliability, Cronbach's alpha was used, yielding a coefficient of 0.70. Convergent and discriminant validity were also examined using the Average Variance Extracted (AVE), Maximum Shared Squared Variance (MSV), and Average Shared Squared Variance (ASV) indices. The coefficients for AVE ranged from 0.51 to 0.62, for MSV from 0.27 to 0.44, and for ASV from 0.19 to 0.33 (43). In this study, the Cronbach's alpha coefficient was reported as 0.72. Training sessions:

Table 1. sessions emotionally focused therapy with the "hold me tight" approach from Sanderfer and Johnson (44)

Session	Objective	Content
First	Preparation	Presenting the key concepts of 'Hold Me Tight': discussions for connection, and a summary discussion among participants led by the facilitator. The key concepts include: the importance of recognizing destructive conversations, expressing emotions, defining a safe emotional environment, defining attachment, secure bonding, emotional safe haven, the quality of emotional bonds and their impact on physical health, defining emotional disconnections, emotional presence versus perfect performance, defining emotional risks, exploring the concept of accessibility, responsiveness, and engagement (A.R.E) (being emotionally accessible, responsive, and bonded or engaged).
Second	Dialogue 1: Recognizing and Addressing Destructive Conversations	Presenting key concepts including the cycle of arguments and negative relationship spirals, recognizing destructive conversations, such as identifying the "bad guy" (attack-attack), the "protest polka" (attack-withdraw), and "freeze and flee" (withdraw-withdraw), and stopping negative cycles.

Third	Dialogue 2: Identifying Wounded Areas	Presenting key concepts including identifying past wounds (emotional deprivation and rejection), defining and recognizing emotional triggers, how these triggers are activated, signs of their activation, detailed analysis, how a partner feels hurt, and methods for sharing that hurt with a spouse.
Fourth	Dialogue 3: Revisiting a Difficult Moment - Correcting Mistakes and Creating an Emotional Safe Space	Presenting key concepts including the integration of Conversations 1 and 2, rebuilding relationship gaps, breaking out of negative cycles, reframing by clearly expressing needs, focusing on one's own actions rather than blaming the partner, emphasizing the expression of feelings from one's own perspective, understanding how one's behavior impacts the formation of positive and negative feelings in the partner, and sharing emotions resulting from a difficult interaction between spouses. These are referred to as A.R.E conversations (Accessibility, Responsiveness, and Engagement) in Conversations 1, 2, and 3.
Fifth	Dialogue 4: Hold Me Tight	Presenting key concepts includes enhancing trust and intimacy after the first three conversations; a rewarding conversation for couples that serves as an antidote to destructive dialogues. Completing this conversation likely ensures the end of distress in the relationship. It involves recognizing the fears that lead to disconnection and the formation of destructive conversations, creating a secure emotional bond, and speaking the language of attachment. This fosters a new level of emotional engagement through emotional disclosure, participation, and reconnection. This conversation is crucial, as all subsequent conversations revolve around the couple's ability to build on this one.
Sixth	Dialogue 5: Forgiving Hurts	Presenting key concepts includes defining relationship trauma and recognizing it, prohibiting the ignoring or burying of wounds, facing unresolved traumas, and learning the "Six Steps to Forgiveness" skill.
Seventh	Dialogue 6: Reconnecting Emotionally Through Intimacy and Touch	Presenting key concepts includes the different types of sexual responsiveness (absolute sex, reassuring sex, and synchronous sex) and their connection to attachment styles.
Eighth	Dialogue 7: Keeping Your Love Alive	Presenting key concepts (the first six conversations are the language of love) includes reviewing sensitive points (and reflecting on them without blame, threats, humiliation, insults, or criticism), celebrating moments of connection (both small

and large), learning rituals for handling moments of separation and resuming the relationship, conversing instead of arguing (safety first), building the future story of the relationship, maintaining positive changes, and refining communication.

Findings:

Based on the results of the mean and standard deviation of the age of the group emotion-focused couple therapy based hold-me-tight relationship-education program, 73.30 and 114.4; The mean and standard deviation of the age of the control group were 32.67 and 4.152. The t-test statistic obtained from the comparison of the averages of the 2 groups in the age variable is equal to t-test = -1.281, which is not statistically significant (sig = 0.211), which indicates that the 2 groups are equivalent. It is in terms of age. Also, the amount of chi-square analysis result from comparing the frequency and percentage of 2 groups in academic variable is equal to chi-square = 0.476, which is not statistically significant (sig = 0.976), which shows The fact that the 2 groups are equal in terms of academic is that of women victims of sexual coercion in intimate relationships.

Table 2: Mean and standard deviation of attachment behavior in marital relationships and sexual satisfaction by group and stages of measurement

Variables	stage	group experimental		group control	
		mean	standard deviation	mean	standard deviation
self-accessibility	pre-test	5.27	0.70	5.60	0.63
	post-test	7.20	1.15	5.73	0.70
	follow up	6.93	1.10	5.80	0.77
self-responsiveness	pre-test	5.27	0.80	5.33	0.62
	post-test	7.33	1.59	5.60	0.91
	follow up	6.93	1.75	5.73	0.88
self-engagement	pre-test	4.87	0.74	5.20	0.68
	post-test	7.27	1.44	5.47	1.06
	follow up	7.13	1.55	5.53	1.12
total score self attachment behavior	pre-test	15.40	1.35	16.13	1.06
	post-test	21.80	2.51	16.80	2.01
	follow up	21.00	2.45	17.07	1.87
mate-accessibility	pre-test	5.20	0.68	5.20	0.68
	post-test	7.73	0.88	5.53	0.91
	follow up	7.60	0.99	5.60	0.90
mate -responsiveness	pre-test	4.93	0.88	3.73	0.59
	post-test	8.00	0.76	4.00	0.84
	follow up	7.73	0.96	4.07	0.88
mate -engagement	pre-test	3.80	0.77	3.93	0.96
	post-test	6.87	1.19	4.13	1.12

	follow up	6.60	1.06	4.27	1.28
total score mate attachment behavior	pre-test	13.93	1.33	12.87	1.60
	post-test	22.60	1.84	13.67	2.22
	follow up	21.93	2.05	13.93	2.40
sexual compatibility	pre-test	20.13	0.91	19.73	0.96
	post-test	22.00	1.00	19.87	1.06
	follow up	21.73	0.88	19.93	1.10
quality of sexual life	pre-test	24.27	1.91	22.40	1.35
	post-test	26.00	1.60	22.53	1.55
	follow up	25.73	1.44	22.60	1.55
sexual attitudes	pre-test	25.27	0.80	25.20	0.77
	post-test	26.73	1.16	25.40	0.91
	follow up	26.47	1.25	25.53	0.90
total score sexual satisfaction	pre-test	69.67	2.69	67.33	1.45
	post-test	74.73	1.98	67.80	1.26
	follow up	73.93	1.58	68.07	1.33

Table 2 shows the mean and standard deviation of attachment behavior in marital relationships and sexual satisfaction. After checking the statistical assumptions of repeated analysis of variance, this test was used to analyze the collected data. In order to know whether these changes obtained in the post-test and follow-up are statistically significant or not, repeated-measures analysis of variance was used. The use of this test requires compliance with some basic assumptions, these assumptions include the normality of the distribution of scores and the homogeneity of variances, which were checked first. Shapiro-Wilks test was used to check normality. Since the values of the Shapiro-Wilks test were not significant in any of the stages ($P < 0.05$), it can be concluded that the distribution of scores is normal. Levine's test was also used to check the homogeneity of variances. According to the results, the index of Levin's test was not statistically significant in three stages of evaluation ($P < 0.05$) and thus the assumption of equality of variances was confirmed. The research data did not question the assumption of homogeneity of variance-covariance matrices (Box's Test of Equality of Covariance Matrices); Therefore, this assumption has also been met ($P > 0.05$). The significance level of the interaction effect of group and pre-test was greater than 0.05 and this indicated the homogeneity of the slope of the regression line. Considering that the assumptions of using variance analysis with repeated measurements have been met, this statistical test can be used. Based on the results of Mauchly's test of sphericity, the significance level of rumination variable and psychopathological symptoms is equal to 0.001. Therefore, Mauchly's test of sphericity has not been confirmed and there has been a violation of the statistical model F. Considering that the assumptions of using variance analysis with repeated measurements have been met, this statistical test can be used. Since the significance level of Mauchly's Test of Sphericity for sleep quality is 0.001. Based on the results of Table 3, it shows that Mauchly's Test of Sphericity for sleep quality is significant at the level of 0.001 (P value is smaller than 0.050). This finding indicates that the variance of the differences between the levels of the dependent variables is significantly different. The assumption of variance analysis of sphericity is not respected. Violation of the default assumption of sphericity causes the F statistic of variance analysis to be inaccurate. To solve this

problem and increase the accuracy of the F statistic, the degrees of freedom are corrected using the Greenhouse-Geisser and Huynh-Feldt methods. Which correction method to use, according to the suggestion of Stevens (1996; cited 45), if the epsilon value is greater than 0.75, then Huon-Flat correction and if epsilon is smaller than 0.75 or there is no information about sphericity. Greenhouse-Geisser correction is used. In the present study, the epsilon value for the Greenhouse-Geyser index for sleep quality is smaller than 0.75, so Greenhouse-Geyser epsilon was used. Therefore, taking into account the Greenhouse-Geisser correction, the results of the analysis of variance test with repeated measurements are reported in table number 3 to investigate the difference of the research sample in the three stages of pre-test, post-test and follow-up of the attachment behavior in marital relationships and sexual satisfaction variables.

Table 3. Results of tests of within-subjects effects and tests of within-subjects contrasts (Greenhouse-Geisser correction) of attachment behavior in marital relationships and sexual satisfaction

Variables	Source	F	df	Sig	Partial Eta	Observed Powera
self-accessibility	group	7.86	1	.001	0.22	0.77
	factor	31.32	1.24	.001	0.53	1.00
	factor * group	22.11	1.24	.001	0.44	1.00
self-responsiveness	group	7.10	1	.013	0.20	0.73
	factor	20.12	1.60	.001	0.42	1.00
	factor * group	10.55	1.60	.001	0.27	0.96
self-engagement	group	8.84	1	.006	0.24	0.82
	factor	27.11	1.07	.001	0.49	1.00
	factor * group	16.27	1.07	.001	0.37	1.00
total score self attachment behavior	group	23.21	1	.001	0.45	1.00
	factor	55.94	1.30	.001	0.67	1.00
	factor * group	33.59	1.30	.001	0.54	1.00
mate-accessibility	group	31.11	1	.001	0.53	1.00
	factor	53.60	1.13	.001	0.66	1.00
	factor * group	29.63	1.13	.001	0.51	1.00
mate -responsiveness	group	145.16	1	.001	0.84	1.00
	factor	74.05	1.31	.001	0.73	1.00
	factor * group	49.56	1.31	.001	0.64	1.00
mate -engagement	group	22.39	1	.001	0.44	1.00
	factor	67.57	1.21	.001	0.71	1.00
	factor * group	47.65	1.21	.001	0.63	1.00
total score mate attachment behavior	group	100.73	1	.001	0.78	1.00
	factor	130.41	1.16	.001	0.82	1.00
	factor * group	84.04	1.16	.001	0.75	1.00
sexual compatibility	group	18.13	1	.004	0.39	0.98
	factor	52.12	1.66	.001	0.65	1.00

	factor * group	36.34	1.66	.001	0.56	1.00
quality of sexual life	group	28.42	1	.001	0.50	1.00
	factor	14.60	1.11	.001	0.34	0.97
	factor * group	9.90	1.11	.001	0.26	0.89
sexual attitudes	group	5.91	1	.022	0.17	0.65
	factor	21.39	1.23	.001	0.43	0.98
	factor * group	10.45	1.23	.001	0.27	0.92
total score sexual satisfaction	group	79.14	1	.001	0.74	0.98
	factor	59.94	1.46	.001	0.68	0.98
	factor * group	37.29	1.46	.001	0.57	0.98

Table 3 results of emotion-oriented couple therapy in a hug-me-tight manner on self-accessibility ($F=7.86$, $\text{sig}=0.001$), self-responsiveness ($F=7.10$, $\text{sig}=0.001$), self-engagement ($F=8.84$, $\text{sig}=0.001$), total score self attachment behavior ($F=23.21$, $\text{sig}=0.001$), mate-accessibility ($F=31.11$, $\text{sig}=0.001$) sig), mate -responsiveness ($F=145.16$, $\text{sig}=0.001$), mate -engagement ($F=22.39$, $\text{sig}=0.001$), total score mate attachment behavior ($F=100.73$, $\text{sig}=0.001$) sig=0), sexual compatibility ($F=18.13$, $\text{sig}=0.001$), quality of sexual life ($F=28.42$, $\text{sig}=0.001$), sexual attitudes ($F=5.91$, $\text{sig}=0.001$) =sig) and total score sexual satisfaction ($F=79.14$, $\text{sig}=0.001$) has significant effectiveness and impact. The effect of measurement time on attachment behavior in marital relationships and sexual satisfaction is significant, so it can be said that regardless of the experimental group, there is a significant difference between the mean scores of attachment behavior in marital relationships and sexual satisfaction in the pre-test, post-test and follow-up. there is Also, the interaction effects between time and group are also significant, which can be said that the difference in the average scores of attachment behavior in marital relationships and sexual satisfaction in different times (pre-test, post-test and follow-up) according to variable levels the group is different. In the following, the two-by-two comparison of the pairwise comparisons of the test stages (pre-test, post-test and followup) on the improvement of attachment behavior in marital relationships and sexual satisfaction to check the durability of the results in the follow-up stage is given in Table 4.

Table 4. Benferoni post hoc test results of attachment behavior in marital relationships and sexual satisfaction to study the stability of the results

Variables	stage	pairwise comparisons	mean difference	stage difference	Sig
self-accessibility	pre-test	5.43	pretest-posttest	-1.03	.001
	post-test	6.47	pretest-follow up	0.93	.001
	follow up	6.37	posttest -follow up	0.10	.455
self-responsiveness	pre-test	5.30	pretest-posttest	-1-17	.001
	post-test	6.47	pretest-follow up	-1.03	.001
	follow up	6.33	posttest -follow up	0.13	.999
self-engagement	pre-test	5.03	pretest-posttest	-1.33	.001
	post-test	6.37	pretest-follow up	-1.30	.001

	follow up	6.33	posttest -follow up	0.03	.999
total score self attachment behavior	pre-test	15.77	pretest-posttest	-3.53	.001
	post-test	19.30	pretest-follow up	-3.27	.001
	follow up	19.03	posttest -follow up	-0.27	.535
mate-accessibility	pre-test	5.20	pretest-posttest	-1.43	.001
	post-test	6.63	pretest-follow up	-1.40	.001
	follow up	6.60	posttest -follow up	-0.03	.999
mate -responsiveness	pre-test	4.33	pretest-posttest	-1.67	.001
	post-test	6.00	pretest-follow up	-1.57	.001
	follow up	5.90	posttest -follow up	0.10	.725
mate -engagement	pre-test	3.87	pretest-posttest	-1.63	.001
	post-test	5.50	pretest-follow up	-1.57	.001
	follow up	5.43	posttest -follow up	0.07	.999
total score mate attachment behavior	pre-test	13.40	pretest-posttest	-4.73	.001
	post-test	18.13	pretest-follow up	-4.53	.001
	follow up	17.93	posttest -follow up	0.20	.408
sexual compatibility	pre-test	19.93	pretest-posttest	-1.00	.001
	post-test	20.93	pretest-follow up	-0.90	.001
	follow up	20.83	posttest -follow up	0.10	.725
quality of sexual life	pre-test	23.33	pretest-posttest	-0.93	.001
	post-test	24.27	pretest-follow up	-0.83	.001
	follow up	24.17	posttest -follow up	0.10	.455
sexual attitudes	pre-test	25.33	pretest-posttest	-0.83	.001
	post-test	26.07	pretest-follow up	-0.77	.001
	follow up	26.00	posttest -follow up	.007	.999
total score sexual satisfaction	pre-test	68.50	pretest-posttest	-2.77	.001
	post-test	71.27	pretest-follow up	-2.50	.001
	follow up	71.00	posttest -follow up	0.27	.574

Based on the results of Table 4, emotion-focused couple therapy based hold-me-tight relationship-education program had an effect on improving attachment behavior in marital relationships and sexual satisfaction and its dimensions in the post-test stage, and its therapeutic effects were lasting and stable after 2 months.

Discussion and Conclusion:

The aim of the present study was to evaluate the effectiveness of emotionally focused couple therapy using the "hold me tight" approach on attachment behavior in marital relationships and sexual satisfaction among women who are victims of sexual coercion in intimate relationships. The results indicated that emotionally focused couple therapy using the "hold me tight" approach had a significant impact on attachment behavior in marital relationships for women who are victims of sexual coercion in intimate relationships. Although there are no studies specifically showing the impact of this form of emotionally focused couple therapy using the "hold me tight" on attachment behavior in these women, the results are consistent with findings from previous research by Borjali and Mehrdad Sadr (46), Morgis et al. (35), and Nouri and Iranmanesh (34), which demonstrated the effectiveness of Emotionally focused couple therapy using the "hold me tight" approach. No findings inconsistent with this result were found. To explain the effectiveness of Emotionally focused couple therapy using the "hold me tight" approach in increasing attachment behavior in marital relationships among women who are victims of sexual coercion in intimate relationships, it can be said that when partners are available during times of need and respond to each other in soothing ways, a bond is formed that leads to positive engagement in the relationship (31). Therefore, attachment behaviors impact the improvement of marital functions. Additionally, the "Hold me tight" program is one of the couple therapy approaches that emphasizes the key role and importance of emotions and the emotional behaviors in organizing interaction patterns. This approach posits that there is a reciprocal influence between couples' interactions and their internal emotional experiences, especially when relationships are troubled due to insecure attachment styles. The training program presents concepts, theoretical roots, and therapeutic steps for treating couples' relationships, as well described by Johnson (32). This approach systematically and purposefully uses attachment theory as a guide for designing adult relationships interventions. The "hold me tight" program combines systemic and experiential approaches and is considered an emotion-focused therapy. The goal of this training program is to process and reorganize interactions to create a secure bond and a sense of secure connectedness (47). This approach asserts that there is a reciprocal impact between couples' interactions and their internal emotional experiences, particularly as troubled relationships often arise from insecure attachment styles. This process leads to the development of more secure attachment styles, a different pattern of couple interaction, empathy towards each other's experiences, and the formulation of new interaction patterns. The teachings and tasks provided in this training program encourage women who are victims of sexual coercion in intimate relationships to ask their partners and share what attracts them to each other and what they like about their partners. This task helps them consciously reinforce the behaviors and habits they like and reduce those they disapprove of, which leads to an increase in attachment behaviors. In this context, women who are victims of sexual coercion in intimate relationships are encouraged to highlight the positive aspects of their relationship and recall the good memories they share. One of the most important mechanisms of this program, which leads to increased attachment behaviors among women who are victims of sexual coercion, is the "Demon Dialogues" training. Through this, they learn to recognize the stages of their negative interaction patterns, identify the moments in their relationship when their "negative dance" begins and continues, and work to change these patterns by preventing negative behaviors

and conversations. This strengthens their emotional bond. Therefore, it is reasonable to say that Emotionally Focused Couple Therapy using the "Hold me tight" approach is effective in increasing attachment behaviors in marital relationships for women who are victims of sexual coercion in intimate relationships. On the other hand, the results showed that Emotionally focused couple therapy using the "hold me tight" approach had a significant impact on sexual satisfaction in women who are victims of sexual coercion in intimate relationships. Although no research has shown that EFCT using the "Hold me tight" approach is effective in improving sexual satisfaction in women who are victims of sexual coercion in intimate relationships, this result is consistent with findings from studies by Borjali and Mehrdad Sadr (46), Morgis et al. (35), and Nouri and Iranmanesh (34), which demonstrated the effectiveness of EFCT using the "Hold me tight" approach. Furthermore, no findings were identified that were inconsistent with this result. To explain the effectiveness of EFCT using the "Hold me tight" approach in increasing sexual satisfaction among women who are victims of sexual coercion in intimate relationships, it can be said that sexual relations and satisfaction, particularly for women, are important factors in creating positive feelings towards their spouse. Additionally, it should be noted that sexual coercion in intimate relationships can affect the quality of sexual relations and sexual satisfaction (29). To address these issues, particularly sexual dissatisfaction, Johnson's educational approach, "Hold me tight," can be referenced. In this therapeutic method, identifying and improving emotional schemas is highly significant (48). Emotional schemas are defined as a set of organized, individual-specific principles that are intertwined with emotions, goals, memories, and behavioral tendencies. These emotional schemas are formed through the interaction of an individual's early learning experiences and their innate temperament. When emotional schemas are activated, they greatly influence how life events are interpreted and how one responds to them. The therapy aims to create new schemas by bringing previously inaccessible internal experiences into the individual's awareness (48). This educational program encourages couples to share their deep feelings regarding their attachment needs with their spouse, thereby increasing intimacy and fostering the emotional foundation necessary for a satisfying sexual relationship between partners. In the study by Davis and colleagues (49), a strong and significant correlation was also observed between attachment behaviors and sexual desires, feelings, and behaviors. Sexual dissatisfaction in marital relationships often manifests through complaints, grumbling, accusations, blame, and fault-finding. For couples, sexual connection goes beyond physical contact; it serves as a gateway to achieving harmony, shared activities, and the creation of positive emotions and attachment bonds. In the "Hold me tight" educational program, women who are victims of sexual coercion in intimate relationships, by learning the "demon dialogues" and identifying the patterns in which they occur, can effectively prevent their repetition and create constructive interactions. In doing so, key factors contributing to sexual dissatisfaction are eliminated, improving the quality of sexual life and satisfaction within sexual relationships. Therefore, it is reasonable to conclude that Emotionally Focused Therapy, using the "Hold me tight" method, is effective in increasing sexual satisfaction among women who have experienced sexual coercion in intimate relationships.

Limitations of the Research: One of the limitations of this study is that it only focused on women who were victims of sexual coercion in intimate relationships in the city of Tehran. The only tool used to identify these women was a self-report questionnaire, which could lead to biased

responses. It is suggested that similar studies be conducted on other samples, such as women who are victims of sexual coercion in intimate relationships, separated by different marital issues such as marital conflicts, incompatibilities, and other factors, to provide more generalizable results. The follow-up phase in this study was two months. Therefore, it is recommended that future studies include a longer follow-up period (more than six months or even one year) to examine the long-term effectiveness and sustainability of Emotionally Focused Therapy using the "Hold me tight" method.

Application of the Research: Based on the study's results, several practical suggestions can be made. It is recommended that couples therapists and family psychology specialists utilize this type of couple therapy to reduce marital and sexual issues among women who are victims of sexual coercion in intimate relationships. Therefore, Emotionally Focused Therapy using the "Hold me tight" method is proposed as an effective approach for enhancing attachment behaviors in marital relationships and improving sexual satisfaction in such women. This therapeutic approach can be effectively implemented in marital counseling centers.

Ethical Considerations: Ethical considerations have been observed in this research, which include obtaining the consent of women victims of sexual coercion in intimate relationships to participate in therapeutic interventions, assuring them that the answer sheet will not be analyzed individually and their information will be collected as a group. and the answer sheet of each person will be confidential and will not be given to anyone, the research process was explained to all of them, they were informed about the objectives of the research, they were informed and informed about the harmlessness of the intervention, they were informed about the usefulness of the intervention and The participants were informed about the expertise and competence of the interventionists, they were informed about the scientific nature of the method to the women who were victims of sexual coercion in intimate relationships, and they were informed about the possibility of leaving freely at any stage of the research if they wish. It was explained to the women victims of sexual coercion in intimate relationships that a competent organization such as a university supervises the research process, the optionality of the research and the right to withdraw from the research, answer questions and make the results available to them if they wish, and provide treatment sessions. In an intensive way, he referred to the control group after the implementation of the follow-up period.

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