

Original research

The Effectiveness of Hold-Me-Tight Relationship-Education Program on Rumination and Psychological Symptoms of Women Affected by Marital InfidelityZahra jamshidi Bourkhani¹, Saeed Imani*², Alireza Jafari³, Mohammad Ghamari⁴**Abstract**

Introduction: The purpose of this study was to effectiveness of hold-me-tight relationship-education program on rumination and psychological symptoms of women affected by marital infidelity.

Research Methods: This semi-experimental study was conducted with a pretest-posttest design with control group and follow-up 2 month. The statistical population was all the women affected by marital infidelity who referred to counseling centers in the 1st district of Tehran city in year 2022. In the first stage, using convenience sampling method, 30 women were selected and then randomly divided into 1 experimental group (15 women) and 1 control group (15 women) were replaced and experimental group underwent hold-me-tight relationship-education program (8 sessions 90 minutes). To collect data ruminative response scale (RRS) of Nolen-Hoeksema & Morrow and symptom checklist- 25 (SCL-25) of Najarian & Dawoodi Analysis of variance with repeated measures with SPSS software was used for data analysis.

Results: The results showed that intervention had a significant effect on rumination and psychological symptoms ($P < 0.05$).

Conclusion: Based on the results of the present study, it can be said that hold-me-tight relationship-education program can be used as a treatment method to on rumination and psychological symptoms among women affected by marital infidelity.

Keyword: hold-me-tight relationship-education program, marital infidelity, psychological symptoms, rumination

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¹. Ph.D student, Department of Counseling, Science and Research Branch, Islamic Azad University, Tehran, Iran

². (**Corresponding author**), Assistant Professor, Department of Counseling, Faculty of Educational Sciences and Psychology, Shahid Beheshti University, Tehran, Iran. S_imani@sbu.ac.ir Tel: 09125123129

³. Assistant Professor, Department of Psychology, Abhar Branch, Islamic Azad University, Abhar, Iran.

⁴. Department of Counseling, Science and Research Branch, Islamic Azad University, Tehran, Iran



Introduction:

Family is described as a social unit that can shape the personalities of individuals within it, and this unit is formed through the marital bond between a man and a woman. (1). It can be argued that the need for intimacy and love draws men and women together, resulting in the formation of a marital bond (2). A defining characteristic of marriage is the mutual commitment of both spouses, serving as the foundation of their shared life (3). Without this commitment, mutual trust between spouses diminishes. Factors such as broken promises, marital dissatisfaction, and domestic violence further erode this trust and commitment, driving marriages towards dissolution (4). Marital infidelity, encompassing emotional, virtual, and particularly sexual aspects, leads one partner to violate marital vows by engaging in emotional or sexual relationships with someone outside the marriage. Men are more likely to commit marital infidelity due to their generally higher sexual needs compared to women (5). One significant consequence experienced by women who have been betrayed is rumination; marital infidelity can exacerbate ruminative thoughts in the victimized spouse (6). Rumination is believed to be a transdiagnostic factor across various psychological disorders, activated and sustained by dysfunctional metacognitions [7].

Rumination is defined as a passive and repetitive focus on one's negative emotions, dwelling on their causes and consequences rather than attempting to change them (8). The negative impact of rumination increases the accessibility of negative content to a person's awareness, even if this content does not necessarily align with their current situation, which consequently exacerbates symptoms of psychopathology, including depressed mood (9). Studies have also shown the predictive effects of rumination on the onset of psychopathological symptoms such as depression, where rumination interacts with negative cognitive styles to predict the duration of depressive symptoms (10) and that rumination is a potential transdiagnostic mediator of vulnerability and outcome in various psychopathological conditions (11; 12). This condition, rumination, is more prevalent in women who have experienced marital infidelity, to the extent that it can be said that women whose husbands commit infidelity feel victimized and develop anger towards their husbands. They may also ruminate on their anger towards themselves for various reasons, and feelings of shame and embarrassment about these events can further intensify feelings of anger and distress (13).

In addition to these symptoms of depression, anxiety, and physical complaints are other consequences of marital infidelity that women experience (14). It can be said that symptoms of depression following the disclosure of a betrayal in a relationship are common for victims of infidelity. (15). Women who had experienced threats of marital dissolution or their husband's infidelity were six times more likely to be diagnosed with a major depressive episode than women who had experienced neither of these events, and these women were also more likely to report nonspecific symptoms of depression and anxiety (16). Some research has supported these findings, as the women studied showed significant clinical scores of psychological distress (anxiety and depression) associated with intrusive images, memories, and rumination about their previous unfaithful relationship(s) (17). On the other hand, jealousy is the most common emotion

experienced by women in response to their husband's infidelity, and this mechanism, developed by humans thousands of years ago, often occurs in combination with anger, insecurity, rejection, fear, paranoia, depression, loneliness, confusion, jealousy, resentment, and post-traumatic stress disorder (18).

Therefore, intense emotions, such as those mentioned, can lead to aggressive behavior, which may be directed towards the spouse. According to Leeker and Carlozzi (19), this is a leading cause of homicide in the United States. Obviously, the impact of infidelity can have dangerous consequences for victims of this type of betrayal (20). On the other hand, it can be said that gender is a significant predictor of general distress, anger, anxiety, jealousy, and contempt in response to emotional and sexual infidelity, in this context, women experience more problems in response to marital infidelity compared to men (16); therefore, the use of educational interventions to improve the problems experienced after infidelity by the husband can help reduce their problems and strengthen the foundation of the family. One effective intervention for these women could be relationship enhancement using the hold-me-tight (HMT) approach, a promising group intervention based on an emotion-focused approach (21).

The relationship enhancement method "Hold Me Tight" consists of seven conversations that include identifying destructive conversations, finding wounded places, revisiting a difficult moment, hold me tight – engaging and connection, forgiving hurt, connecting through sex and touch, and ultimately keeping love alive (22). The "Hold Me Tight" approach is a blend of emotion-focused therapy for couples, based on thirty years of research on the effectiveness of this type of treatment (23). Since Johnson (24) believes that emotional distance, more than conflicts between couples, exacerbates their problems, relationship education programs should focus more on expanding emotional connections. Based on this, the educational program "Hold Me Tight: Conversations for Connection" is introduced, which aims to create a stronger relationship with a greater sense of security (25). In other words, this educational program allows couples to experience their relationships differently by finding new ways to change their attachment styles and by forming stronger emotional bonds that protect them against physical and emotional boredom, they can gift each other a long-lasting and happy life (26).

As Greenman & Johnson (27) have suggested, emotion-focused therapy, using the relationship enhancement approach of "Hold Me Tight," is recommended for couples to increase the quality of their emotional bonds with each other and with significant others, as well as their sense of social connectedness. Since strengthening emotional and interpersonal bonds is the primary focus of emotion-focused therapy, it can help restore emotional balance and, as a result, protect individuals from isolation and a host of health problems that can be harmful. Given the aforementioned, the successes of relationship enhancement training include improvements in various emotional, psychological, and marital problems (25, 26, and 27). However, what has received less attention is the effectiveness of this training in improving the problems of women who have been victims of marital infidelity. The presence of rumination and psychopathological symptoms in these women can hinder the treatment of their problems and cause them to experience more harm; therefore, addressing interventions such as relationship enhancement

training using the "Hold Me Tight" approach, focusing on rumination and psychopathological symptoms in women who have been victims of infidelity, can help improve the problems of these women, prevent further potential harm, and strengthen the foundation of the family. For this reason, this research has practical implications for psychologists and family therapists; therefore, the aim of this study is to examine the effectiveness of the 'Hold Me Tight' relationship enhancement training on rumination and psychological symptoms in women who have experienced infidelity.

Research Methods:

The research method employed a quasi-experimental design with a pre-test, post-test, and a 2-month follow-up phase. The population for this study consisted of women who had experienced marital infidelity and sought counseling services at a counseling clinic in district 1 of Tehran in 2022. A purposive sampling method was used to select 30 participants from the Soroud Afarinesh Counseling Center in the target district. These participants were then randomly assigned to two groups (15 in the relationship enhancement group and 15 in the control group). It is worth noting that Cohen's table was used to determine the sample size in this study. At a 95% confidence level, an effect size of 0.70 and a statistical power of 0.91 were set, requiring 12 participants in each group. However, to account for potential attrition and enhance the generalizability of the results, the sample size for each group was increased to 15 participants. To be included in the study, women had to have been married for at least six months to a year, be free of physical and psychological illnesses, and possess at least a high school diploma. Participants were excluded from the study if they were taking psychiatric or psychotropic medications, missed more than two training sessions, participated in other courses or treatment interventions concurrently with the study, had substance abuse or smoking problems, or had a psychiatric disorder. Explaining the research objectives to participants and providing condensed intervention sessions to the control group were among the ethical principles adhered to in this study. To analyze the data, repeated measures analysis of variance and the Bonferroni post-hoc test were used. The data analysis software used was SPSS version 28. Research Instruments:

Ruminative Responses Scale (RRS) by Nolen-Hoeksema & Morrow (28): This scale consists of 22 items and measures three subscales: brooding with items 7, 11, 12, 20, and 21; reflection with items 5, 10, 13, 15, and 16; and depression with items 1, 2, 3, 4, 6, 8, 9, 14, 17, 18, 19, and 22 (29). It is scored on a 4-point Likert scale, with 1 indicating "never," 2 indicating "rarely," 3 indicating "sometimes," and 4 indicating "always." This scale has been translated and adapted for use in Iran, and its content validity has been confirmed. Cronbach's alpha coefficients, used to assess reliability, have been reported to range from 0.77 to 0.90 (29). In other studies, Cronbach's alpha has been used to assess reliability, with coefficients of 0.77 for ruminative responses and 0.68 for distracting responses (30). In international studies, Cronbach's alpha has been used to assess reliability, with coefficients ranging from 0.78 to 0.86 (31). In the present study, Cronbach's alpha was used to assess reliability, with coefficients of 0.71 at pre-test, 0.80 at post-test, and 0.91 at follow-up.

The Symptom Checklist-25 (SCL-25) developed by Najarian and Davoudi (32): is a 25-item questionnaire based on the 90-item version. It measures seven dimensions: somatic complaints (items 2, 6, 12, 16, 17, 18, and 25), obsessive-compulsive symptoms (items 11, 21, and 22), interpersonal sensitivity (items 5, 9, and 20), phobic anxiety (items 10, 14, and 15), anxiety (items 3, 7, and 8), psychoticism (items 1, 19, 23, and 24), and depression (items 4 and 13) (33). It is scored on a 5-point Likert scale ranging from 0 (never) to 4 (very much). In Najarian and Davoudi's study (32), the Cronbach's alpha coefficient was 0.97 and the test-retest reliability coefficient was 0.78, both significant at the 0.01 level. The concurrent validity was also examined, with a correlation coefficient of 0.49 with the Beck Depression Inventory, which was significant at the 0.01 level. In the study by Tanhaye Rashvanloo and Saadati Shamir (33), Cronbach's alpha coefficients ranged from 0.71 to 0.95, and the split-half coefficients in the range from 0.65 to 0.96. In the present study, Cronbach's alpha was used to assess reliability, with coefficients of 0.79 at pre-test, 0.82 at post-test, and 0.93 at follow-up. Training sessions:

Table 1. Relationship Strengthening Training Sessions Adapted from Sanderfer and Johnson (34)

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

Table 2. mean and standard deviation of age in sample people in two groups

group	mean	standard deviation	t-test	sig
experimental group	32.20	6.581	-0.561	0.579
control group	33.60	1.828		

The mean and standard deviation of the age group, hold-me-tight relationship-education program, 32.20 and 6.581; The mean and standard deviation of the age of the control group were 33.60 and 1.828. The t-test statistic obtained from the comparison of the means of the 2 groups in the age variable is equal to $t = -0.561$, which is not statistically significant ($sig = 0.579$), which indicates that the two groups are equal in terms of It is age. Demographic information related to academic is given in Table 3.

Table 3. Frequency and percentage of education of sample people

group	Frequency	percentage	Chi-Square	sig
experimental	diploma	5	0.622	0.961
	Post graduate	4		
	bachelor	2		
	Master's	3		
	Ph.D	1		
	total	15		
control	diploma	4	0.622	0.961
	Post graduate	5		
	bachelor	3		
	Master's	2		
	Ph.D	1		
	total	15		

According to Table 3, the chi-square statistic obtained from the comparison of the frequency and percentage of the 2 groups in the education variable is equal to $\text{Chi-Square} = 0.622$, which is not statistically significant ($sig = 0.961$), which indicates that There are 2 groups in terms of academic. Table 4 shows the mean and standard deviation of rumination and psychological symptoms in the experimental group and the control group.

Table 4: Mean and standard deviation of rumination and psychological symptoms in experimental and control groups

Variables	stage	mean		standard deviation	
		hold-me-tight	control	hold-me-tight	control
brooding	pre-test	14.93	15.00	.458	.655

	post-test	12.20	14.87	.755	.834
	follow up	12.33	14.80	1.047	.862
reflection	pre-test	15.00	15.07	.655	.594
	post-test	12.87	15.00	.915	.655
	follow up	13.07	15.07	1.033	.704
depression	pre-test	34.67	34.27	.900	1.710
	post-test	30.13	33.67	.915	2.469
	follow up	30.27	33.73	1.033	2.520
total rumination	pre-test	64.60	64.33	1.056	2.024
	post-test	55.20	63.53	1.320	3.091
	follow up	55.67	63.60	1.676	3.135
anxiety	pre-test	8.00	7.73	.655	.594
	post-test	5.53	7.60	.915	.737
	follow up	5.60	7.67	.910	.816
depression	pre-test	5.07	5.20	.458	.561
	post-test	3.60	5.13	.828	.640
	follow up	3.67	5.27	.900	.961
somatization	pre-test	17.13	16.47	1.187	1.302
	post-test	12.47	16.33	.834	1.345
	follow up	12.60	16.40	.910	1.298

Table 4 shows the mean and standard deviation of rumination and psychological symptoms. 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. Therefore, the conservative Greenhouse-Geisser test was used, the results of which are shown in Table 5.

Table 5. Results of tests of within-subjects effects and tests of within-subjects contrasts (Greenhouse-Geisser correction) of rumination and psychological symptoms

Variables	Source	F	Sig	Partial Eta	Observed Powera
brooding	Group	52.065	.001	.650	0.999
	factor	68.373	.001	.709	0.999
	factor * group	53.465	.001	.656	0.999
reflection	group	32.306	.001	.536	0.999
	factor	47.177	.001	.637	0.999
	factor * group	45.639	.001	.620	0.999
depression	group	16.445	.001	.370	0.999
	factor	52.392	.001	.652	0.999
	factor * group	31.424	.001	.529	0.999
total rumination	group	59.769	.001	.681	0.999
	factor	127.973	.001	.820	0.999
	factor * group	91.472	.001	.766	0.999
anxiety	group	27.129	.001	.492	0.999
	factor	71.331	.001	.718	0.999
	factor * group	60.387	.001	.683	0.999
depression	group	21.365	.001	.433	0.999
	factor	24.409	.001	.466	0.999
	factor * group	24.097	.001	.463	0.999
somatization	group	39.155	.001	.583	0.999
	factor	118.500	.001	.809	0.999
	factor * group	108.500	.001	.795	0.999

The results of Table 5 showed that the hold-me-tight relationship-education program has a significant effect on improving the rumination and psychological symptoms. 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 rumination and psychological symptoms to check the durability of the results in the follow-up stage is given in Table 6.

Table 6. Benferoni post hoc test results of rumination and psychological symptoms to study the stability of the results

Variables	stage	pairwise comparisons	mean difference	stage difference	Sig
brooding	pre-test	14.967	pretest-posttest	1.433	.001
	post-test	13.533	pretest-follow up	1.400	.001
	follow up	13.567	posttest -follow	-0.033	.999

			up		
reflection	pre-test	15.033	pretest-posttest	1.100	.001
	post-test	13.933	pretest-follow up	.967	.001
	follow up	14.067	posttest -follow up	-0.133	.649
depression	pre-test	34.467	pretest-posttest	2.567	.001
	post-test	31.900	pretest-follow up	2.467	.001
	follow up	32.000	posttest -follow up	-0.100	.571
total rumination	pre-test	64.467	pretest-posttest	5.100	.001
	post-test	59.367	pretest-follow up	4.833	.001
	follow up	59.633	posttest -follow up	-0.267	.160
anxiety	pre-test	7.867	pretest-posttest	1.300	.001
	post-test	6.567	pretest-follow up	1.233	.001
	follow up	6.633	posttest -follow up	-0.067	.505
depression	pre-test	5.133	pretest-posttest	.767	.001
	post-test	4.367	pretest-follow up	.667	.001
	follow up	4.467	posttest -follow up	-0.100	.571
somatization	pre-test	16.800	pretest-posttest	2.400	.001
	post-test	14.400	pretest-follow up	2.300	.001
	follow up	14.500	posttest -follow up	-0.100	.571

Based on the results of Table 6, hold-me-tight relationship-education program had an effect on improving rumination and psychological symptoms 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 this study was to investigate the effectiveness of the "Hold Me Tight" relationship enhancement training on rumination and psychopathological symptoms in women who had experienced marital infidelity. The results showed that the intervention had a significant effect on rumination and psychopathological symptoms at both post-test and follow-up stages. These

findings are consistent with the results of previous research by Greenman & Johnson (27), Stavrianopoulos (25), and Imhoff [3] (26). In explaining the effectiveness of the "Hold Me Tight" relationship enhancement training on rumination in women who had experienced marital infidelity, it can be said that this approach is based on attachment theory and an emotion-focused perspective. The effectiveness of this training program can be attributed to its process and the creative way in which it is presented to women who have experienced marital infidelity. The emphasis of the "Hold Me Tight" relationship enhancement approach on teaching women how to express their emotions with courage and acceptance, as well as the skills of forgiveness and reparation, has led to a reduction in rumination among women who have experienced marital infidelity. This training program, through its first three dialogues—accessibility, responsiveness, and commitment—systematically works to repair communication breakdowns. By providing new skills, various exercises, and relatable clinical stories in each phase, it offers women a fresh perspective. Consequently, the "Hold Me Tight" approach, through its three dialogues of accessibility, responsiveness, and commitment, interrupts negative cycles and equips women with three key elements: emotional accessibility, emotional responsiveness, and connection. These elements can significantly contribute to the development of a secure attachment style and provide a sense of safety and emotional availability for women struggling with insecure attachment.

To explain the effectiveness of the "Hold Me Tight" relationship enhancement training on the psychopathological symptoms of women who have experienced marital infidelity, it can be stated that research on the "Hold Me Tight" approach has demonstrated a significant impact on improving marital relationships, and it is classified as a "well-established" or "probably efficacious" intervention (35). The "Hold Me Tight" training enables women who have experienced marital infidelity to develop a more secure attachment style, allowing them to express their emotional needs clearly and to alternate between providing and receiving support. By participating in the "Hold Me Tight" relationship enhancement training, these women become part of a group that experiences the highest level of compatibility with their partners. Sanderfer & Johnson (34) teach couples that the key to a fulfilling relationship is building and maintaining a secure emotional bond. Based on this principle, they focus on key moments in any relationship, from "identifying harmful conversations" to "revisiting turbulent times," and use these to illustrate the "seven conversations for a lifetime of love." On the other hand, it can be argued that psychopathological symptoms such as anxiety, depression, and somatic complaints are consequences of being a victim of marital infidelity, which can lead women to experience these symptoms. However, by participating in the "Hold Me Tight" relationship enhancement training, these women can transform their insecure attachment styles, which are often the root of many marital difficulties and can exacerbate the impact of being hurt, into secure attachment styles. This creates a safer relationship environment for both themselves and their partners, allowing them to forgive their partner's mistakes. This newfound security in attachment helps women rebuild their marital satisfaction and open a new door to intimacy with their partners, thereby reducing the impact of psychopathological symptoms. Therefore, it is reasonable to conclude that

the "Hold Me Tight" relationship enhancement training is effective in reducing psychopathological symptoms in women who have experienced marital infidelity.

Limitations of the Research: The study population in this research consisted of women who had experienced marital infidelity in Tehran. Therefore, caution should be exercised when generalizing the results to similar populations in other cities and cultures. Due to time constraints, this study was unable to conduct a longer-term follow-up phase to assess the durability and sustainability of the effects of the "Hold Me Tight" relationship enhancement training. The study was limited to a two-month follow-up assessment. It is recommended that this research be replicated in other samples, including women who have experienced marital infidelity in other cities, to address some of the questions raised by this study and previous research. This would allow for a more definitive answer to the question of whether this training method is a powerful and effective approach compared to common interventions for reducing the problems experienced by women who have suffered marital infidelity. The follow-up period 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 a year) to examine the durability of the "Hold Me Tight" relationship enhancement training on rumination and psychopathological symptoms in women who have experienced marital infidelity. Given that each group in this study consisted of only 15 participants, it is recommended that future researchers use a larger sample size. This would increase the generalizability of the training outcomes. Since this study was limited to women who had experienced marital infidelity, to address this limitation, it is suggested that future research be conducted on men who have experienced marital infidelity, as gender may be a determining factor in the research outcomes.

Application of the Research: Based on the research findings, it is recommended that family counselors utilize the "Hold Me Tight" relationship enhancement training to improve the problems experienced by women who have suffered marital infidelity due to its demonstrated effectiveness. Therefore, given the findings of this study, it is recommended that specialized training courses using the "Hold Me Tight" approach be offered to family counselors.

Ethical Considerations: In the present study, the ethical principles of research, including secrecy, confidentiality and privacy of individuals, were observed, and participation in the research did not cause any possible harm to the participants. Also, obtaining an ethics certificate with the ID IR.IAU.SRB.REC.1400.206 from the committee of ethics in research of Islamic Azad University, Science and Research Unit was one of the ethical principles observed in this research.

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Reference

1. Catino M, Rocchi S, Marzetti GV. The network of interfamily marriages in 'Ndrangheta. *Social Networks*, 2022; 68(1): 318-329. <http://dx.doi.org/10.1016/j.socnet.2021.08.012>
2. Lu F, Huang X, Xu E, Chung CN, He X. Instrumental love: Political marriage and family firm growth. *Management and Organization Review*, 2022; 18(2): 279-318. <https://doi.org/10.1017/mor.2021.75>
3. Allen S, Hawkins, AJ, Harris, SM, Roberts K, Hubbard A, Doman M. Day-to-day changes and longer-term adjustments to divorce ideation: Marital commitment uncertainty processes over time. *Family Relations*, 2022; 71(2): 611-629. <https://doi.org/10.1111/fare.12599>
4. Dew J, Trujillo S, Saxey M. Predicting marital financial deception in a national sample: A person-centered approach. *Family Relations*, 2022; 1(2): 1-10. <https://doi.org/10.1111/fare.12654>
5. Luo W, Yu J. Sexual infidelity among the married in China. *Chinese Journal of Sociology*, 2022; 8(3): 374-397. <https://doi.org/10.1177/2057150X221108574>
6. Davarniya R, Zaharakar K, Asadpour E, Mohsenzadeh F, Kasaei Esfahani A. The Effectiveness of Group Counselling based on Compassion-Focused Therapy (CFT) on Rumination in Women Affected by Marital Infidelity. *Armaghanj*, 2019; 24 (5): 950-967. (In Persian) <https://armaghanj.yums.ac.ir/article-1-2641-fa.html>
7. Zhou H, Liu H, Ma X, Deng Y. The psychometric properties of positive and negative beliefs about the rumination scale in Chinese undergraduates. *BMC psychology*, 2023; 11(1): 1-11. <https://doi.org/10.1186/s40359-023-01111-8>
8. Błachnio A, Przepiórka A, Kot P, Cudo A, McElroy E. The mediating role of rumination between stress appraisal and cyberchondria. *Acta Psychologica*, 2023; 2023; 238(1): 1-10. <https://doi.org/10.1016/j.actpsy.2023.103946>
9. Lyubomirsky S, Tkach C. The consequences of dysphoric rumination. *Depressive rumination: Nature, theory and treatment*, 20203; 1(2): 21-41. https://www.researchgate.net/publication/312897862_The_consequences_of_dysphoric_rumination
10. Nolen-Hoeksema S, Wisco BE, Lyubomirsky S. Rethinking rumination. *Perspectives on psychological science*, 2008; 3(5): 400-424. <https://doi.org/10.1111/j.1745-6924.2008.00088.x>
11. Drost J, Van der Does W, van Hemert AM, Penninx BW, Spinhoven P. Repetitive negative thinking as a transdiagnostic factor in depression and anxiety: A conceptual replication. *Behaviour research and therapy*, 2014; 63(1): 177-183. <https://doi.org/10.1016/j.brat.2014.06.004>
12. Luca M. Maladaptive rumination as a transdiagnostic mediator of vulnerability and outcome in psychopathology. *Journal of clinical medicine*, 2019; 8(3): 314-320. <https://doi.org/10.3390/jcm8030314>

13. Teymoori Z, Mojtabaei M, Rezadeh S, Rafeizadeh A. The effectiveness of self- compassion couple therapy on rumination of anger and marital intimacy women affected by infidelity. *Family and Health*, 2022; 11(4): 11-26. (In Persian) https://journal.astara.ir/article_251451.html
14. Ebrahimi E, Zargham Hajebi M, Navabi Nejad,S. The role of loneliness, sexual satisfaction and forgiveness in predicting depression in women affected by infidelity. *Journal of Applied Family Therapy*, 2023; 4(1): 134-156. (In Persian) <https://doi.org/10.22034/aftj.2023.335698.1507>
15. Laaser D, Putney HL, Bundick M, Delmonico DL, Griffin EJ. Posttraumatic growth in relationally betrayed women. *Journal of Marital and Family Therapy*, 2017; 43(3): 435-447. <https://psycnet.apa.org/doi/10.1111/jmft.12211>
16. Rokach A, Chan SH. Love and Infidelity: Causes and Consequences. *International Journal of Environmental Research and Public Health*, 2023; 20(5): 1-10. <https://www.mdpi.com/1660-4601/20/5/3904#>
17. Lonergan M, Brunet A, Rivest-Beauregard M, Groleau D. Is romantic partner betrayal a form of traumatic experience? A qualitative study. *Stress and Health*, 2021; 37(1): 19-31. <https://doi.org/10.1002/smi.2968>
18. Warach B, Josephs L. The aftershocks of infidelity: a review of infidelity-based attachment trauma. *Sexual and Relationship Therapy*, 2021; 36(1): 68-90. <https://doi.org/10.1080/14681994.2019.1577961>
19. Leeker O, Carlozz, A. Effects of sex, sexual orientation, infidelity expectations, and love on distress related to emotional and sexual infidelity. *Journal of marital and family therapy*, 2014; 40(1): 68-91. <https://doi.org/10.1111/j.1752-0606.2012.00331.x>
20. Angelina L, Marsih L. 2023. Post Infidelity Stress Disorder Found in Taylor Jenkin Reid's *Malibu Rising*. In *Proceeding of Undergraduate Conference on Literature, Linguistic, and Cultural Studies*, 2023; 2(1): 782-793. <https://doi.org/10.30996/uncollcs.v2i1.2463>
21. Nouri N, Iranmanesh, I. The Effectiveness of Emotionally Focused Couple Therapy Using the “Hold Me Tight” Method on Attachment Styles, Marital Adjustment and Sexual Intimacy. *Journal of Applied Psychological Research*, 2022; 13 (1): 363-387. (In Persian) <https://doi.org/10.22059/japr.2022.318332.643749>
22. Hamilton AA. Attachment Style, Perceptions and Relationship Satisfaction: Does Perceived Similarities Increase Relationship Satisfaction? (Doctoral dissertation, Adler University). 2020. <http://dx.doi.org/10.1007/s10896-005-5988-8>
23. Wong TY, Greenman PS, Beaudoin V. “Hold Me Tight”: The generalizability of an attachment-based group intervention to Chinese Canadian couples. *Journal of Couple & Relationship Therapy*, 2018; 17(1): 42-60. <https://doi.org/10.1080/15332691.2017.1302376>
24. Johnson S. 2008. *Hold me tight: Seven conversations for a lifetime of love*. Little, Brown Spark. 2008. <https://www.amazon.com/Hold-Me-Tight-Conversations-Lifetime-ebook/dp/B0011UGLQK>

25. Stavrianopoulos K. Enhancing relationship satisfaction among college student couples: An emotionally focused therapy (EFT) approach. *Journal of Couple & Relationship Therapy*, 2015; 14(1): 1-16. <https://psycnet.apa.org/doi/10.1080/15332691.2014.953656>
26. Imhoff CN.. Created for Connection: The Impact of a Faith-Based Christian Marriage Enrichment Program. University of Arkansas. 2019. <https://www.stillwatersfamilycounseling.com/?>
27. Greenman PS, Johnson SM. Emotionally focused therapy: Attachment, connection, and health. *Current opinion in psychology*, 2022; 43(1): 146-150. <https://doi.org/10.1016/j.copsyc.2021.06.015>
28. Nolen-Hoeksema S, Morrow J. A prospective study of depression and posttraumatic stress symptoms after a natural disaster: the 1989 Loma Prieta Earthquake. *Journal of personality and social psychology*, 1991; 61(1): 115-125. <https://doi.org/10.1037//0022-3514.61.1.115>
29. Asadi P, Farhadi H, Golparvar M. Effectiveness of Psychological Empowerment Package on the Psychological Wellbeing and Rumination of the Parents of the Children with Cancer. *Empowering Exceptional Children*, 2021; 12(1): 84-94. (In Persian) <https://doi.org/10.22034/ceciranj.2021.246311.1443>
30. Mohammadkhani S, Bahari A. Akbarian Firoozabadi M. Attachment Styles and Depression Symptoms: The Mediating Role of Rumination. *Journal Psychiatry Cilinical Psychology*, 2017; 23 (3): 320-335. (In Persian) <http://dx.doi.org/10.29252/nirp.ijpcp.23.3.320>
31. Eisma MC, Buyukcan-Tetik A, Boelen PA. Reciprocal Relations of Worry, Rumination, and Psychopathology Symptoms after Loss: A Prospective Cohort Study. *Behavior Therapy*, 2022; 1(2): 1-10. <https://doi.org/10.1016/j.beth.2022.01.001>
32. Najarian B, Dawoodi, I. Construction and validation of a 25-question list of psychological symptoms. *Journal of Psychology*, 2001; 5(2), 149-136. (In Persian) <file:///C:/Users/saeed%20veisi/Downloads/61513801803.pdf>
33. Tanhayeh Reshvanloo F, Saadati Shamir A. Construct validity and reliability of Symptom Checklist-25 (SCL-25). *Journal of Fundamentals of Mental Health*, 2015; 18(1): 48-56. (In Persian) <https://doi.org/10.22038/jfmh.2015.6255>
34. Sanderfer K, Johnson S. Created for connection: The "hold me tight" guide for Christian couples. Little, Brown Spark. 2016. <https://www.amazon.com/Created-Connection-Tight-Christian-Couples/dp/0316307416>
35. Doss BD, Roddy MK, Wiebe SA, Johnson, SM. A review of the research during 2010–2019 on evidence-based treatments for couple relationship distress. *Journal of marital and family therapy*, 2022; 48(1): 283-306. <https://doi.org/10.1111/jmft.12552>