



The Effectiveness of Cognitive Behavioural Couple Therapy on Marital Stress and Emotional Skills of Infidel Couples in Shiraz

Aida Honari* and Leila Shamoli

Department of Psychology, Bushehr Azad University, Bandar Bushehr, Bushehr Province, Iran

*Corresponding e-mail: aida_honari@yahoo.com

ABSTRACT

The present study aims at investigating the effectiveness of cognitive behavioural couple therapy on marital stress and emotional skills of infidel couples. **Methods:** A pre-test, post-test methodology with one control group is used. Forty couples were chosen purposefully from the statistical population of all infidel couples who referred to psychological clinics in Shiraz. The samples of 40 couples were put in to two groups consisting of a control group and experimental group. The measuring tools were Stockholm marital stress scale (SMSS) and Toronto alexithymia scale. The data and hypothesis were analyzed via SPSS-22, using multivariable analysis of covariance (MANCOVA). **Result:** The results of the study show that cognitive behavioural couple therapy has a meaningful effect on marital stress and emotional skills of infidel couples.

Keywords: Cognitive behavioural couple therapy, marital stress, emotional skill, infidel couples

INTRODUCTION

A couple's role and position as the basic nucleus of society has attracted the attention of sociologists, psychologists, and social and behavioural science experts. Family is a social organization between its members; relationships are considered the most important element. The type of relationships between family members creates situations for emergence of emotions, feelings, thoughts and behaviours and accordingly affects relationships in the family. At times, there are some reasons that weaken this relationship between members which leads to conflicts [1].

Competing couples are unhappy with their partners' habits and characteristics and report problems in the areas of telecommunications, leisure time, sexual relations and differences with friends and their family families [2]. Conflict is a critical point in the relationship that if poorly managed causes the destruction of marriage and leaves pernicious effects on physical and emotional health of couples. Infidelity is an important matter in an individual's life which is highly focused on today. Infidelity is a critical problem for couples and families and a common phenomenon for family therapists [3].

Although the relationship with someone other than your partner could be physical or emotional, the final result is that the time spent between one spouse and someone outside the marital relationship would be a serious problem for couples. Once the time and energy are spent to maintain the relationship with a third party, the primary relationship will weaken in intimacy and energy [4].

Studies show that stress is an important and effective factor contributing to the couples' discontent with marriage. The concept of stress has been discussed for hundreds of years. Positive aspects of stress are essential for a healthy life. Kendall Murphy and O'Neill define stress as "a natural predictable experience" that includes both positive and negative aspects [5]. According to these definitions, we can say that stress plays a role in couples' physical and emotional health in family [6].

Stress is a concept that has been highly focused on in marital studies through the last decade and plays an important role in understanding the quality and stability of close relationships. Evidence shows that stress is a threat to marital

satisfaction and its longevity. Marital stress is defined as a situation in which couples experience communication problems and problem solving; while they are seeking a solution, they live together and hardly accept each other's differences. Many studies and theories have shown that stress in couples is always a dual phenomenon that affects both partners. Stress can occur in multiple forms and people deal with stress differently. Although we cannot eliminate all the stresses of everyday life, one should know how to deal with them. One of the factors that can be related to stress control is emotional skills or ability to control the emotions that must be learned in life [7]. When a person starts a job, and finds out that it is in line with his or her goals, emotions arise. Emotional regulation is defined as the process of initiation, preservation, adjustment or change in the incidence, severity or the continuity of feelings, and emotions associated with social, psychological, and physical processes in accomplishing an individual's goals [7].

Alexithymia is known as difficulty in emotional self-regulation, in other words the inability within cognitive processing of emotional information to regulate emotions. Alexithymia includes: inability to recognize and describe personal emotions verbally, extreme lack of symbolic thinking that limits the revelation of contacts, feelings, and desires, inability to use feelings as signs of emotional problems, abstract thinking about outer trivial facts, reduction in recall of dream, difficulty in distinguishing between emotional and physical sense, lack of emotional facial expression, limited capacity for empathy and self-awareness, failure to regulate and manage emotions in transition from processing to operation [8].

Emotional skill means a conscious way that a person applies to identify, organize, and express his or her emotions and how a person will respond to others emotions. These skills are also a broad category that includes the ability to recognize emotions, express emotions, empathy, and control challenging emotions. In other words, emotional skill means subtle emotional function in relationships. It should be noted that emotional skill is different from emotion, it means skills and competencies of a person in applying emotion for regulating behaviour in his or her relationships [9].

The most important theory pertaining to emotional skill is that abilities such as the ability to recognize emotions and express emotions appropriately and in time, to create a feeling of security and improve intimacy and to improve the ability of coping with negative experiences as well as compatibility with the environment and others, are very important and effective [10].

There are various strategies to reduce couples' problems. One of these strategies is consultation and couple therapy. In this regard, there are different approaches to couple therapy; one of these approaches is cognitive-behavioural couple therapy. Dattilio found that cognitive foundations of cognitive-behavioural couple therapy affect mutual cognition of couples [11]. Chang also showed that the cognitive-behavioural family therapy is very effective in increasing marital satisfaction [12]. Cognitive behavioural therapy deals with how to interpret the events and experiences, as well as identifying and modifying defects or distortions that occur in the cognitive process. The methods in which inefficient cognitive processes are activated and learned affect behaviour and feelings [13].

Couple therapy is a way of solving problems and conflicts for couples who cannot solve the problems on their own. Couple therapy process includes wife, husband and a trained person who is an expert at this field and they discuss their thoughts and feelings. In behavioural and cognitive-behavioural couple therapy the therapist is a teacher and expert. He or she helps families and couples to identify inefficient behaviours and train them to apply behavioural and cognitive-behavioural management plans which are useful for bringing a change. The essence of cognitive-behavioural couple therapy is indebted to the efforts of theorists and methods which are recently shown in the literature of therapy. Cognitive behavioural couple therapy is a combination of cognitive and behavioural factors in couple therapy with marital problems [14] which can be started by assessing the performance of couples' problems and dependent behaviours that support them. In investigation of the analysis of couple therapy effectiveness on increasing marital satisfaction, it was shown that couple therapy has an effect on increasing marital satisfaction [15]. The results of another study indicate the effectiveness of cognitive-behavioural couple therapy on increasing marital compatibility of couples [16].

In this type of treatment, the focus is not initially on thoughts rather, thoughts are taken into consideration after focusing behaviour, because the main objective of the interference is the target behaviours [17]. The overall goals of cognitive behavioural therapy are increasing self-awareness, facilitating better self-perception, and improving self-control through a proper growth of cognitive and behavioural skills. Cognitive behavioural therapy helps to recognize the destructive beliefs and thoughts which are significantly negative, biased, and self-criticizing. This method identifies

the cognitive and behavioural deficiencies and evaluates, examines, and reinforces new skills in cognitive problem solving as well as learned behavioural methods.

When the fundamental unpleasant feelings are replaced with more pleasant emotions, their essence is perceived better and eventually these new cognitive-behavioural skills allow couples to deal with difficult situations in a more appropriate manner [13]. Several researchers have shown the effect of cognitive behavioural therapy on reducing the severity of psychological symptoms and distress, [18] the initial effectiveness of cognitive behavioural couple therapy in the treatment of couples, and betterment of pain and symptoms of depression and anxiety, [19] respectively. Tabatha, et al. [20] in their investigation on the effect of cognitive behavioural therapy on post-traumatic stress in couples have shown clinically significant changes in stress symptoms. They have also shown that cognitive behavioural therapy had positive results in couple therapy.

Eshghi, et al. [21] also examined the effectiveness of cognitive-behavioural sexual consultancy on improving low sexual desire disorder in women in Isfahan and have shown that this consultancy is effective in improving women's sexual frigidity, and all its components including the behavioural, cognitive, emotional, and physical dimensions. Considering the studies that have been completed thus far, the present study aims at investigating the effectiveness of teaching cognitive behavioural couple therapy on marital stress and emotional skills of infidel couples in Shiraz.

To achieve this goal the following hypotheses are tested

- 1) Cognitive behavioural therapy has an effect on marital stress of infidel couples.
- 2) Cognitive behavioural therapy has an effect on emotional skills of infidel couples.

RESEARCH METHODOLOGY

Research design

A pre-test, post-test methodology with one control group and one experimental group is used to investigate the effectiveness of cognitive-behavioural couple therapy on marital stress and emotional skills of infidel couples in Shiraz. The statistical population of the study are all hurt couples who referred to psychological clinics in Shiraz. Forty couples were chosen purposefully from the statistical population and were randomly put in to two groups consisting of a control group and experimental group.

The research measuring tool

Stockholm marital stress scale (SMSS): This is a structured interview to measure marital stress which is designed by Orth Gomer, et al. [22] to research women with heart disease. Yet, it could also be used for research on men and other health disorders. The original scale has 17 items that are scored zero or one. The minimum scale score is 0 and maximum score is 27. The higher the score on this scale shows the higher stress in the relationship with partner. Orth Gomer et al. [22], through the use of associated scales, reported the internal consistency of this scale (Cronbach's alpha=0.77) and its construct validity satisfactory.

Toronto alexithymia scale: This is a 20-question questionnaire by Bagby, et al. that includes three subscales as difficulty in identifying feelings, difficulty in describing feelings, and objective thinking [23]. The scoring procedure is based on the Likert scale 5°, from strongly disagrees to strongly agree. The higher score in these subscales represents greater problems in expressing and identifying feelings. Toronto Alexithymia Scale psychometric features have been studied and approved in numerous studies. In the Persian version of this scale Cronbach's alpha for the total alexithymia is 0.85 and the three subscales are as follows, difficulty in identifying feelings 0.82, difficulty in describing feelings 0.75, and for objective thinking equals 0.72, which shows an acceptable internal consistency of the scale.

Cognitive behavioural couple therapy protocol

Table 1 shows 10 therapeutic sessions for cognitive behavioural couple therapy protocol.

Table 1 Cognitive behavioural couple therapy protocol (10 therapeutic sessions)

Session No.	Session details
First Session	Establishing good relationship with the couple, explaining the rules, objectives and number of sessions, individual and joint assessments, the implementation of the pre-test.
Second Session	Introducing treatment process, evaluate, and determine main objectives, identifying concerns and variables influencing couple's infidelity and focus on ways to increase love and affection.
Third Session	Emphasize and focus the adoption and use of problems to increase intimacy dimensions. Discuss awareness of the impact of cognitive errors on their partners' behaviour and relationship, scrutiny of negative patterns, reproach, and blame, threatening to leave the relationship, identify specific spouse's stressor factors in marital life.
Fourth Session	Teaching cognitive patterns to couples: focus on increasing couples' tolerance so that they finish their challenges sooner. Identifying couples' cognitive errors through Socratic question. Assignments at home.
Fifth Session	Identifying irrational thoughts and beliefs and challenging them as ways to challenge and ultimately change their thoughts.
Sixth Session	Make plans to do pleasant activities, express positive characteristics of each other, exchange behaviour, increase individual activities, teaching communication skills, active listening skills training, expressing certain behavioural expectations, doing homework.
Seventh Session	Stress management training, conflict resolution skills, train and practice problem-solving techniques, assertiveness training, and timing and planning to carry out activities, teach emotional skills.
Eighth Session	Emotional awareness training and its role in family life, teach ways of solving surmountable problems and provide training that helps couples to identify their style of starting dispute.
Ninth Session	Explain the effects of psychological factors on sexual function, teach sexual disorders briefly, teach how to increase emotional tolerance during marital interaction, ways of overcoming permanent and insurmountable problems.
Tenth Session	Summarize the previous subjects, assess the clients feedback to sessions and results, perform post-test and end of sessions.

Procedures of the study

Purposeful sampling and questionnaires including demographic characteristics along with cognitive-behavioural couple therapy protocol were used to gather required information.

The criteria for inclusion in the study are: Couples who do not have mental health problems and do not have any history of hospitalization, couples between ages 20 to 40, people who were married for at least 3 years, have a normal IQ, and have at least a diploma for both partners.

Exclusion criteria for this study are: Couples who are both or one of them less than 20 years of age or more than 40 years, couples who had previously divorced, unwillingness to cooperate on behalf of one or both partners, the prolonged absence due to illness or immigration, death or living with their parents.

The participants were chosen from those who referred to psychological clinics for their partner's infidelity. They were divided into two groups which were matched in terms of demographic characteristics, age, education, and social conditions, and then all patients were assessed via questionnaires. The subjects in the experimental group were treated with cognitive-behavioural couple therapy treatment protocol including 10 sessions of 90 min, twice a week. After completing classes, all participants completed the questionnaire again.

Data analysis

The data were analyzed via SPSS-22 software. Mean and variance were used to express the Descriptive statistics and the relevant hypothesis were analyzed through Box's *M* test and Levene's test. In addition, multivariate analysis of covariance (MANCOVA) was used to test the hypotheses.

Findings of the study

Following the data collection, they were both descriptively and inferentially analyzed via SPSS software. As it is shown in Table 2, the mean standard deviation of marital stress in pre-test in the experimental group are 51.85, 3.78 and for the control group are 52.30, 4.49 respectively. The mean standard deviation in post-test for experimental group are 41.10, 6.65 and for control group equal to 49.30 and 6.24, respectively.

Table 2 Mean and Standard deviation of marital stress for both experimental and control groups in pre-test and post-test

Variable	Level	Statistical Indicator with Group	Mean	Standard Deviation	Number of Participants
Marital Stress	Pre-test	Experimental	51.58	3.78	20
		Control	52.3	4.49	20
	Post-test	Experimental	41.1	6.65	20
		Control	49.3	6.24	20

Table 3 shows the mean standard deviation of emotional skill in both pre-test and post-test. In pre-test the mean and standard deviation of emotional skills for experimental group are 53.11 and 6.46, 3.78 and for the control group are 52.16, 5.79 respectively. The mean standard deviation in post-test for experimental group are 39.94, 10.06 and for control group equal to 52.46 and 10.58, respectively.

Table 3 Mean and Standard deviation of emotional skills for both experimental and control groups in pre-test and post-test

Variable	Level	Statistical Indicator with Group	Mean	Standard Deviation	Number of Participants
Emotional Skills	Pre-test	Experimental	53.11	6.46	20
		Control	52.16	5.79	20
	Post-test	Experimental	39.94	10.06	20
		Control	52.64	10.58	20

In order to use multivariate analysis of covariance (MANCOVA) for analyzing the research hypothesis, first, the statistical assumptions of homogeneity of variance and Box's *M* test for variables were performed and the results are shown in Table 4.

Table 4 Examining Levene's test and Box's *M* test

Variables	Levene's test			Box's <i>M</i> test		
	Degree of freedom	F-value	Significance Level	box	f	Significance Level
Marital Stress	1	1.087	0.143	20.33	0.76	0.29
Emotional Skills	1	0.654	0.876	12.33	0.65	0.54

In order to examine research hypothesis, multivariate analysis of covariance (MANCOVA) had been done on post-test mean scores while controlling the dependent variables (marital stress and emotional skill) as the results are indicated in Table 5. The significance level of MANCOVA test ($p \geq 0.001$) is less than significance level ($\alpha=0.05$). Thus, the cognitive-behavioural couple therapy has an effect on marital stress and emotional skill of infidel couples. In order to investigate whether which variables have significant differences in both groups, all variables were examined separately through one way univariate analysis of covariance.

Table 5 Multivariate analysis of covariance (MANCOVA)

Test	Value	F	df	P	Effect size
Pillai-M. S. Bartlett trace	0.564	9.835	38	0.001	0.655
Wilks' Lambda	0.356	9.835	38	0.001	0.655
Lawley-Hotelling trace	2.432	9.835	38	0.001	0.655
Roy's Largest Root	2.432	9.835	38	0.001	0.655

According to the results in Table 6, F value in marital stress post-test score is significant ($F=9.955$, $p<0.003$). Therefore cognitive-behavioural couple therapy is effective in reducing marital stress.

Table 6 Comparing post-test mean scores of experimental and control groups for marital stress variable

Variable	Sum of squares	df	Mean of squares	F value	Significance level	Effect size
Post-test score	37.771	1	37.771	0.576	0.453	0.015
Group	652.805	1	652.805	9.955	0.003	0.212
Error	2426.229	37	65.574	-	-	-

According to the results in Table 7, F value in emotional skill post-test score is significant ($F=20.959$, $p<0.001$). Therefore the second research hypothesis is confirmed. In other words, cognitive-behavioural couple therapy is effective in emotional skill.

Table 7 Comparing post-test mean scores of experimental and control groups for emotional skill variable

Variable	Sum of squares	df	Mean of squares	F value	Significance level	Effect size
Post-test score	64.707	1	64.707	1.119	0.299	0.037
Group	1211.47	1	1211.47	20.959	0.001	0.42
Error	1676.231	37	57.801	-	-	-

DISCUSSION AND CONCLUSION

The present study aimed at investigating the effectiveness of cognitive behavioural couple therapy on marital stress and emotional skills of infidel couples in Shiraz. To this end 40 participants divided into two groups of control and experimental were examined. Considering the results in Table 6, it shows that F value in marital stress post-test score is significant ($F=9.955$, $p<0.003$). Thus, cognitive-behavioural couple therapy is effective in reducing marital stress. This conclusion is in line with the results of Shariat, et al. [15], Dolagh, et al. [24], and Saemi [25] studies.

For further clarification on this conclusion it can be mentioned that a person's action is the result of permanent mutual interaction between his or her behaviour and social situations, and in this regard his or her cognitive function is also effective [1]. In cognitive-behavioural therapy, attempts are made to influence the conscious thought pattern of the patient in order to modify his or her thoughts and actions. This method can be troubleshooting for a number of couple therapy issues as well as clients who have problems with culture, current problems, sexual orientation, age, disability and other factors [2]. It is worth mentioning that the cognitive-behavioural approach to infidel and betrayed couples, who mostly have cognitive errors and irrational and destructive beliefs in their marital lives, enhanced couples' knowledge of attribution and irrational beliefs. In addition, through training sessions and homework assignments, this approach modifies the wrong beliefs and attribution. Modifying beliefs, unrealistic expectations, and false attribution of couples from each other reduces undue annoyance and increases understanding of positive aspects of each other's behaviour, which eventually leads to marital stress reduction. According to cognitive approach followers, some common mental errors can mislead our interpretation of reality and can display themselves in our mentalities through inappropriate behaviours. Therefore, the depth of intimacy between two people in their relationship depends on their ability to transfer thoughts, feelings, needs and demands clearly, correctly, and effectively. Cognitive-behavioural couple therapy can enhance communication skills such as verbal and nonverbal skills. The enhancement of communication skills increases positive self-confidence and reduces pessimism, which ultimately leads to the reduction of stress in married couples.

According to the results in Table 7, F value in emotional skill post-test is significant ($F=20.959$, $p<0.001$) so Cognitive-behavioural couple therapy is effective in emotional skill. The result of this test aligns with the results of Shariat et al. [15], Dolagh et al. [24], and Saemi [25].

The overall goal of cognitive-behavioural couple therapy is to increase self-awareness, facilitate better self-realization and improve self-control through proper development of cognitive skills and behaviour. Cognitive-behavioural therapy helps to recognize significantly negative thoughts and destructive beliefs, which are biased and self-criticizing. Self-regulatory processes, training, testing and replacing thoughts and believes with positive, balanced and practical cognitions, leads to acceptance of strengths and success. In addition, cognitive and behavioural deficiencies will be recognized, new cognitive problem solving skills and behaving methods will be learned, examined, evaluated and reinforced. Once fundamental unpleasant feelings are replaced by pleasant emotions, understanding and perception of their nature and act will increase, and eventually these new cognitive-behavioural skills result in more appropriate reaction to difficult situations. Cognitive-behavioural therapy is a structured and objective approach that guides the person through assessment, stating the problem, intervention, control, and evaluation. The goals of the intervention are clearly defined and are regularly inspected. Furthermore, the change and the measure of applying behaviour (frequency of inappropriate behaviour, belief in the power of destructive thoughts or level of concern) are emphasized. Regular monitoring and reviewing along with comparing current performances to base line provide a criterion for evaluating the progress.

Cognitive-behavioural therapy intervention focuses on the present and problems. These interventions are not to find Initial unconscious injury or cognitive-environmental, neuro-cognitive, or genetic damages; rather they try to create a new and more compromising way of world processing. The philosophy which is behind cognitive behavioural therapy is that thoughts and emotions play a fundamental role in behaviour. For example, someone who spent a lot of time thinking about plane crashes may gradually avoid travelling by plane. The goal of cognitive behaviour therapy is to teach patients that although they cannot control every aspect of the world around them, they can control how to interpret, explain and deal with things in their environment. Hence, it seems that reaching these findings were expected.

REFERENCES

- [1] Jahedi, S., et al. "Predicting the effect on self-esteem and happiness of children in family cohesion and flexibility of high school female students of Shiraz." *Journal of Medical Science* 18 (1392): 11.
- [2] Farahbakhsh, K., Shafiabadi, A., and Delavar, A. "Comparison of the effectiveness of marital counselling to Alice cognitive therapy, Glasser's reality therapy, and their combination in reducing marital conflicts." *Research and development consulting Magazine* 18.5 (1389): 33-57.
- [3] Rafiee, S., Hatami, A., and Foroughi, A. "Relationship between early maladaptive schema and attachment style in woman with infidelity." (2011): 21-36.
- [4] Hojatpanah, M., and Ranjbarkohan, Z. "The relationship between sexual satisfaction, marital satisfaction and life satisfaction of spouses." *Journal of landscape in Applied Psychology* 1 (1392): 56-63.
- [5] Kendall, Elizabeth, et al. "Occupational stress: Factors that contribute to its occurrence and effective management." *Centre for Human Services, Griffith University* (2000).
- [6] Ross, R., and Altmaier, E. "Job stress" *Tehran industrial management Institute publisher*. Translated by Khajepour Gh. 1385.
- [7] Vimz, B., and Pina, W. "The assessment of emotion regulation improving construct validity in research on psychopathology in youth." *Journal of Psychological Behavior Assessment* (2010): 10862-010.
- [8] Taylor, Graeme J., and Michael Bagby R. "An overview of the alexithymia construct." (2000).
- [9] Cordova, James V., Christina B. Gee, and Lisa Z. Warren. "Emotional skilfulness in marriage: Intimacy as a mediator of the relationship between emotional skilfulness and marital satisfaction." *Journal of Social and Clinical Psychology* 24.2 (2005): 218-235.
- [10] Goldman, Rhonda N., Leslie S. Greenberg, and Lynne Angus. "The effects of adding emotion-focused interventions to the client-centered relationship conditions in the treatment of depression." *Psychotherapy Research* 16.5 (2006): 537-549.
- [11] Dattilio, Frank M. "Introduction to the special section: The role of cognitive-behavioral interventions in couple and family therapy." *Journal of marital and family therapy* 31.1 (2005): 7-13.
- [12] Chang, Sarah L. *Family background and marital satisfaction of newlyweds: Generational transmission of relationship interaction patterns*. California State University, Fullerton, 2008.
- [13] Stallard, P. "Cognitive behavioural therapy with children and adolescents. Tehran Central Library and documentation centre of Allameh Tabatabai University." Translated by Alizadeh, H., Rouhi, A., Goudarzi, A. 1389.
- [14] Baucom, Donald H., et al. "Cognitive-behavioral couple therapy." *Handbook of cognitive-behavioral therapies* (2010): 411.
- [15] Shariat A, et al. "Meta-analysis of the effectiveness of couple therapy on marital satisfaction." *Journal of Women and Family Studies* 3.1 (1394): 93-109.
- [16] Amari, S., Amini, N., and Rahmani, M. "The effectiveness of cognitive-behavioural couple therapy on enhancement of marital divorce: from the second national conference and the first International Conference of New preceding studies in the humanities." *Tehran*. 1394.
- [17] Granholm, Eric, et al. "A randomized, controlled trial of cognitive behavioral social skills training for middle-aged and older outpatients with chronic schizophrenia." *American Journal of Psychiatry* 162.3 (2005): 520-529.
- [18] Greenberg, Jennifer L., Suraj Sarvode Mothi, and Sabine Wilhelm. "Cognitive-behavioral therapy for body dysmorphic disorder by proxy." *Behavior Therapy* 47.4 (2016): 515-526.
- [19] Corsini-Munt, Serena, et al. "Feasibility and preliminary effectiveness of a novel cognitive-behavioral couple therapy for provoked vestibulodynia: A pilot study." *The journal of sexual medicine* 11.10 (2014): 2515-2527.
- [20] Blount, Tabatha H., Alan L. Peterson, and Candice M. Monson. "A case study of cognitive-behavioral conjoint therapy for combat-related PTSD in a same-sex military couple." *Cognitive and Behavioral Practice* (2016).
- [21] Eshghi, R., et al. "Evaluating the effectiveness of cognitive behavioural consultation on improving women's low sexual desire disorder in Isfahan." *Consulting Researches Journal* 53.14 (1394): 111-130.

- [22] Orth-Gomer, Kristina, et al. "Marital stress worsens prognosis in women with coronary heart disease: The Stockholm Female Coronary Risk Study." *JAMA* 284.23 (2000): 3008-3014.
- [23] Bagby, R. Michael, James D. A. Parker, and Graeme, J. Taylor. "The twenty-item Toronto Alexithymia Scale-I. Item selection and cross-validation of the factor structure." *Journal of psychosomatic research* 38.1 (1994): 23-32.
- [24] Dolagh, A., Narimani, M., et al. "The effectiveness of cognitive-behavioural therapy to improve family functioning couple divorced spouses." *Wellness breeze Quarterly* 2.1(1392).
- [25] Saemi, H. "The effectiveness of cognitive behavior family therapy on marital satisfaction. [Ph.D. dissertation]" *University of Allameh Tabatabai*, Tehran, Iran (1384).