



Effectiveness of Affective-Reconstructive Couple Therapy on Marital Conventionalization and Global Distress

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Abstract

Background: This study aimed to investigate the effectiveness of couple therapy based on affective reconstruction, which is one of the special approaches in couple therapy, on marital conventionalization and global distress.

Methods: The design of the present study was quasi-experimental and pre-test-post-test with a control group. The statistical population of the present study was all couples aged 25 to 45 years in district 3 of Tehran who had been referred to Siavoshan and Avaei Daroon counseling centers. 16 couples aged 25 to 45 years in two groups were selected by purposive sampling. All couples in the experimental (n=8) and control (n=8) groups completed the Snyder (1979) married satisfaction questionnaire. The intervention was performed in the form of 15 sessions (1 hour per week) and then in the last post-test session of the subjects. After execution and data collection, data were analyzed by MANCOVA multivariate analysis of covariance using SPSSV19 software.

Results: The results showed that couple therapy based on affective reconstructive approach had a significant effect on marital conventionalization and global distress ($\eta=0.456$, $F=2.27$ (27,2), $Pvalue<0.001$). Also, the results showed that couple therapy based on emotional reconstruction on marital conventionalization ($\eta_2=0.326$, $F=1.286$ (28,1), $Pvalue<0.001$) and global distress had a significant effect ($\eta_2=0.268$, $F=10.267$ (28,1), $Pvalue<0.003$).

Conclusions: Therefore, educating psychotherapy programs based on affective reconstructive approach and such methods to psychologists, health professionals, couple therapists, and family counselors to improve marital conventionalization and global distress can be effective.

Keywords: Couple therapy, Affective-reconstructive, Marital conventionalization, Global distress.

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Introduction

In the past half-century, cultural change has profoundly altered the expectations and experiences of individuals who marry and enter into long-term committed relationships.¹ Changes in the marriage law, a more accepting view of sexual experience, and a shift in the social, political, and economic role of women's empowerment in close relationship needs have brought about many changes. The change in the marital relationship has changed from separation due to death to one due to divorce as the first terminator of marriage.² Hence, with

such changes, the importance of marital health and other committed relationships has increased significantly. The breakdown of intimate relationships, whether due to divorce or acute conflict and turmoil, is costly, and recurrent arguments and tension between couples are associated with a wide variety of problems in both children and adults.³ More about this source text is required for additional translation information.

Thus, the need for familiarity with couple therapy and various and newer methods becomes apparent. Researchers predicting the future of psychotherapists' methods in psychotherapy have concluded that couple therapy is a form of therapy that is likely to grow the most in the next two decades and adapts to the individual, family, and group therapies. One of the most notable findings is that a few commentators were therapeutic couples.⁴ Researchers believe that there are four periods in the history of couple therapy. The first period of marital counseling without a definite theory (1963-1930), the second period of psychoanalytic experience (1966-1931), the third period of family therapy integration (1985-1963), and the fourth period of refinement, expansion, diversity, and integration (1993 onwards). According to these researchers, the fourth period was the emergence of integrated, non-traditional methods and the initiation of new types of psychotherapy for couples such as integrated behavioral couple therapy (IBCT), vision-oriented couple therapy (IOMT), and emotional couple therapy (EFT).⁴

As the research evidence of perturbations in relationships is the most extensive of all the therapies in the third period, traditional behavioral couple therapy (TBCT) belongs to this category.⁵ Numerous studies have highlighted the unparalleled success of this method. For example, it has been effective in increasing the marital happiness of dissatisfied couples,⁶ in the treatment of anxious couples,⁷ and in changing positive behavior through communication skills and conflict resolution of partnerships.⁵

Approximately a third of the couples returned to normal functioning, according to research conducted in 1984. An additional third of couples left the marriage the following year after experiencing turmoil.⁸ Thus, the results showed that traditional behavioral couple therapy does not have a long-term effect as differences recur after a while.⁹ Eventually, some other researchers found the lack of this method and similar methods in the absence of attention to emotional acceptance and called it an absence of connection regard to developmental

experiences reduces emotional intimacy.⁸ In other words, this implies that couples who have a troubled relationship, in addition to inconsistent behaviors and cognition, have a lot of strong emotions and, consequently, negative responses. It can exacerbate and play a role in a lack of communication conflicts in behavior coupled with emotional problems of at least one person can both make it worse and play a role in it.⁵

Divorce and the breakup of a family are not only personal injuries, but they are also social injuries in their strictest sense. Divorce has consequences that have long been considered a social issue.¹⁰ Recent studies have shown that people who experience marital turmoil are the highest number of applicants for mental health services, even if they did not first cite it as a reason for referral.¹¹ Researchers have also discovered a strong link between couples' distress and physical, mental, and psychiatric problems over the past decade. They found that marital distress was associated with a wide range of substance abuse disorders, mood disorders, anxiety disorders, and a small class of specific mental conditions other than a panic disorder.¹² The relationship between individual mental disorders and communication disorders is cyclical, and each has a different beginning. There is a lot of evidence on the influence of physical factors in this regard. The relationship between marital turmoil and individual disorders such as depression and anxiety has been well established in the last decade. Findings show that the effect of couple therapy on some disorders is prominent.¹³

Therefore, couples therapists have to deal with many current topics, family and couple structures, individual pathologies, and stressors that require different levels of behavioral and emotional preparation that can disrupt interpersonal exchanges and create new habits.

In the fourth period, emotion-oriented couple therapy (EFT) is the first approach that, after the dominance of behavioral couple therapy and the withdrawal of psychoanalytic couples and humanistic approaches, recognized emotion as the primary organizer of intimate communication experiences. Instead of rational negotiation, he emphasized the basis of committed adult communication methods.⁸ Research on the fourth period of coupling therapy focuses on these questions. 1) Are dominant couple therapy models (behavioral, emotion-centered, and insight-based, such as emotional reconstruction-based (ARCT)) beneficial for communication problems? 2) How effective is couple therapy? 3) How long do the changes last? In general, research for these three dominant approaches found impact measures of "moderate" (0.10) to "very high" (0.50), which showed a majority of "high" (0.80). Findings mean that approximately 60 to 75% of couples recovered.⁵ But results in another study show that in only 50% of couples treated, both reported significant improvements in marital satisfaction and that 30 to 60 percent showed considerable damage only two years after treatment was completed.¹⁴

This approach goes back to the psychodynamic couple therapy of the 1960s but emphasizes deep communication preparations and themes, not driver instincts and divergences.¹⁵ This study attempts to evaluate and compare the effectiveness of the new couple therapy, which emphasizes emotional

contexts, reducing social mysticism and global distress, while also determining their impact on women and men individually. Because both approaches belong to the last period of development of couple therapy, that is, the period of specialization and refinement of couple therapy methods.⁸ Some research has been done on the effectiveness of these two methods separately.^{16,17} However, a study comparing the efficacy of these two methods has recently emerged as two effective methods in couple therapy. However, no study has been conducted in the country to compare the effectiveness of these two methods, which have recently established themselves as two effective methods in couple therapy.¹⁸

Thus, the present study investigates the effectiveness of couple therapy based on emotional reconstruction on social mysticism and all-encompassing turmoil, factors that are central elements in couples' relationships. Couple therapy based on reconstructing emotional experiences, which is a group of insight-based couple therapies, is an approach that aims to discover the origins of problems in interpersonal relationships and how they manifest in relationships.¹⁹ In this approach, he reconstructs the strategies used for emotional satisfaction and anxiety prevention by focusing on identifying the role of each individual in the continuation of interpersonal conflicts in the relationship and examining their coping styles during different past relationships. In addition, adaptive strategies that have been critical in previous relationships but which in the current relationship distort or lead to inappropriate strategies for achieving emotional intimacy and satisfaction are discussed and how this is done.⁸

Therefore, emotional reconstruction is one of the most crucial parts that deserve attention in couple therapy. The couple therapy approach builds on the concept of affective reconstruction, which recognizes marital problems stem from the wounds left by previous relationships, which lead to defensive measures, and these measures prevent intimacy. The purpose of this approach is to interpret persistent maladaptive communication patterns based on a history of developmental experiences. It is worth noting that this approach is a return to the psychoanalytic couple therapy of the 1960s and emphasizes deep communication preparations and themes.²⁰ Considering the information presented above on the different approaches to couples' therapy and how each method can reconstruct couples' emotions and reduce global distress between them, the present study aimed to investigate the effectiveness of affective-reconstructive couple therapy on marital conventionalization and global distress.

Materials and Methods

The method of this research was applied in terms of purpose. And in terms of data collection and survey information was quasi-experimental, pre-test-post-test, and follow-up with the control group. The statistical population of the present study consisted of couples referring to Siavoshan and Avaei Daroon counseling centers in district 6 of Tehran. The sampling method of this study was purposeful. The sample size was 16 people (8 pairs), by two groups of 8 people (experimental group n=8 and control group n=8). The scheme is such that the subjects in the sample group were assigned to separate groups. Inclusion criteria were at least two and at most

ten years of married life, the age range of couples was 25-45 years, diploma and bachelor's degree, first marriage, without a definite intention to divorce, had a minimum average income. Exclusion criteria were the absence of more than three sessions, failure to do serious homework during couple therapy, and the occurrence of unforeseen events (such as illness, death, etc.) and expressing unwillingness to cooperate, using similar psychological interventions with the two approaches. This research as well as being under medication. Finally, after one month, a questionnaire was administered to both groups.

In collecting the required data in the first stage, both groups were pre-tested, including the marriage satisfaction-revised questionnaire. Subsequently, the counseling training group was assigned to 15 sessions of 60 minutes by emotional reconstruction couple therapy. The control group in this study received their psychological treatment process differently from the two approaches studied in this study. The married satisfaction questionnaire was administered again to both the control and experimental groups after the experiment period. Approches in the table 1 applied in this study. After one month, the questionnaire was distributed to both groups as a follow-up test. MANCOVA was used to evaluate the effectiveness of couple therapy based on emotional reconstruction on marital mysticism and global distress (analysis of covariance).

For analysis of covariance and repeated measurements,

Table 1. Couple therapy protocol based on emotional reconstruction for couples

Meeting levels	Activities
Level 1: Concluding a joint treatment agreement (Session 1)	At this level, familiarity with couples, familiarity with the rules, agreeing on the time, number, and duration of sessions, examining the couple's expectations and goals of treatment sessions, initial assessment of the nature of the problem and the type of relationship, creating a couple-therapist therapy alliance, drawing up a treatment plan, and Treatment strategies discussed.
Level 2: Prevention of severe communication crises (Session 2)	At this level, continuing to assess the problem, reviewing the client's history, reviewing the history of the issue presented, reviewing pre-test findings, addressing conflict sources, and adopting methods for resolving severe crises before continuing treatment follow.
Level 3: Enabling couple relationships (Session 3)	At this level, in the form of a session, increasing positive interactions in the relationship, defining boundaries and hierarchy in the family, separating marital life tasks, and focusing on current ways to reduce stress discussed.
Level 4: Improving appropriate communication skills (Sessions 4 to 7)	On this level, Session 4 identifies communication problems, enhances appropriate communication skills, and identifies and develops appropriate conflict resolution techniques. A fifth and sixth session focuses on selecting and training solutions; a seventh and eighth session helps us reflect feelings and beliefs onto our partners.
Level 5: Challenge with effective cognitive components in the relationship (Sessions 8 to 11)	At this level in session 8, discuss the dysfunctional cognitive patterns involved in problems, identify interpretations and logical errors affecting the relationship. In Session 9, the effect of cognitive problems and errors on relationship disorder, targeting resistances in the treatment process according to mental processes. During session 10, the couple will become more accepting of new interactions, and during session 11, strategies for solving the couple's cognitive errors, and a diagnosis will be outlined.
Level 6: Investigating the Effective developmental roots in a chaotic relationship (Sessions 12 to 15)	At this level, in session 12, to examine the different developmental stages of each couple, to examine the injuries caused by previous relationships that hinder emotional intimacy. Identifying maladaptive communication patterns, identifying communication injuries resulting from the evolution of interpretations and cognitive-developmental errors, and identifying defense strategies related to injuries in Session 13. Session 14 emphasizes the emotions and feelings of the victim, facilitates the expression of needs and emotional desires, and Session 15 focuses on increasing couples' perceptions of their own emotions and the other on negative interaction patterns, increasing the level of insight.

Results

Table 2 shows that the highest frequency of those within the 36 to 40 age group is 18, representing 37.5%. The lowest frequency belongs to the class of 25 to 30 years with a frequency of 5 people equal to 10.4%. The highest frequency occurred in the bachelor class at a frequency of 29 percent to 60.4. There were only 19 respondents in the diploma education category, the lowest frequency.

As can be seen in table 2, the level of significance obtained in the Kolmogorov-Smirnov test marital conventionalization

several assumptions must be met, including the assumption of normal distribution, that variables are linearly related, and that variance and slope are homogeneous. This examination was performed before any analysis of each assumption was performed. In this study, we used SPSS24 to eliminate calculation errors.

Marriage satisfaction questionnaire (Revised 1997): This test is called the marriage satisfaction questionnaire, developed by Douglas Schneider in English. The main version of this test has 280 sentences that the subjects answer yes or no to them. The scales of this test include eleven items, which are conventionalization, global distress, effective communication, problem-solving communication, time together, disagreement about finance, sexual dissatisfaction, role orientation, a history of family distress, dissatisfaction with children, and conflict over children. Subjects specify their answers as yes or no in the relevant question. The scores of this test are one and zero, which indicate yes and no answers, respectively. Negy and Schneider (1979) calculated the validity of this test as 0.95.²¹ Cronbach's alpha coefficient related to reliability in retests of different MSI scales in Schneider research was 0.92. Negy and Schneider (1979) also calculated the internal correlation of different scales to test the validity of this test, which ranged from 0.01 to 0.81.²¹ Tabrizi (2007) determined the validity of this scale by Cronbach's alpha coefficient 0.95.²²

and global distress are statistically significant than 0.05 (Pvalue<0.05). In other words, the distribution of none of the data sets in this table deviates significantly from the normal distribution.

As can be seen in table 3, couple therapy based on affective-reconstruction has a significant effect on marital conventionalization and global distress ($\eta=0.456$, $F=11.3$ (27.2), $Pvalue<0.001$). The effect size for the source of group changes was 0.456, which is a high value and shows that the independent variables, which is the couple therapy based on effective-

reconstruction, had a significant effect on marital conventionalization and global distress of couples.

The results reported in table 4 show that between the scores of marital conventionalization ($\eta^2=0.326$, $F=13.566$ (1,28), $Pvalue<0.001$) and global distress confusion ($\eta^2=0.268$, $F=10.267$ (28,1), $Pvalue<0.003$) has a significant effect.

Table 5 shows that there is an average difference of 2.323 points between the marital conventionalization scores of the

experimental group and the control group, which is significant at the level of $Pvalue<0.001$. The experimental group scored higher than the control group due to this difference. However, based on the mean differences between experimental and control groups, there is a significant difference of 2.105 points between the scores of global distress in the experimental and control groups, with a significant level less than 0.003. Thus, the experiment's global distress scores are lower than those of the control group.

Table 2. Descriptive indices and evaluation of normal distribution based on the Kolmogorov-Smirnov test

Variable	Groups	Statistical index	Mean±SD	Pvalue
Marital conventionalization	Pre-test	Experimental	4.38±1.54	0.200
		Control	4.13±1.26	0.200
	Post-test	Experimental	6.69±1.82	0.200
		Control	4.38±1.67	0.128
Global distress	Pre-test	Experimental	7.56±2.28	0.200
		Control	7.44±1.97	0.200
	Post-test	Experimental	5.56±2.42	0.200
		Control	7.56±2.25	0.200

Table 3. Results of multivariate analysis of covariance of the effectiveness of couple therapy based on affective- reconstruction of marital conventionalization and global distress

Source of change	Wilks's lambda distribution	F	Df1	DF2	Pvalue	eta
Marital conventionalization	0.969	0.438	2	27	0.650	0.031
Global distress	0.555	10.83	2	27	0.000	0.445
Group	0.544	11.314	2	27	0.000	0.456

Table 4. Results of covariance analysis of the effectiveness of couple therapy based on affective- reconstruction of marital Conventionalization and global distress

Source of change	variables	SS	df	MS	F	Pvalue	eta
Groups	Marital conventionalization	39.549	1	39.549	13.566	0.001	0.326
	Global distress	35.121	1	35.121			
Error	Marital conventionalization	2.915	28	81.628	10.267	0.003	0.268
	Global distress	3.421	28	95.783			

Table 5. Modified means and the Bonferroni post hoc test results

Variables	Experiment	Control	M	SD	Pvalue
Marital conventionalization	6.648	4.414	2.234	0.606	0.001
Global distress	5.51	7.615	-2.105	0.657	0.003

Discussion

This study aimed to evaluate the effectiveness of couple therapy based on marital conventionalization and global distress. The results showed that the mean scores of the post-test of marital conventionalization and global distress confusion in the experimental group and the control group were different.

These results are indirectly in line with the results of Soleimani et al.¹⁶ and Rajabi et al.¹⁷ These results are accounted for by the fact that there are various techniques employed in marriage counseling based on marital conventionalization and global distress. The methods include several strategies that help the couple become more aware of each other, grow personally through emotional reprocessing to gain insight, lead to behavioral and cognitive changes towards each other, and help the couple overcome destructive conflicts.⁸

The results showed a significant difference between the two groups in both indicators, marital conventionalization, and

global distress. This finding is consistent with the results of previous researches.^{8,19} Traditional or marital conventionalization is a person's desire to show a marital relationship in the context of social conditions. This construct refers to an essential aspect of the quality of the couple's relationship and is known as a measure of marital satisfaction.¹⁹ Therefore, with couple therapy based on emotional reconstruction in this study, they developed some of these structures, and the couples in the experimental group reported better results. Satisfaction with traditional customs that spouses experience in marriage seems to be one of the most vital aspects of married life.¹²

Nevertheless, marital conflict and divorce not only destroy marriages but also disrupt society at large. Divorce has consequences that have long been considered a social issue. Nowadays, the effects of divorce have become more widespread and complex, and as a result, divorce has increased the social harms associated with it.²³ Recent studies have shown that people who experience marital turmoil have the

highest number of mental health applicants, even if they did not initially cite it as a reason. Research in the last ten years has also yielded significant results on the strong association between marital distress and physical and psychological problems.¹² On the other hand, the results of some other studies on couple therapy indicated that couples receiving treatment received better outcomes than 80% of those who did not receive any treatment. Couples therapy seems to be comparable to individual therapies and significantly better than control groups who did not receive treatment, a finding that was consistent with the results of this study.¹³

Explaining that mental health and emotional problems cause and aggravate marital conflict, marital conventionalization, and global distress in couples' relationships. Additionally, couple therapists face different dimensions of the problem, and couple therapies focus on emotions and behaviors which are different from an individual's feelings and behaviors. Cognitive-behavioral marital therapy increases the rate of improvement.¹⁴ In fact, in this approach, both acceptance techniques and change techniques facilitate change in a mutual way.²⁴ Therefore, considering the nature of emotional therapy based on affective-reconstructive, regarded as one of the insightful couple therapies, its purpose is to discover the origins of global distress problems and disturbances in interpersonal relationships and how they manifest in relationships.^{25,26} In addition, this approach explores the strategies used for affective satisfaction and anxiety prevention (as some hallmarks of traditional mysticism) by focusing on identifying each individual's role in the continuation of interpersonal conflicts in the relationship and examining their coping styles throughout the rebuilt various past's relationship.⁸

Couple therapy based on affective reconstruction is a pluralistic approach in which the evolutionary origins of problems and global distress in interpersonal relationships and how they manifest in the couple's relationship are explored. This method increases insight in people. In this way, the affective-reconstruction of the damage caused by previous relationships and the current relationship causes interpersonal injuries with stability and defense strategies that hinder intimate relationships. Based on the results of this study, we can conclude that couples who have experienced global distress and emotional problems benefit from couple therapy that reconstitutes emotions. It seems natural that an intervention such as the present study, which reconstructs the couple's emotions, would take steps towards their complete confusion and help improve marital satisfaction in the form of traditional customary.

On the other hand, like other researches, this research has some limitations. The first limitation of the present study is related to the spatial and temporal realm of the study. This study focused on couples aged 25 to 45 years in Tehran, so the generalization of the results to other partners or other groups in other parts of Iran should proceed with caution. Second, it is not clear how the results obtained through tools (questionnaires) relate to individuals' behaviors in everyday life. The result is that it is unclear whether the couples in the experimental group who participated in the therapy sessions based on an effective reconstructive approach could behave

thereby, and how legitimate and credible the evaluation tool was. Other limitations of this study were the small sample size and sample selection from a specific geographical area (two family clinics in Tehran). There are geographical, economic, cultural, and social differences between different regions of the country. Furthermore, the existence of uncontrollable variables, such as financial status, should be considered. The limitations of daily life behaviors suggest that they might significantly affect marital conventionalization and global distress scores. It is not yet clear whether the high scores in these studies will be effective in a couple of therapy programs based on the effective reconstructive approach. Researchers are also encouraged to design studies in the future that use this approach (affective reconstructive approach-based couple therapy) to overcome other variables involved in couples' comprehensive disturbances and to evaluate the effectiveness of this treatment on them.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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