



Original Article

Comparing the effectiveness of Integrative Behavioral Couple Therapy (IBCT) and Affective Reconstructive Couple Therapy (ARCT) on couples' marital conventionalization and global distress

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Abstract

Introduction: In recent years, researchers have attempted to assess the effectiveness of couple therapies. This research aimed to evaluate the Integrative Behavioral Couple Therapy (IBCT) and Affective Reconstructive Couple Therapy (ARCT) as treatments for marital conventionalization and global distress.

Materials and Methods: The statistical population of the present study consisted of couples referring to counseling centers in district 3 of Tehran in 2017. The sampling method of this study was purposeful. Twenty-four couples divided into two experimental groups and one control group. They completed Marriage Satisfaction Questionnaire-Revised Snyder (1979). The experimental groups received 12 ninety-minute sessions of IBCT or ARCT, whereas the control group received no interventions. Data analyzed through MANCOVA test with repeated measures, and SPSS software version 24.

Results: The findings indicated that integrative behavior therapy significantly affected marital conventionalization and global distress ($F= 23.361, P < 0.001$). Also, affective reconstructive couple therapy had significant effects on marital conventionalization ($F= 13.566, P < 0.001$) and global distress ($F= 10.267, P < 0.003$). In addition, both therapies have been effective one-month follow-ups.

Conclusion: The study found that integrative behavioral couple therapy and affective reconstructive couple therapy are effective to increase marital conventionalization and reduce global distress. Teaching integrative behavior couple therapy and affective reconstructive couple therapy can be effective for psychologists, health professionals, couple therapists, and family counselors to improve marital satisfaction.

Keywords: Couple therapy, Distress, Integrative behavior therapy, Marital conventionalization

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Introduction

People's health and wellbeing significantly depend upon their intimate relationships (1,2). A satisfying romantic relationship can provide

individuals with happiness and social support, along with buffering the repercussions of multiple stressors (2). Conversely, disappointed and stressed adults involved in these

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relationships are more likely to suffer from physical or psychological problems (3). A couple of therapist deals with various topics, family and couple structure, individual pathology, and stressors, and must employ different counseling and counseling interventions to prevent the disruption of interpersonal relations into distorted habits (4). Therefore, in couple's therapy, emphasis was placed on approaches where emotions played an equal role as the initiators and the continuation of problems. There was a shift from psychoanalysis and humanistic approaches to Behavioral Couple Therapy (BCT), identifying emotion as the primary organizing force behind intimate communications focused on emotional bonds instead of contractual obligations. The emotional strategy placed less emphasis on the logical mind and more on communicating with committed adults (5).

Research on the fourth period of couple therapy has focused on these questions. 1) Are dominant couple therapy patterns (behavioral, emotion-centered, and insight-based, such as Affective Reconstructive Couple Therapy (ARCT) beneficial for communication problems? and 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 achieved recovery (5,6). However, a second study found that only half of the treated couples experienced significant improvements in marital satisfaction, and 30 to 60 percent showed significant damage even two years after treatment (7). Finally, researchers compared the effectiveness of BCT and ARCT approaches four years after completing the intervention. Findings showed that 38% of couples treated with BCT were divorced, but with the other technique, only 3%. (8). Thus, there is a need for further research in these areas. The two approaches of Integrative Behavior Therapy (IBT) and ARCT selected in this study are also the product of the fourth period of couple therapy development (9). Many problems arose from unsolvable differences, but couples endured them in the early stages of the partnership. However, these differences became a source of dissatisfaction, the polarization of the relationship, and the

emergence of hostile attitudes. ARCT seeks to increase emotional tolerance and acceptance of different perspectives rather than resolve conflict through emotional tolerance (10). In this study, the authors examine and compare two new methods of couple's therapy, both of which employ couple therapy, able to reduce couples' marital conventionalization and global distress (5,9). Some studies have studied the two methods separately (11,12). Despite their effectiveness, these two methods have not been evaluated together, despite recently emerging as effective methods in couple therapy (9,13,14). In both approaches, emotions play a central role in the treatment of marital problems, but from two different perspectives; increasing mutual acceptance in the current relationship in IBT derived from behavioral thinking and reducing the role of maladaptive emotions from previous relationships and childhood development in ARCT derived from a dynamic perspective.

On the other hand, IBT with integrated methods and ARCT with pluralistic methods with the broadest theoretical orientation is related to moving away from mono-school approaches to increase the effectiveness and efficiency of couple therapy in the latest period of couple therapy.

Therefore, we examined these two approaches and, if they are more effective methods, will provide appropriate tools for behavioral science experts, including psychologists, psychiatrists, counselors, and couples' therapists. This present study investigated the effectiveness of Affective Reconstructive Couple Therapy (ARCT) and Integrative Behavior Therapy (IBT) on couples' marital conventionalization and global distress, which are crucial aspects of couples' relationships.

Materials and Methods

The statistical population of the present study consisted of couples referring to Siavoshan and Avaye Daroon in district 3 of Tehran in 2017. The sampling method of this study was purposeful. The number of samples was determined based on the previous studies, which used the same approaches (5,15). The sample size was 24 couples divided into two experimental groups and one control group (each group contained 8 couples). In this study, inclusion criteria included having 2-10 years of married life, aged 25-45 years, having diploma and bachelor's degree, first marriage without a

definite intention to divorce, and having a minimum average income. Exclusion criteria included absence of more than three sessions, failure to do homework during couple therapy, and the occurrence of unforeseen events (such as illness, death, etc.) and expressing unwillingness to cooperate, and using similar psychological interventions with the two approaches. The samples were taken from among the couples referring to Siavoshan center and Avaye Daroon centers in region 3 of Tehran, only those who met entry criteria. During a session at the Siavoshan Center, couples completed the marital satisfaction questionnaire, then, they were divided into two experimental and one control groups. Following this, the experimental groups trained through 15 ninety-minute sessions. The first author conducted all the treatment sessions of IBT (16) and ARCT (7) in Siavoshan center. The control group received a psychological treatment process that was quite different. After one month, the questionnaire was distributed to all groups as a follow-up test.

Research instruments

A) Snyder Marriage Satisfaction Questionnaire: This test is called the marriage satisfaction questionnaire, developed by Douglas Snyder in English language. 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 as follows: Conventionalization, global distress, affective 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. Snyder (1979) calculated the validity of this test as 0.95 (17). The validity of the Marriage Satisfaction Questionnaire (MSI), calculated using Cronbach's alpha coefficient method. The value of which was equal to 0.95, which indicates the good validity of this test (18).

Table 1. The summary of affective reconstructive couple therapy and integrative behavior therapy

Sessions	Affective reconstructive couple therapy	Integrative behavior therapy
1	Concluding a joint treatment contract	The therapist meets with both partners, summarizes demographic information, and assesses the current problems from a couple of therapy perspectives.
2	Prevention of severe communication crises	Explain treatment principles, describe the treatment structure, and get a history of positive communication points.
3	Enabling couple interaction	Meet with couples individually, evaluate each other's view of the current problem, evaluate each person's background
4	Identify communication problems, increase appropriate communication skills	Assess the main issues of couple interaction, gathering information about violence, current emotional relationship, or any other guide to the couple's inappropriateness for joint meetings, functional behavioral analysis, i.e. identifying problematic behavior and its motivations
5	Select, train and implement solutions	Discuss interactive patterns, interventions to prevent, interrupt, redirect, or limit problematic interactions
6	Identify feelings and beliefs, reflect feelings and beliefs to your partner	Identify primary emotions, reveal emotions, play a role in expressing emotions
7	Concluding executive communication contracts	Focus on emotions rather than thoughts, empathize with each other's emotions
8	Focus on dysfunctional cognitive patterns involved in problems, identify interpretations and cognitive errors affecting the relationship	Helping couples to better understand and accept each other, participatory planning to make the necessary changes in order to improve the quality of communication, understanding destructive patterns, increasing tolerance of differences and self-care
9	Targeting resistances in the treatment process according to cognitive processes	Communication training includes listening and speaking skills, identify enjoyable activities that each couple can do for the other, teaching problem-solving strategies
10	Increase acceptance of new interactive answers	Tolerance interventions, tasks such as practicing negative behaviors and self-care
11	Choosing an intervention strategy appropriate to the cognitive errors and mistakes	Interventions based on creating and increasing emotional acceptance, Emotional acceptance
12	Investigation of different developmental stages of each couple	Allied withdrawal: calling the problem "it" instead of "you"; as creating a third-person perspective on the issue, increase control and tolerance for differences
13	Identifying communication damage resulting from the evolutionary stages of interpretations and cognitive-developmental errors	Empathetic bond; each couple reveals their emotional sensitivities and supports their partner during these revelations
14	Emphasis on damaged emotions and feelings, facilitating the expression of emotional needs and wants	Discuss, discuss and summarize the couple's progress
15	Increase couples' perception of their emotions and the other in negative interactive patterns, increase insight levels	Identify obstacles and challenges the project may encounter

MANCOVA was used to evaluate the effectiveness of couple therapy based on emotional reconstruction on couples' marital conventionalization and global distress (analysis of covariance). For analysis of covariance and repeated measurements, several assumptions must be met, including the assumption of normal distribution, that variables are linearly related, and that variance and slope are homogeneous. Therefore, this examination was performed before any analysis of each assumption was performed. In this study, we used SPSS 24 to data analysis.

Results

In demographic characteristics, 48 individuals aged 36-40 years were participated. The major part of the couples had M.Sc. grade (60.4%). Table 2 presents the mean, standard deviation, the lowest, and the highest observed scores of the couples' conventionalization and global distress at three measurement stages (pre-test, post-test, and follow-up). Table 3 presents the results of covariance analysis of IBT and ARCT on couples marital conventionalization and global distress.

Table 2. Description of variables scores by group

Group		Indicators	Pre-test	Post-test	Follow-up
Marital conventionalization	IBT	Mean	4.38	8.31	7.13
		The standard deviation	1.408	1.493	1.310
		The lowest	2	5	4
		The highest	7	10	9
		Mean	4.38	6.69	5.31
		The standard deviation	1.544	1.815	1.702
	ARCT	The lowest	2	4	2
		The highest	7	10	8
		Mean	4.13	4.38	4.56
		The standard deviation	1.258	1.668	1.263
		The lowest	2	2	3
		The highest	6	8	7
Global distress	Control	Mean	7.88	3.81	3.94
		The standard deviation	1.544	1.167	1.063
		The lowest	4	2	2
		The highest	10	6	6
		Mean	7.56	5.56	5.38
		The standard deviation	2.279	2.421	2.062
	IBT	The lowest	4	2	2
		The highest	12	10	8
		Mean	7.44	7.56	7.44
		The standard deviation	1.965	2.250	1.711
		The lowest	4	4	4
		The highest	11	11	10

Table 3. Results of covariance analysis of IBT and ARCT on couples marital conventionalization and global distress

Sources change	SS	DF	MS	F	P	Eta
Pre-test	63.781	1	63.781	23.283	0.001	0.346
Group	127.991	2	63.995	23.361	0.001	0.515
Error	120.532	44	2.739			
Pre-test	1.967	1	1.967	0.706	0.405	0.016
Group	122.078	2	61.039	21.896	0.001	0.499
Error	122.658	44	2.788			

The results reported in Table 3 showed that there was a significant difference between the global distress scores ($F_{2,44} = 23.361, P < 0.001$) and the couple's marital conventionalization scores ($F_{2,4} = 21.896$ and

$P < 0.001$) of the groups in the post-test. It means that both therapies were effective on couples' marital conventionalization and global distress.

Table 4. Modified averages and Tukey global distress post hoc test

Group 1	Group 2	M1	M2	MS	MD	Error	P
IBT	ARCT	3.660 ^a	5.601 ^a	100.04	-1.941*	0.586	0.002
IBT	Control	3.660 ^a	7.677 ^a	31.135	-4.017*	0.588	0.001
ARCT	Control	5.601 ^a	7.677 ^a	1.015	-2.076*	0.585	0.001
IBT	ARCT	8.300 ^a	6.675 ^a	62.382	1.625*	0.590	0.009
IBT	Control	8.300 ^a	4.400 ^a	8.190	3.900*	0.592	0.001
ARCT	Control	6.675 ^a	4.400 ^a	57.694	2.275*	0.592	0.001

As shown in Table 4, the difference between IBT group and ARCT group is -1.941*, which is significant at the level of $P = 0.002$. This finding indicates that IBT has been more effective and has decreased the global distress of this group. Also, in Table 4, the difference between IBT group and ARCT group is 1.62, which is significant at the level of $P = 0.009$.

This study shows that IBT method has been more effective and has increased the marital conventionalization of this group. The difference between the two groups and the control group is significant, which indicates the effectiveness of both couples' therapy in this study.

Table 5. Results of mixed analysis of variance of marital conventionalization and global distress

Sources change	SS	DF	MS	F	P	eta
The level	100.042	1	100.04	98.536	0.000	0.686
Step * Group	62.271	2	31.135	30.667	0.000	0.577
Error	45.688	45	1.015			
Group	124.764	2	62.382	7.617	0.001	0.253
Error	368.563	45	8.190			
The level	115.389	2	57.694	40.161	0.001	0.472
Step * Group	59.986	4	14.997	10.439	0.001	0.317
Error	129.292	90	1.437			
Group	121.514	2	60.757	15.385	0.001	0.406
Error	177.708	45	3.949			

In Table 5, it can be seen that the main effect of the stage (pre-test, post-test and follow-up) is significant for global distress scores and marital conventionalization scores ($F_{1,45} = 98.535, P < 0.001, \eta^2 = 0.681$); ($F_{2,90} = 40.161,$

$P < 0.001, \eta^2 = 0.472$) respectively. These results showed a significant difference between the marital global distress and conventionalization scores of the two experimental groups in the three stages of measurement.

Table 6. Modified averages and Bonferroni postural test marital conventionalization and global distress

Step 1	Step 2	MD	SD	P
Pre-test	Post-test	1.979*	0.261	0.000
Pre-test	Follow-up	2.042*	0.206	0.000
Post-test	Follow-up	0.063	0.213	0.770
Pre-test	Post-test	-2.167*	0.295	0.000
Pre-test	Follow-up	-1.375*	0.223	0.000
Post-test	Follow-up	0.792*	0.207	0.000

Table 6 shows that the difference between mean global distress scores in pre-test and post-test stages is significant. The table shows that the pre-test scores are significantly different from the follow-up scores. The difference between post-test scores and follow-up scores is not noticeable. This process indicates that global distress has improved in the post-test and has not changed in follow-up phase.

The results mean that the effectiveness of couple therapies has lasted over time. Also, the mean scores of marital conventionalization in pre-test and post-test phases are different significantly. In addition, the pre-test scores are significantly different from the follow-up scores. Also, the difference between post-test scores and follow-up scores is significant but remains consistent with pre-test scores.

This process shows that marital conventionalization has improved post-test and has returned in follow-up studies. In other words, it means that the effectiveness of couple therapies has lasted over time as their distance has remained constant.

Discussion

This study aimed to compare the effects of integrated-behavioral couple therapy with affective-reconstructive couple therapy on marital conventionalization and global distress. There was a significant difference between the groups regarding marital conventionalization and global distress in the post-test. Thus, the integrated-behavioral couple therapy method was more effective and alleviated global distress. Furthermore, according to follow-up studies, these therapies were effective for global stress over time.

The research of Christensen et al. (19), Christensen et al. (20), Gasbarrini and Snyder (21), Soleimani et al. (22), Rajabi et al. (23), Jacobson et al. (24), Wimberley (25) was consistent with this study. In their research, they confirmed the effect of integrated-behavioral couple therapy. Wimberley (25) showed that integrated-behavioral couple therapy was effective. Jacobson et al. (24) found that integrated-behavioral couple therapy is an effective or even more effective method than classical behavioral therapy. As in the present study, Sevier et al. (26) found similar results. Communication problems were discussed during meetings, and positivity (positive and constructive communication) and problem-solving ability increased while

negative communication decreased. Five years after the first training session, 50% of behaviorally integrated couples and 46% of classic behavioral pairs showed clinically significant improvements. Thus, two and five year follow-ups showed a significant effect of both treatments, and showed significant effects even in couples whose issues are severe and chronic. Two years after treatment ended, couples treated with integrated-behavioral couple therapy were experiencing better treatment outcomes. Five years later, the results were somewhat similar. In the end, integrated-behavioral couple therapy resulted in more stability than classical behavioral couple therapy (26). An explanation for the success and effectiveness of integrated-behavioral couple therapy is based on the techniques and theory underpinning its implementation. Empathic acceptance and integration interventions in integrated-behavioral couple therapy are similar to emotion-focused interventions, and client-centered interventions and some tolerance interventions are similar to therapeutic strategies that use strategic theory. A distinctive feature of this approach is that it implements different strategies for different therapeutic purposes and promotes behavioral integration from an array of perspectives (15).

The results were consistent with Arianfar and Etemadi (12) and Panahi et al. (15) in domestic research. In all of them, the results confirmed that the behavioral-integrated couple therapy is practical and useful. Panahi et al. conducted their study entitled "the effectiveness of behavioral-integrated couple therapy in reducing marital boredom and the fear of intimacy among couples". The results showed a significant difference between the experimental and control groups in marital boredom and fear of intimacy at the post-test stage and during the two-month follow-up. The fear of intimacy and boredom in marriage makes relationships incredibly stressful and inefficient, and behaviorally-integrated interventions with corrections and increased interactions between spouses increased satisfaction and reduced stress (15). Etemadi and Arianfar in their article, entitled "the effect of behavioral-integrated couple therapy on marital adjustment of married couples based on self-regulation-attachment", that after controlling for the effects of the pre-test, the differences between the groups in the dependent variable were significant, and they proved their hypothesis. Thus, the results of the

study showed that behavioral-integrated couple therapy based on self-regulation-attachment was successful in increasing the rate of marital adjustment and its dimensions (marital satisfaction, marital solidarity, marital agreement, and expression of love) (12). A second finding showed that affective-reconstruction therapy increased marital conventionalization and decreased global distress in the treatment and follow-up steps, which is consistent with the findings of Danlian Namagardi et al. (27), Rajabi et al. (23), Moghadam et al. (28). Finally, it was acknowledged that the behavioral-integrated couple therapy method was effective but did not highlight the differences between behavioral-integrated couple therapy and affective-reconstructive couple therapy (21-25). Couple therapy based on affective-reconstruction, 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 (7,8). In explaining these results, emotional reconstruction is the root cause of interpersonal issues and their manifestation in marital relationships which are examined using techniques similar to interpretive strategies and insight promoters but focus on interpersonal schemas and relationship situations rather than instinctual impulses and drivers emphasize. In this treatment, focusing on identifying the stability of behavior in the interpersonal conflicts and the coping styles in communication; previous relationships, emotional elements, strategies for emotional satisfaction, and anxiety prevention are rebuilt. In addition, ways are expressed in which previous coping strategies that were critical to past relationships represent inappropriate and deviant solutions to emotional intimacy and satisfaction in current relationships. In other words, it helps both people to understand that certain coping strategies that have been adaptive or even necessary in past relationships may hinder emotional intimacy and satisfaction in current relationships (21). Like all research, this

References

1. Coleman L, Mitcheson J, Lloyd G. Couple relationships: Why are they important for health and wellbeing? *Journal of health visiting* 2013; 1(3): 168-72.
2. Snyder DK, Halford WK. Evidence-based couple therapy: Current status and future directions. *J Fam Ther* 2012; 34(3): 229-49.
3. Kiecolt-Glaser JK, Gouin J-P, Hantsoo L. Close relationships, inflammation, and health. *Neurosci Biobehav Rev* 2010; 35(1): 33-8.

study has some limitations. In this study, couples aged 25 to 45 years in Tehran were evaluated. So, the results should not be generalized to other partners or other groups in other areas of Iran. In addition, the results obtained through questionnaires. So, they do not provide a clear picture of how individuals' everyday behaviors. Another limitation of this study was the small sample size and the selection of participants from a limited geographical area (two family clinics in Tehran). Also, uncontrollable variables, such as the financial situation, must be considered. Furthermore, researchers are encouraged to plan studies in the future to use this approach (affective reconstructive approach-based couple therapy) to overcome other variables that contribute to couples' comprehensive disturbances and determine the effectiveness of this treatment.

Conclusion

According to the findings of this study, couples who have experienced global distress and emotional problems can benefit from couple therapy that helps them reconstitute their emotions. In terms of treatments for marriage conventionalization and global distress, integrative behavior therapy and affective reconstructive couple therapy would undoubtedly help improve marital satisfaction by reconstructing the couple's emotions and self-confusion.

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4. Snyder DK, Balderrama-Durbin C, Cigrang JA, Talcott GW, Smith Slep AM, Heyman RE. Help-seeking among airmen in distressed relationships: Promoting relationship well-being. *Psychotherapy* 2016; 53(1): 1.
5. Gurman AS, Fraenkel P. The history of couple therapy: A millennial review. *Fam Process* 2002; 41(2): 199-260.
6. Shadish WR, Baldwin SA. Meta-analysis of MFT interventions. *J Marit Fam Ther* 2003; 29(4): 547-70.
7. Snyder DK, Mitchell AE. Affective-reconstructive couple therapy. In: Gurman A. (editor). *Clinical handbook of couple therapy*. New York: Guilford; 2008: 353-82.
8. Snyder DK, Wills RM. Behavioral versus insight-oriented marital therapy: effects on individual and interspousal functioning. *J Consult Clin Psychol* 1989; 57(1): 39.
9. Gurman AS. A framework for the comparative study of couple therapy. In: Gurman A. (editor). *Clinical handbook of couple therapy*. New York: Guilford; 2008: 1-26.
10. Jacobson NS, Addis ME. Research on couples and couple therapy: What do we know? Where are we going? *J Consult Clin Psychol* 1993; 61(1): 85.
11. Zareei E, Karimian N, Mohammadi K, Kristansen A. Study and comparison of the effectiveness of integrative behavioral couple therapy (IBCT) and rededication therapy in decreasing of marital distress of competing couples. *Counseling culture and psychotherapy* 2016; 7(25): 111-32.
12. Arianfar N, Etemadi O. [The effect of integrated couple therapy based on self-regulation attachment on marital adjustment]. *Knowledge and research in applied psychology* 2017; 18: 61-71. (Persian)
13. Baucom DH, Pentel KZ, Gordon KC, Snyder DK. An integrative approach to treating infidelity in couples. *Foundations for couples' therapy*. London: Routledge; 2017: 206-15.
14. Halford WK, Markman HJ, Kling GH, Stanley SM. Best practice in couple relationship education. *J Marit Fam Ther* 2003; 29(3): 385-406.
15. Panahi M, Jamarani SK, Shahrababaki ME, Rostami M. [Effectiveness of integrative behavioral couple therapy on reducing marital burnout and fear in couples of intimacy]. *Journal of applied psychology* 2017; 11(3): 43. (Persian)
16. Christensen A, Dimidjian S, Martell CR. Integrative behavioral couple therapy. In: Gurman A, Lebow JL, Snyder DK. (editors). *Clinical handbook of couple therapy*. New York: Guilford; 2015: 61-94.
17. Snyder DK. Multidimensional assessment of marital satisfaction. *J Marr Fam* 1979; 41: 813-23.
18. Tabrizi M. [Validation of marriage satisfaction inventory]. *Knowledge and research in applied psychology* 2008; 9: 117-42. (Persian)
19. Christensen A, Atkins DC, Baucom B, Yi J. Marital status and satisfaction five years following a randomized clinical trial comparing traditional versus integrative behavioral couple therapy. *J Consult Clin Psychol* 2010; 78(2): 225.
20. Christensen A, Doss BD. Integrative behavioral couple therapy. *Curr Opin Psychol* 2017; 13: 111-4.
21. Gasbarrini MF, Snyder DK. Affective reconstructive approach to couple therapy. *Encyclopedia of couple and family therapy*; 2019: 61-7.
22. Soleimani AA, Najafi M, Ahmadi K, Javidi N, Kamkar EH, Mahboubi M. The effectiveness of emotionally focused couples therapy on sexual satisfaction and marital adjustment of infertile couples with marital conflicts. *Int J Fertil Steril* 2015; 9(3): 393-402.
23. Rajabi G, Khoshnoud G, Sodani M, Khojastehmehr R. [The effectiveness of affective-reconstructive couple therapy in increasing the trust and marital satisfaction of couples with remarriage]. *Iranian journal of psychiatry and clinical psychology* 2020; 26(1): 114-29. (Persian)
24. Jacobson NS, Christensen A, Prince SE, Cordova J, Eldridge K. Integrative behavioral couple therapy: an acceptance-based, promising new treatment for couple discord. *J Consult Clin Psychol* 2000; 68(2): 351.
25. Wimberly JD. An outcome study of integrative couples therapy delivered in a group format. University of Montana; 1997.
26. Sevier M, Eldridge K, Jones J, Doss BD, Christensen A. Observed communication and associations with satisfaction during traditional and integrative behavioral couple therapy. *Behav Ther* 2008; 39(2): 137-50.
27. Namagardi HD, Farzad V, Nooranipoor R. Effectiveness of Affective-Reconstructive Couple Therapy on Marital Conventionalization and Global Distress. *International journal of health studies* 2021; 8(1): 38-43.
28. Moghadam FAN, Shah Nazari M. [The role of social support and early maladaptive schemas in marital satisfaction of married women]. *Iranian journal of nursing research* 2017; 12(4): 53-60. (Persian)