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## THE EFFECTIVENESS OF INTEGRATIVE COUPLE THERAPY ON INTIMACY AND MARITAL SATISFACTION AND ATTACHMENT STYLE IN COUPLES WITH OBSESSIVE-COMPULSIVE SPOUSES

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### ABSTRACT

**Aim:** The present study evaluated couple therapy's effectiveness in improving intimacy, marital satisfaction, and attachment style in couples with obsessive-compulsive spouses.

**Method:** The current study was quasi-experimental with pre-test-post-test and compared type with the control group. The studied samples included 24 couples with obsessive-compulsive spouses who were referred to counseling centers in Tehran, 12 of whom were placed in the experimental group and 12 in the control group. The experimental group members received 12 sessions of couple therapy intervention, but the evidence group members did not receive the specific intervention. Before and after the intervention, Enrich marital intimacy and satisfaction questionnaires, and Collins and the sample group completed Reid's (1990) attachment questionnaires.

**Results:** The analysis of covariance showed that after the test, the marital satisfaction of the experimental group participants increased significantly compared to the control group participants. Also, the multivariate covariance analysis showed a significant increase in the secure attachment style of the experimental group participants compared to the control group participants in the post-test. In addition, the insecure attachment styles in the experimental group participants have significantly decreased compared to the control group participants.

**Conclusion:** The research findings confirm that integrative group couple therapy improves intimacy and marital satisfaction and the attachment style of couples with obsessive-compulsive spouses.

**Keywords:** couple therapy, intimacy and marital satisfaction, attachment style, practical obsessive-compulsive

### INTRODUCTION AND PROBLEM STATEMENT

Marriage has been described as the most critical and fundamental human relationship because it provides an essential structure for establishing a family relationship and educating the future generation. In Iran, according to the latest statistics of the Civil Registration Organization, the ratio of marriage to divorce from 2004 to 2020 has increased by 1.7 percent from 9.8 to 5.5, which indicates an increase in marital problems and the rate of divorce. The divorce rate in 2020 doubled its rate in 1996 (National Civil Registry Organization, 2019).

Marital satisfaction is one of the critical indicators of a person's satisfaction with life. Research shows that many variables, including personality traits, mutual trust, respect, support, mutual understanding, intimacy, quality of sex, exchange and expression of feelings, thoughts, emotions, and economic status, are related to marital satisfaction. Any conflict, incompatibility, and dissatisfaction in the variables associated with the marriage relationship can lead to confusion and marital problems. If this issue is not considered, it can lead to unsuccessful

marriages, divorce, and devastating consequences for the mental health of the wife, husband, children, and society. Therefore, it is essential to investigate the factors and interventions that affect people's intimacy and marital satisfaction. Among these factors, many emphases have been placed on attachment styles in various research.

Most of the tests measure satisfaction after marriage around the world. They show that a drop in satisfaction with marriage's emotional, social or physical quality is observed after ordinary life passes the initial excitement and enters the turbulent field of daily life (Boling and Hill, 2005). Such a decline becomes more serious, especially with the presence of children and their problems and the increase in commitments and challenges in life (Stets, 2004; quoted by Gholamalian and Ahmadi, 2008). On the other hand, the mental health of the generations of society depends on ensuring the mental health of the family as a center full of love and peace for developing talents. Damage to the family harms the future generation and involves many social organizations. The family is an underlying social system whose disorder or breakdown can be considered as the breaking of the family unit or the breakdown of the family and, subsequently, the foundations of social life. Therefore, it is vital to investigate the factors affecting it (Akhrati, 2007).

Marital satisfaction is one of the influential factors in the stability and reliability of families and the mental health of spouses and children. The satisfaction level with the marital relationship is a central and critical issue that every couple inevitably faces after years of marriage consolidation (Samani, 2007). Satisfaction with married life is an objective feeling of happiness, satisfaction, and pleasure experienced by a woman or a man when they consider all the common aspects of their life (Ellis, 2004). Also, many evidences indicate that couples in today's society face many problems maintaining intimate communication and understanding their spouses' feelings. This problem has caused anxiety in marital relations (Yousfi and Sohrabi, 2011). A significant evolution in this direction is that until the seventh decade of the 20th century, the research conducted on the family was mainly focused on divorce and its psychosocial effects on the family members, but from this decade onwards, researchers focused on the problem of dissatisfaction with married life and ways to increase the feeling of satisfaction and happiness from common life (Solimanian, 2008).

A person's satisfaction with married life is considered his satisfaction with his family. His satisfaction with family also means satisfaction with life, facilitating the growth and advancement of society's material and spiritual progress (Gholamalian and Ahmadi, 2008). Psychologists, sociologists, and even all religions respect the family and effective marital relationships, and family formation is not for dissatisfaction. Therefore it is important to investigate the methods and interventions that affect couples' marital satisfaction.

Attachment style is one of the factors that can affect the marital relationship and people's marital satisfaction. Attachment is one of the basic concepts in Bowlby's theory (1989). He believes that attachment is the first need and is not derived from any other requirement (Chris, Robbert & Mirjam, 2009). Bowlby (1989) emphasizes two important points about attachment: First, the child is genetically prepared for attachment-related reactions, and second, the attachment behavior changes. Attachment generally refers to the bond between people, and people rely on each other to satisfy their emotional needs (Feeney, 1999). In developmental psychology, attachment is the emotional bond between a baby and a mother (Berk, 2008). Bowlby (1989)



believes that attachment starts from infancy, continues throughout life, and plays an essential and fundamental role in a child's development. He believes that attachment is stable over time, predicts future relationships with peers and friends, and is fundamentally important in people's mental health.

Parry (2006; quoted from Amber and Carole, 2009) refers to the concept of bonding in the definition of attachment and believes that bonding is the process of forming an attachment. In other words, bonding is a set of behaviors that lead to a strong emotional connection between two people (attachment). He also says that safe and healthy attachment happens when the mother shows her love for her child and can empathize. These children freely move away from their mother, but they constantly monitor their mother's position and her location. When others hug him, he responds positively, and they play happily when they put him down. Secure attachment is an important aspect of social-emotional development where the child uses his mother as a safe base to explore the world (Amber and Carole, 2009).

It is inferred that attachment models are closely related to old cognitive schemas or our opinions about ourselves and others and affect interpersonal interactions and are influenced by them. However, attachment models are considered individual characteristics. It is assumed that people probably experience different levels of security in certain relationships (Hamidi, 2007). There is also a possibility that these models will change under the influence of experiences from unique relationships. In other words, people's experiences in unique relationships can change attachment patterns (Firouzi, 2018).

Several attempts have been made and recorded in psychotherapy in the field of therapeutic interventions to improve intimacy and marital satisfaction, and the attachment style of couples involved in marital conflicts. Currently, several theoretical perspectives with different approaches seek to explain and resolve marital disputes and improve the emotional relationship of couples. Approaches such as couple therapy based on psychoanalysis, Bowen's extensive family systems therapy, experimental couple therapy, cognitive behavioral couple therapy, strategic couple therapy, integrative couple therapy, and emotion-oriented couple therapy have provided foundations and methods to prevent divorce and strengthen the marital bond. Each has achieved significant success in this field (Roshani, 2011).

Teaching communication skills, paying attention to intra-personal and interpersonal dynamics, identifying conflicting and parallel roles in couples, paying attention to developmental processes, adjusting expectations, and expressing unpleasant feelings are the necessary components of valuable interventions to improve intimacy and marital satisfaction, and attachment style in couples with marital problems. The characteristics required for effective treatments to improve the intimacy and marital satisfaction of couples with obsessive-compulsive spouses show that integrative group couple therapy can improve intimacy and marital satisfaction and the attachment style of these people.

Integrative couple therapy is a broad therapeutic approach that simultaneously pays attention to interpersonal and intrapersonal factors in solving couples' communication problems (Khamse, 2009). Integrative couple therapy is based on the general family system theory, adult development theory, and attachment theory. This approach is somewhat influenced by the theory of behavior therapy and the theory of subject relations. Thematic relationship family therapy combines the psychodynamic theory of the thematic relationship and family systems therapy. Theoretically, this experience leads to interpretations that are likely to work more



effectively because family members are more fully connected and feel understood. This first approach combines individual performance, unconscious processes, and marital interactions (Christensen, Jacobson & Babcock, 1995). In this approach, intergenerational resources and the centrality of relationships are emphasized. It is believed that the relationship between couples is not only influenced by their unique personality but, in a more extensive system, it is influenced by family relationships that include children, parents, and social groups. Also, this approach emphasizes the relationship between couples and their interactions with their parents and the role of each couple in these relationships (Jacobson et al., 2000). The main advantage of the integrative approaches of couple therapy is the greater understanding of human behavior, which has increased the flexibility of the treatment. The emphasis is on both intra-psychological and extra-psychological factors in couple communication. Therefore, each can have a permitted territory (Dimidjian, Martel, and Christensen, 2002; quoted by Khamsa, 2009).

The growing phenomenon of divorce in Iranian society and the adverse psychological, social, and economic effects of this unpleasant event have grown. Therefore, conducting research in the field of marital satisfaction can be a great way to remove ambiguities and be a step towards taking more seriously the growing issue of marital conflicts in Iranian society. On the other hand, recognizing and introducing effective interventions on marital satisfaction and attachment style makes it possible to intervene at different levels, reduce the number of high-risk marriages, increase the satisfaction and happiness of existing marriages, prevent some incompatibilities, and prevent many family disorders that lead to the waste of outstanding human resources (Bahari et al., 2011). Therefore, the present study aims to investigate the effectiveness of group couple therapy with a holistic approach to improving intimacy and marital satisfaction and the attachment style of couples with obsessive-compulsive spouses.

## **Study implementation method**

### **Research design**

The present study is applied in terms of purpose. The present study used a quasi-experimental method of pre-test-post-test type with a control group to investigate the effectiveness of one-dimensional group couple therapy on improving intimacy and marital satisfaction and attachment style of couples with obsessive-compulsive spouses. In pre-test-post-test quasi-experimental designs with a control group, the dependent variable is measured before and after the presentation of the independent variable.

### **Society**

The research community includes all couples with spouses suffering from obsessive-compulsive disorder referring to counseling centers in Tehran.

### **Sample size**

According to the inclusion criteria, the researcher selected a sample of the same number among the statistical population because a sample size of 24 people has been suggested in experimental and quasi-experimental studies. The members of the selected sample were randomly replaced into two groups. Thus, there were 12 people in each group (the presence of at least one couple in the meetings is mandatory). This size for each group was selected because about twelve members, along with a leader, can be suitable in weekly groups, and 3 to 4 more people can be added to this number to eliminate the possible loss of members (Yalom and Leszes, 2005).



## Sampling

The list of all people in the research community was unavailable to the researcher, and it was impossible to use random sampling. Therefore, voluntary sampling with random replacement was used. First, selected 24 couples with obsessive-compulsive spouses were willing to participate in treatment programs. Then, they were randomly placed in the experimental and control groups based on the list of names.

## Research tool

This research used the following questionnaires to obtain the required information:

1- Enrich Marital Intimacy and Satisfaction Test: This questionnaire was prepared by Elson et al. (1989) to measure strengths and weaknesses in marital relationships. The Enrich Marital Satisfaction Questionnaire, which is very comprehensive, has been used and evaluated many times in various societies and cultures. The main form of this questionnaire consists of 115 closed questions and 12 subscales. Except for the first scale, which has five questions, the rest contain ten questions. The answer to the questions is in the form of 5 options (completely agree - agree - neither agree nor disagree - disagree - completely disagree). Olson (1983) used this questionnaire to check marital satisfaction and believes that each of the topics of this questionnaire is related to one of the important fields (quoted from Suleimanian, 1997). Evaluating these areas within a marital relationship can reveal the potential problems of couples or determine the areas of their strength and strengthening. Due to the many questions in the questionnaire, the original form made the participants. Therefore, in research titled "Investigation of Irrational Thoughts in Marital Dissatisfaction" (1997), a short form of this questionnaire was prepared, which has 47 questions. In this research, the short form of this questionnaire is used. The Enrich questionnaire has high reliability and validity. Elson et al. (1989) reported Cronbach's alpha coefficient of 0.92, Mahdavian's (1997) of 0.94, Suleimanian's (1994) of 0.93, and Ibadatpur's (2000) 0.95.

## Collins and Reid's (1990) attachment questionnaire

This scale includes the self-appraisal of relationship-building skills and self-description and how to form relationships with close attachment figures. It consists of 18 data that are measured on a 5-point scale (Likert type) that includes it does never with my characteristics (1) to it completely matches my characteristics (5). Factor analysis identified three subscales that each scale containing six items. Three subscales are dependence, closeness, and anxiety (Collins and Reid, 1990; cited by Pakdaman, 2001). The anxiety subscale (A) corresponds to the anxious-ambivalent attachment style, and the closeness subscale (C) is a bipolar dimension that contrasts the descriptions of secure and avoidant. Therefore, closeness (C) is compatible with secure attachment, and the subscale of dependence (D) can be placed almost opposite to avoidant attachment. Questions 1, 6\*, 8\*, 12, 13, and 17\* measure secure attachment. Questions\*2, 5,\*7, 14, 16,\*18 evaluate avoidant attachment, and finally, questions 3, 4, 9,10,11,15 measure ambivalent/anxious attachment. Questions marked with an asterisk must be reverse-scored before summation. The scores of 6 subjects of each scale are added together, and the subscale score is obtained. Collins and Reid (1990, quoted by Pakdaman, 2001) showed that the subscales of closeness, dependence, and anxiety remained stable for two months and even during eight months. Regarding the reliability of the adult attachment scale, Collins and Reid reported Cronbach's alpha for each subscale of this questionnaire in 3 samples of students in all cases equal to or greater than 0.80, so the test has high reliability.



### **3- Maudsley-Hodgson and Ruckman's obsessive-compulsive inventory**

To measure obsession symptoms, Maudsley-Hodgson and Ruckman's obsessive-compulsive inventory (2003) was used for research on the type and scope of obsession problems. This questionnaire contains 30 items, half of which are correct and half incorrect. This questionnaire has been able to distinguish 50 obsessive-compulsive patients from 50 non-psychotic patients in the initial validation at Maudsley Hospital. Also, in the content analysis of the answers of 100 patients, this questionnaire identified five significant components that reflected five types of obsessive problems in patients. These five components are revision, washing, repeat, doubt, and rumination, which form five subscales. A total obsession score and five sub-scores can be obtained by using a simple scoring method. Ruckman and Hodgson (1980), in a study with 40 patients, showed that the total score of this questionnaire is sensitive to therapeutic changes (Rachman, 2003). In general, it has been proven that Maudsley's Obsession Questionnaire is suitable for therapists and researchers regarding the therapeutic outcome, investigation, etiology, course, and prognosis of various obsessive complaints. The reliability coefficient with the test-retest method was 0.89 (Abdel Qasimi, 2005). This questionnaire has been translated into Persian, and its validity and reliability have been confirmed (Gasemzadeh, 2005).

#### **Implementation of the study**

In this research, 24 couples with a spouse with obsessive-compulsive disorder living in Tehran were selected as a sample using the voluntary sampling method. These people were randomly assigned to two experimental groups and a control group. Enrich marital intimacy and satisfaction questionnaires and Collins, and Reid attachment style questionnaires were used to obtain the basic scores of the subjects in the experimental and control groups. Then, the experimental group received 12 sessions (one per week) of group therapy with a holistic approach, but the control group did not receive specific interventions. After completing the couple therapy sessions, Enrich marital intimacy and satisfaction questionnaires and Collins and Reid attachment style questionnaires were administered to the participants of both groups. The two groups' data obtained from the pre-test and post-test were analyzed using descriptive and inferential statistical methods.

#### **Data analysis method**

This research used descriptive data analysis to describe the collected data, and the information was analyzed using spss statistical software. Central and dispersion indices of descriptive statistics, such as mean and standard deviation, were used to summarize and describe the information. The covariance method was used to investigate the effectiveness of group couple therapy with an integrated approach to improve participants' intimacy, marital satisfaction, and attachment style.

#### **Research findings**

##### **Demographic survey**

This research investigated the effectiveness of one-dimensional group couple therapy on improving intimacy and marital satisfaction and the attachment style of couples with a spouse with obsessive-compulsive disorder. The sample group consists of 24 couples with obsessive-compulsive spouses who were referred to counseling centers in Tehran. Of these, 12 (6 couples)



were in the experimental group, and 12 (6 couples) were in the control group. Table 1 presents the distribution of participants in the two groups.

Table 1: Distribution of participants in two groups

Group	Frequency	Percentage frequency	Cumulative frequency
Experimental	12	50	50
Control	12	50	100
Total	24	100	

Table 1 shows that the number of participants in both experimental and control groups is equal. At this stage, the demographic information of the members of the experimental and control groups is analyzed separately. Table 2 provides information about the distribution of the experimental group members' education levels.

Table 2: Education level distribution of experimental group members

Education Level	Frequency	Percentage frequency	Cumulative frequency
Middle School degree	5	41.7	41.7
Diploma	5	41.7	83.3
Bachelor's degree	2	16.7	100
Total	12	100	



Table 2 shows that the experimental group participants have the same education level as a middle school degree and diploma. Table 3 provides information about the distribution of the education level of the control group members.

Table 3: Distribution of education level of control group members

Education Level	Frequency	Percentage frequency	Cumulative frequency
Middle School degree	6	50	50
	4	33.3	83.3
Diploma	2	16.7	100
Bachelor's degree	12	100	

As observed, most participants in the control group have a middle school degree. Table 4 presents the information related to the age status of the experimental group participants.

Table 4: Age status of participants in the experimental group

variable	Frequency	Average	The standard deviation	Minimum	Maximum
Age	12	31.16	5.3	21	37

Table 4 shows that the experimental group participants' average age is 31.16 years, ranging from 21 to 37 years. Table 5 provides information about the age status of the control group participants.

Table 5: Age status of subjects in the control group

variable	Frequency	Average	The standard deviation	Minimum	Maximum
Age	12	32.50	4.92	27	42

Table 5 shows that the average age of the control group participants is 32.5 years, and their age range is from 27 to 42 years. Table 6 provides information about the experimental group participants' marriage duration.

Table 6: Marriage duration of participants in the experimental group (years)

Variable	Frequency	Average	The standard deviation	Minimum	Maximum
Marriage duration	12	8.66	4.69	5	17

Table 6 shows that the average marriage duration of the participants in the experimental group is 8.66 years, and the range of their marriage duration is from 5 to 17 years. Table 7 provides information about the marriage duration of the participants in the control group.

Table 7: Duration of the marriage of control group subjects (years)

Variable	Frequency	Average	The standard deviation	Minimum	Maximum
Marriage duration	12	7.83	3.92	3	15

Table 7 shows that the average marriage duration of the subjects in the experimental group is 7.83 years, and the range of their marriage duration is from 3 to 15 years.

### **A descriptive review of information**

This part descriptively analyzes the information obtained from the implementation of intimacy and marital satisfaction and attachment style questionnaires on the members of the two groups. The information presented in this section includes the average and standard deviation of the results of the questionnaires on intimacy and marital satisfaction and attachment style on couples in the control and experimental groups in the pre-test and post-test stages. These data are first summarized using a descriptive table and then analyzed in detail in the inferential analysis stage. Table 8 shows the descriptive indices of the data obtained from implementing the intimacy and marital satisfaction questionnaire in the pre-test and post-test stages, separated by group.

Table 8: Descriptive indicators related to the data obtained from the pre-test and post-test of intimacy and marital satisfaction

Group	Variable	Number	Pre-test		Post-test	
			Average	standard deviation	Average	standard deviation
Experiment	Intimacy and marital satisfaction	12	113.75	28.09	191.33	10.00
Control	Intimacy and marital satisfaction	12	107.75	13.08	121.25	18.79

The test group members' average intimacy and marital satisfaction score increased significantly in the post-test phase compared to the pre-test. This change is not observed in the control group. Table 9 shows the descriptive indices of the data obtained from the implementation of the attachment-style questionnaire in the pre-test and post-test stages, separated by group.

Table 9: Descriptive indices related to the data obtained from the pre-test and post-test of attachment style

Group	Variables	Number	Pre-test		Post-test	
			Average	Standard deviation	Average	Standard deviation
Experiment	Secure attachment	12	16.91	2.02	20.83	1.64
	Avoidant attachment	12	18.91	2.71	17.25	0.75
	Ambivalent/anxious attachment	12	15.16	4.95	12.41	1.08
Control	Safe attachment	11	16.25	1.21	15.33	1.30
	Avoidant attachment	11	18.75	1.60	19.33	1.49
	Ambivalent/anxious attachment	11	17.25	5.61	17	4.88

Table 9 shows that the average secure attachment score of the experimental group members increased significantly in the post-test phase compared to the pre-test. The experimental group members' average scores of avoidant attachment and ambivalent/anxious attachment decreased significantly in the post-test phase compared to the pre-test. This change is not observed in the control group.

Table 10: Descriptive indicators related to the data obtained from the pre-test and post-test of obsessive-compulsive



Group	variable	Number	Pre-test		Post-test	
			Average	Standard deviation	Average	Standard deviation
Experiment	Obsession	12	20.22	1.61	17.18	2.04
	revision	12	3.17	0.69	2.91	0.61
	Washing	12	3.41	0.65	2.77	0.75
	Repeat	12	3.90	0.81	2.85	0.61
	Doubts	12	3.55	0.85	3.21	0.66
Control	obsession	12	19.88	1.73	20.01	1.75
	Revision	12	3.25	0.61	3.21	0.66
	Washing	12	3.71	0.50	3.72	0.63
	Repeat	12	3.92	0.32	3.88	0.33
	Doubts	12	3.44	0.18	2.51	0.20

As observed, the average obsession score of the experimental group members decreased significantly in the post-test phase compared to the pre-test, and the average scores of revision, slowness, washing and doubt in the experimental group members decreased significantly in the post-test phase compared to the pre-test. This change is not observed in the control group.

#### Inferential data analysis

In this part, the information obtained from the implementation of questionnaires on intimacy, marital satisfaction, and attachment style in two pre-test and post-test stages on the sample members is subjected to inferential analysis. The covariance analysis method measures the effectiveness of one-dimensional group couple therapy in improving participants' intimacy and marital satisfaction. In covariance analysis, group differences in one variable are measured by controlling for one or more other variables that may affect the results. To compare the average scores of intimacy and marital satisfaction of the two groups of participants in the post-test, the analysis of the covariance method is used in such a way that the effects of the pre-test are controlled as covariates. At this stage, using covariance analysis, the post-test comparison of the intimacy and marital satisfaction of the participants of the two groups is made with the control of the pre-test effect. Before running the analysis of the covariance test, its presuppositions were examined. The Kolmogorov-Smirnov test was used to ensure the normality of the distribution of the data obtained from the intimacy and marital satisfaction questionnaire. The results showed that the Kolmogorov-Smirnov test is insignificant in intimacy and marital satisfaction variables ( $P=0.323$ ,  $Z=0.954$ ). Therefore, the data obtained from the questionnaire on intimacy and marital satisfaction have a normal distribution. Also, Levene's test investigated the assumption of homogeneity of variances of intimacy and marital satisfaction variables in the post-test stage. The results showed that Levene's test was insignificant in the marital intimacy and satisfaction variable in the post-test stage ( $P=0.210$ ,  $F=1.669$ , (22, 1)), which indicates that the variances are homogeneous. Therefore, the analysis of the covariance test is applicable. The results of this test are presented in Table 11.

Table 11: Post-test comparison of intimacy and marital satisfaction in two groups with pre-test effect control

Sources of changes	Df	F	<i>P</i> -value	Effect coefficient	Statistical power
Pre-test	1	0.48	0.49	0.02	0.10
Group	1	122.27	0.00	0.85	1
Error	21				
Total	24				

It is possible to examine the first hypothesis of the research by using the data in the above table. The first hypothesis of the research was that the improvement of intimacy and marital satisfaction of couples who participated in group couple therapy sessions with a holistic approach was more than those in the control group. As observed, the results obtained from the comparison of the post-test of intimacy and marital satisfaction in two groups by controlling the effect of the pre-test indicate that after participating in the integrated group couple therapy sessions, the intimacy and marital satisfaction scores of the couples who participated in the experimental group increased significantly compared to the couples who were replaced in the control group ( $P < 0.0005, 122.276 = F_{1,21}$ ). Therefore, integrative group couple therapy effectively increases intimacy and marital satisfaction. Therefore, the first research hypothesis is confirmed. After comparing the post-test of intimacy and marital satisfaction in the experimental and control groups, it is time to compare the post-test of attachment style in these two groups. Multivariate covariance analysis measures the effectiveness of one-dimensional group couple therapy in improving the subjects' attachment styles. In multivariate covariance analysis, the difference between groups in several variables is measured by controlling one or more other variables that may affect the results (Kerlinger, 2010). To compare the average scores of the attachment styles of the participants in the two groups in the post-test, the multivariate covariance analysis method is used so that the effects of the pre-test are controlled as covariates. This stage compares the average scores of attachment styles in the participants of two groups in the post-test using multivariate covariance analysis. Before running the analysis of the covariance test, its presuppositions were examined. The Kolmogorov-Smirnov test was used to ensure the normality of the distribution of the data obtained from the attachment-style questionnaire. The results showed that the Kolmogorov-Smirnov test is not significant in the subscale of secure attachment ( $P = 0.698, Z = 0.708$ ), in the subscale of avoidant attachment ( $P = 0.125, Z = 1.177$ ), and the subscale of attachment ambivalent / anxiety ( $P = 0.120, Z = 1.186$ ). Therefore, the data obtained from implementing the attachment styles questionnaire have a normal distribution. Also, the assumption of homogeneity of variances of the variables was investigated. The results showed that Levene's test is not significant in the subscale of secure attachment ( $P = 0.301, F = 1.122 (22, 1)$ ), in the subscale of avoidant attachment ( $P = 0.171, F = 2.003$ ), and in the ambivalent/anxious attachment subscale ( $F = 3.142 (P = 0.067)$ ), which indicates that the variances are homogeneous. Therefore, the analysis of the covariance test is applicable. The general results of covariance analysis are presented in Table 12.



Table 12: General results of covariance analysis

Test type	Amount	Hypothetical df	df error	F	P
Pillai's Trace	0.887	3	17	44.54	0.000
Wilks Lambda	0.113	3	17	44.54	0.000
Hotelling's Trace	7.86	3	17	44.54	0.000
Roy's Largest Root	7.86	3	17	44.54	0.000

The significance of the multivariate test means that Wilks's lambda, Hotelling's trace, Roy's Largest Root, and Pillai's effect ( $p < 0.0005$ ,  $F = 44.541$ ) confirm a significant difference in at least one of the attachment styles. Therefore, each of these styles was examined. The results of this study are presented in Table 13.

Table 13: Post-test comparison of attachment styles in two groups with control of the pre-test effect

Sources of changes	Variables	Df	F	P-value	Effect coefficient	Statistical power
Pre-test	secure attachment	1	2.37	0.140	0.111	0.310
	Avoidant attachment	1	1.42	0.247	0.070	0.206
	Ambivalent/anxious attachment	1	0.27	0.609	0.014	0.079
group	secure attachment	1	67.50	0.000	0.780	1.000
	Avoidant attachment	1	17.42	0.001	0.478	0.977
	Ambivalent/anxious attachment	1	7.34	0.014	0.279	0.729
Error		19				
Total		24				

It is possible to examine the hypotheses related to attachment style using the data in the above table. The second hypothesis of the research was the improvement of the attachment style of couples who participated in group couple therapy sessions with a holistic approach more than those in the control group. As can be seen, the results obtained from the comparison of the post-test of secure attachment in two groups by controlling the effect of the pre-test indicate that after participating in group couple therapy sessions with a holistic approach, the secure attachment scores of the couples who participated in the experimental group increased significantly compared to the couples who were replaced in the control group ( $P < 0.0005$ ,  $67.509 = F_{1.91}$ ). The results obtained from the comparison of the post-test of avoidant attachment in two groups by controlling the effect of the pre-test indicate that after participating in group couple therapy sessions with an integrated approach, the avoidant attachment scores of the couples who participated in the experimental group have decreased significantly compared to the couples who were replaced in the control group. ( $P = 0.001$ ,  $17.421 = F_{1.91}$ ). The results obtained from the comparison of the post-test of two ambivalent /anxious attachments in two groups by

controlling the effect of the pre-test indicate that after participating in group couple therapy sessions with an integrative approach, the ambivalent/anxiety attachment scores of the couples who participated in the experimental group have significantly decreased compared to the couples who were replaced in the control group ( $P = 7.345$ ,  $0.014 = F_{1.91}$ ). Therefore, group couple therapy with an integrated approach effectively improves couples' attachment styles. Therefore, the second hypothesis is also confirmed. Therefore, the second hypothesis is also confirmed. Multivariate covariance analysis was used to investigate the obsessive-compulsive status of couples in two groups in the post-test phase. Before performing the analysis of covariance, the status of the distribution of obsessive-compulsive subscales was checked using the Kolmogorov-Smirnov test that was not meaningful in the subscale of revision ( $P=0.871$ ,  $Z=0.770$ ), in the subscale of washing ( $P = 0.119$ ,  $Z = 1.212$ ), in the subscale of the repeat ( $P = 0.089$ ,  $Z = 1.898$ ) and the subscale of doubt ( $P = 0.169$ ,  $Z = 1.256$ ). Therefore, the data obtained from the implementation of the obsessive-compulsive questionnaire have a normal distribution. Also, the assumption of homogeneity of variances of the variables was examined. The results showed that Levene's test is not significant in the subscale of the revision ( $P=0.119$ ,  $F=1.118$ ), in the subscale of washing ( $P=0.118$ ,  $F=1.121$ ), in the subscale of repeat, and in the subscale of doubt ( $P=0.136$ ,  $F=2.229$ ), which indicates that the variances are homogeneous. Therefore, the analysis of the covariance test is applicable. The general results of covariance analysis are presented in Table 14.

Table 14: General results of covariance analysis

Test type	Amount	Hypothetical df	df error	F	P
Pillai's Trace	0.901	3	17	43.18	0.000
WilksLambda	0.119	3	17	43.18	0.000
Hotelling's Trace	7.21	3	17	43.18	0.000
Roy's Largest Root	7.18	3	17	43.18	0.000

The significance of the multivariate test means that Wilks's lambda, Hotling trace, Roy's Largest Root, and Pillai's trace ( $p < 0.0005$ ,  $F = 43.181$ ) confirms a significant difference in at least one of the obsessive-compulsive subscales. Therefore, each of these styles was examined. The results of this study are presented in Table 15

Table 15: Post-test comparison of attachment styles in two groups with control of the pre-test effect

Sources changes	of variable	Df	F	P-value	Effect coefficient	Statistical power
<b>Pre-test</b>	Obsession	1	17.88	0.877	0.117	0.318
	Revision	1	11.44	0.129	0.060	0.197
	Washing	1	5.31	0.217	0.017	0.091
	Repeat	1	6.71	0.301	0.090	0.116
<b>Group</b>	Doubts	1	1.18	0.000	0.780	1.000
	Obsession	1	1.98	0.001	0.478	0.977
	Revision	1	1.11	0.014	0.279	0.729



<b>Error</b>	Washing	1	1.90	0.010	0.218	0.841
<b>Total</b>		19				
		24				

It is possible to examine the hypotheses related to obsessive-compulsive using the data in the above table. The second hypothesis of the research was that the obsessive-compulsive of couples who participated in group couple therapy sessions with an integrated approach was less than those who were in the control group. As observed, the results obtained from the comparison of the post-test in the two groups by controlling the effect of the pre-test indicate that after participating in group couple therapy sessions with an integrated approach, the subscale scores of the couples who participated in the experimental group have significantly decreased compared to the couples who were replaced in the control group. ( $F = 1.18, P < 0.001$ ). Also, similar results are seen in other subscales in the experimental group. Also, similar results are seen in other subscales in the experimental group. In the repeat subscale, the results show a significant decrease in this subscale ( $F = 1.98, P < 0.01$ ). In the washing subscale, the situation has improved significantly ( $P < 0.01$ ). ( $F = 1.11, P < 0$ ). Finally, in the doubt subscale, the condition of people in the experimental group has significantly decreased compared to the control group ( $F = 1.90, P < 0.01$ ). Therefore, group couple therapy with an integrated approach improves couples' obsessive-compulsive. Therefore, the third hypothesis is also confirmed.

### Discussion and conclusion

The present study investigated the effectiveness of integrative group couple therapy on improving intimacy and marital satisfaction and the attachment style of couples with obsessive-compulsive spouses. The results showed that participating in group couple therapy sessions with an integrated approach increases intimacy and marital satisfaction and improves the attachment style and obsessive-compulsive of couples. In the following, the results obtained in the current research are presented in detail and are discussed concerning the related views and research.

In examining the effect of couple therapy on intimacy and marital satisfaction, it was concluded that couple therapy has a significant effect on this component. This research finding is consistent with the results of theoretical research by Mohammadkhani and Dolatshahi (2011), Sanai, Farzad, and Fallahzadeh (2012), Behari et al. (2010), Jacobsen et al. (2000), Das et al. (2002), Christensen et al. and Wheeler et al. (2008) who have pointed out the positive effects of couple therapy with an integrated approach on improving the intimacy and marital satisfaction of couples. In explaining the above results, it should pay attention to the things targeted in couple therapy with an integrated approach and how their improvement affects intimacy and marital satisfaction. These cases include couples' capabilities and weaknesses in cognition, problem-solving, emotion, and communication behavior. The cognitive field focuses on cognitive errors and thinking styles, and the emotional field pays attention to how couples express their emotions. Studies in the field of couple therapy have shown that thinking and cognitive errors are related to marital adjustment disorder (Boling and Hill, 2005). Also, suppressing unresolved issues related to intimate relationships and preventing them from expressing negative and unpleasant feelings for the partner has been proven with marital problems in couples with obsessive-compulsive spouses (Christensen et al., 2004). On the other hand, research shows that

expressing positive emotions and putting aside cognitive errors related to the relationship is associated with reducing the communication problems of couples and increasing intimacy and marital satisfaction (Das et al., 2002). This issue was also reflected in the present research. The experimental group members showed a significant increase in intimacy and marital satisfaction after participating in group couple therapy sessions with an integrated approach, encouraging cognitive tasks, being aware of their incorrect thinking style and their partner's emotions, accepting their own, their partner's emotions and behaviors, and acquiring communication skills. The researchers believe that the main factor of change in intimacy and marital satisfaction of couples who participated in group couples therapy sessions with an integrated approach is the change in thinking style, increased problem-solving ability, acceptance of emotions, and acquisition of communication skills.

The next result in the current research was that the improvement of the attachment style of couples who participated in group couple therapy sessions with an integrated approach was more than those in the control group. After participating in group couple therapy sessions with an integrated approach, the secure attachment scores of the couples who participated in the experimental group increased significantly compared to those who were replaced in the control group. Also, the avoidant and ambivalent/anxious attachment scores of the couples who participated in the experimental group have significantly decreased compared to those who were replaced in the control group.

Therefore, group couple therapy with an integrated approach effectively improves couples' attachment styles. This research finding is consistent with the results of theoretical research by Mohammadkhani and Dolatshahi (2011), Sanai, Farzad, and Fallahzadeh (2012), Behari et al. (2010), Christensen and Hoy (1999), Yai et al. 2002), Christensen et al. (2004), Hilt (2004) and Wheeler et al. (2008). They have pointed out couple therapy's positive effects with an integrated approach to improving couples' attachment styles.

Couple therapy with an integrative approach considers the emotions related to each couple's present and past emotional ties. This theory states that creating safe bonds stabilizes emotional availability and responsiveness. Helplessness and confusion are created in the relationship when the couple's attachment is damaged in married life. Attachment injuries occur when one partner violates the other's expectations for care in times of crisis. These injuries make the relationship as unsafe relationship for the person. In the emotional techniques of integrative couple therapy, couples are taught to avoid causing attachment injuries and provide a safe relationship for each other (Nichols and Schwartz, 2017). This training becomes the basis for improving the attachment style of couples.

One of the problems of couples considered in integrative couple therapy related to their attachment style is the fear of intimacy. Ideally, close interpersonal relationships allow people to satisfy their needs to be accepted, noticed, valued, and loved, enabling them to cope with communication problems and have satisfying relationships. While avoiding intimacy is characteristic of people who describe their relationships as less satisfactory. Those who fear or avoid intimacy may find it difficult to approach others and establish warm and satisfying relationships. In addition, avoiding intimate relationships can adversely affect emotional health, leading to loneliness, emotional isolation, and ineffective responses to stress. Fear of intimacy is not only fear of getting close to others but also based on existential fears. Being close to another person in a romantic relationship makes one aware that life is valuable but must eventually be



given up (Cordova, Jay, & Warren, 2005). Fear of intimacy is related to the avoidant attachment pattern and, in general, to the insecure attachment pattern (Sephardi, 2014).

Kordova (2007) suggests that the first task in dealing with the fear of intimacy is accepting emotional needs and requiring close intimate relationships, and the next steps can be successfully taken. In integrative couple's therapy, techniques are used, and training is given to encourage couples toward more intimacy in their marital relationship. This increasing intimacy reduces their avoidance and subsequently reduces their insecure attachment.

Intimacy and a secure attachment style, while healthily expressing emotions and based on showing timely emotions, can be an achievable capability for couples. Intimacy can also be acquired by learning the appropriate expression of emotions as a skill. At the same time, although insecure attachment is formed in the first years of childhood, it can be changed with emotion-based therapy and lead to secure attachment. This issue can lead couples away from the anxieties caused by insecure attachment toward the appropriate expression of emotions and the experience of real intimacy (Sephardi, 2014).

Integrative approaches in couple's therapy should be able to integrate principles and concepts central to other couple's therapy models. These central concepts are referred to as constructs, and when several central concepts or constructs are combined, they form the superstructure.

All relationships of couples can be defined in terms of three superstructures. These superstructures combine the concepts and principles of most schools and approaches to couple therapy. These three constructs include boundary or inclusiveness, power or control, and intimacy and closeness (Glading, 2009). The issue of demarcation or inclusiveness focuses on membership and structure. Membership refers to who is involved in the marital system and to what extent. The structure is the extent to which family members are part of the marital system or family unit and simultaneously separate from it. Boundaries also refer to interpersonal boundaries, especially the degree of inclusiveness acceptable in relationships.

For husband and wife, the commitment to their relationship is central to the issue of boundaries. As their relative commitments to work, extended family, friends, and outside interests are examined. For children, boundaries usually emphasize the concept of belonging to the family, while their individuality should be recognized. (Wheeler et al., 2008).

The issue of power includes responsibility, control, discipline, decision-making, and role-playing. Continuous family interaction includes overt and covert efforts that influence behavior and decisions. The issue of power or control is usually related to issues such as money, rewards, and privileges. These factors also manifest themselves in more subtle ways, such as increasing conflict to regulate the behavior of other family members (Nichols and Schwartz, 2017). The interaction of couples includes the struggle to control the relationship in various ways. The main dynamics in the marital conflict include who delegates work to whom in certain circumstances. In this context, interactions between husband and wife include a wide range of positive and negative emotions, from unrestrained to free-spirited and authoritarian ways. Therefore, power is a meta-rule for all decisions about boundaries, intimacy, and closeness. It determines which member or life partner is closer and which is more distant and how this is done (Wheeler et al., 2008).

The issue of intimacy in the relationship between husband and wife is revealed in areas such as self-disclosure, friendship, caring, and praising individual uniqueness. Intimacy includes



emotional negotiations and the physical distance between husband and wife or family members. In each case, the goal is to balance the sense of autonomy with the sense of belonging. When emotional issues become problematic in a couple's relationship, they can manifest themselves in various ways and in the form of complaints, such as "You don't understand my feelings, we're out of love, I'm sorry you don't pay enough attention" (Nichols & Schwartz, 2008).

Most integrative approaches to couple therapy have paid attention to the three superstructures mentioned above in their theories and described how to work with them. In the following, the most important approaches of integrative couple therapy are discussed, and the position of each of these superstructures in each theory is determined.

### **Final Conclusion**

As can be seen, the results of the hypothesis test showed that group couple therapy with an integrated approach improves intimacy and marital satisfaction, attachment style, and obsessive-compulsive disorder in couples with obsessive-compulsive spouses. As mentioned, problem-solving is one of the target topics and one of the main areas of attention in couple therapy with an integrated approach. Couples with obsessive-compulsive spouses usually use the ineffective coping strategy of avoidance-avoidance when facing stressful issues. Using this coping strategy requires that the person ignores the problem and denies its consequences. This behavioral pattern is in accordance with the repressive defensive style. In fact, by suppressing the unpleasant feelings that arise from couples dealing with stressful issues caused by conflicts, the repressive defensive style allows them to deny the problem, and couples behave as if there is no problem. The researcher of the present research observed this phenomenon many times in the couples participating in the meetings. The women participating in the meetings suppressed the negative emotions caused by the conflicts with their husbands (such as fear, anger, hostility, fatigue from prolonged disputes, and the desire to stay away from their spouses), and subsequently, they denied the problem and avoided dealing with it. Therefore, the starting point to push them towards accepting their emotions is to prevent them from suppressing negative emotions caused by problems. In the current research group therapy sessions, this issue was considered so that the couples were asked to express their feelings about the stressful problems related to the conflicts they have recently experienced. The couples considered the issues complicated and exhausting in the initial meetings, but they reported their feelings towards those issues as insignificant and without emotional expression. As the defensive style became less and experienced more and more emotions, big issues aroused unpleasant feelings in the couple, and it was no longer possible to deny the issues. At this stage, the therapist encouraged the group members who had such a situation to accept their feelings and use problem-oriented coping strategies such as divergent problem-solving, planned problem-solving, and positive reevaluation. Also, the members of the group shared their experiences of dealing with similar issues with each other. At the end of each session, more effective solutions were emphasized in the summary section. This would increase the ability to resolve marital conflicts among the members and subsequently increase their intimacy and marital satisfaction.

Another effect mechanism in couple therapy with an integrated approach is communication skills training. Communication skills include a wide range of skills, such as listening, identifying the other party's emotions, expressing emotions, empathizing, and managing challenging emotions. In other words, communication skills include the acquired methods of each person to identify, organize and express his emotions, as well as how he responds to the emotions of



others. Communication skills are not only the experience of calm and tension-free relationships but also characterize a person's skill in using emotions to regulate his behaviors and relationships (Kordava, J. and Warren, 2005).

Communication skills are an important part of social life. In close relationships, they are probably more important because of how the process of resolving emotionally challenging situations affects the quality of the relationship. Any defect in the development of communication skills can cause injuries and cause problems in social life, marital satisfaction, and even physical health. People with poor communication skills show strong reactions to other people's opinions about themselves. Such people are constantly trying to gain the approval of the people around them, and they take actions that limit their actions in their daily life. These restrictions create problems in their interpersonal relationships, especially marital relationships, and cause a decline in the quality of married life. Therefore, the acquisition of communication skills, an important part of the activities of group couple therapy sessions with an integrated approach, plays an important role in improving the communication of couples participating in the sessions and subsequently increasing their intimacy and marital satisfaction.

Another variable considered in integrated couple therapy that plays a role in improving their attachment style is increasing emotional security to share feelings. The duty of the couple therapist in therapy sessions is to create a supportive and intimate atmosphere where a person can express unpleasant emotions related to conflicts related to the roles and responsibilities of his spouse without experiencing guilt. The incident that happened in the fourth and fifth sessions of the group couple therapy of the current research and the main factor behind it was the sympathy of the group members and the supportive and friendly atmosphere of the sessions. Christensen et al. (2004) point out that the emotional expression of conflicts related to marital expectations in a supportive atmosphere that is not followed by feelings of guilt and blame is the main factor in improving the emotional bond of couples with obsessive-compulsive spouses. Therefore, it can be expected that the attachment styles of couples with obsessive-compulsive spouses will significantly improve after participating in group couple therapy sessions with a holistic approach.

In couple therapy with an integrated approach, the other areas considered are the cognitive components of the marital relationship and the thinking style of the couple. Couples with obsessive-compulsive spouses have a thinking style with widespread cognitive errors in which the person exaggerates too much in remembering and imagining disturbances in dreams, feelings, thoughts, and experiences and always brings the feeling of failure caused by marital conflict. These failures affect the psychological state of the person and his relationship with his wife and become the basis for the growth of a kind of unexpressed hostility in him that makes his attachment unsafe. Bowling and Hill (2005) state that people who always bear the failure related to marital relations, despite the presence of positive points in their lives, believe that there is no white spot in their married life, and this denial of the positive points and exaggeration of the negative points. It causes communication problems and a decline in the quality of married life. If the couple therapist can make these couples aware of their disturbed thinking style, the first step in improving their bond has been taken (Boling and Hill, 2005).

The researcher's experience, along with the results of other researchers (Jacobsen et al., 2000, Christensen et al., 2004), showed that it is possible to diminish the negative thinking style only



by making the couple aware of this ineffective pattern of thinking and its unpleasant consequences. Consequences not only cause many problems for the marital satisfaction of couples but also cause problems in their mental health. In couple therapy with an integrated approach, the therapist tries to make couples aware of their thinking patterns and consequences. After becoming aware of this ineffective thinking pattern, couples are usually encouraged to pay equal attention to all aspects of their lives (black and white) and distance themselves from cognitive errors by doing cognitive tasks.

The results of this research and past research support the interventions and methods of integrated couple therapy to improve intimacy and marital satisfaction and the attachment style of couples with obsessive-compulsive spouses. According to the findings of this research, awareness of thinking style, recognizing cognitive errors, doing cognitive tasks, strengthening positive behaviors, providing emotional support, accepting emotions, encouraging acceptance of limitations and non-avoidance, sharing experiences, discussing negative emotions related to the disease and possible consequences, expressing unpleasant feelings and also teaching communication skills for couples with obsessive-compulsive spouses can become the basis for improving the quality of the relationship and increasing their marital compatibility by improving intimacy and marital satisfaction and attachment style.

#### **Suggestions**

1. It is suggested to use this treatment method to improve the quality of married life of couples applying for a divorce.
2. It is suggested to compare this treatment method with other couple therapy approaches.
3. It is suggested to conduct couple therapy interventions in an integrated way to reduce the marital conflicts of couples where one of them is suffering from chronic disease.
4. Future researchers are suggested to research the quality of married life of couples with obsessive-compulsive spouses and provide integrated (non-group) couple therapy interventions for these people.
5. It is suggested to discuss the effectiveness of integrative couple therapy on increasing intimacy and marital satisfaction and improving attachment styles more precisely by increasing the number of subjects, placing the follow-up period, and conducting the study in the form of three groups (An integrative couple therapy group, the second group another treatment approach and the third group as a control group).



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