

Development of an Integrative Intervention Combining Emotion-Focused Couple Therapy and the Relationship Enhancement Model and Evaluation of Its Effectiveness on Family Resilience and Posttraumatic Stress in Couples Experiencing Marital Infidelity

Negin. Soleimanyzadeh¹, Hossein. Davudi^{2*}, Hasan. Heydari³

¹ Ph.D. Student, Department of Counseling, Khom.C., Islamic Azad University, Khomein, Iran

² Assistant Professor, Department of Counseling, Khom.C., Islamic Azad University, Khomein, Iran

³ Associate Professor, Department of Counseling, Khom.C., Islamic Azad University, Khomein, Iran

* Corresponding author email address: Ho.Davudi@iau.ir

Article Info

Article type:

Original Research

Section:

Family and Couple Therapy

How to cite this article:

Soleimanyzadeh, N., Davudi, H., & Heydari, H. (2027). Development of an Integrative Intervention Combining Emotion-Focused Couple Therapy and the Relationship Enhancement Model and Evaluation of Its Effectiveness on Family Resilience and Posttraumatic Stress in Couples Experiencing Marital Infidelity. *KMAN Counseling and Psychology Nexus*, 5, 1-17.

<http://doi.org/10.61838/kman.psynexus.6494>



© 2027 the authors. Published by KMAN Publication Inc. (KMANPUB), Ontario, Canada. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

ABSTRACT

This study aimed to develop an integrative intervention combining Emotion-Focused Couple Therapy and the Relationship Enhancement model and to evaluate its effectiveness in improving family resilience and reducing posttraumatic stress among couples experiencing marital infidelity. The study used a mixed qualitative-quantitative design. In the qualitative phase, inductive thematic analysis was conducted on 28 relevant academic sources, and the resulting 10-session intervention protocol was evaluated by 15 experts in psychology and family counseling. Content validity was assessed using the Content Validity Ratio (CVR) and Content Validity Index (CVI). In the quantitative phase, a quasi-experimental pretest-posttest control-group design with a two-month follow-up was employed. Thirty couples experiencing marital infidelity and attending counseling centers in Tehran during winter 2024–2025 were purposively recruited and randomly assigned to experimental and control groups; after attrition, 28 couples remained. The experimental group received the 10-session integrative intervention, whereas the control group continued routine services. Data were collected using the Family Resilience Questionnaire and Posttraumatic Stress Questionnaire and analyzed using mixed-design ANOVA and Bonferroni post hoc tests in SPSS version 23. The intervention demonstrated acceptable content validity, with CVR values ranging from .600 to .866 and CVI values from .800 to .933. Significant Time $\times$ Group interaction effects were found for family resilience, $F(2, 108) = 89.01$, $p < .001$, $\eta^2 = .62$, and posttraumatic stress, $F(2, 108) = 101.46$, $p < .001$, $\eta^2 = .65$. Significant interaction effects were also observed for problem solving, social resources, acceptance of problems, re-experiencing, emotional numbing, and hyperarousal (all $p < .001$). Bonferroni comparisons showed significant pretest-to-posttest and pretest-to-follow-up improvements, whereas posttest-to-follow-up differences were nonsignificant. The integrative Emotion-Focused Couple Therapy and Relationship Enhancement intervention appears to be an effective and relatively stable approach for strengthening family resilience and reducing posttraumatic stress among couples affected by marital infidelity.

Keywords: posttraumatic stress, family resilience, marital infidelity, Emotion-Focused Couple Therapy, Relationship Enhancement, marital relationship quality

1. Introduction

Marital relationships constitute one of the most significant interpersonal contexts in adult life, providing emotional security, companionship, intimacy, identity affirmation, and a framework for coping with developmental and situational stressors. The stability of this bond depends not only on commitment and mutual expectations but also on the quality of emotional responsiveness, communication, trust, attachment security, and the ability of partners to regulate distress within the relationship. When these processes become disrupted, marital functioning can deteriorate substantially and the relationship may become vulnerable to chronic conflict, emotional distancing, dissatisfaction, and infidelity. Marital infidelity is among the most destabilizing relational events because it directly challenges assumptions of exclusivity, trust, loyalty, and emotional safety that typically organize committed partnerships. Contemporary research suggests that infidelity cannot be explained through a single psychological or interpersonal mechanism; rather, it is associated with a complex interaction of individual characteristics, relationship processes, sociocultural factors, attitudes toward fidelity, and patterns of partner selection and compatibility (Aignesberger & Greitemeyer, 2024; Chen & Luo, 2026). In particular, moral disengagement may influence how individuals define infidelity, justify boundary violations, and engage in committed cheating, indicating that the meaning and psychological interpretation of infidelity are themselves important components of relational functioning (Aignesberger & Greitemeyer, 2024). Evidence also suggests that mate-selection processes and assortative mating may shape vulnerability to extradyadic involvement by influencing similarity or dissimilarity in values, behavioral tendencies, and expectations within marriage (Chen & Luo, 2026).

The consequences of marital infidelity frequently extend far beyond dissatisfaction with the relationship and can produce intense emotional and psychological reactions in the betrayed partner as well as broader disruption of the couple system. Disclosure or discovery of infidelity may be experienced as a profound interpersonal trauma characterized by intrusive thoughts, persistent recollections, hypervigilance, emotional numbing, anger, shame, fear, insecurity, physiological arousal, and difficulty restoring a coherent sense of safety. From this perspective, infidelity is not merely a relational transgression but may function as a traumatic stressor when it undermines core beliefs regarding

the reliability, predictability, and emotional accessibility of an intimate partner. Research specifically addressing infidelity-related trauma has shown that therapeutic approaches focused on emotional processing and attachment can reduce posttraumatic stress symptoms following marital betrayal (Mohagheghi & Roshanai, 2022). More broadly, the literature on posttraumatic stress demonstrates that distress following highly threatening interpersonal experiences can include re-experiencing, avoidance or emotional constriction, and heightened arousal, all of which can interfere with interpersonal functioning and psychological adaptation (Kim & Im, 2024; Zhu et al., 2021). Evidence from psychological interventions for survivors of intimate partner violence further confirms that trauma-focused and emotionally oriented interventions can produce meaningful reductions in posttraumatic stress, emphasizing the importance of directly addressing emotional dysregulation and trauma-related meaning rather than focusing exclusively on behavioral symptoms (Ragucci et al., 2024).

Attachment processes are particularly relevant to understanding the psychological impact of infidelity. Romantic partners often function as primary attachment figures, and threats to attachment security may activate intense fears of abandonment, rejection, inadequacy, and loss of relational accessibility. A systematic review and meta-analysis has indicated meaningful associations between attachment styles and marital infidelity, suggesting that insecure patterns of attachment may be related both to vulnerability to infidelity and to the ways partners respond to relational rupture (Ghiasi et al., 2024). When betrayal occurs, the injured partner may intensify proximity-seeking, protest, monitoring, accusation, or withdrawal, while the involved partner may respond with defensiveness, minimization, shame, avoidance, or counterattack. Over time, these reactions can become organized into rigid negative interaction cycles in which each partner's protective behavior confirms the other's fears. Such cycles may sustain distress long after the original event and prevent corrective emotional experiences from developing. Consequently, effective intervention following infidelity requires attention not only to the event itself but also to the attachment meanings, emotional responses, and reciprocal interactional patterns through which the couple continues to experience the consequences of the betrayal.

Emotion-Focused Therapy provides a particularly relevant framework for addressing these processes because it conceptualizes enduring relational distress in terms of maladaptive emotional processing, attachment insecurity,

and repetitive interaction patterns. Within contemporary emotion-focused approaches, emotional experience is treated not as an incidental by-product of relational problems but as a central mechanism of both dysfunction and therapeutic change (Goldstein et al., 2026). Emotionally focused interventions aim to help clients access primary emotional experiences, identify underlying attachment needs, transform maladaptive emotional responses, and create new patterns of responsiveness and connection. The broader theoretical literature has increasingly emphasized that attachment, emotional processing, and interpersonal connection are deeply interdependent and central to psychological health (Greenman & Johnson, 2022). Process-based conceptualizations similarly highlight the usefulness of emotionally focused methods for targeting attachment-related vulnerability, emotional avoidance, and rigid interpersonal patterns through flexible change processes (Greenman et al., 2024). The applicability of emotionally focused work to diverse intimate partnerships also indicates that the core mechanisms of attachment need, emotional accessibility, responsiveness, and secure bonding can be clinically relevant across different forms of couple relationships (Henry et al., 2025).

Emotion-Focused Couple Therapy has accumulated support as an intervention for a range of marital difficulties. Comparative studies indicate that emotionally focused couple therapy can produce beneficial changes in relational and psychological outcomes such as affective balance, dysfunctional expectations, and couple burnout (Frouzi et al., 2022; Ghasemi et al., 2023). In couples experiencing emotional divorce, emotionally focused intervention has also been associated with reductions in marital burnout and dysfunctional attitudes, suggesting that reconstructing emotional engagement may be valuable even when relational disengagement has become pronounced (Pourrahimi et al., 2025). Moreover, Emotion-Focused Therapy has been applied to family and interfamilial conflict contexts in which intense emotional reactivity and attachment-based needs shape patterns of escalation and withdrawal (Stroeh et al., 2023). Of particular relevance to the current study, emotionally focused couple therapy has demonstrated effectiveness in reducing posttraumatic stress resulting from marital infidelity, providing direct empirical support for its application to betrayal-related trauma (Mohagheghi & Roshanai, 2022). These findings indicate that interventions targeting attachment injuries and emotional restructuring may be particularly appropriate when marital infidelity has produced persistent fear,

intrusive recollections, avoidance, emotional detachment, or hyperarousal.

Nevertheless, emotional restructuring alone may not fully address all of the practical and behavioral difficulties experienced by couples attempting to recover after infidelity. Marital betrayal often occurs within or produces broader problems in communication, conflict management, intimacy, forgiveness, shared goals, family functioning, and relationship-maintenance behaviors. Couple relationship enrichment programs address these areas by strengthening constructive communication, problem-solving skills, mutual understanding, emotional expression, relational commitment, and positive interaction. Research has shown that marital enrichment interventions can improve marital quality of life and strengthen relationship functioning (Hesami & Sotoudeh, 2022). Enrichment programs have also been associated with reductions in spousal burnout and improvements in relational adaptation (Menteş & Yildirim, 2024). More recent findings suggest that relationship enrichment can enhance tolerance and relationship-maintenance strategies, which may be especially important in couples facing major transitions or relational strain (Sobhaninia et al., 2025). Couple relationship education may additionally have effects extending beyond communication itself, with evidence linking healthier couple functioning to improvements in other aspects of well-being, including sleep-related outcomes (Wei et al., 2024).

Effective communication represents a central mechanism in marital adjustment because partners must be able to express needs, respond to emotional signals, negotiate disagreements, and repair interpersonal ruptures. Communication skills have been associated with marital satisfaction and may mediate the effects of broader interpersonal tendencies on relationship quality (Kılıçarslan & Parmaksız, 2023). Conversely, chronic conflict and ineffective coordination can affect not only the couple relationship but also other family subsystems, including parent-child relationships and coparenting processes (Li & Liu, 2020). The clinical relevance of communication training is also supported by interventions based on marital enrichment models, which have been shown to improve communication patterns and reduce difficulties in emotion regulation while influencing attachment-related functioning (Elyasi et al., 2024). Emotion-focused marital enrichment has likewise demonstrated beneficial effects on marital virtues, indicating that integration of emotional and relational skill-building components may facilitate broader positive transformation within the couple relationship

(Khojasteh Mehr et al., 2023). Taken together, this evidence supports the view that recovery after infidelity may require both deeper emotional restructuring and explicit training in constructive relational behaviors.

Family resilience is another important outcome in couples coping with the consequences of marital infidelity. Family resilience refers broadly to the capacity of a family system to withstand adversity, reorganize adaptively, mobilize internal and external resources, maintain functional relationships, and recover following significant stress. Rather than representing an absence of distress, resilience reflects the ability to respond to disruption through adaptive meaning-making, effective problem solving, flexible interaction, social support, and relational cohesion. The Family Resilience Scale has demonstrated satisfactory psychometric characteristics in Iranian samples and provides a structured means of assessing this multidimensional capacity (Hosseini & Hossein Chari, 2013; Hosseini & Hosseinchari, 2014). Family resilience is also associated with adaptive dyadic functioning in other stressful contexts. For example, dyadic research involving individuals facing serious health-related stress has shown that family resilience can influence quality of life through coping processes shared between partners, highlighting its inherently relational character (Ke et al., 2023). In the context of marital infidelity, resilience may therefore reflect the couple's ability to reorganize after betrayal, develop new problem-solving strategies, access social and relational resources, accept and process adversity, and reconstruct a more secure relational environment.

Existing evidence further indicates that psychological interventions can enhance resilience among individuals affected by marital infidelity. Cognitive-behavioral couple therapy has been reported to improve resilience and quality of life among women affected by marital betrayal, suggesting that resilience is modifiable through structured therapeutic intervention (Rouhi Karimi et al., 2021). However, resilience after infidelity may require more than cognitive restructuring or behavioral change alone. Because marital betrayal threatens attachment security and can activate strong trauma-related emotional responses, a comprehensive intervention may need to combine emotion regulation, attachment repair, constructive communication, conflict resolution, forgiveness, intimacy enhancement, problem solving, and the development of shared relational goals. Such a combination may support recovery at multiple levels simultaneously: reducing trauma-related distress, restoring emotional responsiveness, rebuilding interpersonal

trust, and strengthening the family system's adaptive capacity.

This multidimensional perspective is consistent with research showing that marital distress is maintained through interacting emotional, cognitive, and behavioral processes. Emotionally focused interventions address attachment needs, primary emotions, relational vulnerability, and interaction cycles, whereas relationship enrichment approaches emphasize teachable skills such as effective communication, conflict management, mutual understanding, and maintenance of positive relational behaviors. Integrating these approaches may therefore offer a complementary treatment framework in which emotional restructuring increases the couple's capacity for secure engagement, while relationship enrichment supplies practical tools for sustaining new interaction patterns. The effectiveness of emotionally focused approaches across outcomes such as couple burnout, dysfunctional expectations, and emotional balance supports the emotional component of such an integration (Firouzi et al., 2022; Ghasemi et al., 2023; Pourrahimi et al., 2025), while findings from marital enrichment interventions support the value of communication and relationship-skill components (Elyasi et al., 2024; Hesami & Sotoudeh, 2022; Menteş & Yıldırım, 2024; Sobhaninia et al., 2025). The combined use of these mechanisms may be particularly appropriate for couples facing infidelity because such couples commonly require both processing of the attachment injury and acquisition of concrete strategies for rebuilding the relationship.

Posttraumatic stress is also likely to interact reciprocally with relational functioning. Intrusive recollections may provoke repeated questioning and conflict; avoidance can inhibit emotional disclosure; emotional numbing may reduce intimacy and responsiveness; and hyperarousal may heighten sensitivity to ambiguous cues and increase hostile or defensive interaction. Studies of trauma-related symptoms show that negative affect, alienation, and emotional disturbances can contribute to the development and persistence of posttraumatic stress responses (Zhu et al., 2021). Research in other high-stress occupational and interpersonal settings has similarly identified multiple psychological and contextual factors associated with posttraumatic stress symptom severity, reinforcing the need for interventions that address both internal emotional responses and external relational conditions (Kim & Im, 2024). In couples affected by infidelity, these processes may create a self-reinforcing cycle in which trauma symptoms impair communication and intimacy, while relational

conflict in turn perpetuates insecurity and trauma activation. An intervention that simultaneously restructures emotional experience and strengthens relational coping may therefore have greater potential to interrupt this cycle.

Measurement of posttraumatic stress within this context is also supported by previous Iranian research applying validated trauma-symptom measures in populations experiencing secondary or relationally transmitted trauma. Evidence from spouses exposed to chronic trauma-related family stress has demonstrated that posttraumatic stress symptoms can be meaningfully assessed and can respond to structured psychological intervention (Kazemi et al., 2012). This is important because the consequences of infidelity are sometimes conceptualized narrowly as marital dissatisfaction, despite the fact that a subset of affected partners may experience a broader symptom profile resembling trauma-related distress. Recognizing this dimension expands the clinical target from restoring relationship satisfaction alone to reducing re-experiencing, emotional numbing, and hyperarousal while simultaneously improving the couple's adaptive relational functioning.

Despite the growing literature on emotionally focused couple therapy, relationship enrichment, family resilience, and trauma following marital betrayal, relatively limited research has examined an explicitly integrated intervention combining Emotion-Focused Couple Therapy with the Relationship Enhancement model for couples experiencing infidelity. Existing studies have generally evaluated emotionally focused therapy, cognitive-behavioral couple therapy, Gottman-based interventions, or enrichment programs separately (Elyasi et al., 2024; Firouzi et al., 2022; Ghasemi et al., 2023; Menteş & Yıldırım, 2024). Yet the complexity of infidelity-related distress suggests that a single theoretical orientation may not fully address attachment injury, emotional dysregulation, communication deficits, trauma symptoms, and reduced family resilience at the same time. A theoretically coherent integration of attachment- and emotion-focused processes with relationship-enrichment skills may provide a broader therapeutic framework capable of addressing both intrapsychic and interpersonal consequences of betrayal. Such an approach is also consistent with the contemporary emphasis on process-oriented and mechanism-based interventions that selectively combine empirically supported therapeutic components around clinically relevant change processes (Goldstein et al., 2026; Greenman et al., 2024).

Accordingly, the aim of the present study was to develop an integrative intervention combining Emotion-Focused

Couple Therapy and the Relationship Enhancement model and to examine its effectiveness in improving family resilience and reducing posttraumatic stress among couples experiencing marital infidelity.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a sequential qualitative–quantitative design to develop and evaluate an integrative intervention combining Emotion-Focused Couple Therapy (EFCT) and the Relationship Enhancement (RE) model for couples experiencing marital infidelity. In the qualitative phase, an inductive thematic analysis approach based on the framework proposed by Attride-Stirling (2001) was used to identify the psychological, emotional, social, cognitive, and relational needs of couples affected by marital infidelity and to integrate the therapeutic principles and techniques of EFCT and the RE model into a coherent intervention protocol. The qualitative source population comprised books, peer-reviewed articles, dissertations, and theses related to marital infidelity, Emotion-Focused Couple Therapy, and Relationship Enhancement. A total of 28 relevant sources were purposively selected and analyzed. In addition, 15 specialists in psychology and family counseling were purposively recruited to evaluate the content validity, structure, therapeutic process, and applicability of the developed intervention. The qualitative development process was conducted in several consecutive stages. First, published research and academic sources were systematically examined to identify the principal psychological, emotional, social, cognitive, and interpersonal needs and difficulties experienced by couples affected by marital infidelity. Second, the extracted material was coded and organized into conceptual and content-based categories reflecting these needs and difficulties, while the theoretical foundations, mechanisms, and therapeutic techniques of EFCT and Relationship Enhancement were simultaneously reviewed. Third, the resulting conceptual categories were transformed into approximately 10–12 intervention-oriented skill domains, and an initial integrative therapeutic protocol was developed using techniques derived from the reviewed theoretical and empirical literature. Fourth, the preliminary protocol was submitted to the 15 experts, who independently evaluated the structure, sequence, process, and content of the sessions using a structured evaluation questionnaire. An open-ended feedback form was also provided to allow experts to suggest

modifications to the intervention content, structure, and delivery process. Fifth, expert feedback was reviewed and incorporated into the protocol, resulting in a revised intervention package. In the final validation stage, the revised protocol was resubmitted to the same panel of experts, and interexpert agreement regarding its content, structure, and therapeutic process was assessed using the Content Validity Ratio (CVR) and Content Validity Index (CVI). The mean CVR and CVI values were .694 and .865, respectively, indicating adequate content validity. Any remaining expert recommendations were subsequently incorporated into the final protocol. The preliminary implementation validity of the intervention was additionally examined in a pilot pretest–posttest study involving four couples affected by marital infidelity. The pilot findings indicated improvements in marital relationship quality and forgiveness following the intervention, thereby providing preliminary support for the feasibility and implementation validity of the developed therapeutic package.

The quantitative phase was an applied, quasi-experimental study using a pretest–posttest control-group design with a two-month follow-up. The study population consisted of couples who had experienced marital infidelity and sought psychological or family counseling services at counseling centers in Tehran during the winter of 2024–2025. Initially, 10 specialized family counseling and psychological service centers in Tehran were selected based on their willingness to collaborate with the study. Couples presenting to these centers in which one partner had been adversely affected by marital infidelity were screened for eligibility. Among eligible couples who agreed to participate, 30 couples, comprising 60 individuals, were recruited through purposive sampling and randomly assigned to either the experimental group or the control group, with 15 couples initially allocated to each group. The required sample size was estimated using G*Power software. Based on an alpha level of .05, a 95% confidence level, and the specified effect-size assumptions, a minimum of 15 couples per group was determined to be adequate. After initiation of the intervention, one couple from the experimental group and one couple from the control group withdrew from the study. Consequently, the final analytic sample consisted of 28 couples, with 14 couples in the experimental group and 14 couples in the control group.

Eligibility criteria included documented experience of marital infidelity by one partner, an age range of 25–45 years, a minimum educational level equivalent to a high school diploma, absence of a major psychiatric disorder as

determined through clinical interview, full informed consent and willingness of both partners to participate, and no psychological intervention or psychiatric medication during the preceding three months. Exclusion criteria consisted of absence from more than two intervention sessions, failure to complete the study questionnaires at either the posttest or follow-up assessment, receipt of concurrent psychological treatment or psychiatric medication during the study period, occurrence of an unforeseen major event likely to substantially influence psychological functioning or study outcomes, and initiation or occurrence of divorce during the study. Couples assigned to the experimental group received the finalized integrative EFCT–RE intervention over 10 sessions, whereas participants in the control group did not receive the study intervention and continued their routine services at the counseling centers. Outcome assessments were conducted at pretest, posttest, and at the two-month follow-up.

2.2. Data Collection Tools

The Family Resilience Questionnaire (FRQ) was developed by Sixbey (2005) to assess the capacity of the family system to adapt effectively to adversity, stress, and challenging circumstances. The instrument consists of 66 items rated on a 4-point Likert-type scale ranging from 1 (strongly disagree) to 4 (strongly agree). Total scores therefore range from 66 to 264, with higher scores indicating greater family resilience and lower scores reflecting poorer family resilience. In the original development study, Sixbey (2005) reported an internal consistency coefficient of .96. Evidence of concurrent criterion-related validity was also demonstrated through associations with established measures of family functioning and personal meaning, including the Family Assessment Device and the Personal Meaning Index. In an Iranian psychometric evaluation, Hosseini and Hossein Chari (2013) reported satisfactory construct validity, with a coefficient of .88, and a Cronbach's alpha coefficient of .92 for the total scale. In the present study, internal consistency reliability was assessed using Cronbach's alpha and was found to be .84, indicating acceptable reliability for the study sample.

The Posttraumatic Stress Questionnaire (PTSQ) was developed by Weathers et al. (1993) to assess symptoms associated with posttraumatic stress. The questionnaire contains 17 items rated on a 5-point Likert-type scale ranging from 1 (not at all) to 5 (extremely), yielding a possible total score ranging from 17 to 85. Higher total

scores represent greater severity and frequency of posttraumatic stress symptoms. Blanchard et al. (1996) reported a Cronbach's alpha coefficient of .93, demonstrating high internal consistency. Weathers et al. (1993) also provided evidence of convergent validity through correlations with established trauma-related measures, including the PK scale of the Minnesota Multiphasic Personality Inventory-2 (MMPI-2; $r = .77$), the Impact of Event Scale ($r = .90$), and a combat exposure measure ($r = .46$). In an Iranian study, Kazemi et al. (2012) reported a reliability coefficient of .90 and a construct validity coefficient of .88. In the present study, Cronbach's alpha for the PTSQ was .84, indicating satisfactory internal consistency.

2.3. Data Analysis

Data were analyzed at both descriptive and inferential levels using IBM SPSS Statistics version 23. Descriptive statistics, including the mean and standard deviation, were calculated for the principal study variables across the experimental and control groups and at the three assessment points. Before conducting the primary inferential analyses, the statistical assumptions required for repeated-measures analysis were evaluated. The Shapiro-Wilk test was used to assess the normality of the distributions, with p values greater than .05 considered indicative of no statistically significant departure from normality. Levene's test was applied to examine the homogeneity of error variances between the experimental and control groups. Mauchly's test of sphericity was used to evaluate the sphericity assumption for within-subject repeated measurements, with a nonsignificant result ($p > .05$) indicating that the assumption had been satisfied. The effectiveness of the integrative

EFCT-RE intervention on family resilience and posttraumatic stress was examined using mixed-design analysis of variance (mixed ANOVA), incorporating group as the between-subjects factor and time as the within-subjects factor across pretest, posttest, and two-month follow-up assessments. Where significant temporal or interaction effects were identified, Bonferroni-adjusted pairwise comparisons were conducted to determine the specific differences among measurement occasions while controlling for Type I error arising from multiple comparisons. Statistical significance was evaluated at an alpha level of .05, and all analyses were performed using IBM SPSS Statistics version 23.

3. Findings and Results

The qualitative phase of the study resulted in the development of a structured 10-session integrative intervention combining the principles and techniques of Emotion-Focused Couple Therapy (EFCT) and the Relationship Enhancement (RE) model. The intervention was designed to address the emotional, attachment-related, communicational, interpersonal, and relational difficulties experienced by couples affected by marital infidelity. The sessions progressed from establishing therapeutic rapport and introducing the conceptual foundations of the intervention to identifying negative interaction cycles, restructuring emotional experiences, strengthening attachment bonds, improving communication and conflict-resolution skills, promoting intimacy and forgiveness, and consolidating newly acquired relational patterns. The content and objectives of each intervention session are presented in Table 1.

Table 1

Summary of the Integrative Emotion-Focused Couple Therapy and Relationship Enhancement Intervention

Session	Topic	Content
1	Introduction, orientation, and establishment of group rules	Introduction of the therapist and participants; explanation of the main objectives of the intervention and group participation rules; discussion of the effects of marital infidelity on marital relationships; brief introduction to Emotion-Focused Couple Therapy and Relationship Enhancement; administration of the pretest.
2	Introduction to Emotion-Focused Couple Therapy and its foundations	Explanation of the foundations of emotion-focused therapy; the role of attachment in EFCT; attention to emotions and emotional processing; the importance of communication patterns in couple relationships; therapeutic goals of EFCT; explanation of attachment as a determinant of couple functioning, including the definition of attachment and the association between attachment styles and marital infidelity.
3	Assessment of couples' communication styles and their consequences	Examination of different communication styles; discussion of the consequences of maladaptive communication patterns; identification of negative interaction cycles underlying marital conflict; introduction to Relationship Enhancement principles; explanation of effective communication and its components; assignment of related homework.
4	Steps 3 and 4: De-escalation of the negative interaction cycle	Identification of each partner's emotional experiences and reframing of key emotions within the couple's interaction cycle; training in conflict-resolution strategies and principles; assignment of related homework.

5	Steps 5 and 6: Expansion and restructuring of emotional experience	Promotion of acceptance of attachment-related emotions, needs, and fears; identification of relational strengths; increased attention to partners' needs and expectations; assignment of related homework.
6	Step 7: Re-engagement and softening	Facilitation of key change events involving emotional re-engagement and softening; use of therapist interventions including evocative responding and empathic conjecture; education regarding intimacy and its components; assignment of related homework.
7	Step 8: Consolidation and integration	Facilitation of new solutions to previously unresolved relational problems; sexual intimacy education, including the importance of sexual relationships, the sexual response cycle, hormones associated with sexual functioning, and correction of misconceptions regarding sexual relationships; assignment of related homework.
8	Step 9: Continued consolidation and integration	Continued consolidation through identification and strengthening of healthy interaction patterns; education regarding family resilience; training in family management, including egalitarianism, financial problem management, parenting-related interactions, and relationships with families of origin; assignment of related homework.
9	Continuation of Step 9: Attachment rituals, forgiveness, and shared goals	Explanation and development of attachment rituals; education regarding forgiveness as a means of Relationship Enhancement; development of shared relational goals; assignment of related homework.
10	Review, consolidation, and termination	Review of the previous session's homework; therapist-led review and consolidation of the principal therapeutic learning outcomes; termination of the intervention; administration of the posttest.

As shown in Table 1, the intervention was organized as a progressive therapeutic sequence in which basic psychoeducation and assessment were followed by increasingly intensive emotional and relational work. The initial sessions focused on the consequences of infidelity, attachment processes, maladaptive communication patterns, and negative interaction cycles. The middle sessions emphasized emotional identification and restructuring, acceptance of attachment-related needs and fears, conflict resolution, relational strengths, and intimacy. The final sessions focused on consolidation of adaptive interaction patterns, family resilience, sexual and emotional intimacy, forgiveness, attachment rituals, and the development of shared goals. Thus, the intervention incorporated both the emotion- and attachment-focused mechanisms of EFCT and

the communication- and skill-based components of the RE model within a coherent 10-session protocol.

Following development of the intervention, its content validity was examined by a panel of 15 experts in psychology and family counseling. The experts evaluated five major characteristics of the protocol: correspondence of session content with the integrative therapeutic process, consistency of the sessions with the required therapeutic structure and steps, adequacy of the time allocated to intervention components and skills, overall adequacy of the intervention, and the overall quality of the intervention. Expert agreement was quantified using the Content Validity Ratio (CVR) and Content Validity Index (CVI). The results are presented in Table 2.

Table 2

Expert Evaluation of the Content Validity of the Integrative Intervention

Expert	Content correspondence	Consistency with intervention structure and steps	Adequacy of allocated time	Adequacy of the intervention	Overall evaluation
1	1.00	1.00	1.00	1.00	1.00
2	1.00	0.90	0.90	0.90	1.00
3	0.90	1.00	1.00	1.00	0.90
4	1.00	0.80	0.90	1.00	1.00
5	0.80	1.00	0.70	1.00	1.00
6	1.00	0.80	0.70	0.90	0.90
7	0.80	1.00	1.00	1.00	1.00
8	0.60	0.50	0.90	0.80	1.00
9	1.00	0.70	1.00	1.00	0.90
10	0.90	1.00	1.00	1.00	0.90
11	1.00	0.80	1.00	0.70	1.00
12	1.00	1.00	1.00	1.00	0.70
13	1.00	0.70	0.70	0.90	0.90
14	0.60	1.00	1.00	0.70	1.00
15	0.90	1.00	1.00	0.80	1.00
CVR	.733	.600	.600	.733	.866
CVI	.866	.800	.800	.866	.933

As presented in Table 2, the expert evaluations supported the content validity of the developed intervention. The CVR values ranged from .600 to .866, while the CVI values ranged from .800 to .933. All obtained values exceeded the minimum criteria specified for acceptable content validity in the present evaluation framework, namely a CVR greater than .49 and a CVI greater than .70 for a panel of 15 experts. The highest agreement was observed for the overall evaluation of the intervention, with a CVR of .866 and a CVI of .933. Content correspondence and overall intervention adequacy also demonstrated strong validity coefficients, with CVR values of .733 and CVI values of .866. These

findings indicate that the experts considered the intervention to have appropriate content, structure, sequencing, time allocation, and overall therapeutic adequacy for couples experiencing marital infidelity.

Descriptive statistics were subsequently calculated for family resilience, its subscales, posttraumatic stress, and its symptom dimensions across the pretest, posttest, and two-month follow-up assessments in the experimental and control groups. Examination of changes in group means provided an initial indication of the direction and persistence of the intervention effects before inferential statistical testing. The descriptive findings are presented in Table 3.

Table 3

Means and Standard Deviations of Study Variables by Group and Assessment Stage

Variable	Group	Pretest M	Pretest SD	Posttest M	Posttest SD	Follow-up M	Follow-up SD
Family resilience, total score	Experimental	106.21	10.29	125.89	14.57	122.89	13.33
	Control	102.00	9.05	99.03	8.25	99.82	8.71
Problem solving	Experimental	59.64	8.36	69.32	9.40	68.03	9.37
	Control	57.85	9.07	56.53	8.66	57.00	8.89
Social resources	Experimental	29.60	5.87	35.75	8.01	34.82	7.46
	Control	28.64	5.30	27.67	4.98	27.96	5.05
Acceptance of problems	Experimental	16.96	3.74	20.82	3.48	20.03	3.50
	Control	15.50	1.77	14.82	1.65	14.85	1.55
Posttraumatic stress, total score	Experimental	52.53	4.54	42.46	7.65	44.82	6.50
	Control	51.85	4.97	53.89	4.91	53.17	4.90
Re-experiencing the traumatic event	Experimental	15.28	1.67	12.14	2.06	12.75	1.99
	Control	15.39	1.59	15.89	1.74	15.82	1.70
Emotional numbing	Experimental	21.00	3.92	17.14	4.66	18.07	4.45
	Control	20.39	4.67	21.25	4.79	20.78	4.58
Hyperarousal	Experimental	16.25	2.17	13.17	2.76	14.00	2.46
	Control	16.07	2.53	16.75	2.73	16.57	2.33

As shown in Table 3, the experimental group demonstrated substantial improvements in family resilience following the intervention, whereas the control group showed little change across the assessment periods. The mean total family resilience score in the experimental group increased from 106.21 at pretest to 125.89 at posttest and remained elevated at 122.89 at follow-up. Similar patterns were observed for problem solving, social resources, and acceptance of problems. In contrast, the control group showed no comparable improvement in these variables. An inverse pattern was observed for posttraumatic stress. The mean total posttraumatic stress score in the experimental group decreased from 52.53 at pretest to 42.46 at posttest and remained lower than baseline at 44.82 at follow-up. Re-experiencing, emotional numbing, and hyperarousal also declined following the intervention and remained lower at

follow-up. Conversely, the control group demonstrated relatively stable posttraumatic stress scores across the three assessment occasions. These descriptive patterns therefore suggested that the intervention was associated with increased family resilience and reduced posttraumatic stress symptoms and that these changes were largely maintained over the two-month follow-up period.

Before conducting the mixed-design ANOVA, the assumptions underlying parametric analysis were examined for family resilience, problem solving, social resources, acceptance of problems, posttraumatic stress, re-experiencing of the traumatic event, emotional numbing, and hyperarousal. The Shapiro–Wilk test produced nonsignificant results across the study variables and groups, with p values ranging from .05 to .37, indicating no substantial departures from normality. Levene’s test of

equality of error variances was also nonsignificant for all dependent variables, with p values ranging from .15 to .93, thereby supporting the assumption of homogeneity of variances. In addition, Mauchly's test of sphericity was nonsignificant for all repeated-measures variables, with p values ranging from .16 to .59. Accordingly, the assumptions of normality, homogeneity of variance, and sphericity were considered adequately satisfied, permitting the use of mixed-design ANOVA without the need for sphericity corrections.

The effects of the intervention across time and between groups were examined using mixed-design analysis of variance. Time represented the within-subjects factor across the pretest, posttest, and follow-up stages, whereas group membership represented the between-subjects factor. Of particular importance was the Group $\times$ Time interaction, which indicated whether patterns of change across the three measurement occasions differed between the experimental and control groups. The results are presented in Table 4.

Table 4

Mixed-Design Analysis of Variance for Family Resilience, Posttraumatic Stress, and Their Subscales

Variable	Effect	SS	df	MS	F	p	η^2	Power
Family resilience	Time	2307.76	2	1153.88	49.87	< .001	.48	1.00
	Group	13680.09	1	13680.09	34.36	< .001	.44	1.00
	Time $\times$ Group	4118.90	2	2059.45	89.01	< .001	.62	1.00
	Error	2498.66	108	23.13				
Problem solving	Time	594.08	2	297.04	41.97	< .001	.43	1.00
	Group	3060.05	1	3060.05	32.16	< .001	.43	1.00
	Time $\times$ Group	978.25	2	489.12	69.11	< .001	.56	1.00
	Error	764.33	108	7.07				
Social resources	Time	223.08	2	111.54	39.42	< .001	.42	1.00
	Group	1178.72	1	1178.72	30.01	< .001	.41	1.00
	Time $\times$ Group	404.65	2	202.32	71.50	< .001	.57	1.00
	Error	305.59	108	2.83				
Acceptance of problems	Time	77.29	2	38.64	29.85	< .001	.35	1.00
	Group	745.92	1	745.92	27.68	.001	.38	.99
	Time $\times$ Group	163.53	2	81.76	63.15	< .001	.53	1.00
	Error	139.83	108	1.29				
Posttraumatic stress	Time	504.65	2	252.32	46.16	< .001	.46	1.00
	Group	1703.72	1	1703.72	35.42	< .001	.41	1.00
	Time $\times$ Group	1109.08	2	554.54	101.46	< .001	.65	1.00
	Error	590.26	108	5.46				
Re-experiencing the traumatic event	Time	54.65	2	27.32	35.58	< .001	.39	1.00
	Group	224.02	1	224.02	26.16	< .001	.32	1.00
	Time $\times$ Group	105.08	2	52.54	68.42	< .001	.55	1.00
	Error	82.92	108	0.76				
Emotional numbing	Time	73.01	2	36.50	38.62	< .001	.41	1.00
	Group	180.21	1	180.21	30.01	< .001	.34	1.00
	Time $\times$ Group	164.25	2	82.12	86.89	< .001	.61	1.00
	Error	102.07	108	0.94				
Hyperarousal	Time	42.94	2	21.47	27.12	< .001	.33	1.00
	Group	166.00	1	166.00	24.68	< .001	.31	1.00
	Time $\times$ Group	105.58	2	52.79	66.70	< .001	.55	1.00
	Error	85.47	108	0.79				

As shown in Table 4, the main effect of time was statistically significant for family resilience, $F(2, 108) = 49.87$, $p < .001$, $\eta^2 = .48$; problem solving, $F(2, 108) = 41.97$, $p < .001$, $\eta^2 = .43$; social resources, $F(2, 108) = 39.42$, $p < .001$, $\eta^2 = .42$; acceptance of problems, $F(2, 108) = 29.85$, $p < .001$, $\eta^2 = .35$; posttraumatic stress, $F(2, 108) = 46.16$, $p < .001$, $\eta^2 = .46$; re-experiencing of the traumatic

event, $F(2, 108) = 35.58$, $p < .001$, $\eta^2 = .39$; emotional numbing, $F(2, 108) = 38.62$, $p < .001$, $\eta^2 = .41$; and hyperarousal, $F(2, 108) = 27.12$, $p < .001$, $\eta^2 = .33$. The main effect of group membership was likewise statistically significant for all variables. More importantly, statistically significant Time $\times$ Group interaction effects were observed for family resilience, $F(2, 108) = 89.01$, $p < .001$, $\eta^2 = .62$;

problem solving, $F(2, 108) = 69.11, p < .001, \eta^2 = .56$; social resources, $F(2, 108) = 71.50, p < .001, \eta^2 = .57$; acceptance of problems, $F(2, 108) = 63.15, p < .001, \eta^2 = .53$; posttraumatic stress, $F(2, 108) = 101.46, p < .001, \eta^2 = .65$; re-experiencing, $F(2, 108) = 68.42, p < .001, \eta^2 = .55$; emotional numbing, $F(2, 108) = 86.89, p < .001, \eta^2 = .61$; and hyperarousal, $F(2, 108) = 66.70, p < .001, \eta^2 = .55$. Thus, the pattern of change over time differed substantially between the experimental and control groups. The interaction effect sizes indicated that approximately 53%–65% of the variance in changes across time was attributable

to the differential patterns associated with group membership, with the strongest interaction observed for posttraumatic stress. Statistical power was .99 or 1.00 across the reported effects, indicating high sensitivity of the analyses for detecting the observed effects.

To determine which assessment occasions differed significantly, Bonferroni-adjusted pairwise comparisons were conducted for the dependent variables. These analyses compared pretest with posttest, pretest with follow-up, and posttest with follow-up scores. The results are presented in Table 5.

Table 5

Bonferroni-Adjusted Pairwise Comparisons Across Assessment Stages

Variable	Reference stage	Comparison stage	Mean difference	SE	p
Family resilience	Pretest	Posttest	-8.35	1.17	< .001
	Pretest	Follow-up	-7.25	0.98	< .001
	Posttest	Pretest	8.35	1.17	< .001
	Posttest	Follow-up	1.10	0.34	.18
Problem solving	Pretest	Posttest	-4.17	0.62	< .001
	Pretest	Follow-up	-3.76	0.52	< .001
	Posttest	Pretest	4.17	0.62	< .001
	Posttest	Follow-up	0.41	0.28	.47
Social resources	Pretest	Posttest	-2.58	0.40	< .001
	Pretest	Follow-up	-2.26	0.34	< .001
	Posttest	Pretest	2.58	0.40	< .001
	Posttest	Follow-up	0.32	0.12	.21
Acceptance of problems	Pretest	Posttest	-1.58	0.26	< .001
	Pretest	Follow-up	-1.21	0.22	< .001
	Posttest	Pretest	1.58	0.26	< .001
	Posttest	Follow-up	0.37	0.13	.19
Posttraumatic stress	Pretest	Posttest	4.01	0.57	< .001
	Pretest	Follow-up	3.19	0.44	< .001
	Posttest	Pretest	-4.01	0.57	< .001
	Posttest	Follow-up	-0.82	0.50	.25
Re-experiencing the traumatic event	Pretest	Posttest	1.32	0.20	< .001
	Pretest	Follow-up	1.05	0.16	< .001
	Posttest	Pretest	-1.32	0.20	< .001
	Posttest	Follow-up	-0.26	0.19	.08
Emotional numbing	Pretest	Posttest	1.50	0.22	< .001
	Pretest	Follow-up	1.26	0.19	< .001
	Posttest	Pretest	-1.50	0.22	< .001
	Posttest	Follow-up	-0.23	0.11	.16
Hyperarousal	Pretest	Posttest	1.19	0.21	< .001
	Pretest	Follow-up	0.87	0.16	< .001
	Posttest	Pretest	-1.19	0.21	< .001
	Posttest	Follow-up	-0.32	0.20	.09

As presented in Table 5, Bonferroni-adjusted pairwise comparisons indicated statistically significant differences between pretest and posttest and between pretest and follow-up for all study outcomes. Family resilience increased significantly from pretest to posttest (mean difference = -

8.35, $p < .001$) and remained significantly higher than baseline at follow-up (mean difference = -7.25, $p < .001$). The same pattern was observed for problem solving, social resources, and acceptance of problems. Conversely, posttraumatic stress decreased significantly from pretest to

posttest (mean difference = 4.01, $p < .001$) and remained significantly lower than baseline at follow-up (mean difference = 3.19, $p < .001$). Significant reductions were similarly observed for re-experiencing, emotional numbing, and hyperarousal at both postintervention assessment points relative to pretest. However, none of the comparisons between posttest and follow-up was statistically significant for family resilience ($p = .18$), problem solving ($p = .47$), social resources ($p = .21$), acceptance of problems ($p = .19$), posttraumatic stress ($p = .25$), re-experiencing ($p = .08$), emotional numbing ($p = .16$), or hyperarousal ($p = .09$). The absence of significant posttest-to-follow-up changes indicates that the improvements achieved immediately after the intervention were largely maintained over the two-month follow-up period.

4. Discussion

The present study aimed to develop an integrative intervention combining Emotion-Focused Couple Therapy (EFCT) and the Relationship Enhancement (RE) model and to evaluate its effectiveness in improving family resilience and reducing posttraumatic stress among couples experiencing marital infidelity. The findings indicated that the intervention possessed acceptable content and implementation validity and produced significant improvements in family resilience and its dimensions, including problem solving, social resources, and acceptance of problems. In parallel, the intervention significantly reduced posttraumatic stress and its major symptom dimensions, including re-experiencing of the traumatic event, emotional numbing, and hyperarousal. The significant Time $\times$ Group interaction effects across all dependent variables showed that the trajectory of change in the experimental group differed substantially from that of the control group. Moreover, Bonferroni-adjusted comparisons demonstrated that the improvements observed at posttest were maintained at the two-month follow-up, because posttest and follow-up scores did not differ significantly. Taken together, these findings suggest that the integrated EFCT-RE intervention was effective not only in producing immediate therapeutic change but also in maintaining these gains over the short-term follow-up period.

The significant improvement in family resilience is consistent with theoretical and empirical evidence indicating that resilience within couples and families is strengthened when partners are able to regulate emotions, communicate effectively, mobilize relational resources, and respond

adaptively to adversity. Family resilience is not merely an individual capacity but a systemic process involving shared coping, flexibility, problem solving, emotional connectedness, and access to supportive resources. Previous work has shown that family resilience is associated with dyadic coping and quality of life in couples facing significant stress, underscoring the relational and reciprocal nature of resilience processes (Ke et al., 2023). The present findings are also consistent with research demonstrating that interventions targeting marital functioning can improve resilience among individuals affected by marital infidelity (Rouhi Karimi et al., 2021). The current intervention may have strengthened resilience because it simultaneously targeted the emotional consequences of betrayal and the practical relational skills necessary for reorganization after a marital crisis.

The improvement in problem solving observed in the present study can be interpreted in light of the communication and relational-skill components incorporated into the RE model. Couples experiencing infidelity often become trapped in rigid patterns of accusation, withdrawal, defensiveness, and repetitive conflict, which limit their ability to address current problems constructively. By training couples to identify communication patterns, understand negative interaction cycles, express needs more clearly, and use structured conflict-resolution strategies, the intervention may have increased their capacity to manage disagreements without escalating emotional distress. This interpretation is supported by previous research indicating that effective communication is strongly associated with marital satisfaction and can mediate the effects of maladaptive interpersonal tendencies on relationship quality (Kılıçarslan & Parmaksız, 2023). Similarly, enrichment-based programs have been shown to improve communication patterns and emotion-regulation difficulties among couples (Elyasi et al., 2024), while marital enrichment interventions have also demonstrated beneficial effects on relationship quality and related indicators of marital functioning (Hesami & Sotoudeh, 2022; Menteş & Yıldırım, 2024). Thus, the increase in problem-solving capacity observed in the present study is consistent with the premise that couples become more resilient when they are equipped with concrete skills for managing conflict and jointly responding to relational stress.

The significant increase in social resources may also reflect the systemic emphasis of the intervention. Following infidelity, couples frequently experience shame, secrecy,

interpersonal isolation, and reluctance to seek support. These processes can reduce perceived access to social and familial resources precisely when such resources are most needed. The intervention included attention to family functioning, relationships with families of origin, shared goals, and the reorganization of relational roles, all of which may have helped participants perceive and use interpersonal resources more effectively. Research on couple and family functioning has shown that relational conflict can spread across family subsystems, influencing not only the couple relationship but also parenting and broader family interactions (Li & Liu, 2020). Conversely, strengthening the couple bond and improving communication may create conditions in which partners are more able to access social support and coordinate their responses to stress. Relationship-enrichment programs have also been associated with greater tolerance and more adaptive relationship-maintenance strategies, which may contribute to the preservation of relational resources during periods of strain (Sobhaninia et al., 2025).

The increase in acceptance of problems is likewise theoretically meaningful. Recovery from marital infidelity often requires partners to acknowledge the existence and impact of the betrayal without becoming permanently organized around it. Acceptance in this context does not imply approval of the betrayal; rather, it involves recognizing the reality of the event, tolerating difficult emotions, reducing avoidant or defensive responses, and developing the capacity to engage with the relationship in a more flexible manner. EFCT may facilitate this process by helping partners move from secondary reactive emotions such as anger, criticism, or withdrawal toward more primary emotions such as fear, grief, shame, loneliness, and longing for attachment security. Emotion-focused models emphasize the transformation of maladaptive emotional processes through access to and restructuring of core emotional experiences (Goldstein et al., 2026). The attachment-based foundations of Emotionally Focused Therapy similarly suggest that emotional accessibility and responsiveness can create conditions for a more secure relational bond and greater adaptive coping (Greenman & Johnson, 2022). These mechanisms may explain why participants became better able to accept and manage relational problems following the intervention.

The reduction in posttraumatic stress was another central finding of the study. Participants in the experimental group showed significant declines in total posttraumatic stress as well as in re-experiencing, emotional numbing, and

hyperarousal, whereas the control group did not demonstrate comparable improvement. This result is consistent with previous research specifically showing that emotionally focused couple therapy can reduce posttraumatic stress associated with marital infidelity (Mohagheghi & Roshanai, 2022). It is also in line with broader evidence that structured psychological interventions can effectively reduce trauma-related symptoms in populations exposed to severe interpersonal stress (Ragucci et al., 2024). Marital infidelity can function as an attachment injury and interpersonal trauma because it undermines assumptions of safety, trust, predictability, and emotional availability within an intimate relationship. When the betrayed partner repeatedly re-experiences the event, remains hypervigilant to signs of further betrayal, or withdraws emotionally as a protective strategy, the couple may become trapped in a cycle that maintains both trauma symptoms and relationship distress.

The reduction in re-experiencing symptoms may be explained by the intervention's focus on identifying, processing, and reorganizing emotional meanings associated with the betrayal. Intrusive recollections and repetitive mental replay are often intensified when the event remains emotionally unprocessed or when the individual continues to perceive the attachment bond as unsafe. Through structured emotional engagement, validation, empathic responding, and the reconstruction of interactional patterns, participants may have developed a more coherent narrative of the betrayal and a greater sense of relational predictability. This could reduce the emotional intensity of trauma-related memories. Research on posttraumatic stress has shown that negative emotions, alienation, and affective disturbance are closely related to trauma symptomatology (Zhu et al., 2021). Thus, therapeutic approaches that reduce emotional isolation and enhance interpersonal connection may indirectly reduce intrusive trauma symptoms as well.

The decline in emotional numbing may similarly reflect increased emotional accessibility within the relationship. Numbing can operate as a protective strategy following betrayal, allowing the injured partner to distance from painful emotions but also restricting intimacy and relational engagement. EFCT explicitly seeks to increase emotional awareness, deepen access to primary emotions, and promote responsive engagement between partners. Contemporary emotion-focused frameworks emphasize that emotional change is facilitated when clients can safely approach previously avoided internal experiences and reorganize them within a supportive relational context (Greenman et al., 2024). The applicability of emotionally focused

interventions across diverse intimate relationships further supports the idea that emotional responsiveness and attachment repair are central therapeutic processes rather than context-specific techniques (Henry et al., 2025). By helping couples express vulnerable emotions and respond to them in new ways, the intervention may have reduced the need for emotional disengagement and defensive numbing.

The significant reduction in hyperarousal may be understood as a consequence of increased perceived safety and reduced relational threat. After infidelity, many partners become highly sensitive to ambiguous cues, monitor the other partner's behavior, and interpret uncertainty as evidence of further danger. Such heightened vigilance can produce chronic physiological and emotional activation. As the intervention helped couples identify and de-escalate negative interaction cycles, clarify expectations, improve communication, and establish more predictable patterns of responsiveness, participants may have experienced less need for constant threat monitoring. Research in other trauma-exposed populations has shown that posttraumatic stress severity is influenced by psychological and contextual factors that maintain arousal and distress (Kim & Im, 2024). Accordingly, reducing relational ambiguity and increasing emotional security may have contributed to lower hyperarousal in the experimental group.

The findings also align with previous studies demonstrating the broader effectiveness of emotionally focused interventions for marital distress. Emotionally focused couple therapy has been shown to improve affective balance, reduce dysfunctional expectations, and alleviate couple burnout (Firouzi et al., 2022; Ghasemi et al., 2023). It has also demonstrated benefits among couples experiencing emotional divorce, where relational disengagement and dysfunctional attitudes are often pronounced (Pourrahimi et al., 2025). These findings support the view that emotional restructuring can modify the deeper affective processes underlying persistent marital dysfunction. The present study extends this evidence by showing that when such emotional work is combined with relationship-enrichment techniques, improvements can be observed in both systemic resilience and trauma-related symptomatology.

The effectiveness of the integrative intervention may also be explained by the complementary nature of EFCT and the RE model. EFCT primarily addresses attachment injuries, emotional vulnerability, and negative interaction cycles, whereas RE-oriented components provide explicit skills for communication, conflict management, intimacy,

forgiveness, shared goal setting, and relational maintenance. These approaches therefore operate at partially different but mutually reinforcing levels. Emotional insight without behavioral change may not be sufficient to alter long-standing interaction patterns, while communication training without attention to attachment injury may remain superficial when betrayal has produced deep fear and insecurity. The present intervention may have been effective because it combined both pathways. This interpretation is supported by studies showing that marital enrichment programs improve marital quality, communication, and relational functioning (Elyasi et al., 2024; Hesami & Sotoudeh, 2022), while emotion-focused enrichment has been associated with improvements in marital virtues and positive relational qualities (Khojasteh Mehr et al., 2023).

The intervention's effects may further be understood through the concept of relationship maintenance. Following infidelity, couples often require not only acute repair but also the establishment of new routines that prevent relapse into dysfunctional interaction patterns. The sessions addressing attachment rituals, forgiveness, intimacy, family management, and shared goals may have contributed to this maintenance process. Evidence suggests that relationship-enrichment approaches can enhance strategies for preserving the relationship under stress (Sobhaninia et al., 2025). Likewise, couple relationship education has been linked with improvements that extend into broader areas of functioning, suggesting that strengthening the couple system may produce benefits beyond immediate relationship satisfaction (Wei et al., 2024). The maintenance of gains at follow-up in the present study may therefore reflect the development of new relational habits rather than only temporary symptom relief.

The results are also consistent with evidence that attachment styles are meaningfully related to marital infidelity (Ghiasi et al., 2024). Because the intervention directly addressed attachment, it may have helped couples reinterpret problematic behaviors not simply as hostility or indifference but as defensive responses to fears of rejection, abandonment, inadequacy, or loss of connection. This reframing can reduce blame and increase empathic understanding. Such a shift may be particularly important after betrayal, when moral judgment and perceived violation of relational norms can dominate the couple's interactions. Research on moral disengagement and definitions of infidelity demonstrates that beliefs about commitment and boundary violations influence how infidelity is understood and enacted (Aignesberger & Greitemeyer, 2024). In

addition, broader relational and partner-selection factors may shape vulnerability to infidelity and its meaning within the marriage (Chen & Luo, 2026). Therefore, an intervention that combines emotional, interpersonal, and relational-skill components may be better positioned to address the multidimensional nature of infidelity-related distress.

Another important finding was the maintenance of treatment gains at the two-month follow-up. The absence of significant differences between posttest and follow-up scores suggests that improvements in family resilience and reductions in posttraumatic stress remained relatively stable after the intervention ended. This maintenance may indicate that participants internalized the therapeutic skills and continued to use them in daily interactions. The intervention did not merely focus on therapist-led emotional processing; it also included homework, conflict-management skills, intimacy-related education, family management, forgiveness, and shared-goal development. These practical components may have facilitated continued application after treatment. The result is consistent with the broader rationale of enrichment-based interventions, which seek to strengthen durable relationship competencies rather than only achieve short-term symptom reduction (Menteş & Yildirim, 2024; Sobhaninia et al., 2025).

5. Conclusion

Overall, the present findings support an integrative understanding of recovery after marital infidelity. Betrayal-related distress appears to involve overlapping attachment, emotional, cognitive, communicational, and trauma-related processes. The effectiveness of the EFCT-RE intervention suggests that simultaneously addressing emotional injury and relationship skills may be particularly useful for couples seeking to remain together after infidelity. By reducing negative interaction cycles, increasing access to primary emotions, strengthening attachment security, improving communication and problem solving, and promoting forgiveness, intimacy, and shared goals, the intervention may create the conditions necessary for both symptom reduction and systemic adaptation. These findings contribute to the growing body of evidence supporting emotionally focused and enrichment-based couple interventions and suggest that their integration may provide a clinically useful framework for couples affected by marital betrayal.

Several limitations should be considered when interpreting the findings. First, the study was conducted with couples recruited from counseling centers in Tehran, which

limits the generalizability of the results to couples who do not seek professional services, couples from other cultural or geographic contexts, and populations with different socioeconomic or relational characteristics. Second, purposive sampling may have introduced selection bias, because couples who volunteered for the study may have been more motivated to preserve their relationship or more receptive to psychological intervention than other couples affected by infidelity. Third, the final sample was relatively small, and although the statistical analyses indicated strong effects, a larger sample would provide more stable estimates and greater confidence in subgroup analyses. Fourth, the follow-up period was limited to two months, and therefore the long-term durability of the intervention effects remains uncertain. Fifth, the study relied primarily on self-report questionnaires, which may be influenced by social desirability, recall bias, and participants' subjective interpretation of their symptoms and family functioning. Finally, the study did not differentiate outcomes according to factors such as type of infidelity, duration of the extradyadic relationship, whether the infidelity was emotional or sexual, which partner engaged in the infidelity, or the severity of preexisting marital conflict.

Future studies should replicate the present findings with larger and more diverse samples recruited from different cities, cultural settings, and service contexts. Randomized controlled trials with larger sample sizes would provide stronger evidence regarding the causal efficacy of the integrative intervention. Researchers should also employ longer follow-up periods, such as six months and one year, to determine whether improvements in resilience and trauma symptoms remain stable over time. It would be valuable to compare the integrated EFCT-RE protocol directly with EFCT alone, relationship enrichment alone, cognitive-behavioral couple therapy, and other established approaches in order to determine whether the integrated format provides incremental benefits. Future research should also examine potential mediators and moderators of treatment response, including attachment style, forgiveness, emotion regulation, severity of infidelity-related trauma, relationship duration, gender, baseline marital satisfaction, and willingness to continue the relationship. Incorporating observational measures of couple interaction, clinician-rated outcomes, physiological indicators of arousal, and qualitative interviews could provide a more comprehensive understanding of therapeutic change. Studies could additionally examine whether intervention effectiveness

differs according to the type, duration, and disclosure context of marital infidelity.

In clinical practice, counselors and couple therapists working with infidelity should assess both relational functioning and trauma-related symptoms rather than treating the problem solely as marital dissatisfaction. Intervention planning should include attention to attachment injuries, emotional regulation, negative interaction cycles, communication patterns, problem-solving skills, intimacy, forgiveness, and the reconstruction of shared goals. Therapists may benefit from using a phased approach in which initial sessions emphasize emotional safety and de-escalation, middle sessions focus on restructuring attachment-related emotions and communication, and later sessions consolidate new interaction patterns through practical relationship-maintenance skills. Routine monitoring of posttraumatic stress symptoms can help clinicians identify partners who require more intensive trauma-focused work. Couple-based interventions should also be adapted to the readiness, safety, and relational goals of both partners, and clinicians should avoid assuming that reconciliation is always the desired or appropriate outcome. Where couples choose to continue the relationship, an integrated framework combining emotional processing with structured relationship-enrichment techniques may be particularly useful for rebuilding trust, strengthening resilience, and reducing persistent trauma-related distress.

Authors' Contributions

Authors equally contributed to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

References

- Aignesberger, V., & Greitemeyer, T. (2024). Morality in romantic relationships: The role of moral disengagement in relationship satisfaction, definitions of infidelity, and committed cheating. *Personal Relationships*, 12, 1-22.
- Chen, F., & Luo, W. (2026). The role of assortative mating in marital infidelity: Insights from China. *Social science research*, 133, 1032-1035. <https://doi.org/10.1016/j.ssresearch.2025.103280>
- Elyasi, F., Mirzahosseini, H., & Sharifi Rad, G. (2024). The effectiveness of a group marital enrichment program using Gottman's method on difficulties in emotion regulation, communication patterns, and attachment styles among couples in Qom Province. *Rooyesh-e-Ravanshenasi*, 13(12), 43-54.
- Firouzi, M., Golparvar, M., & Aghaei, A. (2022). Comparing the effectiveness of emotionally focused couple therapy, cognitive behavioral couple therapy, and Gottman's systemic-cognitive couple therapy on affective balance and dysfunctional expectations in women with symptoms of sexual dysfunction. *Iranian Journal of Psychiatric Nursing*, 10(1), 1-17.
- Ghasemi, F., Afsharinia, K., & Amiri, H. (2023). Comparing the effectiveness of emotionally focused couple therapy and cognitive behavioral couple therapy on couple burnout. *Razi Journal of Medical Sciences*, 30(3), 81-90.
- Ghiasi, N., Rasool, D., Haseli, A., & Feli, R. (2024). The interplay of attachment styles and marital infidelity: A systematic review and meta-analysis. *Heliyon*, 10(1), 232-236.
- Goldstein, Z., Goldman, R., & Rollet, D. (2026). Emotion-focused therapy. In L. Hoffman, L. X. Vallejos, D. Hocoy, P. Tummala-Narra, & E. M. DeRobertis (Eds.), *APA handbook of humanistic and existential psychology: Clinical and social applications* (pp. 369-388). American Psychological Association. <https://doi.org/10.1037/0000432-019>
- Greenman, P. S., Campbell, T. L., & Allan, R. (2024). Attachment, emotion, and change: Emotionally focused individual therapy (EFIT) within a process-based therapy (PBT) framework. *Journal of Contextual Behavioral Science*, 32, 1007-1011.
- Greenman, P. S., & Johnson, S. M. (2022). Emotionally focused therapy: Attachment, connection, and health. *Current opinion in psychology*, 43, 146-150.
- Henry, M. C., Burks-Wright, M. A., & Robertson, D. (2025). Emotionally focused therapy in sexually diverse intimate partnerships. *The Family Journal*, 34(1), 1026-1029. <https://doi.org/10.1177/10664807251378706>
- Hesami, S., & Sotoudeh, F. (2022). The effect of Olson's marital relationship enrichment training on couples' marital quality of life. *New Ideas in Psychology*, 15(19), 75-78.
- Hosseini, F., & Hossein Chari, M. (2013). Examining evidence of the validity and reliability of the Family Resilience Scale. *Quarterly Journal of Family Counseling and Psychotherapy*,

- 3(2), 181-209.
<https://doi.org/10.1001.1.22516654.1392.3.2.2.6>
- Hosseini, F. S., & Hosseinchari, M. (2014). The survey of validation and reliability of Family Resiliency Scale. *Quarterly Journal of Family Counseling and Psychotherapy*, 3(2), 181-209.
<https://doi.org/10.1001.1.22516654.1392.3.2.2.6>
- Kazemi, A., Bani Jamali, S., Ahadi, H., & Farrokhi, N. (2012). Examining the effectiveness of cognitive behavioral strategy training in reducing secondary posttraumatic stress disorder symptoms and psychological problems among spouses of veterans with chronic war-related PTSD. *Medical Sciences Journal of Islamic Azad University*, 22(2), 122-129.
- Ke, J., Lin, J., Lin, X., Chen, W., & Huang, F. (2023). Dyadic effects of family resilience on quality of life in patients with lung cancer and spousal caregivers: The mediating role of dyadic coping. *European Journal of Oncology Nursing*, 66, 1024-1028.
- Khojasteh Mehr, R., Shirmardi, S., Omidian, M., & Soudani, M. (2023). The effectiveness of an emotion-focused marital enrichment program in improving couples' marital virtues. *Positive Psychology Research*, 9(1), 1-26.
- Kılıçarslan, S., & Parmaksız, I. (2023). The mediator role of effective communication skills on the relationship between plumbing tendencies and marriage satisfaction in married individuals. *Computers in human Behavior*, 147, 1078-1082.
- Kim, S. H., & Im, Y. J. (2024). Factors related to post-traumatic stress disorder symptoms among intensive care unit nurses. *Asian Nursing Research*, 18(2), 159-166.
- Li, X., & Liu, Q. (2020). Parent–grandparent coparenting relationship, marital conflict and parent–child relationship in Chinese parent–grandparent coparenting families. *Children and Youth Services Review*, 109, 104-108.
- Menteş, A., & Yıldırım, I. (2024). The effect of marriage enrichment program on spousal burnout of married women. *Turkish Journal of Counseling Psychology and Guidance*, 14(72), 124-136.
- Mohagheghi, H., & Roshanai, M. (2022). The effect of emotionally focused couple therapy on posttraumatic stress disorder resulting from marital infidelity. *Research in Behavioral Sciences*, 20(2), 305-316.
- Pourrahimi, J., Zeinali, A., & Shaker Dolagh, A. (2025). The effectiveness of emotionally focused couple therapy on marital burnout and dysfunctional attitudes in couples experiencing emotional divorce. *Journal of Psychological Science*, 24(148), 137-152.
- Ragucci, F., Dragan, M., Cuomo, A., Fagiolini, A., & Pozza, A. (2024). Psychological interventions for post-traumatic stress disorder in women survivors of intimate partner violence: A systematic review and meta-analysis. *Journal of Affective Disorders Reports*, 17, 1008-1012.
- Rouhi Karimi, T., Shirazi, M., & Sanagouye Moharrer, G. (2021). Examining the effectiveness of cognitive behavioral couple therapy on resilience and quality of life among women affected by marital infidelity. *Disability Studies*, 11(1), 111-124.
- Sobhaninia, A., Abbaspour, Z., & Kian Ersi, S. (2025). The effectiveness of a couple relationship enrichment program based on the transition to parenthood on tolerance and relationship maintenance strategies. *Counseling Culture and Psychotherapy*.
- Stroeh, O. M., Hirose, S., Yoon, M. Y., Yao, X., & Rendleman, R. (2023). Managing interfamilial conflict: Catching the bullet from emotionally focused therapy. *Journal of the American Academy of Child & Adolescent Psychiatry*, 62(10), 422-427.
- Wei, M., Adler-Baeder, F., McGill, J. M., & Novak, J. R. (2024). Healthy couple, better sleep: Exploring connections and changes in couple relationship education participants. *Family Process*, 63(3), 218-227.
- Zhu, Y., Zhang, L., Zhou, X., Li, C., & Yang, D. (2021). The impact of social distancing during COVID-19: A conditional process model of negative emotions, alienation, affective disorders, and post-traumatic stress disorder. *Journal of affective disorders*, 281, 131-137.