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© 2025 the authors. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License. Comparing the Effectiveness of Gottman Method Couple Therapy and Integrative Behavioral Couple Therapy on the Emotional Abuse of Women with Addicted Husbands

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ABSTRACT

Objective: The present research was conducted to compare the effectiveness of Gottman method couple therapy (GMCT) and integrative behavioral couple therapy (IBCT) on the emotional abuse of women with addicted husbands.

Methods and Materials: The statistical population included all women with addicted husbands referring to the Welfare Organization in Ahvaz in 2022. In a quasiexperimental design with a pretest-posttest design with a control group, 45 people meeting the inclusion criteria were selected using purposeful sampling and randomly assigned to two experimental groups and a control group. The data collection tool was Azar Brahimi's (2008) questionnaire. IBCT and GMCT interventions were implemented in the experimental groups for ten 90-minute sessions in a group and on a weekly basis. Finally, the follow-up stage was carried out one month after treatment completion. Data were analyzed using multivariate analysis of covariance (MANCOVA). The data analyses were performed using SPSS-22 software.

Findings: The results demonstrated that both IBCT and GMCT were effective in reducing the emotional abuse of women with addicted husbands (p<0.001), but no significant difference was observed between the effectiveness of these two treatment methods on the mentioned variable.

Conclusion: Based on the findings, it can be said that the use of both treatment approaches will be effective in reducing the emotional abuse of women with addicted husbands. consequently, participation in this couple therapy two approach results in promoting marital satisfaction in couples with marital conflict and maladjustment. it is necessary for psychologists to hold and implement such Conduct training.

Keywords: Couple therapy; behavioral therapy, emotional abuse, women.

Introduction

Drug dependence is a chronic disease observed in 20-30% of individuals with compulsive drug seeking and use (Luscher & Janak; Pirzadeh & Parsakia). This disease has detrimental physical, mental, family, occupational, financial, and moral effects, unfavorable social consequences, and also the loss of young human capital and masterminds (Kamkar et al.). Men's addiction leads their wives to frustration and causes them to express less affection to their wives (Mohamadifar et al.). Numerous factors lead to increasing marital turmoil, including abuse between couples. Abuse is one of the crises the presence of which in any form causes family insecurity and instability. Abuse occurs in four ways: Physical abuse, emotional abuse, sexual abuse, and verbal abuse. Emotional abuse is the most common form of interpersonal violence involving all forms of nonphysical abuse and distress due to verbal and non-verbal actions and can encompass various forms of abnormalities and attempts to seclude the partner and undermine the spouse's self-esteem (Bushong; Rhodes et al.). By reviewing the articles investigating domestic violence among Iranian women between 2001 and 2014, Hajnasiri et al. (2017) found the prevalence rate of emotional abuse among Iranian women to be 59%, physical abuse to be 45%, and sexual abuse to be 32% (Hajnasiri et al., 2017). Accordingly, and considering the materials mentioned above, investigating the variables related to emotional abuse can help better explain its ascending or descending conditions. Several treatment methods have been suggested in numerous studies to eliminate this problem. One of these effective interventions to solve problems between couples is Gottman method couple therapy (GMCT). The GMCT model helps couples change their thoughts, perceptions, and behaviors. This model enables the therapist to train couples to improve and develop relationships and intimacy. This approach makes therapists flexible in using various approaches, tools, and techniques in order to change the system, facilitate individual intrapsychic transformations, and understand how changes occur at the behavioral level (Hallajian et al.; Omidi & Talighi)(Soheili et al., 2019). GMCT aims to reconstruct marital relationship and strengthen marital friendship so that, through this pathway, couples can be helped to learn conflict management skills and the meaning of

having a shared sense in the relationship. Research findings indicated that GMCT could relieve marital conflicts and lead to induce more attachment and emotional stability (Gottman & Gottman). According to Tarkeshdooz et al. (2022); Davodvandi et al. (2020) and Denial and Mc-Karti (2019) GMCT is effective on various dimensions of couple intimacy, particularly sexual and emotional intimacy and marital adjustment of couples with marital problems, and this couple therapy approach can improve couples' relationships and intimacy and reduce their marital problems by promoting the level of marital adjustment (Davoodvandi et al.; Denial & Mc-Karti; Tarkeshdooz et al.).

Another approach that has been presented to treat the problems of families and couples is integrative behavioral couple therapy (IBCT). This method is used to solve problems concerning couple relationships, problems that can originate from cognitive distortions between couples and they also lack the required awareness and skills to realistically understand and solve problems stemming from how they communicate with each other (Danlian Namagardi et al.; Farabi et al.; Mairal). By improving couples' communication patterns, the IBCT approach can elevate couples' levels of marital adjustment and emotional and sexual intimacy, and reduce their negative emotions and marital conflicts (Yoo et al., 2014). According to Wiedeman (2022) by promoting the acceptance mechanism, improving the level of resilience, and reducing marital disturbances, this couple therapy approach leads to promoting the level of communication patterns in couple relationships and preventing disputes from being intensified in the marital relationship, thereby helping couples increase the level of marital satisfaction (Wiedeman). As Qari Saadati et al. (2022) research shows, although GMCT and choice theory-based couple therapy are both effective and significant and significantly reduce marital conflicts among couples with marital conflicts, the two methods are not significantly different in terms of effectiveness on marital conflicts (Qari Saadati et al., 2022 and Education Science in Iran and Islamic World). Shiri and Gudarzi (2021) demonstrated that the systemic-behavioral couple therapy approach helped women with addicted husbands elevate their ability to establish effective relationships, dialogue, negotiation, and interaction, and consequently improved their family and sexual performance (Shiri & Godarzi). Soleyman Brojerdi et al.

(2021) concluded that the couple therapy approach reduced emotional divorce and improved communication patterns and distress tolerance in couples with marital problems (Soleyman Brojerdi et al., 2021). Based on Hamidi et al. (2021) study selfdifferentiation as a mediating variable can moderate the association between co-dependence and emotional abuse (Hamidi et al.). Hence, emphasis on selfdifferentiation training to lessen the effects of codependence and emotional abuse can be taken into account. Saemi et al. (2020) found in their research the changes of GMCT in the emotion regulation difficulty component, including not accepting negative emotions, difficulty in performing purposeful behaviors, difficulty in controlling impulsive behaviors, and lack of emotional awareness (Saemi et al.). Rajaei et al. (2019) indicated that GMCT resulted in reducing marital problems (Rajaei et al.). Davodvandi et al. (2018) found that GMCT affected couples' increased marital adjustment and intimacy (Davoodvandi et al.); Bushong (2018) revealed that acceptance and commitment-based couple therapy decreased couples' emotional abuse (Bushong).

According to the previous research and the high statistics of emotional abuse among couples, it is necessary to evaluate this issue and provide plans and solutions to manage this problem in families because the existence of emotional abuse between couples leads to decreased intimacy between couples, decreased love and affection, increased aggression, etc. This damage has even sometimes led the marital life to separation and divorce. Accordingly, the findings of this research on the one hand can help reinforce and enrich theories related to the family, particularly at the level of couples' emotional issues, and on the other hand, be applied to programs concerning promoting the quality of family and couple relationships, and also preventing marital problems. The results of this research can also be used in various educational and therapeutic organizations and institutions, such as psychological service centers, welfare centers, and family courts. Since the first step to improve marital relations is early training programs, the effectiveness of IBCT and GMCT approaches, as far as the researchers of this research have studied, has been approved in improving marital relationships and reducing many marital conflicts; however, no study was found to compare these two treatment methods. Therefore, it seemed necessary to conduct a study to

determine the effectiveness of GMCT and IBCT approaches and to compare them in reducing the emotional abuse of women with addicted husbands.

Methods and Materials

Study Design and Participants

The current research was a quasi-experimental study with a pretest-posttest design with a control group. The statistical population of this research included all women with addicted husbands referring to the Welfare Organization in Ahvaz in 2022. Abuse Questionnaire (EAQ). The interventions were implemented in the experimental groups for ten 90-minute sessions in a group and on a weekly basis, while no intervention was considered for the control group during the research implementation process. Finally, after completing the course, all three groups responded to the EAQ again. The inclusion criteria included at least 3 years of marital life, an age range of 20-50 years, the minimum literacy to understand educational materials, having a husband addicted to any opioids, and not participating in other treatments simultaneously. The exclusion criteria included not attending the sessions regularly, the husband's abstinence, and separation or divorce at the time of holding the sessions.

The Cohen formula was used to calculate the sample size and the minimum number of respondents required to assess the effectiveness of the intervention. Due to the fact that in experimental studies, a minimum sample of 15 people is considered. Based on this, 45 women whose husbands are addicted to drugs were selected as the sample population using the purposeful sampling method, based on the criteria for entering and exiting the study and based on the acquired scores in the marital quality scale and randomly assigned to two groups who were randomly assigned to two experimental groups and one control group based on the inclusion and exclusion criteria and based on the scores obtained in the Emotional. [significance level: $\alpha = 0.5$; effect size: d = 080; and power: 90%]. The calculated sample size required for each group was 15 individuals considering 10% attrition.

Data Collection Tools

The EAQ: This questionnaire, designed by Brahimi (2008), is used to measure the level of emotional abuse in couples. The EAQ consists of 4 subscales, including verbal abuse of criticism, withdrawal neglect, dominance, and social restriction, and 80 questions scored on a five-point scale from one to five ("never = 1" to "always = 5"). A low score denotes lack of emotional abuse and a high score denotes higher emotional abuse. Brahimi (2008) reported the convergent and divergent validity of this questionnaire through correlation with the Marital Satisfaction Scale (MSS) (-0.85) and the Marital Conflict Scale (MCS) (0.68), respectively, and the test-retest reliability using Cronbach's alpha of 0.93 (Brahimi). In Alipanah et al. (2020) research, the reliability rate of verbal abuse of criticism was reported to be 0.76, social restriction to be 0.81, dominance to be 0.79 and withdrawal neglect to be 0.73. Face validity and content validity were confirmed by experts (Alipanah et al.). In order to assess the sustainability of these interventions, the questionnaire was re-completed one month later by all three groups of participants.

Intervention

Integrative behavioral couple therapy intervention: Integrative behavioral couple therapy is taken from the book of Christensen et al. (2010) and it was implemented in 10 weekly 90-minute sessions as a group (Christensen et al.).

Session One - Acquainting Clients with the Therapeutic Model, Building Trust, and Instilling Hope

In this session, the therapist introduces the IBCT model, creating an empathetic and trusting environment. The focus is on building a strong therapist-client relationship and setting clear expectations for therapy. The couples are encouraged to express their main concerns and goals for therapy. Rules and regulations of therapy are explained, and clients are reassured about confidentiality and the importance of open communication. The session ends with couples identifying and sharing their initial complaints and therapy expectations.

Session Two - Initial Attractions and Identifying Reconcilable Differences

The focus shifts to exploring the factors that initially attracted the partners to each other. Each partner is encouraged to discuss their relationship history, including their connections with their families of origin and significant others. The therapist helps in identifying early bonding experiences and existing relational patterns. Through discussion, partners start to recognize similarities and differences that can either strengthen or challenge the relationship. As homework, couples are asked to practice self-awareness and communicate these insights with their partners.

Session Three - Dysfunctional Communication Patterns and Emotional Awareness

This session emphasizes recognizing negative communication cycles and their impact on the relationship. The therapist facilitates discussions on personal characteristics that contribute to dysfunctional interactions. Couples are guided to reflect on past and present relationship conflicts and explore the emotions tied to them. A key exercise includes identifying triggers that lead to conflict. For homework, partners create a list of conflict-inducing situations and reflect on their underlying emotional responses.

Session Four - Addressing Interaction Patterns and Redirecting Problematic Interactions

Couples examine their habitual interaction patterns and explore ways to modify negative behaviors. The therapist introduces interventions to prevent, interrupt, or redirect conflicts and guides couples in identifying unspoken needs and hidden emotions. The concept of emotional validation is introduced to help partners understand and acknowledge each other's perspectives. Homework involves practicing active listening and understanding the partner's message without judgment.

Session Five - Identifying Defenses and Underlying Anxiety

The therapist helps couples identify defense mechanisms that prevent emotional closeness. Common defense strategies such as withdrawal, criticism, and avoidance are discussed. Partners explore the emotional wounds behind these behaviors and practice empathy towards each other's vulnerabilities. The session includes guided reflections to help partners recognize patterns from their upbringing that contribute to current relationship dynamics. As homework, couples are asked to observe and report instances of conflict to analyze their triggers and responses.

Session Six - Changing Dysfunctional Cycles and Facilitating Emotional Expression

This session focuses on breaking negative interaction cycles by helping couples recognize how past emotional experiences shape current behaviors. The therapist assists partners in identifying unresolved emotional conflicts and their origins. The process of re-framing misunderstandings and shifting perspectives is emphasized. Couples practice open emotional expression and are assigned homework to implement learned communication skills in daily interactions.

Session Seven - Developing Effective Communication and Problem-Solving Skills

The therapist introduces structured communication techniques to foster understanding and reduce conflicts. Couples practice expressing their feelings without blame and listening without defensiveness. Problem-solving skills are introduced, helping partners collaboratively address issues. Role-playing exercises are used to demonstrate constructive dialogue. As homework, couples identify barriers to effective communication and practice resolving minor conflicts using newly learned skills.

Session Eight - Handling Unresolved Issues with Acceptance Strategies

Couples learn strategies to cope with unsolvable problems while maintaining relationship harmony. The therapist emphasizes the concept of acceptance and reframing persistent conflicts. Partners explore ways to compromise and manage differences without resentment. Techniques such as perspective-taking and emotional validation are practiced. Homework involves identifying and noting recurring issues and applying acceptance techniques.

Session Nine - Implementing Acceptance Techniques in Daily Life

The therapist helps couples recognize patterns of emotional burnout and dissatisfaction in their relationship. Emotional processing techniques are reinforced to deepen understanding and emotional regulation. Couples work together to create a list of dysfunctional behaviors and thoughts and explore strategies for transformation. Homework involves practicing skills learned in therapy and identifying moments of emotional connection and detachment.

Session Ten - Summarizing Key Learnings and Applying Them in Life

The final session reviews the progress made throughout therapy. Couples reflect on changes in their

communication, conflict resolution, and emotional connection. The therapist facilitates discussions on maintaining improvements and preventing relapse into old patterns. The session concludes with partners reaffirming their commitment to continuous relationship growth. Post-test assessments are conducted, and couples are encouraged to keep discussing their progress beyond therapy.

Gottman Couple Therapy intervention: Gottman Couple Therapy based on the safe house theory of Gottman and Gottman relationship, (2017) and it was implemented in 10 weekly 90-minute sessions as a group (Gottman & Gottman).

Session One - Introduction and Initial Assessment

This session sets the foundation for therapy by introducing the Gottman Method framework and assessing the couple's relationship dynamics. The therapist explains the goals and structure of therapy while establishing a warm and trusting atmosphere. Couples are encouraged to discuss their marital challenges and expectations. The importance of commitment to the process is highlighted, and homework involves separately and jointly listing relationship issues.

Session Two - Processing Conflicts and Strengthening Marital Friendship

The focus is on enhancing emotional intimacy and reinforcing the couple's "love map"—an understanding of each other's world. The therapist guides couples in uncovering unspoken emotions and improving empathy. Exercises are provided to facilitate emotional connection. As homework, couples practice active listening and ask each other meaningful questions.

Session Three - Reducing the Four Horsemen of Relationship Destruction

Couples are introduced to Gottman's Four Horsemen (Criticism, Contempt, Defensiveness, and Stonewalling) and their impact on relationships. The therapist teaches alternative responses to replace destructive patterns with positive interactions. Exercises focus on appreciation and expressing gratitude. Homework involves completing the Love Map questionnaire and practicing verbal affirmations.

Session Four - Teaching Conflict Resolution and Compromise

This session introduces strategies for conflict resolution through persuasion and compromise. Couples

learn to approach disagreements with mutual respect and open-mindedness. Techniques such as "turning toward each other" instead of withdrawing are practiced. Homework includes reflecting on a romantic moment, listing positive attributes of the partner, and engaging in shared enjoyable activities.

Session Five - Addressing Permanent Conflicts with Mutual Influence

Couples explore how to navigate long-standing conflicts by fostering mutual influence. The therapist teaches strategies for balancing power dynamics and respecting each other's perspectives. Exercises help partners identify ways to be more flexible in conflict resolution. Homework involves listing past conflicts and prioritizing them based on emotional impact.

Session Six - Creating Positive Emotions During Conflicts

This session focuses on transforming negative conflict cycles into constructive dialogues. Couples analyze past disagreements and explore healthier ways to express emotions. Techniques for de-escalating conflicts and maintaining emotional safety are introduced. Homework involves replacing destructive behaviors with constructive interactions.

Session Seven - Strengthening Positive Emotions During Conflict-Free Times

The therapist emphasizes the importance of fostering positive interactions even when there is no conflict. Couples engage in activities to enhance emotional bonding and deepen their connection. Exercises involve expressing appreciation and gratitude. Homework includes reflecting on successful problem-solving attempts.

Session Eight - Addressing Emotional Gridlock in Relationships

Couples learn how to overcome gridlocked issues by identifying underlying causes and emotional barriers.

Table 1

The mean (SD) of research variables

The therapist facilitates discussions on persistent relational deadlocks and how to reframe them. Exercises focus on empathetic communication and perspectivetaking. Homework involves expressing concerns without criticism and practicing constructive complaints.

Session Nine - Developing a Shared Meaning System

The focus is on creating shared values and traditions that strengthen the couple's bond. Partners discuss family culture, beliefs, and rituals that contribute to a meaningful relationship. The therapist helps couples align their visions for the future. Homework involves implementing new relationship rituals and reviewing therapy concepts.

Session Ten - Reviewing Progress and Preparing for Post-Therapy Life

The final session reflects on the couple's progress, highlighting key improvements and areas needing continued attention. The therapist guides couples in developing a long-term strategy for maintaining their relationship gains. A post-test assessment is conducted to measure therapy effectiveness, and couples are encouraged to apply their learning independently moving forward.

Data analysis

In the research, the mixed analysis of variance (ANOVA) method was employed using SPSS-22 software for data analysis. The research tool used in this study is as follows.

Findings and Results

Out of 45 participants in this research, 17 (37.78%) had a diploma and associate's degree, 24 (53.3%) had a bachelor's degree, and 4 (8.9%) had a master's degree and higher. Also, 21 people (46.67%) were employed and 24 (53.33) were housewives.

Indices		GMCT		IBCT	IBCT		Control	
Variable	Stage	М	SD	М	SD	М	SD	
Emotional abuse	Pre-test	180.31	14.89	181.88	14.12	181.80	14.69	
	Post-test	152.60	11.31	151.70	11.13	180.15	14.73	
	Follow-up	150.77	11.43	150.63	11.48	182.21	14.74	

GMCT: Gottman method couple therapy; IBCT: Integrative behavioral couple therapy; M: Mean; SD: Standard deviation

The results of Table 1 demonstrate that the mean scores of emotional abuse in the two experimental groups decreased in the post-test stage; this decrease is also obvious in the follow-up stage compared to the pretest stage.

The results of the Kolmogorov-Smirnov test indicated that the emotional abuse variable was not significant in the pre-test (F=0.685, P=0.737) and post-test (F=0.941, P=0.463) stages. Accordingly, the results demonstrate the normal distribution of research data. Furthermore, the results of Levene's test were not significant in the research variables (F=1.29, P=0.103). Therefore, the post-test error variance of the two experimental groups and the control group were not significantly different, and the homogeneity assumption of the variances of the research variables was confirmed. The results of Mauchly's sphericity test were not significant in the research variables (F=1.16, P=0.129). Thus, the post-test error variance of the two experimental groups and the control group were not significantly different, and the homogeneity assumption of the variances of the research variables was approved. Moreover, M-box test results were not significant (BOX=27.67, F=1.01, P=0.142). Accordingly, the assumption of the difference between covariances was established. The results of the mixed ANOVA method of the emotional abuse variable of women with addicted husbands are shown in Table 4.

Table 2

The results of the mixed analysis of variance of the emotional abuse variable of women with addicted husbands

Variables	Source	MM	Df	MS	F	Р	
Emotional abuse	Time	307.11	1	307.14	290.71	0.001	
	Time*group	234.12	2	100.13	97.14	0.001	
	Error	341.10	42	5.01			

According to Table 2, there is a significant difference between emotional abuse scores (F=97.14, p<0.001), and at least one of the groups significantly affected the reduction of emotional abuse. The interaction between research stages and group membership is also significant (p<0.001), showing that the difference between the stages is not the same at the group level. Table 5 displays the Bonferroni test for the emotional abuse comparison between groups based on the observed mean scores.

Table 3

The Bonferroni test for the emotional abuse comparison between groups based on the observed mean scores

Variables	Stage	Group		Mean Difference	Standard Error	Significance
Emotional abuse	Post-test	IBCT	GMCT	0.90	0.54	0.708
		IBCT	Control	-28.45	2.75	0.001
		GMCT	Control	-27.53	2.09	0.001
	Follow-up	IBCT	GMCT	0.14	0.78	0.388
		IBCT	Control	-31.58	1.98	0.001
		GMCT	Control	-31.44	2.32	0.001

As seen in Table 3, in the post-test and follow-up stages, the mean scores of emotional abuse are lower in both intervention groups compared to the control group. Also, according to the extent of the differences, IBCT had the same effectiveness in reducing emotional abuse as GMCT.

Discussion and Conclusion

This study was conducted to compare the effectiveness of group counseling based on GMCT and

IBCT on the emotional abuse of women with addicted husbands. Based on the results, group counseling based on GMCT and IBCT significantly reduced emotional abuse in the intervention group subjects in the post-test and follow-up stages. Furthermore, in the post-test and follow-up stages, the mean scores of emotional abuse were lower in both intervention groups than in the control group. According to the extent of the differences, IBCT had the same effectiveness in reducing emotional abuse as GMCT. The test results of this hypothesis are matched with the prior findings (Alipanah et al.; Christensen et al.; Davoodvandi et al.; Denial & Mc-Karti; Garanzini et al.; Gottman & Gottman; Mairal; Nikounejad & Naderi; Rajaei et al.; Saemi et al.; Soheili et al.; Soleyman Brojerdi et al., 2021; Tarkeshdooz et al.; Wiedeman).

In explaining these results, it can be said that GMCT can lead to reducing couples' emotional abuse. The GMCT approach aims to learn conflict management and create a shared sense of meaning in the marital relationship (Saemi et al.). This treatment method leads to reducing emotional abuse in couples' relationships through couples' needs assessment, familiarizing with solvable problems and permanent problems, drawing a stable relationship house, establishing a love map, reviving and elevating interest, praise, and appreciation in couples, familiarizing with marital lifestyles and potential problems of each of these lifestyles, identifying each other's strengths, using stress-reduction conversations, learning to acknowledge oneself and others, reducing the distance between couples by creating an emotional bank account, training conflict management skills, having a positive viewpoint, familiarizing with the four horses of destiny and avoiding using them in interpersonal relationships, eliminating solvable problems with a soft start, corrective actions, relaxing methods, correctly raising complaints in marital life, talking about persistent problems, and creating common meanings about rituals, roles, goals, and symbols. GMCT culminates in increased positive feelings and attitudes toward the emotional partner; consequently, participation in this couple therapy approach results in promoting marital satisfaction in couples with marital conflict and maladjustment (Garanzini et al.).

On the other hand, by focusing on and correcting negative cognitions, IBCT leads to emotional and behavioral changes, which is also effective in improving their social well-being. Additionally, IBCT gives rise to increasing women's cognitive flexibility and family performance and reducing controlling behaviors. This method also reduces couples' distress, increases marital satisfaction, and lessens controlling behaviors. Therefore, through reconstructing couples' relationships, the IBCT approach elevates couples' security and safe behaviors, lowers existing marital conflicts, and promotes their physical and psychological health. Moreover, due to the emphasis on correcting and

enriching relationships between couples, how to express and fulfill needs, and the extent to which couples express sexual benefits from each other and also its impact on the self-worth of each of the couples, the IBCT approach makes couples take care of each other (Montesi et al., 2013 and sexual satisfaction in young couples). In IBCT, couples express soft emotions more clearly and obviously and avoid expressing intense emotions (Baucom et al.). In fact, this approach encourages couples to express soft emotions that are hidden behind hard emotions. This technique is one of the basic techniques in creating an "empathic alliance" designed to foster sympathy, understanding, and intimacy. Expressing hard emotions, such as hostility, anger, and intolerance, frequently leads the other partner to respond in a defensive and retaliatory way. On the contrary, expressing soft emotions, such as loneliness, a sense of insecurity, fear, desire, and love, can most likely provoke empathy and emotional intimacy in couples. Hence, IBCT assumes that fostering acceptance through soft disclosure is a substantial aspect of successful treatment (Helbig-Langs et al.). Shiri and Godarzi (2021) indicated in their study that the systemic-behavioral couple therapy approach helped women with addicted husbands increase their ability to establish effective relationships, dialogue, negotiation, and interaction and thereby improve family performance and their sexual performance (Shiri & Godarzi). The IBCT approach led conflicting couples, who often had cognitive errors and illogical and destructive beliefs in their marital life, to promote their awareness of their illogical beliefs and perceptions, correct their beliefs, unreasonable observations, and incorrect perceptions of each other's behavior, which led to unnecessary annoyances, and promote their awareness of the positive aspects of each other's behaviors.

In the IBCT group couples, tolerance techniques, particularly pretending exercises in negative behaviors, were considerably effective in reducing aggression. Negative behavior pretending makes them aware of their behavior. This increased awareness in itself lessens problematic behaviors. Furthermore, as couples select moments to perform negative behaviors, those behaviors come under their deliberate control. This experience trains couples that they themselves can choose whether to interact or react to each other's negative behavior. Ultimately, when couples notice that they have been confronted with fake behaviors, they tend to react less intensely to the negative behaviors that have annoved them. Accordingly, the training of communication and problem-solving skills, which is proposed in the IBCT approach, can be effective in the prevention and incidence of abuse. For example, training in active listening, how to express feelings, using the pronoun I. and specifying and eliminating communication barriers help reduce accusations, humiliation, disrespect, and extreme generalizations, and subsequently, the incidence of conflicts through aggression leads to expressing disagreements through negotiation.

Accordingly, both methods GMCT and IBCT were similar to each other regarding technique and content, such as (commitment, compromise and tolerance, and use of communication skills) AND effective in reducing the emotional abuse of women with addicted husbands. Therefore, given the used content and techniques, it is not far-fetched that the results of both therapies will emerge close to each other. consequently, participation in this couple therapy two approach results in promoting marital satisfaction in couples with marital conflict and maladjustment. it is necessary for psychologists to hold and implement such Conduct training.

One of the limitations of the present study is the nongeneralization of the results to other populations, including women who do not have addicted husbands. Hence, it is suggested that similar studies be conducted on other populations too because extending the scope of such studies can prevent many family problems and psychological and social damage. The non-cooperation of many of the research community members was also another limitation of this study because these individuals were not able to participate due to the special conditions of their husbands (their husbands had special job positions). Thus, it is suggested that research be conducted in other cities on larger-size samples with longer periods of time for the follow-up period. Using this process, the individual differences between the subjects can be taken into consideration and, accordingly, the obtained findings can be interpreted. Given that both IBCT and GMCT have been significantly effective in reducing emotional abuse, researchers are recommended to use three instead of two experimental groups in future studies, and the combination of IBCT and GMCT techniques be used in the third group so that the obtained result is that whether the combination of these two approaches can be more effective than using them separately or not.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. In order to maintain ethical principles in this research, it was tried to collect data after obtaining the consent of the participants. Also, the participants were assured about confidentiality in maintaining personal information and providing results without specifying the names and details of people's birth certificates. This research has been approved by the Working Group of the Research Ethics Committee of Islamic Azad University with code R.IAU.AHVAZ.REC.1401.171

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed to this study.

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