



## **The effect of cognitive behavioral intervention on life expectancy, psychological resilience and self-compassion of women with incompatible husbands in military families.**

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Cognitive behavioral intervention - life expectancy - psychological resilience - self-compassion - women with incompatible husbands

### ARTICLE INFO

Imam Hossein University  
Islamic Humanities  
Vol.3 No.3 (2025), pp 56-79

Received September 12, 2025  
Accepted November 10, 2025  
Published December 21, 2025

References: 15

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### ABSTRACT

mental resilience and self-compassion of women with incompatible husbands who refer to counseling centers.

The research design was a semi-experimental type of pre-test and post-test with a control group. The sample size was 30 people who were selected from the mentioned society by simple random method. 15 people were assigned to the experimental group and 15 people were assigned to the control group. The research tools used were life expectancy, mental resilience and self-compassion questionnaires. The experimental group received cognitive behavioral intervention during ten sessions, each session for 90 minutes. Multivariate and univariate analysis of covariance were used to analyze the data.

It showed that according to the average life expectancy of women with incompatible spouses in the experimental group compared to the average of the control group, cognitive behavioral intervention has increased the life expectancy of women with incompatible spouses in the experimental group. The amount of influence or difference is equal to 0.46. In other words, 46% of individual differences in life expectancy post-test scores are related to the effect of cognitive behavioral intervention. Cognitive-behavioral intervention has increased the mental resilience of women with incompatible spouses in the experimental group compared to the average of the control group. The effect or difference is equal to 0.49, in other words, 49% of the individual differences in the psychological resilience post-test scores are related to the effect of cognitive behavioral intervention.

According to the average self-compassion of women with incompatible husbands in the experimental group compared to the average of the control group, cognitive behavioral intervention has increased the self-compassion of women with incompatible spouses in the experimental group. The effect or difference is equal to 0.48, in other words, 48% of individual differences in self-compassion post-test scores are related to the effect of cognitive behavioral intervention. Courses and workshops should be held for better knowledge of tools and skill improvement.

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## Introduction and Statement of the Problem

Control their anger and deal with daily tensions effectively and adaptively. It seems that addressing these important issues should start from the family and society as the most important effective element in developing individuals' communication skills and continue in society and universities. A deep understanding of marriage is considered one of the most important issues in individuals' lives and does not have purely individual aspects (Ghalili, 2019).

Crises and problems are experiences that always motivate couples to examine their lives and values. Statistics published in the country over the past few decades indicate an increasing increase in marital dissatisfaction and marital abuse among couples (Ahmadi, 2018).

Self-compassion can be defined as a person's cognitive and emotional evaluation of their life (Kelly & Connelly, 2020). Hope for life has been defined as an internal force that can enrich life and enable patients to see a perspective beyond the current, chaotic situation of pain and suffering.

A lack of hope for life and a lack of purpose in life leads to a decrease in its quality and the development of pessimistic beliefs.

Happiness and life expectancy are directly related to improving the body's immune system. In this study, the researcher aims to investigate the effectiveness of cognitive

behavioral intervention on life expectancy, psychological resilience, and self-compassion of women with incompatible spouses who refer to counseling centers. Incompatibility is a gradual process and rarely occurs suddenly. In fact, intimacy and love gradually fade away (Dinari, 1401).

Resilience is the ability of an individual to maintain biological-psychological balance in dangerous situations (Kavah, 2019). Self-compassion is a positive emotional attitude that protects an individual from the negative consequences of self-judgment, loneliness, and rumination, such as depression (Kurd, 2016).

Therefore, the purpose of the present study is to answer the question: Does cognitive behavioral intervention have an effect on life expectancy, psychological resilience, and self-compassion of women with incompatible spouses who refer to counseling centers? The adverse effects of marital incompatibility are more lasting than divorce. The pathology of marital relationships is one of the major causes of all psychosocial harms within the family and the parental relationship. This study, since it deals with the fundamental roots of marital personality and behavior, And also, since its target society is women with incompatible husbands, it becomes necessary and important. In fact, since marital problems are the most painful reality that exists and which itself leads to the collapse of many cultural and moral values and norms, the importance of this research becomes more and more clear.

Cognitive behavioral intervention helps the individual to have a better understanding of themselves. It seems that addressing these important issues should start with the family and society as the most important effective element in developing individuals' communication skills and continue in society and universities.

A deeper, broader, and better understanding of the topic and research findings can be provided to help other researchers, officials, policymakers, and other stakeholders so that they can be used in the necessary and appropriate places. In this regard, the following hypotheses are proposed to achieve the research objectives:

**Cognitive behavioral intervention has an effect on the life expectancy of women with incompatible spouses who refer to counseling centers.**

2- Cognitive behavioral intervention has an effect on the psychological resilience of women with incompatible spouses who refer to counseling centers.

3- Cognitive behavioral intervention has an effect on the self-compassion of women with incompatible spouses who refer to counseling centers.

Hope is having the motivation for a healthy life, that is, feeling love, friendship, peace with oneself, and accepting all aspects of life.

Various researchers have provided numerous definitions and classifications of life expectancy. (Fatehi, 2019). (Hosseini, 2019). Staats (2000) Hert (2002) Schneider (2001) Bowlby (1984) Erik Erikson (1986) Maslow (1986) Seligman (1975) Lichtenberg (1975) Mayer (1962) Viktor Frankl (1966)) In addition, researchers have provided various theories about life expectancy: Schneider

(1998) Bowlby (1984) Erikson (1986) Maslow (1986) Abram Assel (1962) Seligman (1975) Lichtenberg (1975) Mayer (1962) Viktor Frankl (1966) In the current research, life expectancy can be defined as follows. Life expectancy is defined as recovery and freedom from troubles and problems, which may be real and adaptable to the external environment and the surrounding world, or may remain only a prediction and cause hope for life and happiness for the individual.

In addition, various theories, perspectives, and research have been expressed about resilience. (Connor and Davidson, 2006). Masten, Best, Garotti (1990) (Kazemi, 2018). Wolf (1995), Werner, Smith (1995) Conroy and Davidson (2006) Werner (1995) Garmzi (1990) Rutter (1975) Bonney (2004) Various approaches have been expressed about resilience.

Kaveh's psychoanalytic approach (1401). Bandura's social cognitive approach, Adler's, as well as Hart et al. (2007) describe resilience as three processes: general resilience, true resilience, and instilled resilience. Various models and patterns have

also been proposed in the field of resilience, including:

Invincible (Resistant) Model \_Challenging Model \_Protective Model and Compensatory Model But in general, fostering the role of the family in children's resilience requires a family environment in which care and structure raise expectations of children's behaviors and encourage their participation in family life. Researchers have also presented research on resilience, such as (Furoezadeh, 2018). Schmeide and Lawler (2003,

Self-compassion is a construct rooted in Buddhist philosophy that sees one's personal experiences in the context of common human experiences; self-compassion increases the clarity and accuracy of self-assessment because one does not need to hide one's shortcomings and mistakes to avoid harsh judgments.

Self-compassion therefore involves being in touch with and accepting one's own suffering, not avoiding it, developing a desire to reduce one's suffering, and treating oneself kindly. Self-compassion also requires a nonjudgmental understanding of one's own pain, shortcomings, and failures, so that the experience of oneself is seen as part of the larger human experience. Components of Self-Compassion Self-Kindness

: Human Commonalities : Mindfulness Awareness Empowerment Researchers have also conducted research in this area, such as: Bernard and Carey (2023) Gilbert et al., (2023). Leary et al., aspects of self-

compassion are conceptually distinct and are experienced differently from each other at the phenomenological level, but they interact with each other.

And they can mutually enhance and create each other. Gilbert (2005) defines this concept from the perspective of evolutionary psychology, specifically attachment theory, and believes that self-compassion arises from a physiological system in the mammalian body that is responsible for attachment and caregiving behavior.

William James, the founder of Western psychology, introduced self-worth as one of the important dimensions of mental health. Self-worth, which is the assessment of one's own worth, is formed by judgment and comparison (William James, 1890, cited in Neff 2023). One of the main concepts of Buddhism that is less known in Western psychology but is more visible in research that deals with the concept of self and self-attitude, is the concept of compassion (Bayer, 2010 + Gilbert, 2009).

This concept means being patient and kind to others and having a non-judgmental understanding of them. Furthermore, it means knowing that one's life experiences and problems are part of the problems that other people are also experiencing (Neff, 2003).

Compassion is seen as a construct that consists of three components: kindness, common human characteristics, and mindfulness of being present in the moment.

Gilbert (2010) and Fredrickson (2009) (Brun, 1999) have also defined and conducted research in this area. Regarding the self-compassion approach in shame psychotherapy, it can be stated that shame and self-criticism or self-blame are the core of many mental disorders.

Clinically, “compassion-based therapy” and “compassionate mindfulness training” have been observed in individuals who have experienced high levels of shame and self-destruction and who have shown great difficulty in expressing kindness, warmth, and compassion (Gilbert, 2005). The key point in compassion-based therapy is to recognize that individuals who tend to be shameful and self-critical

They face many difficulties in applying compassion, love, comfort and warmth towards themselves and others. Compassion-based therapy (training in loving attention to oneself) by Gilbert is for people who have chronic problems such as anxiety and depression and who are suffering from shame, self-destruction and self-blame. The emergence of self-compassion has a significant impact on overall psychological distress, anxiety, various dimensions of other psychological symptoms and positive affect (Yadaya, 2013).

Research has shown that a compassionate approach significantly reduces depression, anxiety, self-destructiveness, shame, feelings of inferiority, and self-deprecating behavior (Gilbert, 2006). A compassionate approach has various characteristics such as: caring,

sensitivity, empathy, tolerance of distress: empathy, non-judgmental (Gilbert, 2006).

Compassionate skills: Kindness, self-care, awareness, generating feelings of warmth, affection, kindness, and support in a range of activities such as compassionate qualities that are essential in all types of psychotherapy. It is very important that these skills are taught to clients. Gilbert (2009)

According to Gilbert (2009), compassion skills include the following: compassionate and kind attention compassionate reasoning and thinking compassionately feeling compassionate or kind compassionate behavior compassionate or kind imagery or imagination compassionate feeling Self-compassion and self-esteem are two distinct concepts and have distinct definitions. In fact, self-compassion to some extent considers the process of evaluating oneself. But its main focus is on loving yourself and not judging yourself (Momeni, Shahidi, Motabi, & Heydari, 2019).

Self-compassion is positively associated with mental health and adaptive psychological functioning; high levels are positively associated with life satisfaction, emotional intelligence, and social connections, and are also associated with low levels of depressive symptoms, anxiety, rumination, shame, self-criticism, and fear of failure (Bernard & Carey, 2023; Vannoff, 2012).

Depressive symptoms are negatively related to positive components of self-compassion and positively related to negative components. However, Bernard and Carey (2023) have shown that the intensity of the

relationship between depressive symptoms and positive aspects of self-compassion, especially shared human emotions, is less than the intensity of the relationship with negative aspects. Krieger et al. (2013) compared the relationship between these two in a group of depressed individuals and individuals who had never been depressed; the results indicated a low level of self-compassion in the depressed group, and they also found that rumination and behavioral and cognitive avoidance mediate the relationship between depressive symptoms and self-compassion. Self-compassionate individuals experience less pain and impairment than others, and

They have a supportive view of themselves, which reduces feelings of depression and anxiety and increases life satisfaction (Alik, Sedikidze, 2009). Woodza and Pero (2014) found

Shame is strongly negatively related to all three components of self-compassion. Ferreira et al. (2013) examined the relationship between external shame, self-compassion, and the desire to lose weight in clinical and non-clinical groups. In the clinical group, self-compassion fully mediated the relationship between external shame and the desire to lose weight, but in the non-clinical group, it partially mediated this relationship. In another study, Pinto Gouvias et al. (2013)

Low self-compassion and high self-criticism were found to mediate the relationship between the two.

The behaviorist approach was first formally established by John B. Watson (1913). In the early research of behaviorists, two basic principles of animal learning were

recognized. The first principle was based on the work of Pavlov and other Russian physiologists, which was called classical or response conditioning.

The second principle, known as operant (instrumental) or agent conditioning, emerged from the observations of Threedyke, Tolman, and Guthrie (Houghton et al., 2001, translated by Ghasemzadeh, 2019). The cognitive approach, a purely behavioral approach, focuses exclusively on measurable behaviors and ignores all mental events.

Thoughts, in particular, are considered very important in this view, as they are considered as mediating variables between stimuli and our responses (Ladley et al., 2005, translated by Shams Esfandabad, 2019). Mitchenbaum suggested that by changing the instructions in which patients address themselves,

Move from incoherent and disruptive thoughts to more adaptive self-talk. This method teaches three skills: skills for completing a task, skills for self-reinforcement, and skills for dealing with feelings of failure. It should be noted, however, that this strategy is only effective when the person's self-talk becomes a habit.

Cognitive intervention is a cognitive model and the intervention method associated with it is associated with the name of Aaron T. Beck. Beck introduced cognitive intervention in the early 1960s as an intervention for negative mood, but since then this intervention method has been used for all psychological disorders as well as for general

problems of daily life. Cognitive intervention is based on cognitive model (Ladley et al., 2005, translated by Shams Esfandabad, 2019).

Stopping the thought, Behavior, Rational-Emotional Intervention II: Cognitive-behavioral coping skills, Self-talk training, Self-talk readiness, Focusing attention, Guidance, Providing encouragement, Efficacy assessment, Anxiety reduction, Problem solving, Stress immunity training, Dialectical intervention, Cognitive-behavioral intervention, Marital relationship problems are one of the main reasons for referring to psychological interventions.

**Principles of Cognitive-Behavioral Intervention** The interventionist first helps the patient to become aware of their maladaptive behaviors and thoughts and then correct them. Since patients must practice new ways of thinking and behaving in between intervention sessions, it is very important to have a clear and correct understanding of this intervention and to create a strong motivation for it in the patient. Gradual approach: The intervention should include sequential and gradual steps and actions.

In such a way that the patient first encounters problems that are less severe so that she can regain her confidence and be prepared to deal with more serious problems, the framework of actions and intervention stages are presented as experiences in which achieving these goals is not considered a failure, but rather an opportunity from which more can

be learned by analyzing mistakes accurately and precisely.

The formation and principles of cognitive-behavioral intervention methods The empirical foundations of cognitive-behavioral approaches to psychological problems can be traced back to the beginning of this century. In this approach, it is assumed that the principles arising from research on learning in animals can be generalized to humans (Clark et al., 2017).

Combining cognitive and behavioral approaches. Cognitive behavioral intervention techniques cause changes in parts of the situation-response interpretation chain. The most important lesson that cognitive behavioral intervention teaches individuals is that a single situation can have many interpretations, and there are also different ways to react to a situation. For this purpose, group and single-subject experimental designs are used in research settings as well as in everyday clinical work. (Houghton et al., 1989, translated by Ghasemzadeh, 2019). First, criteria are applied to predict the effects of the desired intervention, and then these predictions are tested during the intervention.

Therefore, the intervention for each disease can be considered as a single subject experiment, and most of the intervention is based on assessments that are carried out during or between sessions. Cognitive-behavioral interventionists can relate the symptoms and experiences of the group members to each other and increase the conversation among the group members about their initial feelings about a particular disorder and the efforts they make to overcome it.

Increase the feeling of inclusion among them and promote group-oriented learning Focus on self-correction Non-adaptive communication pattern Cognitive-behavioral Interventionists should increase individuals' awareness of interpersonal patterns and remind them that each individual's style affects others.

Group cohesion: By creating a balance in the group agenda in terms of processing emotions and thoughts among group members in the here and now, cognitive-behavioral interventionists can promote the expression of emotions and their processing in a way that is consistent with the group's goals (Bailing et al., 2006; quoted in Rezaei, 1400).

The importance of this issue is such that if research in the fields of sociology and psychology focuses on the pathology of marital relationships, we will not be mistaken, because one of the main causes of all psychosocial harms goes back to the family and the relationship between parents.

Practitioners should also use research resources to plan the impact of cognitive behavioral intervention on life expectancy, psychological resilience, and self-compassion of women with incompatible partners who refer to counseling centers for different segments of society. Therefore, research on the effectiveness of various treatment methods and their adaptation to our own society can be the beginning of the way.

This research is necessary and important because it deals with the fundamental roots of marital personality and behavior, and also because its target society is women with incompatible spouses. In fact, since marital problems are the most painful reality that exists and lead to the collapse of many cultural and moral values and norms, the importance of this research becomes more and more clear.

Cognitive behavioral intervention also helps a person to better understand themselves and to better adapt to others. It is also important in personal and professional relationships. This skill helps a person to express their opinions, beliefs, desires, needs, and emotions and to ask for help and guidance from others when needed. The skill of asking for help and guidance from others in times of need is an important factor in a healthy relationship.

With meaning-focused psychotherapy, women with incompatible spouses can have good and healthy relationships with each other, make correct and correct decisions, and be able to resolve their conflicts and problems without harming themselves or others. The topic and research findings can be made more widely and better available to help other researchers, officials, policymakers, and other stakeholders so that they can be used in the necessary and appropriate places.

Aslani (1401) in his research investigated the effect of cognitive behavioral intervention on the effectiveness of premarital psychology among students applying for marriage at

Isfahan University of Technology. His research sample was sixteen girls and boys applying for marriage participating in premarital psychology classes at the University of Tehran. The results showed that cognitive behavioral intervention increased the communication effectiveness between applicants in the categories of problem solving, communication, roles, self-compassion, behavioral control, and mental health.

Entezari (1401) investigated the relationship between maladaptive schemas, marital conflicts, and marital instability among couples seeking divorce and normal couples, and the findings showed that the level of marital instability in couples seeking divorce was higher than in normal couples, and the level of marital conflicts in normal couples increased compared to couples seeking divorce.

There is a direct relationship between early maladaptive schemas and marital conflicts in couples seeking divorce and normal couples, and there is a direct relationship between early maladaptive schemas and marital instability in couples seeking divorce. There is an inverse relationship between the age of individuals and marital conflicts in couples seeking divorce and normal couples, and there is a direct relationship between the age of individuals and marital instability in couples seeking divorce and normal couples.

Dinari (1400) conducted a study on the effect of cognitive behavioral intervention on marital reluctance of couples in Ahvaz. After conducting statistical analyses, it was

determined that there was a significant difference in marital reluctance between the experimental group and the control group in the pre-test and post-test, and that cognitive behavioral intervention reduced marital reluctance in the experimental group.

In a study conducted by Etemad (2019) to investigate the effect of cognitive behavioral intervention on self-compassion towards spouses using a correlational method, the results showed that cognitive behavioral intervention was a valid predictor of self-compassion towards spouses and gender differences had no effect on the two groups of women and men in the control group.

Ghasemzadeh (2019) conducted a study to investigate the effect of cognitive behavioral intervention on the level of psychological adjustment, frustration, and marital reluctance in individuals participating in premarital psychology classes in Isfahan. The results showed that there was a significant difference between the control and experimental groups due to the intervention of cognitive behavioral intervention in cognitive, social, behavioral, emotional, sexual, and marital reluctance aspects.

Mahdavi (2019) in a study titled "The Effect of Cognitive Behavioral Intervention on Marital Reluctance and Mental Health of Couples in Tehran" concluded that cognitive behavioral intervention has improved marital reluctance and their mental health.

Moradi Mehr (2019) in a study studying the effect of cognitive behavioral intervention on self-compassion and improving interpersonal

relationships of marriage applicants participating in premarital psychology classes in Tehran showed that cognitive behavioral intervention increased self-compassion and improved interpersonal relationships between husband and wife. The effect of this intervention was sustained for up to three months in the follow-up phase.

Javadi (2019) conducted a study on the effect of cognitive behavioral intervention on marital conflicts and failure of couples in Ahvaz. The findings of this study indicate the persistence of the effect of cognitive behavioral intervention. This means that cognitive behavioral intervention has reduced marital conflicts and failure of couples.

Abbas Vand (2019) conducted a study to investigate the effect of cognitive behavioral intervention on self-compassion and marital satisfaction. The results showed that cognitive behavioral intervention had a positive effect on each of the components of the two tests (intimacy, satisfaction, solidarity, agreement, expression of interest, and adherence to commitments) and led to an increase in each of the aforementioned indicators. However, it did not have a significant effect on the level of honesty between husband and wife. Overall, the results showed that cognitive behavioral intervention has a positive effect on self-compassion and marital satisfaction.

In a study conducted by Motamedi (2019) to investigate the effect of cognitive behavioral intervention on marital satisfaction and failure of couples in premarital psychology classes in Ahvaz and Shushtar, the results showed that the difference between marital

satisfaction of the experimental and control groups after implementing the educational intervention was significant at the ( $0.01 > P$ ) level. In general, the results showed that cognitive behavioral intervention increases marital satisfaction and reduces couples' irrational beliefs.

In a study conducted by Shirali (2019) to investigate the effect of cognitive behavioral intervention on communication patterns and self-compassion towards spouses in couples in Ahvaz, the results showed that cognitive behavioral intervention increases self-compassion towards spouses and a constructive-reciprocal communication pattern and reduces the expectation/withdrawal communication pattern and the avoidant-reciprocal communication pattern.

Yousefi et al. (2019) studied the comparison of early maladaptive schemas in divorced and normal couples as predictors of divorce, and the results confirmed the research hypothesis and showed that divorce can be predicted from early maladaptive schemas. All schemas had significant predictive power ( $p < 0.001$ ), and in general, the schemas of mistrust-abuse, strict standards, and emotional inhibition With standard coefficients of 0.67, 0.57, and 0.57, respectively, they had the highest predictive power, and among the demographic variables, only the educational level and income variables had significant predictive power ( $p < 0.001$ ). Conclusion: The results obtained from data analysis are consistent with previous research. This study shows that it is possible to predict divorce based on initial maladaptive schemas and Based on this model, a divorce prevention and marital

therapy approach can be developed based on the therapeutic schema approach, and the results of this research can be applied in clinical and psychological settings to help couples with problems and on the verge of divorce.

#### Research conducted abroad

Long (2023) in a study titled “The Effect of Cognitive Behavioral Intervention” concluded that implementing this program for five weeks can increase the level of empathy and compassion of couples and marital satisfaction.

The results showed that in both women and men, emotional regulation in the dimension of difficulty in recognizing emotions was negatively related to marital satisfaction and secure attachment style. Husbands' difficulty in recognizing emotions was also negatively related to marital satisfaction and their wives' spiritual coping style. Also, difficulty in recognizing emotions in women was negatively related to their wives' marital satisfaction but did not show a significant relationship with their wives' spiritual coping style. Finally, the results indicated that Spiritual coping style and marital satisfaction mediate emotional regulation in the dimension of difficulty in recognizing emotions.

Nordahl, Holt, and Hagum (2023) stated that early maladaptive schemas are actually cognitive and emotional patterns of self-harm that begin in early development and continue throughout life.

Pines (2020), in a study of 428 couples, found that a major difference between women who felt marital disinterest and severe marital disenchantment and women who had mild

marital disenchantment was the difference in their quality of life. Happy couples reported that they talked to each other all the time, could talk about everything, and had more self-compassion with their spouses.

Couples who were experiencing some form of marital conflict and problems described talking to each other as very difficult, even about minor issues. Their communication was brief, mechanical, and minimal, and they had less self-compassion with their spouses. The results of this study also showed that marital reluctance was closely related to the level of marital conflict.

In a 50-year follow-up study of 300 couples who married between 1935 and 1938, Kelly and Connelly (2020) found that 39 of these couples experienced an early divorce between 1935 and 1954. Compared with men who remained married, men who divorced early were rated by their acquaintances as more neurotic (i.e., overreactive to stressful events) and had lower impulse control at the time of engagement.

And their coping style was more ineffective; compared to married women, women who had divorced early were also rated as more neurotic by their acquaintances when they got engaged.

Kordek (2020), aiming to predict marital dissolution, concluded in a 5-year longitudinal study of 222 couples who remained together and 64 couples who ended their marriage that unstable couples (couples who experienced marital dissolution) had more neuroticism and less conscientiousness than stable couples, and their coping strategy

was often negative emotion-oriented (ineffective).

Bass (2020) investigated the effect of cognitive behavioral intervention on marital reluctance in couples on the verge of divorce. This study shows that there is a positive and significant relationship between cognitive behavioral intervention in couples and their marital satisfaction, their outcomes, and a reduction in divorce.

Schilling and Baucum, Brent, and Ragland (2012) studied 39 women and 39 men in a longitudinal study. These couples participated in the PREP relationship training program. The results showed that the men's post-test scores decreased compared to their pre-test scores in negative communication, and the risk of facing marital problems decreased in them and their level of self-compassion increased.

Hanson and Lenbland (2019) taught cognitive behavioral intervention to couples who had difficulty interacting with each other, showed symptoms of medical problems, and were dissatisfied with their marital life. The results showed that this cognitive behavioral intervention led to significant improvements in the couples' relationships, coping skills, and mental health.

Weiner (2020) examined the effect of cognitive behavioral intervention on marital conflicts and marital adjustment of couples and concluded that cognitive behavioral intervention increases marital adjustment by reducing marital conflicts.

In a study evaluating a cognitive behavioral intervention in the context of active listening, Garland (2019) found that couples trained in this intervention were significantly more accurate in their perceptions of their partner's attitudes and feelings and in their compassion for each other.

#### Research Methodology

#### **Statistical Population, Sample and Research Methodology**

The present study is a quasi-experimental study with a pre-test and post-test design with a control group, considering its applied purpose and implementation method. Independent variable: Cognitive behavioral intervention Dependent variable: Life expectancy, psychological resilience, and self-compassion. The statistical population in this study included all women with incompatible husbands who referred to counseling centers in military families (Health and Treatment Network Counseling Center) in Kermanshah city in 1403.

During the first three months of 1403, there were about 65 people who referred to the Kermanshah Health and Treatment Network counseling centers. During these three months, there were people with marital problems. During these three months, there were about 65 people who had files under the supervision of the center's psychologist.

The sampling method of the statistical population is based on the relative stratified

random sampling method. From the statistical population, 30 people were selected using the available and purposeful sampling method who met the necessary conditions to cooperate with this research and based on the incompatibility assessment and personality test of the counselor and psychologist and were divided into two experimental and control groups (15 people in each group in the experimental group and 15 people in the control group).

After selecting the sample, the questionnaire was given to the subjects at the same time and the subjects were asked to complete the questionnaire with great care, explaining the research and how to answer the questions. In this quasi-experimental study, pre-test and post-test were used for the two experimental and control groups. An experimental intervention (cognitive behavioral intervention) was implemented on women with incompatible husbands in the experimental group.

This is while women with incompatible husbands in the control group did not receive any type of treatment intervention. The meaningful sessions were in the form of practical training and were held in ten 90-minute sessions, two sessions per week. The planning of the sessions is such that the first 30 minutes of the session are dedicated to presenting the specific topic of the relevant session and the remaining 60 minutes are presented as a group discussion about the problem of the group members in relation to the educational materials. and also the implementation of specific techniques of this approach. The inclusion and exclusion criteria of the subjects were those who were married and were randomly selected in the

city of Kermanshah based on the incompatibility and personality assessment test of a counselor and psychologist, and also had a completely voluntary and optional desire to respond to the research questionnaires. In this study, three standardized questionnaires were used.

#### **Instrument:**

##### **Life Expectancy Questionnaire**

**. The reliability of this questionnaire was administered to 45 Iranian subjects and its reliability was 0.73**

##### **Resilience Questionnaire**

The Connor and Davidson Resilience Scale was used. This questionnaire is constructed on a five-point scale from completely false to always true. In a way, completely true is assigned a score of one, rarely true is assigned a score of two, sometimes true is assigned a score of three, often true is assigned a score of four, and always true is assigned a score of five. The scoring range of this scale is between 25-125. Conroe and Davidson reported that the Cronbach's alpha coefficient for the resilience scale was 0.89, and the reliability coefficient obtained from the test-retest method at a 4-week interval was 0.87. To assess the validity of this scale, the correlation of each item with the total score of the category was first calculated, and the correlation Each score with the total score except item 3 showed coefficients between 41% and 64%, and then the factor analysis method was used. The Cronbach's alpha method was also used for the reliability of this scale. And its rate was reported to be 89% (Mohammadi, 2019).

) Self-Compassion Questionnaire: This self-report scale has 26 items and measures the positive and negative aspects of three main

dimensions of self-compassion: self-kindness (5 items) versus self-judgment (5 items), and human commonalities (4 items). The questions are answered on a 5-point Likert scale from almost never to almost always. The average score of these 6 components (including reverse scores) yields the self-compassion score.

## Research Method

To conduct the research, the researcher first visited one of the family counseling centers by setting a prior appointment to collect information about women with incompatible spouses, and obtained their characteristics and place of residence. The method of selecting the research sample size was the available sampling method

After selecting the sample, the questionnaire was provided to the subjects at the same time, and the subjects were asked to complete the questionnaire with great care after being given explanations about the research and how to answer the questions. In this quasi-experimental study, pre-test and post-test are used for the two experimental and control groups

An experimental intervention (cognitive behavioral intervention) was implemented on women with incompatible husbands in the experimental group, while women with incompatible husbands in the control group did not receive any intervention in the form of practical training. Cognitive-behavioral sessions were held in ten 90-minute sessions, two sessions per week. The sessions were

planned in such a way that 30 minutes The first half of the session is dedicated to presenting the specific topic of the session, and the remaining 60 minutes are spent in a group discussion about the group members' issues related to the educational material, as well as implementing specific techniques for this approach.

At the end of the group sessions, both experimental and control groups were given a post-test. The researcher analyzed the results of the pre-test and post-test of the experimental and control groups. To analyze the statistical data, descriptive statistics indicators and methods including: frequency, percentage, mean, standard deviation, and inferential statistics including: multivariate and univariate analysis of covariance test at the 0.05 level were used using SPSS software version 23.

## Research Questions

In this regard, the following hypotheses are proposed to achieve the research objectives:

- 1- Cognitive behavioral intervention has an effect on the life expectancy of women with incompatible spouses in military families.
- 2- Cognitive behavioral intervention has an effect on the psychological resilience of women with incompatible spouses in military families.
- 3- Cognitive behavioral intervention has an effect on the self-compassion of women with incompatible spouses in military families.

## Research findings

The findings obtained from the research are divided into two parts: findings related to descriptive statistics and findings related to inferential statistics, and if possible, they are compared with previous research. The descriptive findings of this research include statistical indicators such as mean, standard deviation, and number of sample subjects for all variables in this research, which are shown in Table 4-1.

**Research findings and their analysis:**

The findings obtained from the research are divided into two parts: findings related to descriptive statistics and findings related to inferential statistics, and if possible, they are compared with previous research.

**A: Descriptive findings and their analysis**

**about 46.66 percent, and subjects in the age group of 41 and above had the lowest frequency with about 23.33 percent of the sample.**

**Table 1-2: Distribution of subjects by level of education**

witness		experiment		Level education
percent	frequency	percent	frequency	
10/0	3	7/66	1	Under diploma
46/66	12	46/66	7	diploma
43/33	13	40/0	6	Upper diploma
7/66	2	7/66	1	Upper graduate
100/0	10	100/0	10	total

In the experimental and control groups, subjects with a post-graduate diploma had the highest frequency with about 43.33 percent, and subjects with a bachelor's degree and higher had the lowest frequency with about 66.6 percent of the sample.

**Table 1-3: Distribution of subjects by type of marriage**

witness		experiment		Age group) year(
percent	frequency	percent	frequency	
30/0	9	33/33	0	30-35
46/66	14	46/66	7	40-45
23/33	7	20/0	3	45 and upper
100/0	30	100/0	10	total

**Table 1-1: Distribution of subjects by age group (years)**

**In general, subjects in the age group of 31 to 40 years had the highest frequency with**

frequency	percent	frequency	percent	frequency	percent	experiment	Pre exam
10	40.0	6	26.66	34/80	42.5	family	witness
20	70.0	9	73.33	11	40.0	unfamily	self-compassion
30	100.0	10	100.0	10	40.0	total	After exam
	10	3/19		30/27		witness	

In the experimental group, subjects in family marriage accounted for 26.66 percent and subjects in non-family marriage accounted for 73.33 percent of the sample. In the control group, subjects in family marriage accounted for 40.0 percent and subjects in non-family marriage accounted for 60.0 percent of the sample.

The descriptive findings of this study, including statistical statements such as mean, standard deviation, and number of sample subjects for all variables in this study, are shown in Table 4-4.

Table 1-4: Mean and standard deviation of life expectancy, psychological resilience, and self-compassion scores of women with incompatible husbands in the experimental and control groups in the pre-test and post-test stages

Table 1-4 shows the mean and standard deviation of life expectancy, psychological resilience, and self-compassion scores of women with incompatible husbands in the experimental and control groups in the pre-test and post-test stages.

### Findings related to research hypotheses

This research includes the following hypotheses, each hypothesis along with the results obtained from its analysis is presented in this section. Before examining the hypotheses, Levine's test was used to observe the assumption of equal variances of the research variables, the results of which are presented in Table 1-5.

Also, the results of the Kolmogorov-Smirnov test for the assumption of normal distribution of scores in the population, as well as the results of the test for the assumption of homogeneity of regression slopes, for life expectancy, psychological resilience, and self-compassion of women with incompatible spouses are shown in Tables 1-6.

Table 1-5: Results of Levine's test on the assumption of equal variances of scores of research variables of two groups in the population

group	stage	variable
experiment	Pre exam	Life expectancy
witness		
experiment	After exam	
witness		
experiment	Pre exam	psychological resilience
control		
experiment	After exam	
witness		

Level maning	Degreefreedom second	Degreefreedom first	F	variable
۰/۰۸۹	۲۸	۱	۰/۰۱۲ ۳	Life expectancy
۰/۲۶۳	۲۸	۱	۰/۸۸	psychological resilience
۰/۰۸۴	۲۸	۱	۰/۲۱۲ ۳	self-compassion

As can be seen in Table 1-4, the null hypothesis of equal variances of scores between the two groups in all the main variables of the study (life expectancy, psychological resilience, and self-compassion) is not statistically significant. That is, the hypothesis of equal variances of scores between the two experimental and control groups was confirmed. Therefore, the hypothesis of homogeneity of variances in all the main variables of the study was met and it is possible to use analysis of covariance.

experimental and control groups was confirmed.

**Inferential findings and their analysis:**

Main hypothesis: Cognitive behavioral intervention is effective on life expectancy, psychological resilience, and self-compassion of women with incompatible spouses.

Table 1-7 Results of multivariate analysis of covariance (MANCOVA) on the mean post-test scores of life expectancy, psychological resilience, and self-compassion of women with incompatible husbands in the experimental and control groups with pre-test control

**Table 1-6: Results of the Kolmogorov-Smirnov test on the assumption of normality in the distribution of life expectancy and self-compassion scores of women with incompatible spouses**

Statistical significance	Level meaning (p)	error DF	hyphotese amount DF	Name exam
۱/۰۰	۰/۰۰۱	۲۶	۳	Eame effect pilae
۱/۰۰	۰/۰۰۱	۲۶	۳	leame lambady exkerz
۱/۰۰	۰/۰۰۱	۲۶	۳	Eame effect holding
۱/۰۰	۰/۰۰۱	۲۶	۳	Eame greatest root roy

As presented in Table 1-6, the null hypothesis for the normal distribution of scores in the two groups in the variables of life expectancy, psychological resilience, and self-compassion is confirmed. That is, the assumption of the normal distribution of scores in the pre-test and in both the

As can be seen in Table 1-7, with the pre-test control, the significance levels of all tests indicate that there is a significant difference between women with incompatible husbands

in the experimental and control groups in at least one of the dependent variables (life expectancy, psychological resilience, and self-compassion) (p<0.0001 and F= 19.621). To find out which variable there is a difference between the two groups, three one-way analyses of covariance were performed.

The effect size or difference is 0.50, in other words, 50 percent of the individual differences in the post-test scores of women with incompatible spouses are related to the effect of the cognitive behavioral intervention. The statistical power is 1.00, in other words, there was no possibility of a type II error.

**Hypothesis 1: Cognitive behavioral intervention is effective on life expectancy of women with incompatible spouses.**

**Table 1-8: Results of one-way analysis of covariance in the MANCOVA text on the mean post-test scores of life expectancy of women with incompatible spouses in the experimental and control groups with pre-test control**

F	Square average	Degree freedom	Total square	Source variables	Variable
20.731	1098.326	1	1098.326	Level pre-exam p	Life expectancy
23.073	1826.314	1	1826.314	group	
77.474	27	2091.787	error		
		0.999	0.49	0.0001	10.78

As shown in Table 1-8, there is a significant difference in life expectancy between women with incompatible spouses in the experimental group and the control group after pre-test control ( $p < 0.0001$  and  $F = 23.57$ ). Therefore, the first hypothesis is confirmed. In other words, cognitive behavioral intervention has increased the life expectancy of women with incompatible spouses in the experimental group compared to the average life expectancy of women with incompatible spouses in the control group.

The effect size or difference is 0.46, in other words, 46 percent of individual differences in life expectancy post-test scores are related to the effect of cognitive behavioral intervention. Statistical power is 1.00, in other words, there was no possibility of a type II error. Hypothesis 1: Cognitive behavioral intervention is effective on life expectancy of women with incompatible spouses.

The results showed that cognitive behavioral intervention increased life expectancy in women with incompatible spouses in the experimental group. This finding is consistent with the findings of Mahdavi (2019), Dinari (2020), and Aslani (2022).

**Hypothesis 2: Cognitive behavioral intervention is effective on the psychological resilience of women with incompatible spouses.**

Average square	Degree freedom	Total square	Source variable	variable
2103.80	1	2103.80	Pre exam	Potatence failure
890.30	1	890.30	group	
80.70	27	207.74	error	

As shown in Table 1-9, there is a significant difference between the experimental and control women with incompatible husbands in terms of psychological resilience ( $p < 0.0001$  and  $F = 15.78$ ) after pre-test control ( $p < 0.0001$ ). Therefore, the second hypothesis is confirmed. In other words, cognitive behavioral intervention, with regard to the average psychological resilience of women with

As shown in Table 1-9, there is a significant difference between the control women with incompatible spouses in the experimental group and the control group in terms of psychological resilience after pre-test control ( $p < 0.0001$  and  $F = 15.78$ ). Therefore, the second hypothesis is confirmed. In other words, cognitive behavioral intervention has increased the psychological resilience of women with incompatible spouses in the experimental group compared to the average of the control group, with respect to the average psychological resilience of women with incompatible spouses in the experimental group.

The effect size or difference is 0.49, in other words, 49 percent of the individual differences in psychological resilience post-test scores are related to the effect of the cognitive behavioral intervention. The statistical power is 0.998, in other words, if this research is repeated 1000 times, only 2 times the null hypothesis may be falsely confirmed.

The results showed that, with pre-test control, there was a significant difference in psychological resilience between women with incompatible spouses in the experimental group and the control group. In other words, cognitive behavioral intervention increased the psychological resilience of women with incompatible spouses in the experimental group, considering the average psychological resilience of women with incompatible spouses in the experimental group compared to the average of the control group.

The effect size or difference is 0.49, in other words, 49 percent of individual differences in psychological resilience post-test scores are related to the effect of cognitive behavioral intervention. This finding is consistent with the findings of Ghasemzadeh (2019), Javadi (2019), and Motamedien (2019).

**Hypothesis 3: Cognitive behavioral intervention is effective on self-compassion in women with incompatible husbands.**

**Table 1-10: Results of one-way analysis of covariance in the MANCOVA text on the mean post-test scores of self-compassion of women with incompatible spouses in the experimental and control groups with pre-test control**

Average square	Degree freedom	Total squares	source changes	variabl
۳۴/۴۱۸	۱	۳۴/۴۱۸	Pre exam	self-compassion
۷۱۹/۰۷۸	۱	۷۱۹/۰۷۸	group	
۲۸/۲۴۱	۲۷	۷۶۲/۵۱۵	error	

As shown in Table 1-10, there is a significant difference between the women with incompatible spouses in the experimental group and the control group in terms of self-compassion, after controlling for the pre-test ( $p < 0.0001$  and  $F = 25.46$ ). Therefore, the second hypothesis is confirmed. In other words, the cognitive behavioral intervention has increased the self-compassion of the women with incompatible spouses in the experimental group compared to the average of the control group.

The effect size or difference is 0.48, in other words, 48 percent of the individual

differences in self-compassion post-test scores are related to the effect of the cognitive behavioral intervention. The statistical power is 0.998, in other words, if this study is repeated 1000 times, only 2 times the null hypothesis may be falsely confirmed. The results showed that the cognitive behavioral intervention increased self-compassion in married women. The results showed that cognitive behavioral intervention increased self-compassion in women with incompatible spouses in the experimental group. This finding is consistent with the findings of Shirali (2019), Abbas Vand (2019), and Etemad (2019).

### **Conclusion and Suggestions**

Crisis and problems are experiences that always prompt couples to examine their lives and values. Whether the crisis is severe or mild, it is shocking for the couples involved in it. Statistics published in the country in the past few decades indicate an increasing increase in marital dissatisfaction among couples, which in many cases leads to separation and divorce (Ahmadi, 2019).

Events that can be related to marital discord Relationship problems are said to be more likely to arise during periods of high levels of change and stressful events. The life history of each couple is also a contributing factor to marital discord. Parental divorce has been shown to be a significant contributor to marital problems.

This has a strong impact on women, such that marriages with a history of parental divorce are 60% more likely to result in divorce than

other women. The amount and quality of couples' knowledge of each other before marriage is related to incompatibility. The better and greater this knowledge is, the greater marital satisfaction will be, and otherwise people will have the opportunity to distinguish a suitable spouse from an unsuitable spouse. (Abrisham Kar, 2018).

Sometimes spouses need to learn skills to express emotions and solve problems effectively. Although maladaptive interactions may be due to a lack of skills, irrational beliefs and feelings in areas such as the importance of communication, the importance of family, friends, and gender roles reduce satisfaction and increase maladaptiveness (Mahdavi, 2019).

Therefore, life expectancy is one of the most important indicators of health, which is a result of the interaction of the individual with the environment. Life expectancy is one of the fundamental factors that promotes the power of adaptation and adaptability and is an indicator of physical and mental health. It is also the main factor in trying to discover the effective variables that lie behind improvement.

Several factors, including psychological structure and psychological state, positive and negative emotions, ability to adapt to environmental conditions and surroundings, genetics, level and quality of life, etc., affect the life expectancy of women with incompatible spouses. The goal of the positive psychology approach is to understand and facilitate mental and psychological health. The ultimate goal of this approach is to identify the structures and

methods that bring about human well-being and compassion. The cognitive-behavioral approach is. On the other hand, cognitive-behavioral intervention is a type of intervention that combines psychological and behavioral learning principles to shape and encourage desired behaviors. When cognitive-behavioral intervention is implemented, the individual begins to change how they think and respond to emotions such as anxiety, sadness, and anger. Unlike other behavior modification techniques that involve the teacher, the leader, cognitive-behavioral intervention helps addicts

It allows for the assessment of progress towards predetermined goals or standards. Cognitive-behavioral intervention has provided a suitable solution for correcting behavioral deficits and excesses and refers to techniques that provide individuals with the necessary tools to control behavior and emphasize the modification of emotion and behavior. Cognitive-behavioral intervention on depression, anxiety and psychological adjustment, and cognitive-behavioral intervention leads to improvements in symptoms of stress, anxiety, and self-esteem (Goldin & Gross, 2020). Studies also showed that cognitive-behavioral intervention was effective in improving mental, physical, and emotional health (Flugel, 2020), improving sleep quality (Shapiro, 2019), enjoying life, and reducing stress and physical symptoms (Kewett, 2018).

Resilience is a process of ability resulting in successful adaptation to threatening conditions. It can be said that resilience is the ability of an individual to establish biological-psychological balance in dangerous conditions. People who are resilient are resourceful and flexible and adapt to changes in their environment. People

at the low end of resilience adapt to new situations to a small extent.

They recover more slowly from stressful situations. In fact, people view negative events more flexibly and realistically, often seeing problems as temporary and limited, and benefit from more helpful coping strategies.

When things don't go your way or don't go your way or people don't behave the way you want them to, you get upset. It's a belief that is certainly irrational. When you fail miserably or are treated unfairly or rejected, you should feel like something terrible has happened and that something terrible has happened. This is the wrong way to think.

Because feeling frustrated is natural, but intense and prolonged sadness and grief is an irrational issue because deprivation will not lead to emotional conflicts (Shirali, 2019).

The degree of feeling of failure depends on the number and types of unmet needs, as well as on the person's way of thinking and reactions, and the ability to cope with problems should be increased in individuals. Although it is necessary to prevent children from suffering, feeling of failure and inferiority, this does not mean that we should always try to take care of them, or play a conservative role.

Rather, the way in which problems are faced plays an important role in individual development. It is through appropriate

dealing with problems that children come to understand the realities and limitations of themselves and the outside world and gain self-confidence. A person who believes in their own abilities sees facing problems as a value and in this way can achieve a level of success that previously seemed impossible.

The cognitive behavioral intervention used in this study focused specifically on problem-solving skills, which in turn reduced hostility, irritability, anger, and guilt resulting from aggressive behavior, which are components of negative affect, and increased feelings of strength, pride, and control, which are components of positive affect.

Conflict is a natural part of a couple's relationship because of the decisions they make together. The intensity of the conflict can range from a clear difference in opinion to serious differences in goals, values, and aspirations. They believe that conflict is inevitable in close relationships. An intimate marriage requires that couples learn how to communicate with each other.

And how they differ, conflict arises when couples show different degrees of independence and solidarity due to the cooperation and joint decisions they make. These differences can be classified on a continuum, from moderate conflict to complete conflict. Spouses who are ineffective in expressing their differences are more dissatisfied than couples who are effective (Shahabi, 2019).

One of the important and influential issues in the lives of women witnesses with an

incompatible husband is self-compassion. Self-compassion naturally increases a person's sensitivity to the well-being of others, because the person sees their experiences in line with the experiences of the human race. Here, she realizes that discomfort, frustration, and shortcomings are part of the general characteristic of all humans and that she is one of them (Saedian, 2017).

Self-compassion provides a positive emotional state towards oneself in which the individual feels more kind and caring towards oneself. "Self-compassion" may be related to self-regulation in terms of stress coping skills. (Kurd, 2016).

Therefore, women with incompatible spouses, with their feelings of compassion, experience mainly positive emotions with cognitive behavioral intervention and have a positive evaluation of the events and happenings around them, while women with incompatible spouses, with feelings of apathy, hopelessness, despair, and dissatisfaction with life, evaluate their life events and situations as undesirable and experience more negative emotions such as mental illnesses, anxiety, depression, and anger.

It should be noted that positive and negative emotions are not bipolar states where the absence of one guarantees the existence of the other, meaning that a positive feeling of satisfaction does not arise only with the absence of negative emotions, and the absence of negative emotions does not necessarily bring about the presence of

positive emotions, but rather the enjoyment of positive emotions itself requires other conditions and possibilities. Therefore, this hypothesis shows It was found that cognitive behavioral intervention increased self-compassion in women with incompatible husbands in the experimental group.

### **Acknowledgements:**

The present research is derived from Ms. Nastaran Karimi's master's thesis, which was conducted under the supervision of Dr. Majid Darvishizadeh. Correspondence corrections were made by the corresponding author, Mohammad Moradi.

### **Conflict of Interest:**

No conflict of interest has been declared by the authors.

### **Research Design:**

In this study, a quasi-experimental research method and a pre-test-post-test design with a control group were used. The experimental and control groups were randomly matched, and before applying the experimental interventions to the experimental and control groups, a pre-test was administered to them, and a post-test was administered at the end of the intervention. The difference between the pre-test and post-test of each group was examined for statistical significance.

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