



Comparing the Effectiveness of Emotion-Oriented Couple Therapy and Cognitive-Behavioral Couple Therapy on Marital Conflict among Couples

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ABSTRACT

The present study was conducted with the aim of comparing the effectiveness of emotion-oriented couple therapy and cognitive-behavioral couple therapy on reducing marital conflicts in couples who referred to family cultural centers in Isfahan. The present study was applicable in case of research and was semi-experimental with pre-test, post-test and control group in case of method. All couples with conflict that referred to family cultural centers in Isfahan in 2013 consisted the statistical population of the present study. Among them, 15 couples were selected using available sampling method and were assigned into experimental and control group randomly. Data were collected using Marital Conflict Questionnaire (Bagher Sanaee et al., 2000). Participants of experimental received eight 60-minute emotion-oriented therapy and cognitive-behavioral therapy. The participants of control group received no intervention. After finishing the treatment, post-test was implemented. Data were analyzed using SPSS-18 and covariance analysis. The results of the study confirmed the assumptions of the research and showed emotion-oriented therapy and cognitive-behavioral therapy reduced marital conflict in couples. Also, the results showed there is not a significant difference between the effectiveness of emotion-oriented therapy and cognitive-behavioral therapy on reducing marital conflict and the assumption of significant difference between these two approaches in case of effectiveness was rejected.

Keywords Emotion-Oriented Couple Therapy; Cognitive-Behavioral Couple Therapy; Marital Conflict.

INTRODUCTION

Interpersonal conflicts are as pervasive and far-reaching as social relations. Hence, the experiencing the different levels of conflict, disagreement and acrimony in the relations of a couple is inevitable and unavoidable (Comings, Ferkesh, Michael et al., 2008; Stevebur, 2005).

Various definitions are proposed for the word "conflict". Glosser (2000) believes that marital conflicts result from the lack of coordination between spouses in the kind of the needs and the way of fulfilling them, selfishness, differences in requests, behavioral patterns and irresponsible behavior toward marital relationship and marriage. Griff and Bryn (2000) believe that the conflict happens when one of the couples understand that their partner has suppressed some of her or his favorite things. Mont Gomer (1989) defines marital conflicts as interactive process in which one or both spouses are sad about aspects of their relationships and try to solve it (Hamamchi, 2005). Considering various definitions, it can be said that conflict means an

obvious struggle between at least two interdependent parties that makes the goals incompatible, the resources scarce and considers the intervention of the partner to achieve their goals improper (Willmot and Hocker, 2000).

Each of the experts has a particular approach to the conflict, although in general concepts of incompatibility, disagreement, quarrel and confrontation are the main factors shaping the conflict. This disagreement can occur in the views, perceptions, attitudes, behaviors, feelings and needs.

Various instructional and therapeutic interventions have been conducted for solving marital conflicts. Some of them have focused on some cognitive factors such as attribution patterns or general or specific irrational beliefs (Ellis and Harper, 1975; Epstein and Idelson, 1981; Ellis and Griger, 1977; Romance and Debord, 1996; Quoted by Bahari and Saif, 2005). It is because it is believed that understanding marital dynamics and changing the relationship is of great importance (Bokam, 1981; Epstein, 1982; Quoted by Etemadi, 2005). Some experts focused in their intervention on some behavioral marital exchanges or relational factors such as skills (Jacobson and Margolin, 1979, quoted by Bernstein and Bernstein, translated by Sohrabi, 2003).

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And some experts have focused on emotions or marital system.

Emotion-oriented therapy is one of the therapeutic methods for couples that is focused on stable interactive negative cycles resulted from deep emotional vulnerability. This method tries to decrease distress through intervention in emotional level in order to progress the close interactions that result into more love and intimate relationships. The experiences have shown that this method is one of the most effective and validated therapeutic methods for couples(Larry, 2000, Quoted by Milikin, 2000). Johnson(1996) explains the emotion-oriented treatment as follow: emotion-oriented treatment looks at individuals' inside and outside and has attended the way of individuals' experience especially emotional responses and attention to the interpersonal relationships in organizing the couples' cycles and interactive patterns. The process of experiencing and the process of interaction are the touchstone of the therapist so that he tries to guide the internal and external structures of negative and nonflexible responding to affecting responding that is the base of secure link between couples. Emotion-oriented therapy is focused on a form of treating the couples that is focused on the importance of re-processing the emotional responses in order to change the troubled relationships(Johnson, 1996).

Many researches have been conducted in Iran and other countries about the effectiveness of emotion-oriented couple therapy with other psychological approaches or control group on marital turmoil and marital conflicts(Erfanmanesh, 2006; Rasouli *et al.*, 2007; Gorjian and Kimiayee, 2011; Ziaalhigh *et al.*, 2012; Johnson and Greenburg, 1985' Goldman and Greenburg, 1992, Greenburg and Johnson, 1995).

Birn, Kaar and Clarck have conducted studies and examined the effectiveness of cognitive-behavioral therapy and emotion-orientated therapy on distress of couples during 1982 to 2002. They compared and analyzed the effectiveness of these two therapeutic methods on relationships, conflicts, compatibility, dissatisfaction and arguments of couples. 827 couples participated in these researches, 578 couples(70 percent) received cognitive-behavioral therapy and 249 couples(30 percent) received emotion-oriented couple therapy.

The results of the study showed 83 percent of the couples that were under cognitive-behavioral therapy showed less distress compared to the control group. The amount of improvement for individuals receiving emotion-oriented therapy was 89 percent. In 73 percent of the cases, lack of distress was seen till 2 years after the treatment(Quoted by Amani, 2012).

Cognitive-behavioral couple therapy is a combination of cognitive and emotional factors in treating couples with marital problems(Bavcome and Epstein, 1990) that can be started by functional evaluation of the couple's target problems and dependent behaviors

that support it. In cognitive-behavioral therapy, couple's behavioral interaction is the most important factor. The second factor is problem solving that refers to bad patterns of the way of controlling the issues. By training the negotiation strategies, reconciliation and problem solving, the negative communicational patterns in a couple that are often dominant on the relationship verbally and behaviorally and this feeling is created in them that they gain that much of the relationship that they try for. The second basis of behavioral therapy is changing the behavior. When a relationship is clear, direct and noble, common sense and mutual perception appear and it is the time to presenting plan of dependency or contracting(Datilio, 2005). In general, it can be concluded that bases of cognitive-behavioral couple therapy focuses on couples' mutual understanding of each other and considers the cognition as a inseparable part of the process of change. Finally, the philosophical basis of this perception is that behavior change is not alone sufficient for correcting inefficient interactions, but individuals' thinking way in relationships and incompatible behavioral patterns should be focused(Datilio, 1990).

Today, cognitive- behavioral couple therapy is applied as a flexible approach for understanding the issues and treating a wide range of communicative problems, especially for preventing communicative conflict and distress among spouses and also drug abuse, depression, anxiety disorders and family aggression(Gormann and Jakobson, 2002). It is also used in preventing the marital problems(Markman *et al.*, 2006), infidelity(Bacom *et al.*, 2003), for treating physical, mental and social aggression(Lotilad *et al.*, 2006). It was identified in meta-analysis research by Botler(2006) that cognitive-behavioral couple therapy is effective on a wide range of disorders such as unipolar depression and generalized anxiety disorder and has an appropriate size in treatment(Quoted by Amani, 2012).

Cognitive- behavioral therapists have reviewed the details of some of the published studies that included obtaining the results of specific researches(Alexander and Holtzort, Murno and Johnson, 1994; Bacom and Epstine, 1990; Bacom and Halford, 1986; Bacom *et al.*, 1998; Bray and Jurilous, 1995; Christine and Jockobson, 1994; Jockobson and Adis, 1993; Snieder Castline and Veshin, Bacom, Halog and Kooshchel, 2003; Dean and Esible, 1995; Halchog and Markman, 1998; Shadish and Baldin, 2003 and 205). The results of these studies showed that the effectiveness of the interventions for couples' conflict is between 1 to 2 third.

The total finding indicate that nearly 33 to 67 percent of the couples after receiving cognitive-behavioral couple therapy among the hierarchy of marital satisfaction, become non-turbulent couples. Most couples keep this achievement in a short period, 6 to 12 months. Cognitive-behavioral couple therapy is applicable for a wide range of marital worries. One of the marital distress includes couples who are marital dam-

aged, some damages such as infidelity and physical and psychological aggression(Latilad, Epstine and Verlinch, 2006; Quoted by Amani, 2012).

The cause of selecting these two methods was that emotion-oriented couple therapy and cognitive-behavioral couple therapy in therapeutic range are opposed to each other in case of theoretical basis .i.e. they are placed on ends of the spectrum. In other words, cognitive-behavioral couple therapy is considered as the main core of cognitive approaches and emotion-oriented couple therapy is considered as the main core of emotional approaches in family therapy, although these two approaches are to some extent comorbid. Therefore, the researchers attempt to understand whether cognitive behavioral therapy is more effective or emotional-oriented therapy in counselling the clients with marital conflict.

Considering the theoretical and research basis that are stated, the aim of the present study is comparing the effectiveness of cognitive-behavioral couple therapy and emotion- oriented couple therapy on reducing marital conflict.

The assumptions of the research include the items below:

The total assumption: There is a significant difference between mean of post-test of marital conflicts of two experimental groups(emotion-oriented couple therapy and cognitive-behavioral couple therapy) with control group.

The first secondary assumption: Emotion-oriented couple therapy has positive effect on reducing marital conflicts in couples of experimental group compared to the control group.

The second secondary assumption: Cognitive-behavioral couple therapy has positive effect on reducing marital conflicts in couples of experimental group compared to the control group.

The third secondary assumption: There is a significant difference between mean of marital conflict scores of cognitive-behavioral couple therapy group and emotion-oriented couple therapy group.

METHODS:

Population, sample and sampling method

The present study is semi-experimental with pre-test, post-test and control group(Gal, Burg and Gal, 1996; Translated by Nasr et al., 2008). The statistical population consisted of all couples that referred and enrolled in family cultural centers in Isfahan because of having conflicts with spouse(wife and husband)through published advertisements.

The inclusion criteria concluded: Having marital conflicts, the presence of both couples in the counselling sessions, having the education higher than diploma, not being addicted to consuming alcohol or drug, not using

psychiatric drugs, not having beyond marital relationships and not having the decision to divorce.

Available sampling method was used in the present study. It is because if the researchers do not use this method, doing the research may become difficult or impossible(Gal, Burg and Gal, 1996; Translated by Nasr et al, 2008).

The condition of each couple for including in the study was examined and Marital Conflict Questionnaire was implemented. Considering the first interview and the scores of Marital Conflict Questionnaire in pre-test, finally 15 couples(30 men and 30 women) were accepted and 5 couples were assigned into cognitive-behavioral couple therapy group, 5 couples were assigned into emotion-oriented couple therapy group and 5 couples were assigned into control group randomly.

Marital Conflict Questionnaire: This questionnaire evaluates marital conflict and some of its main dimensions. This questionnaire was made by Sanaee, Barati and Boostanipour (2000) and evaluates eight dimensions of marital conflicts including: reduce in collaboration, reduce in sexual relationship, increase in emotional reactions, increase in attracting children's support, increase in personal relationship with their own relatives, reduce in family relationship with spouse's relatives and friends, separating financial issues from each other and reduce in effective relationship. This questionnaire is a 54-item questionnaire with Likert's range(Never=1, Hardly ever= 2, Sometimes= 3, Usually= 4, always= 5). The items number 3, 11, 14, 26, 30, 33, 45, 47, 54 are scored reversely. The Chronbach's alpha of 0.96 was obtained for the whole questionnaire conducting on a group of 270 individuals and for the subscales it is a follow: 0.81 for reduce in collaboration, 0.61 for reduce in sexual relationship, 0.70 for increase in emotional reactions, 0.33 for increase in attracting children's support, 0.86 for increase in personal relationship with their own relatives, 0.89 for reduce in family relationship with spouse's relatives and friends, 0.71 for separating financial issues from each other and 0.69 for reduce in effective relationship.

DATA ANALYSIS

The data gathered from implementing Marital Conflict questionnaire in pre-test and post-test were analyzed using descriptive statistics such as tables and diagrams for showing demographic properties . For inferring the data, covariance analysis test (ANCOVA) was used to test the assumptions and control the effect of pre-test for comparing the effectiveness of the treatments. All stages of analyzing the data were done by SPSS-18 software.

FINDINGS

The mean and standard deviation of pre-test and post-test scores of marital conflict in experimental and control groups are presented in Table 1.

Table 1: Mean and standard deviation of pre-test and post-test of marital conflict in three groups

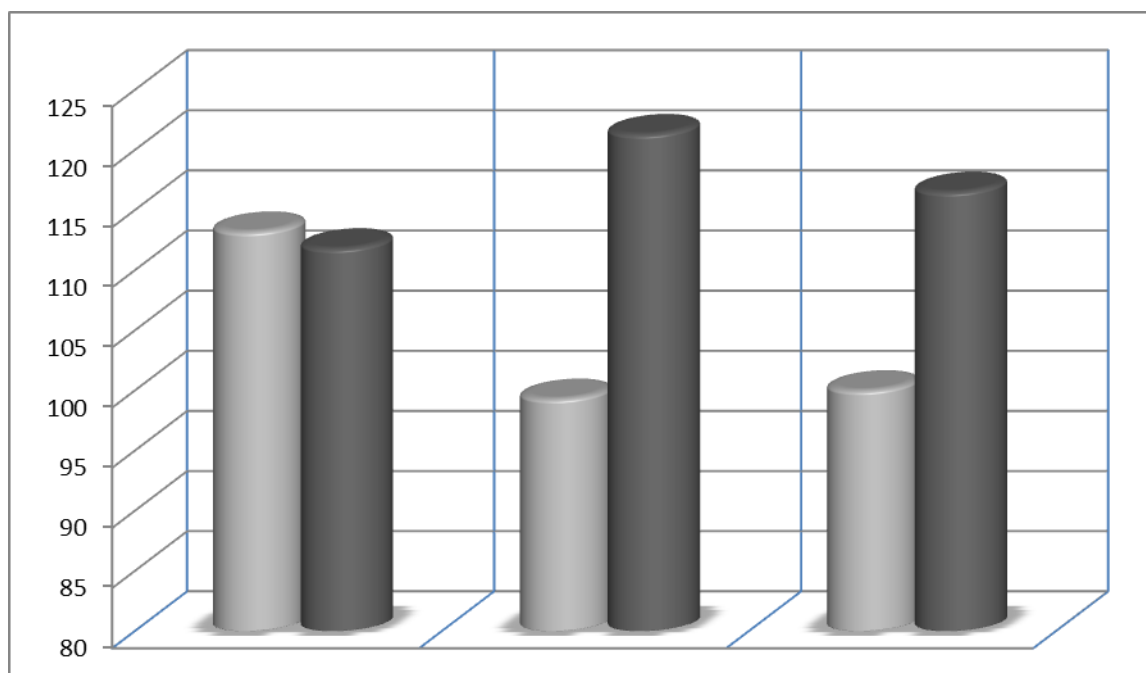
Groups		Gender	post-test		pre-test		N
			standard deviation	Mean	standard deviation	Mean	
marital conflict	Couples	Men	16.13	98.4	22.01	115.2	5
	therapy	Women	17.09	101.6	12.57	117.8	5
	Cognitive, behavioral,	Total	15.76	100	17.02	116.5	10
	Couples	Men	10.31	98.4	15.81	119	5
	therapy	Women	8.87	100.20	11.96	123.6	5
	Emotionally Focused						
		Total	9.12	99.3	13.33	121.3	10
	Control	Men	17.37	110.8	19.03	109	5
		Women	10.94	115.6	10.14	114.6	5
	Total	13.92	113.2	14.67	111.8	10	

As it can be seen in Table1, the mean score of marital conflict in couples who referred to family cultural centers in Isfahan was 116.5 in cognitive-behavioral couple therapy group(CBCT) in pre-test and was 121.3 in emotion-oriented couple therapy group(EFCT) and 111.8 in control group. The mean of whole score in cognitive-behavioral couple therapy group(CBCT) was 100 in post-test and was 99.3 in emotion-oriented couple therapy group(EFCT) and 113.2 in control group. These results are also shown in Figure 1.

Figure1: The bar chart of marital conflict in three groups in pre-test and post-test.

Total assumption: There is a significant difference between mean of post-test of marital conflict in two intervention groups(emotion-oriented couple therapy group and cognitive-behavioral couple therapy group) with control group.

The results of covariance analysis of the post-test scores of experimental groups and control group is presented in Table 2.

Table 2: The results of covariance analysis of the effect of group membership on marital conflict scores


As it is shown in Table 2, after omitting the effect of covariates on dependent variable and considering the calculated F coefficient, it can be seen that there is a

significant difference between modified means of marital conflict scores of participants based on group membership(two experimental groups and a control

group) in post-test($P < 0.01$). Therefore, the second assumption is confirmed. Therefore, emotion-oriented couple therapy and cognitive-behavioral couple therapy are effective on reducing experimental groups' par-

ticipants' marital conflict scores in post-test. The amount of this effect in post-test is 75.6 percent. Statistical power and significance level near to 0 shows the sufficiency of sample size.

Table3: The paired comparisons of covariance analysis of the effect of group membership on the amount of marital conflict scores of three groups

Variables	Statistical power	Effects	sig	F	The mean Squares	df	Total squares
pre-test	1	0.836	0.001	132.083	3950.132	1	3950.132
Group membership	1	0.756	0.001	40.364	1207.149	2	2414.297
Error	-	-	-	-	29.906	26	777.568

The first secondary assumption: Emotion-oriented couple therapy has positive effect on reducing marital conflicts in couples of experimental group compared to the control group.

As it can be seen in Table3, there is a significant difference between control group and emotion-oriented couple therapy in case of reduce in marital conflicts in post-test($P < 0.01$). Therefore, the first assumption is confirmed. It means that the emotion-oriented group was more effective in reducing marital conflict compared to the control group. The amount of effect was 87.3 percent. The statistical power was 1 and the significance level was near 0 that shows the sufficiency of sample size.

The second secondary assumption: Cognitive-behavioral couple therapy has positive effect on reducing marital conflicts in couples of experimental group compared to the control group.

As it can be seen in Table3, there is a significant difference between control group and cognitive-behavioral couple therapy in case of reduce in marital conflicts in post-test($P < 0.01$). Therefore, the second assumption is confirmed. It means that the cognitive-behavioral couple therapy group was more effective in reducing marital conflict compared to the control group. The amount of effect was 70.4 percent. The statistical power was 1 and the significance level was near 0 that shows the sufficiency of sample size.

The third secondary assumption: There is a significant difference between mean of marital conflict scores of cognitive-behavioral couple therapy group and emotion-oriented couple therapy group.

As it can be seen in Table3, there is not a significant difference between emotion-oriented couple therapy group and cognitive-behavioral couple therapy group in case of reduce in marital conflicts in post-test($P > 0.05$). Therefore, the third assumption is rejected. It means that there was not a significant difference between emotion-oriented group and cognitive-behavioral couple therapy group in case of reducing the scores of marital conflict.

CONCLUSION

The result of covariance analysis(Table2) showed there is a significant difference between participants of experimental and control groups in case of dependent variable of marital conflict($P < 0.01$). Therefore, the main assumption indicating the effectiveness of emotion-oriented couple therapy and cognitive-behavior couple therapy, is confirmed.

As the results of covariance analysis are shown in Table3, by controlling pre-test, there is a significant difference between participants of experimental and control groups in case of dependent variable of marital conflict($P < 0.01$). Therefore, the first and the second secondary assumptions are confirmed. It means that cognitive-behavioral couple therapy and emotion-oriented couple therapy are effective on reducing marital conflicts.

The results of Table3 show that there is not a significant difference between mean of emotion-oriented couple therapy compared to cognitive-behavioral couple therapy in reducing marital conflicts. Therefore, the third secondary assumption is not confirmed. It means that emotion-oriented couple therapy, compared to cognitive-behavioral couple therapy, has not a significant effect in reducing marital conflicts.

By reviewing the research literature based on the effectiveness of emotion-oriented couple therapy on reducing marital conflicts and increasing marital satisfaction, the results of the present study are consistent with the results of similar studies by Erfanmanesh, 2006; Goldman and Greenburg, 1992; Johnson and Greenburg, 1985; Greenburg and Johnson, 1995; Nazari et al., 2011; Chung, 2008; Ziaalagh et al., 2012.

It can be said in explaining the effectiveness of emotion-oriented couple therapy on the marital conflict that attachment style has been examined as an important issue in marital life because of some reasons. Emotion-oriented couple therapy theorists assume that those individuals who do not have safe attachment style, tend to less flexibility, have lower acceptance facing life stress and healing from stress is difficult for them, they are possibly more vulnerable facing chronic anxiety of marital life and experience more physical and psychological signs and symptoms

because of the pressure. These individuals tend to reliance and dependency on their spouses, their intellect is guided by their emotions and they have some intellectual problems in objective problems when are under pressure. In contrast, those individuals who have safe attachment style are more able to think objectively when a stressful condition happens. They have the ability to compatibility and reversibility and it is less possible to become weak and disabled because of life stress(talkhis by Hosseini, 2011). These individuals probably keep their beliefs and values when they are forced by important persons for admitting them. In case of intrapsychic, individuals with safe attachment style, in case of marital relationships are further than emotions and it helps them not to think and act based on emotion and unconsciousness. The sense of closeness or separation of their spouses are neither exaggerating nor compromising . Those couples who have safe attachment style, have a balance between emotional and intellectual performances. Wives and husbands with safe attachment are not extremely dependent to their spouses emotionally and also do not have a necessity to separate from their spouses. They emotionally and intellectually balanced and do not need their spouse's or others' admission or rejection.

In the theory of emotion-focused treatment, the only antidote of anxiety and marital conflicts is developing safe attachment that is provided through emotion-oriented couple therapy. A process in which spouses learn to draw their directions in life without being constantly involved in conflicts with their spouses.

In obvious marital conflicts in which extreme spacing or intimacy develops between couples, positive and negative emotions it fluctuates so much(Anonymous, 1972; Walch and McGedrik, 1988, quoted by Yousefi, 2010). Stunting in spouses can appear as "very competent reciprocity ". In this state, one of the couples takes all the family responsibilities such as doing the shopping, cooking, training of the children and financial management(anxious attachment style) and the other one does not take any responsibilities(avoidance attachment style). Also, the central processes of feeling marital conflict are related to the strategy relationship that couples use for controlling anxiety(Chu and Chung, 2002; Quoted by Yusefi, 2010). This strategy relationship shows itself as emotional distance, marital conflict and spousal dysfunction.

Therefore, the only solution for couples with marital conflict is that lead the individual to creating safe attachment style and just in that way the individuals become independent and show less reaction toward the current emotional power. An experienced therapist does not attribute the problem to the incompetent individual, but modifies the relationship and helps both of them. Therefore, fit to the problems of the couples, emotion-oriented couple therapy has worked on creating safe attachment style, decreasing chronic anxiety and breaking the vicious relation patterns. If the cou-

ples change in these dimensions, surely their conflict will decrease.

Emotion-oriented couple therapy was effective on reducing marital conflicts in the present study. This finding is consistent with previous findings by Erfanmanesh, 2006; Goldman and Greenburg, 1992; Johnson and Greenburg, 1985; Greenburg and Johnson, 1995; Nazari et al, 2011; Chung, 2008; Ziaalhagh et al, 2012.

By reviewing research literature, there were researches that indicated the effectiveness of cognitive-behavioral couple therapy on decreasing marital conflicts and increasing marital satisfaction. Therefore, the findings of the present study are consistent with the researches by Bacom and Epstine, 1990; Bacom and Halog, 2003; Saemi, 2005; Tabrizi, 2004; Ameri, 2004; Ebadi, 2009, Etemadi et al., 2006).

It can be stated in explaining the effectiveness of cognitive-behavioral couple therapy that based on cognitive-behavioral approach, cognitions are considered as structures and frames in order to screening, coding and evaluating the stimulants in marital relationships that are persistent toward the changes and have deep effect on emotions and interpersonal and marital relationships(Yung, 1990). Cognitions are some assumptions that are formed as a result of individuals' previous experiences and continue and change in marital life. Some of these extreme and persistent to change cognitions are inefficient and change into store of destructive cognitive distortion. Cognitive-behavioral therapy by work on individuals' multidimensional dimensions, provides the ground of change that these dimensions include cognitive, emotional and behavioral dimensions(Quoted by Hakimi, 2010).

In cognitive dimension: Cognitive-behavioral couple therapy, by working on various levels of cognition, helps the couples that are not satisfied with their marital relationship to become aware of the causes of the problems, that are thoughts, and by testing the validity and truth of the cognitions(thoughts) and finding a new definition of admitting or rejecting evidence of the thoughts, question their inefficient and destroyer thoughts and develop a new view to marital relationship.

Individuals project thoughts consistent with the thoughts during the time and ignore what is inconsistent with them and continue this process in their marital relationship. Cognitive-behavioral strategies help the individuals to differentiate healthy and unhealthy aspects of their thoughts and directly observe that how thought fight to survive in marital relationships. DTR instructional table that is a summary of individuals' healthy responses and differentiating inefficient thoughts and efficient thoughts, is the best helpful tool for individuals to identify thought stimulating conditions, identifying negative reactions and the way of substituting healthy behaviors in marital relation-

ships that makes the individuals be aware of the cognitions and provides the ground of change in individual and consequently the relationships between the couples. According to the cognitive-behavioral couple therapy, marital problems are resulted from inefficient beliefs. These beliefs show themselves with strange behaviors in marital relationship. These beliefs and thoughts have a lot of effects on performance of marital relationship in cognitive, emotional and interpersonal relationships(Yung, 1990). Cognitive- behavioral approach, because of working on psychological themes or psychological distortion in individuals with marital conflicts, is useful in modifying their beliefs and thoughts and is effective on reducing marital conflicts.

In emotional dimension: Cognitive- behavioral couple therapy, using experimental strategies can put the cognitive belief in challenge that is tied to the emotional belief in order the couples fight with their not only in cognition level but also in emotional level. This technique helps individuals' emotional discharge in marital relationship and helps the individuals to identify their emotional needs that are not fulfilled and caused the formation of cognitive distortion. The interesting and experimental strategy of writing letter to spouse helps the individuals to help that as a chance to realize the rights, emotions, unexpressed anger and expressing personal idea that seem results into conflict and problem in the relation patterns of the couples.

In behavioral dimension: Cognitive-behavioral therapy helps the couples with substitution of healthier coping styles. Behavioral techniques such as problem solving and negotiation help the couples to encounter each other's thoughts more objective and change their conflict into a useful chance.

Therapeutic relationship that is considered as one of the necessary components in change, is attended well in this therapeutic method. It can be said that therapeutic relationship help to understand and accept in client and it is an introduction for accepting inefficient thoughts and preventing the resistant toward treatment. It is believed in cognitive-behavioral approach that individuals can modify their inefficient thoughts better that shows itself as inefficient behavioral and emotional reaction in marital conflicts by integrating cognitive, behavioral, emotional and relation therapy process. Cognitive-behavioral couple therapy focuses on client- therapist interpersonal relationship in treatment sessions. The therapist by accepting the couples with marital conflicts unconditionally and by normalizing their defects and behavioral weaknesses, what rarely existed in these individuals' developmental history and most spouses did not experience unconditional acceptance, help significantly to modify the relationship between couples to accept each other unconditionally.

In general, it can be said despite that cognitive-behavioral therapy has brevity, it is complicated and

has high capacity to be contemplated. It has systematic and structured therapeutic strategies that attend thoughts, behaviors and emotion and codify appropriate interventions for each level of cognition(automatic thoughts, middle thoughts or assumptions and schemas) and is efficient and effective for chronic marital and personality problems. Since couples with marital conflicts come to the treatment with set of inefficient thoughts, controlling behaviors, limited emotional relationship, lack of emotional expressing and lack of confidence to the relationship with the spouse, cognitive-behavioral therapy, because of comprehensiveness that has among the techniques, is considered as a better approach for changing and modifying the beliefs. It seems that by integrating cognitive, behavioral and emotional techniques, cognitive-behavioral approach is appropriate for individuals with marital problems. Cognitive- behavioral couple therapy was effective on reducing marital conflicts in the present study. The result of the present study is consistent with the results of previous studies conducted by Saif and Bahari, 2005; Younesi and Bahrami, 2009; Ipstine, 1988; Hamamchi, 2005; Gutman, 1994, Hamasi, 2005; Friesch, 2005; Fincham, McRally and Feri, 2001; Yung Tamara, 2007; Yusefi, 2010 about the negative relationship of inefficient thoughts with compatibility, agreement and marital satisfaction in couples with marital conflicts.

It should be said that considering Table3 that shows that motion-oriented couple therapy is more effective than cognitive-behavioral couple therapy in reducing marital conflicts, it is shown that it is consistent with comparative researches between these two approaches and same researches conducted by Johnson and Greenburg, 1985; Hassani et al., 2008; Greenburg and Johnson, 1995).

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