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Comparison of the Impact of Mentalization-Based Therapy and Unified Transdiagnostic Treatment on Intimacy and Marital Satisfaction of Women with Experience of Marital Infidelity

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A B S T R A C T

Purpose: This study aims to compare the effectiveness of Mentalization-Based Therapy and Unified Transdiagnostic Treatment on marital intimacy and satisfaction among women who have experienced marital infidelity.

Methods and Materials: This quasi-experimental study utilized a pre-test and post-test design with a control group. Forty-five women who had experienced marital infidelity were selected through purposive sampling and randomly assigned to three groups: Mentalization-Based Therapy (15 participants), Unified Transdiagnostic Treatment (15 participants), and a control group (15 participants). Data were collected using the Marital Intimacy Questionnaire and the Kansas Marital Satisfaction Scale. Analyses were conducted using Multivariate Analysis of Covariance (MANCOVA) and Analysis of Covariance (ANCOVA), along with the Bonferroni post hoc test.

Findings: Both therapeutic approaches significantly increased marital intimacy and satisfaction compared to the control group ($p < .05$). There was no significant difference in the effectiveness of the two therapies ($p > .05$), suggesting that both methods are equally effective in improving marital outcomes.

Conclusion: Mentalization-Based Therapy and Unified Transdiagnostic Treatment are effective interventions for enhancing marital intimacy and satisfaction in women who have experienced marital infidelity. Both therapies comprehensively address emotional and cognitive disruptions, contributing to improved psychological security and relationship quality.

Keywords: *Mentalization-Based Therapy, Unified Transdiagnostic Treatment, Marital Intimacy, Marital Satisfaction.*

1. Introduction

Marital infidelity refers to having a concealed (real or virtual) emotional or sexual relationship with someone other than the spouse and legal partner, generally categorized into emotional, sexual, and emotional-sexual infidelity. Marital infidelity is a multifaceted issue, with various existential and functional factors contributing to its formation and persistence (Akrami, 2022; Ardakhani & Seadatee Shamir, 2022; Khorasaniyan, 2022; Zarei & Mazlghani, 2022). Some researchers view marital infidelity as an intrapersonal issue, suggesting that individual dysfunctions, such as sexual and emotional novelty-seeking, the need for sexual-emotional gratification, maladaptive early schemas, especially in the emotional and sexual dimensions, weak religious faith, extraversion, lack of commitment, and the absence of genuine love, are the main contributors to this behavior (Choupani, 2023; Choupani & Karami, 2022). Other researchers emphasize that marital infidelity is an interpersonal issue. While intrapersonal factors, such as psychological and personality factors, play a role, interpersonal causes, such as emotional dissatisfaction, sexual dissatisfaction and narcissism, and insecure attachment styles, are the main contributors to this problem, which disrupt interpersonal relationships and increase vulnerability (Sharifi Saei, 2023). Addressing the underlying causes of marital infidelity is crucial, but even more critical is the impact on marital factors such as intimacy and satisfaction.

Marital satisfaction, an essential factor in marital success and family stability, is a multidimensional concept defined by the level of happiness, joy, and contentment experienced by spouses across different aspects of their marital relationship (Chauhan & Sekher, 2023; Mohammadi et al., 2021). In other words, marital satisfaction refers to the heart-felt contentment spouses have with their communication system, which affects the quality of their relationship and the stability of their marriage. It is influenced by various factors, including personality traits, emotional maturity, age, temperament, commitment, loyalty, family, and cultural environment (Abedi et al., 2024; Nikrahan, 2023). In their research, Young et al. (2023) emphasized the significant impact of marital satisfaction on the strength of marital relationships, reporting that spouses' sense of self-worth and self-esteem are primary factors influencing their marital satisfaction. Low marital satisfaction is a key predictor of divorce and the dissolution of the family system, increasing the likelihood of extramarital affairs (Shojaei, 2023).

Choupani (2023) highlighted marital dissatisfaction as a factor influencing the inclination toward marital infidelity, while also noting that experiencing infidelity can reciprocally decrease marital satisfaction (Choupani, 2023). Couples who experience infidelity gradually lose satisfaction in their marital bond and cannot continue their relationship with enthusiasm (Dew et al., 2022). The negative emotions stemming from infidelity cause pervasive tension in all dimensions of their relationship, hindering the possibility of maintaining a fulfilling partnership (Fakoori Ashkiki et al., 2023). Thus, it is vital to address obstacles to restoring marital satisfaction in this population to facilitate relationship improvement.

Marital intimacy is critical because it fosters a bond filled with satisfaction, compatibility, and stability, and any disruption can compromise marital cohesion (Rice et al., 2023). Couples achieve marital intimacy when they can share their physical and emotional experiences without fear (Choupani & Karami, 2022). This level of intimacy is established when couples engage in affectionate and soothing behavior, creating a sense of comfort and security (Ramsdell et al., 2020).

The most valuable dimensions of marital intimacy include physical intimacy (experiencing physical affection in various forms, accompanied by care and love), emotional intimacy (exchanging emotions in a way that fosters empathy), psychological intimacy (having a deep understanding of each other's psychological dimensions), and verbal intimacy (using gentle and caring communication) (Cheng, 2023). Emotional intimacy is particularly crucial for a stable and successful marriage (Jones & Lucero Jones, 2022).

The development of marital intimacy and its disruption are influenced by factors such as neurotic and psychotic disorders, marital distress, the use of ineffective coping strategies, dissatisfaction, irrational beliefs, unmet emotional needs, and disruptions in family communication and boundaries. Social deviations, like substance abuse, also play a role (Ahmadi Khani et al., 2022; Choupani, 2023; Lee & Yoon, 2023; Rice et al., 2023; Zolfaghari et al., 2021). The presence of these factors can hinder emotional intimacy and destabilize the marital relationship over time.

Ahmadkhani et al. (2022) stated that the absence of marital intimacy is a predictor of infidelity, and that experiencing infidelity is a significant disruptor of emotional and sexual intimacy (Ahmadi Khani et al., 2022). Lee and Yoon (2023) emphasized that achieving a satisfying and successful marital bond and preventing negative experiences

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like infidelity requires strengthening intimacy (Lee & Yoon, 2023). Without intimacy, couples are less likely to feel pleasure, security, and peace in their interactions, increasing the risk of emotional divorce. Thus, fostering intimacy is crucial for couples recovering from infidelity to reestablish their marital life.

Due to the limitations of cognitive-behavioral approaches, experts have developed a unified transdiagnostic treatment approach, using a single treatment protocol (Barlow et al., 2011). Barlow's Unified Protocol (UP) is particularly effective for treating emotional and mood disorders (Barlow et al., 2014). This transdiagnostic cognitive-behavioral approach focuses on emotion and is specifically designed for treating emotional and mood disorders (Akbari et al., 2015). It emphasizes the functional nature of emotions and addresses maladaptive efforts to regulate emotional experiences (Norton, 2012). Unified transdiagnostic treatment identifies cognitive dysfunctions and emotional avoidance through metacognitive assessment, enhances insight into these dysfunctions, and improves them within a functional framework. It effectively reduces mood and anxiety disorders and prevents the escalation of symptoms by facilitating emotional processing (Schaeuffele et al., 2022). Compared to traditional cognitive-behavioral approaches, this method better addresses transdiagnostic symptoms and is effective for treating mood disorders (Timulak et al., 2022). Unified transdiagnostic treatment identifies maladaptive emotional symptoms and educates clients on rebuilding and facing internal emotions, reducing mental tension and enhancing psychological security (Fujisato et al., 2021). By helping couples regulate emotions, recognize and replace destructive beliefs, it effectively improves marital intimacy and satisfaction. Zolfaghari et al. (2021) found that this approach reduced tensions from infidelity experiences and improved relationships (Zolfaghari et al., 2021). Cognitive instability and negative beliefs hinder coping with painful experiences, like infidelity (Hatami et al., 2020). Unified transdiagnostic treatment addresses these beliefs, promoting relationship repair and adaptation (Timulak et al., 2022). This study hypothesizes that this approach strengthens intimacy, stability, satisfaction, and happiness in couples who have experienced infidelity.

Mentalization-based therapy (MBT) is rooted in Bowlby's attachment theory and developmental psychologists' work on childhood vulnerabilities. Developed by Bateman and Fonagy (2016), it addresses how attachment insecurity undermines mentalizing capacities in individuals with psychological disorders (Bateman & Fonagy, 2016). Initially used for borderline personality disorder, attachment-related disorders, and autistic children, it has been expanded to other conditions (Krämer et al., 2021). The core principle is that while the mind is shared, each individual's experience is unique. MBT is guided by four principles: self vs. other (understanding one's inner world and recognizing that others have their own), emotion vs. cognition (identifying emotions and understanding their cognitive foundations), inner world vs. outer world (recognizing that others are different from us), and automatic vs. controlled mentalizing (balancing spontaneous and deliberate actions) (Bateman & Fonagy, 2004a, 2004b; Bateman & Fonagy, 2016; Tahmasebi, 2020). The goal is to integrate mentalizing dimensions. In disorders, individuals often develop a false self and project emotions, acting based on subjective hypotheses (Derogar, 2020). MBT seeks to balance understanding the self and others, emotions and cognition, and external and internal cues. For clients who are polarized between controlled and automatic mentalizing, therapists aim to bring them to a balanced state (Krämer et al., 2021).

Tahmasebi (2020) emphasized that MBT prevents emotional and mood disturbances by appropriately identifying, expressing, and regulating emotions based on the situation, indirectly improving marital relationships through enhanced emotional regulation and cognitive analysis. The effectiveness of MBT in reducing mood and cognitive disorders and improving marital communication is evident (Tahmasebi, 2020). By implementing MBT and enhancing the ability to understand others, balance emotions and cognition, and recognize the cognitive underpinnings of perceived emotions, it is expected to reduce emotional and cognitive tensions in couples who have experienced infidelity, thereby improving intimacy and marital satisfaction. This study investigates whether MBT and unified transdiagnostic treatment affect intimacy and marital satisfaction in women who have experienced infidelity and the extent of their impact on each variable.

2. Methods and Materials

2.1. Study Design and Participants

The present study is an applied research in terms of its aim and employs a quasi-experimental research method, using a pre-test and post-test design with a control group. The statistical population included all women who visited counseling centers in Tehran (Shiva Counseling Center,

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Sweet Home, and Meshkat Counseling Center) during 2023-2024 and had experienced marital infidelity. According to Delavar (2006), a sample size of 15 per group in semi-experimental research can yield statistically valid results. Therefore, 45 women who met the inclusion criteria were purposefully selected from the aforementioned centers and randomly assigned to three groups of 15 participants each (control group: 15, first experimental group: 15, and second experimental group: 15). One experimental group received Mentalization-Based Therapy, and the other received Unified Transdiagnostic Treatment.

The inclusion criteria were: participants must reside in Tehran, have been married for at least three years, provide informed consent for participation, and have no specific physical or psychological illnesses (verified through an initial interview). The exclusion criteria were: incomplete responses to questions, lack of interest in participating, or concurrent participation in another study or intervention.

The researcher obtained a formal letter from Islamic Azad University, Qeshm Branch, and presented it to the selected counseling centers. Forty-five participants who met the inclusion criteria were chosen through convenience sampling and randomly assigned to three groups (first experimental group: 15; second experimental group: 15; control group: 15). The first experimental group received Mentalization-Based Therapy training, and the second experimental group received Unified Transdiagnostic Treatment training, while the control group did not receive any intervention.

2.2. Measures

2.2.1. Marital Intimacy

Developed by Bagarozzi (1997), this 41-item questionnaire assesses marital intimacy and was translated and standardized in Iran by Etemadi (2005). It includes eight subscales: emotional intimacy (items 1-5), psychological intimacy (items 6-10), intellectual intimacy (items 11-15), sexual intimacy (items 16-20), physical intimacy (items 21-25), spiritual intimacy (items 26-31), aesthetic intimacy (items 32-36), and social-recreational intimacy (items 37-41). Responses are scored on a 10-point Likert scale, ranging from 1 to 10, with total scores ranging from 44 to 440. Bagarozzi (1997) reported a Cronbach's alpha reliability of over .90, and content and face validity were deemed acceptable. Etemadi (2005) reported a reliability coefficient of .94 and confirmed content and face validity (Ahmadi Khani et al., 2022).

2.2.2. Marital Satisfaction

Developed by Schumm and colleagues (1983), this scale measures marital satisfaction and was validated in Iran by Arab Alidousti et al. (2015). It consists of three items assessing satisfaction with one's spouse, marriage, and marital relationship (Seyedalitabar et al., 2015). Responses are rated on a seven-point Likert scale, from 1 (very dissatisfied) to 7 (very satisfied). Schumm et al. (1983) reported a Cronbach's alpha reliability between .84 and .98. In Iran, Arab Alidousti et al. (2015) reported reliability coefficients between .74 and .98 (Arab Alidousti et al., 2015).

2.3. Interventions

2.3.1. Unified Transdiagnostic Treatment

Unified Transdiagnostic Treatment integrates principles from cognitive-behavioral therapy to address emotional disorders. It is designed to provide flexible, personalized care by targeting common underlying processes. Each session builds emotional awareness and regulation, fostering long-term behavioral change (Akbari et al., 2015; Barlow et al., 2011; Fujisato et al., 2021; Schaeuffele et al., 2022; Timulak et al., 2022).

Session 1: Enhancing Motivation for Treatment

Participants work on increasing their readiness and motivation for behavioral change. The therapist fosters self-efficacy by emphasizing the participants' capacity for achieving meaningful change.

Session 2: Psychoeducation and Exploring Emotional Experiences

This session involves psychoeducation on the nature of emotions and the core components of emotional experiences. The therapist introduces the concept of learned responses to emotions.

Session 3: Emotional Awareness Training

Participants identify how they react to emotions and practice non-judgmental, present-moment awareness of their emotional experiences.

Session 4: Cognitive Evaluation and Reappraisal

The therapist helps participants identify maladaptive automatic appraisals and recognize their role in emotional experiences. Participants learn to evaluate and modify these thought patterns.

Session 5: Emotional Avoidance and Emotion-Driven Behaviors

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Participants explore maladaptive emotional patterns and behaviors. They learn how these behaviors sustain distress and practice strategies to modify current emotional responses.

Session 6: Bodily Awareness and Tolerance

Participants increase their awareness of physical sensations associated with emotional experiences and learn techniques to tolerate and manage these sensations.

Session 7: Emotion-Focused Exposure

The therapist introduces internal and situational triggers for emotions. Participants practice exposure techniques to increase tolerance and learn new contextual associations.

Session 8: Relapse Prevention

Participants review therapeutic concepts and discuss their progress. The therapist helps them anticipate potential future challenges and strategies to cope, providing encouragement for continued practice of learned skills.

2.3.2. Mentalization-Based Therapy

Mentalization-Based Therapy is rooted in understanding and improving an individual's ability to perceive and interpret their own and others' mental states, such as emotions, thoughts, and intentions. This therapy focuses on enhancing emotional regulation and developing a secure attachment framework, especially useful for individuals facing relational difficulties. Each session builds on previous learnings to gradually improve participants' mentalization skills (Bateman & Fonagy, 2004a, 2004b; Derogar, 2020; Krämer et al., 2021; Tahmasebi, 2020).

Session 1: What is Mentalization and the Mentalizing Stance?

The session introduces the goals of group therapy, emphasizing active participation. Members introduce themselves and discuss why they were referred to treatment. The therapist explains the concept of mentalization, its benefits, and the distinctions between mentalizing and misinterpretations. Homework assignments are provided.

Session 2: What's the Problem with Mentalization?

The session discusses indicators of both poor and effective mentalization. Participants learn about difficulties in understanding their own and others' thoughts, issues with emotional regulation, impulsivity, and interpersonal sensitivity. The therapist clarifies participant questions and assigns homework.

Session 3: Why Do We Have Emotions and What Are the Primary Ones?

Participants learn about the fundamental and social emotions, primary and secondary emotions, and the differences in emotional control among individuals. The session covers the types of emotions and individual variability. Homework is assigned.

Session 4: Mentalizing Emotions

The session focuses on managing and interpreting emotional signals in oneself and others. Participants learn self-regulation techniques and how external influences can assist emotional regulation. The session also covers non-mentalized emotions that cause distress and introduces relaxation methods. Homework is provided.

Session 5: The Importance of Attachment Relationships

The therapist explains the significance of attachment and adult attachment strategies, discussing how they influence mentalization. Homework assignments are given.

Session 6: Attachment and Mentalization

Participants explore attachment conflicts and how they affect mentalization. Homework assignments focus on applying these concepts.

Session 7: Introduction to Mentalization-Based Therapy

This session explains the specific goals and principles of MBT. Participants practice mentalization techniques within the group. Homework assignments are provided.

Session 8: Building Relationships through Mentalization

Participants discuss the importance of forming connections with others, including developing attachment relationships with the therapist and group members. Homework is assigned.

Session 9: Anxiety, Attachment, and Mentalization

The therapist educates participants about anxiety, various anxiety disorders, and treatment strategies. Emphasis is placed on how involving others is a key component of effective treatment. Homework is assigned.

Session 10: Depression, Attachment, and Mentalization

This session covers educational approaches to understanding depression, including its symptoms and treatment. The group discusses depressive thought patterns, and homework is assigned.

Session 11: Summary and Review

A recap of the main topics covered in previous sessions, summarizing the group's progress and the therapeutic journey.

Session 12: Empathic Support and Validation

The therapist reviews previous group discussions, restates group goals, and invites participants to share unresolved issues. Empathic validation is emphasized.

Sessions 13-14: Clarification

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The therapist clarifies participants' concerns, combining and exploring their issues and challenging them when necessary.

Session 15: Emotional Identification and Focus

Participants identify and focus on emotional themes raised by group members.

Session 16: Mentalizing Techniques for Epistemic Trust

The therapist educates participants on techniques to facilitate epistemic trust in interpersonal relationships.

Sessions 17-18: Mentalizing Relationships

The focus is on mentalizing communication, particularly recognizing and interpreting transference indicators in relationships.

Session 19: Preparing for Termination

Participants prepare for therapy termination, addressing feelings of loss and emphasizing skills learned to manage future challenges.

2.4. Data Analysis

Data were collected and analyzed using SPSS software (version 26). Descriptive statistics, such as mean and standard deviation, were used to describe the research variables. Inferential statistics, specifically covariance analysis, were employed to examine the research objectives.

3. Findings and Results

The descriptive statistics show that both the Unified Transdiagnostic Treatment and Mentalization-Based Therapy groups experienced notable increases in mean scores for marital satisfaction and all components of marital intimacy (emotional, psychological, intellectual, sexual, physical, spiritual, aesthetic, and social-recreational) from the pre-test to the post-test stages. In contrast, the control group demonstrated minimal changes in these scores over the same period.

Table 1

Descriptive Statistics of Marital Satisfaction and Marital Intimacy Scores at Two Measurement Points by Group

Group	Variable	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD
Control	Marital Satisfaction	10.13	4.464	9.72	3.516
	Emotional Intimacy	9.13	3.021	9.41	2.769
	Psychological Intimacy	8.42	2.917	8.13	2.685
	Intellectual Intimacy	9.27	3.615	9.13	3.523
	Sexual Intimacy	10.67	2.820	10.40	2.558
	Physical Intimacy	7.40	2.197	8.67	2.988
	Spiritual Intimacy	10.73	3.035	11.07	4.334
	Aesthetic Intimacy	8.67	2.877	8.80	2.781
	Social-Recreational Intimacy	7.80	3.840	7.47	3.962
	Total Marital Intimacy	72.09	12.917	73.08	11.769
Unified Transdiagnostic Treatment	Marital Satisfaction	9.33	5.940	13.40	4.792
	Emotional Intimacy	10.07	2.314	14.18	2.357
	Psychological Intimacy	8.41	1.839	11.44	2.205
	Intellectual Intimacy	9.93	3.474	12.96	2.961
	Sexual Intimacy	10.80	2.597	14.07	2.993
	Physical Intimacy	7.60	1.920	10.29	2.702
	Spiritual Intimacy	10.60	2.746	14.40	4.437
	Aesthetic Intimacy	8.47	2.031	11.81	3.924
	Social-Recreational Intimacy	7.40	2.102	12.43	2.544
	Total Marital Intimacy	73.28	13.314	101.58	12.817
Mentalization-Based Therapy	Marital Satisfaction	9.87	5.362	14.07	5.117
	Emotional Intimacy	10.20	2.366	13.80	3.121
	Psychological Intimacy	8.27	1.280	11.95	2.478
	Intellectual Intimacy	9.07	3.634	12.53	3.681
	Sexual Intimacy	10.13	2.800	13.36	2.479
	Physical Intimacy	6.91	3.890	10.33	2.988
	Spiritual Intimacy	11.67	3.039	15.53	2.853
	Aesthetic Intimacy	7.12	2.773	10.91	2.167
	Social-Recreational Intimacy	7.87	3.681	13.60	3.396
	Total Marital Intimacy	71.24	12.160	102.01	12.417

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The results of the between-subjects effects analysis using ANCOVA revealed significant differences among the groups in the post-test stage for all components of marital intimacy and marital satisfaction. Specifically, the obtained F values were significant ($p < .01$) for emotional intimacy ($F = 23.501$, $\eta^2 = 0.580$), psychological intimacy ($F = 19.536$, $\eta^2 = 0.535$), intellectual intimacy ($F = 16.198$, $\eta^2 = 0.488$), sexual intimacy ($F = 18.245$, $\eta^2 = 0.518$), physical intimacy ($F = 19.479$, $\eta^2 = 0.534$), spiritual intimacy ($F = 9.237$, $\eta^2 = 0.352$), aesthetic intimacy ($F = 17.854$, $\eta^2 = 0.512$), and social-recreational intimacy ($F = 12.406$, $\eta^2 = 0.422$). The F value for marital satisfaction was also significant ($F = 10.062$, $p < .01$, $\eta^2 = 0.329$), indicating that both treatment interventions had a significant effect on marital satisfaction and intimacy compared to the control group.

Table 2

Between-Subjects Effects for Comparing Marital Intimacy Components and Marital Satisfaction Across Groups in the Post-Test Stage

Variable	Source	Sum of Squares	df	Mean Square	F	p-value	Effect Size
Emotional Intimacy	Between Groups	65.997	2	32.999	23.501	0.001	0.580
	Error	47.741	34	1.404			
Psychological Intimacy	Between Groups	49.248	2	24.624	19.536	0.001	0.535
	Error	42.855	34	1.260			
Intellectual Intimacy	Between Groups	29.590	2	14.795	16.198	0.001	0.488
	Error	31.056	34	0.913			
Sexual Intimacy	Between Groups	33.956	2	16.978	18.245	0.001	0.518
	Error	31.639	34	0.931			
Physical Intimacy	Between Groups	6.551	2	3.275	19.479	0.001	0.534
	Error	5.717	34	0.168			
Spiritual Intimacy	Between Groups	45.132	2	22.566	9.237	0.001	0.352
	Error	83.065	34	2.443			
Aesthetic Intimacy	Between Groups	43.370	2	21.685	17.854	0.001	0.512
	Error	41.296	34	1.215			
Social-Recreational Intimacy	Between Groups	48.895	2	24.448	12.406	0.001	0.422
	Error	66.999	34	1.971			
Marital Satisfaction	Pre-test	221.705	1	221.705	99.232	0.001	0.708
	Between Groups	44.961	2	22.480	10.062	0.001	0.329
	Error	91.602	41	2.234			
	Total	346.423	44				

The Bonferroni post hoc analysis further confirmed the effectiveness of both interventions. The mean scores for all components of marital intimacy and marital satisfaction were significantly higher in both the Unified Transdiagnostic Treatment and Mentalization-Based Therapy groups compared to the control group ($p < .05$). However, there were no significant differences between the two treatment groups for any of the measured outcomes, indicating that both interventions were equally effective. For example, the mean difference in marital satisfaction between the control group and Unified Transdiagnostic Treatment was -1.448 ($p = .011$), and between the control group and Mentalization-Based Therapy was -2.439 ($p = .001$). The difference between the two treatment groups was not statistically significant ($p > .05$), showing no difference in their effectiveness.

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Table 3

Bonferroni Post Hoc Test for Marital Intimacy Components and Marital Satisfaction

Dependent Variable	Group 1	Group 2	Mean Difference	Standard Error	p-value
Emotional Intimacy	Control	Unified Transdiagnostic	-1.722	0.520	0.002
		Mentalization-Based Therapy	-2.44	0.502	0.001
	Unified Transdiagnostic	Mentalization-Based Therapy	-0.724	0.503	0.159
Psychological Intimacy	Control	Unified Transdiagnostic	-1.331	0.513	0.014
		Mentalization-Based Therapy	-2.200	0.496	0.001
	Unified Transdiagnostic	Mentalization-Based Therapy	-0.870	0.496	0.089
Intellectual Intimacy	Control	Unified Transdiagnostic	-1.226	0.437	0.008
		Mentalization-Based Therapy	-1.838	0.422	0.001
	Unified Transdiagnostic	Mentalization-Based Therapy	-0.612	0.423	0.156
Sexual Intimacy	Control	Unified Transdiagnostic	-1.167	0.539	0.036
		Mentalization-Based Therapy	-1.624	0.521	0.004
	Unified Transdiagnostic	Mentalization-Based Therapy	-0.458	0.521	0.292
Physical Intimacy	Control	Unified Transdiagnostic	-0.586	0.289	0.040
		Mentalization-Based Therapy	-0.728	0.279	0.013
	Unified Transdiagnostic	Mentalization-Based Therapy	-0.142	0.279	0.615
Spiritual Intimacy	Control	Unified Transdiagnostic	-1.821	0.775	0.025
		Mentalization-Based Therapy	-1.677	0.748	0.032
	Unified Transdiagnostic	Mentalization-Based Therapy	0.144	0.749	0.849
Aesthetic Intimacy	Control	Unified Transdiagnostic	-1.405	0.734	0.034
		Mentalization-Based Therapy	-1.802	0.709	0.016
	Unified Transdiagnostic	Mentalization-Based Therapy	-0.397	0.709	0.579
Social-Recreational Intimacy	Control	Unified Transdiagnostic	-2.056	0.930	0.034
		Mentalization-Based Therapy	-2.156	0.898	0.022
	Unified Transdiagnostic	Mentalization-Based Therapy	-0.100	0.899	0.912
Marital Satisfaction	Control	Unified Transdiagnostic	-1.448	0.546	0.011
		Mentalization-Based Therapy	-2.439	0.547	0.001
	Unified Transdiagnostic	Mentalization-Based Therapy	-0.991	0.546	0.077

4. Discussion and Conclusion

Based on the results of the Bonferroni post hoc test in Chapter Four, the mean scores for all components of marital intimacy in both the Unified Transdiagnostic Treatment and Mentalization-Based Therapy groups were significantly higher in the post-test compared to the control group ($p < .05$). This indicates the effectiveness of both therapeutic approaches in increasing marital intimacy among women in the experimental groups. The difference between the two methods was not significant ($p > .05$), suggesting no difference in effectiveness between them.

Furthermore, the mean scores for marital satisfaction in both treatment groups were also significantly higher in the post-test compared to the control group, indicating that both methods effectively enhanced marital satisfaction among women in the experimental groups. The difference in effectiveness between the Unified Transdiagnostic Treatment and Mentalization-Based Therapy was also not significant ($p > .05$).

Research supports these findings, showing that both approaches effectively improve marital intimacy among women who have experienced infidelity. This aligns with previous studies (Choupani & Karami, 2022; Hatami et al., 2020; Jones & Lucero Jones, 2022; Lee & Yoon, 2023; Ramsdell et al., 2020; Tahmasebi, 2020; Zolfaghari et al., 2021).

Explaining the significant impact of these therapies on marital intimacy and the lack of a significant difference between them, the literature and theoretical frameworks provide insights. Experiencing infidelity is one of the most distressing interpersonal events, making coping and adaptation extremely difficult (Choupani & Karami, 2022). Marital intimacy is crucial for fostering a relationship characterized by satisfaction, harmony, and strength. Any disruption in intimacy can lead to a breakdown in the marital bond (Rice et al., 2023). When couples share their physical and emotional experiences, they achieve a level of marital intimacy (Choupani & Karami, 2022). This is realized when partners interact tenderly, evoking feelings of safety and fearlessness (Ramsdell et al., 2020).

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Valuable aspects of marital intimacy include physical intimacy (expressing care and affection through physical touch), emotional intimacy (sharing and empathizing with each other's feelings), psychological intimacy (having a deep understanding of each other's psychological dimensions), and verbal intimacy (communicating carefully and lovingly) (Cheng, 2023). Emotional intimacy is particularly crucial for a lasting and successful marriage (Jones & Lucero Jones, 2022). Various factors, such as neurotic and psychotic disorders, marital distress, ineffective coping strategies, emotional fatigue, and addiction, can disrupt marital intimacy (Choupani, 2023). Ahmadi Khani et al. (2022) found that the lack of marital intimacy predicts infidelity, and infidelity itself disrupts emotional and sexual intimacy (Ahmadi Khani et al., 2022).

Mentalization-Based Therapy focuses on individuals' internal interpretations of emotional, behavioral, and relational experiences (Bateman & Fonagy, 2004a, 2004b; Bateman & Fonagy, 2016). The therapist encourages participants to identify and understand their emotions and the underlying meanings. Emotional distress was a common experience among women who had suffered infidelity. The therapy helped participants address these negative interpretations, fostering acceptance and enhancing closeness with their partners. Bateman and Fonagy (2016) highlighted that mentalization therapy, by shifting negative interpretations to constructive ones, improves mental health and promotes forgiveness, ultimately enhancing marital intimacy. Addressing attachment needs like attention, affirmation, trust, and availability also played a crucial role in this process, promoting emotional security and helping participants manage the trauma of infidelity (Bateman & Fonagy, 2016).

The Unified Transdiagnostic Treatment also proved effective in increasing marital intimacy by enhancing emotional awareness and cognitive reappraisal. Participants learned to recognize and express negative emotions constructively rather than suppressing them, facilitating healthy communication and reducing emotional tension. Zolghari et al. (2021) reported that this therapy improves psychological security, allowing for the renewal of emotional and physical intimacy (Zolfaghari et al., 2021). Cognitive reappraisal further helped participants transform maladaptive beliefs into constructive ones, fostering better interpersonal relationships and reducing marital dissatisfaction (Hatami et al., 2020).

Both therapies significantly improved marital satisfaction among women who experienced infidelity. Mentalization-Based Therapy helped participants identify and challenge irrational interpretations, enhancing relationship quality and emotional well-being. Addressing attachment needs and promoting secure attachment relationships reduced emotional distress and marital dissatisfaction (Krämer et al., 2021). The Unified Transdiagnostic Treatment also increased emotional awareness and restructured negative beliefs, promoting constructive communication and reducing psychological tension (Timulak et al., 2022).

Although both therapeutic approaches effectively improved marital satisfaction, no significant difference in their effectiveness was found, likely due to the comprehensive nature of both methods. Both therapies focused on emotional and cognitive restructuring, which are essential for marital satisfaction. Addressing emotional and cognitive disruptions increases psychological security and enhances marital satisfaction.

A limitation of this study is that the sample only included women who sought counseling, not those who did not seek such services. Therefore, the findings may not be generalizable to all women who have experienced infidelity. Future research should address this limitation. Counseling centers should consider using Mentalization-Based Therapy and Unified Transdiagnostic Treatment to help individuals cope with the emotional and relational challenges of infidelity, ultimately promoting marital harmony and stability.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

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

Transparency Statement

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

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Each participant received an informed consent form to understand the study's objectives.

References

Abedi, G., Ataeifar, R., & Ghamari, M. (2024). The Effectiveness of Group Marital Conflict Resolution Training Based on Choice Theory on Emotional Divorce and Hope for Life in Married Women. *International Journal of Education and Cognitive Sciences*, *5*(3), 136-146. https://doi.org/10.61838/kman.ijecs.5.3.10

Ahmadi Khani, L., Lotfi Pour, A., Soleimani, L., & Farhani, Z. (2022). The Relationship Between Forgiveness and Marital Intimacy in Couples Seeking Divorce (Due to Extramarital Relationships) Compared with Couples Without Infidelity. Fifth International Conference on Psychology, Educational Sciences, and Social Studies, Hamedan.

Akbari, M., Roshan, R., Shabani, A., Fathi, L., Shoairi, M. R., & Zarghami, F. (2015). Comparing the Effectiveness of a Transdiagnostic Treatment Based on Recurrent Negative Thoughts with Integrated Transdiagnostic Treatment in Patients with Comorbid Anxiety and Depression Disorders: A Randomized Clinical Trial. *Iranian Journal of Psychiatry and Clinical Psychology*, *21*(2), 88-107. https://www.researchgate.net/publication/297918758_The_Comparison_of_the_Efficacy_of_Transdiagnostic_Therapy_Based_on_Repetitive_Negative_Thoughts_with_Unified_Transdiagnostic_Therapy_in_Treatment_of_Patients_with_Co-occurrence_Anxiety_and_Depressive_

Akrami, S. (2022). Evaluation of the Effectiveness of Acceptance and Commitment-based Education on Emotional Self-disclosure and Marital Commitment of Women Referring to Gonbad Kavous Clinics. *International Journal of Education and Cognitive Sciences*, *3*(2), 23-29. https://doi.org/10.22034/injoeas.2022.160610

Arab Alidousti, A., Nakhaei, N., & Khanjani, N. (2015). Reliability and Validity of the Kansas and Short Enrich Marital Satisfaction Questionnaires in Persian. *Journal of Health and Development*, *4*(2), 158-167. https://jhad.kmu.ac.ir/article_91375.html

Ardakhani, N., & Seadatee Shamir, A. (2022). The effectiveness of Emotion-focused Couple Therapy on Emotional Self-Disclosure and Marital Commitment of Couples Referring to Counseling Centers. *International Journal of Education and Cognitive Sciences*, *3*(3), 27-34. https://doi.org/10.22034/injoeas.2022.160162

Barlow, D. H., Farchione, T. J., Fairholme, C. P., Ellard, K. K., Boisseau, C. L., & Allen, L. B. (2011). *The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders: Therapist Guide*. Oxford University Press. https://doi.org/10.1093/med:psych/9780199772667.001.0001

Barlow, D. H., Sauer-Zavala, S., Carl, J. R., Bullis, J. R., & Ellard, K. K. (2014). The Nature, Diagnosis, and Treatment of Neuroticism: Back to the Future. *Clinical Psychological Science*, *2*(3), 344-365. https://doi.org/10.1177/2167702613505532

Bateman, A., & Fonagy, P. (2004a). Mentalization-based treatment of BPD. *Journal of personality disorders*, *18*, 36-51. https://doi.org/10.1521/pedi.18.1.36.32772

Bateman, A., & Fonagy, P. (2004b). *Psychotherapy for Borderline Personality Disorder: Mentalization Based Treatment*. Oxford University Press. https://doi.org/10.1093/med:psych/9780198527664.001.0001

Bateman, P., & Fonagy, P. (2016). *Metallization-based treatment for personality disorders*. Oxford University Press. https://doi.org/10.1093/med:psych/9780199680375.001.0001

Chauhan, S., & Sekher, T. V. (2023). Early marriage and marital satisfaction among young married men in rural Uttar Pradesh, India. *BMC research notes*, *16*(1), 6-16. https://doi.org/10.1186/s13104-023-06271-9

Cheng, Y. h. A. (2023). The changing face of intimate premarital relationships in Taiwan. *Journal of marriage and family*, *85*(4), 987-1001. https://doi.org/10.1111/jomf.12915

Choupani, M. (2023). *Existential Crises in Marital Infidelity and Development of a Culturally-Based Model and Comparison of Its Effectiveness with an Existential Approach on Tendency Toward Marital Infidelity and Existential Crises in Men Engaged in Infidelity* University of Isfahan]. Iran.

Choupani, M., & Karami, M. (2022). *Epidemiology of Psychological Issues Based on the Family Life Cycle in Families of Tehran City*.

Derogar, E. (2020). *The Relationship Between Attachment Styles and Difficulty in Emotion Regulation with Symptoms of Social Anxiety Mediated by Mentalization, and Developing a Mentalization-Based Protocol to Reduce Social Anxiety Symptoms* Science and Culture University]. Tehran.

Dew, J. P., Saxey, M. T., & Mettmann, A. (2022). Money lies and extramarital ties: Predicting separate and joint occurrences of financial deception and extramarital infidelity. *Frontiers in psychology*, *13*(1), 1-13. https://doi.org/10.3389/fpsyg.2022.1038169

Fakoori Ashkiki, M., Janbozorgi, M., & Khorramian, F. (2023). Predicting Marital Satisfaction Based on 'Attitude Harmony,' 'Familiarity with Spouse's Attitudes,' and 'Value Compatibility of Couples'. *Family Studies Quarterly*, *19*(1), 29-44. https://jfr.sbu.ac.ir/article_103340.html

Fujisato, H., Kato, N., Namatame, H., Ito, M., Usami, M., Nomura, T., Ninomiya, S., & Horikoshi, M. (2021). The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders among Japanese Children: A Pilot Study. *Frontiers in psychology*, *12*, 731819. https://doi.org/10.3389/fpsyg.2021.731819

Hatami, N., Heidari, H., & Davoudi, H. (2020). Effectiveness of Integrated Transdiagnostic Treatment on Differentiation Among Couples Seeking Divorce. *Journal of Cognitive Analytical Psychology*, *11*(42), 27-39. https://sanad.iau.ir/en/Journal/psy/Article/866584

Jones, A. C., & Lucero Jones, R. (2022). A Mixed Methods Study of Sexual Communication in Various Couple Typologies Part I: Cluster Analysis. *Journal of sex & marital therapy*, *48*(6), 593-606. https://doi.org/10.1080/0092623X.2022.2034687

Khorasaniyan, M. (2022). Validating Marital Commitment Inventory in Iranian state university students. *International Journal of Education and Cognitive Sciences*, *3*(3), 7-19. https://doi.org/10.22034/injoeas.2022.160140

Krämer, K., Vetter, A., Schultz-Venrath, U., Vogeley, K., & Reul, S. (2021). Mentalization-Based Treatment in Groups for

E-ISSN: 3041-8828

Adults With Autism Spectrum Disorder. *Frontiers in psychology*, *12*(1), 1-10. https://doi.org/10.3389/fpsyg.2021.708557

Lee, H., & Yoon, H. G. (2023). Body change stress, sexual function, and marital intimacy in Korean patients with breast cancer receiving adjuvant chemotherapy: A cross-sectional study. *Asia Pacific Journal of Oncology Nursing*, *10*(5), 100228. https://doi.org/10.1016/j.apjon.2023.100228

Mohammadi, N., Darbani, S. A., & Parsakia, K. (2021). The role of psychological capital and career success in marital adjustment. *International Journal of Innovation Management and Organizational Behavior (IJIMOB)*, *1*(3), 66-78. https://journals.kmanpub.com/index.php/ijimob/article/view/318

Nikrahan, G. R. (2023). Theory of brain complexity and marital behaviors: The application of complexity science and neuroscience to explain the complexities of marital behaviors. *Frontiers in human neuroscience*, *17*(1), 1-13. https://doi.org/10.3389/fnhum.2023.1050164

Norton, P. J. (2012). A Randomized Clinical Trial of Transdiagnostic Cognitive-Behavioral Treatments for Anxiety Disorder by Comparison to Relaxation Training. *Behavior therapy*, *43*(3), 506-517. https://doi.org/10.1016/j.beth.2010.08.011

Ramsdell, E. L., Franz, M., & Brock, R. L. (2020). A Multifaceted and Dyadic Examination of Intimate Relationship Quality during Pregnancy: Implications for Global Relationship Satisfaction. *Family Process*, *59*(1), 556-570. https://doi.org/10.1111/famp.12424

Rice, J., McTernan, M., & Cordova, J. (2023). The influence of relationship pattern labeling on intimacy, acceptance, and relationship satisfaction. *Journal of marital and family therapy*, *49*, 317-332. https://doi.org/10.1111/jmft.12623

Schaeuffele, C., Bär, J., Buengener, I., Grafiadeli, R., Heuthaler, E., Strieder, J., Ziehn, P., Knaevelsrud, C., Renneberg, B., & Boettcher, J. (2022). Transdiagnostic Processes as Mediators of Change in an Internet-Delivered Intervention Based on the Unified Protocol. *Cognitive therapy and research*, *46*(2), 273-286. https://doi.org/10.1007/s10608-021-10272-y

Sharifi Saei, M. H. (2023). Consequences of Marital Infidelity in Iran: A Meta-Synthesis Study. *Quarterly Journal of Contemporary Sociological Research*, *12*(22), 165-204. https://csr.basu.ac.ir/article_5019.html?lang=en

Shojaei, S. S. (2023). Predicting Marital Infidelity Based on Sensation-Seeking and Marital Satisfaction in Couples. First International Conference on Psychology, Social Sciences, Educational Sciences, and Philosophy, Babol.

Tahmasebi, M. (2020). *Designing a Group Intervention Package Based on Mentalization to Reduce Situational Violence Among Couples* Shahid Beheshti University]. Tehran.

Timulak, L., Richards, D., Bhandal-Griffin, L., Healy, P., Azevedo, J., Connon, G., Martin, E., Kearney, A., O'Kelly, C., Enrique, A., Eilert, N., O'Brien, S., Harty, S., González-Robles, A., Eustis, E. H., Barlow, D. H., & Farchione, T. J. (2022). Effectiveness of the internet-based Unified Protocol transdiagnostic intervention for the treatment of depression, anxiety and related disorders in a primary care setting: a randomized controlled trial. *Trials*, *23*(1), 721. https://doi.org/10.1186/s13063-022-06551-y

Zarei, S., & Mazlghani, M. (2022). Understanding and Treating Marital Infidelity: A Review Article. Eighth Scientific-Research Conference on the Development and Promotion of Educational and Psychological Sciences in Iran, Tehran.

Zolfaghari, D., Mohammadkhani, S., Mahdavian, A., & Akbari, M. (2021). A Transdiagnostic Healing Model for Marital Infidelity with Emphasis on the Role of Metacognitions, Schemas, Intimacy, Emotional Efficacy, and Forgiveness. *Journal of Clinical Psychology and Personality*, *19*(1), 27-39. https://cpap.shahed.ac.ir/article_3215_en.html

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