

Investigating the Effectiveness of Integrative- Behavioral and Acceptance and Commitment Couple Therapies on Improving Marital Intimacy and Reducing Irrational Beliefs of Couples

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Abstract

The main purpose of this research was to investigate the effectiveness of two integrative-behavioral as well as acceptance and commitment couple therapies on improving marital intimacy and reducing the irrational beliefs of the couples. The current study was applied in terms of purpose and was a quasi-experimental study having pre-test and post-test as well as a control group in terms of research methodology. Using this method, the experimental group was under short-term dynamic psychotherapy. The statistical population of the current research included refereed couples to the counseling center of Tehran. Having utilized purposeful sampling, those couples who had gained lower scores based on the intimacy and irrational beliefs' questionnaires and had met the inclusion criteria of the study (based on the interview and testing), were selected from among refereed couples. The number of samples was 24 couples that were divided into three groups after selecting and matching regarding their age, education, marriage duration, number of children and economic conditions, and integrative-behavioral, as well as acceptance and commitment couple therapies, were administered on them. Two questionnaires of marital intimacy and irrational beliefs were distributed and collected in two forms of pre-test and post-test. The findings of the study indicated that there was a significant difference between the performance of two experimental and control groups regarding their irrational beliefs and marital intimacy in the post-test phase, which was applied after two months of follow-up sessions. Since irrational beliefs made the marital relations of the couples stressful and inefficient, integrative behavioral interventions increased satisfaction and reduced tension through improving and increasing interactions between couples ($p < 0.05$). Therefore, it is suggested that a couple of therapists use this kind of interventional method as an effective therapeutic method ($p < 0.05$).

Keywords: Marital intimacy, Irrational beliefs, Integrative- behavioral therapy, Acceptance and commitment psychotherapy

INTRODUCTION

Marital intimacy is a key and important feature of marital relations and is considered one of the characteristics of a successful marriage. This feature points to the existence of an interaction between couples, whose absence or deficiency is a disturbance index in marital relations. According to Ravin (2005)'s belief, intimacy appears the time that marriage has good functionality ^[1]. The lack of intimacy shows that marital relation has a poor functionality; that's why problems related to intimacy cause couples to ask for marital counseling. Therefore, some methods and approaches should be generated for increasing this vital and valuable dimension in marital relations. Studies have shown that couples who lack marital life skills face marital problems and their marital intimacy reduces, which, itself, provides the way for the emergence of worse problems such as divorce. Undoubtedly, life skill criteria can be effective in marital intimacy since couples' close relationships are dependent on communication skills such as individuals' considerations regarding the issues

from the point of the spouse, the ability of empathetic comprehension regarding what spouse has experienced, and being sensitive and aware of his/her needs ^[2].

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The existence of oppositions in marital relations is a natural issue and it occurs the time that one of the couples are dissatisfied with the relationship and the other couple is simultaneously dissatisfied; in the meantime, there are various reasons such as the passage from tradition to the modernity, changing families` system, weakness of emotional relations, the inefficiency of communication and controlling patterns as well as occupational and social pressures, which can be effective in the emergence of oppositions among couples [3]. One of the effective factors among couples is having irrational beliefs. Irrational and inefficient beliefs are the main reasons for many social discrepancies especially couple relations [4]. No event can create mental disturbance in the human being, in essence. All stimuli and events get meaning and are interpreted in the mind; accordingly, maladjustments and emotional problems in the relations are resulting from the way data of stimulus and events are interpreted and processed since inefficient thoughts and beliefs are placed on their basis. Irrational beliefs are wants and purposes that be the necessary and fundamental preferences and alter to obligatory and definite purposes so that if they are not met, agitation and stress would be the result. One of the main fields for the emergence of inefficient and irrational thoughts is marital life, which has been categorized into various kinds. For example, based on Arunbank`s (1976) [5] categorization, some of the special beliefs of couples include selective experiences, overgeneralization, negative labeling, personalization, jumping to conclusion, black and white thinking and magnification, which shows itself in an inefficient relation [6].

Nowadays, there have been various approaches and methods for solving the problems between couples. One of the novels and effective approaches in this regard in the integrative-behavioral couple therapy. Integrative- behavioral couple therapy was stated by Jakobson and Christensen and has used integrative and behavioral interventions in therapy. This therapy was designed due to the weaknesses of couple therapy, which was based on traditional behavior therapy. In 1984, Jakobson stated in an article that traditional behavior therapy, which was confirmed by American psychiatric association, was not that much successful in treating the couples and it was revealed that couple therapy based on traditional behavior therapy was not appropriate for some of the couples [7]. Integrative- behavioral couple therapy is called integrative since it has change strategies along with emotional acceptance strategies. Integrative-behavioral couple therapy enables the therapist to educate the couples to improve and develop their relations. This kind of therapy adapts the therapists to use various approaches, instruments, and techniques to change the system and facilitate interpersonal mental transformations and comprehend the issue that how do the changes of the behavioral level occur. Integrative- behavioral couple therapy is an effective therapeutic strategy due to the use of rich theories for developing the growth of patients` all functions as well as thoughts and behaviors. The founder of this approach was Gottman which is based on the research for many years. His

approach has utilized the basis of the behavioral model with an emphasis on the beginning and reconstructing relation techniques [8].

Acceptance and commitment therapy, which is called ACT, is based on the performance but not any kind of performance, rather the type that is value-laden at the first step. ACT helps the authorities to identify what is important for them and then asks them to use these values to guide their behavioral changes in life. Secondly, it should be a mindful performance; the kind of performance that is done with awareness and complete presence of the mind; accepting experiences, and having complete participation in doing the deeds [9]. Acceptance and commitment therapy is a behavioral therapy that uses fluid awareness skills, acceptance, and cognitive defusion to increase psychological flexibility. In acceptance and commitment therapy, psychological flexibility is the ability to have a complete relationship with the present time as an aware human being and changing or continuing the behavior in line with the valuable purposes of the individual [10]. Psychological flexibility in the ACT is created through six main processes and sub-structures: acceptance, defusion, I as a texture, having a relationship with the present time, constitute acceptance processes and fluid awareness and the last four processes i.e. I as a texture, having a relationship with the present time, values and performance based on commitment constitute change and commitment processes [11].

The main purpose of this study was investigating the effectiveness of a combination of two integrative-behavioral and acceptance and commitment couple therapies on the improvement of marital intimacy and reducing irrational beliefs; based on this, the following hypotheses were stated:

Main hypothesis: Integrative-behavioral therapy and psychotherapy based on acceptance and commitment has a significant difference in the marital intimacy and reducing irrational beliefs of the couples referring to the counseling centers of Tehran.

First secondary hypothesis: Integrative-behavioral therapy is effective in the marital intimacy of couples.

Second secondary hypothesis: Integrative-behavioral therapy is effective in reducing the irrational beliefs of couples.

Third secondary hypothesis: The psychotherapy method based on acceptance and commitment is effective on the marital intimacy of the couples.

Fourth secondary hypothesis: The psychotherapy based on acceptance and commitment is effective in reducing the irrational beliefs of couples.

METHODOLOGY

The current research was an applied study since it sought to reach a scientific purpose and emphasized on solving a problem; it also included those methods whose purpose was describing the conditions or investigated phenomena. This study was quasi-experimental in terms of methodology

having pre-test and post-test as well as a control group. In this method, the experimental group was under short-term dynamic psychotherapy but the control group was placed on the waiting list; both groups responded to pre-test and post-test questions at the same time.

Table 1. The administration model of the research

Groups	Random assignment	Pre-test	Independent variable	Post-test
Experimental group 1	R	T1	x	T2
Experimental group 2	R	T1	x	T2
Control group	R	T1	-	T2

Independent variable: Integrative-behavioral couple therapy, acceptance, and commitment-based therapy

Dependent variable: Marital intimacy, irrational beliefs

The statistical population of the current research included those couples who had referred to the counseling centers of Tehran. Having used a purposeful sampling method, those couples who had gained lower scores based on the intimacy and irrational beliefs` questionnaire and had the inclusion criteria of the research (based on interviews and tests) were selected among referred couples. 24 couples were selected as the samples; after selecting and matching regarding their age, education, marriage duration, the number of children, and economic statuses, they were divided into three groups and integrative-behavioral couple therapy as well as acceptance and commitment therapy were applied on them.

To collect data, library and field methods were utilized. Library studies were used as a foundation to compile the theoretical framework of the research and field studies were used to obtain data regarding the statistical sample, for which a questionnaire was utilized. Therefore, the data collection instrument of this study was a questionnaire. Marital intimacy questionnaire was firstly designed and standardized in Iran by Olia (2007, cited by Falahzadeh, Sanaizaker, and Farzad,

2012) [12]. This questionnaire included 85 questions with Likert scale. To measure irrational beliefs, irrational beliefs questionnaire of Johns et al., was designed and used. This questionnaire included ten effective factors on the irrational beliefs: expecting confirmation from others, having high expectations from self, being ready to blame, humble reaction to the failure, emotional irresponsibility, being concerned along with stress, preventing problems, dependency, being distressed against changes and perfectionism. This instrument has 100 items and is scored from one to five, based on a five-point Likert scale.

RESULTS OF THE STUDY

Covariance Data

As it is observed in Table 2, the null hypothesis test regarding the difference between data distribution was done with a normal distribution of Shapiro-Wilk. The results indicated that data distribution was normal in both groups in the two measurement phases ($P > 0.05$). It should be noted that as the sample volume was less than 30 individuals for each group, the Shapiro-Wilk test was preferred rather than a Kolmogorov-Smirnov test.

Table 2. Shapiro-Wilk test for testing the normality of data distribution

Group	Research variables	Pre-test		Post-test	
		Shapiro-Wilk statistic	Significance level	K-S statistic	Significance level
Control	Intimacy	0.901	0.083	0.211	0.056
	Irrational beliefs	0.908	0.110	0.159	0.200
Experimental 1	Intimacy	0.915	0.139	0.168	0.200
	Irrational beliefs	0.910	0.116	0.161	0.200
Experimental 2	Intimacy	0.911	0.121	0.158	0.200
	Irrational beliefs	0.896	0.070	0.196	0.102

As it is observed in Table 3, Levin test showed that both groups had homogeneous variance regarding irrational beliefs and intimacy variables ($P > 0.05$).

Table 3. Levin test for testing the equality of variance in two groups

	F	Degree of freedom 1	Degree of freedom 2	Significance level
Marital intimacy	0.000	1	30	1.000
Irrational beliefs	0.366	1	30	0.550

Inferential Findings

- Investigating the First Secondary Hypothesis

First secondary hypothesis: Integrative-behavioral therapy is effective on marital intimacy.

Findings presented in Table 4, showed that after eliminating the effect of the pre-test, there was a significant difference in all the above indexes between control and experimental groups. It should be noted that considering the average correlational coefficients between variables of the hypothesis, all variables of this hypothesis were analyzed.

Table 4. Multiple statistics of covariance analysis

Test	Value	F ratio	Degree of freedom	Significance level
Pillai's trace	0.856	86.320	29	0.000
Wilk's lambda	0.144	86.320	29	0.000
Hotelling's trace	5.953	86.320	29	0.000
Roy's largest root	5.953	86.320	29	0.000

To investigate the effect of integrative-behavioral therapy on the marital intimacy model, multi-variable covariance analysis (MANCOVA) was utilized, whose related results have been presented in Table 5. As it is observed in Tables 4-9, assuming that pre-test effects were controlled, the interventions based on the integrative-behavioral therapy

model caused the improvement, and increased marital intimacy ($P < 0.001$). The results indicated that there was a significant difference between the experimental group 1 and the control group regarding indexes and the experimental group was more effective than the control group.

Table 5. Multivariable covariance analysis test for comparing the mean of the research variables

Dependent variable	Source	Sum of squares	Degree of freedom	The mean of squares	F	Significance	Eta coefficient
Intimacy	Pre-test	32.000	1	32.000	0.026	0.873	0.854
	Group	166176.125	1	166176.125	175.843	0.000	

- Investigating the Second Secondary Hypothesis

The second secondary hypothesis: Integrative-behavioral therapy is effective in reducing irrational beliefs.

Findings presented in Table 6, showed that after eliminating the effect of pre-test, there was a significant difference in all the above indexes between control and experimental group 1. It should be noted that considering the average correlational coefficients between variables of the hypothesis, all variables of this hypothesis were analyzed.

Table 6. Multiple statistics of covariance analysis

Test	Value	F ratio	Degree of freedom	Significance level
Pillai's trace	0.844	78.386	29	0.000
Wilk's lambda	0.156	78.386	29	0.000
Hotelling's trace	5.406	78.386	29	0.000
Roy's largest root	5.406	78.386	29	0.000

To investigate the effect of integrative-behavioral therapy on reducing irrational beliefs` model, multi-variable covariance analysis (MANCOVA) was utilized, whose related results have been presented in Table 7. As it is observed in Table 7, assuming that pre-test effects were controlled, the

interventions based on integrative-behavioral therapy model caused the improvement and reduced irrational beliefs ($P < 0.001$). The results indicated that there was a significant difference between the experimental group 1 and the control

group regarding indexes and the experimental group was more effective than the control group.

Table 7. Multivariable covariance analysis test for comparing the mean of the research variables

Dependent variable	Source	Sum of squares	Degree of freedom	The mean of squares	F	Significance	Eta coefficient
Irrational beliefs	Pre-test	1653.125	1	1653.125	0.474	0.496	0.835
	Group	367224.125	1	36224.125	151.359	0.000	

• **Investigating the Third Secondary Hypothesis**

The third secondary hypothesis: Integrative-behavioral therapy is effective in the marital intimacy of the couples.

Findings presented in Table 8, showed that after eliminating the effect of pre-test, there was a significant difference in all the above indexes between control and experimental group 2. It should be noted that considering the average correlational coefficients between variables of the hypothesis, all variables of this hypothesis were analyzed.

Table 8. Multiple statistics of covariance analysis

Test	Value	F ratio	Degree of freedom	Significance level
Pillai's trace	0.684	31.334	29	0.000
Wilk's lambda	0.316	31.334	29	0.000
Hotelling's trace	2.161	31.334	29	0.000
Roy's largest root	2.161	31.334	29	0.000

To investigate the effect of integrative-behavioral therapy on the marital intimacy model, multi-variable covariance analysis (MANCOVA) was utilized, whose related results have been presented in Table 9. As it is observed in Table 9, assuming that pre-test effects were controlled, the interventions based on integrative-behavioral therapy model

caused the improvement, and increased marital intimacy ($P < 0.001$). The results indicated that there was a significant difference between the experimental group 2 and the control group regarding indexes and the experimental group was more effective than the control group.

Table 9. Multivariable covariance analysis test for comparing the mean of the research variables

Dependent variable	Source	Sum of squares	Degree of freedom	The mean of squares	F	Significance	Eta coefficient
Intimacy	Pre-test	32.000	1	32.000	0.026	0.873	0.664
	Group	81003.125	1	81003.125	59.322	0.000	

• **Investigating Fourth Secondary Hypothesis**

The fourth secondary hypothesis: Integrative-behavioral therapy is effective in reducing the irrational beliefs of the couples.

Findings presented in Table 10, showed that after eliminating the effect of pre-test, there was a significant difference in all the above indexes between control and experimental group 1. It should be noted that considering the average correlational coefficients between variables of the hypothesis, all variables of this hypothesis were analyzed.

Table 10. Multiple statistics of covariance analysis

Test	Value	F ratio	Degree of freedom	Significance level
Pillai's trace	0.752	44.024	29	0.000
Wilk's lambda	0.248	44.024	29	0.000
Hotelling's trace	3.036	44.024	29	0.000
Roy's largest root	3.036	44.024	29	0.000

To investigate the effect of integrative-behavioral therapy on reducing irrational beliefs, multi-variable covariance analysis (MANCOVA) was utilized, whose related results have been presented in Table 11. As it is observed in Table 11, assuming that pre-test effects were controlled, the interventions based on integrative-behavioral therapy model caused the

improvement, and reduced irrational beliefs ($P < 0.001$). The results indicated that there was a significant difference between the experimental group 1 and the control group regarding indexes and the experimental group was more effective than the control group.

Table 11. Multivariable covariance analysis test for comparing the mean of the research variables

Dependent variable	Source	Sum of squares	Degree of freedom	The mean of squares	F	Significance	Eta coefficient
Irrational beliefs	Pre-test	1653.125	1	1653.125	0.474	0.496	0.749
	Group	293761.125	1	293761.125	89.745	0.000	

• **Main Hypothesis**

The main hypothesis: There is a significant difference between Integrative-behavioral therapy and psychotherapy based on acceptance and commitment to marital intimacy and reducing irrational beliefs of couples referring to the counseling centers of Tehran.

Findings presented in Table 12, showed that after eliminating the effect of pre-test, there was a significant difference in all the above indexes between experimental groups 1 and 2. It should be noted that considering the average correlational coefficients between variables of the hypothesis, all variables of this hypothesis were analyzed.

Table 12. Multiple statistics of covariance analysis

Test	Value	F ratio	Degree of freedom	Significance level
Pillai's trace	0.896	125.489	29	0.000
Wilk's lambda	0.104	125.489	29	0.000
Hotelling's trace	8.654	125.489	29	0.000
Roy's largest root	8.654	125.489	29	0.000

To investigate the effect of integrative-behavioral therapy on the marital intimacy model, multi-variable covariance analysis (MANCOVA) was utilized, whose related results have been presented in Table 13. As it is observed in Table 13, assuming that pre-test effects were controlled, the interventions based on acceptance and commitment therapy

model and integrative-behavioral therapy model didn't have significant differences with each other regarding marital intimacy ($P > 0.001$). The results indicated that there were no significant differences between experimental groups 1 and 2 regarding indexes and experimental group 1 was not effective compared to experimental group 2.

Table 13. Multivariable covariance analysis test for comparing the mean of the research variables

Dependent variable	Source	Sum of squares	Degree of freedom	The mean of squares	F	Significance	Eta coefficient
Intimacy	Pre-test	166176.125	1	166176.125	175.843	0.496	-
	Group	81003.125	1	81003.125	59.322	0.000	

Findings presented in Table 14, showed that after eliminating the effect of pre-test, there was a significant difference in all the above indexes between experimental groups 1 and 2. It

should be noted that considering the average correlational coefficients between variables of the hypothesis, all variables of this hypothesis were analyzed.

Table 14. Multiple statistics of covariance analysis

Test	Value	F ratio	Degree of freedom	Significance level
Pillai's trace	0.884	110.256	29	0.000
Wilk's lambda	0.116	110.256	29	0.000
Hotelling's trace	7.604	110.256	29	0.000
Roy's largest root	7.604	110.256	29	0.000

To investigate the effect of acceptance and commitment therapy and integrative-behavioral therapy on reducing irrational beliefs` model, multi-variable covariance analysis (MANCOVA) was utilized, whose related results have been presented in Table 15. As it is observed in Table 15, assuming that pre-test effects were controlled, the interventions based on acceptance and commitment therapy model and

integrative-behavioral therapy model didn't have significant differences with each other regarding the reduction of irrational beliefs ($P>0.001$). The results indicated that there were no significant differences between experimental groups 1 and 2 regarding indexes and experimental group 1 was not effective than experimental group 2.

Table 15. Multivariable covariance analysis test for comparing the mean of the research variables

Dependent variable	Source	Sum of squares	Degree of freedom	The mean of squares	F	Significance	Eta coefficient
Irrational beliefs	Pre-test	367224.500	1	367224.500	151.359	0.000	-
	Group	293761.125	1	293761.125	89.745	0.000	

CONCLUSION

The integrative-behavioral therapy method was effective in the marital intimacy of couples.

Assuming that the effects of the pre-test were controlled, interventions based on the integrative-behavioral therapy model caused improvement and increased marital intimacy ($P<0.001$). The results indicated that there was a significant difference between the experimental group 1 and the control group regarding the indexes and the experimental group was effective than the control group. The results of the current research were in line with the results of the following studies.

Qasemi and Fathi (2020) in their study entitled “investigating the relationship between correlational symbols and marital intimacy” stated that there was a positive and significant relationship between emotional intimacy, security, and support [13]. There was a positive and significant relationship between rational intimacy and support. There was a positive and significant relationship between sexual intimacy and support. There was a positive and significant relationship between spiritual intimacy and security. There was a positive and significant relationship between aesthetic intimacy and security. There was a positive and significant relationship between social-recreative intimacy and adjacency. There was a positive and significant relationship between the overall score of intimacy and adjacency, support, and security. These findings could be used in acceptance and commitment couple therapy compared to short-term solution-focused couple therapy and reduce the marital depression and its three criteria (physical, emotional, and mental fatigue) (0.001).

The integrative-behavioral therapy method was effective in reducing the irrational beliefs of couples.

Assuming that the effects of the pre-test were controlled, interventions based on the integrative-behavioral therapy model caused improvement and reduced irrational beliefs ($P<0.001$). The results indicated that there was a significant difference between the experimental group 1 and the control group regarding the indexes and the experimental group was

effective than the control group. The results of the current research were in line with the results of the following studies.

Kim *et al.*, (2018) stated in their article that the effect of integrative-behavioral couple therapy on mutual constructivism patterns, demand/withdraw and mutual avoidance patterns were significant [2]. The final results were that the abovementioned method had a significant effect on improving communication patterns of the couples and this can be used in similar cases.

The integrative-behavioral psychotherapy method was effective in the marital intimacy of couples.

Hughes *et al.*, (2017) concluded that there was a significant difference regarding the marital adjustment between the scores of pre-test and post-test of the experimental group and control group; therefore, the results of the study indicated the effect of acceptance and commitment therapy on marital adjustment of married women. Hancock *et al.*, (2018) concluded that divorced women's mental wellbeing increased after acceptance and commitment therapy and this therapy was effective on the mental wellbeing of divorced women.

The acceptance and commitment therapy method were effective in reducing the irrational beliefs of couples.

Assuming that the effects of the pre-test were controlled, interventions based on the integrative-behavioral therapy model caused improvement and reduced irrational beliefs ($P<0.001$). The results indicated that there was a significant difference between the experimental group 1 and the control group regarding the indexes and the experimental group was effective than the control group. The results of the current research were in line with the results of the following studies.

Christensen and Glynn (2019) stated that integrative group counseling through cognitive therapy method and reality therapy had a significant effect on increasing marital satisfaction and differentiation.

Roddy *et al.*, (2016) declared that the effect of integrative-behavioral couple therapy on improving communication beliefs was significant. The final results were that the abovementioned method had a significant effect on reducing the inefficient communication beliefs of the couples, which can be utilized in similar cases.

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