

Comparison the Effectiveness of Mindfulness-Based Relationship Enhancement and Emotion-Focused Therapies on Marital Satisfaction and Intimacy in Couples with Low Self-Disclosure

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Abstract

Aim: The present study aimed to compare the effectiveness of Mindfulness-Based Relationship Enhancement (MBRE) and Emotion Focused (EFT) therapies on marital satisfaction and intimacy in couples with low self-disclosure.

Method: This research was a semi-experimental study with a pre-test, post-test, and follow-up design with experimental and control groups. The statistical population of the research included all the couples who referred to the counseling centers of Kermanshah, Iran, in 2022-2023 who had a low level of self-disclosure. 30 couples were selected by convenience sampling method and randomly replaced in two experimental and control groups. The first experimental group underwent MBRE (eight 90-minute couple sessions) and the second experimental group EFT intervention (nine 90-minute couple sessions). The control group did not receive any intervention. The Marital Self-Disclosure (Waring et al. 1998), the short form of the Marital Satisfaction (Favers and Olson, 1993) and the Intimacy (Walker and Thompson, 1983) scales were used for collecting the data.

Results: The results of analysis of variance with repeated measures (Mixed Model) showed that both interventions increased marital satisfaction and intimacy ($p < 0.01$) and this effect was maintained during the follow-up period. Also, findings indicated that there is a significant difference between MBRE and EFT therapies; MBRE has been more effective in increasing marital satisfaction and intimacy than EFT ($p < 0.05$).

Conclusion: MBRE has been more effective than the EFT for solving the marital satisfaction and intimacy due to the involvement of couples in mind-body relationship and mental self-awareness. Therefore, this treatment is suggested to marital counselors.

Keywords: EFT, MBRE, Marital Intimacy, Marital Satisfaction, Low Self-disclosure.

Introduction

Healthy family brings moderation and peace in to the society, and couples' sense of satisfaction in their relationships makes them benefit from well-being, prosperity, and security (Bean et al., 2020). In other words, marriage, as one of the most important relationships created by humans, is formed based on the interaction between two people to achieve happiness and satisfy emotional, psychological, and physical needs (Shi & Whisman, 2023). However, some of these relationships do not meet the individual's needs and lead to anger, loneliness, and finally separation; in fact, most of the marital distress occur despite the absence of addiction or specific economic issues due to the lack of agreement between couples in solving life problems or the lack of effective communication (Damari et al., 2022). It seems that the cause of these conflicts is that couples unintentionally communicate with each other with destructive and non-constructive communication strategies due to psychological differences; these non-constructive strategies challenge the quality of the relationship and its subsets such as satisfaction and intimacy of the relationship (Bahramzadeh et al., 2022).

According to the mentioned materials, it can be said that one of the most important elements guaranteeing the continuation of marriage is marital satisfaction. Marital satisfaction can be defined as the compatibility between the couple's expectations from married life and the compatibility between the existing situation and the desired situation, which can only be evaluated by the couple and in response to the level of enjoyment of the marital relationship (Margelisch et al., 2017). A Study has shown that marital satisfaction is not only easily achieved, but is also decreasing day by day (Rasekh Jahromi et al., 2021). The lack of marital satisfaction had negative consequences such as reducing children's adjustment (Camisasca et al., 2019), low psychological well-being (Mousavi, 2020), and mental health disorders such as depression and anxiety (Fernandes-Pires., 2023).

Creating of intimate relationships is the main task of adults (Bossio et al., 2021). Intimacy refers to the concept that we are able to share important parts of ourselves with others; in intimate relationships, empathy, self-disclosure, openness, clarity of speech, and passion, people often realize their similarities with each other, people experience a sense of connection with another and psychological refinement (Kamali et al., 2020). Based on theoretical foundations, marital intimacy is the result of disclosing intimate problems and sharing intimate experiences; communication is the most effective way that can deepen intimacy in a relationship, and if people are good communicators, all aspects of their lives will be improved (Friedman, 2014). Research has been shown that a successful marriage is often associated with emotional intimacy, and the lack of intimacy in relationships is one of the main sources of dissatisfaction (Khezri et al., 2020). The creator of the "Operational Application of Intimate Relationship Skills" program in couple therapy (Gordon, 1993), points out that continuous intimacy is a necessary element to maintain stable marital relationships.

Since the number of divorces in the world as well as in Iran is increasing to an alarming level, therefore, in the past decades, many researchers have investigated the factors affecting marital strength and satisfaction (Rasekh Jahromi et al., 2021). According to the explanations mentioned about marital satisfaction and intimacy and the destructive

consequences of emotional and legal separations on the physical and mental health of couples, the effect of educational interventions on increasing the marital satisfaction and intimacy have important role on couples. The most common of these interventions are marriage enrichment approaches that strive to strengthen the marital bond. In this regard, with the emergence of the third wave of cognitive behavioral psychotherapy, mindfulness and its practical application have penetrated more and more in the field of family and communication. Carson et al., (2004) presented Mindfulness Based Relationship Enhancement (MBRE) based on the mindfulness-based stress reduction intervention program (Kabat-Zinn, 1990) for couples. MBRE, which is focused on the mind-body relationship and mental self-awareness, has consequences such as identifying emotions, thoughts, memories, and bodily sensations, and most importantly, having the ability to manage these actions and deal with them constructively. The ultimate goal of MBRE is based on strengthening the relationship, learning how to be present in the moment, accepting any challenges that couples face together or separately, improving appropriate reaction time, and strengthening appropriate decision-making to avoid the negative impact of hasty choices at the moment of appropriate communication between couples (Carson et al., 2004). Although the novelty of the techniques can be considered as the weak point of this method, the lack of research in this field will cause concern for psychologists and experts, but the value of innovation and moving with current knowledge is hidden from anyone. On the other hand, a review of the literature has shown that the use of mindfulness-based treatment programs has significant beneficial effects such as increasing marital satisfaction (Armanpanah et al., 2021; Deniz et al., 2020; Delghandi and Namani, 2024), marital intimacy (Bahramzadeh, et al., 2022; Zadhanan and Kazemian Moghadam, 2022; Bossio et al., 2021), sexual health (Flaherty et al., 2024), and mental health (Delgado-Suárez and Jones., 2021). However, it should be noted that most of the domestic researches have only focused on mindfulness techniques and no domestic researches have specifically focused on the effects of MBRE therapy, the exploration of the effects of MBRE intervention reveals the different dimensions of couple relationships in the native culture of Iran.

Another effective approach to increase the level of marital satisfaction and intimacy in couples' relationships, is Emotion-Focused Therapy (EFT). EFT is an integrated approach combining three humanistic, experiential and systemic perspectives; in this way, work on emotions is mixed with work on interactions (Amini, Ghorbanshirudi, Khalatbari, 2023). According to EFT, couples' conflicts are caused by failure to regulate their own and other's emotions, and the focus in therapy is on methods that can help couples to overcome the negative emotions of anger, sadness, fear, and shame, and regulated the positive emotions like love and excitement (Elliott and Greenberg, 2021). In EFT, the basic framework of increasing emotional self-regulation and other emotional regulation is addressed; then, the transformation process is examined, and couple is encouraged to express the unmet needs of adulthood, i.e., emotional closeness, instead of suffering from the unmet needs of childhood which often shape their current response (Tehrani, 2019). Researches have shown that EFT can also be an effective approach in various aspects of couples' relationships, such as increasing marital satisfaction (Birak, Dokanehi Fard, and Jahangir, 2022; Rodríguez-Gonzalez et al., 2022; Lasisi and Shittu, 2023), marital

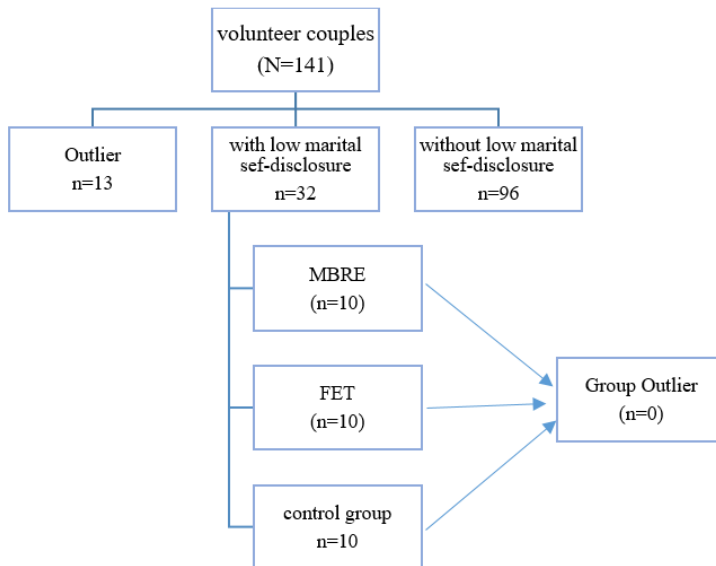
intimacy (Zadhasan and Kazemian Moghadam, 2022; Karimiyan, Akbari, and Omidi 2021; Behrang et al., 2022; Pormaleki et al., 2024), marital distress (Bazyari et al, 2024; Tseng et al., 2024), and improving the psychological disorders (Connolly-Zubot et al., 2020; Glisenti et al., 2021). Therefore, this approach was used in the present study to examine its effects on married life.

As mentioned before, many couples decide to continue living together despite the problems in their married life and despite the intense tensions in their relationship. On the other hand, there are couples who have low marital satisfaction and do not have any special problems. Therefore, intervention program based on MBRE and EFT can help to improve the quality of relationships. Self-disclosure means the expression of personal information and the ability to express one's thoughts, feelings, and opinions to another person, due to which close relationships of couples, are established (Greene, Derlega, and Mathews, 2006). Self-disclosure is a very powerful predictor of marital satisfaction and intimacy (Zhou et al., 2023), therefore, in the present study, couples with low self-disclosure were selected as the target sample. According to the importance of enriching marital relationship and according to new approaches such as MBRE and EFT this research seeks to find out the effectiveness of MBRE and EFT on marital satisfaction and marital intimacy in couples with low self-disclosure.

Methods

The research method was a quasi-experimental with a pre-test, post-test and follow-up (three-month) design by a control group. The statistical population of the current study included all couples who referred to counseling centers under the welfare supervision of Kermanshah city in 2022-2023, who had a low level of self-disclosure. After registering and determining the number of couples willing to participate in the research by meeting the entry criteria, the volunteer couples were asked to answer the self-disclosure questionnaire (N=141). After scoring the questionnaire, 32 couples diagnosed with low self-disclosure (one standard deviation lower than the mean); among them 30 couples were selected as a purposive sampling and randomly replaced in MBRE (10 couples) and EFT (10 couples) and control groups (10 couples). The flodiagram of the sample was designed in image 1. It should be noted that in the present study, there is no connection between the experimental and control groups in order to prevent the dissemination of the experimental procedure. Also, in order to increase the external validity of the research, the experimental procedure was explained in a clear and transparent manner. The inclusion criteria were: couples volunteering to participate in the research, a low score in the self-disclosure questionnaire, having at least a diploma education level, living together at the time of the study, and not receiving psychotherapy or medicine therapy in the past 6 months. The exclusion criteria were: divorce, absence of more than 2 sessions, and withdrawal from the cooperation.

Image 1: flodiagram of the sample



Instruments

Marital Self-Disclosure Questionnaire

This 40-items questionnaire was created by Waring et al. (1998) and which include: self-disclosure about relationship (disclosure of intimacy and love), sexual relations (disclosure of sexual needs), Financial (revealing the financial situation) and imbalance (revealing the boring aspects and differences with the spouse). The method of answering each item is based on a 5-point Likert scale (completely disagree=1, disagree=2, neutral=3, agree=4, and completely agree=5). The obtained scores range from 40 to 200. High scores indicate high marital self-disclosure. Cronbach's alpha coefficient of its dimensions was 0.68 (imbalance), 0.83 (sexual relations), 0.76 (financial), and 0.91 (relationship) and for the whole scale was 0.91 (Waring et al., 1998). Cronbach's alpha coefficient of this questionnaire was reported as 0.83 in Eskandari and Ariapooran's (2018) research and its split-half reliability was reported as 0.63. The validity results of this questionnaire through convergent validity (correlation higher than 0.50% between the items related to one dimension with the same dimension) showed that the correlation of the items of each dimension of communication (from 0.64 to 0.96), sexual relations (0.71 to 0.93), financial (0.68 to 0.91), imbalance (0.74 to 0.97). Also, the correlation between the dimension of relationship, sexual relations, financial, and imbalance with the total scores of the questionnaire was 0.71, 0.63, 0.61, and 0.75, respectively (Eskandari and Ariapooran, 2018). In the present study, the total Cronbach's alpha was 0.86.

Short form of Enrich Marital Satisfaction Questionnaire

The initial form of Enrich Questionnaire was created by Favere and Olson (1987; cited in Arab Alidousti, Nakhaee, and Khanjani, 2015) and consists of 125 questions and 12 scales. In the present study, Enrich's 15-question form (Favere and Olson, 1993; cited in Arab Alidousti et al., 2015) was used, which was validated by Arab Dosti et al. (2014) in Iran. The creators of the questionnaire reported Cronbach's alpha of 0.86 and test-retest reliability of 0.86 during 4 weeks; this questionnaire consists of two subscales of 10 (marital relations) and 5 (idealistic deviation) questions. Accordingly, for scoring in this test, each question is given a score of 1 to 5 likert scale (completely agree=5, agree=4, disagree=2, completely disagree=1). Scores between 15 and 25 indicate low marital satisfaction, and scores between 25 and 50 indicate moderate marital satisfaction, and scores above 50 mean high marital satisfaction. Cronbach's alpha coefficient of this questionnaire was calculated as 0.70 (Arab Alidousti et al., 2015). In the present study, Cronbach's alpha was 0.78.

Marital Intimacy Scale

The intimacy scale was developed by Walker and Thompson (1983). This scale is a 17-items tool that was developed to measure intimacy. This test is scored on a 7-point Likert scale from 1 (never) to 7 (always). The range of scores is between 17 and 170, and a higher score indicates greater intimacy. Walker and Thompson (1983) have reported the reliability of the scale by calculating Cronbach's alpha of 0.91 to 0.97. In Iran, the psychometrics of the questionnaire was examined by Eatemadi, et al (2015), who reported the Cronbach's alpha coefficient for the scale as 0.96. In this study, the alpha value of the questionnaire was 0.94.

Intervention

MBRE: This therapy was derived from Carson et al (2004) protocol, which includes eight 90-minute sessions. MBRE was conducted for couples and one session per week. **EFT:** EFT was derived from Johnson's (2004) therapy protocol, which includes nine 90-minute sessions. EFT is conducted in one session per week in the present study. The two therapies were performed by a PhD student in psychology. The therapist had received the necessary training under the supervision of supervisor and advisor. Also, she had completed courses of two therapies through educational workshops, and his professional qualification was approved by her supervisor and advisor. The content of the meetings of two therapy is presented in Table 1.

Table 1: MBRE therapy and EFT sessions

MBRE (Carson et al., 2004)	
Session	Content
1	Welcome and guidelines, loving-kindness meditation with partner focus, brief personal introductions, introduction to mindfulness, body-scan meditation, homework assignments (body scan, and mindfulness of a shared activity)
2	Body scan, group discussion of exercises and home task, sitting meditation with awareness of breathing, and home task: body scan, sitting meditation,
3	Sitting meditation, group discussion of exercises and home task, individual yoga, and home task: (yoga, meditation and completing the calendar of unpleasant events)
4	Sitting meditation, discussion of exercises and homework, teaching tips on stress and response and coping strategies, double eye gaze practice, and discussion of That is, providing home task (yoga, meditation, completing a stressful relationship calendar).
5	Sitting meditation, discussion of the last four sessions and home task, teaching communication patterns, practicing two-person communication, presenting homework (Yoga, paying attention to broader areas of life)
6	Starting couple yoga, sitting meditation, group discussion about exercises and home task along with examining the routine areas of implementing mindfulness in life, providing home task (individual and couple yoga)
7	Various sitting, breathing, walking, listening and seeing meditations; Individual and two-person yoga, conscious mind touch and movement practice, group and two-person discussions.
8	Sitting meditation, group discussion, discussion of barriers and facilitators of mindfulness, loving-kindness meditation, mindful touch practice and discussion, homework assignments (self-directed practice)
9	Partner Yoga, sitting meditation, group discussion, program review, examining changes in the relationship or individually, summarizing and providing guidance for the future, completing the post-test.
EFT (Johnson, 2004)	
Session	Content
1	Pre-test, Conceptualization of EFT, relationships, rules of treatment
2	Recognizing the negative interactive cycle and creating conditions for spouses, , the role of emotions in interpersonal interactions, spouses' reactions to each other and their reflection on the couple
3	Focus on the emotions of attachment needs, fears and confusion of spouses, focusing, identifying, validating, and exploring secondary emotions, emotional recognition

4	The social role of emotion and reframing the problem by focusing on the power of the negative cycle, describing and explaining the cycle in the context of intimate attachments.
5	Tracing interactions more precisely (proximity-power-control-autonomy), structure and process of interactions, interactional patterns, re-examining the extent of the therapeutic alliance, obtained, acceptance and understanding of the interactive cycle by the couple
6	The discovery of sub-structural emotions of each spouse, emotions experience, perception of oneself relationship, re-explaining the innate needs of attachment and healthy reference to being them, tracking known emotions, accessing aspects of emotional experience
7	Expressing the needs and desires of each spouse emotions, the emotional arousal of each spouse, the acceptance of each spouse's experience by the other, invoking and broadening primary emotions, re-establishing attachment with positive emotional nodes
8	Designing new events, teaching clear and direct retelling of needs and desires between spouses, clarifying interactive patterns, reframing the interactive situation, transforming a new emotional experience, interrupting old interactive patterns, reflection The new interactive cycle, stabilization and strengthening of events and cherished events
9	Facilitating new solutions to solve old communication problems, visible changes in the emotions, behaviors, cognition and interpersonal relationships of the spouses, and post-test

Procedure

This research has been approved by the ethical code IR.IAU.ARDABIL.REC.1401.092 from the ethics committee of Islamic Azad University, Sanandaj branch. Then, referring to Kermanshah counseling centers, the relevant officials were informed about the research and its implementation process, and while justifying them, the officials of the centers were requested to inform the couples about these therapy sessions. Then, the self-disclosure questionnaire was distributed among volunteer couples referring to counseling centers, and after identifying the couples with low self-disclosure (one standard deviation below the mean), they were invited to participate in the briefing session. In this meeting, after providing general explanations about the research implementation process and training sessions, the right to withdraw from the study and the harmlessness of the intervention for the participants, a summary of the training conditions and its rules and regulations was explained and their consent forms to participate in the research was obtained. Then a pre-test was taken from the participants. For the two intervention groups, training sessions began, while the control group did not receive training during this time. At the end of the sessions and three months later, a follow-up was taken from the participants.

Data analysis

Analysis of Variance with repeated measures (Mixed Model), and Bonferroni's post-hoc test were used for analysing the data by SPSS-26.

Results

The results of the demographic data showed in table 2. The Mean (M) \pm Standard Deviation (SD) of the age in MBRE, EFT and control group were 35.41 ± 2.37 , 34.96 ± 3.11 , and 35.09 ± 2.43 , respectively. The M \pm SD of the marriage duration in MBRE, EFT and control group were 8.23 ± 3.63 , 8.61 ± 3.42 , and 8.13 ± 3.19 , respectively. The results of the demographic data (Educational levels and Job status) were showed in table 2.

Table 2: the educational levels and job status of subjects in groups

Educational Levels	MBRE		EFT		Control	
	F	%	F	%	F	%
Diploma	2	10	2	10	4	20
Bachelor	16	80	16	80	14	70
Associate Degree	2	10	2	10	2	10
Job Status	MBRE		EFT		Control	
	F	%	F	%	F	%
Housewives	8	40	10	50	10	50
Employees	4	20	4	20	2	10
Self-employed	8	40	6	30	8	40

Note: F=Frequency; %=percent

Table 2 shows the M and SD of the research variables.

Table 3: The Mean (M) and Standard Deviation (SD) of the dependent variables in three groups based on pre-test, post-test and follow-up

Variable	time	MBRE		EFT		control	
		M	SD	M	SD	M	SD
Marital satisfaction	Pre-test	24.21	2.15	24.62	1.73	24.54	1.65
	Post-test	26.93	1.73	26.11	0.88	24.94	1.97
	Follow-up	26.13	1.79	25.94	1.12	24.82	2.25
Marital intimacy	Pre-test	59.04	5.87	58.21	4.64	58.35	6.33
	Post-test	63.01	5.98	61.55	4.77	58.65	6.13
	Follow-up	62.95	5.63	61.34	4.94	58.14	5.99

In order to use the analysis of variance with repeated measure (mixed model) test, its assumptions, such as equality of variances and homogeneity of variance, covariance, were investigated. The assumption of normality of the data was measured using the Shapiro-Wilks test, and the results showed that the obtained statistic value was not significant for any of the research variables ($p > 0.05$), so it can be said that the assumption of normality in the data is valid.

Levine's test was used to check the assumption of equality of variances. The results of this test for the variables of marital satisfaction ($p < 0.13$; $F = 2.18$) and marital intimacy ($p < 0.13$; $F = 2.22$) showed that the assumption of equality of variances is also maintained. Also, to check the homogeneity of variance, covariance, Mauchly's Test of Sphericity was used, and the results of this test indicated that this assumption was also met ($p < 0.23$;

$X^2=341.42$). Table 3 shows the analysis of variance with repeated measure for comparing the independents variables in 3 groups.

Table 3: Results of analysis of variance with repeated measure for comparing the independents variables in 3 groups

Variable	Resource	Sum of Squares	df	Mean Square	F	p
Marital satisfaction	Time	1024.13	2	7254.40	659.85	0.001
	Group	202.60	2	71.71	6.87	0.001
	Group*time	1673.67	2	836.83	37.14	0.001
Marital intimacy	Time	116.26	2	58.13	211.15	0.001
	Group	57.53	2	14.38	52.24	0.001
	Group*time	165.80	2	82.94	13.36	0.001

Table 2 shows the results of the analysis of variance with repeated measures. The F value obtained for the intragroup effect of time*group for the variable of marital satisfaction ($F=695.85$; $P<0.01$) and marital intimacy ($F=211.15$; $P<0.01$) is significant, so between the three stages of measurement (pre-test, post-test and follow-up) there is a significant difference. The F value obtained for the between-group effect is also significant in the variables of marital satisfaction ($F=37.14$; $P<0.01$) and marital intimacy ($F=13.36$; $P<0.01$). Also, the interaction effect of time and the groups is also significant. This means that MBRE and EFT have been able to increase the scores of marital satisfaction and marital intimacy in the experimental group compared to the control group, and this effect has been maintained during the follow-up period. Table 3 shows the results of Bonferroni's post-hoc test to investigate the difference in the effectiveness of MBRE and EFT in the variables of marital satisfaction and marital intimacy.

Table 4: The results of Bonferroni's post-hoc test to investigate the difference in the effectiveness of MBRE therapy and EFT in the independent variables according to time

Variable	MBRE		EFT		Control	
	Mean	Std.Error	Mean	Std.Error	Mean	Std.Error
Marital satisfaction	1.33**	0.34	2.25**	0.35	1.12**	0.33
Marital intimacy	0.80*	0.31	3.19**	0.41	4.01**	0.38

Table 4 shows the results of Bonferroni's post-hoc test to investigate the difference in the effectiveness of MBRE and EFT in the marital satisfaction and marital intimacy. According to the results of the table, the mean difference of MBRE with the reference group in both variables of marital satisfaction and marital intimacy is greater than the difference of EFT, which indicates that MBRE is more effective in increasing marital satisfaction and intimacy.

Discussion

The present study was conducted with the aim for investigating and comparing the effectiveness of MBRE therapy and EFT on marital satisfaction and marital intimacy of couples with low self-disclosure. The results of the research showed that both therapies significantly increased the marital satisfaction and intimacy of the couples compared to the control group, and this increase remained stable during the follow-up period. This research finding confirms previous studies (Bahramzadeh et al., 2022; Armanpanah et al., 2021; Zadeh Hassan et al., 2023; Amini et al. et al., 2021; Gliseni et al., 2021; Delghandi and Namani, 2024). Another finding of the research indicated that MBRE therapy was more effective than EFT in increasing marital satisfaction and intimacy.

For explaining the effectiveness of MBRE therapy on marital satisfaction and intimacy, it can be argued that mindfulness by creating changes in the skill of observing without judgment, flexibility, and empathy increasing tolerance and emotional acceptance (Carson et al., 2004), leads to the formation and increase of marital satisfaction, followed by marital intimacy. In fact, looking again at the key components of the definition of mindfulness, i.e. being purposeful, paying attention, being present in the present and non-judgmental (Kabat-Zinn, 1990), makes the functioning of this mechanism clearer. In other words, mindful people may have a more accepting and empirically less avoidant attitude towards the challenging emotions of their life and interpersonal relationships and benefit from better and healthier responsiveness in their relationships (Deniz et al., 2020). Also, since MBRE therapy emphasizes on strengthening the ability to accept individual experience, thoughts, and emotions in couple relation, it helps to experience more compassion for oneself and others; therefore, increase in compassion and empathy that is achieved through the practice of MBRE therapy, led to increase the level of satisfaction in marital relationship. Research has showed that mindful people view their romantic relationships more positively, as they are less likely to experience negative affect (Bahramzadeh et al., 2022); On the other hand, mindfulness is able to lead to greater relationship satisfaction through the cultivation of more skillful communicative emotional responses. According to Jain et al., (2020), the relationship between mindfulness and marital satisfaction may be mediated by better emotional skills. People who tend to live in a more conscious state can identify their emotions, communicate with them, have more skill in responding empathetically, and are better at regulating the expression of their emotions and this will probably increase marital satisfaction.

On the other hand, MBRE therapy has also improved a person's awareness of their cognitive defective cycles and led to a reduction of negative thoughts (Armanpanah et al., 2021). In fact, when a person is able to free himself from his habitual patterns, she/he will show wiser responses to interpersonal problems and be prepared to face unpleasant events and emotions. Finally, the personal and relational development resulting from mindfulness training reduces the risk of weak relationships and thus leads to greater satisfaction from relationships and the experience of higher intimacy. In other words, in the relational and personal tensions, a mindful person maintains higher adaptability, more self-control, more effective communication and a more positive view of his or her life partner (Carson, 2004), all of which lead to an increase in intimacy in marital relationships.

Also, for explaining the effectiveness of EFT on marital satisfaction and marital intimacy of couples, it should be emphasized that in this approach, it is assumed that emotions are not only the main factor in creating marital conflicts, but also a powerful and often necessary element to bring about changes in troubled relationships (Johnson, 2004)). In fact, EFT is focused on recognizing and meeting interpersonal needs (Elliott, R., & Greenberg, 2021). Based on this approach, the psychological and interpersonal state of people in their interactions is organized by personal emotional experiences. Because, the basic assumption of EFT states that when a person is unable to share his attachment needs in the areas of security and satisfaction with others, interpersonal conflicts begin to form (Connolly-Zubot et al., 2020). In other words, the foundation of EFT is based on modification and change by replacing positive thoughts and behavior; therefore, it seems obvious that this intervention is capable of solving marital conflicts and ultimately increasing the satisfaction of couples. On the other hand, the first assumption of EFT emphasizes that the most effective factor in creating and maintaining marital intimacy is the type of emotional chain in the relationship. According to Johnson (2004), intimacy will appear automatically when the foundation of the relationship is furnished with positive emotions. The ultimate goal of EFT is to establish and strengthen the safe lines of attachment between couples; it seems that secure attachment disciplines have obvious overlap with intimacy disciplines (Behrang et al., 2022). Finally, the fifth and sixth steps of EFT encourage the individual and the couple to express their emotions in a new way. This means that knowing primary emotions and communicating with them will limit the release of secondary emotions such as unprocessed anger, and since sharing emotions and thoughts are the main elements of intimacy (Zadhasan et al., 2022), then it seems natural. It turns out that the fifth and sixth steps of EFT help to create intimacy between couples and improve it.

Another result indicated that MBRE therapy was more effective in increasing marital satisfaction and intimacy in couples with low self-disclosure than EFT. MBRE is based on the strengthening of couples' relationships; so that all the techniques of this therapy are designed in such a way that couples' relationships are in the center of attention (Carson, 2004). On the other hand, the satisfaction of the relationship and the experience of marital intimacy can also be considered the product of this improvement in relationships. In fact, this approach acts as a comprehensive process that uses both the common elements of other couples therapy approaches such as skills training, problem solving, group discussions, and home task for skill development, as well as couple mindfulness techniques such as loving meditations, two-person yoga and touch exercises. It also integrates the conscious in the form of each of these elements and thereby helps couples to understand themselves, their relationship, and the nature of their problems in a more effective way (Kazelowski, 2013). For example, couples are encouraged to be more aware of pleasant, unpleasant, and stressful interactions during shared activities. In fact, the difference between this approach and the EFT or cognitive approaches is that in this method, couples are not encouraged to choose potential and predetermined solutions; they are not expected to target a set of specific behaviors for change, instead of some kind of a non-judgmental and spontaneous attitude is used as the most useful way to strengthen relationships and reduce stress (Carson, 2004). Researches have repeatedly shown that

mindfulness reduces general psychological distress, negative affect, anger, hostility, depression symptoms, and reactions to stress and anxiety, and increases empathy, individual well-being, positive affect, emotional recognition skills, self-esteem, and life satisfaction (Smith, 2015). Perhaps it can be concluded that all these benefits facilitate romantic relationships as much as possible and as a result can prepare the ground for the development of healthier relationships and in the end bring more satisfaction and intimacy.

Among the limitations of this research, we can mention the sampling from among the volunteer clients of Kermanshah city, which limits the generalization of the results to all couples as well as other cities of the Iran. Therefore, it is suggested to use the random sampling method to select subjects in similar researches. On the other hand, the research findings were obtained based on self-reporting scales and analyzed only with quantitative methods, which leads to the possibility of biasing the participants in their answers. Therefore, researchers are suggested to use qualitative data collection methods. Considering that the follow-up period in this study was after three months, in addition, follow-up periods more than two months are suggested to future researchers. In this research, the therapist was the same therapist in both treatment groups and this can affect the results. Therefore, it is suggested to use different therapists in each treatment in future researches.

Conclusion

According to the findings of the present research, it can be argued that despite the difference in the effectiveness of MBRE therapy and EFT on the marital satisfaction and intimacy of couples with low self-disclosure, these two therapeutic interventions have tried their part to reduce the marital satisfaction and intimacy of the couples, increase the level of marital satisfaction and intimacy; therefore, according to the findings, welfare organizations as well as counselors and couples' therapists can use MBRE therapy and EFT to help improve couples' relationships. Also, considering the effectiveness of these two approaches, it is suggested to use integrated methods based on MBRE therapy and EFT in future studies.

Disclosure Statements

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