Comparison of the Effectiveness of Two Family Therapy Approaches Based on Mindfulness therapy and Metacognitive therapy on Marital Intimacy among Divorce Applicant Clients

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Abstract

Objective: This study aims to compare the effectiveness of Family Therapy Based on metacognitive therapy and Mindfulness on Marital Intimacy among divorce applicant clients.

Method: The design of the study is an experimental research with pretest and posttest with a control group. The study population includes all divorce applicant clients referring to well-being and counseling agencies of Sanandaj city, located in Kurdistan province, in 2011. Sixty-six clients were selected from among the population using random sampling and then, they were divided into three groups of 22 using random assignment method. The independent variable of marital intimacy was measured among divorce applicant clients (pretest) using the marital intimacy questionnaire (Oliya et al., 2006) and after intervening two experimental groups for 8 sessions, the dependent variable was again calculated for three groups (posttest). Multivariate analysis of covariance was used to examine the effect of pretest and treatment.

Findings: The results of multivariate covariance analysis showed that there is a significant difference between divorce applicant clients in experimental and control groups in terms of the dependent variable of intimacy ($P < 0/0001$).

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Keywords

Mindfulness therapy, metacognitive therapy, intimacy, divorce applicant clients.

Conclusion: Therefore, all hypotheses concerning the effectiveness of family therapy based on metacognitive therapy and mindfulness on marital intimacy among divorce applicant clients were confirmed. The results also showed that the two methods of mindfulness and metacognitive therapy have almost the same effect.

Introduction

The present study was formed regarding the increasing number of divorce in recent decades all over the world (Young and Lang, 1998). According to official figures in Iran, about two hundreds of thousand marriages are led to divorce (Bahari & Mirveisi, 1998) and also Iran is introduced as the fourth country in the world in terms of the ratio of divorce to marriage (Kian Nia, 1996). By definition, divorce is a process beginning with experiences of emotional crisis of couples and ending with the attempt to resolve the conflict through entry into new situations with new roles and lifestyles. In addition to social, economic, and legal factors, considering personal and psychological causes such as intimacy that lead to divorce are of particular importance in investigating the causes of divorce (Gutman, 1993). In addition to the essentials encouraging couples for common life, a common life and a warm and intimate family foundation in which the couple are the main pillars, should be established with an emotional and internal connection (which is the same as love and care about each other). Lack of interest and intimacy for establishing a common life is like building a house without columns among the components that have been together as an imperative mandate (Esmael Beigi & Gholamrezayee, 2009).

Intimacy is often described as a dynamic process and intimacy involves a process in which people are trying to be close to each other and to discov-

er their differences and similarities of their feelings, thoughts and behaviors. Schaefer and Ohlson also consider intimacy as a process and experience resulting in the disclosure of issues and sharing of experiences (cited in Heller and Wood, 1998). According to Sternberg (1987), intimacy is a feeling that creates closeness, belonging and contact. Intimacy is a close friendship, similarity and romance or emotional personal relationships with other people that requires knowledge and deep understanding of individuals, as well as the expression of thoughts and feelings that indicates the similarity with each other. Intimacy is an interactive process. The axis of this process is recognition, understanding, and acceptance, empathy with the feelings of another person, acknowledgment or acceptance of a unique perspective of another person in the world. Intimacy is an essential and real need of people, and it is not just a desire or wish (Bagarozzi, 2001).

Intimacy in marriage is different from the relationship being experienced between mother and child; by defining intimacy as a kind of relationship, in which self-disclosure, understanding, trust and deep closeness is experienced, Lehr and Kantor state that intimacy in a healthy marriage (where two members meet the needs of each other consciously) is different from nurturance (where a stream of mostly one-sided parental affection is seen) (Hosseini, 2010).

Intimacy is a real need that has internal roots and stems from the basic need for love. But on the other

side of the coin, i.e. in an unhappy and ruptured marriage, lack of intimacy inevitably makes a relationship come to an end. For example, in an authentic study on the causes of divorce in America, 80% of men and women who were divorced reported gradual growth of the lack of sincerity, intimacy and lack of love and valuation as the reason for their separation (Bagarozzi, 2001). Intimacy is some kind of mutual expression of feelings and thoughts without fear or need for dependence and desire to understand the inner world of another and the ability to share ideas with another (Heller and Wood, 1998). Clinical Studies and experiences have shown that in contemporary society, couples experience severe and pervasive difficulties in establishing and maintaining intimate relations and satisfying each other's expectations and needs. Intimacy is one of the important needs of man. Abraham Maslow has mentioned it in his classification of need for love and belonging and has placed it before the needs for self-esteem, knowledge and recognition, beauty and self-actualization and after the physiological and safety needs (Etemadi, 2006). The fact is that human beings are different in terms of their ability to create intimacy; some can get intimate easily and some others cannot simply establish an intimate relationship. Those who have the ability to create intimacy with others, have more satisfying relationships with colleagues, friends, spouses and relatives and encounter less emotional problems than those who lack this ability (Bagarozzi, 2001). In her developmental approach to love, Sharpe (2000) mentions that couples go through five developmental stages in establishing intimate relationships. These stages are as follows: romantic love, disagreement and conflict, differences and acceptance, coordination, mature love. Social exchange theory also investigates intimate behavior during the progressive relationships and pays attention to structures such as commitment to and satisfaction of relationship.

Research shows that there is more intimacy in marriages with high commitment, more love is ex-

pressed and less marital conflict can be observed (Swensen and Trahaug, 1985, quoted in Abbasi Molid, 2009).

In a study entitled intimacy, passion and commitment in romantic relationships in China and the US, triangular theory of love has been studied in two countries. The results showed that commitment, love, and intimacy seriously increase the romantic relationship. Also, the sincerity and commitment of the two cultures were similar. Hefazati et al. (2006), in a study entitled investigating the relationship between the components of love and satisfaction of couples, concluded that three components of intimacy, passion and commitment are correlated with satisfaction. The component of intimacy has the highest correlation both among women and men. In a study entitled comparison of intimacy in traditional and non-traditional marriages from the viewpoint of women, Sobhi (2002) concluded that it is more in traditional marriages. In addition, using multivariate regression, it was determined that the life of marriage always has a significant negative correlation with marital intimacy in couples with traditional marriage. While, age has a significant negative relationship with marital intimacy in couples married traditionally. Alexandra, Mitchell, Castellani, et al. (2008) predicted intimacy factors between couples in their study and found that self-disclosure and empathic response is the most important behavior in creating intimacy among couples. Kathleen, White, Speisman, et al. (1986) found that couples are not significantly different in terms of five aspects of intimacy including relationship orientation, caring concern, commitment, sexuality and communication.

A variety of cognitive therapy has been used for the treatment of relationship problems among couples; two methods are used in this study:

Cognitive therapy tries more to focus on the source of the content of ideas, but has made no effort about how these negative thoughts are formed, or what mechanisms highlight these dysfunctional

thoughts. Therefore, investigating an approach that considers the reasons for people's way of thinking, individual's beliefs about his thought, his individual strategies for controlling his attention seems necessary. This approach is metacognitive approach that has been studied in this study.

Metacognitive method can facilitate belief change. In this method, one is able to test his evaluations, thoughts and beliefs by distancing from himself and treat them as events that should be examined rather than accepting them as a picture of reality. Metacognitive therapy includes making upset people capable so that they communicate differently with their thoughts and aims to activate the meta-cognitive strategies and to increase flexible control of attention so that the ability to separate oneself from the process of rumination (active concerns) increases (Wells and Papageorgiou, 1998).

Meta-cognition psychology is a new thinking area that can be traced back to 1970s. Flavell (1979) was the first one talking about metacognition. Metacognition is defined as any knowledge or cognitive process participating in assessment, supervision or controlling our cognition (Flavell, 1979). What is essential about the concept of metacognition is that the person thinks about his thoughts. These thoughts may be about personal knowledge (such as meta-cognitive knowledge) or may include what that person is doing (meta-cognitive skills), or about thinking about cognition and emotions at the moment (meta-cognitive experience). The sources of metacognitive thoughts must be considered in order to separate them from other types of thoughts. Meta-cognitive thoughts are not the brainchild of the immediate response of person to exogenous cares, but are brainchild of mental protests of a person to reality and contain what the person has about his internal protests, how to work and how to feel. So, metacognition is sometimes defined as thinking about thinking, cognition about cognition and knowledge or cognition about cognitive phenomena. Metacognition is one's awareness of his

own, just like an artist who knows what to do at any given moment; this requires a strong sense of self as an active individual that can store and retrieve data intentionally (Flavell, 1979). Meta-cognitive approach has been used for clinical disorders such as Generalized Anxiety Disorder, Obsessive-compulsive disorder and post-traumatic stress disorder and has given favorable results (Wells, 1998). Given the importance of intimacy in the quality of marriage and since improvement of couples' intimate relationships leads to the improvement of their satisfaction of marital life, conducting research in this regard seems necessary. Therefore, this study investigates the effect of meta-cognitive therapy on improving and increasing intimacy of the couples. Metacognitive style is a new way to treat couples' and family's problems.

In addition to the metacognition method, mindfulness method has been used in this study. Historically, mindfulness is the main technique used in Buddhist meditation rooted in this regulation. Mindfulness wants to help clients not only in changing their mental functional and clinical process, but also in changing their function and relationship through mental training. In this method, patients go through a four-stage process with their internal monitoring, which is derived from the Buddhist philosophy that was first proposed by Schwartz in 1997 in his book called Brain Lock (Schwartz, 2004). In this method, Schwartz (2004) has developed a four-step process to increase the ability of clients to face and to prevent response without the direct help of the therapist. The basic principle of this method is that by understanding what these thoughts and urges really are, patients can learn to manage their fear and anxiety and managing fear, in turn, will allow patients to control their behavioral responses much more effectively. They will use biological knowledge and cognitive awareness to perform exposure and response prevention. This strategy has four basic steps and the purpose of each step is presented briefly:

Step 1: Relabel: The client learns how to identify his intimate thoughts and actions and to gain a deep understanding that the feeling that is bothersome at the moment is in a communication situation.

Step 2: Reattribute: The client deeply understands that his thoughts or actions have no sense, rather they are false messages issued from the brain (caudate nucleus) and are related to the biochemical imbalance in the brain that affect relations.

Step 3: Refocus: The client tries to re-focus on and pay attention to another pleasant intimate behavior around him, if only a few minutes, think of another behavior (such as expressing feelings and intimacy).

Step 4: Revalue: The client learns to think about the valuation of annoying thoughts and urges that inevitably make him to behave coldly and unfriendly and do not consider what they appear.

Burpee and Langer (2005) showed a strong significant relationship between mindfulness and marital satisfaction. Gottman (1994) believes that the ratio of positive to negative interactions in marriage reflects its success. This means that if the ratio of positive interactions to negative interactions is 5 to 1, it indicates a high level of satisfaction in marriage; while in marital disenchantment it is probably less or reversed.

Some studies have shown that happy couples have shown more conceptual coordination (intimacy) than unhappy couples (Buunk & Motsaers, 1999). Burpee & Langer (2005) believe that conceptual coordination can indicate mindfulness; i.e. the degree of the enthusiasm of the wife or husband to reevaluate her or his thoughts about their partner can indicate their resiliency and flexibility in different situations. A number of researchers also believe that couples with better marital satisfaction and more intimacy have more mindfulness (Buss, 1999; Kim, Martin & Martin, 1989; Nemechek & Olson, 1996).

In fact, this study is designed to answer the question of how is the effect of two approaches of family therapy based on mindfulness and meta-cognitive

therapy on intimacy in divorce applicant clients. The main hypothesis of this study is that family therapy based on mindfulness and meta-cognitive therapy is effective on marital intimacy.

Method

The research method of this study is experimental with a pre- and post-test with an experimental and a control group. The population of the study consists of all divorce applicant clients (couples) including clients referring themselves or referred by the family court of Sanandaj to counseling centers in the city of Sanandaj located in Kurdistan province in 2011.

Standards and criteria for inclusion in this study were: a husband or wife who were educated at least up to the fifth grade, a couple who had divorce dossier in the court, referred to counseling centers by the court or self-referred, and a couple who were willing to receive counseling intervention.

Standards and criteria for exclusion were: a couple who had an addict or alcoholic spouse, a husband or wife suffering from incurable physical illness, the wife or husband who were divorce applicant because of crime and murdering spouse, infertile women, a couple with an education level of less than fifth grade and a couple who are not consistent with the goals of the research during the treatment. Diagnosis of these cases during treatment and other factors negatively affected the effectiveness of treatment, because these conditions and characteristics weaken the effect of independent variables on subjects and distort research findings.

Sampling was done using multi-stage random sampling. In the first phase, the criteria of entry were examined on 255 clients (male or female) who had referred to the counseling centers in the city of Sanandaj in the spring of 2011, i.e. people who were eligible for the study were selected (at this stage, 43 people didn't have the criteria for entry and were

excluded from the study). Then in the second stage, the researcher called all the people remaining in the sample (212 people) using recruiting method (Arizi & Farahani, 2008) and they were asked if they were willing to participate in consulting meetings. Out of these, 178 divorce applicant clients of these centers were willing to cooperate to attend family therapy sessions. In the third stage, of the 178 clients willing to cooperate (male or female), 66 people were selected using simple random sampling (the names of participants were written with numbers from 1 to 178 and then were put in a pot and 66 were chosen by lot). In the fourth phase, intimacy and marital quality of divorce applicant clients were measured (pre-test) using related scales and tools. Finally, in the fifth stage, participants were assigned in three groups of 22 (mindfulness therapy, meta-cognitive therapy and control group) using a simple random assignment method (first three sheets were set and on each of them the name of the groups of mindfulness therapy, meta-cognitive therapy was written, and then from the pot that contained 66 testing code, three codes were selected each time and were randomly assigned to one of the sheets and in this way, three groups of 22 subjects were arranged).

It should be noted that experimental designs with a sample size of 15 to 20 subjects is enough statistically (Arizi & Farahani, 2008). The researchers chose 20 people and 2 extra people were selected for possible replacement in case of loss of subjects.

Statistical analysis of the adequacy of the sample size was postponed after conducting the intervention. So that after conducting a preliminary analysis, statistical power was evaluate that is equal to 1 in this study, i.e. there is no possibility for type 2 error; therefore, the chosen sample size was accepted.

Tools

Three questionnaires were used in this study; their psychometric properties are described below:

A: Marital Intimacy Questionnaire: the questionnaire has been developed by Oliya, Fatehizadeh, and Bahrami (2006) that has 85 questions with the Likert scale. It has 9 aspects of marital intimacy: (emotional intimacy: 11 propositions), (intellectual intimacy: 8 propositions), (physical intimacy: 6 propositions), (social-recreational intimacy: 8 propositions), (communicative intimacy: 11 propositions), (spiritual intimacy: 9 propositions), (psychological intimacy: 9 state propositions), (sexual intimacy: 8 propositions) and (total intimacy: 15 propositions). To determine the content validity of the survey, the opinion of 5 family counseling experts was asked. To determine the validity of questions, the correlation of each question with total scores of the test was calculated. Questions that were not significantly correlated with the total score and questions that were not significant at 0/05 level were removed and 85 questions that were correlated with the total score at the level of at least 0/01 were selected. To evaluate the concurrent validity of the marital intimacy questionnaire, intimacy scale of Thompson and Walker (1983, quoted Sanayi, 2000) was used. Test results have shown that the correlation between marital intimacy test and scale of Thompson and Walker (1983, quoted Sanayi, 2000) is 0/92 that is significant at 0/01 level ($0/01 > p$, $0/92 = r$). Cronbach's alpha was used to determine reliability; the Cronbach's alpha of the whole test was 98/58. In this study, in the preliminary study, the reliability of the questionnaire was calculated as 0/86 utilizing the internal reliability (Cronbach's alpha).

B: Family Information Questionnaire: This researcher-made questionnaire has 32 questions used to measure the demographic and family characteristics of couples, such as the length of the marriage, marriage age, age, age difference, education, income, number of children, and amount and years of being acquaintance.

C: Client satisfaction questionnaire: Client satisfaction questionnaire was developed by Larsen,

Attkison, Hargeruz et al. (1979) for measuring satisfaction of client referring to counseling and therapy programs.

Client satisfaction questionnaire is an 8-item scale with four options for each question that can be easily implemented and scaled. The questions on the questionnaire are selected based on the ranking of a set of questions related to client satisfaction by mental health experts and also based on factor analysis. Client satisfaction questionnaire is uni-dimensional, i.e. it gives a uniform assessment of overall satisfaction of clients from clinical services. This questionnaire has been studied extensively. Although it is not necessarily a measure of clients' perception of health outcomes or results, but it shows clients' perception of the value of the services received.

The score of the client satisfaction questionnaire is simply obtained by adding the scores of the individual questions. For each item a score from 1 to 4 is considered. Scores range between 8 to 32 and a score higher than the median is a sign of satisfaction.

The questionnaire has been conducted on various segments of clients; the most extensive study was carried out on 3268 outpatients and inpatients attending 76 clinical and counseling centers. The subjects included 42 Hispanic Americans, 96 non-Mexican Hispanics, 361 blacks and 2,605 whites. The subjects were of both male and female genders and included a wide range of clients. It seems that this questionnaire covers all racial and cultural groups. The mean scores of the four groups were from 26/35 to 27/23, which did not show statistically significant difference. Cronbach's alpha between 0.86 and 0.94 in several studies shows excellent internal consistency and reliability of the questionnaire.

This questionnaire is correlated with clients' rating of semiotics and overall improvement and also therapists' rating of clients' progression or the possibility of their progress in terms of reliability. This questionnaire is negatively correlated with the rate

of withdrawal of therapy, indicating the great validity of the questionnaire (Larson and Wilson, 1998).

Intervention

It should be noted, therapeutic intervention was done when counseling sessions with clients in these centers were not yet formed. Independent variable included 8 sessions of family therapy based on mindfulness therapy, metacognition therapy. The meetings were held twice a week for one hour and intervention was done in counseling centers in a room dedicated for this purpose. Intervention was done in the form of group counseling with a family approach with the men or women by the researcher himself, who was from the same culture and language of clients.

Control group was told to come to the mentioned centers to receive counseling services at the end of the intervention sessions so that to be informed of the end of the intervention sessions.

In order to observe the ethics of the study, clients were told that besides being beneficial for clients, this intervention also is a part of a research and points that are told in the treatment sessions will not be shared with any of the family members, even the spouses, without the consent of clients and their identity in the results of the intimacy questionnaire is confidential. They can be informed of the test results via e-mail or postal addresses. And after the intervention, if necessary, they can continue treatment on an individual basis. After completion of therapy sessions of the two experimental groups, the members of control group who were waiting for treatment, received family therapy sessions.

In order to analyze data and to test hypotheses, descriptive statistics (e.g. mean, standard deviation and charts) and to evaluate the effect of pre-test and treatment, inferential statistics such as multivariate analysis of covariance was used, and SPSS18 statistical software with the help of practical guide for SPSS in behavioral sciences was used for data analysis.

Findings

Levine test results were studied for the assumption of equality of variances of the scores of the variables of the groups and Shapiro-Wilk test results were studied for the assumption of normality of distribution of scores in the population and the null hypothesis of equality of variances of the scores of the two groups on the variables was confirmed. In other words, the assumption of homogeneity of variances is true and the assumption of the normality of the distribution of scores in the post-test scores of variables was confirmed.

Demographic characteristics of the study are as follows: female-to-male gender ratio is 67 to 33%, i.e. the highest number of subjects is composed of women. The most common way of getting familiar is through mediation (0/89); 0/86 of the subjects have gotten married in the age range of 27 to 35

and the couple's age difference in 0.50% of cases was between 3 to 7 years. The duration of the couples' married life in 0/75 of cases was from 1 to 7 years that resulted in divorce and the divorce age in 0/68 of cases was between 28 to 33 years. The education level of the majority of the cases was guidance school (0/45) and couples' income during their common life in most cases has been reported less than 1,800 Tomans (0/74). The majority of participants have stated that they have lived apart since applying for divorce, i.e. they have lived in their parents' home (0/83) and most couples consider the interference of their spouses' family as the current problem (0/46). The couples have announced that they are different from their spouse in terms of the number of family members (0/43).

Table 1 shows that there is a significant difference between experimental and control groups' divor-

Table 1. Results of the multivariate analysis of covariance (MANCOVA) on the posttest of the mean of the intimacy scores of divorce applicant clients in experimental and control groups with pretest control

Variables	Test name	Amount	DF of hypotheses	DF of errors	F	Sig. level	Eta squared	Statistical power
Intimacy pretest	Pilayi effect test	0/463	3	43	4/21	0/001	0/143	0/932
	Wilks' Lambda test	0/463	3	43	4/21	0/001	0/143	0/932
	Hotelling test	0/421	3	43	4/21	0/001	0/143	0/932
	Largest root test	0/524	3	43	4/21	0/001	0/143	0/932
Groups	Pilayi effect test	0/341	7	109	16/22	0/0001	0/47	1/00
	Wilks' Lambda test	0/235	7	107	75/13	0/0001	0/73	1/00
	Hotelling test	12/56	7	103	146/23	0/0001	0/83	1/00
	Largest root test	15/21	3	44	321/32	0/0001	0/84	1/00

ing clients at least in terms of dependent variable of intimacy by controlling the pretest ($0/0001 < p$ and $F = 75/13$). The amount of effect or difference is equal to $0/75$, i.e. 75% of the individual differences in the scores of intimacy posttest are related to two methods of family therapy. Statistical power is equal to 1, which means there is not a possibility for type II error and shows high statistical accuracy and adequacy of the sample size.

To understand the differences, one-way analysis of covariance in the MANCOVA context is shown in the following tables.

As can be seen in **Table 2**, there is a significant difference between experimental and control groups' divorcing clients in terms of intimacy by controlling the pretest ($0/001 < p$ and $F = 231/21$). The amount of effect or difference is equal to $0/92$ and statistical power is equal to 1.

Significant difference in covariance analysis does not reveal that in which group there is a difference, so after this analysis, Bonferroni post hoc analysis

was performed and the results are summarized in **Table 3**.

Table 3 shows that family therapy based on mindfulness and meta-cognitive therapy have increased intimacy of experimental groups according to the mean of their intimacy compared to the mean of control group's divorce applicant clients. There isn't a significant difference between divorce applicant clients in mindfulness metacognition therapy groups, which shows almost the same effect of two methods on increase of intimacy.

The following tables are presented to investigate the effect of family therapy based on mindfulness and meta-cognitive therapy on the components of intimacy (emotional intimacy, intellectual intimacy, physical intimacy, social-recreational intimacy, communicative intimacy, spiritual intimacy, psychological intimacy and sexual intimacy).

As can be seen in table 4, there is a significant difference between experimental and control groups' divorcing clients at least in terms of one

Table 2. Results of one-way analysis of covariance in the MANCOVA context on the posttest of the mean of the intimacy scores of divorce applicant clients in experimental and control groups with pretest control

Variable	Source of changes	Sum of squares	DF	Mean squares	F	P	Eta squared	Statistical power
Intimacy	pretest	4134/23	1	3146/23	9/32	0/0001	0/92	0/982
	Group	341121/35	2	17312/12	231/23	0/0001	0/92	1/00
	error	12345/74	46	321/21				

Table 3. Bonferroni post hoc test results to compare mean scores of intimacy in three groups

Groups	Mean	1	2	3
Family therapy based on mindfulness	124/23	-	-	* ($p < 0/0001$)
Family therapy based on metacognitive	123/15	-	-	* ($p < 0/0001$)
control	78/43	* ($p < 0/0001$)	* ($p < 0/0001$)	-

of the dependent variables (components of intimacy) by controlling the pretest ($0/0001 > p$ and $F = 38/44$). The amount of effect or difference is equal to $0/86$ and statistical power is equal to 1.

To understand the differences, one-way analysis of covariance in the MANCOVA context is shown in the following tables.

As can be seen in **table 5**, there is a significant difference between experimental and control groups' divorcing clients in terms of emotional intimacy, intellectual intimacy, physical intimacy, social-recreational intimacy, communicative intimacy, spiritual intimacy, psychological intimacy and sexual

intimacy by controlling the pretest and all values of F are significant at $0/0001 > p$ level. The amount of effect or difference in the components of intimacy is equal to Eta squared and statistical power for all areas is equal to 1.

As **table 6** has shown, there is a significant difference between divorce applicant clients in control group and divorce applicant clients in family therapy groups. This shows that family therapy based on mindfulness and metacognitive therapy have had almost the same effect on the reduction of the components of intimacy in the mentioned groups.

Table 4. Results of the multivariate analysis of covariance (MANCOVA) on the posttest of the mean of the scores of the components of intimacy of divorce applicant clients in experimental and control groups with pretest control

Variables (in pretest)	Test	Amount	DF of hypotheses	DF of error	F	Sig. level (p)	Eta squared	statistical power
emotional intimacy	Wilks' Lambda test	0/932	8	52	0/298	0/465	0/12	0/251
intellectual intimacy	Wilks' Lambda test	0/773	8	52	2/92	0/278	0/11	0/419
physical intimacy	Wilks' Lambda test	0/832	8	52	1/43	0/254	0/16	0/234
social-recreational intimacy	Wilks' Lambda test	0/742	8	52	1/98	0/143	0/14	0/341
communicative intimacy	Wilks' Lambda test	0/735	8	52	1/35	0/222	0/16	0/213
spiritual intimacy	Wilks' Lambda test	0/642	8	52	1/67	0/312	0/05	0/431
psychological intimacy	Wilks' Lambda test	0/798	8	52	1/96	0/617	0/07	0/341
sexual intimacy	Wilks' Lambda test	0/834	8	52	1/07	0/452	0/12	0/127
groups	Wilks' Lambda test	0/126	9	98	38/44	0/0001	0/86	1/00

Results of client satisfaction with the therapeutic intervention

About the lack of treatment results' follow-up, it should be said that since subjects were divorce clients, they changed their location or they got remarried after the end of the period of legal divorce and they were not willing to continue cooperation. In general, after doing a big a big effort, the re-

searchers could not receive the follow-up test from all participants in the treatment and the sample loss in the follow-up stage made the investigation of follow-up results in the statistical analysis impossible, but due to the importance of investigating the sustainability of treatment in experimental interventions, with a great effort, the researcher was able to give the client satisfaction questionnaire to 28 of

Table 5. Results of one-way analysis of covariance in the MANCOVA context on the posttest of the mean of the scores of components of intimacy of divorce applicant clients in experimental and control groups with pretest control

Variable	Source of changes	Sum of squares	DF	Mean squares	F	P	Eta squared	Statistical power
emotional intimacy	pretest	345/32	1	8/34	0/176	0/236	0/021	0/043
	Group	36781/33	2	13456/78	254/56	0/0001	0/90	1/00
	error	3711/81	52	7824				
intellectual intimacy	pretest	175/44	1	278/43	4/65	0/042	0/23	0/567
	Group	15734/16	2	14256/43	361/34	0/0001	0/93	1/00
	error	2568/43	52	32/09				
physical intimacy	pretest	211/45	1	21/32	2/43	0/245	0/01	0/234
	Group	5712/36	2	2314/35	234/21	0/0001	0/654	1/00
	error	2712/16	52	27/15				
social-recreational intimacy	pretest	47/34	1	7/94	0/456	0/754	0/015	0/176
	Group	4664/41	2	7854/26	254/24	0/001	0/89	1/00
	error	2643/72	52	47/57				
communicative intimacy	pretest	2314/14	1	13/38	3/05	0/234	0/46	0/489
	Group	14235/65	2	23456/43	236/67	0/0001	0/91	1/00
	error	2114/14	52	87/34				
spiritual intimacy	pretest	2013/34	1	9/21	2/23	0/346	0/68	0/492
	Group	21234/45	2	4321/57	213/32	0/0001	0/87	1/00
	error	2653/26	52	95/32				
psychological intimacy	pretest	3241/56	1	12/34	4/58	0/789	0/79	0/643
	Group	23457/12	2	32698/43	4793/76	0/0001	0/90	1/00
	error	3732/56	52	63/43				
Sexual intimacy	pretest	3416/34	1	8/32	3/21	0/706	0/81	0/521
	Group	21566/24	2	34734/03	4291/06	0/0001	0/92	1/00
	error	3421/78	52	73/62				

Table 6. Bonferroni post hoc test results to compare mean scores of the components of intimacy of divorce applicant clients in three groups

Schema area	groups	mean	1	2	3
emotional intimacy	Mindfulness therapy	108/23	-	-	* (p<0/0001)
	metacognitive therapy	104/91	-	-	* (p<0/0001)
	control	53/03	* (p<0/0001)	* (p<0/0001)	-
intellectual intimacy	Mindfulness therapy	74/32	-	-	* (p<0/0001)
	metacognitive therapy	68/25	-	-	* (p<0/0001)
	control	34/17	* (p<0/0001)	* (p<0/0001)	-
physical intimacy	Mindfulness therapy	48/35	-	-	* (p<0/0001)
	metacognitive therapy	53/24	* (p<0/0001)	* (p<0/0001)	-
	control	21/06	-	-	* (p<0/0001)
social-recreational intimacy	Mindfulness therapy	61/17	-	-	* (p<0/0001)
	metacognitive therapy	69/12	* (p<0/0001)	* (p<0/0001)	-
	control	31/45	-	-	* (p<0/0001)
communicative intimacy	Mindfulness therapy	76/35	* (p<0/0001)	* (p<0/0001)	-
	metacognitive therapy	72/16	-	-	* (p<0/0001)
	control	35/11	* (p<0/0001)	* (p<0/0001)	-
spiritual intimacy	Mindfulness therapy	72/21	* (p<0/0001)	* (p<0/0001)	-
	metacognitive therapy	68/23	-	-	* (p<0/0001)
	control	37/44	* (p<0/0001)	* (p<0/0001)	-
psychological intimacy	Mindfulness therapy	87/56	* (p<0/0001)	* (p<0/0001)	-
	metacognitive therapy	83/45	-	-	* (p<0/0001)
	control	41/32	* (p<0/0001)	* (p<0/0001)	-
Sexual intimacy	Mindfulness therapy	85/16	* (p<0/0001)	* (p<0/0001)	-
	metacognitive therapy	84/15	-	-	* (p<0/0001)
	control	46/67	* (p<0/0001)	* (p<0/0001)	-

clients after 4 months of the end of the treatment and the results are expressed here.

According to **table 7**, Client Satisfaction Questionnaire score by adding the scores of the individual questions of 28 people is the total mean of 49% for grade 3 and 27% for grade 4 and it means that after 4 months of treatment, 49% of clients be-

lieved that received counseling services were useful and good and 27% of the clients were highly satisfied with the intervention. Since percentage points were higher than the median, it represents the clients' satisfaction. Overall, satisfaction of clients from counseling services indicates the sustainability of intervention.

Table 7. Client satisfaction follow-up results after 4 months of receiving the eight session of family counseling

	Question	1	2	3	4
1	How would you grade the quality of medical/counseling service?	weak	average	good	great
	Number/percentage	-	7 people/ 20%	16 people/ 58%	5 people/ 17%
2	Did you receive the service you wanted?	Definitely, no	Not as expected	In general, yes	Certainly, yes
	Number/percentage	-	4 people/ 14%	18 people/ 65%	6 people/ 21%
3	How much did consultation/treatment service meet your needs?	None of my needs are met.	Some of my needs are met.	Most of my needs are met.	Almost all of my needs are met.
	Number/percentage	-	9 people/ 32%	19 people/ 68%	-
4	Would you recommend our program to a friend who has a similar problem?	Definitely, no	No, I don't think	I think, yes	Certainly, yes
	Number/percentage	-	-	10 people/ 35%	18people/ 65%
5	How much are you satisfied with the assistance you received?	Completely dissatisfied	Indifferent or less satisfied	More satisfied	Very satisfied
	Number/percentage	-	7people/ 25%	18people/ 65%	3people/10%
6	Did our services help you to be more successful in doing your life plans?	No, I think it made things worse	.No, it really did not help	Yes, it helped	Yes, it helped very much
	Number/percentage	-	-	22people/ 79%	6people/21%
7	In general, how much are you satisfied with the services received?	Completely dissatisfied	Indifferent	Somehow satisfied	Very satisfied
	Number/percentage	-	-	21people/75%	7people/25%
8	Would you refer to us if you had a problem again?	Definitely, no	No, I don't think	I think, yes	Certainly, yes
	Number/percentage	-	-	6people/21%	22people/79%
	Quantitative scale	1	2	3	5
	Total mean of percent	-	24%	49%	27%

Discussion

The results confirm the hypothesis that family therapy based on meta-cognitive therapy is effective in marital intimacy and the results are consistent with the principles of metacognitive theory (Wegner, Schneider, Carter and White, 1998, Flavell, 1979; Wells & Papageorgiou, 1998). About the explanation of the effect of the metacognitive effect on the increase on couples' intimacy, it can be said that metacognitive therapy has been used to solve communicative problems and it has had a significant effect on increasing couples' intimacy, because metacognitive therapy has worked on specific issues such as specific strategies to control thought, intellectual ruminating and emotions and coping strategies for people who have problem. In couple's communicative problems, dealing with emotions that are dominant in their relationship is so important and meta-cognitive approach focuses on the feelings and emotions are one of the most important factors influencing the increase of intimacy in the relationship. The use of this approach to reform couples' emotion processing and improve the emotional, intimacy and communicative skills of couples can be effective. This is in line with previous researches conducted by Halford, Sanders and Behrens (2001), Markman (1981), Fincham, Paleri, Recalia (2002), Khoshkam (2006), Shafie Nia (2002).

It can be said that during meta-cognitive treatment, clients were actively participated and they could express their opinions clearly and express themselves. When a person changes emotionally in the relationship, s/he can make change in another person. For example, when a man changes and goes from a non-motional position towards a more flexible stance in expressing emotions, the woman will respond more friendly. One of the major objectives of meta-cognitive therapy is that people see problems differently, i.e. consider themselves apart from problems so that they can evaluate their

thoughts better. Certainly, the use of this mode of thinking and externalizing problems is effective in different aspects of communication such as intimate relations, responsibilities, love, sexual jealousy and other areas and causes the fighting and blaming each other to be less and couples become more intimate with each other.

The results confirm the hypothesis that family therapy based on mindfulness therapy is effective on marital intimacy and the results are consistent with the principles of mindfulness theory of Schwartz (2004). Hope and forgiveness are effective strategies for reducing family conflicts. These are two modern approaches for resolving marital conflicts. Merging hope-and forgiveness-focused interventions can be used to decrease irrational marital beliefs among couples (Navidian & Bahari, 2013).

It should be said that mindfulness, which means living in the present and in the moment, is very effective in reducing marital burnout. The effect of this variable is in the sense that it enables them to be aware of their strengths and weaknesses and their common life and this awareness, as described by Burpee and Langer (2005) created a conceptual coordination for couples and enables them to evaluate and reevaluate their common life and its problems and this has a significant effect on raising marital satisfaction and intimacy. This is consistent with previous research conducted by (Burpee and Langer, 2005; Guttman, 1994, Buunk & Mutsaers, 1999; Buss, 1999; Kim, Martin & Martin, 1989; Nemechek & Olson, 1996). Findings have cultural and religious explanations because Islamic texts always order women to be obliged to their men in all conditions (Navidian & Bahari, 2014).

For explaining this finding, it can be said that people with high mindfulness can create a dynamic and flexible environment in their life, due to being dominant over time and not being afraid of changes (Burpee & Langer, 2005). This dynamic and flexible environment prevents the growth of chronic con-

flicts and long-term psychological and emotional problems, psychological conflicts that are causing a chain of further problems. The important point is that people with high mindfulness pay attention to their wife's points of views and theirs and this can be used as a tool to keep relationships dynamic and prevent coldness. Langer (1989) argues that in a mindfulness relationship, beliefs and attitudes of an individual or a relationship are more exchangeable and malleable. This mindfulness sensitivity creates sustainable effect on couples to solve problems with respect, warmth and empathy. People with high mindfulness not only are aware of their internal and external situations, but also are highly aware of changes in appearance and behavior of their spouse. This awareness of change creates sympathetic attention associated with intimacy.

Limitation of this study is that it was conducted in a short period and there was no time for follow-up stage, which can affect decision about results in the long term and also there is no information about the sustainability of the treatment results. About the lack of treatment results' follow-up, it should be said that since subjects were divorce clients, they changed their location or they got remarried after the end of the period of legal divorce and they were not willing to continue cooperation. In general, after doing a big a big effort, the researchers could not receive the follow-up test from all participants in the treatment and the sample loss in the follow-up stage made the investigation of follow-up results in the statistical analysis impossible, but the satisfaction of participants who filled the follow-up test was studied. Another limitation is that 68% of the study population consists of women and gender should be considered in generalizing results to population. Also, since the population of the study included divorce applicant clients, the specificity of the population should be taken into account in generalizing the results to other mem-

bers of society. Another limitation is that since pre-test was performed on divorce applicant couples, completion of questionnaire was difficult due to their stress and tension.

Conclusions

Summary of this study is that having an efficient model, divorce can be reduced by intimacy, efficacy of treatment and intervention can be increased in marital disputes, and the risk of divorce can be reduced, which is unfortunately increasing today. Because when couples get aware of the aspects of intimacy in terms of metacognition and mindfulness, both their insight and intimacy with grow and also, they will be more predictable for each other and it may bring different perceptions, different marital conflicts to a minimum.

In addition to being used for incompatible couples with low intimacy, the results of this study have many benefits for family counselors in the stage of pre-marriage, marriage and divorce. Family therapists should not neglect the importance of intimacy and should use this model to help divorcing couples and thereby increase the effectiveness of their treatment.

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