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Comparison of the Effect of Cognitive Behavioral Therapy and Emotion-Focused Therapy on psychological well-being in Married Female Victims of Domestic Violence

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Abstract

Background: Female victims of domestic violence are not in a favorable situation in terms of psychological and emotional components.

Objective: The present study aimed to compare the effectiveness of cognitive-behavioral (CBT) and Emotion-Focused Therapy (EFT) therapies in psychological well-being in married female victims of domestic violence.

Methods: This quasi-experimental study was conducted based on a pretest-posttest control group design with a follow-up period. The statistical population included all female victims of domestic violence who were referred to counseling centers in Tehran in 2019, among whom 60 subjects were selected by purposive sampling and allocated to three groups (n=20 in each group). Haj-Yahia's Questionnaire of Violence against Women and Ryff's Psychological Well-being Scale (1989) were used to collect the needed data. The experimental groups underwent CBT (8 sessions of 90 minutes) and EFT (8 sessions of 90 minutes). Data were analyzed using a repeated measures analysis of variance.

Results: The results pointed out that both CBT and EFT were effective in increasing psychological well-being in married female victims of domestic violence (P<0.005) and this effect was lasting over time. Nonetheless, there was no significant difference between these two methods in terms of increasing psychological well-being in married female victims of domestic violence.

Conclusion: Considering the effectiveness of cognitive-behavioral (CBT) and Emotion-Focused Therapy (EFT) therapies on psychological well-being in married female victims of domestic violence, it is recommended that psychologists, therapists, and counselors, after undergoing the necessary training, use these therapies to Reduce the psychological problems of this vulnerable group.

Keywords: Cognitive Behavioral Therapy, Domestic Violence, Emotion-Focused Therapy, Psychological well-being

Introduction

In 1948, the United Nations issued the Universal Declaration of Human Rights which includes the right to live without violence and discrimination. Universally listed rights are impenetrable, independent of personal characteristics, and irreversible. Although the term "life without violence" appears in this document, many people, especially vulnerable populations, such as women, continue to live in violent conditions (1). Violence against women is any form of gender-related violence that leads to physical, sexual, or psychological harm in women. It also refers to compulsory deprivation of individual or social freedom among women (2). Domestic violence against women is one of the problems that affect the lives of many women in different social classes and groups. Although domestic violence usually occurs in family privacy, it affects all aspects of women's lives. Violence against women severely threatens and impairs the quality of life of women and their children, their ability, independence, and productiveness of their normal lives (3). The results of a study by Ahmadi et al. on 1,189 married women aged 15 and over in Tehran demonstrated that 35.7% of these women had experienced domestic violence, including physical (30%), psychological (29%), and sexual violence (10%) (4).

Women, victims of domestic violence, are exposed to various psychological risks, including decreased energy levels, feelings of sadness, frustration, concerns about the future, isolation, negative thinking, pessimism, sleep disorders, as well as reduced risk tolerance, adaptability, happiness, and well-being (5; 6). The widespread prevalence of these problems in female victims of domestic violence has highlighted the necessity of seeking effective solutions for dealing with them. Considering that female victims of domestic violence run a high risk of psychological harm, intervention is of particular importance in the promotion of the psychological

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well-being of this group (7). Psychological well-being which is one of the issues related to positive psychology can play an important and effective role in the occurrence of other cognitive, emotional, and mental aspects due to its relationship with other positive human characteristics. Subjective well-being can represent one's assessment of his/her life process and direction, which includes the individual's view and attitude of life satisfaction, which implies how people evaluate their lives and includes variables such as life satisfaction, mood, positive emotions, and lack of anxiety and depression (8).

Considering the conditions of the victims of family violence in society, couples demonstrate a lower level of psychological well-being due to stressors and challenges in marital life (9). Every person in his/her social life has critical needs that, if not met, can bring about negative consequences for his/her psychological well-being (10). The increasing rate of marital disputes, followed by the incidence of violence against women, as well as divorce and its negative effect on the mental health of couples, children, and society, have prompted researchers to seek ways to strengthen marital relationships and family institutions (11). According to the research background, various interventions and treatments have been carried out to help female victims of domestic violence, one of which is cognitive-behavioral interventions. In this particular method, the psychotherapist tries to turn the big problem into smaller components and this helps the person to scrutinize the problems and how it affects life better.

Subjects in this therapeutic approach judge, evaluate, interpret, and interpret events, their feelings, as well as measures and responses. The implementation of the cognitive-behavioral therapy approach can be useful since it enhances people's insights (12). Therefore, these interventions can help women, especially female victims of domestic violence, to improve their psychological well-being. Newman (1), for example, pointed out that cognitive-behavioral group therapy was effective in the mental health of female victims of domestic violence. In the same context, Chermchi et al. (13) indicated that group cognitive behavioral therapy reduces anxiety and increases psychological resilience in women.

One of the other interventions that can be effective in helping female victims of domestic violence is emotion-focused therapy. This treatment, which is a combination of experimental and systemic therapy, is closely related to the reduction of psychological problems in people. In this oscillating and experimental therapy, the therapist's focus is not only on informing the subjective content that has been denied or distorted by the therapist but also on creating a new meaning influenced by the therapist's body experience (14). The components of focusing on positive emotions, emotional regeneration, and finding new meanings for better communication with others are used in this treatment method. They are ultimately associated with more psychological well-being since they lead to changes and correction of negative emotions (15). It can be claimed that emotion-focused therapy is a combination of experience-oriented approaches (due to an emphasis on how to actively process and organize experiences, empathy, acceptance, and purity of the therapist, lack of pathological perspective, the interaction of internal and external realities with each other, as well as an emphasis on the role of emotions as a link between the system itself and the correction of emotional experiences), systemic (due to an emphasis on weaving power, process and construction concepts, negative and inflexible interactive cycles as reproductive and self-preserving cycles, and emphasis on annular causality), and Bowlby's attachment theory (16).

As a result, this method of treatment can also be used to promote psychological well-being. Some studies have investigated the effectiveness of each of these two treatments. For instance, Zabihi Valiabad et al. (17), in their study entitled "The Effects of Group Cognitive Behavioral Therapy on Hardiness among Female Victims of Domestic Violence" indicated that cognitive-behavioral group therapy was effective in hardiness and quality of life among female victims of domestic violence. Along the same lines, Latif et al. (18) assessed the impact of trauma-focused self-learning with a cognitive-behavioral approach for female victims of domestic violence in Pakistan and reported significant statistical differences after intervention in secondary outcomes in favor of intervention. In a similar vein, Murphy et al. (19), in their study entitled "Individual and Group Cognitive Behavioral Therapy for Men with Partner Violence" found an average effect for physical attack, emotional abuse, and regulation of relationships with a partner.

The effectiveness of treatments, such as emotion-focused therapy, which is a form of cognitive-behavioral therapy in which the main factors of emotional schema processing, such as cognitive-behavioral and emotional factors, are the main therapeutic target of treatment (20), has been repeatedly approved in the treatment of emotional disorders among couples. For instance, PourMohamad Ghouchani et al. (21) investigated the effectiveness of emotional couple therapy. Improving marital satisfaction and decreasing the tendency to extramarital relationships in women affected by domestic violence showed that after adjusting the pre-test scores between the two experimental and control groups, there was a significant difference in the variables of marital satisfaction and tendency to extramarital relationships.

Nevertheless, comparing the two treatments, only a safe and fascinating research (22), which compared the effectiveness of emotion-focused, cognitive-behavioral, and cognitive-behavioral-emotional

couple therapy in the course of changing couples' marital satisfaction and women's depression pointed out that all three methods were effective in increasing marital satisfaction and reducing depression scores. Emotional-behavioral cognitive couple therapy is a combination of both treatments both during treatment and in treatment.

Due to the increasing rate of domestic violence against women and the research gap in comparing the CBT and EFT, the researcher aimed to address this issue. It is worth noting that CBT and EFT are used since they are based on different psychological and philosophical traditions. The traditions of CBT are based on logical, empirical, intellectual, and cognitive proof-proving assumptions (23), while the traditions of EFT are based on interpersonal, emotional, and process assumptions (16). Based on this difference and explanation of the treatment method, better comparisons of performance results can be obtained. Another reason for choosing this comparison was to compare emotion-focused therapy in conditions controlled by standard cognitive-behavioral therapy among female victims of domestic violence. It is necessary to implement the treatments that are often performed as couple therapy on these women alone and benefit from the results in subsequent research.

Objective

Therefore, considering the aforementioned issues and a research gap in the treatment of female victims of domestic violence, the present study aimed to compare the effectiveness of CBT and EFT in psychological well-being in married female victims of domestic violence.

Methods

This experimental study was conducted based on a pre-test-post-test control group design with a follow-up period. The statistical population of the study included all 127 female victims of domestic violence referred to family counseling centers in Tehran in 2019. The participants were selected via purposive sampling from two counseling centers in Tehran considering the inclusion and exclusion criteria of the research. The inclusion criteria were as follows: a higher-than-average score in domestic violence questionnaires against women, a low score in psychological well-being questionnaire, being married, a minimum of three years of married life experience, the age range of 25-40 years, and informed consent to participate in the study. On the other hand, the exclusion criteria were remarriage, absence in treatment sessions, and unwillingness to continue participation in the study.

After the selection of eligible subjects and their random allocation to experimental and control groups (n=20 in each group), the first experimental group underwent cognitive CBT, the second experimental group underwent EFT, and the control group was placed on the treatment waiting list. Three, two, and five subjects from the control, CBT, and EFT groups, respectively, were excluded from the study until the end of the treatment sessions. To equalize the size of the groups, the other two groups were reduced to 15 subjects in each group.

After completing the training sessions, the experimental and control groups were tested in the same conditions, and two months later, the subjects were evaluated in the follow-up phase. After collecting the pre-test data, post-test and follow-up data were analyzed by a repeated measure analysis of variance (ANOVA) test. One of the ethically observed principles is informed consent and non-violation of the rights of the participants in the research observance of human rights and confidentiality of the results of their research. Furthermore, after completing the training sessions on the educational groups and performing post-test and follow-up, the treatment sessions were administered intensively to observe the ethical principles of the control group. The following instruments were used to collect data:

Haj-Yahia's questionnaire of Violence Against Women (1999): The Haj-Yahia's questionnaire of Violence against Women consisted of 32 items and 4 factors: the first factor, which included items 1-16, measures psychological abuse; the second factor, which includes items 17-27, assesses physical abuse; the third factor, which includes items 28-30, evaluates sexual abuse, and the fourth factor, which includes items 31 and 32, measures economic abuse. All items are rated on a four-point Likert scale, ranging from 1-4 (1: never, 2:once, 3:twice, and 4:more than twice). The Cronbach's alpha coefficients for the four factors of the Haj-Yahia's questionnaire were 0.92, 0.93, 0.86, and 0.71, respectively. In a study by Amiri Shamili (25), the validity of the questionnaire was obtained through face validity so that the questionnaire for measuring violence against women was translated by the researcher and its validity was confirmed by several expert professors. In the mentioned study (25), Cronbach's alpha coefficient was used to calculate the reliability and its value was 0.86. In the present study, the reliability of this tool was obtained using Cronbach's alpha 0.86, and the face validity was confirmed by some professors.

Ryff's Psychological Well-Being Scale (1989): This questionnaire consists of six subscales and each has 14 items that measure the psychological well-being dimensions, including self-acceptance, environmental dominance, positive relationships with others, purpose in life, individual growth, and independence (26). The items of this scale are rated from 1 (opposite) to 5 (completely agree). Several questions in this questionnaire are scored inversely. Ryff et al. (27) performed this test on a sample of 321 subjects to normalize psychological scales and reported the

similarity coefficients of 0.93, 0.91, 0.76, 0.90, 0.90, and 0.87 for the subscales of self-acceptance, positive relationships with others, autonomy, the dominance of environment, purposeful life, and individual growth. Expressive et al. (28) reported the reliability coefficients of 0.82, 0.71, 0.77, 0.78, 0.77, 0.70, and 0.78 for the subscales of self-acceptance, positive relationships with others, autonomy, the dominance of environment, targeted life, and individual growth, respectively. In this study, the reliability of this tool was obtained rendering Cronbach's alpha coefficients of 0.81, 0.74, 0.76, 0.74, 0.78, 0.79, and 0.77 for the subscales of self-acceptance, positive relationships with others, autonomy, the dominance of environment, purposeful life, and individual growth, respectively.

The content of Cognitive Behavioral Therapy Sessions (CBT): The content of sessions based on CBT was administered according to the protocol prepared in the form of a group schedule of eight 90-min sessions held on a weekly basis as follows.

Table 1. Cognitive-Behavioral Therapy Protocol, according to the protocol prepared by Kendall (29)

Session	Content
First	Pre-test implementation, familiarity, and introduction of participants providing information about cognitive behavioral therapy, expression, and description of confidentiality principles.
Second	Familiarity with the concepts of thoughts, feelings, behavior, and differences between them, explaining dysfunctional thinking styles, expressing common cognitive errors
Third 0	Rebuilding thoughts
Fourth	Signs and chains, investigation of cause chain, response, outcome, explanation of how outcomes are placed in larger behavioral chains.
Fifth	Daring, defining daring behavior, imagining a difficult situation to have daring behavior.
Sixth	Impulsivity, self-control and mood enhancement, impulse definition, discussion on impulse management, and solutions for greater self-control.
Seventh	Stress management and problem-solving, explanation of stress, stress management, solutions for problem-solving, and muscle relaxation training
Eighth	Discussing the effect of using assertive behavior on the personal and social life of therapists, investigating the changes of formations that occurred during treatment sessions, the difficulty of the therapists' successes, discussing how to stabilize the changes, summing up and implementing post-test

Table 2. Emotion-focused therapy session (30)

Session	Content
First	The first session was defined as the problem from the clients' point of view after the pre-test, introducing the members to each other establishing a good relationship, and expressing some rules of the group, followed by explaining the emotional approach and family functioning to each individual. Moreover, the concepts of loneliness, conflicts, and domestic violence were expressed, and the status of the marital relationship and sexual satisfaction were investigated.
Second	In the second session, an individual meeting was held with female victims of violence, which aimed to discover outstanding incidents, discover information that is not possible in the presence of a spouse, assess the level of commitment to marriage, extramarital relationships, and the trauma of previous personal attachment that influences the current relationships.
Third	In this meeting, interaction patterns, including acceptance of acknowledged feelings, the discovery of attachment insecureness, and self-sufficiency, of female victims of violence were performed. Finally, for the next session, a task was given to identify and note the childhood fears and fears that they now feel.
Fourth	After reviewing the task of the previous session, reconstruction of the initial bond of female victims of violence, including clarifying key emotional responses and expanding the emotional experience to get rid of the loneliness of each of the female victims of violence in the relationship and the emergence of new elements in the experience were expressed. Finally, the task of the next session was to identify their emotional responses now that they recognized their fears.
Fifth	After reviewing the assignments of the previous session, the task of the next session was to deepen the emotional involvement of female victims based on attachment, identify attachment needs, deepen a personal relationship with emotional experience, improve intra-mental state

	and improve the interactive situation; thereafter, the next session was presented based on attachment needs note and their interaction with a spouse.
Sixth	The meeting was taught to find new solutions to old problems, including restructuring interactions, changing behavior, creating harmony in the inner sense of self and relationship, and changing interactions by overcoming barriers to a positive reaction.
Seventh	In this session, after reviewing the task of the previous session, the use of therapeutic achievements in daily life includes staying on the line of treatment and not leaving it, coordinating new situations created and the task of the next session on identifying and memos of intimacy factors were presented.
Eighth	In this session, after reviewing the task of the previous session, emotional involvement was maintained to continue strengthening the attachment between them and assessing how new meanings create a new self. Summary and presentation of the materials taught in previous sessions, stabilization of new self and generalization to future events, and finally, presenting the twelfth summation of previous sessions and post-test implementation on both experimental and control groups in the same conditions.

To analyze the data, descriptive statistics, including mean indexes, standard deviation, charts, and tables, and at the inferential level, after the confirmation of assumptions, repeated measure ANOVA and Bonferroni post-hoc test were utilized to test the research hypotheses. The data were analyzed in SPSS software (version 23), and the internal consistency method (Alpha Cronbach) was used to determine the reliability of the questionnaires.

Results

The mean age of the subjects in the CBT, EFT, and the control groups were 34.52, 33.74, and 31.11, respectively. Table 3 presents the mean and standard deviation of psychological well-being in experimental and control groups at different stages of the research.

Table 3. Mean and standard deviation of pre-test, post-test, and follow-up of dependent variables in female victims of domestic violence by groups

Variable	Stage	CBT		EFT		Control	
		M	SD	M	SD	M	SD
Psychological Well-being	Pre-test	112.13	5.34	111.46	4.25	110.26	6.89
	Post-test	132.80	4.47	130.46	4.65	111.73	7.89
	Follow-up	129.20	4.47	128.00	5.69	111.06	7.52

Table 3. demonstrates the results of the mean and standard deviation of pre-test, post-test, and follow-up psychological well-being by groups. Levene's test was used to assess the same variances between the two groups (experimental and control). The homogeneity of variances means that there should be no significant difference between the variances of the two groups. The results indicated that the research variable had homogeneity and variance. Therefore, it can be stated that the groups in the research variable were homogeneous in terms of variances (P>0.01). Therefore, the default homogeneity of variable score variances was confirmed in experimental and control groups. Before performing the repeated measures ANOVA, the default result of Mauchly's Test of Sphericity for the homogeneity of the covariance matrix of variable scores is presented. Considering the significant level of the Mauchly coefficient, it is observed that the Sphericity default has not been observed; therefore, the Hoyin-Field coefficient was used to interpret the results.

Table 4. Results of variance test with repeated measurements related to within-subject and between-subject effects

Effects	Source	SS	Df	MS	F	P	Eta
Within-subject	Time	9394.41	2	4697.20	1155.05	0.001	0.96
	Time*Group	2007.31	4	501.83	123.40	0.001	0.85
	Error	341.60	84	4.06			
Between-subject	Group	5105.43	2	2552.72	27.06	0.001	0.56
	Error	3961.20	42	94.31			

In Table 4, the results of the analysis of variance are illustrated by repeated measures ANOVA to investigate the within-subject and between-subject effects. Moreover, in the effect of the group, considering the amounts of F and significant levels, there is a significant difference in the psychological well-being variable (P<0.001). The effect size column in the table also shows the effect of treatment on psychological well-being. According to its values, it can be observed that the effect of treatment on psychological well-being was 56%. Furthermore, as displayed in Table 4 which shows an interaction between the group and time (P<0.001), it can be concluded that there is a difference between the pre-test, post-test, and follow-up stages between treatment and control groups in terms of independent variables, the results of which are presented in response to the research hypotheses.

Table 5. Pair comparison of experimental and control groups in assessment stages in psychological well-being variable

Stage	Groups	Mean diff.	Std err.	P
Pre-test	CBT-Control	1.86	2.25	0.41
	EFT-Control	1.20	2.09	0.57
	EFT-CBT	0.66	1.76	0.70
Post-test	CBT-Control	21.06	2.34	0.001
	EFT-Control	18.73	2.36	0.001
	EFT-CBT	2.33	1.66	0.17
Follow-up	CBT-Control	18.13	2.26	0.001
	EFT-Control	16.93	2.43	0.001
	EFT-CBT	1.20	1.87	0.52

According to Table 5, it can be observed that there is no difference between the two groups in the psychological well-being variable in the pre-test stage (P<0.001). Comparing the two groups of CBT and EFT, it is also considered that there is no significant difference between the two groups in both post-test and follow-up stages (P<0.001). It can be stated that there is no difference between the effectiveness of CBT and EFT in the psychological well-being of married female victims of domestic violence.

Discussion

The present study aimed to compare the effectiveness of CBT and EFT in psychological well-being, loneliness, and resilience in married female victims of domestic violence. This quasi-experimental research was conducted based on a pre-test-post-test, control group design with a follow-up period. As illustrated by the obtained results, CBT was effective in the enhancement of psychological well-being. The results of this research are in line with those reported by Zabihi Valiabad et al., (17), Latif et al. (18), and Murphy et al. (19). This finding can be justified on the ground that the psychological well-being of female victims of domestic violence decreases due to the nature of their relationships and also the unpredictability of living conditions. The CBT improves the psychological well-being of female victims of domestic violence.

According to the cognitive model of behavior, what people believe in affects their feelings and behaviors. Patients' knowledge and attitudes also have a significant effect on psychological well-being. Negative cognitions and attitudes about condition control improve psychological well-being in individuals. One of the fundamental principles of the cognitive-behavioral model is the mutual impact and interaction between one's knowledge or beliefs about difficult situations (thoughts), feelings, behaviors, and his/her relationships with others. The cognitive-behavioral approach to female victims of domestic violence, who often have cognitive errors, as well as irrational and destructive beliefs in their lives, has led to an increase in people's awareness of irrational documents and beliefs.

Furthermore, participation in training sessions and doing assignments outside the sessions can correct the wrong beliefs and documents that improve the psychological well-being of patients (31). Cognitive-behavioral training emphasizes the importance of acquiring skills and using these skills. During the training, apart from working on negative thinking, people affected by this training will find the ability to do automatic thinking and reach some kind of self-awareness (32).

The results of this study on the effectiveness of emotion-focused therapy in improving the psychological well-being of female victims of domestic violence were in accordance with the results of a study by Pourmohammad Ghoochani et al. (21). In explaining the results, it can be stated that according to Gilbert (33), people who have experienced trauma (such as domestic violence) may have difficulty experiencing negative emotions. Subjective well-being reflects people's experiences of their life events. Life satisfaction includes positive and negative emotions and experiences in life; therefore, it is not surprising that some experts regard these emotional assessments as the basis of well-informed judgment. Emotional evaluations have a form of emotions and moods (10). Since the emotion-focused approach focuses on emotions, the basis of the treatment is on the self-development and balance of individuals. Moreover, it tries to self-regulate the individual and his/her emotional system through positive self-confidence and extensively uses therapeutic methods to express new emotions in treatment sessions. On the other hand, the emotion-focused method is a combination of humanistic, attachment, and cognitive perspectives, as well as wide and varied strategies, such as cognition, focus on emotions, emphasis on positive emotions, emotional regeneration, finding solutions, and creating new meanings.

One of the assumptions of the emotion-focused approach is that preventing the expression of initial emotions damages the healthy bordering of anger caused by self-respect and mourning when necessary, as well as the fact that adequate and proper processing of unresolved emotions leads to their transformation. Greenberg suggested that during treatment, it is sometimes necessary to encourage clients to express their fantasies about revenge. Some researchers have found that emotion-focused therapy, in which empty-chair conversation is used as the main method of solving unfinished problems, is an effective intervention in the treatment of depression, interpersonal problems, and trauma. Therefore, in explaining the above hypothesis, it can also be argued that running an empty chair and talking with the injured person and imaginary revenge for the harmed person will lead to the release of feelings (34). Since female victims of domestic violence have low levels of self-esteem, accepting these feelings and running empty chairs, in turn, can help them to use positive cognitive emotion regulation strategies. Therefore, it can be stated that this treatment method helps female victims of domestic violence to accept their negative emotions instead of avoiding them and overcome their negative self-outcome thoughts by facilitating effective emotional regulation.

As evidenced by the results of this study, there was no significant difference between the effectiveness of CBT and EFT in psychological well-being. Since no research has compared the effectiveness of these two treatments, nothing can be noted about the alignment or inconsistency of the obtained finding with previous studies. Only Amani and Majzoobi (22) compared the effectiveness of cognitive-cognitive therapy, behavioral emotion, and cognitive-behavioral emotions in the course of changing couples' marital satisfaction and women's depression. The results of the referred study revealed that cognitive-behavioral couple therapy was more effective. In general, participants in CBT and EFT sessions were able to find different solutions to their problems with the help of the therapist, and this collaboration in finding solutions and solving marital problems caused intimacy between them. In a relationship, when romantic expectations are not fulfilled, the feeling of frustration is directly attributed to the spouse, causing the loss of love and commitment, and burnout replaces love. Lack of marital intimacy causes many couples to be frustrated about the continuation of their life and feel a sense of emotional and psychological distance from their spouse.

Training on problem-solving skills and communication skills, identifying negative thoughts, modifying cognitive assessment and replacing negative thoughts with positive thoughts, replacing unhealthy behaviors with healthy behaviors, behavioral techniques, relaxation, and exercises provided to combine learned practices with real-life situations reduced negative emotions and loneliness and caused adaptive coping (5). Considering that the participants of the study were female victims of violence that were somehow damaged, the two treatments had equal efficacy in the variables of the study. The absence of difference between the effectiveness of the two treatments can be attributed to the fact that a part of this effect in both groups is due to the participation of the subjects in group meetings. In this regard, many aspects of both treatment and the effectiveness of the participants have been created merely by attending group therapy and collective feeling. Furthermore, considering that both treatments have been performed only on women without the presence of their spouses, both approaches have not been able to make more fundamental changes due to the lack of intervention in relationships with their spouses and merely by increasing individual awareness and control.

Like other studies, the present research suffers from some limitations. Among other things, the sample was selected from female victims of domestic violence referred to family counseling centers in Tehran; therefore, great caution should be generalized in the generalization of results. In line with the limitations of this study, it is suggested that research be conducted on larger sample size for further generalization. It is also recommended that

future studies be performed on other vulnerable groups, such as women affected by marital infidelity, women with children with various autism disorders, and divorced women, and their results be compared with the results of this study to discuss the effectiveness of treatment methods more accurately and reliably about the psychological characteristics related to health.

Conclusion

Considering the effectiveness of CBT and EFT therapies in psychological well-being in married female victims of domestic violence, it is recommended that psychologists, therapists, and counselors, after undergoing the necessary training, use these therapies to reduce the psychological problems of this vulnerable group.

Acknowledgments

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