Journal of Midwifery & Reproductive Health

JMRH.mums.ac.ir

The Effect of Group Counseling on Emotional Divorce in Married Women: A Randomized Controlled Trial

Zahra Saman (MSc)[1], Maryam Moradi (PhD)[2,3], Jamshid Jamali (PhD)[4], Seyed Ali Kimiaei (PhD)[5]

[1] MSc of Midwifery Counseling, Research Student Committee, Mashhad University of Medical Sciences, Mashhad, Iran
[2] PhD in Reproductive Health, School of Public Health and Preventive Medicine, Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne, Australia
[3] Global and Women's Health, Nursing and Midwifery Care Research Center, Mashhad University of Medical Sciences, Mashhad, Iran
[4] Associate Professor, Department of Statistics, Faculty of Health, Mashhad University of Medical Sciences, Mashhad, Iran
[5] Associate Professor, Faculty of Educational Sciences and Psychology, Ferdowsi University of Mashhad, Mashhad, Iran

ARTICLE INFO

Article type:
Original article

Article History:
Received: 19-Apr-2025
Accepted: 13-Dec-2025

Key words:
Counseling
Emotional Divorce
Group Processes
Marriage
Women

ABSTRACT

Background & aim: Emotional divorce refers to a state where couples live together but lack verbal, physical, and emotional communication. This study aimed to assess the effect of group counseling on emotional divorce in married women at risk.

Methods: This randomized controlled trial with a pre-test/post-test design and a control group was conducted on 60 women attending health centers in Torbat Jam, Iran. The intervention group participated in six 90-minute group counseling sessions on family strengthening, communication and sexual skills, and marital skills, as well as routine care, while control group received routine healthcare services. The Gottman Emotional Divorce Questionnaire was completed before and one month after the intervention. Data were analyzed using SPSS with statistical significance set at P<0.05.

Results: The two groups were homogeneous in terms of demographic and reproductive variables (P>0.05). Emotional divorce scores before the intervention showed no significant difference between the intervention and control groups (10.7±0.3 vs. 10.5±2.5, P=0.916). However, immediately after the intervention (4.7±2.1 vs. 9.7±2.3) and one month later (1.36±0.85 vs. 9.9±2.5), scores in the intervention group were significantly lower than the control group (P<0.001). The likelihood of couples' break up dropped from a moderate level before the intervention to a weak level immediately after and remained at that level at the one-month follow-up in the intervention group.

Conclusion: Group counseling effectively reduced emotional divorce scores, thereby decreasing the likelihood of break up in married women at risk. Implementing such counseling program in health centers may help prevent emotional divorce in married women.

▶ Please cite this paper as:
Saman Z, Moradi M, Jamali J, Kimiaei SA. The Effect of Group Counseling on Emotional Divorce in Married Women: A Randomized Controlled Trial. Journal of Midwifery and Reproductive Health. 2027; 15(1): 1-12. DOI: 10.22038/jmrh.2026.87504.2648

Introduction

Divorce is one of the most significant social and familial challenges, and in recent decades, its incidence has been rising in most countries around the world (1). Iran ranks fourth globally in terms of the divorce-to-marriage ratio (2). However, official divorce statistics do not fully reflect the number of couples who experience failure in their marital relationships, as many of these cases involve emotional divorce. Emotional divorce is a form of family dysfunction in which, despite not legally separating, couples remain together for various reasons but lack love, companionship, and friendship in their relationship (3). It is estimated that one in two marriages enters the stage of emotional divorce, with one of the main contributing factors being the lack of open discussion about this issue and the failure to identify root causes or provide

Corresponding author: Maryam Moradi, PhD in Reproductive Health, School of Public Health and Preventive Medicine, Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne, Australia. Tel: 00989126170450, Email: maryam.moradi.fu@gmail.com

Copyright © 2023 Mashhad University of Medical Sciences. This work is licensed under a Creative Commons Attribution Attribution- Noncommercial 4.0 International License mailto:https://creativecommons.org/licenses/by/3.0/

appropriate interventions (3-4).

In emotional divorce, couples live together without any verbal, physical, or emotional connection, transitioning from a shared "we" identity to isolated "me" identities. They live together in indifference, without seeking legal separation (5-6). Although they share a home, meals, and even trips, emotionally divorced couples become emotionally distant and indifferent to one another, each absorbed in their own affairs (6-7). Over time, following prolonged arguments and emotional disconnection, couples move beyond hostility and hatred into a state of emotional apathy (8). This apathy marks the final stage of emotional interaction, where only their physical bodies remain together without any psychological or emotional connection, increasing the risk of moral, psychological, and social harm (9).

Emotional divorce is considered the first step in the divorce process and reflects a deteriorating marital relationship in which emotional alienation replaces intimacy (6-7). According to the Gottman Emotional Divorce Scale (1995), scores of 0–8 suggest a low likelihood of separation, 8–16 a moderate likelihood, and scores above 16 indicate a high risk of divorce (10). A large proportion of marital problems stem from poor communication skills and a lack of understanding of effective interpersonal dynamics (11). Over 90% of couples who are dissatisfied with their marriage and experience distress cite communication problems, though many fail to explicitly identify communication as the root cause (12). In a study involving 1160 therapists, Asgar and colleagues identified communication issues, unrealistic expectations, and lack of intimacy as the most common sources of marital conflict (13).

A lack of intimacy or feelings of emotional distance are key indicators of relationship distress (12). Young and Long argue that a strong marital relationship requires partners to both communicate and embrace their differences (14). Developing and maintaining intimacy and fulfilling emotional and psychological needs in a marriage requires not only sound mental health and early positive experiences but also rational attitudes, communication and life skills, and a commitment to one's marital responsibilities (15-16).

Group counseling involves structured activities and interaction among group members at a specific time and place, aimed at problem-solving or discussing various issues (17). This two-way process between a counselor and peers seeks to address problems and perceptions and promote better decision-making. Group dynamics increase participants' self-awareness through mutual feedback, often leading to greater insight (18). It is also time- and cost-efficient, helps individuals learn new behaviors, and encourages self-reflection and peer feedback (19). Group counseling also reveals that individual problems are not unique, reducing resistance to therapy (18). Compared with individual counseling, group counseling provides peer support and shared experiences that normalize problems, reduce isolation, and create opportunities to practice communication and emotional expression in a social setting—factors that are particularly beneficial for improving intimacy and reducing emotional divorce (19).

Regarding family therapy, study by Shirzadi et al. (2018) demonstrated that family therapy could reduce emotional divorce and improve quality of life (20). Rashidi et al. (2022) showed that acceptance and commitment-based group therapy, focusing on managing fear of intimacy (fear of emotional closeness), helped couples endure difficult emotions and align their behaviors with values like emotional closeness, ultimately improving marital intimacy (21). Nevertheless, despite these findings, the applicability and effectiveness of group counseling to address emotional divorce among women at risk have not yet been clearly recognized.

Midwife counsellors can help prevent psychological and sexual harm by providing information, guidance, and emotional support to couples, assisting them in identifying and analysing problems and making appropriate decisions. According to Article 5, Note 11 of the Description of Midwifery Duties in Healthcare Institutions , midwives are authorised to provide sexual and marital counseling, as well as counseling related to divorce (22). Given the rising divorce rate and its adverse effect on families and society, there is a growing need for preventive interventions aimed at strengthening family relationships by enhancing

communication, intimacy, and essential sex skills. In light of the limited availability of educational and counseling programs within Iran's primary healthcare system and the absence of prior studies specifically examining such interventions in relation to emotional divorce among women at risk this study was designed to evaluate the effect of group counseling on emotional divorce in married women at risk of emotional divorce.

Materials and Methods

This randomized controlled trial study employed a pre-test/post-test control group design and was conducted between March 2020 and January 2021 among women attending comprehensive health service centers in Torbat Jam city, Northeast Iran.

Using multi-stage sampling, two comprehensive health centers were randomly selected from five in Torbat Jam. From each, three health centers were conveniently selected based on patient volume and suitability for educational sessions. This convenience-based selection aimed to ensure adequate participant recruitment and provide an appropriate setting for implementing the group counseling intervention while maintaining methodological feasibility. The six selected health centers served populations with relatively similar demographic and healthcare characteristics. To prevent cross-contamination, the six centers were randomly allocated to either the intervention group (three centers) or the control group (three centers). Following random allocation, the main researcher visited each center on one designated day per recruitment cycle, allocating equal time for recruitment at each center. Recruitment continued until 60 eligible women had been enrolled, with 30 participants in each study group. Since the main researcher conducted the intervention, there was a potential risk of performance bias. To minimize this risk, data analysis was performed by an independent researcher who was blinded to the group assignments.

Inclusion criteria included: Iranian and literate women aged between 18 and 44 years, who were willing to participate in the study. They were required to be in their first marriage, living with their husband, and to have been married for at least one year. Participants had to be at moderate risk of emotional divorce, as indicated by a Gottman Emotional Divorce Questionnaire score between 9 and 16. Additionally, they had no physical or psychological illnesses that could hinder learning, such as infertility, diabetes, cardiac or neurological disorders, hormonal imbalances, menopause, kidney or liver failure. They also had no history of diagnosed mental illness, no use of alcohol or drugs, no use of antidepressant or anti-anxiety medications, and no prior participation in communication or sexual skills workshops. Exclusion criteria during the study included: experiencing a major stressor (such as bereavement or crisis), unwillingness to continue participation, or missing more than one counseling session.

Based on study by Shirzadi et al. (2018) (20), where the emotional divorce scores were 4.36±2.2 (intervention) and 8.46±2.84 (control), with 1% error and 99% power, the required sample size was 21 per group. To account for possible attrition and enable parametric testing, the final sample size was set at 30 per group. A total of 88 women were assessed, of whom 28 were excluded (18 did not meet criteria, 10 declined to participate prior to random allocation due to lack of interest or scheduling conflicts.). To ensure high participant retention, efforts were made to prioritize participant convenience by scheduling sessions at accessible times and emphasizing the value of the intervention for marital improvement. While no participants fully dropped out of the study, some missed up to one session. To maintain consistency, participants who attended at least five of the six sessions were included in the analysis.Sixty participants completed the study with no dropouts (Figure 1).

$$\boldsymbol{n} = \frac{\left(z_{1-\frac{\alpha}{2}} + z_{1-\beta}\right)^2 (\sigma_1^2 + \sigma_2^2)}{(\mu_2 - \mu_1)^2} = \frac{(2.58 + 2.33)^2 (2.20^2 + 2.84^2)}{(4.36 - 8.46)^2} = 21$$

The intervention group attended six 90-minute group counseling sessions, held twice weekly. Counseling sessions were conducted by the main researcher (first author), a Master's student in Counseling in Midwifery , an experienced midwife who completed courses in sexual health counseling, communication life

skills, and marital conflict resolution counseling. The researcher received specific training and guidance from co-supervisor, a clinical psychologist and academic specialized in couple therapy, to ensure proper preparation and delivery of the sessions. Sessions incorporated a variety of teaching methods, including planned lectures, group discussions, question-and-answer segments, and role-playing, with time allocated at the end of each session for reviewing key points and addressing participant questions. Counseling sessions were conducted in small groups of 6–8 participants to optimize interaction, engagement, and peer learning. Additionally, up to 30 minutes were dedicated for individual consultation to provide personalized guidance and support. The sessions were held in a supportive and safe environment, designed to facilitate open discussion and active participation.

The counseling content was prepared by the main researcher under the supervision of academic counselors and based on a thorough review of authoritative books and resources, including works by John Gottman, Bagherian, Beheshti, Shafiabadi, and others on marital communication, conflict resolution, and self-knowledge in marital relationships. The content validity of the counseling materials was approved by three subject matter experts and necessary revisions were incorporated to ensure scientific rigor. The six main counseling sessions covered the following topics and activities:

Session 1: Introduction, establishing initial communication, pre-test implementation, and familiarization with the principles and goals of the sessions. Topics included the definition and importance of communication in marital relationships, establishing effective communication, the goals of marriage from a religious perspective, and psychological differences between men and women. The session also addressed self-awareness, understanding one's spouse, and sexual knowledge including anatomy and physiology. Assignments were presented, and feedback was provided.

Session 2: Review of assignments, introduction to the cycle of awareness, techniques for organizing and applying the cycle, self-talk strategies, and speaking skills. Participants were taught to speak for themselves using awareness-based techniques. Communication skills were introduced, including speaking, listening, and socializing from both the speaker's and listener's perspectives. The session also addressed inappropriate verbal interactions (e.g., argumentative, insulting, or humiliating language), self-awareness skills, and non-verbal communication, such as eye contact and posture. Assignments were presented and feedback was provided.

Session 3: Focus on listening skills, including the advantages of active and responsive listening and attention skills. Participants practiced listening to their spouse using the listening circle technique. Emotional interaction techniques were taught, emphasizing empathy, attachment, love, trust, patience, and positivity. Assignments were given and feedback was collected.

Session 4: Gender differences and sexual phases were discussed, along with the sexual needs of men and women and sexual hygiene. Sexual skills training was introduced.

Session 5: Strategies for improving sexual relations were presented, including the importance of intimacy in religious texts and factors that hinder satisfying sexual relationships. Tips for improving intimacy were shared, along with an overview of common conflicts and conflict resolution patterns. Participants learned collaborative conflict resolution techniques. Tasks from the previous session were reviewed, and new topics were introduced, such as formal vs. informal conversation, domineering or sarcastic speech, and reactive listening. Assignments were provided and feedback was collected.

Session 6: Evaluation of couples' communication patterns and common obstacles. Effective communication strategies were taught, including the "love bank" concept and emotional investment techniques. Participants practiced expressing feelings and empathy, recognized caring behaviors, and learned tools for managing negative emotions such as anger. Exercises were introduced for expressing anger in healthy ways and addressing hidden expectations and emotional sensitivities. The session concluded with strategies for breaking negative interaction patterns, improving relationship satisfaction, and a summary of all session content.

Adherence to the intervention protocol was ensured using structured session plans and checklists to confirm that all six sessions were delivered accurately and consistently. The control group received routine care and, after the study, an educational booklet covering the same content.

Data were collected using a demographic and obstetric questionnaire and the Gottman Emotional Divorce Questionnaire (1995). At the beginning of the study, all questionnaires were completed by the participants with the help of the researcher. The demographic and obstetric questionnaire included clear and objective items and was developed based on frequently use items in the similar studies with advice of academics in relevant fields including midwifery and reproductive health as well as psychology. Given the importance of communication and sexual skills in marital life and emotional divorce, six researcher-developed questions were added to assess women's knowledge of communication and sexual issues, the quality of their emotional and sexual relationship, overall communication, and the level of intimacy with their spouse. The frequency distribution of responses in the control and intervention groups was examined to confirm baseline homogeneity. The content validity of the demographic tool and the six additional questions was evaluated through expert review. Each form was developed based on a review of the latest literature in the field and under the supervision of academic advisors. The questionnaires were then assessed by seven faculty members from Mashhad University of Medical Sciences, and their feedback was incorporated to finalize the tools used in the study.

The Gottman Emotional Divorce Questionnaire was administered at three time points before the counseling intervention, immediately after the last session, and one month later. The Emotional Divorce Questionnaire, originally developed by Gottman (1995) and later translated into Persian by Jazayeri (2008), consists of 24 items. The Gottman scale is a widely used tool for assessing emotional divorce and includes 24 statements addressing various aspects of life, to which participants respond with either "yes" or "no". Each question is scored dichotomously, with 'yes' responses receiving a score of 1 and 'no' responses receiving a score of 0. Total scores range from 0 to 24, with higher scores indicating a greater likelihood of emotional divorce. Specifically, scores of 0–8 suggest a low probability, 9–16 indicate a moderate probability, and 17–24 reflect a high probability of emotional divorce (Gottman, 1995). In the study by Kamalabadi et al. (2017), the content and face validity of this instrument were reviewed and approved by five experts in the field (20). Additionally, the content validity of the tools was assessed by 7 to 10 faculty members at Mashhad University of Medical Sciences. In the present study internal consistency reliability of the questionnaire was confirmed with a Cronbach's alpha of 0.87.

Data were collected and analyzed using descriptive and analytical methods. Descriptive statistics compared demographic and background characteristics between intervention and control groups to assess group homogeneity. The Shapiro-Wilk test assessed normality. Independent t-tests and Mann-Whitney U tests were used for normally and non-normally distributed quantitative variables, respectively; Chi-square and Fisher's exact tests were used for nominal variables. Intragroup comparisons were performed using repeated measures ANOVA and Friedman tests. This approach allowed examination of time effects, group differences, and their interaction, providing a comprehensive understanding of changes over time. Data were analyzed using SPSS version 16, with significance set at $P<0.05$.

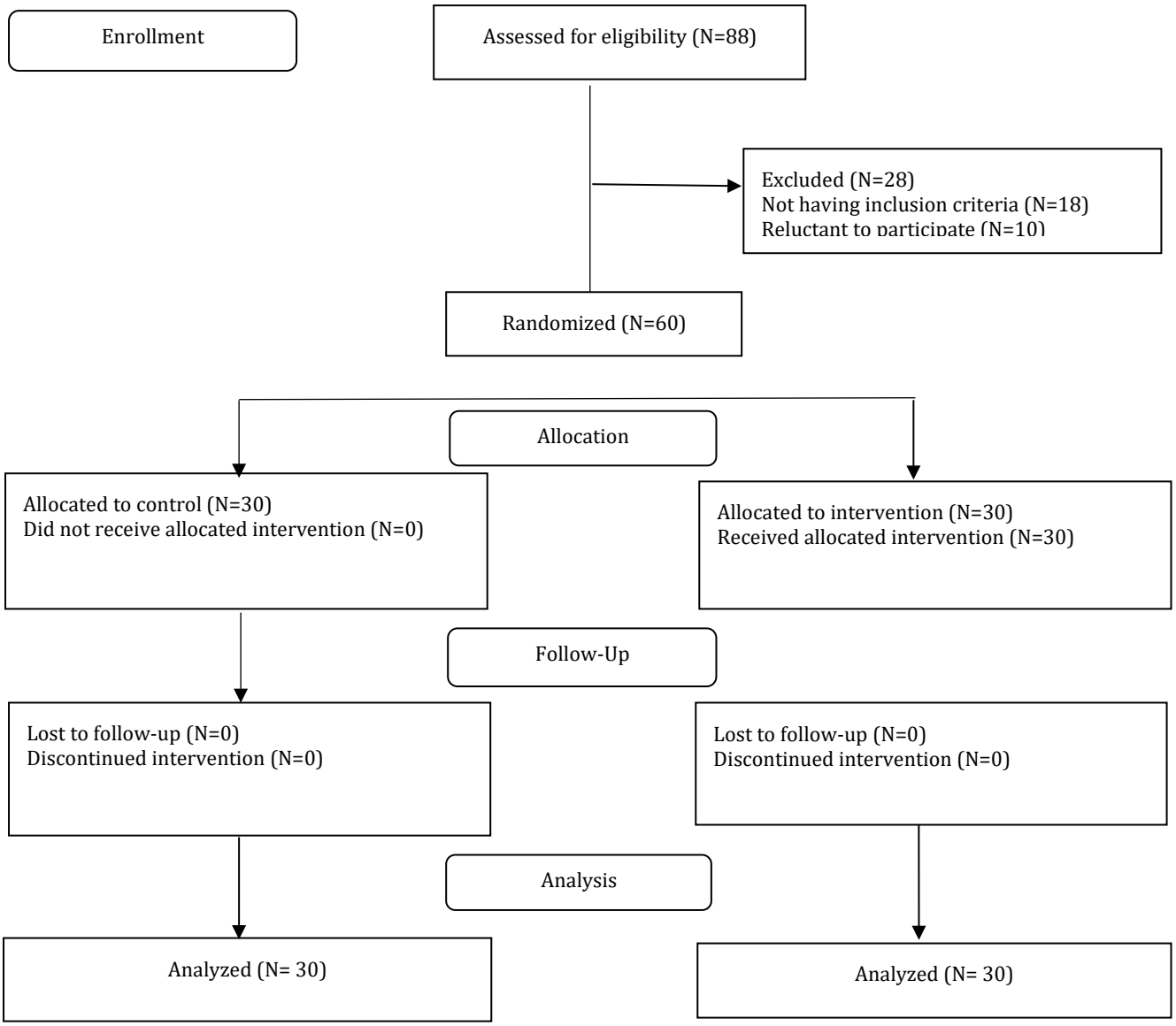


Figure 2. Trend Flowchart of the study

Results

The results of this study showed that the mean age of participants was 32.5 ± 7.9 years in the intervention group and 29.6 ± 4.8 years in the control group. There were no statistically significant differences between the two groups in terms of demographic, socio-economic, and reproductive variables (Table 1).

In terms of relationship quality, 63.3% of couples in the intervention group and 50% in the control group reported having a good emotional relationship. Regarding sexual relationships, 43% of the intervention group and 50% of the control group rated it as good. Overall, 53.3% of participants in the intervention group and 50% in the control group described their general relationship with their spouse as good. Moderate intimacy levels were reported in 56.7% of the intervention group and 50% of the control group. No statistically significant differences were

found between the two groups in terms of emotional relationship (P=0.224), sexual relationship (P=0.401), overall relationship quality (P=0.506), and intimacy (P=0.443). In terms of communication skills, 17 participants (56.7%) in the intervention group and 15 participants (50%) in the control group had moderate knowledge, with no significant difference between the groups according to Fisher's exact test (P=0.173) (Table 2).

Table 1. Demographic characteristics of participants in control and intervention groups

Variables	Group		P- Value
	Control (N = 30)	Intervention (N = 30)	
	Mean ± SD Median (Q1, Q3)	Mean ± SD Median (Q1, Q3)	
Age (years)	29.6 ± 4.8 30.0 (26.0, 32.0)	7.9±32.5 33.0 (26.0, 37.5)	0.093*
Husband's age (years)	4.4±33.9 34.0 (31.5, 35.5)	8.8±36.7 38.5 (29.5, 43.5)	0.131*
Years since marriage	3.8±9.0 10.0 (6.5, 10.5)	8.1±12.5 12.0 (5.0, 18.5)	0.159**
Age at marriage (years)	20.3 ± 3.1 20.0 (18.0, 21.0)	20.5 ± 4.7 20.0 (17.0, 22.0)	0.847*
Husband's age at marriage (years)	24.0 ± 3.1 24.0 (22.0, 25.5)	24.9 ± 4.6 24.5 (21.5, 26.0)	0.629**
Number of pregnancies	2.0 ± 0.9 2.0 (1.5, 2.0)	2.2 ± 1.3 2.0 (1.0, 3.0)	0.555**
Number of deliveries	1.8 ± 0.8 2.0 (1.0, 2.0)	2.2 ± 1.3 2.0 (1.0, 3.0)	0.277**
Number of children	2.0 ± 1.5 2.0 (1.0, 2.0)	2.1 ± 1.3 2.0 (1.0, 3.0)	0.623**
Variable	**Control (N = 30)**	**Intervention (N = 30)**	
	Number (%)	**Number (%)**	
Educational level			
Primary	3 (10.0)	4 (13.3)	
Secondary	3 (10.0)	4 (13.3)	0.883***
Diploma	8 (26.7)	9 (30.0)	
University	16 (53.3)	13 (43.3)	
Husband's educational level			
Primary	6 (20.0)	3 (10.0)	
Secondary	7 (23.3)	1 (3.3)	0.057***
Diploma	8 (26.7)	14 (46.7)	
University	9 (30.0)	12 (40.0)	
Occupation			
Housewife	17 (56.7)	15 (50.0)	
Student	1 (3.3)	2 (6.7)	0.841***
Employed	12 (40.0)	13 (43.3)	
Spouse's occupation			
Student	0 (0.0)	1 (3.3)	
Worker	12 (40.0)	7 (23.3)	
Employee	9 (30.0)	8 (26.7)	0.190***
Unemployed	3 (10.0)	1 (3.3)	
Other	6 (20.0)	13 (43.3)	
Monthly family income			
Below subsistence level	2 (6.7)	4 (13.3)	
Meets subsistence level	25 (83.3)	21 (70.0)	0.052***
Above subsistence level	3 (10.0)	5 (16.7)	
Housing status			
Owned	0 (0.0)	1 (3.3)	0.128***
Rented	13 (43.3)	20 (66.7)	

Variables	Group		P- Value
	Control (N = 30)	Intervention (N = 30)	
	Mean ± SD Median (Q1, Q3)	Mean ± SD Median (Q1, Q3)	
Leased	12 (40.0)	6 (20.0)	
Living with relatives	4 (13.3)	1 (3.3)	
Other	1 (3.3)	2 (6.7)	

Data were analyzed as mean ± standard deviation, Median (Q1, Q3) and number (percent), *Independent t-test, *** Fisher's Exact Mann–Whitney, **Test

To evaluate the effect of the intervention over time, a repeated measures ANOVA was conducted, examining three effects: the main effect of time (changes in scores across the three time points), the main effect of group (differences between intervention and control groups), and the interaction effect of time × group (i.e., whether the change in scores over time differed between the two groups).

Table 2. Frequency distribution of women by communication and sexual knowledge, relationship and intimacy with spouse in control and intervention groups

Variable	Group		*P-Value
	Control (N = 30)	Intervention (N = 30)	
Knowledge of communication skills			
Very high	1 (3.3)	5 (16.7)	
High	6 (20.0)	5 (16.7)	
Moderate	15 (50.0)	17 (56.7)	0.173
Low	6 (20.0)	1 (3.3)	
Very low	2 (6.7)	2 (6.7)	
Emotional relationship with spouse			
Poor	0 (0.0)	2 (6.7)	
Moderate	12 (40.0)	6 (20.0)	0.224
Good	15 (50.0)	19 (63.3)	
Excellent	3 (10.0)	3 (10.0)	
Sexual relationship with spouse			
Poor	0 (0.0)	3 (10.0)	
Moderate	12 (40.0)	10 (33.3)	0.401
Good	15 (50.0)	13 (43.3)	
Excellent	3 (10.0)	4 (13.3)	
Overall relationship			
Poor	0 (0.0)	2 (6.7)	
Moderate	15 (50.0)	11 (36.7)	0.506
Good	14 (46.7)	16 (53.3)	
Excellent	1 (3.3)	1 (3.3)	
Intimacy level			
Very high	1 (3.3)	0 (0.0)	
High	13 (43.3)	9 (30.0)	
Moderate	15 (50.0)	17 (56.7)	0.443
Low	1 (3.3)	2 (6.7)	
Very low	0 (0.0)	2 (6.7)	
Sexual knowledge			
Very high	0 (0.0)	2 (6.7)	
High	8 (26.7)	8 (26.7)	0.064
Moderate	22 (73.3)	16 (53.3)	
Low	0 (0.0)	4 (13.3)	

Data were analyzed as number (percent), * P- value of Fisher's Exact Test

Before the intervention, the mean emotional divorce score was 10.7 ± 3.0 in the intervention group and 10.5 ± 2.5 in the control group, with no significant difference (P=0.916).

After the intervention, the mean score dropped to 4.7 ± 2.1 in the intervention group and 9.7 ± 2.3 in the control group, with the difference being statistically significant (P<0.001). One month after the intervention, the emotional divorce score further decreased to 1.36 ± 0.85 in the intervention group compared to 9.9 ± 2.5 in the control group (P<0.001). The likelihood of separation, as measured by emotional divorce scores, thus dropped from a moderate level before the intervention to a weak level immediately after and sustained at one month follow-up in the intervention group (Table 3).

Table 3. Mean and standard deviation of emotional divorce scores at different stages of study in control and intervention groups

Emotional divorce score	Group		P-Value
	Control (N = 30)	Intervention (N = 30)	
	Mean ± SD Median (Q1, Q3)	Mean ± SD Median (Q1, Q3)	
Before intervention	10.5 ± 2.5 10.0 (8.0, 12.3)	[a]10.7 ± 3.0 9.0 (8.0, 12.0)	* 0.916
Immediately after intervention	9.7 ± 2.3 9.7 (8.0, 11.5)	[b] 4.7 ± 2.1 5.0 (3.0, 7.0)	** < 0.001
One month after intervention	9.9 ± 2.5 9.2 (8.0, 12.0)	[c]1.36 ± 0.85 1.0 (1.0, 2.0)	* < 0.001
After intervention compare with before intervention	-0.8 ± 2.1 -0.7 (-1.0, 0.8)	-6.0 ± 2.8 -5.5 (-8.0, 8.0)	* < 0.001
One month after intervention compare with before intervention	-0.6 ± 1.95 -0.7 (-0.8, +0.5)	-9.40 ± 3.25 -8.0 (-12.3, -7.0)	* < 0.001
One month after intervention compare with after intervention	0.2 ± 1.3 0.2 (0.0, 0.2)	-3.36 ± 2.15 -3.0 (-5.0, -1.8)	** < 0.001
Within-group test result (P-value)	***0.363	***<0.001	

Data were analyzed as mean ± standard deviation, Median (Q1, Q3) and number (percent), *Mann–Whitney, ** Independent t-test, ***P-value of Repeated Measures ANOVA, Non-identical letters indicate significant differences between different times

The change in emotional divorce scores from before to immediately after the intervention was −6.0 ± 2.8 in the intervention group, compared to −0.8 ± 2.1 in the control group, demonstrating a significantly greater reduction in the intervention group(P < 0.001). Similarly, the mean change from before the intervention to one month after was −9.40 ± 3.25 in the intervention group, compared to −0.6 ± 1.95 in the control group (P < 0.001). Furthermore, between immediately after and one month post-intervention, the intervention group showed a continued significant decrease in emotional divorce scores (−3.36 ± 2.15), whereas the control group exhibited a slight, non-significant increase (0.2 ± 1.3), with this difference also being statistically significant (P < 0.001). Repeated measures ANOVA within the intervention group revealed a statistically significant difference across time points (P<0.001). Post-hoc analysis showed significant differences between pre-intervention and post-intervention scores (P<0.001), pre-intervention and one-month follow-up (P=0.003), and post-intervention and one-month follow-up (P=0.042). However, repeated measures ANOVA in the control group did not show any significant changes over time (P=0.363). These findings confirm that the intervention had a meaningful and sustained effect in reducing emotional divorce scores over time (Table 3).

Discussion

The present study aimed to examine the effect of group counseling on emotional divorce in married women at risk of emotional divorce who attended health centers in Torbat Jam city, Iran. The results demonstrated that emotional divorce scores among women significantly decreased immediately and one month after the counseling intervention, compared to both the pre-intervention baseline and the control group. Specifically, the likelihood of couples' break up,

as measured by emotional divorce scores, dropped from a moderate level before the intervention (10.7 ± 0.3) to a weak level immediately after (4.7 ± 2.1) and one month post-intervention (1.36 ± 0.85). Given the homogeneity of most demographic variables between the two groups, this difference can be attributed to the effect of the intervention.

A comprehensive literature search revealed no prior studies specifically examining the impact of group counseling on communication and sexual skills in relation to emotional divorce among women at risk, highlighting the novelty of the present study. Therefore, the findings are discussed in the context of thematically similar research. Shirzadi et al. (2018) examined the effectiveness of Bowen and Minuchin family therapy in reducing emotional divorce and improving quality of life among couples attending a health center in District 6 of Tehran. Both approaches were effective, with intervention groups participating in six 90-minute family therapy sessions (20). Similarly, Sabzevari et al. (2023), in a study involving 45 women experiencing emotional divorce referred to the Welfare Organization, reported that both therapeutic methods significantly reduced marital conflicts and improved communication patterns, thereby decreasing emotional divorce and enhancing marital adjustment (23). In the current study, the intervention group also received six 90-minute group counseling sessions twice weekly; however, the content specifically targeted family strengthening, communication, and sexual skills. Although the number and duration of sessions were similar to Shirzadi et al., the focus on communication and sexual components may help explain the greater reduction observed in emotional divorce scores in our study, highlighting the potential influence of intervention content on effect size. Rezavand et al. (2017) demonstrated the effectiveness of a 10-session life skills training program for couples at risk of divorce, which improved communication, listening, verbal, and feedback skills (24). While the session number and general content differ from the present study, these findings support the current results, emphasizing the role of skill-based interventions in reducing emotional divorce. Another study examining the link between life skills and emotional divorce found a significant inverse relationship, with life skills dimensions explaining 77.7% of the variance in emotional divorce. This underlines the crucial role that life skills play in mitigating emotional detachment between couples (25).

Besharat Qaramaleki et al. (2024) investigated the effectiveness of group reality therapy (based on Glasser's model) for couples experiencing emotional divorce. Eight 90-minute sessions of reality therapy led to improvements in marital adjustment and intimacy, though no significant impact was observed on emotional differentiation. Nonetheless, the intervention helped couples better understand and manage their needs and behavioral choices, contributing to greater harmony and mutual understanding (26). Similarly, Aghaei et al. (2024) found that group acceptance and commitment therapy (ACT) improved marital conflicts and reduced emotional divorce, which is consistent with the findings of the present study (27). Compared to these interventions, the present study's counseling emphasized communication and sexual components, which may have contributed to a more pronounced reduction in emotional divorce scores, illustrating the importance of targeted content in intervention effectiveness.

Emotional divorce is a critical yet often overlooked stage in marital relationships, characterized by diminished emotional connection and increasing dissatisfaction that may eventually lead to formal divorce (28). Counseling interventions based on sexual health models have shown promise in improving sexual compatibility and reducing the risk of emotional divorce among women (28). This aligns with our findings, where group counseling focusing on communication and sexual skills effectively reduced emotional divorce scores. Such evidence underscores the importance of targeted educational and counseling programs as preventive measures to strengthen marital relationships and improve overall family wellbeing.

Emotional divorce is a culturally nuanced phenomenon that varies in prevalence and meaning across countries. In some Western societies, it is seen as a transitional phase preceding legal separation, while in others—particularly where divorce laws are restrictive or

social stigma is strong—it may persist as a long-term condition within marriage (29). Cultural norms, legal frameworks, religious beliefs, and socio-economic stressors such as unemployment or lack of social support all influence how emotional divorce is experienced and addressed. For instance, in France, amicable divorce procedures are relatively accessible, while in countries like Italy or Iran, legal or cultural barriers may delay or prevent formal divorce, reinforcing prolonged emotional separation (30). In the United States, emotional divorce can become a stable state due to financial constraints or child-rearing responsibilities (31). Recognizing these cross-cultural differences can help guide the development of tailored, culturally sensitive interventions and policies to support affected couples.

A major strength of this study was its randomised controlled trial design, with assessments at three time points to evaluate intervention outcomes. Participants demonstrated strong enthusiasm and commitment, resulting in 100% retention with no loss to follow-up. Furthermore, the expert-reviewed, structured counseling programme and standardised delivery protocol supported intervention consistency. This study has several limitations. First, reliance on self-report data may have introduced bias due to social desirability or fear of judgment, potentially affecting the accuracy of responses. Although the researcher emphasized that there were no right or wrong answers and clarified that the questionnaire aimed to capture participants' personal beliefs and participants were assured of confidentiality and encouraged to respond honestly. future studies should consider using validated tools or triangulating self-report data with other measures to enhance reliability. Second, the absence of spouse participation limited the depth of insights into relationship dynamics. Including both partners in future interventions may yield richer data and reveal potential synergistic effects. Third, due to time and resource constraints, follow-up assessments were limited to one month post-intervention. This short follow-up period may not fully capture the long-term effects of the intervention. Fourth, inclusion criteria were highly selective as described in the method section. While these strict criteria enhanced the internal validity of the study, they may have limited external validity and the generalizability of the findings to the broader population. Therefore, caution should be used when applying these results to all married Iranian women or to women with different marital experiences or health conditions.

Future research is recommended to incorporate extended follow-up periods to evaluate the sustainability of outcomes over time. Further research is also recommended to assess the impact of similar interventions across diverse psychological outcomes and among couples with varied demographic backgrounds.

Conclusion

The present study found that group counseling significantly reduced emotional divorce and, consequently, the likelihood of break up in married women at risk of emotional divorce. It is recommended that this counseling program be implemented in comprehensive health centers to help reduce emotional divorce in married women.

Declarations

Acknowledgements

This study was part of the first author (Z.S.) Master's thesis in Midwifery Counseling, supervised by Dr. Maryam Moradi at Mashhad University of Medical Sciences. We would like to thank the Vice Chancellor for Research at Mashhad University of Medical Sciences for funding this study and all participants who made this research possible.

Conflicts of interest

The authors declared no conflicts of interest.

Ethical approval

Ethical approval and necessary permissions were obtained. Participants were informed about the study's aims, procedures, and data confidentiality. Informed consent was secured, and participants were assured that they could withdraw at any time without affecting their access to services. All data was anonymized and kept confidential.

Code of ethics

This study was approved by the Ethical Committee of Mashhad University of Medical

Sciences (approval code of IR.MUMS.NURSE.REC.1398.033).

Use of artificial intelligence (AI)

No artificial intelligence tools were used in the design, data collection, data analysis, or writing of this study.

Funding

This study was funded by Mashhad University of Medical Sciences (project code 981776).

Authors' contributions

ZS and MM contributed to idea construction. ZS, MM, JJ and SAK. jointly contributed to the study design. Z.S. collected the data. JJ, ZS, and MM, performed the analysis. MM, ZS, JJ, and SAK contributed to data interpretation. ZS and MM drafted the manuscript. MM critically reviewed and revised the manuscript. MM supervised the study and managed the overall research process. All authors approved the final manuscript.

References

1. Heinemann LV, Heinemann T. Burnout research: Emergence and scientific investigation of a contested diagnosis. Sage Open. 2017; 7(1): 2158244017697154.
2. Omidpour A, Shakerinia I, Akbari B. The Effectiveness of Emotional Therapy on Agreeableness and Emotional Balance of Women with Emotional Divorce. Community Health Journal. 2024; 18(1): 69-78.
3. Diotaiuti P, Valente G, Mancone S, Bellizzi F. A mediating model of emotional balance and procrastination on academic performance. Frontiers in Psychology. 2021; 12: 665196.
4. Bokaie M, Hajimaghsoudi S, Dehghani A, Hosseini F. The effect of sexual health counselling on the sexual function and satisfaction of breastfeeding women in the form of group consultation and telephone consultancy. Journal of Advanced Pharmacy Education and Research. 2019; 9(2-2019): 191-198.
5. Mousavi Bazaz M, Haji Alizadeh K, Mousavi Bazaz M. The effect of communication skills training and sexual difference (sexual knowledge) on marital satisfaction. Hormozgan Medical Journalis. 2017; 21(3): 200–207.
6. Daneshfar F, Keramat A. Sexual dysfunction and divorce in Iran: A systematic review. Journal of Family Medicine and Primary Care. 2023; 12(3): 430-439.
7. Askribagbani A, Javadiyan SR. The double pressure of life ,the main outcome of divorce on women: A qualitative study. Journal of Qualitative Research in Health Sciences. 2017; 6(4): 427-436.
8. Omidian M, Rahimian Boogar I, Talepasand S, Najafi M, Kaveh M. The cultural tailoring and effectiveness of couples coping enhancement training on marital adjustment of wives. Practice in Clinical Psychology. 2019; 7(1): 43-52.
9. Khayatan F. Effectiveness of sexual skills training on women's sexual schemas, sexual self-esteem and sexual satisfaction of women referring to Isfahan counseling centers. Scientific Journal of Nursing, Midwifery and Paramedical Faculty. 2017; 2(4): 45-55.
10. Mirzadeh Koohshahi F, Rezaei A, Najafi M. Construction and validation of emotional divorce scale in Iranian population. Practice in Clinical Psychology. 2019; 7(1): 53-62.
11. Mohamadsadegh A, Kalantarkosheh M, Naeimi E. The experience of sexual problems in women seeking divorce and women satisfied with their marriage: A qualitative study. Journal of Qualitative Research in Health Sciences. 2018; 7(1): 35-47.
12. Yoo H, Bartle-Haring S, Day RD, Gangamma R. Couple communication, emotional and sexual intimacy, and relationship satisfaction. Journal of Sex & Marital Therapy. 2014; 40(4): 275-293.
13. Farzaneh A, Rezaei Sharif A, Forouzandeh SA, Asghar A. Comparison of the effectiveness of the couple therapy approach based on commitment and acceptance (ACT) and dialectical behavioral therapy (DBT) on couple burnout, marital quality, intimacy, and communication beliefs in couples applying for divorce. University of Mohaghegh Ardabili. 2018.
14. Mitchell EA. Couple therapy with young adults. In: What Happens in Couple Therapy. 2024: 234.
15. Khodabakhshi-Koolaee A, Falsafinejad M, Sabourei Z. The study of the prevalence of dimensions and components of emotional divorce in married nurses in Tehran hospitals. Iranian Journal of Rehabilitation Research in Nursing. 2019; 5(3): 39-47.
16. Khosravi R, Herofteh FSK, Fardin M. The effectiveness of training communication skills with an emphasis on the teachings of Islam on positive psychological states and emotional divorce among wives of veterans. Journal of Military Medicine. 2024; 26(2).
17. Alizadehkondari S. The Effectiveness of Communication Skills Training in Reducing Emotional Divorce of Women Affected by their

Husbands' Infidelity. Journal of Assessment and Research in Applied Counseling. 2020; 2(3): 78-86.
18. Hosein Ghorban N, Abbaspoor Azar Z. The effectiveness of cognitive-behavioral couple therapy on quality and marital intimacy on the verge of divorce. Family and Health. 2019; 9(3): 100-113.
19. Borhani KM, Narimani M, Mousazadeh T. Comparing the effects of cognitive-behavioral couple therapy and life skills training on life quality in uncompromised couples applying for divorce. 2020.
20. Shirzadi S, Shafiabadi A, Dokanehei Fard F. Comparison of the effectiveness of Bowen and Minuchin family therapy on reducing emotional divorce and improving the quality of life of couples referring to health centers. Grupo de Jóvenes Arquitectos e Ingenieros. 2018; 9(3): 25-40.
21. Sedaghat M, Afraee R. The Effectiveness of Schema Therapy on Reducing Emotional Divorce in Women with Military Spouses. Military Psychology. 2022; 13(49): 147-164.
22. Description of Midwifery Duties in Healthcare Institutions. Approved by the Supreme Council of the Iranian Medical Council and the Ministry of Health and Medical Education, Islamic Republic of Iran. Available from: https://arakmu.ac.ir/file/download/regulation/1541931773-mamaee-salaheyat.pdf
23. Sabzevari P, Khoyinejad G, Saffarian Toosi M. comparing the effectiveness of Bowen's family-based approach and Minuchin's structural family therapeutic approach on improving communication patterns and reducing marital conflicts in women suffering from emotional divorce. Journal of Applied Family Therapy. 2023; 4(2): 205-226.
24. Rezavand M, Shokri E. The effect of life skills training on reducing emotional divorce and effective communication in couples on the verge of divorce. In: Proceedings of the 6th Congress of the Iranian Psychological Association; 2017.
25. Pasha R, Hafezi F, Shams J. The effect of life skills training on emotional maturity and mental health among young married couples in Tehran. International Journal of Applied Behavioral Sciences. 2019; 4(4): 1-10.
26. Besharat Qaramaleki R, Panahali A, Hosseini Nasab D. Investigating the Impacts and Continuity of Effects of Group-Based Reality Therapy on Marital Adjustment, Emotion Differentiation, and Intimacy in Couples with Emotional Divorce. Journal of Modern Psychological Researches. 2024; 18(72): 61-70.
27. Aghaei ZSP, Mahmoodi Z, Zibaei Nezhad M. The effect of group couple therapy based on acceptance and commitment approach on marital conflicts and emotional divorce of couples. Shenakht Journal of Psychology and Psychiatry. 2024; 11(1): 113–124
28. Asghari M, Moradi M, Nekoolal Tak M, Jamali J, Danesh F. The effect of counseling based on sexual health model on sexual compatibility of women at risk of emotional divorce. Journal of Midwifery and Reproductive Health. 2023; 11(1): 3580-3591.
29. Asoodeh MH, Daneshpour M, Khalili S, Lavasani MG. The effectiveness of communication skills training based on Islamic principles for improving marital satisfaction. Journal of Muslim Mental Health. 2010; 5(2): 165–176.
30. Bayat S. Family Law in Islam: Divorce and the Custody of Children. Washington, D.C.: Middle East Institute; 2011.
31. Kayser K. When Love Dies: The Process of Marital Disaffection. New York: Guilford Press; 1993.