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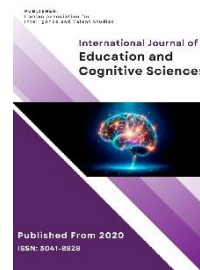
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# Comparison of the Effectiveness of Metacognitive Therapy with Emotion-Focused Therapy on Fear of Intimacy and Social Intimacy in Divorced Women

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### ABSTRACT

**Purpose:** This study aimed to compare the effectiveness of metacognitive therapy and emotion-focused therapy on reducing fear of intimacy and increasing social intimacy among divorced women.

**Methods and Materials:** The research design was quasi-experimental with a pretest, posttest, and a 45-day follow-up using experimental and control groups. The statistical population included all divorced women residing in Shiraz in 2021, from whom 60 participants were selected via purposive sampling and assigned to three equal groups of 20 participants each. Therapeutic interventions for both approaches were conducted over 10 weekly sessions, each lasting 90 minutes. The control group did not receive any intervention. Data were collected using the Fear of Intimacy Questionnaire (Descutner & Thelen, 1991) and the Social Intimacy Scale (Miller & Lefcourt, 1982), and analyzed via repeated-measures analysis of variance in SPSS version 23.

**Findings:** The findings indicated that both therapeutic approaches significantly reduced fear of intimacy and increased social intimacy in divorced women during the posttest and the 45-day follow-up. Bonferroni post-hoc tests showed that metacognitive therapy was more effective than emotion-focused therapy in enhancing social intimacy ( $p < .05$ ), although no significant difference was found between the two therapies in regard to fear of intimacy.

**Conclusion:** The results of this study provide empirical support for both therapeutic approaches in improving intimacy indicators among divorced women and suggest that family and marital therapists' awareness of these methods may be beneficial.

**Keywords:** Metacognitive therapy, Emotion-focused therapy, Fear of intimacy, Social intimacy, Divorced women

## 1. Introduction

T

he weakening of traditional social bonds with the transition to modern life has disrupted many social relationships and led to the dissolution of traditional family ties. Divorce,

which is increasingly prevalent worldwide, has become a global concern (Ghezelseflo et al., 2023; Kara, 2024). Divorce negatively impacts individual and social well-being, fractures kinship relationships, disrupts child-rearing, and affects the social and economic support of mothers and their children in society (Abdollahi et al., 2020; Abdollahi et al., 2023; Mekonnen et al., 2019). Research has shown that divorce is one of the most stressful life events in adulthood (Cohen et al., 2016). From a health perspective, experiencing a stressful life event such as divorce is associated with an increased risk of illness and has been shown to negatively affect overall physical and mental health (Budtz-Lilly et al., 2015; Nielsen et al., 2014).

In recent years, Iran has also experienced a rising trend in divorce rates. According to official statistics, in 2007, there was one divorce for every eight marriages, whereas in 2017, this ratio increased to one divorce for every three marriages (Fakhri et al., 2018; Rahimi et al., 2019). Despite its prevalence, divorce continues to be experienced as a complex and stressful event by those involved (Oren & Hadomi, 2020), leading to various social issues (Khataybeh, 2022) and affecting social order (Khan & Hamid, 2021). The consequences and challenges of post-divorce life impact both spouses; however, women are more vulnerable to negative effects such as distress and social isolation (Golabi & Shokuhi Alishah, 2021; Nabavi & Shahbazi, 2021), financial dependence on others (Leopold, 2018), loss of child visitation or custody rights (Khataybeh, 2022), and the overall societal pressure associated with being a divorced woman (Monadi & Akhavan Tafti, 2022).

Given these issues, divorced women face multiple challenges after divorce, with one of the most significant being their mental and behavioral health (Goldberg et al., 2021; Wolchik et al., 2021). Researchers examining the psychological importance of marriage, close relationships, and bereavement have found that intimacy is a crucial predictor of healthy psychological and physiological functioning (Miller & Lefcourt, 1982, 2000). According to Lynch (1977), there is a significantly high risk of mortality associated with widowhood, divorce, and never marrying for individuals aged 15 to 64 years (Lynch, 1977). Unmarried individuals experience higher rates of psychiatric disorders compared to married individuals (Miller & Lefcourt, 1982, 2000).

Qualitative analyses of intimacy disruptions among women on the verge of divorce have demonstrated that intimacy is a core concept in deteriorating marital relationships, with psychological and social intimacy being

key constructs influencing marital commitment and stability (Sahami & Askari, 2021). Intimacy is described as "the desire to share a common narrative about oneself and others," characterized by a unique quality of shared experience. Being intimate involves the ability to communicate through minimal cues and gestures (Berlant, 1998). Establishing intimate communication is essential for expressing needs, resolving conflicts, and maintaining marital stability (Rasouli, 2017). One of the most critical and vulnerable challenges in marital relationships is the decline in intimacy, which is directly linked to individual well-being (Shamsaie et al., 2022). Intimacy is the foundation of family relationships, and disruptions in family intimacy can create systemic problems, ultimately leading to family breakdown. Intimacy plays a fundamental role in marital functioning, commitment, stability, and psychological and physical well-being (Langdridge et al., 2020). Given the vital role of marital intimacy in relationship satisfaction, its absence in marriage can be a primary cause of divorce, eroding trust and romantic bonds, ultimately leading to emotional distress, social isolation, marital discord, and dissatisfaction (Kamali et al., 2020).

Moreover, statistical analyses suggest that fear of intimacy significantly influences relationship stability in family life and the initiation of new romantic relationships in adulthood (Martin et al., 2022). Fear of intimacy is defined as the apprehension of being completely open and transparent in relationships with others. It is a trait- or state-based construct that measures individuals' anxiety regarding close and intimate relationships. Individuals with fear of intimacy desire interpersonal connections but simultaneously fear rejection. Consequently, they experience anxiety in both verbal and nonverbal interactions with others. Additionally, fear of intimacy reflects an individual's inhibited ability to share meaningful thoughts and emotions with a valued other, as anxiety leads to emotional suppression (Hamidikian et al., 2021).

Some findings indicate that divorced women face difficulties in social and interpersonal skills, including social intimacy (Batolas et al., 2023). Social intimacy refers to the need to engage in recreational and enjoyable experiences with one's spouse. It encompasses activities such as sharing jokes and humorous stories, discussing daily experiences and current events, dining together at home and outside, exercising, playing games, walking together, sharing hobbies, gardening, boating, and spending vacations together. Social intimacy may also include interactions with friends and extended family members (Prager, 2013).

Reports suggest that social intimacy plays a crucial role in helping individuals cope with life challenges by enhancing self-control in relationships, empathy, socialization, popularity, and self-satisfaction. One of the key factors in adapting to life's challenges is experiencing intimacy in adulthood (Kersten et al., 2023).

Previous studies have examined the positive impact of metacognitive therapy on a wide range of psychological and behavioral issues, including depression and anxiety (Wells et al., 2022), cognitive flexibility in depressed adolescents (Klein et al., 2022), anger indices (Abdollahi et al., 2023), post-traumatic stress disorder symptoms (Brown et al., 2022), and maladaptive schemas in divorced women (Fayazi et al., 2019). However, there remains a research gap regarding the effectiveness of this intervention approach in divorced women and its impact on their psychological and emotional well-being compared to other empirically validated interventions. Therefore, metacognitive therapy was selected as one of the interventions in this study. The core idea behind this approach is that metacognitive factors play a decisive role in developing maladaptive thinking styles that contribute to psychological distress by perpetuating negative emotions. The primary goal of metacognitive therapy is to help clients relate to their thoughts in a different way, develop flexible metacognitive awareness and control, and prevent worry, rumination, and threat-focused processing. Specifically, this therapy enhances cognitive control by redirecting attention and eliminating maladaptive thinking patterns (Fisher & Wells, 2009).

A review of studies on psychological and social adjustment suggests that emotion-focused therapy is an evidence-based therapeutic approach for treating depression, marital stress, trauma, sleep disorders, anxiety disorders, and interpersonal problems (Allan et al., 2021; Koren et al., 2021). It has also been recognized for its effectiveness in addressing attachment styles, marital intimacy, marital conflicts, maladaptive schemas, marital burnout, and emotional information processing (Artang & Izadi, 2022; Esmaceli et al., 2021; Ghafaralahi et al., 2021; Mohammadi et al., 2019). Emotion-focused therapy integrates Gestalt therapy principles with other humanistic approaches, helping clients uncover and modify their emotional experiences by engaging them in a set of perceptions, emotions, cognitions, bodily experiences, and behavioral reactions (Greenman & Johnson, 2022). Some researchers have described its role as enhancing emotional processing, enabling individuals to explore and resolve unresolved

emotions linked to complex and distressing experiences (Asmari Bardezard et al., 2021).

Although both therapeutic approaches have been studied separately in various clinical and non-clinical populations, including marital and family contexts, no study has simultaneously examined and compared their effectiveness and sustainability in improving the behavioral and emotional well-being of divorced women. This study is innovative in that regard. Given the psychological and social vulnerabilities of divorced women, alongside the proven effectiveness of these therapeutic approaches in reducing psychological and emotional distress in diverse populations, and the lack of simultaneous comparative research on these interventions, this study aimed to compare the effectiveness of metacognitive therapy and emotion-focused therapy on fear of intimacy and social intimacy in divorced women.

## 2. Methods and Materials

### 2.1. Study Design and Participants

This study employed a quasi-experimental design with a pretest-posttest structure, including two experimental groups and one control group, with a 45-day follow-up period. The statistical population comprised all divorced women residing in Shiraz who sought services at the Aban Clinic in 2021 and had legally finalized their divorce at least six months to two years prior to participation. A purposive sampling method was used, considering the inclusion criteria. Based on the quasi-experimental research design and previous studies, a total of 60 participants were selected and randomly assigned to three equal groups of 20: two experimental groups and one control group.

The inclusion criteria included being legally divorced for at least six months, the ability to attend intervention sessions, literacy in reading and writing for completing research questionnaires, an age range of 25 to 45 years, and residence in Shiraz. The exclusion criteria included inability to attend treatment sessions or absence from more than two sessions, participation in other psychological or psychotherapeutic programs in the past six months, and incomplete or invalid responses to research instruments.

Following the selection and assignment of participants to groups, they completed the Social Intimacy Scale and the Fear of Intimacy Questionnaire. Participants in the first experimental group underwent metacognitive therapy based on the theoretical model of Wells and colleagues (Fisher & Wells, 2009), delivered by a therapist. This intervention consisted of 10 weekly 90-minute group sessions.

Participants in the second experimental group received emotion-focused therapy based on Johnson's model (Johnson, 2019), also conducted in a group format.

## 2.2. Measures

### 2.2.1. Fear of Intimacy

The Fear of Intimacy Questionnaire is a self-report instrument developed by Descutner and Thelen in 1991 to assess fear of intimacy in close relationships. It consists of 35 items. Responses are scored on a five-point Likert scale ranging from 1 (not at all characteristic of me) to 5 (completely characteristic of me). Items 30, 29, 27, 25, 22, 21, 19, 18, 17, 14, 10, 8, 7, 6, and 3 are reverse-scored. Higher scores indicate greater fear of intimacy, while lower scores indicate less fear of intimacy. Descutner and Thelen (1991) established the reliability and validity of the scale using construct and discriminant validity measures. The Cronbach's alpha coefficient was reported as 0.93, and test-retest reliability was 0.89 (Descutner & Thelen, 1991). A preliminary validation of the Persian version of the instrument reported a Cronbach's alpha of 0.91, indicating high internal consistency. The test-retest correlation over a four-week interval was 0.87, demonstrating strong reliability (Besharat, 2019).

### 2.2.2. Social Intimacy

The Social Intimacy Scale is a self-report instrument developed by Miller and Lefcourt (1982) to measure social intimacy. It consists of 17 items, with six items assessing the frequency of intimacy and 11 items evaluating the intensity of experienced intimacy. Responses are rated on a ten-point Likert scale ranging from 1 (very rarely or low) to 10 (almost always or high). Total scores range from 17 to 58 (low social intimacy), 58 to 116 (moderate social intimacy), and above 116 (high social intimacy). Items 2 and 14 are reverse-scored. Miller and Lefcourt (1982) reported Cronbach's alpha coefficients between 0.86 and 0.91 across various administrations of the scale. Test-retest reliability was 0.84 after more than two months and 0.94 after one month (Miller & Lefcourt, 1982). In Iran, Cronbach's alpha for this instrument was reported as 0.84 (Khodayarifard et al., 2012).

## 2.3. Interventions

### 2.3.1. Metacognitive Therapy

Session 1: Reviewing personal issues, setting treatment goals for both the client and therapist, and assigning homework. Techniques included introduction, assessment of the reasons for divorce and related concerns, introduction to emotions and their metacognitive beliefs as sources of emotional dysregulation.

Session 2: Reviewing previous week's activities, teaching the Cognitive-Attentional Syndrome (CAS) model, explaining repetitive thinking styles (worry, threat monitoring, maladaptive behaviors), assessing mood, and assigning homework. Techniques included introducing metacognitive concepts, teaching the cognitive model of emotional distress, and identifying maladaptive metacognitive beliefs. Clients were trained to recognize worry, rumination, and attentional fixation and to regulate them using self-regulation strategies.

Session 3: Teaching cognitive distortions, recognizing distorted beliefs, identifying cognitive distortions in interactions, and assigning homework. Techniques included training in cognitive distancing using mindfulness, encouraging clients to treat thoughts as passing clouds without engaging in them.

Session 4: Reviewing previous week's activities, modifying maladaptive beliefs, replacing them with neutral or positive thoughts, and assigning homework. Techniques included evaluating positive and negative metacognitive beliefs, restructuring dysfunctional thought processes, and using behavioral experiments to challenge automatic thoughts.

Session 5: Identifying decision-making patterns related to psychological distress, reviewing previous week's activities, and assigning homework. Techniques included training in disengaging from rumination, reducing worry cycles, and fostering adaptive cognitive and behavioral processing styles.

Session 6: Reviewing previous week's activities, eliciting automatic thoughts, and assigning homework. Techniques included behavioral therapy strategies, cost-benefit analysis, selective attention training, and divided attention exercises to reduce anxiety and depression.

Session 7: Modifying cognitive distortions in decision-making, reviewing previous week's activities, and assigning homework. Techniques included training in cognitive defusion, delaying worry, enhancing metacognitive awareness, and restructuring attentional control strategies.

Session 8: Examining and modifying metacognitive beliefs, reviewing previous week's activities, and assigning homework. Techniques included Socratic questioning and guided discovery.

Session 9: Engaging in experiential techniques for observing thoughts, emotions, and behaviors holistically. Techniques included experiential learning and self-reflection exercises.

Session 10: Summarizing all techniques, addressing remaining difficulties, and preparing participants for termination. Techniques included planning for relapse prevention, identifying obstacles in applying learned techniques, and finalizing treatment outcomes.

### 2.3.2. Emotion-Focused Therapy

Session 1: Establishing rapport with the client, forming a therapeutic contract, and building a therapeutic alliance.

Session 2: Explaining treatment rules, objectives, and session structure, administering the pretest, eliciting and exploring emotions, promoting emotional awareness, and encouraging expression of suppressed emotions. Techniques included differentiating between primary and secondary emotions.

Session 3: Identifying interpersonal conflict themes and addressing them, listening to clients' narratives about their problems, and identifying emotional triggers.

Session 4: Gathering information about early attachment patterns and current interpersonal relationships, enhancing engagement with primary emotions, and validating emotional experiences.

Session 5: Increasing awareness of underlying emotions, identifying negative interactional cycles, and exploring the meaning behind emotions.

Session 6: Recognizing painful life experiences, examining emotional processing styles, and using emotional dialogues with the inner child and significant caregivers.

Session 7: Identifying intrapersonal and interpersonal themes in past life experiences, enhancing self-acceptance, and restructuring emotional processing patterns.

Session 8: Facilitating new relational insights and developing alternative problem-solving strategies.

Session 9: Restructuring interactions, symbolizing suppressed desires, and fostering intimate engagement with significant others.

Session 10: Reviewing past intrapersonal patterns, integrating new interactional cycles, and consolidating therapeutic gains.

### 2.4. Data Analysis

Data analysis was conducted using SPSS version 26. The primary statistical method used was repeated-measures analysis of variance (ANOVA), and Bonferroni post hoc tests were applied for pairwise comparisons of different time points. The significance level for all tests was set at  $p < .05$ .

## 3. Findings and Results

The participants in this study comprised 60 divorced women, with 20 individuals assigned to each of the two experimental groups and the control group. The effectiveness of metacognitive therapy and emotion-focused therapy in enhancing social intimacy and reducing fear of intimacy among divorced women was examined. Descriptive statistics for the study variables are presented in [Table 1](#).

**Table 1**

*Mean and standard deviation of pre-test, post-test, and follow-up for intimacy and social intimacy in groups*

Stage	Variable	Control Group (M $\pm$ SD)	Emotion-Focused Therapy Group (M $\pm$ SD)	Metacognitive Therapy Group (M $\pm$ SD)
Pre-test	Intimacy	62.75 $\pm$ 11.12	61.25 $\pm$ 9.99	64.95 $\pm$ 11.32
Post-test	Intimacy	64.91 $\pm$ 9.74	51.05 $\pm$ 9.09	55.10 $\pm$ 11.34
Follow-up	Intimacy	66.15 $\pm$ 8.51	52.50 $\pm$ 8.68	54.85 $\pm$ 10.86
Pre-test	Social Intimacy	64.10 $\pm$ 14.89	62.45 $\pm$ 14.76	65.35 $\pm$ 11.36
Post-test	Social Intimacy	61.80 $\pm$ 14.95	73.40 $\pm$ 11.21	85.15 $\pm$ 10.83
Follow-up	Social Intimacy	60.05 $\pm$ 14.96	75.11 $\pm$ 10.45	89.25 $\pm$ 10.29

As shown in [Table 1](#), the mean and standard deviation of social intimacy in the first experimental group (metacognitive therapy) were 65.35 and 11.36 in the pre-test, which increased to 85.15 and 10.83 in the post-test.

Similarly, in the second experimental group (emotion-focused therapy), the mean and standard deviation of social intimacy were 64.95 and 11.32 in the pre-test, rising to 73.40 and 11.21 in the post-test. No significant changes were



observed in the control group. Data analysis was conducted using repeated-measures analysis of variance (ANOVA).

To examine the assumption of normality, the Shapiro-Wilk test confirmed that the distribution of scores was normal ( $p > .05$ ). The Levene's test for homogeneity of variances indicated that variance was not significant for any of the dependent variables, with results for fear of intimacy ( $F = 1.54, p = .234$ ) and social intimacy ( $F = 2.12, p = .134$ ). This confirms the homogeneity of variance, ensuring that the distribution of scores was equivalent across the study groups ( $p > .05$ ). Additionally, Mauchly's test of sphericity indicated that the assumption of sphericity was not met;

however, given that multivariate analyses do not require sphericity, degrees of freedom were adjusted accordingly.

The results presented in Table 2 indicate that the between-subjects effect of group membership was statistically significant for both social intimacy and fear of intimacy ( $p < .05$ ). This suggests that the mean scores of social intimacy and fear of intimacy significantly differed between the experimental (metacognitive therapy and emotion-focused therapy) and control groups ( $p < .05$ ). The results further revealed that 29.3% of the variance in social intimacy and 15.9% of the variance in fear of intimacy could be attributed to differences between the two therapy groups.

**Table 2**

*Mixed analysis of variance to investigate the effects of within and between-subjects factors on the variables*

Effect	Variable	Source of Change	SS	df	MS	F	p-value	eta <sup>2</sup>
Between-Subjects	Intimacy	Group	2893.33	2	1446.67	5.37	0.007	0.159
Within-Subjects	Intimacy	Time	1264.9	2	632.45	29.72	0.001	0.343
Within-Subjects	Intimacy	Time*Group	1411.67	4	352.971	16.58	0.001	0.368
Between-Subjects	Social Intimacy	Group	9699.24	2	4849.622	11.79	0.001	0.293
Within-Subjects	Social Intimacy	Time	4209.478	1.307	3219.99	56.92	0.001	0.500
Within-Subjects	Social Intimacy	Time*Group	4366.389	2.62	1670.013	29.52	0.001	0.509

The within-subjects effect of time was also significant for both social intimacy and fear of intimacy, indicating a meaningful change across the three assessment points (pre-test, post-test, and follow-up). The effect size for these changes was 50.0% for social intimacy and 34.3% for fear of intimacy, which were both statistically significant.

The interaction effect between time and group was also significant ( $p < .05$ ), indicating that the pattern of change in

social intimacy and fear of intimacy across the three assessment points varied between the two experimental groups. The percentage of variance accounted for by the interaction effect in social intimacy and fear of intimacy was 50.9% and 36.8%, respectively. The Bonferroni post hoc test results for group comparisons at different time points are presented in Table 3.

**Table 3**

*Pairwise comparison of average scores of intimacy and social intimacy according to evaluation stage*

Variable	Time	Group Comparison	Mean Difference	p-value
Intimacy	Pre-test	Control vs. Metacognitive	2.2	0.512
		Control vs. Emotional Focused	-1.5	0.654
		Metacognitive vs. Emotional	-3.7	0.271
	Post-test	Control vs. Metacognitive	-9.9	0.004
		Control vs. Emotional Focused	-13.85	0.001
		Metacognitive vs. Emotional	-3.95	0.239
	Follow-up	Control vs. Metacognitive	-11.3	0.001
		Control vs. Emotional Focused	-13.65	0.001
		Metacognitive vs. Emotional	-2.35	0.439
Social Intimacy	Pre-test	Control vs. Metacognitive	1.35	0.758
		Control vs. Emotional Focused	-1.55	0.723
		Metacognitive vs. Emotional	-2.9	0.508
	Post-test	Control vs. Metacognitive	23.35	0.001
		Control vs. Emotional Focused	11.6	0.005
		Metacognitive vs. Emotional	-11.75	0.004
	Follow-up	Control vs. Metacognitive	29.2	0.001

Control vs. Emotional Focused	15.05	0.001
Metacognitive vs. Emotional	-14.15	0.001

In conclusion, both metacognitive therapy and emotion-focused therapy significantly increased social intimacy and reduced fear of intimacy among divorced women. These effects persisted through the follow-up period. However, when comparing the effectiveness of the two therapies, metacognitive therapy was found to be more effective in increasing social intimacy, while no significant differences were observed between the two approaches in reducing fear of intimacy.

#### 4. Discussion and Conclusion

The aim of this study was to compare the effectiveness of metacognitive therapy with emotion-focused therapy in reducing fear of intimacy and increasing social intimacy among divorced women. The results indicated that both therapeutic approaches were effective in reducing fear of intimacy in the sample; however, no statistically significant difference was found between the two intervention methods in terms of their effectiveness in reducing fear of intimacy. Although limited research has been conducted on the effectiveness of therapeutic approaches in addressing fear of intimacy, the findings of this study align with some previous research (Conway et al., 2021; Hedayati et al., 2020; Khajefazali et al., 2020; Khodayarifard et al., 2012; Zohrabniya et al., 2021).

Emotion-focused therapy facilitates constructive interactions between individuals and promotes secure attachment patterns, leading to greater satisfaction and a reduction in the fear of establishing intimate relationships with significant others. This approach focuses on modifying attachment behaviors as a means to improve distressed relationships. It involves identifying communication patterns, emotions, and attachment styles in individuals. The nature of interpersonal interactions determines the level of trust and the extent to which fear of intimacy is reduced. In other words, the interactive style of emotions can intensify conflicting and negative feelings toward others. Emotion-focused therapy emphasizes the recognition of these interaction styles and the replacement of maladaptive communication patterns with a new perception of interpersonal relationships. By focusing on attachment, acceptance, and the reflection of positive emotions, interpersonal trust increases, thereby reducing fear of intimacy.

Regarding the effectiveness of metacognitive therapy in reducing fear of intimacy, it appears that the intervention facilitated the acceptance of a new role and the resolution of interpersonal conflicts through techniques such as identifying negative thoughts and emotions related to new relationships, delaying worries about emotional and relational status, shifting attention, expressing emotions, engaging in positive judgment, exploring pathways to achieving goals, and managing behavior. These strategies helped participants not only to effectively cope with concerns about entering new relationships but also to prevent potential relationship difficulties. Metacognitive intervention supports individuals in embracing their new role and gradually increasing their interactions with significant others. This approach indirectly reduces dysfunctional coping strategies among divorced women, potentially improving their quality of life and alleviating fears and anxieties associated with intimate relationships.

Another key finding of this study was that both therapeutic approaches were effective in increasing social intimacy among participants. However, metacognitive therapy was found to be more effective than emotion-focused therapy in enhancing social intimacy. This finding is consistent with the results of previous studies (Araghi et al., 2020; McPhillips et al., 2021; Mohammadi et al., 2019; Montajabian & Rezai Dehnavi, 2021; Scale, 2022).

The effectiveness of group-based metacognitive therapy in enhancing social intimacy can be explained by the fact that individuals with high social intimacy tend to experience more positive emotions, while those with low social intimacy struggle to achieve their goals and consequently report more negative emotions. Metacognitive therapy intervenes in cognitive processes through techniques such as attention training and detached mindfulness, preventing clients from accessing distressing and isolating thoughts and increasing their awareness of these cognitive patterns. Through attention training, instead of avoiding social interactions and dwelling on maladaptive thoughts, individuals learn to perceive their thoughts as mere mental events rather than external realities. In metacognitive therapy, mindfulness-based exposure to thoughts prevents clients from falling into the cognitive-attentional syndrome, thereby breaking the cycle of distressing thoughts and their negative emotional consequences.

According to Johnson (2019), when a relationship is rooted in positive emotions, intimacy naturally emerges. Johnson explicitly identifies emotion-focused therapy as the most effective treatment for resolving relational distress. This approach conceptualizes the transformation of emotional experiences as the core mechanism for healing relational problems. Since the primary goal of emotion-focused therapy is to highlight the role of emotions in intimate relationships, this approach emphasizes empathy, self-disclosure, deep understanding of personal and partner needs, acceptance, expression of thoughts and emotions, and the creation of an emotionally supportive environment. All these factors are essential elements in fostering intimate relationships, making emotion-focused therapy a powerful tool in enhancing social intimacy among clients (Johnson, 2019).

The greater effectiveness of metacognitive therapy in increasing social intimacy can be attributed to the fact that this approach challenges cognitive distortions, promotes behavioral experimentation, and encourages cognitive defusion. The sustained effects of the intervention in the follow-up phase suggest that increased metacognitive control helped divorced women establish a new relationship with their thoughts, allowing them to modify metacognitive beliefs that perpetuate maladaptive thinking patterns and reinforce negative self-perceptions. Additionally, participants were trained in strategies to manage future intrusions of distressing thoughts that might otherwise interfere with positive social interactions.

Metacognitive therapy operates through two distinct systems: the rigid metacognitive system, which encompasses irrational and maladaptive beliefs, and the flexible metacognitive system, which focuses on individuals' beliefs about their thoughts, aiming to modify their thinking style and ultimately improve social and interpersonal skills.

This study faced certain limitations. The sample was limited to divorced women, restricting the generalizability of the findings. Furthermore, the scarcity of domestic studies and the lack of access to prior research on the subject posed challenges. Future studies should address these limitations to enhance the applicability and richness of the findings. It is recommended that researchers in subsequent studies combine both therapeutic approaches to determine whether an integrated approach would be more effective than either intervention alone.

#### Authors' Contributions

Firoozeh Heidari Falleh: Data collection, data analysis, and interpretation of findings.

Dr. Seyed Hamid Atashpour: Study design and execution, data analysis and interpretation, manuscript drafting and revision.

Dr. Floor Khiatan: Consultation, supervision, and manuscript review.

All authors reviewed and approved the final version of the manuscript.

#### Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

#### Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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#### Declaration of Interest

The authors report no conflict of interest.

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#### Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent. This study was approved by the Islamic Azad University, Isfahan (Khorasgan) Branch, under the ethical approval code IR.IAU.KHUISF.REC.1401.153.

#### References

- Abdollahi, A., Ahadi, H., Tajeri, B., & Haji Alizadeh, K. (2020). Analysis of the experience of divorce from the perspective of divorced couples in Tehran. *Women's strategic studies*, 23(89), 143-162. <https://www.academia.edu/122382289>
- Abdollahi, M. H., Bashardost Tajali, F., & Sharifi, N. (2023). Comparing the Effectiveness of Cognitive-Behavioral Therapy and Metacognitive Therapy on Anger Indicators in



- Patients with Anxiety Disorders. *mui-jbs*, 21IS - 2, 361-376. <https://rbs.mui.ac.ir/article-1-1485-en.html>
- Allan, R., Wiebe, S. A., Johnson, S. M., Piaseckyj, O., & Campbell, T. L. (2021). Practicing emotionally focused therapy online: Calling all relationships. *Journal of marital and family therapy*, 47(2), 424-439. <https://doi.org/10.1111/jmft.12507>
- Araghi, Y., Bazzazian, S., Amirimajd, M., & Ghamari, M. (2020). Comparing the effectiveness of meta-cognitive education group and acceptance and commitment therapy on hopelessness of divorcing demanding couples. *Counseling Culture and Psychotherapy*, 11(43), 237-266. [https://journal.uma.ac.ir/article\\_1897.html](https://journal.uma.ac.ir/article_1897.html)
- Artang, H., & Izadi, F. (2022). The effectiveness of Emotional Focused Therapy on Emotional Information Processing and Interpersonal Cognitive Distortions among women with Somatic Symptoms of Isfahan. *mui-jbs*, 20(1), 60-73. <https://doi.org/10.52547/rbs.20.1.60>
- Asmari Bardezard, Y., Khanjani, S., Mousavi Asl, E., & Dolatshahi, B. (2021). Effect of Emotion-focused Therapy on Anxiety, Depression and Difficulty in Emotion Regulation in Women With Binge Eating Disorder. *Iranian Journal of Psychiatry and Clinical Psychology*, 27(1), 2-15. <https://doi.org/10.32598/ijpcp.27.1.3246.1>
- Berlant, L. (1998). Intimacy: A special issue. *Critical Inquiry*, 24(2), 281-288. <https://doi.org/10.1086/448875>
- Besharat, M. A. (2019). Fear of Intimacy Scale: Questionnaire, Instruction and Scoring. <https://www.sid.ir/paper/516323/fa>
- Brown, R. L., Wood, A., Carter, J. D., & Kannis-Dymand, L. (2022). The metacognitive model of post-traumatic stress disorder and metacognitive therapy for post-traumatic stress disorder: A systematic review. *Clinical Psychology & Psychotherapy*, 29(1), 131-146. <https://doi.org/10.1002/cpp.2633>
- Budtz-Lilly, A., Schröder, A., Rask, M. T., Fink, P., Vestergaard, M., & Rosendal, M. (2015). Bodily distress syndrome: A new diagnosis for functional disorders in primary care? *BMC Family Practice*, 16, 1-10. <https://doi.org/10.1186/s12875-015-0393-8>
- Cohen, S., Gianaros, P. J., & Manuck, S. B. (2016). A stage model of stress and disease. *Perspectives on Psychological Science*, 11(4), 456-463. <https://doi.org/10.1177/1745691616646305>
- Conway, C. C., Naragon-Gainey, K., & Harris, M. T. (2021). The structure of distress tolerance and neighboring emotion regulation abilities. *Assessment*, 28(4), 1050-1064. <https://doi.org/10.1177/1073191120954914>
- Descutner, C. J., & Thelen, M. H. (1991). Development and validation of a Fear-of-Intimacy Scale. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 3(2), 218. <https://doi.org/10.1037/1040-3590.3.2.218>
- Esmaeeli, F., Navabinejad, S., & Kiamanenh, A. (2021). The Effectiveness of Emotion-Oriented Therapy on Early Maladaptive Schemas during Marriage. *mui-jbs*, 19(2), 251-262. <https://doi.org/10.52547/rbs.19.2.251>
- Fakhri, M., Mahdavianfard, R., & Kimiaee, S. A. K. (2018). Prediction of the probability of divorce based on avoidant attachment, anxiety attachment and family problem solving skills. *Counseling Culture and Psychotherapy*, 9(33), 207-222. <https://www.researchgate.net/publication/366640551>
- Fayazi, M., Balalidehkordi, N., & Unesi, S. (2019). The effectiveness of MCT, on maladjusted Schemas among divorced women. *Rooyesh*, 8(1), 87-96. [http://frooyesh.ir/browse.php?a\\_id=698&slc\\_lang=en&sid=1&printcase=1&hbnr=1&hmb=1](http://frooyesh.ir/browse.php?a_id=698&slc_lang=en&sid=1&printcase=1&hbnr=1&hmb=1)
- Fisher, P., & Wells, A. (2009). *Metacognitive therapy: Distinctive features*. Routledge. <https://doi.org/10.4324/9780203881477>
- Ghafaralahi, E., Etemadi, O., Yousefi, Z., Abedi, M., & Torkan, H. (2021). Comparison of the Effectiveness of Commitment-Building Counseling Package and Emotionally-Focused Couple Therapy on Marital Boredom and Forgiveness of Married women with virtual infidelity. *mui-jbs*, 19(2), 342-357. <https://doi.org/10.52547/rbs.19.2.342>
- Ghezelsefloo, M., Navabinezhad, S., Rostami, M., & Parsakia, K. (2023). The Effectiveness of Emotional Freedom Techniques on Reducing Symptoms of Post-Traumatic Stress Disorder Among Women Affected by Marital Infidelity. *Psychology of Woman Journal*, 4(4), 92-101. <https://doi.org/10.61838/kman.pwj.4.4.11>
- Golabi, F., & Shokuhi Alishah, A. (2021). Gender and Habitual Differentiation: A Comparative Study of Perception and Experience of Men and Women When Divorcing (Case Study: Tabriz). *Quarterly of Social Studies and Research in Iran*, 10(2), 529-560. [https://jisr.ut.ac.ir/article\\_82032.html?lang=en](https://jisr.ut.ac.ir/article_82032.html?lang=en)
- Goldberg, A. E., Allen, K. R., & Smith, J. Z. (2021). Divorced and separated parents during the COVID-19 pandemic. *Family Process*, 60(3), 866-887. <https://doi.org/10.1111/famp.12693>
- Greenman, P. S., & Johnson, S. M. (2022). Emotionally focused therapy: Attachment, connection, and health. *Current opinion in psychology*, 43, 146-150. <https://doi.org/10.1016/j.copsyc.2021.06.015>
- Hamidikian, P., Niknam, M., & Jahangir, P. (2021). Prediction of latent marital aggression and fear of intimacy based on self-compassion with the mediating role of guilt in married people. *Applied Family Therapy Journal (AFTJ)*, 2(1), 65-90. <https://doi.org/10.61838/kman.afj.3.1.35>
- Hedayati, M., Haji, A. K., & Fathi, E. (2020). Effectiveness of emotionally focused couples therapy on the marital intimacy of couples coping with breast cancer in women. <https://doi.org/10.30699/ijbd.13.3.30>
- Johnson, S. M. (2019). *Attachment theory in practice: Emotionally focused therapy (EFT) with individuals, couples, and families*. Guilford Publications. [https://www.guilford.com/books/Attachment-Theory-in-Practice/Susan-Johnson/9781462538249?srsltid=AfmBOop\\_SAhpdA5DnHn-bj-maXIHwr-Lz7M4wkext4Qm4fFCUKUNKWKS](https://www.guilford.com/books/Attachment-Theory-in-Practice/Susan-Johnson/9781462538249?srsltid=AfmBOop_SAhpdA5DnHn-bj-maXIHwr-Lz7M4wkext4Qm4fFCUKUNKWKS)
- Kamali, Z., Allahyar, N., Ostovar, S., Alhabshi, S., & Griffiths, M. D. (2020). Factors that influence marital intimacy: A qualitative analysis of Iranian married couples. *Cogent Psychology*, 7(1), 1771118. <https://doi.org/10.1080/23311908.2020.1771118>
- Kara, F. R. (2024). Building A Half-Sibling In The Process Of Marriage And Divorce For Adults. *Toplum ve Sosyal Hizmet*, 35(1), 1-19. <https://doi.org/10.33417/tsh.1273391>
- Kersten, P., Borschel, E., Neyer, F. J., & Mund, M. (2023). The social side of personality: Do affiliation and intimacy motives moderate associations of personal relationships with well-being? *Journal of personality*, 91(4), 992-1011. <https://doi.org/10.1111/jopy.12746>
- Khajeafzali, T., Bahrami, F., Goodarzi, K., & Farrokhi, N. (2020). The effectiveness of Emotion-Based Therapy on the Components of Marital Intimacy of Student Couples. *Islamic Life Journal*, 10(3), 122-130. <https://www.researchgate.net/publication/353702074>
- Khan, T. A., & Hamid, W. (2021). Lived experiences of divorced women in Kashmir: A phenomenological study. *Journal of Gender Studies*, 30IS - 4, 379-394. <https://doi.org/10.1080/09589236.2020.1826295>
- Khataybeh, Y. D. A. (2022). The consequences of divorce on women: An exploratory study of divorced women problems in

- Jordan. *Journal of Divorce & Remarriage*, 63(5), 332-351. <https://doi.org/10.1080/10502556.2022.2046396>
- Khodayarifard, M. A. U. C. M., Nejad, A. R., & Farahani, H. (2012). Efficacy of training components of emotional intelligence on social adjustment and social intimacy. *Journal of Psychology*, 15(4), 353-368. <https://www.sid.ir/FileServer/JF/61513906003>
- Klein, J. P., Dale, R., Glanert, S., Grave, U., Surig, S., Zurowski, B., & et al. (2022). Does childhood emotional abuse moderate the effect of cognitive behavioral analysis system of psychotherapy versus meta-cognitive therapy in depression? A propensity score analysis on an observational study. *Journal of affective disorders*, 300, 71-75. <https://doi.org/10.1016/j.jad.2021.12.087>
- Koren, R., Woolley, S. R., Danis, I., & Török, S. (2021). Measuring the Effectiveness of the Emotionally Focused Therapy Externship Training in Hungary done through Translation. *Journal of marital and family therapy*, 47(1), 166-182. <https://doi.org/10.1111/jmft.12443>
- Langdridge, D., Gabb, J., & Lawson, J. (2020). *Working with group-level data in phenomenological research: A modified visual matrix method*. <https://doi.org/10.4324/9781351032063-2117>
- Leopold, T. (2018). Gender differences in the consequences of divorce: A study of multiple outcomes. *Demography*, 55(3), 769-797. <https://doi.org/10.1007/s13524-018-0667-6>
- Lynch, J. J. (1977). *The broken heart: The medical consequences of loneliness*. <https://www.amazon.de/-/en/Broken-Heart-Medical-Consequences-Loneliness/dp/0465007716>
- Martin, A. D., Mathes, B. M., & Schmidt, N. B. (2022). Fear of intimacy and hoarding symptoms: The mediating role of object attachment. *Journal of Obsessive-Compulsive and Related Disorders*, 32, 100702. <https://doi.org/10.1016/j.jocrd.2021.100702>
- McPhillips, R., Capobianco, L., Cooper, B. G., Husain, Z., & Wells, A. (2021). Cardiac rehabilitation patients experiences and understanding of group metacognitive therapy: a qualitative study. *Open Heart*, 8(2), e001708. <https://doi.org/10.1136/openhrt-2021-001708>
- Mekonnen, Y., Kassa, K., & Ayalew, M. (2019). Prevalence, causes and consequences of divorce in Bahir Dar city, Ethiopia. *African Journal of Social Work*, 9(1). <https://www.ajol.info/index.php/ajsw/article/view/184252>
- Miller, R. S., & Lefcourt, H. M. (1982). The assessment of social intimacy. *Journal of Personality Assessment*, 46(5), 514-518. [https://doi.org/10.1207/s15327752jpa4605\\_12](https://doi.org/10.1207/s15327752jpa4605_12)
- Miller, R. S., & Lefcourt, H. M. (2000). Miller social intimacy scale. <https://psycnet.apa.org/record/2000-08549-006>
- Mohammadi, H., Sepehri Shamlou, Z., & Asghari Ebrahim Abad, M. J. (2019). The effectiveness of Group Emotional Schema Therapy on decreasing loneliness and rumination in divorced women. *Journal of Woman and Family Studies*, 7(2), 115-136. [https://jwfs.alzahra.ac.ir/%20https://jwfs.alzahra.ac.ir/article\\_4481.html?lang=en](https://jwfs.alzahra.ac.ir/%20https://jwfs.alzahra.ac.ir/article_4481.html?lang=en)
- Monadi, M., & Akhavan Tafti, M. (2022). Qualitative study of divorced women's experiences of the consequences of divorce (case study: divorced women in behbahan). *Journal of psychologicalscience*, 21(116), 1539-1562. <https://doi.org/10.52547/JPS.21.116.1539>
- Montajabian, Z., & Rezai Dehnavi, S. (2021). Study of the Effectiveness of Meta Cognitive Interpersonal Therapy on Improving Dysfunctional Communication Patterns Couples and Increase of Marital Adjustment. *Rooyesh-e-Ravanshenasi Journal (RRJ)*, 10(8), 135-148. <https://scholar.google.com/citations?user=m49Dj4QAAA&hl=ja>
- Nabavi, M., & Shahbazi, M. (2021). Comparison of the effectiveness of compassion focused therapy and dialectical behavior therapy on reducing the marital conflict of women on the threshold of the divorce. *Journal of psychologicalscience*, 20(106), 1897-1912. <https://doi.org/10.52547/JPS.20.106.1897>
- Nielsen, N. M., Davidsen, R. B., Hviid, A., & Wohlfahrt, J. (2014). Divorce and risk of hospital-diagnosed infectious diseases. *Scandinavian Journal of Public Health*, 42IS - 7, 705-711. <https://doi.org/10.1177/1403494814544398>
- Oren, D., & Hadomi, E. (2020). Let's talk divorce-an innovative way of dealing with the long-term effects of divorce through parent-child relationships. *Journal of Divorce & Remarriage*, 61(2), 148-167. <https://doi.org/10.1080/10502556.2019.1679593>
- Prager, K. J. (2013). *The dilemmas of intimacy: Conceptualization, assessment, and treatment*. Routledge. <https://doi.org/10.4324/9780203375372>
- Rahimi, F., Atashpuor, H., & Golparvar, M. (2019). Divorce prediction based on individual beliefs of personality, basic needs and traps of life. *Knowledge & Research in Applied Psychology*, 20(2), 13-23. [https://jwsp.alzahra.ac.ir/mobile/article\\_7538.html?lang=en](https://jwsp.alzahra.ac.ir/mobile/article_7538.html?lang=en)
- Rasouli, A. (2017). Developing the Model of Family Functioning based on the Components of Hope, Intimacy and Marital Conflicts in Couples. *Iran J Nurs Res*, 12(4), 1-8. <https://doi.org/10.21859/ijnr-12041>
- Sahami, S., & Askari, N. (2021). Qualitative Analysis Intimacy In Women On The Verge Of Divorce. *Quarterly Journal of Woman and Society*, 12(47), 177-190. <https://www.sid.ir/paper/1000235/fa>
- Scale, P. M. B. (2022). The Effect of Emotion-Oriented Couple Therapy on Forgiveness, Emotional Self-Regulation and Marital Boredom of Couples Seeking Divorce Referring to Family Social Emergencies. [https://www.islamiilife.com/article\\_185336.html?lang=en](https://www.islamiilife.com/article_185336.html?lang=en)
- Shamsaie, Z., Karimi, Q., & Akbari, M. (2022). Causal modeling of domestic violence based on marital intimacy, inhibition and marital conflict. *Rooyesh-e-Ravanshenasi Journal (RRJ)*, 11(8), 59-68. <https://frooyesh.ir/article-1-4077-en.html>
- Wells, A., Reeves, D., Heal, C., Fisher, P., Doherty, P., Davies, L., & et al. (2022). Metacognitive therapy self-help for anxiety-depression: Single-blind randomized feasibility trial in cardiovascular disease. *Health Psychology*, 41(5), 366. <https://doi.org/10.1037/hea0001168>
- Wolchik, S. A., Tein, J. Y., Winslow, E., Minney, J., Sandler, I. N., & Masten, A. S. (2021). Developmental cascade effects of a parenting-focused program for divorced families on competence in emerging adulthood. *Development and Psychopathology*, 33(1), 201-215. <https://doi.org/10.1017/S095457941900169X>
- Zohrabniya, E., Sanaei, Z. B., Kiamanesh, A., & Zahrakar, K. (2021). The Effects of Emotion-Focused Therapy on Post-Divorce Adjustment and Emotion Regulation in Divorced Women.