

Research Paper

Effects of Group Narrative Therapy on Feeling of Inferiority and Attachment Styles in Married Women Experienced Marital Infidelity



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ABSTRACT

Background: Marital infidelity damages marriage and increases the tensions between couples. The present study aims to evaluate the effect of group narrative therapy on feeling of inferiority and attachment styles in married women experienced marital infidelity.

Methods: This is a quasi-experimental study with a pretest/posttest design using a control group. The study population consists of all women experienced marital infidelity referred to Peidayesh Counseling Center in Mashhad, Iran. Of these, 40 eligible women were selected using a convenience sampling method and assigned into intervention (n=20) and control (n=20) groups. Data collection tools were Hazan and Shaver (1986)'s Adult Attachment Questionnaire and Eysenck (1988)'s Inferiority Questionnaire. Group narrative therapy was performed in the intervention group at 7 sessions while the control group did not receive any intervention. Data analysis was performed by univariate and multivariate analysis of covariance in SPSS software, v. 22.

Results: Group narrative therapy had significant effects on feeling of inferiority and all three secure, avoidant and ambivalent attachment styles (P=0.001).

Conclusion: Group narrative therapy can reduce feelings of inferiority and avoidant and ambivalent attachments and increase secure attachment in women experienced marital infidelity. This method can be used to improve psychological problems of these women.

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1. Introduction

Infidelity in marital relationships is a phenomenon that often occurs due to extramarital affairs, and is one of the main reasons for divorce and harm to couples [1]. It is defined as having hidden physical or emotional relationship with another person. Various personality, social and cultural factors, alone or in interaction with each other, affect the relationship between couples and may lead to an increase in their tendency towards marital infidelity [2-4]. One of the personality factors is the feeling of inferiority or inadequacy [5]. This feeling can be experienced by all people in their life and can be said that almost all people are more or less involved with this feeling [6]. This feeling is also known as low self-esteem [7].

Feeling of inferiority arise from a deep, unrealistic, and persistent belief in low mental and physical abilities that leads to attaching less value or devaluation in various aspects of life; in marital relationships, couples who feels inferiority or inadequacy are skeptical about their abilities and values, and are often engaged in extramarital affairs to overcome the feeling of inferiority or negative feelings about themselves and to prove their abilities. For these people, starting any new relationship is associated with increased self-esteem and self-worth. Such people usually seek relationships with a person who is at a lower social class than them; they see themselves as superior to the person and, hence, overcome their low self-esteem and feelings of inferiority [8]. In this regard, evidence has shown that when a person suffers from the lack of self-esteem, the likelihood of extramarital affairs increases and the restricting barriers and hatred decrease. In this way, s/he tends to increase self-esteem through extramarital affairs [9-11].

The feeling of inferiority is even greater in people who suffer from attachment injuries [12]; therefore, another factor that has increased attention to extramarital affairs is attachment styles [13]. Attachment is a special emotional bond that requires the exchange of comfort, pleasure, and care. There are three attachment styles: secure, avoidant and ambivalent [14]. Various studies in the field of marital infidelity have shown that people with a secure attachment style are less likely to be involved in extramarital affairs because they feel comfortable and confident in their marital relationship. Hence, it acts as a major and strong barrier to marital infidelity. On the other hand, people with insecure and avoidant attachment styles have more willingness to experience extramarital affairs [15]. Furthermore, people with ambivalent at-

tachment style, especially women, are more likely to be involved in marital infidelity. People with an anxious-avoidant attachment style are more likely to have active responses with hostility and revenge. These people believe that other people do not satisfy their needs; hence, they tend to end their marital relationships. People with anxious attachment style highly invest in relationships and rely on their spouse and relationship with them to validate their self-worth [13, 16]. In the ambivalent attachment style, people do not have close relationships with friends and others, and are not able to show self-disclose. They are known by avoiding close relationships and having a positive view of loneliness [17].

Considering the catastrophic effects of infidelity on marital relationships, it is necessary that effective interventions be used to help couples who are facing this problem. In this regard, various methods have been proposed including emotion-oriented couple therapy, trauma-based therapy, use of healing rituals, and visionary model [18]. One of other therapeutic methods that seems to be effective in treating and reducing the problems caused by marital infidelity is the narrative therapy [19]. Narrative therapy is one of the methods derived from the postmodernist perspective that focuses on individuals' reality. In this method, it is assumed that people's feelings and thoughts are formed based on events and interpersonal relationships [20]. Narrative therapy is the deconstruction of old stories and generation of new stories [21]. In other words, narrative therapy teach individuals to use a set of methods to identify their stories and deconstruct and rewrite these stories with the help of therapists [22].

Narrative therapists help individuals pay attention to good stories that lead them to a better identity and life, instead of focusing on unwanted and unhelpful stories [23]. Narrative therapy and making stories about infidelity can have positive effects on people [24]. For example, the results of a study showed the effectiveness of group narrative therapy in increasing ego empowerment and reducing inferiority [25]. Another study showed that narrative therapy had a significant effect by reducing the tendency towards infidelity [19]. Other studies have concluded that narrative therapy is an effective treatment for reducing the sense of inferiority, increasing self-esteem [25-32], reducing psychological problems, and improving attachment styles [19, 24, 33-36].

Marital infidelity has become a major problem for many couples. In fact, most women deal with all hardships in their life due to their motherly love and some cultural, economic and social issues; in some cases, even

after the infidelity of their husbands, they are not willing to end their marriage; however, they cannot forget the past which further can negatively affect their marital relationships and the mental health of their children. Therefore, it is necessary to perform therapeutic interventions for timely screening and treatment so that the attachment injury caused by marital infidelity be recovered and, while creating secure emotional bonds, marital fidelity be strengthened and marital relationships be reinforced. Considering that there are scant research in Iran about using interventions including the group narrative therapy for the treatment of marital infidelity, the present study aims to determine the effectiveness of group narrative therapy on the sense of inferiority and attachment styles in married women experienced marital infidelity in Mashhad, Iran.

2. Methods

This is a quasi-experimental study with a pretest/post-test design using a control group. The study population consisted of all women experienced marital infidelity referred to Peidayesh Counseling Center in Mashhad, Iran. Since, in experimental studies, at least 15 people are needed for each group [37] and considering a possible drop-out, we recruited a total of 40 eligible women. For sampling, a convenience sampling method was used. After performing pre-test assessments, they were randomly divided into two groups of intervention ($n=20$) and control ($n=20$). Inclusion criteria were: A previous experience or current involvement in marital infidelity, age 20-40 years, having a least a high school diploma, and living with partner at least for 3 years. The exclusion criteria were: absence from more than two interventional sessions and receiving other psychological interventions, simultaneously.

Hazan and Shaver's Adult Attachment Questionnaire [38] was used to assess attachment styles of women which has six subscales (3 items for each parent) that assess childhood relationships based on a 7-point scale for each secure, avoidant, and ambivalent attachment styles. The overall test-retest reliability of this questionnaire is 0.81 and its internal consistency using Cronbach's alpha is 0.78. It has a good face validity and content validity and an acceptable structural validity [38]. For its Persian version, a study confirmed content validity and face validity and reported the Cronbach's alpha coefficients for secure and insecure attachment styles of fathers were 0.88 and 0.92, respectively, while Cronbach's alpha coefficients for secure and insecure attachment styles of mothers were 0.82 and 0.83, respectively [39]. Feeling of inferiority was assessed by Eysenck's Inferiority Questionnaire [40],

which has 30 items scored by 0 or 1; the score 0 indicates low feeling of inferiority and the score 1 indicates high (strong) feeling of inferiority. The total scores indicates the degree of this feeling in person. Its Cronbach's alpha coefficient is 0.76 [40]. For its Persian version, the face validity and content validity were confirmed and Cronbach's alpha coefficient was reported 0.74 [41].

Group narrative therapy was presented to the intervention group at 7 sessions, once a week, each for 90 minutes based on the protocol used in Avi's study [42] presented in Table 1. The control group did not receive any intervention. The ethical principles were observed and a written information consent was obtained from all participants. They were assured that their information would be kept confidential and would be used only for research purposes. To analyze the collected data, descriptive statistics (Mean \pm SD) and inferential statistics (ANCOVA) were used in SPSS software, v. 23.

3. Results

The demographic characteristics of participants are presented in Table 2. The results showed no statistically significant differences between the intervention and control groups in terms of age and educational level.

The Mean \pm SD of attachment styles and the sense of inferiority at pre-test and post-test phases are presented in Table 3. As can be seen, in the control group, the post-test mean scores were not significantly different from the pre-test scores. In the intervention group, the mean scores of avoidant and ambivalent attachment styles and sense of inferiority decreased and the mean score of secure attachment style increased after the intervention.

Before performing univariate and multivariate ANCOVA, its assumptions were examined. Levene's test, the homogeneity of regression slope, Box's M test, and Kolmogorov-Smirnov were used for this purpose. Since the reported significance level of Box's M was more than 0.5, the assumption of equality of variance-covariance matrices was established ($P=0.09>0.05$). The results of Kolmogorov-Smirnov test showed that the data of two groups had a normal distribution. On the other hand, the non-significance of Levene's test and the regression slope showed that the equality of between-group variances and the uniformity of regression slopes were observed. The results reported in Table 4 showed that group narrative therapy was effective in reducing the feeling of inferiority ($P=0.001<0.05$), where the effect size was 0.26.

Table 1. The protocol of group narrative therapy [42]

Sessions	Topics	Contents
1	Introduction	Acquaintance, defining the goals and rules of meetings, explaining the selected treatment model, encouraging members to tell their stories
2	Life story	Externalization, assessing the dominant stories, characterizing the problem-saturated story, assessing the influence of the problem on members and vice versa, how to make a life story
3	Important life events	Identifying the principles that govern the storytelling of members, identifying the experiences, the peak, and the decline, looking at the story from another perspective
4	Deconstruction	Naming the problem, deconstruction (disabling the problem), semantic open technique
5	Initiatives	Challenging members, determining positive and negative factors affecting their stories, discussing about the great challenges of life, identifying members' shadow stories
6	Unique consequences	Assessing the unique consequences, using new elements in the story, identifying the priorities, desires, goals and important people in life, changing the context of life
7	Reconstruction and retelling of life stories	Relying on the strengths of members, assessing the relationship between the new story and life, streamlining the new story, crucial points



4. Discussion

The present study was conducted to evaluate the effectiveness of group narrative therapy on feelings of inferiority and attachment styles in married women experienced marital infidelity. The results of this study regarding the feeling of inferiority which is consistent with the results of previous studies [32-35], showed that group narrative therapy was effective in reducing the feeling of inferiority in women. In explaining this finding, it can be said that the women during the group narrative therapy found that the dominant story of their lives needs to be changed and there are other unique life stories that they have not yet paid attention to them. They also realized that their stories were influenced by broader social cultures and structures, and that it was these structures that gener-

ated their dominant stories. Accordingly, women could let themselves go off the past problematic relationships and get rid of the feeling of inferiority, and encounter with fewer marital problems in future. Another important element of the group narrative therapy that reduced the feeling of inferiority in women was the development of alternative stories where women had more responsibility in their lives. On the other hand, narrative therapy takes place in more than seven stages: Externalization, naming the problem and separating the problem from the person, tracking the history of the problem, discovering the effects of the problem, putting the problem in context and deconstruction, discovering the unique output and identifying the times when the problem has less or no effect on the person, tracking the history and meaning of the unique story, naming the alternative story, and finally

Table 2. Frequency distribution of demographic characteristics in terms of age and education

Variables	No. (%)		P
	Intervention	Control	
Age (y)	20-30	12(60)	0.32
	31-40	8(40)	
	Total	20(100)	
Educational level	Diploma	3(15)	0.18
	Associate degree	2(10)	
	Bachelor's degree	11(55)	
	Master's degree	4(20)	
	Total	20(100)	



Table 3. Attachment styles and feeling of inferiority in two study groups before and after the intervention

Variables	Mean±SD		
	Pre-test	Post-test	
Intervention	Secure	14.20±2.41	21.60±3.53
	Ambivalent	17.50±1.79	13.80±2.11
	Avoidant	17.65±1.53	14.20±1.51
	Sense of inferiority	19.45±1.54	17.85±2.83
Control	Secure	14.90±2.51	15.50±2.26
	Ambivalent	17.35±1.73	18.20±1.51
	Avoidant	17.75±2.02	17.95±1.66
	Sense of inferiority	18.70±1.94	19.0±1.89



strengthening this alternative story [43]. In this study, these steps can be traced. In the present study, the narrative therapy was able to lead the stories of women in the intervention group to a more unique direction, neglecting the incompatible dominant stories, which was achieved by relying on the responsibility of women; which led to reduced feeling of inferiority. Another mechanism that was effective in this method was the ability to choose which involves a kind of preparation for making a new story of the past and present life and making decision to give meaning to long-forgotten experiences and parts of life. In this regard, the techniques of diary writing and non-posted letters are used. Another feature of this intervention method that was effective was the empha-

sis on women's strengths; narrative therapist, through dialogue, drew the women's attention to those abilities that they could use to change their life stories. Since their dominant story was problematic and had shortcomings, for defining their story, they only focused on their numerous problems. Therefore, paying too much attention to problems and problematic stories does not allow the individual to experience unique moments and meanings. This intervention helped them generate new stories. Moreover, in narrative therapy, the therapist and clients act as collaborative partners where the clients have high authority and their opinions are acceptable and respected; there is no strict and inflexible therapeutic relationship between them. All of these features caused the

Table 4. Results of ANCOVA for assessing the effect of group narrative therapy on feeling of inferiority in married women

Source	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Pre-test	4.60	1	4.60	1.05	0.31	0.03
Main effect (intervention)	57.16	1	57.16	13.08	0.001	0.26
Error	161.59	37	4.36			

**Table 5.** Results of ANCOVA for comparison of attachment styles between the two study groups

Source	Variables	Sum of Squares	df	Mean square	F	Sig.	Partial Eta Squared
Group	Secure	416.55	1	4.60	53.64	0.001	0.40
	Avoidant	193.63	1	57.16	61.91	0.001	0.42
	Ambivalent	131.22	1	4.36	61.87	0.001	0.42



positive effects of narrative therapy in our study. In other words, since the causes of feeling inferiority are personal experience, social interaction, and sources of adaptation, narrative therapy was able to act as a source of adaptation and reduced the feeling of inferiority in married women who had experienced marital infidelity.

The results of this study regarding attachment styles which is consistent with the results of previous studies [19, 24, 33-36] showed that group narrative therapy was effective in improving attachment styles of married women experienced marital infidelity; the mean scores of avoidant and ambivalent attachment styles decreased, and the mean of secure attachment style increased after the intervention. For explaining this finding, it can be argued that the avoidant and ambivalent attachment styles are because of the existence of negative and insecure attitudes and early maladaptive schemas due to improper treatment in childhood. The person with avoidant style is always worried about being rejected by attachment figures. Therefore, in narrative therapy, a person is taught to cope with her/his insecure attachment by increasing the psychological acceptance of internal experiences such as thoughts and feelings that they have when communicating with others, and by considering more social purposes and committing to them instead of avoiding anxious thoughts and conditions caused by the absence of attachment figures in marital relationships. By narrative therapy, the clients are asked to name and describe their needs and express personalities that were anti-thinking of extramarital affairs. This helps them become more aware of their valuable life stories, forget their past that which formed their ambivalent and avoidant attachments, and strengthen their secure attachments by focusing on the present.

5. Conclusion

Group narrative therapy can reduce feelings of inferiority and improve attachment styles in women experienced marital infidelity. Holding specialized workshops and teaching the methods of narrative therapy for mental health professionals is recommended to know how to treat women experienced marital infidelity.

It is recommended that further studies be conducted on different clinical populations or by increasing therapeutic sessions, using a follow-up period, or in comparison with other therapeutic approaches or psychological interventions (using three study groups).

The limitations of this study include the lack of study on men experienced marital infidelity and lack a follow-up phase due to time constraints.

Ethical Considerations

Compliance with ethical guidelines

All ethical principles were observed in this study, and an ethical approval was obtained from the Research Ethics Committee of [Islamic Azad University, Bojnourd Branch](#) (code: IR.IAU.BOJNOURD.REC.1400.012).

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Authors' contributions

All authors equally contributed to preparing this article.

Conflict of interest

The authors thereby declare no conflict of interest.

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