

Effectiveness of Emotion-Focused Therapy in Positive Interaction and Intimacy of Couples in Tehran

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Abstract

Background: Family as the basic unit of society provides mental health support to its members. It is one of the main institutions of any community, as well as the focus of human emotions and intimate relationships among individuals

Objectives: The present study aimed to assess the effectiveness of emotion-focused therapy in positive interaction and intimacy of couples.

Methods: This semi-experimental study was conducted based on a pre-test and post-test control group design with follow-up. The statistical population consisted of all couples referred to Avin psychology clinic in Tehran in 2019 (between May and August). Out of this population, 30 couples were selected via available sampling and randomly assigned to two groups of experimental (n=15) and control (n=15). The experimental group received emotion-focused therapy during 11 two-hour sessions (one session per week), while the control group did not receive any intervention during this period. Data were collected using the Communication Patterns Questionnaire and Marital Intimacy Questionnaire. The collected data were analyzed in SPSS software (version 22) using repeated measures multivariate analysis of variance. A p-value of 0.05 was considered statistically significant.

Results: The results demonstrated that emotion-focused therapy improved the positive interaction and intimacy of couples ($P < 0.05$). Moreover, the effectiveness of emotion-focused therapy persisted until follow-up.

Conclusion: As evidenced by the findings of the present study, it can be concluded that emotion-focused therapy can effectively enhance positive interaction and intimacy in couples.

Keywords: Emotion-focused therapy, Positive interaction, Intimacy, Couples.

Introduction

Marriage is a sacred covenant through which the family is formed, and the family is the first social organization in which the individual lives and is essentially a focal point for aid, relief, healing, and healing, as well as a focus that should alleviate the psychological pressures on its members and pave the way for their growth and prosperity (1). Experts and researchers in the field of family and couples examined the couples' communication patterns and the difference between their verbal and nonverbal interactions in solving their problems with one of the most reliable methods introduced to identify these patterns, namely the methods of observing couples' behaviors and coding their verbal and nonverbal interactional behaviors (2). Compatible couples were introduced as couples with at least more positive behaviors against their negative behaviors. The couples used positive verbal behaviors to solve their problems. Couples were incompatible, defensive, conflict-leaning, angry, withdrawn, had negative emotions, and were unable to solve their problems

(3). Goldsmith (4) believes that communicating in the right way, especially in bilateral relationships, is very important, so that the more correct this relationship is, the more couples try to solve problems and increase the level of intimacy and satisfaction of the relationship. Sense of humor, exchange of appropriate emotions, shared interests, and, in a word, the use of positive interactions, in addition to affecting the couples' conflict resolution method, also increase their satisfaction with their relationships.

Family is one of the main pillars and main institution of any society and is the main focus of human emotions and intimate relationships among individuals (5). Researchers have defined intimacy in different ways, but the most common definition of intimacy is the feeling of self-disclosure, sharing the inner self, and feeling of closeness with the spouse. Intimacy is also defined as the potential ability to build close relationships, which includes high levels of communication, closeness, and commitment (6). Smith (7) considers intimacy to include nine dimensions of emotional, psychological, intellectual,

sexual, physical, spiritual, aesthetic, social-recreational intimacy. The overall intensity requires intimacy and its nine dimensions are different for each individual than the others. Subjects differ according to individual differences in intensity and type of intimacy. Considering these differences between individuals, one can understand how a couple whose overall need for intimacy is similar in terms of intensity of need may still be unhappy with sharing the experience of intimacy in their relationship. Unfortunately, many spouses interpret these differences as good or bad, healthy or unhealthy, wanting or unacceptable. One of the primary tasks of therapists is to help couples understand and accept differences in the severity of needs. Couples who enter treatment because of dissatisfaction with intimacy needs gradually learn that their differences in the severity of general needs and the severity of dimensions of needs are a simple matter related to differences (8).

Currently, several theoretical perspectives with different approaches seek to explain and solve marital problems. One of the treatments that have attracted a lot of attention in recent years is emotion-focused therapy (9). Emotion-focused therapy, developed by Johnson and Greenberg in the early 1980s, is a mixture of three theoretical approaches: systemic, humanism, and attachment. Considering the main role of emotions in attachment theory, this treatment refers to the important role of emotions and emotional communication in organizing communication patterns and considers emotions as the factor of change. From an attachment point of view, each couple enters into a current relationship with expectations and experiences from their past, which plays an important role in how they respond to their spouse (10). The results of some research based on the emotion-focused approach indicate the effectiveness of this approach on sexual function and satisfaction, couples' happiness, couples' intimacy, marital adjustment, depression, and anxiety of couples, and emotional correlation (11). As the most essential aspects impacting married couples' life is positive interactions, marital intimacy, and sexual functioning, the current study aimed to assess the effectiveness of emotion-focused therapy on these three aspects.

Objectives

This study aimed to determine the effectiveness of emotion-focused therapy on positive interaction and intimacy of couples.

Method

The present study was a semi-experimental study with pre-test and post-test design and follow-up with a control group. The statistical population of the present study consisted of all couples referred to Avin psychology clinic in Tehran in 2019 (between

May to August). The sampling method was calculated through G-Power software and the sample number consisted of 30 couples who had lower scores than the cut score in the questionnaires and were also collected from Avin Psychology Clinic in Tehran based on inclusion and exclusion criteria and were randomly assigned to two experimental groups (15 couples) and control (15 couples). The number of samples was calculated based on similar studies considering the effect size of 0.40, the confidence level of 0.95, the test power of 0.80, and the loss rate of 10% for each group of 20 people. The groups peered in terms of age, gender, and education level. Inclusion criteria: couples who have been married for 3 to 10 years, minimum diploma education, no specific physical and mental problems, volunteering to participate in the research and exclusion criteria: not observing the rules of the group that was started in the first session and absence was more than one session.

The ethical considerations of the present study were as follows: all subjects received written information about the research and participated in the research if they wished. It was assured to individuals that all information was confidential and would be used for research matters. Due to privacy issues, the name, and surname of the participants were not recorded. Also, after the end of the study, more effective treatment was performed for the patients in the control group.

The couples were randomly divided into two groups of 15 (emotion-focused therapy and control group). Before performing emotion-focused therapy interventions, positive interaction and intimacy of couples were measured using questionnaires in both groups, test, and control (pre-test stage). Then, the experimental group was treated with emotion-focused therapy during 11 sessions of 120 minutes and after completing the training, positive interaction and intimacy of the couples were measured in both groups' tests (post-test stage), so the data related to positive interaction and intimacy of the participants' couples were measured.

Communication Patterns Questionnaire (CPQ)

This questionnaire was designed by Christensen and Salavi (12) at the University of California to investigate couples' interaction patterns. This form has 35 questions and assesses couples' behaviors during three stages of marital conflict. Cronbach's alpha of 0.44 to 0.85 reported by Christensen and Heavey (12) from the reliability assessment of five subscales of this questionnaire is a satisfactory result. In Iran, the eulogy and colleagues (13) standardized the above may questionnaire and the correlation coefficients obtained for the three subscales of constructive reciprocal communication, mutual avoidance relationship, and withdrawal relationship

were 0.58, 0.58, and 0.35, respectively, which were significant at the alpha level of 0.01. To determine the reliability of the questionnaire, the internal correlation was calculated on the subscales of the questionnaire and the obtained figures were: mutual constructive 0.50, mutual avoidance of 1051 expected female withdrawal 0.52, and expected woman/male withdrawal 0.55 (13).

Bagarosi Marital Intimacy Needs Questionnaire

The Marital Intimacy Questionnaire was developed by Bagerozi in 1997 to measure the level of marital intimacy of couples. This questionnaire has 41 questions on a 10-degree scale of expression

completion and examines the needs of intimacy and its dimensions (emotional, psychological, intellectual, sexual, physical, spiritual, aesthetic, and socio-recreational). In this questionnaire, a higher score means higher marital intimacy (14). The validity and reliability of this questionnaire were obtained in Pasha et al. (15) using Cronbach's alpha 0.93. Also, its validity was obtained in physical intimacy dimension 0.72, spiritual intimacy 0.85, aesthetic intimacy 0.86, social-recreational intimacy 0.76, psychological intimacy 0.82, intellectual intimacy 0.73 and sexual intimacy 0.76.

Table 1. Emotion-focused couple therapy protocol

Sessions	Contents of sessions
Introduction	Communicating with the couples and motivating them to pursue therapy
Therapeutic Alliance	Creating and building therapeutic alliances and explaining conflicting issues at the heart of attachment-oriented efforts
Discovering the negative interactive cycles	Explaining, describing, and illuminating the negative interactive cycle as it occurs (cycle) in the session
Achieving the first excitement	Achieving the unknown emotions which underlie the interactive patterns
Re-framing the problem	An inefficient cycle called the "common enemy" is framed and introduced through the negative cycle, the underlying emotions, and the attachment-oriented needs
Increasing knowledge about emotions	Identifying the needs and aspects of the self which have not yet been owned, then integrating these elements with communication interactions
Creating and increasing acceptance of new experiences	In this step, the spouses identify and accept each other's needs and perceptions and then validate and understand them.
Facilitating expressing needs and desires	Facilitating expressing the needs and desires of the spouse, leading the couple to re-engage emotionally. As positive emotional conflicts re-emerge in the relationship, the attachment and consequently new interactive events emerge.
Facilitating the development of new solutions to old problems	Couples discover new solutions and get emotionally involved due to a safe and reliable environment.
Strengthening new positions and stabilizing new cycle	The therapist reviews the progress of spouses and remembers these improvements by highlighting the positive and new interactive cycle and comparing it with the previous dysfunctional cycle.
Conclusion	Supporting couples' ability to keep up with changes, extending interventions to normal life during recent weeks, reviewing how to continue changes outside and after the end of sessions in normal life.

Multivariate analysis of variance (ANOVA) test method was used by SPSS-22 software to test the research hypotheses. The test hypotheses were validated using Kolmogorov-Smirnov and Levene's tests to

observe the assumptions of multivariate analysis of variance with repeated measures.

Results

Table 2 shows the descriptive statistics of positive interaction and intimacy separately by group and test phase.

Table 2. Mean and standard deviation of pre-test and post-test scores of positive interaction and intimacy of Couples in both groups

Variable		Pretest		posttest		Follow-up	
		M	SD	M	SD	M	SD
Positive interaction	Experiment	37.60	8.87	54.76	13.62	62.86	15.30
	Control	34.16	11.65	33.76	12.11	33.73	12.46
Intimacy	Experiment	134.80	16.97	188.60	27.37	200.73	33.31
	Control	126.63	12.53	120.83	14.21	118.40	14.55

As shown in Table 2, the mean scores of positive interaction and intimacy in the experimental group at post-test and follow-up were increased compared to the

pre-test, while the mean scores of positive interaction and intimacy in the control group were not significantly different in the pre-test, post-test, and follow-up.

Table 3. Results of multivariate tests for the effect of emotional-focused therapy on the couples' positive interaction and intimacy

Variable	Value	F	P
Positive interaction	0.18	122.26	0.001
Intimacy	0.21	105.26	0.001

As seen in Table 3, the significance level of the Wilks Lambda multivariate test indicated that there was a significant difference in positive interaction and intimacy of couples at least between the groups

(emotion-focused therapy and control group) and within the subjects (pre-test, post-test, and follow-up) ($P < 0.001$).

Table 4. Results of inter-group effects for the couples' positive interaction and intimacy

	Source	SS	df	MS	F	P	Effect size
Positive interaction	Group	10811.25	1	10811.25	48.77	0.001	0.45
	Error	12855.96	58	221.65			
Intimacy	Group	3528.93	1	3528.93	13.99	0.001	0.19
	Error	14621.92	58	252.10			

As shown in Table 4, there was a significant difference between both experimental and control groups on positive interaction and intimacy ($P < 0.05$).

In other words, emotion-focused therapy had a significant effect on positive interaction and intimacy.

Table 5. Comparing the mean scores of experimental and control groups in the pre-test, post-test, and follow-up stages of couples' positive interaction and intimacy

Variable	Intergroup stage	Mean difference	P
Positive interaction	pretest	3.03	0.16
	posttest	16.86	0.001
	Follow-up	26.60	0.001
Intimacy	Pretest	0.53	0.79
	Posttest	11.00	0.001
	Follow-up	16.10	0.001

As shown in Table 5, there was a difference between emotion-focused and control groups in the post-test and follow-up stages in the positive interaction and intimacy variables, but not in the pre-test stage.

Discussion

This study aimed to determine the effectiveness of emotion-focused therapy on positive interaction and intimacy of couples. The results showed that there was a significant difference between the two groups of control and emotion-focused experiment in positive marital interaction of couples. In other words, emotion-focused therapy affects positive marital interaction between couples. These results have continued in the follow-up phase. This finding was in line with the results of the research of Wiebe et al. (17), Wiebe et al. (18) suggesting that emotion-

focused couple therapy creates satisfaction and stable attachment relationships.

Regarding the effectiveness of the emotion-focused couple therapy approach, it can be stated that changes in emotion-focused therapy occur when therapists help spouses to change the elements in the destructive relationship. Breaking the negative cycles will cause different responses and the couple will move toward a more secure relationship. With emotionally focused therapy, spouses can access, express, and reprocess the emotions which cause their negative interaction patterns. Spouses can then send new emotional symptoms that allow interactive patterns to move toward greater accessibility and accountability, resulting in a safer and more satisfying bond (10). Also, the process of changes in the emotion-focused approach shows that this treatment helps couples to access the underlying and

damaged emotions and can express them. Detection of vulnerable underlying emotions affects breaking the faulty cycle of interactions and deepens intimacy and secure attachment bonding (19). According to this view, marital turmoil is caused and continued by pervasive states of negative affect and attachment damages, lack of attention to internal needs and desires, negative interaction patterns, and inappropriate emotional experiences. In fact, in this approach, emotions are tried to be identified and converted into understandable and constructive messages. Emotional skills, which are defined as the ability to recognize and express emotions as well as the ability to empathize with others, increase intimacy and feelings of security, reduce uncritically in the individual, and are essential in maintaining and maintaining a successful relationship (5). In this model, it is assumed that the psychological and interpersonal status of couples in their interactions is organized by the individual emotional experiences of each couple. From an emotional perspective, emotions are tried to be identified and transformed into understandable messages and constructive behaviors. Lack of ability to interpret emotional situations may cause problems in interpersonal relationships. Emotional skills, which are defined as the ability to recognize and express emotions as well as the ability to empathize with others, increase the positive interaction of couples.

The results showed that emotion-focused therapy affected couples' intimacy. These results have continued in the follow-up phase. In addition, the results indicate that emotion-focused therapy has increased emotional intimacy, psychological intimacy, intellectual intimacy, sexual intimacy, physical intimacy, and spiritual intimacy of couples. Another finding of this study was that emotion-focused therapy has not been effective on aesthetic and recreational-social intimacy. The results of this study with yo, Bartel Haring et al. (20) also showed that emotion-centered intervention improves couples' communication in controlling negative emotions and reducing marital conflicts, as well as improving communication patterns, communication satisfaction, sexual intimacy, and emotional intimacy of couples, Zakarini et al. (11) show that emotional couple therapy affects couples' forgiveness and reconciliation and creates emotional solidarity between them.

In explaining this finding, it can be said that training the emotion-focused approach in couples creates a secure attachment that couples are more comfortable with this attachment, have a close relationship with their spouse or partner, and self-actualize and react to spousal self-actuality. Attachment theory, which is one of the principles of the emotion-focused approach, emphasizes intimacy. So creating attachment increases intimacy. Human beings are a servant of love, the husband and wife at

home seek love, and in marriage with intimacy seek peace and a better life. This intimacy that spouses seek is nothing more than understanding and a secure attachment in relationships that follows us and our destiny from the beginning of childhood to adulthood. To create and express intimacy, learning is very effective and productive as much as it can magic. Intimacy among family people, especially men and women, brings satisfaction to life and strengthens the family. In the meantime, the emotion-focused approach creates this intimacy concerning attachments and emotions, as well as eliminating negative interactive cycles (21).

In explaining these findings, it should be added that the first assumptions of emotion-focused therapy say: "The most influential factor in creating and maintaining marital intimacy is the type of emotional chain in the relationship." In Jansen's opinion (16) when the relationship with the context of positive emotions is assumed, intimacy will emerge spontaneously. Since Johnson (21) directly and explicitly introduces emotion-focused therapy as the best method of couple therapy in improving communication disturbances, and also in the emotion-oriented approach of corrected and new emotional experiences, the new healing extract of communication problems, and on the other hand, considering that one of the goals of emotion-focused therapy has been to highlight the role of emotions in intimate relationships of spouses, Johnson (16) has been so. Emotion-focused therapy (with an emphasis on empathy, self-actualism, deep understanding of one's own and spouse's needs, acceptance, expression of thoughts and feelings, and creating an emotional atmosphere, all of which are necessary elements in an intimate relationship) appears to have a strong role in increasing couples intimacy. Resolving disputes, according to Johnson and Lebow (16), is a successful couple therapy technique for mending relationships because it leads to productive dialogues and enduring connections.

Each research has some limitations that the present study was not excluded from, including the limitations of the present study, it can be said that because only the questionnaire was used for data collection and due to executive limitations, interviews were not used to collect the research data. More controlled studies should be carried out on the impact of emotion-focused therapy on other factors such as depression, mental health, family cohesiveness, and so on in the future. to be done. Considering the effect of emotion-focused therapy on positive interaction and intimacy of couples, it is suggested that counseling centers to increase positive interaction and intimacy of couples, classify values and understand the importance of marital relationship, the practice of values, and finally strengthen the relationship with spouse, and also considering the effect of emotion-focused therapy on

positive interaction and intimacy of couples, it is suggested that this treatment method be taught more than ever. Pay attention to therapists and counseling centers.

Ethical Considerations

Compliance with ethical guidelines

All ethical principles were considered in this research. The participants were informed about the purpose of the research and its stages. Informed consent was obtained from the subjects. They were also assured of the confidentiality of their information. Moreover, the subjects were free to withdraw from the study if desired. They were also informed that they will be provided with the results of the research. This article is extracted from the doctoral dissertation of the first author of the article and has the code of ethics committee number IR.IAU.SEMNAN.REC.1397.013 from Islamic Azad University of Semnan branch.

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Conflict of interest

The authors declare that they have no conflict of interest.

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