

# Comparing the Effectiveness of Gottman's Couple Therapy and Emotion-Focused Therapy on Couples' Marital Intimacy

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## Abstract

**Background:** A person's satisfaction with marital life is regarded as his/her satisfaction with the family, and family satisfaction means life satisfaction which consequently facilitates the growth and spiritual progress of the society.

**Objective:** The present study aimed to compare the effectiveness of Gottman's model and emotion-focused therapy on couples' marital intimacy.

**Method:** This quasi-experimental research was conducted based on a pre-test, post-test control group design with follow-up. The statistical population of the study included the couples who were referred to clinics in the west of Tehran in 2020. A number of 24 couples were selected by convenience sampling and randomly assigned to three groups: two intervention groups (Gottman couple therapy and emotional therapy) and a control group (n=8 in each group). The experimental groups underwent 10 90-min sessions of Gottman's couple therapy and emotion-focused therapy, while the control group stayed on the waiting list. Data were collected based on the Intimacy Needs Questionnaire and analyzed in SPSS software using repeated measures analysis of variance.

**Results:** The results demonstrated that Gottman's model and emotion-focused therapy exerted an effect on couples' marital intimacy and there was no significant difference between the two treatments in terms of effectiveness ( $P < 0.01$ ).

**Conclusion:** As evidenced by the results of this study, it can be concluded that Gottman's model method and emotion-focused therapy are both effective in the enhancement of couples' marital intimacy and can be used as therapeutic or educational methods in couple therapy programs.

**Keywords:** Emotion-focused therapy, Couples therapy, Spouses, Emotions

## Introduction

The family is generally regarded as a social institution formed and sustained by a strong bond of affection between men and women. A person's satisfaction with marital life is deemed as his/her satisfaction with the family, and family satisfaction means life satisfaction which consequently facilitates the growth and spiritual progress of the society (1). The results of studies pointed out that optimal family functioning is a concept that has a direct effect on needs, goals, life satisfaction, and family emotional relationships (2). Moreover, it directly influences some factors, such as structure, role, understanding relationships, personality dynamics, and family function (3). The findings of a study by Choi and Marx (4) also suggested that marital disparity is a high-risk factor for physical and mental health among spouses and children, causing family inefficiency.

The creation and durability of the intimate relationship are reinforced by certain emotional bonds. Intimacy, feelings of closeness, similarity, and personal

relationships are romantic or emotional with another person and require a deep understanding of the other person to express thoughts and feelings that are used as the source of similarity and closeness. Bagarozzi considers intimacy to consist of nine dimensions of emotional, psychological, intellectual, sexual, physical, spiritual, aesthetic, social, recreational, and temporal intimacy (5). One of these dimensions that is important in the marital relationship is the sexual dimension which is the most important one based on several studies on factors related to marriage (6).

Intimacy is one of the factors that can affect and increase marital compliance. Clinical studies and experiences indicated that in contemporary society, couples experience severe difficulties and learning when establishing and maintaining intimate relationships and adapting to each other. Intimacy is a dynamic concept in human communication, especially in couple relationships, which means openness and lack of inhibition in relationships and the proximity of two or more individuals in different emotional, logical,

and functional dimensions that are created in the context of relationships (7). Intimacy is a behavior that enhances emotional proximity. Emotional closeness includes mutual support and understanding, communicating and sharing ourselves, our activities, and assets with another person (8). Previously conducted studies demonstrated that enjoying intimacy among married couples is one of the most important factors causing stable marriage (9) and avoiding intimate relationships is one of the factors that cause defeat in family life (10).

The increasing significance of marital life and its impact on marital problems, dissatisfaction, and incompatibility, followed by increasing divorce statistics and its adverse consequences in recent years, have highlighted the importance of addressing this issue. This has led to the formation of many therapeutic patterns. The general purpose of these treatments is to provide a kind of psychological services for couples that identify barriers and interpersonal problems and teach problem-solving and appropriate behavior patterns (11). Therefore, it leads to constructive relationship formation and increases the feeling of satisfaction with cohabitation; nonetheless, the majority of treatments only address one of these two important issues. Despite the formation of various treatments, it seems that currently, the best action is identifying the treatments that exert the most profound impact on these factors (12).

Emotion-focused couple therapy is an integrated approach of combining three systematic perspectives, humanism (empiricism), and adult attachment theory (13). Considering the main role of emotions in attachment theory, this treatment refers to the critical role of emotions and emotional communication in organizing communication patterns and regards emotions as the factor of change. The use of adult attachment theory in this approach provides a coherent framework for understanding the nature of adult love (14). Johnson emphasizes the emotion-oriented approach to relationships, attachment styles, and the cycle of interactions (13).

Today, attachment theory is one of the most effective theories in the study of interpersonal relationships, especially marital relationships (15). The results of a study by Johnson (16) indicated that adults with different attachment styles have different communication patterns and attachment is a powerful factor for the prediction of marital function and communication behaviors between them. Therefore, the main goal of the emotion-focused approach is to help couples to express their main needs, tendencies, and each other's attachment concerns, thereby reducing the attachment insecurities of couples and fostering a secure attachment between them (16).

Gottman's theory is a hybrid approach that has been used as a fundamental principle of different systemic, existential, psychoanalytic, and behavioral theories (17). Gottman's integrated cognitive system therapy is

used in both cases (providing psychological services and training appropriate behavioral patterns) and supervises both issues. Integrated therapy in the Gottmanic method helps people to change the thoughts, perceptions, and behaviors of couples. Gottman's integrated treatment enables the therapist to train couples to improve and develop their relationships. This type of treatment makes therapists flexible in using different approaches, tools, and techniques to change the system and facilitate individual intrapsychic changes and understand how changes occur at the behavioral level. Integrated therapy by the Gottman method is an effective treatment strategy due to the use of rich theories to expand the development of all functions, thinking, and behavior of couples (18). Gottman (19) approach lays the foundations for a behavioral model with a focus on initiation and communication regeneration techniques.

Increasing problems, marital dissatisfaction, and incompatibility, as well as increasing the percentage of divorce statistics and its adverse consequences, have highlighted the necessity and importance of paying attention to the issue of couples' relationships and reducing their problems. Furthermore, marital incompatibilities and disputes, whether they lead to divorce or not, impose numerous negative psychological and social effects and pressures on the family. Consequently, the recognition and treatment of marital disputes and problems is essential in any society.

### Objective

The present study aimed to compare the effects of Gottman's model and emotion-focused therapy on couples' marital intimacy.

### Methods

This quasi-experimental research was conducted based on a pre-test, post-test control group design with follow-up. The statistical population of the study included the couples who were referred to clinics in the west of Tehran in 2020. A number of 24 couples were selected by convenience sampling and randomly assigned to three groups. The sample size was calculated based on similar studies considering an effect size of 0.40, confidence level of 0.95, test power of 0.80, and sample attrition rate of 10% for each group of 8 couples based on a pilot study (20). The inclusion criteria were as follows: referring to one of the counseling and psychotherapy centers in the west of Tehran in 2020, age range of 25-45 years (most of the couples who were referred to the clinics were between this age range), history of 5 $\geq$  years in marriage (the minimum time to measure marital intimacy is five years), and willingness to participate in the research. On the other hand, the exclusion criterion was the absence from treatment sessions more than twice. Moreover, to observe the ethical issues of the research, a consent was prepared in which the purpose of the

research was explained in general. Participants studied the consent and took part in the study if they wished; moreover, they were assured that there was no personal abuse in this study. This research has a code of ethics (IR.IAU.RASHT.REC.1399.070).

**Intimacy Needs Questionnaire:** This questionnaire was constructed by Bagarozzi (1997) to measure intimacy needs (21). This 41-item questionnaire aims to evaluate the dimensions of marital intimacy (emotional, psychological, intellectual, sexual, physical, spiritual, aesthetic, and socio-recreational intimacy) (21). The items are rated on a 10-point Likert scale ranging from 1= "there is no such thing at all" to 10 "there is a great need." The highest score in each dimension is 50, and it is 60 in the spiritual intimacy dimension. The sum of points in each dimension (except the emotional intimacy

dimension) will range from 5-50. In the emotional intimacy dimension, the score will be from 6-60.

Higher scores in one dimension indicate a greater need to respond to it after intimacy on the part of your spouse, and vice versa (22). In their study, Khamseh and Hosseinian (23) obtained the reliability coefficient of 0.89, 0.82, 0.81, 0.91, 0.80, 0.65, 0.76, 0.73 for emotional, psychological, intellectual, sexual, physical, spiritual, aesthetic, and social-recreational intimacy using the test-retest method. In the present study, the reliability of the subscales was obtained between 0.76 and 0.88 by the Cronbach alpha method.

In this study, a pre-test (research questionnaires) was performed before the intervention; subsequently, the intervention was performed for the experimental groups, while the control group received no intervention. After the end of the treatment sessions, the post-test was performed, and finally, two months after the end of the treatment, the follow-up test was administered. The summary of a couple of therapy sessions is presented in tables 1 and 2.

**Table 1. Summary of treatment sessions framework based on emotion-focused therapy**

Session	Content
First	Creating a strong therapeutic coalition, providing a safe environment for couples, discovering the reason for referral and the tendency to treatment, discovering interactions between spouses
Second	Continuing assessment as well as individual meetings, identifying interactions in negative relationship cycles, identifying attachment styles of spouses, including discovering attachment barriers and emotional involvement, determining couples' goals
Third	Discovering, describing, and clarifying negative interactive cycles, strengthening continuity, concentration and identifying damaged emotions and attachment needs and fears of spouses, trying to achieve infrastructure emotions
Fourth	Intensifying emotional experiences, increasing acceptance and accountability of spouses, re-framing the problem, achieving a new meaning of experiences to achieve the first emotions
Fifth	More precise tracking of interactions, paying attention to aspects of experience that have not yet been absorbed into their construction, identifying denied attachment needs, combining needs with interactions
Sixth	Contribution to a deeper experience, increasing acceptance of spouse experiences, highlighting and re-describing the innate needs of attachment, and pointing out that they are healthy
Seventh	Expressing attachment needs and desires by each spouse, focusing the spouse on the undiscovered elements that lie in each couple's experience, creating re-attachment with positive emotional nodes
Eighth	Teaching a clear and direct retelling of needs and desires among spouses, transforming new emotional experiences into new and special responses that challenge the old interaction pattern
Ninth	The following is again to simplify the emergence of new solutions to previous problems, promoting new methods of interaction, strengthening new positions, and stabilizing the created interactive cycle
Tenth	Intimate involvement of couples, summary, and review of meetings, supporting spouses' empowerment to sustain changes and interactive constructive model, generalizing interventions to normal life

**Table 2- Summary of Gottman Couple Therapy (25)**

Sessions	Content
First	Familiarity and initial evaluation of the group members' familiarity with each other, expression of the rules and regulations of the group, evaluation of the needs of couples, the commitment of each spouse to the marriage, expectations of each other, and treatment
Second	Processing conflicts and increasing marital camaraderie change in interactive patterns reduce negative behavioral exchanges and increase positive behavioral exchanges.
Third	Helping couples to identify their type of interaction (criticism, blame, and silence, as well as their destructive effects on couple's relationship)
Fourth	Teaching conflict resolution skills, persuasiveness, and compromise of education to couples to understand that conflict is necessary for a successful marriage and learn how to accept and deal with each other's differences
Fifth	Teaching couples how to deal with intractable permanent conflicts, teaching couples the correct styles of conflict resolution to create positive emotions during conflicts and apologize to each other. Creating positive emotions during times without rebuilding conflicts
Sixth	Despite the differences between them, admiration, encouraging each other, as well as the sense of respect and acceptance of the spouse, help increase couples' recognition of each other's coping styles in the face of stressful events and conflicts.
Seventh	Creating and strengthening a common semantic system of training couples to understand each other's dreams and try to support each other to realize them, finish reviewing past meetings, and get feedback from participants. Administering the post-test

Mean and standard deviation were used in the descriptive statistics section. Moreover, in

inferential statistics, repeated measure analysis of variance, and Bonferroni post hoc were employed.

It is worth noting that in order to test the defaults of the inferential test, Leven's test (to check the homogeneity of variances), Kolmogorov-Smirnov test (for normal data distribution), and Mbox test were utilized. The aforementioned statistical analyses were performed using SPSS software (version 22). The significance level of the tests was considered 0.05.

## Results

The participants in this research were in the age range of 25-45 years. The mean age scores of subjects in the three groups of Gottman, emotion-focused therapy, and control were reported as  $39.43 \pm 8.02$ ,  $41.79 \pm 7.73$ , and  $40.86 \pm 8.71$  ( $P > 0.05$ ). Table 1 demonstrates the mean and standard deviation of demographic variables in the experimental and control groups.

**Table 3. Descriptive indicators of couples' marital intimacy and its components by Gottman model, emotional therapy, and control (n=64)**

Variable	Group		Pretest	Post-test	Follow-up
Marital Intimacy	Gottman	M (SD)	191.62 (10.07)	212.68 (8.74)	215.37 (7.99)
	Emotion-focused therapy	M (SD)	189.81 (7.28)	210.93 (5.09)	213.06 (5.45)
	Control	M (SD)	193.87 (7.01)	196.62 (6.69)	196.37 (7.30)
Emotional intimacy	Gottman	M (SD)	23.01 (2.65)	26.06 (2.62)	26.38 (2.75)
	Emotion-focused therapy	M (SD)	23.19 (2.88)	25.75 (2.64)	26.38 (2.60)
	Control	M (SD)	23.50 (2.68)	23.94 (3.33)	23.69 (3.42)
Psychological intimacy	Gottman	M (SD)	23.2 (2.66)	26.38 (2.24)	26.31 (2.27)
	Emotion-focused therapy	M (SD)	22.19 (2.85)	24.75 (2.62)	24.94 (2.88)
	Control	M (SD)	22.62 (2.52)	22.94 (2.76)	23.01 (2.98)
Intellectual intimacy	Gottman	M (SD)	22.69 (2.62)	24.69 (2.30)	25.31 (2.41)
	Emotion-focused therapy	M (SD)	23.01 (2.65)	25.31 (2.77)	25.50 (2.58)
	Control	M (SD)	22.69 (2.60)	23.81 (2.71)	23.25 (2.62)
Sexual intimacy	Gottman	M (SD)	24.13 (2.33)	27.63 (2.55)	27.94 (2.35)
	Emotion-focused therapy	M (SD)	24.31 (1.85)	27.56 (2.52)	27.50 (2.12)
	Control	M (SD)	24.50 (2.82)	24.62 (2.70)	25.06 (2.32)
Physical intimacy	Gottman	M (SD)	22.85 (2.65)	25.31 (2.72)	25.44 (2.55)
	Emotion-focused therapy	M (SD)	21.81 (3.08)	25.01 (2.22)	25.62 (1.92)
	Control	M (SD)	24.69 (3.70)	24.56 (2.96)	24.69 (2.79)
Spiritual intimacy	Gottman	M (SD)	25.87 (3.09)	28.01 (3.12)	28.75 (3.04)
	Emotion-focused therapy	M (SD)	25.25 (3.33)	27.50 (3.12)	28.75 (3.04)
	Control	M (SD)	25.38 (3.86)	25.25 (3.80)	25.44 (3.88)
Aesthetic intimacy	Gottman	M (SD)	24.44 (1.41)	26.69 (2.12)	27.25 (2.40)
	Emotion-focused therapy	M (SD)	25.44 (3.32)	27.44 (3.24)	27.81 (3.12)
	Control	M (SD)	25.54 (2.33)	26.01 (2.53)	26.13 (2.06)
Social-recreational intimacy	Gottman	M (SD)	25.44 (2.92)	27.94 (2.56)	28.01 (2.87)
	Emotion-focused therapy	M (SD)	24.62 (3.24)	27.62 (2.89)	27.01 (2.78)
	Control	M (SD)	25.06 (2.86)	25.50 (2.78)	25.12 (2.75)

As illustrated in Table 3, the mean scores of marital intimacy and its components in the Gottman model, emotion-focused therapy, and combining two methods in the post-test stage have changed, as compared to those in the pre-test stage. These changes confirm that in the treatment groups, post-

test scores of participants in marital intimacy and its components have increased. Furthermore, during the follow-up period, the scores of marital intimacy did not change much, as compared to those obtained in the post-test stage.

**Table 4- The results of multivariate analysis of variance based on differential scores for components of marital intimacy among treatment groups**

Tests	Value	Df	Df error	F	P	2 $\eta$
Pillai's Effect	1.137	24	165	4.19	0.001	0.37
Wilks Lambda	0.17	24	154.31	5.28	0.001	0.44
Hoteling effect	3.00	24	155	6.47	0.001	0.50
Roy's largest root	2.34	8	55	16.08	0.001	0.70

As displayed in Table, the effect of group on the composition of components of marital intimacy in couples is significantly based on the Pillai's effect ( $F(24,165) = 4.193$ ;  $P < 0.001$ ,  $\eta^2 = 0.379$ ). Therefore, it can be stated that there is a significant difference between treatment and control groups in terms of

differential scores of marital intimacy components, and the rate of this difference in the society was 38% based on the effect size and at the high level, (i.e. 38% of the variance was related to the difference between the two groups due to the interaction of dependent variables).

**Table 5. Results of one-way variance analysis based on differential scores related to intergroup differences of marital intimacy components**

Variables	F	P	2 $\eta$
Emotional intimacy	11.11	0.001	0.35
Psychological intimacy	6.36	0.001	0.24
Intellectual intimacy	5.72	0.002	0.22
Sexual intimacy	12.73	0.001	0.38
Physical intimacy	9.79	0.001	0.32
Spiritual intimacy	6.18	0.001	0.23
Aesthetic intimacy	5.84	0.001	0.22
Social-recreational intimacy	11.66	0.001	0.36

According to Table 5, Statistics F was significant for the components of emotional intimacy (11.114), psychological intimacy (6.361), intellectual intimacy (5.722), sexual intimacy (12.736), physical intimacy (5.722), physical intimacy (12.736), physical intimacy (12.722) 9.796), spiritual intimacy (6.185), aesthetic intimacy (5.845) and socio-recreational intimacy (11.663) ( $P < 0.01$ ). This finding signifies that there is a significant difference between treatment and control groups in all components. The effect size for

the components of emotional intimacy (0.357), psychological intimacy (0.241), intellectual intimacy (0.222), sexual intimacy (0.389), physical intimacy (0.329), spiritual intimacy (0.236), aesthetic intimacy (0.226), and socio-recreational intimacy (0.368) show that this difference is large and significant in society. To investigate which treatment groups had the greater effect, the results of the Bonferroni adjustment test are illustrated in Table 5 with differential scores.

**Table 6- Investigating the differences between the two treatment groups (Gottman model, emotion-focused therapy, and control group) in the components of marital intimacy based on differential scores**

Variable	Group		Mean difference	Std. Error	Eta	P
Emotional intimacy	Gottman	Emotion-focused therapy	0.50	0.66	0.009	1
		Control	2.62*	0.66	0.20	0.001
	Emotion-focused therapy	Control	2.12*	0.66	0.14	0.001
Psychological intimacy	Gottman	Emotion-focused therapy	0.62	0.69	0.013	1
		Control	2.87*	0.69	0.22	0.001
	Emotion-focused therapy	Control	2.25*	0.69	0.14	0.012
Intellectual intimacy	Gottman	Emotion-focused therapy	-0.31	0.56	0.005	1
		Control	0.87	0.56	0.038	0.76
	Emotion-	Control	1.88	0.56	0.069	0.23

	focused therapy					
<b>Sexual intimacy</b>	Gottman	Emotion-focused therapy	0.25	0.60	0.003	1
		Control	3.37	0.60	0.33	0.001
	Emotion-focused therapy	Control	3.12*	0.60	0.30	0.001
<b>Physical intimacy</b>	Gottman	Emotion-focused therapy	-0.75	0.80	0.01	1
		Control	2.56*	0.80	0.14	0.01
	Emotion-focused therapy	Control	3.31*	0.80	0.22	0.001
<b>Spiritual intimacy</b>	Gottman	Emotion-focused therapy	-0.12	0.63	0.001	1
		Control	2.25*	0.63	0.17	0.005
	Emotion-focused therapy	Control	2.37*	0.63	0.18	0.003
<b>Aesthetic intimacy</b>	Gottman	Emotion-focused therapy	0.25	0.47	0.005	1
		Control	1.68*	0.47	0.17	0.004
	Emotion-focused therapy	Control	1.43*	0.47	0.13	0.022
<b>Social-recreational intimacy</b>	Gottman	Emotion-focused therapy	-0.50	0.46	0.01	1
		Control	2.06*	0.46	0.25	0.001
	Emotion-focused therapy	Control	2.56*	0.46	0.34	0.001

\*P<0.05

The results indicated that the differential scores of couples' marital intimacy components, except for intellectual intimacy and spiritual intimacy in the Gottman, emotion-oriented, and integrated treatment groups have increased, compared to those in the control group, and based on the Bonferroni adjustment test, this increase was significant. The differences between differential scores of couples' emotional intimacy in treatment groups, compared to the control group, were obtained at (3.750), (2.625), and (2.125) for integrated, Gottman, and emotion-focused groups, respectively. Moreover, due to the size of the effect, the combined treatment (0.345), Gottman (0.205), and emotion-focused (0.145) had the greatest effect on increasing the emotional intimacy of couples, respectively.

There was no significant difference between the treatment groups in increasing the emotional intimacy of couples. The differences between differential scores of couples' psychological intimacy in treatment groups, compared to the control group, were reported as (2.875), (2.250), and (2) for the groups of Gottman, emotion-focused, and integrated, respectively. In addition, due to the size of the effect, Gottman treatment (0.221), emotion-focused (0.148), and integrated (0.121) had the greatest effect on increasing the psychological intimacy of couples.

There was no significant difference between the treatment groups in increasing the psychological intimacy of couples.

The differences between differential scores of couples' sexual intimacy in treatment groups, compared to the control group, were obtained at (3.375), (3.125), and (2.125) for the groups of Gottman, emotion-focused, and integrated, respectively. Moreover, due to the size of the effect, Gottman treatment (0.339), emotion-focused (0.305), and integrated (0.169) had the greatest effect on increasing the sexual intimacy of couples, respectively. There was no significant difference between the treatment groups in increasing the sexual intimacy of couples. The differences in differential scores of couples' physical intimacy in treatment groups, compared to the control group, were calculated at (4.125), (3.312), and (2.562) for the three groups of integrated, emotion-focused, and Gottman, respectively.

Furthermore, due to the size of the effect, the combined treatment groups (0.304), emotion-focused (0.220), and Gottman (0.144) had the greatest effect on increasing the physical intimacy of couples. There was no significant difference between the treatment groups in increasing the physical intimacy of couples. The differences in differential scores of couples'

aesthetic intimacy in treatment groups, compared to the control group, were obtained at (1.688), (1.688), and (1.438) for three groups of integrated, Gottman, and emotion-focused, respectively. In addition, due to the size of the effect, the combined treatment groups (0.174), Gottman (0.174), and emotion-oriented (0.133) had the greatest effect on increasing the aesthetic intimacy of couples, respectively. There was no significant difference between the treatment groups in increasing the aesthetic intimacy of couples.

The differences in differential scores of couples' socio-recreational intimacy in treatment groups, compared to the control group, were reported as (2.562), (2.062), and (1.688) for emotion-focused, Gottman, and integrated, respectively. Moreover, due to the size of the effect, emotion-focused treatment groups (0.341), Gottman (0.251), and integrated (0.183) had the greatest effect on increasing social-recreational intimacy of couples, respectively. There was no significant difference between the treatment groups in increasing the social-recreational intimacy of couples.

The results showed that the differential scores of the intellectual intimacy component in the integrated treatment group had a significant increase, compared to those in the control group, and the difference was 2.312 and the effect size was 0.218. Nevertheless, there was no significant difference in increasing intellectual intimacy of couples, compared to the control group, in other treatment groups. In addition, there was no significant difference between treatment groups in terms of increasing the score of intellectual intimacy of couples.

The results pointed out that the differential scores of spiritual intimacy in the emotion-focused and Gottman treatment groups had a significant increase, compared to the control group, and the rate of this difference was emotion-focused (2.375) and Gottman (2.250), respectively. Furthermore, due to the size of the effect, emotion-focused treatment groups (0.187) and Gottman (0.171) had the greatest effect on increasing the spiritual intimacy of couples, respectively. However, there was no significant difference in the increase of spiritual intimacy of couples, compared to the control group.

## Discussion

The present study aimed to compare Gottman's model and emotion-focused therapy on couples' marital intimacy. The results demonstrated that there was no significant difference between treatment groups in increasing emotional intimacy, psychological intimacy, sexual intimacy, physical intimacy, aesthetic intimacy, social-recreational intimacy, and intellectual intimacy of couples. Emotion-focused and Gottman treatment had the greatest impact on increasing the spiritual intimacy of couples, respectively. Nevertheless, there was no

significant difference in the increase of spiritual intimacy of couples, compared to that in the control group. These findings were in line with those reported by Shirdel et al. (26), Vazhappilly & Reyes (27), Timulak et al. (29), Greenberg et al. (30), as well as Elliott & Shahar (31).

Regarding the effectiveness of emotion-focused therapy on research variables, it can be stated that emotion-focused therapy is a therapeutic method which puts an emphasis on emotional participation in permanent patterns of incompatibility in troubled couples. The efforts of this treatment are to reveal vulnerable emotions in each couple and facilitate their ability to create these emotions in safe and loving ways. It is believed that processing these emotions in a safe context creates healthier and newer interactive patterns that calm the level of turmoil and increase love, intimacy, and communication more satisfactorily.

One of the most severe concerns reported by couples participating in this study was the symptoms of marital incompatibility, dysfunction of appropriate communication styles, lack of forgiveness and intimacy. In the course of the sessions, the subjects were helped to improve their marital functions by meeting each other's psychological needs, such as security, participation, appeasement, and sexual intimacy. When positive experiences of couples with each other enhance, positive emotions are also returned to their relationship. In addition, their hopes of having positive interactions in the future increase, and they remember the positive memories of the past more easily. Just as emotion is one of the main factors of the attachment approach, emotional structures help people to predict, explain, react, and control life experiences.

Emotions are not stored in memory but are revived by evaluating situations that activate a particular emotional framework and lead to a set of specific behaviors (28). During emotion-focused therapy, such situations were redesigned to allow couples to explore and expand their emotions. Thereafter, they could correct their emotions during this new experience. In this way, their emotions were accessible, developed, reconstructed, and used to rebuild their moment-to-moment experiences and their behavior toward each other. Following this stage of treatment, couples became aware of their emotions and showed new behaviors in a safe environment by expressing real emotions in different life situations which increased their relationship satisfaction (29).

According to this approach, when couples feel that their spouses are unavailable, critical, or rejecting, they often use emotional regulation strategies that unintentionally persevere or exacerbate relationship disorder and weaken the bond between them. These include uneasy reproach, asking for or stepping down, and localization. In the first stage of emotion-

focused therapy (i.e. de-stressing), the therapist helped each person to consciously observe their negative cycle and consider the cracks that this negative cycle creates as their mutual enemy. In the second stage of reconstruction, couples tried to discover and share their attachment fears and desires and gradually find ways to clearly express these fears and desires in ways that facilitate closeness, emotional access, accountability, and a safer bond. Thereafter, the couples entered stage 3 (i.e. strengthening the benefits gained by treatment). Changes in emotion-focused therapy occur when therapists help spouses change the elements in the destructive relationship. When the negative cycle is disrupted and the responses begin to change, a more positive cycle occurs that helps couples to move towards a safer bond.

Emotion-focused therapy aims to make it easy for spouses to access, express (self-disclose), and reprocess emotional responses underlying their negative interactive patterns. Spouses can then demonstrate new emotional symptoms that allow constructive interaction patterns to move toward greater accessibility and accountability, thus creating a safer and more satisfying bond (30). In the middle stage of treatment, two important events (which are considered important points in emotion-focused therapy) appeared. The first occurrence is "re-conflict of the recluse". In this case, one (the reclusive couple) changes his interactive situation, becomes active to change the relationship, and adopts a position of availability for his wife. For example, a quiet and always distant wife may be angered by these steps

Although the participating couples at the end of this period may still be critical of how each other treats their children or religious issues, the subscale scores of conflict resolution revealed that they have learned how to deal with these differences. Therefore, it can be stated that couple therapy has a great impact on couples' satisfaction and improves marital turmoil from the relationship with their spouse and marital life.

Therefore, participation in couple therapy, regardless of the initial communication style of couples and their incompatibility, had a significant effect on the improvement of their marital life. Using Gottman's approach, it can be stated that since the goals and processes of improving couples' relationships are reducing negative emotions during the conflict, increasing positive emotions during conflicts, creating positive emotions at times other than conflicts, and balancing incongruous emotions and emotions (Gomez et al., 2015), therapy sessions affect couples' intimacy.

Gottman's approach places an emphasis on the reduction of negative behavior and deems marital differences as the result of inappropriate behaviors, such as ignoring, humiliating, blaming, avoiding, and keeping silent. Couples with marital turmoil deal with

and express her need for respect and support in the relationship in such a way that her husband has a chance to meet his expressed needs.

The second event is the "softening" of a spouse who was previously hyperactive and critical and can now take the risk of expressing his or her needs and vulnerabilities. Research on the process of change has indicated that this occurrence is one of the most important predictors in the reduction of marital turmoil (30). In the eighth step of treatment, other daily and ordinary problems of couples were not the places for their struggles. Due to the atmosphere of safety and trust that had been created, couples discovered new solutions and did not have a strong emotional conflict.

Instead of spending their time on negative emotions, couples were able to use their skills in problem-solving in a useful and effective way. Since the communication context has changed, couples' understanding of the nature of problems also changes and it works on changing this understanding. Couples discuss the obstacles to self-happiness, and the therapist draws the conversation deeper and the heart-wrenching needs of the couples.

Couple therapy did not affect couples' agreement on issues, such as income spending, how to train children, and religious issues. However, it had a significant effect on the dimensions of the relationship between couples, such as marital turmoil, which can have a weaker effect on external conditions, such as children and money.

negative behaviors, leading to increased conflict and creating a defective cycle in the generation of tension. Treatment sessions by creating acceptance, empathy, reducing destructive behaviors, and increasing emotional awareness make couples more relaxed in their conflicts and enable them to manage their relationship with more intimacy and experience less marital turmoil.

Among the notable limitations of this study, we can refer to the small sample size; therefore, the obtained results must be generalized with caution. Another limitation of this research was the use of available sampling methods due to limited facilities and difficulty of extensive research implementation with completely random sampling method concerning the subject of this study, which causes unwanted bias in the obtained results. Moreover, the data were collected using self-report questionnaires which may lead to response biases. It is suggested that family counselors and psychologists use the treatment methods used in the research, especially the enrichment treatment of couples based on emotion-focused therapy to increase the adaptability and coherence of the relationships of couples affected by spousal infidelity. It is also recommended that specialized courses and retraining be held using



emotion-focused therapy training and couple enrichment counseling.

### Conclusion

As evidenced by the results of this study, it can be concluded that Gottman's model method and emotion-focused therapy are both effective in the enhancement of couples' marital intimacy and can be used as therapeutic or educational methods in couple therapy programs.

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