

Effectiveness of Emotion-Focused Couple Therapy in Insecure Attachment Styles

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Abstract

Background: Marital infidelity is an interpersonal trauma that can lead to cognitive, emotional, and behavioral symptoms in the affected person.

Objective: The goal of this study was to determine the effectiveness of emotion-focused couple therapy in insecure attachment styles in women and men affected by spousal infidelity.

Methods: This study was quasi-experimental research with pre-test, post-test and follow-up with control group. The statistical population of this study included all men and women who were referred to counseling centers in Tehran in 2019-20 due to spousal infidelity. A total of 40 patients were randomly assigned to two groups: experimental and control, using a convenience sampling procedure. The intervention was not given to the control group. The Control group did not receive the intervention. Data were collected using an attachment styles questionnaire (Hazan & Shaver, 1987), and a multivariate covariance analysis test was used to eliminate the effect of pre-test using SPSS software.

Results: The results demonstrated that emotion-focused couple therapy affected the scores of insecure attachment styles ($P<0.01$). It was also revealed that the method of training was to enrich couples' relationships with an emotion-focused approach in the follow-up phase ($P<0.01$).

Conclusion: As evidenced by the results of this study, it can be stated that emotion-focused couple therapy is effective in women and men affected by spousal infidelity; therefore, it can be successfully used as a therapeutic or educational method in couple therapy programs.

Keywords: Attachment, Couples, Emotion-focused approach, Enrichment

Introduction

Marital infidelity which comes as a tremendous shock to couples and families is a common issue encountered by counselors and therapists. Extramarital relationships are a source of great turmoil for couples since most people expect monogamy and avoid these kinds of relationships (1). The betrayed spouse is caught in a real dilemma between divorce which destroys the family and dispute resolution which means living with the wounds of infidelity and accepting the risk of another betrayal (2). In recent studies with large selective samples, approximately 22%-25% of men and 11%-15% of women in the United States reported having sex at least once outside their marital framework. Between 1.5%-4% of married people engage in sex outside the marital framework annually, and over the past year, men have been twice as much into illegitimate sex than women (3).

Furthermore, Bowlby believes that three factors are effective in couples' satisfaction: marital satisfaction of parents, enjoyment of a happy

childhood, lack of conflict, and conflict with the mother. The marital relationship must be based on affection, cooperation, sympathy, understanding, forgiveness, mutual sacrifice, and couple's cohabitation. It seems that one of the most important factors affecting interpersonal interactions and marital satisfaction is the type of attachment style that is formed in one's childhood and continues in later ages according to the environment in which it has evolved. Attachment, which is the emotional mother-child bond, determines the mental health of an individual (4).

Cohesion and stability in a caregiver's relational patterns allow continuity in an attachment (5), thereby affecting the family unit as a whole. McCarthy and Taylor (6) reported that the quality of care, shaped by the attachment model, guides parents' behavior toward their children. Attachment styles describe the processes in which the bond between the individual and the family is formed. They are in-work models derived from deep child-mother emotional bonds that determine the shape of people's

behavioral responses to the separation of attachment images and reconnection with these images. These styles fall into three categories: safe, avoidant, and ambivalence (7).

During growth, individuals record a set of subjective evidence for their success through adequate proximity to attachment images as in-work models (8). The studies have pointed out that people with a secure attachment style experience lower levels of negative emotions and establish strong relationships with those who come to receive support when they are emotionally distressed. People with insecure attachment styles experience lower levels of positive emotions and display an inability to manage stress, anxiety, and other negative emotions (9). In this regard, in their study, Liechtenstein et al. (10) reported that people with safe, avoidant, and delve-oriented styles use completely different strategies to regulate emotions and process emotional information, which in turn increase or decrease happiness and psychological well-being.

Therefore, therapists are currently faced with a variety of complex issues in family and couple structures, and one-dimensional therapies (e.g. cognition-based therapies or behavioral or emotional therapies) alone have not been able to consider family relationships with all their complexities (11). Accordingly, in recent years, great efforts have been made to combine specific components from different approaches in a systematic way and a coherent and integrated model. Integrated approaches have unique advantages, such as creating a broader base of intervention and flexibility in the treatment of clients (12). Moreover, they strive to reduce the risk of accidental, irrelevant, and contradictory intervention resulting from the eclecticism of different principles or techniques, regardless of potential inconsistencies or incompatible interactions (13).

Enrichment of couples' relationships based on emotion-focused couple therapy, which is a combination of experimental and systemic therapy, is closely related to the mitigation of marital conflicts (14). The process of emotion-based couple therapy which is performed by an individual method is determined by three stages of continuity and awareness, calling, and emotional discovery and reconstruction in eight steps. These three stages overlap and throughout the treatment, referrals are viewed as experts about their experience and the therapist as a guide and facilitator for the clients (15). In emotion-based couple therapy, it is believed that the way people organize and process emotional experiences, as well as the interactional patterns that create and strengthen them, have led to their marital helplessness (16).

Emotion-based couple therapy leads to satisfaction and decreases cognitive distortions of couples by creating constructive interactions between couples and identifying safe attachment

patterns. This approach focuses on changing attachment behaviors as a tool for the enhancement of disturbed relationships (7). The goal of emotion-focused couple therapy is to help couples achieve latent emotions and facilitate positive interactions that increase the availability and trust between couples. It has been reported that women who received emotion-focused couple therapy training were more inclined to forgive their spouse, compared to the control group. Adamson (18) in a study entitled "Emotion-centered couple therapy for couples whose spouses have breast cancer, along with a theory-based and descriptive case study" stated that in couples with a sick spouse, both couples experience a lot of emotional turmoil. Consequently, the relationship between such couples and patients' health is negatively affected. The results of the mentioned study illustrated that emotion-focused couple therapy reduced emotional turmoil and increased marital satisfaction and quality of life in these couples. Moreover, the results of a study by Hart et al. (19) showed that emotion-focused couple therapy reduced couples' turmoil.

Considering that spousal infidelity presents couples with numerous psychological, social, and emotional problems, the regulation of emotions, beliefs, thoughts, and relationships between them is difficult. The importance and necessity of research lie in the fact that couples' relationship enrichment interventions based on the emotion-focused approach can be very effective in addressing the problems of these couples since these therapeutic approaches can relieve the stress caused by the problems. Therefore, the provision of appropriate conditions makes it possible to control the stress caused by the problems, affects their positive abilities, and strengthens one's tolerance and adaptability in dealing with problems. Finally, it can strengthen the useful performance and interpersonal relationships in them and regulate the emotional emotions of these couples. The studies in this field have confirmed that effective therapeutic approaches to the problems of couples affected by spousal infidelity can have beneficial effects on the quality of life among couples in society.

Objective

The goal of this study was to determine the effectiveness of emotion-focused couple therapy in insecure attachment styles in women and men affected by spousal infidelity.

Methods

This study was quasi-experimental research with pre-test, post-test and follow-up with control group. The statistical population of this study included all men and women who were referred to counseling centers in Tehran in 2019-20 due to spousal infidelity. A total of 40 patients were randomly

assigned to two groups: experimental and control, using a convenience sampling procedure. Since the research was an interventional study, the sample size was calculated at 20 cases in each group based on similar studies considering the effect size of 0.40, confidence level of 0.95, test power of 0.80, and attrition rate of 10% (20).

A total of 40 of these men and women faced with spousal infidelity (random substitution based on group matching method based on initially obtained data) were placed in an intervention group and a control group based on inclusion and exclusion criteria. The inclusion criteria were as follows: willingness to participate in the study, lack of receiving psychological treatment before group therapy sessions or during group therapy sessions, getting low scores in research questionnaires, mean age of 18-54 years, 2-30 years of marriage experience. On the other hand, the exclusion criteria entailed psychological disorders or a history of mental illness and hospitalization (according to the initial interview).

After conducting the research and the presence of the clients, the initial interview was conducted, evaluated, and evaluated. After identifying the subjects in the first session of the work process, which included goals, timing, implementation of the plan, the benefits of attending treatment sessions, and how to withdraw if they wished, the research questionnaires were given to the group and some explanations were provided about the response method. Finally, the subjects were randomly assigned to two experimental groups and one control group and the starting date of the sessions was determined. The experimental group was trained for eight 90-min sessions, while the control group remained on the

waiting list. In addition, to observe the ethical issues of the research, a consent was prepared in which the purpose of the study was explained in general. Participants first studied the consent and participated in the study if they wished. One of the things that were explained to the participants is that they were assured that there was no personal abuse in this study.

Hazen and Shaver Attachment Styles Questionnaire

This 15-item questionnaire was designed by Hazen and Shaver in 1987. The items are rated on a 5-point Laker scale, ranging from "never":1 to "almost always": 5. The questionnaire consists of three subscales, the first five items are related to insecure-avoidant attachment style, the second five pertain to secure attachment style, and the third five are associated with ambivalence insecure attachment style (21). Factor analysis of the Hazen and Shaver questionnaire (21) by Collins and Reid (1990) led to the extraction of three major factors, which are interpreted by researchers as the capacity to join close and intimate relationships. Hazen and Shaver obtained the reliability of the whole questionnaire at 0.81 and the reliability with Cronbach's alpha was 0.78. The concurrent validity of this questionnaire was 0.77 for safe attachment style, 0.81 for avoidant insecure style, and 0.83 for bilateral insecure. The concurrent validity of this questionnaire was 0.79, avoidant insecure 0.84, and anxiety insecure was 0.87 with structured interviews for elders' attachment, respectively. Cronbach's alpha coefficient of this questionnaire was calculated at 0.78 in the present study.

Table 1. The content of therapy sessions

Session	Content
First	Understanding and setting therapeutic communication, knowledge of treatment rules, evaluation of the problem and relationship, evaluation of treatment aims and expectations, and pre-test execution
Second	Diagnosis of a romantic relationship's negative interactive cycle, clients' comprehension of the basics of emotion-focused treatment and the significance of emotions in interpersonal interaction, interaction reconstruction, and client flexibility
Third	Introducing four styles with error and extracting information from the love relationship, expressing and understanding the impact of illogical thought on emotional disturbance, and introducing and understanding the influence of irrational thought on emotional disturbance.
Fourth	Continuity and knowledge, communication with customers and the establishment of a bilateral bond, understanding the mechanisms behind romantic cognition, and identifying the problem-solving condition
Fifth	Accessing sensations that are the foundation of interacting opportunities, rather than identifying them. focusing on secondary emotions revealed in an interactive cycle and discovering to achieve the underlying and unknown emotions, discussing and processing primary emotions and raising awareness of clients from primary emotions and hot cognition, assessment of attachment needs
Sixth	Reframing the issue in terms of underlying feelings and attachment needs, focusing on the client's ability to express emotions, informing clients about the impact of fear and self-

	defense mechanisms of cognitive and emotional processes
Seventh	Focusing on references' internal experiences, assessing emotion, accepting damaging emotional experiences, locating hot spots, and writing abreaction (From the first session until the end of this session, more focus is on rapport and reducing negative emotions, such as non-adaptive fear and shame).
Eighth	Strengthening the changes that have occurred during treatment, assessing the changes, and ultimately, answering and reviewing the questions

Data analysis was performed in SPSS software (version 24) in two descriptive and inferential sections (covariance analysis).

Descriptive indices (mean and standard deviation) scores of insecure attachment styles were presented in experimental groups (emotion-focused training method) and control groups in the pre-test, post-test, and follow-up stages.

Results

Table 2. Mean and standard deviation of insecure attachment styles by measurement

Group	Variable	Index	Pretest	Post-test	Follow-up
EFT	Avoidant attachment style	M	12.58	10.10	10.55
		SD	1.98	2.53	2.12
Control	Ambivalence attachment style	M	12.75	12.55	13.00
		SD	2.15	2.31	2.55
EFT	Avoidant attachment style	M	12.70	9.15	9.45
		SD	2.72	2.78	2.93
Control	Ambivalence attachment style	M	12.35	12.60	12.25
		SD	2.74	2.78	2.73

As illustrated in this table, the mean in the emotion-focused training group in the post-test stage displays a decrease in the insecure attachment styles scale, as compared to that in the pre-test. Based on the results depicted in Table 2, it can be concluded

that the emotion-focused training method reduces insecure attachment styles of couples affected by spousal infidelity.

Table 3. Mixed Variance Analysis Test scores of insecure attachment styles

Variable	Index	SS	df	MS	F	P	Eta
Avoidant attachment style	Time	45.72	2.00	22.86	9.43	0.001	0.20
	Time*group	43.35	2.00	21.68	8.94	0.001	0.19
	Group	76.80	1.00	76.80	6.99	0.01	0.16
Ambivalence attachment style	Time	73.72	2.00	36.86	12.75	0.001	0.25
	Time*group	82.62	1.80	46.00	14.29	0.001	0.27
	Group	116.03	1.00	116.03	6.76	0.01	0.15

Based on Table 3, concerning the intra-group factor, the amount of F calculated for the effect of stages (pre-test, post-test, and follow-up) at level 0.05 was significant for insecure attachment styles

($P < 0.01$). Therefore, there was a significant difference among the mean pre-test, post-test, and follow-up scores of insecure attachment styles in the three stages of pre-test, post-test, and follow-up

therapy. The results of the Bonferroni follow-up test to investigate the difference between the means in the treatment stages pointed to a significant difference in the scores of insecure attachment styles in pre-test and post-test stages, as well as pre-test and follow-up stages ($P < 0.01$). Moreover, there was no significant difference between the scores of insecure attachment styles in the post-test stage, compared to those obtained in the follow-up stage; therefore, the scores of insecure attachment styles in the follow-up stage did not significantly change, compared to those in the post-test stage.

According to the results of Table 3, the amount of F value calculated for the effect of stages (pre-test, post-test, and follow-up) between the two groups of emotion-focused training and control was significant at the level of 0.05 for insecure attachment styles ($P < 0.01$). As a result, there was a significant difference among the mean scores of pre-test, post-test, and follow-up of insecure attachment styles in the two groups. Considering the significance of the interactive effect (the difference in the trend of changes in the two groups), the analysis of the variance of the difference scores was used.

Table 4. Analysis of Variance of Discrepancy Scores

Variable	Index	SS	df	MS	F	P
Avoidant attachment style	Group	65.03	1.00	65.03	11.77	0.001
	Error	209.95	38.00	5.53		
Ambivalence attachment style	Group	99.23	1.00	99.23	12.85	0.001
	Error	293.55	38.00	7.73		

As displayed in Table 4, the analysis of variance of discrepancy scores confirms the difference in the changes between the two groups ($P < 0.01$). In general, it can be concluded that emotion-focused couple therapy affects the scores of insecure attachment styles. Furthermore, considering that the reduction of insecure attachment styles scores in the follow-up stage was also significant, compared to that in the pre-test, the decreasing trend of insecure attachment style scores in the follow-up stage was significantly different from that in the pre-test stage, indicating the stability of treatment (emotion-focused training) effects on the scores of insecure attachment styles.

Discussion

The goal of this study was to determine the effectiveness of emotion-focused couple therapy in insecure attachment styles in women and men affected by spousal infidelity. The results pointed out that the emotion-focused couple therapy affected the scores of insecure attachment styles. Moreover, considering that the reduction of insecure attachment styles scores in the follow-up stage was significant, compared to that in the pre-test, the decreasing trend of insecure attachment style scores in the follow-up stage significantly differed from that in the pre-test stage, indicating the stability of treatment effect (the method of training the enrichment of emotion-focused couples' relationships) on the scores of insecure attachment styles. Consistent with these findings, in their study, Burgess et al. (22,23) performed emotion-focused couple therapy to

investigate changes in special attachment relationships. They used Johnson's emotion-circuit therapy which resulted in a decrease in attachment avoidance in couples' special relationships, as well as a decrease in attachment anxiety and increased relationship satisfaction.

In explaining the results of this study, considering the objectives of enriching couples' relationships with an emotion-focused approach, it can be argued that one of the primary goals of emotion-focused couple therapy is to change insecure attachment style to secure attachment. Emotional contact and safe bonding are generated through availability and accountability. This bond and secure attachment meet the inner needs of couples for security, support, and contact. In this regard, another important goal is to enrich couples' relationships with an emotion-focused approach, facilitate the expression of unsealed attachment needs, accept the attachment needs of the spouse, and reprocess emotions to heal attachment injuries. Emotional expression leads to feelings of satisfaction, happiness, vitality, synesthesia, intimacy, and interpersonal warmth among women affected by marital infidelity, making them less vulnerable to negative emotions and improving the marital relationship. Studies on marital status have demonstrated that people who express more emotions have higher levels of marital satisfaction (24). Therefore, it is possible to use the techniques of emotion-focused couple therapy to help clients create new meanings and interactions and increase the quality of marital relationships (25).

One of the issues faced by the couples affected by marital infidelity is attachment damage, the anxiety of intimacy, and the understanding of the spouse. Attachment damage occurs when the attachment needs of one of the parties have been activated and the other party is unavailable or unresponsive; therefore, the attachment of the person is damaged and may become anxious to establish intimacy and relationship with the other party and fear and doubt activate the attachment needs. Low levels of intimacy and relationship satisfaction often indicate an unsafe attachment bond (26). Couples with insecure attachment bonds interact through defensive emotional patterns that prevent availability, trust, and accountability (26). Moreover, they are susceptible to attachment anxiety and such behaviors as protest and hostility, and feelings of dislike. High levels of anxiety in couples' relationships often lead to severe attachment to the other side or controlling and dominating inter-personal style, which may lead to negative affect and low levels of trust and relationship satisfaction.

People with avoidance attachment evade intimate relationships since they do not consider others to be trustworthy. These people avoid communication out of fear of rejection and do not show intimacy with people with secure attachment since they consider themselves worthy of care and attention. In this regard, one of the main goals of emotion-focused couple therapy is addressing attachment concerns, reducing attachment insecurities, and creating a safe bond (25). In the emotion-focused approach, the focus is on creating emotional contact and safe bonding through availability and responsiveness. This bond and secure attachment meet the inner needs of couples for security, support, and contact.

In explaining the results of this study, according to the objectives of the emotion-focused approach, it can be stated that one of the primary goals of the emotion-focused approach is to change the insecure attachment style to secure attachment. Emotional contact and safe bonding are generated through availability and accountability. This bond and secure attachment meet the inner needs of couples for security, support, and contact. In this regard, another important goal of the emotion-focused approach is to facilitate the expression of unsealed attachment needs, accept the attachment needs of the spouse and reprocess emotions to heal attachment injuries. Emotional expression leads to feelings of satisfaction, happiness, vitality, synesthesia, intimacy, and interpersonal warmth between men and women affected by marital infidelity, making them less vulnerable to negative emotions and improving the marital relationship. Studies conducted on marital status have pointed out that people who express more emotions enjoy higher levels of marital satisfaction (26).

Among the notable limitations of this study, we can refer to a small sample size; therefore, great caution should be exercised in generalizing the results. Moreover, another limitation is 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. Furthermore, the data were obtained by self-report questionnaires which may result in response biases. It is suggested that family counselors and psychologists use the treatment methods used in the research, especially emotion-focused couple 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 for family counselors and psychologists.

Conclusion

It can be concluded that emotion-focused couple therapy was effective in women and men affected by spousal infidelity; therefore, it can be successfully used as a therapeutic or educational method in couple therapy programs.

Conflicts of Interest

The authors declare that they have no conflict of interest.

Ethical considerations

This research has the code of ethics (IR.IAU.QOM.REC.1400.001) from Islamic Azad University, Qom branch.

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