

Comparison of the Effectiveness of Positive Psychotherapy and Emotion-Focused Therapy on Attachment Patterns, Communication Patterns, and Lifestyle of Incompatible Couples

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Article Info

Article type:

Original Research

How to cite this article:

Hojati, A., Afsharinia, K., Hosseini, S., & Arefi, M. (2024). Comparison of the Effectiveness of Positive Psychotherapy and Emotion-Focused Therapy on Attachment Patterns, Communication Patterns, and Lifestyle of Incompatible Couples. *Applied Family Therapy Journal*, 5(3), 199-211.

<http://dx.doi.org/10.61838/kman.aftj.5.3.21>



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ABSTRACT

Objective: The aim of this study was to compare the effectiveness of positive psychotherapy and emotion-focused therapy on attachment patterns, communication patterns, and lifestyle of incompatible couples who referred to counseling centers.

Methods: This study is applied research in nature and quasi-experimental in execution, utilizing a pre-test and post-test design with a control group. The statistical population included all couples with incompatible spouses who referred to counseling centers (Behesht Counseling Center) in Isfahan in 2022. From this population, 45 individuals were selected using convenience and purposive sampling and divided into three groups: two experimental groups (each with 15 participants) and one control group (15 participants). The first experimental group underwent Goodwin's positive psychotherapy (2018) in ten sessions, and the second experimental group underwent Johnson's emotion-focused therapy (2006) in eight sessions. The questionnaires used in this study were Hazan and Shaver's Attachment Questionnaire (1987), Christensen and Sullaway's Communication Patterns Questionnaire (1984), and Miller-Smith's Lifestyle Questionnaire (2003).

Findings: Using covariance analysis, the results indicated that, after controlling for pre-test levels, there were significant differences between the experimental and control groups of incompatible couples in terms of attachment patterns (secure, avoidant-insecure, and ambivalent-insecure), communication patterns (constructive mutual), communication pattern (demand/withdraw), communication pattern (avoidant), and lifestyle. The effect size was 0.48 for emotion-focused therapy. Similarly, significant differences were observed for positive psychotherapy with an effect size of 0.41. There was a significant difference in the effectiveness of positive psychotherapy and emotion-focused therapy on attachment patterns (secure, avoidant-insecure, and ambivalent-insecure).

Conclusion: Overall, the results indicate that emotion-focused therapy has a greater impact on attachment patterns (secure, avoidant-insecure, and ambivalent-insecure) compared to positive psychotherapy. Significant differences were also observed in the impact on communication patterns (constructive mutual, demand/withdraw, and avoidant) and lifestyle, with emotion-focused therapy showing a greater effect.

Keywords: *Positive Psychotherapy, Emotion-Focused Therapy, Attachment Patterns, Communication Patterns, Lifestyle.*

1. Introduction

Since the family is a social system and one of the pillars of society, being the smallest cell of society, the communication among family members, including the relationships between spouses, can potentially reduce their reluctance toward marriage. Meeting needs and fostering psychological growth and happiness among spouses, as well as ensuring satisfaction in a healthy relationship, make coping with life's challenges easier, resulting in the upbringing of healthy and beneficial children for society. Reluctance in marriage stems from emotional breakdowns and is a response to existential issues and accumulated psychological pressure, which weakens love, gradually increases fatigue and monotony, and leads to the accumulation of small grudges, resulting in marital reluctance. This reluctance is a gradual process and rarely occurs suddenly. In reality, intimacy and love dissipate along with general feelings of fatigue. In the worst-case scenario, this reluctance leads to the breakdown of the relationship. Disgust, as defined, is physical, emotional, and psychological fatigue resulting from a chronic mismatch between expectations and reality (Lavi et al., 2018; Mohammadi et al., 2021; Spanier, 1976). Life events, including the process of transition and growth, acute and chronic conditions, may be associated with family disputes. It is said that problems in relationships likely arise during periods of significant changes and stressful events. Other variables such as support and commitment may moderate the impact of these events on family relationships. The life history of each spouse is also a factor influencing marital incompatibility. It has been shown that parental divorce is associated with marital problems, affecting women more, with a 60% higher divorce rate among women who have experienced parental divorce compared to others. Conflict in the primary family is also considered a risk factor in marital relationships. Due to the inconsistency in the extent and quality of spouses' understanding of each other before marriage, better and greater understanding leads to higher marital satisfaction, otherwise, individuals might struggle to

distinguish suitable and unsuitable spouses (Ashori et al., 2022; Chen et al., 2013; Durães et al., 2020).

Viktor Frankl, one of the prominent European psychologists, concluded that if life holds meaning for people, they can endure the pressure to find an answer to this question. Stressful situations in life can always impact individuals' ability to cope with different conditions, and the continuation of difficult circumstances may lead to the onset or exacerbation of physical and psychological disorders (Steger et al., 2006; Steger & Shin, 2010). Sometimes couples are ineffective in communicating and need to learn ways to express feelings and solve problems effectively. While incompatible interactions may result from a lack of skills, in many cases, couples may complain about unmet needs. For instance, a couple desiring intimacy that is not fulfilled may gradually develop a weak relationship. This problematic communication behavior is not a lack of skill but an inappropriate response to unmet needs. Couples who tend to respond to negative behavior with negative behavior, when one or both parties are dissatisfied with the relationship, face this situation regardless of the positive behavior, the initial form, or factors that played a role in creating the conflict. A continuous process tends to perpetuate the problem, manifesting in cognitive-behavioral aspects of emotion. This behavioral problem is observed in conversations where the husband speaks negatively to his wife, and the wife responds negatively and cognitively. If the wife feels that her husband is not in a good mood, she may exhibit more negative behavior, making negative attributions about the husband's behavior. Regarding emotions, when spouses are negative towards each other, they may think negatively about each other, and each may have negative feelings and emotions towards their spouse, creating less emotional prominence. These negative feelings then increase the likelihood of subsequent negative behaviors and cognitions. Besides the aforementioned factors, other aspects such as irrational beliefs and feelings in areas like the importance of communication, the importance of family, friends, and gender roles can be mentioned as contributing to reduced satisfaction and

increased conflict (Boostani-Kashani et al., 2021; Eskandari & Parandin, 2022).

Crises and problems are experiences that always drive couples to explore their lives and values. Severe or mild crises surprise the engaged couple, which they may respond to with strength and courage or with weakness and helplessness. Family problems are as old as marriage and history itself. The health or dysfunction of the entire family or system affects its members. Statistics published in the country over the past few decades indicate an increase in marital conflicts among couples, which in many cases leads to separation and divorce (Ghaderi et al., 2015). Marital relationships, being the longest and deepest form of relationships, have always been of interest, as satisfactory marriage is very beneficial for the physical and mental health of couples. Marriage is one of the most significant events in life, and some marriages foster the growth and flourishing of couples, while many others face disaster. They create and maintain intimate relationships and fulfill emotional and psychological needs. During marriage, mental health and early healthy experiences, in addition to logical perspectives, communication skills, and the acquisition of life skills and responsibilities, are required (Hamed et al., 2013). One of the causes of family problems is the lack of communication skills among spouses. Communication encompasses an individual's entire life. Life starts with a conversation and ends with its cessation. Humans are born in the embrace of communications, fulfilling all their needs through communication. They live, grow, and thrive through communication, with happiness and well-being largely depending on how they communicate with others. Communication is a good choice for message delivery and intelligent expression, considering the dimensions and characteristics of the audience. The first characteristic of communication is to inform others of one's intentions. Some authors have called this goal setting (Torkan et al., 2019; Walker et al., 1996; Welch et al., 2019). The second important feature of communication is determining the type of relationship, as communication between spouses is defined by directive messages. These statements, over time, create a system of explicit and implicit rules determining how couples should communicate. The third feature of communication is its multidimensionality, meaning that communication involves both verbal and nonverbal aspects, which are distinct but interconnected. While the verbal level relates to the content of communication, the nonverbal level is responsible for the quality of the verbal level. According to Crow and Ridley (2011), in face-to-face conversations

between two people, seven percent of emotions are conveyed through verbal messages, thirty-eight percent through voice, and fifty-five percent through facial expressions, gestures, and body movements. The nonverbal layer is always effective when the content and qualitative aspects of communication are inconsistent. The primary goal of marriage is communication, which allows couples to converse, exchange views, and learn each other's needs. The marital relationship, in fact, aims to meet all levels of needs. This is why the most common problem among dissatisfied couples is the inability to communicate. Although communication problems are not the sole reason for marital disputes, they are a sign of broken relationships and appear to exacerbate existing issues, as continuous turmoil in relationships often leads to separation and divorce (Babaei et al., 2020; Badihi Zeraati & Mosavi, 2016; Burgess Moser et al., 2016).

Positive psychotherapy is one of the most useful interventions in today's societies for addressing individuals' mental and emotional problems. Positive psychotherapy can be defined as emotional and cognitive responses to accepting specific characteristics and the possibility of sufficient progress, effective and efficient interaction with the connected world, desirable social interactions, and positive progress over time. This state may also include components such as life satisfaction, energy, and positive mood (Darbani & Parsakia, 2022; Movahedrad et al., 2023). Positive psychotherapy results from a combination of emotional regulation, personality traits, character, and life experiences, and identifying the factors influencing the prediction of positive psychotherapy helps understand the positive aspects and adaptive behavior of various individuals in society. A study conducted between 2005 and 2022 showed that positive individuals are healthier in middle age and more successful in their careers compared to negative individuals. These studies indicate that positive thinkers are twice as likely to leave their jobs as negative thinkers but are thirty times happier and, on average, live seven and a half years longer (Heydari & Saedi, 2020; Samaelvand et al., 2023).

Emotion-focused therapy, therefore, is a new type of psychotherapy used in family therapy, couple therapy, or individually in a short-term and structured manner. After establishing effective communication with the client, the therapist provides emotional support. This therapeutic approach focuses on emotions and helps individuals develop emotional self-regulation. This therapeutic method uses components of focusing on positive emotions, emotional reconstruction, and finding new meanings to establish better

communication with others, ultimately relating to psychological well-being by changing and modifying negative emotions. Emotion-focused therapy is a new approach in psychotherapy focusing on the quality of individuals' relationships and their attachment styles. In this short therapeutic approach, the therapist focuses on individuals' attachment styles and communication patterns, adjusting the treatment stages accordingly to form a secure attachment. Individuals can confidently enter a positive and constructive relationship and express their emotions constructively. Emotion-focused therapy draws from principles of humanistic theories, cognitive phenomenology, Gestalt therapy, emotion and cognition theory, dynamic theory, and family systems theory. The goal of all psychological treatments is to improve individuals' quality of life. Therefore, each treatment approaches this goal with different tools. Given the prevalence of marital incompatibility, the present study aims to answer whether positive psychotherapy and emotion-focused therapy affect the attachment patterns, communication patterns, and lifestyle of incompatible couples referring to counseling centers.

2. Methods

2.1. Study design and Participant

This study is applied research in nature and quasi-experimental in execution, utilizing a pre-test and post-test design with a control group. The statistical population included all couples with incompatible spouses who referred to counseling centers (Behesht Counseling Center) in Isfahan during the second half of 2022. During this six-month period, approximately 157 individuals with marital problems under the supervision of a psychologist at the center were identified. From this population, 45 individuals who met the necessary conditions for cooperation in this study were selected using convenience and purposive sampling, based on the incompatibility assessment test and the psychologist's diagnosis, and were divided into three groups: two experimental groups (each with 15 participants) and one control group (15 participants). After selecting the sample, the questionnaire was simultaneously distributed to the participants, and they were instructed on the research and how to answer the questions with utmost accuracy.

To conduct the research, the researcher initially scheduled appointments to gather information on couples with incompatible spouses at the Behesht Counseling Center. The sampling method was convenience sampling.

After selecting the sample, the questionnaire was distributed to the participants, who were instructed to answer the questions accurately. This quasi-experimental study employed pre-tests and post-tests for both experimental and control groups. The experimental interventions (positive psychotherapy and emotion-focused therapy) were administered to the experimental groups of incompatible couples, while the control group received no intervention. The sessions were structured, conducted in eight 90-minute sessions, twice a week. Each session included 30 minutes of topic presentation and 60 minutes of group discussion and specific technique implementation. Post-tests were conducted at the end of the group sessions, and the results of the pre-tests and post-tests were analyzed.

2.2. Measures

2.2.1. Attachment

This scale, developed by Hazan and Shaver in 1987, was translated into Persian by Rahimian Bouger and colleagues (2004). It distinguishes among three attachment styles—secure, avoidant, and ambivalent—based on 40 questions on a five-point Likert scale (1 = never, 2 = rarely, 3 = sometimes, 4 = often, 5 = always). Cronbach's alpha for the secure, avoidant, and ambivalent subscales for a sample of 240 students was 0.74, 0.72, and 0.72, respectively, indicating high internal consistency. Test-retest reliability was also high, with correlations of 0.92 for the overall sample, 0.90 for females, and 0.93 for males (Parsakia et al., 2023).

2.2.2. Communication Patterns

Developed by Christensen and Sullaway (1984), this self-report tool assesses marital communication patterns through 35 questions evaluating behaviors in three stages of marital conflict: (a) when a problem arises, (b) during the discussion of the problem, and (c) after the discussion. Behaviors are rated on a five-point Likert scale (1 = never, 2 = rarely, 3 = sometimes, 4 = often, 5 = always). Subscales include demand/withdraw, constructive communication, and mutual avoidance. Cronbach's alpha for the CPQ subscales ranged from 0.50 to 0.78, and reliability was confirmed in German and Swiss samples with coefficients between 0.74 and 0.78 (Bulut et al., 2024; Eshagh Neymvari et al., 2023).

2.2.3. Lifestyle

Developed by Miller Smith (2003), this 70-item questionnaire evaluates various lifestyle dimensions on a Likert scale (0 = never, 1 = sometimes, 2 = usually, 3 = always). Construct validity was confirmed by factor analysis in a study by Lali et al. (2012), and reliability was high, with Cronbach's alpha indicating internal consistency (Attaran et al., 2022; Beyk et al., 2023).

2.3. Measures

2.3.1. Positive Psychotherapy

The first experimental group received Goodwin's (2018) positive psychotherapy protocol in ten 90-minute sessions (Heydari & Saedi, 2020).

Session 1: Group Introduction and Establishing Rapport

The first session aims to create a cooperative and friendly relationship among group members. Participants are introduced to each other and the general working methods are explained to facilitate a positive group dynamic.

Session 2: Introduction, Overview, and Sharing Three Good Things

In this session, the protocol is outlined, group members are formally introduced, and group expectations are set. Each participant shares three good things that have happened to them recently, promoting positive thinking.

Session 3: Utilizing Personal Strengths

The session focuses on discussing the "three good things" exercise. Participants identify and discuss their personal strengths and how these can be applied in their daily lives.

Session 4: Experiencing Pleasure

Discussion centers on the previous exercise of using personal strengths. Participants explore how to derive pleasure from daily activities and the importance of integrating enjoyable experiences into their routine.

Session 5: Having a Good Day

The group discusses the previous homework on experiencing pleasure. Participants share their experiences of having a good day and the factors that contributed to it.

Session 6: Gratitude Visit

Participants reflect on the exercise of having a good day. They are introduced to the concept of a gratitude visit, where they plan to express gratitude to someone who has positively impacted their lives.

Session 7: Active/Constructive Responding

The session involves discussing the homework of the gratitude visit. Participants learn about active and

constructive responding, focusing on how to respond positively to others' good news.

Session 8: Hot Seat

Discussion revolves around the practice of active/constructive responding. The "hot seat" exercise is introduced, where participants take turns being the focus of positive feedback and encouragement from the group.

Session 9: Writing a Biography

Participants reflect on the hot seat exercise. They are tasked with writing a short biography that highlights their positive experiences and achievements, fostering self-awareness and appreciation.

Session 10: Conclusion

The final session focuses on discussing the group process. Participants reflect on their journey, the skills learned, and how they plan to apply these positive interventions in their daily lives.

2.3.2. Emotion-Focused Therapy

The second experimental group received Johnson's (2006) emotion-focused therapy protocol in ten 90-minute sessions (Ashori et al., 2022; Burgess Moser et al., 2016; Ghaderi et al., 2015).

Session 1: Establishing Therapeutic Relationship and Assessing Goals

The session aims to build a therapeutic alliance and introduce the general rules of therapy. The therapist assesses the nature of the problem, the relationship, and the goals and expectations of the spouses from the therapy.

Session 2: Identifying Negative Interaction Cycles

The focus is on identifying the negative interaction cycles and creating conditions for spouses to reveal these cycles. The therapist evaluates the relationship and attachment bonds, introduces the principles of emotion-focused therapy, and begins restructuring interactions to increase flexibility.

Session 3: Reframing Problems in Terms of Underlying Emotions

The session emphasizes the clients' ability to express emotions and attachment behaviors towards their spouses. Couples learn about the impact of fear and defense mechanisms on cognitive and emotional processes, with a description of the cycle of attachment needs.

Session 4: Identifying and Expressing Unmet Needs

The therapist encourages clients to identify and express unmet needs and aspects of themselves they have denied. Couples reflect on their interaction patterns with respect and

empathy, enhancing their acceptance and acknowledgment of these needs.

Session 5: Awareness of Underlying Emotions and Acceptance

The focus is on increasing awareness of underlying emotions and the position of each spouse in the relationship. Emphasis is placed on accepting each other's experiences and finding new ways of interacting. Recognizing and amplifying attachment needs is also discussed.

Session 6: Facilitating Emotional Engagement

This session aims to facilitate the expression of needs and desires, creating emotional engagement between spouses. The development of new, secure attachment bonds is promoted, allowing for deeper emotional experiences and recognition of internal needs and attachments.

Session 7: Creating New Interaction Patterns

The session focuses on establishing new interaction patterns and ending old, unhelpful ones. The therapist clarifies the interaction patterns and reinforces changes made during therapy. Differences between current and previous interactions are highlighted.

Session 8: Establishing Secure Attachment and Evaluating Changes

In the final session, the therapist ensures that the relationship is based on a secure attachment, allowing for the discussion of problems and exploration of solutions without causing harm. The session concludes with an evaluation of the changes and post-test administration.

2.4. Data Analysis

The data were analysed via SPSS-26 and analysis of covariance with repeated measurements and post-hoc tests.

3. Findings and Results

The mean and standard deviation of the age in the emotion-focused therapy group was 30.85 (5.56), in the positive psychotherapy group 31.48 (6.78), and in the control group 31.54 (6.86) years. The mean duration of marriage in the emotion-focused therapy group was 4.25 (3.55) years, in the positive psychotherapy group 3.89 (3.78) years, and in the control group 4.21 (5.60) years.

Table 1

Means and Standard Deviations of Attachment Patterns, Communication Patterns, and Lifestyle Scores for Couples with Incompatible Spouses in Experimental and Control Groups at Pre-test and Post-test

Variables	Time	Emotion-Focused Therapy	Positive Psychotherapy	Control
Secure Attachment Pattern	Pre-test	33.87 (7.97)	31.57 (6.78)	28.93 (5.07)
	Post-test	38.55 (8.79)	34.97 (7.97)	30.05 (6.45)
Insecure Attachment Pattern	Pre-test	24.56 (5.97)	25.50 (5.70)	26.52 (7.21)
	Post-test	21.75 (4.12)	22.89 (4.87)	25.25 (6.94)
Ambivalent-Insecure Attachment Pattern	Pre-test	26.22 (7.45)	27.93 (5.72)	27.75 (8.50)
	Post-test	22.52 (7.09)	24.34 (3.92)	28.90 (8.84)
Constructive Communication Pattern	Pre-test	28.25 (4.45)	29.95 (5.72)	27.75 (4.55)
	Post-test	34.52 (4.09)	31.32 (3.92)	28.90 (4.84)
Withdrawal Communication Pattern	Pre-test	29.56 (8.97)	30.16 (8.71)	31.21 (10.21)
	Post-test	24.75 (6.12)	27.55 (7.87)	29.25 (8.94)
Avoidant Communication Pattern	Pre-test	23.45 (4.40)	24.52 (5.72)	27.75 (4.50)
	Post-test	19.85 (3.09)	21.65 (4.92)	28.90 (4.84)
Lifestyle	Pre-test	111.20 (21.42)	115.90 (22.72)	114.75 (22.50)
	Post-test	136.52 (27.09)	125.30 (25.92)	116.50 (22.84)

The descriptive indices of mean and standard deviation of the research variables in the pre-test and post-test stages for the emotion-focused therapy experimental group, the positive psychotherapy experimental group, and the control group are reported, showing changes at the post-test stage (Table 1). The null hypothesis for the equality of variances of scores between the two groups in all primary variables of the study was not statistically significant, confirming the assumption of equal variances. Thus, the assumption of

homogeneity of variances in all primary variables of the study is met, allowing for the use of covariance analysis. As shown in the table above, the null hypothesis for the normality of score distribution in the attachment patterns, lifestyle, and communication patterns variables is confirmed. In other words, the assumption of normal score distribution in the pre-test and in both experimental and control groups is confirmed.

Table 2

Results of One-Way Covariance Analysis in MANOVA on Post-Test Mean Scores of Experimental and Control Groups with Pre-Test Control

Variable	Source of Variation	Sum of Squares	df	Mean Square	F	p	Eta Squared	Power
Secure Attachment Pattern	Pre-test	1247.568	1	1247.568	19.475	0.0001	0.49	0.999
	Group	1354.852	1	1354.852	18.852	0.0001	0.45	1.000
	Error	986.525	27	114.525				
Insecure Attachment Pattern	Pre-test	1254.245	1	1254.245	39.565	0.0001	0.45	0.999
	Group	1001.756	1	1001.756	21.586	0.0001	0.39	1.000
	Error	249.515	27	53.856				
Ambivalent-Insecure Attachment Pattern	Pre-test	1064.178	1	1064.178	26.156	0.0001	0.49	1.000
	Group	614.528	1	614.528	23.858	0.0001	0.42	0.998
	Error	89.856	27	58.921				
Constructive Communication Pattern	Pre-test	1398.485	1	1398.485	23.855	0.0001	0.47	0.997
	Group	1536.582	1	1536.582	19.774	0.0001	0.43	1.000
	Error	1532.101	27	114.855				
Withdrawal Communication Pattern	Pre-test	1568.432	1	1568.432	46.521	0.0001	0.53	0.999
	Group	985.742	1	985.742	22.526	0.0001	0.45	1.000
	Error	269.852	27	68.852				
Avoidant Communication Pattern	Pre-test	895.852	1	895.852	28.219	0.0001	0.44	1.000
	Group	358.725	1	358.725	23.858	0.0001	0.41	0.998
	Error	210.522	27	28.241				
Lifestyle	Pre-test	1985.258	1	1985.258	31.351	0.0001	0.47	1.000
	Group	1065.852	1	1065.852	29.158	0.0001	0.44	0.999
	Error	611.851	27	101.88				

As shown in Table 2, after controlling for the pre-test, there is a significant difference between the experimental and control groups of couples with incompatible spouses in terms of secure attachment pattern ($F = 18.852$, $p < 0.0001$). In other words, positive psychotherapy, given the mean of the secure attachment pattern of couples with incompatible spouses in the experimental group compared to the mean of the control group, has increased the secure attachment pattern of couples with incompatible spouses in the experimental group. The effect size is 0.45, meaning that 45% of individual differences in the post-test scores of the secure attachment pattern are due to the impact of positive psychotherapy. The statistical power is 1.00, indicating no possibility of a Type II error. Also, after controlling for the pre-test, there is a significant difference between the experimental and control groups of couples with incompatible spouses in terms of insecure attachment pattern ($F = 21.586$, $p < 0.0001$). In other words, positive psychotherapy, given the mean of the insecure attachment pattern of couples with incompatible spouses in the experimental group compared to the mean of the control group, has improved the insecure attachment pattern of couples with incompatible spouses in the experimental group. The effect size is 0.39, meaning that 39% of individual differences in the post-test scores of the insecure attachment pattern are due to the impact of positive

psychotherapy. The statistical power is 1.00, indicating no possibility of a Type II error. After controlling for the pre-test, there is a significant difference between the experimental and control groups of couples with incompatible spouses in terms of ambivalent-insecure attachment pattern ($F = 23.858$, $p < 0.0001$). In other words, positive psychotherapy, given the mean of the ambivalent-insecure attachment pattern of couples with incompatible spouses in the experimental group compared to the mean of the control group, has improved the ambivalent-insecure attachment pattern of couples with incompatible spouses in the experimental group. The effect size is 0.42, meaning that 42% of individual differences in the post-test scores of the ambivalent-insecure attachment pattern are due to the impact of positive psychotherapy. The statistical power is 0.998, indicating no possibility of a Type II error.

Furthermore, after controlling for the pre-test, there is a significant difference between the experimental and control groups of couples with incompatible spouses in terms of constructive communication pattern ($F = 19.774$, $p < 0.0001$). In other words, positive psychotherapy, given the mean of the constructive communication pattern of couples with incompatible spouses in the experimental group compared to the mean of the control group, has increased the constructive communication pattern of couples with incompatible spouses in the experimental group. The effect

size is 0.43, meaning that 43% of individual differences in the post-test scores of the constructive communication pattern are due to the impact of positive psychotherapy. The statistical power is 1.00, indicating no possibility of a Type II error. Additionally, after controlling for the pre-test, there is a significant difference between the experimental and control groups of couples with incompatible spouses in terms of withdrawal communication pattern ($F = 22.526$, $p < 0.0001$). In other words, positive psychotherapy, given the mean of the withdrawal communication pattern of couples with incompatible spouses in the experimental group compared to the mean of the control group, has improved the withdrawal communication pattern of couples with incompatible spouses in the experimental group. The effect size is 0.45, meaning that 45% of individual differences in the post-test scores of the withdrawal communication pattern are due to the impact of positive psychotherapy. The statistical power is 1.00, indicating no possibility of a Type II error. After controlling for the pre-test, there is a significant difference between the experimental and control groups of couples with incompatible spouses in terms of avoidant communication pattern ($F = 23.858$, $p < 0.0001$). In other words, positive psychotherapy, given the mean of the

avoidant communication pattern of couples with incompatible spouses in the experimental group compared to the mean of the control group, has improved the avoidant communication pattern of couples with incompatible spouses in the experimental group. The effect size is 0.41, meaning that 41% of individual differences in the post-test scores of the avoidant communication pattern are due to the impact of positive psychotherapy. The statistical power is 1.00, indicating no possibility of a Type II error.

Finally, after controlling for the pre-test, there is a significant difference between the experimental and control groups of couples with incompatible spouses in terms of lifestyle ($F = 29.158$, $p < 0.0001$). In other words, positive psychotherapy, given the mean lifestyle score of couples with incompatible spouses in the experimental group compared to the mean of the control group, has increased the lifestyle score of the experimental group. The effect size is 0.44, meaning that 44% of individual differences in the post-test scores of lifestyle are due to the impact of positive psychotherapy. The statistical power is 0.999, indicating that if this study is repeated 1000 times, only once might the null hypothesis be mistakenly accepted.

Table 3

Results of LSD Post Hoc Test for Comparing Differences Between Groups in Different Interventions

Variables	Groups	Mean Difference	Standard Error	p
Secure Attachment Pattern	Emotion-Focused Therapy and Positive Psychotherapy	2.30	0.78	0.001
	Emotion-Focused Therapy and Control	4.94	1.68	0.001
	Positive Psychotherapy and Control	2.64	1.37	0.001
Insecure Attachment Pattern	Emotion-Focused Therapy and Positive Psychotherapy	1.14	1.74	0.001
	Emotion-Focused Therapy and Control	3.50	0.86	0.001
	Positive Psychotherapy and Control	2.36	1.31	0.001
Ambivalent-Insecure Attachment Pattern	Emotion-Focused Therapy and Positive Psychotherapy	1.82	2.87	0.001
	Emotion-Focused Therapy and Control	6.38	1.14	0.001
	Positive Psychotherapy and Control	4.56	0.76	0.001
Constructive Communication Pattern	Emotion-Focused Therapy and Positive Psychotherapy	2.80	1.38	0.001
	Emotion-Focused Therapy and Control	5.62	1.14	0.001
	Positive Psychotherapy and Control	2.42	1.37	0.001
Withdrawal Communication Pattern	Emotion-Focused Therapy and Positive Psychotherapy	2.80	1.85	0.001
	Emotion-Focused Therapy and Control	4.50	1.05	0.001
	Positive Psychotherapy and Control	1.45	1.15	0.001
Avoidant Communication Pattern	Emotion-Focused Therapy and Positive Psychotherapy	1.80	1.57	0.001
	Emotion-Focused Therapy and Control	9.05	1.01	0.001
	Positive Psychotherapy and Control	7.25	0.98	0.001
Lifestyle	Emotion-Focused Therapy and Positive Psychotherapy	11.22	0.35	0.001
	Emotion-Focused Therapy and Control	20.02	0.88	0.001
	Positive Psychotherapy and Control	8.80	0.56	0.001

The above results in Table 3 indicate that there is a significant difference in the impact of emotion-focused therapy and positive psychotherapy on attachment patterns

(secure, avoidant-insecure, and ambivalent-insecure). Overall, the results show that emotion-focused therapy has a greater impact on attachment patterns (secure, avoidant-

insecure, and ambivalent-insecure) compared to positive psychotherapy. The results also show significant differences in the impact of emotion-focused therapy and positive psychotherapy on constructive communication patterns, withdrawal communication patterns, and avoidant communication patterns. Finally, the results indicate significant differences in the impact of emotion-focused therapy and positive psychotherapy on social support, with emotion-focused therapy having a greater impact on lifestyle.

4. Discussion and Conclusion

The purpose of the present study was to compare the effectiveness of positive psychotherapy and emotion-focused therapy on attachment patterns, communication patterns, and lifestyle of incompatible couples. The results showed that, after controlling for pre-test significance levels in all tests, significant differences were observed between the experimental and control groups of incompatible couples in at least one of the dependent variables: attachment patterns (secure, avoidant-insecure, and ambivalent-insecure), communication pattern (constructive mutual), communication pattern (demand/withdraw), communication pattern (avoidant), and lifestyle. The effect size was 0.41, meaning that 41% of individual differences in the post-test scores of attachment patterns (secure, avoidant-insecure, and ambivalent-insecure), lifestyle, and communication patterns were due to the impact of positive psychotherapy.

In explaining this finding, it can be stated that today, attachment is central to primary emotional relationships and can provide a useful framework for conceptualizing and treating adults with problems, while one focus of adult attachment theory counselors is on addressing interpersonal deficiencies. The effects of attachment are notable not only in interpersonal relationships but also in the context of children's psychopathology. Events related to the couple's bond may indirectly engage the child's feelings and thoughts. Attachment mechanisms influence individuals' thoughts, feelings, and memories and are recognized as factors that offer new insights into diagnosing psychological pathologies. Couples with insecure attachment styles (avoidant) avoid intimate relationships with others and score low on scales of love and romantic relationships. In attachment discussions, adults use strategies such as emphasizing self-preservation and self-reliance, denying the importance of the attachment figure relationship, and attempting to avoid negative emotions and obsessive

manifestations by maintaining distance from the attachment figure. Couples with insecure attachment styles (ambivalent) are exclusive and dependent in their emotional relationships with others, constantly worried about being rejected and abandoned by others, and attempt to reduce psychosomatic symptoms during divorce through intense dependence. They are also aware of their negative feelings regarding childhood attachment experiences, resulting in awareness of psychosomatic symptoms and feelings of helplessness.

Relationship problems in troubled couples are less often resolved through conversation compared to peaceful couples, and ineffective interaction and conflict management contribute to ongoing communication issues and weak interactions. Spouses are less able to understand each other, support each other, and try to meet each other's needs. Effective conflict management leaves important relationship issues unresolved, often becoming sources of repeated conflict. Many couples continue to have similar discussions without resolving the problem (Welch et al., 2019). One of the biggest challenges for couples trapped in negative exchanges is that they do not find an adaptive way to exit the crisis (Burgess Moser et al., 2016). Negative relationships increase the likelihood of divorce and reduce positive aspects of marriage, such as satisfaction, commitment, friendship, and trust. Couples who manage conflict in a relationship using positive approaches and fewer negative attitudes are more likely to resolve marital problems and reconcile, which is one of the important ways to create intimacy (Torkan et al., 2019).

The communication pattern (demand/withdraw) is a pattern where one party insists on creating variety and change or discussing an issue, while the other partner withdraws from interaction, physically or mentally disengaging from the discussion. In this model, when there is conflict between spouses, only negative reinforcement occurs, so one withdraws because conflict resolution and cessation of conflict and argument (negative reinforcement) are very beneficial. This pattern may be shaped by the couple's experiences in their primary family. On the other hand, the withdrawing individual does not hope for a fruitful and beneficial outcome from the discussion. They have never experienced the pleasure of expressing their feelings to others and reaching a mutual decision based on discussion and lifestyle (Eshagh Neymvari et al., 2023). In this sample, both the woman and the man try to avoid discussing the problem. Agreement and compromise between the woman and the man without discussing issues, opinions, and beliefs are impossible. Therefore, if both parties reach the point of

divorce as the main way to avoid conflict, positive communication behaviors in this life will not be found, but what about negative avoidant behaviors like avoiding intimacy, anger, conflict, avoidance, and defense? It may be specific to one or both genders. It eliminates the possibility of mutual understanding and respect between spouses and leads to stress, discomfort, and helplessness, ultimately resulting in divorce.

This study showed that positive psychotherapy for incompatible couples could significantly improve quality of life and reduce failure, supporting both the research hypotheses (theoretically) and participant feedback. It can be concluded that training one member of a couple with an incompatible spouse (where the individual is willing to learn and change) can be done during and after this training period. A small, improving situation, despite deep cultural changes and lifestyle shifts, leaves many people lacking the necessary and basic skills to face life problems, making them vulnerable to daily life challenges and demands. The goal of positive psychotherapy is to improve psychosocial skills and thereby achieve better health and quality of life. Positive psychotherapy allows couples to transform their knowledge, values, and relationships into actual abilities. That is, a person knows what to do and how to do it. Positive psychotherapy promotes healthy behavior. It also affects the individual's feelings towards themselves and others and how others perceive them. At the same time, it leads to increased self-confidence.

The results also showed that, after controlling for pre-test significance levels in all tests, significant differences were observed between the experimental and control groups of incompatible couples in at least one of the dependent variables: attachment patterns (secure, avoidant-insecure, and ambivalent-insecure), communication pattern (constructive mutual), communication pattern (demand/withdraw), communication pattern (avoidant), and lifestyle. The effect size was 0.48, meaning that 48% of individual differences in the post-test scores of attachment patterns (secure, avoidant-insecure, and ambivalent-insecure), lifestyle, and communication patterns were due to the impact of emotion-focused therapy. Explaining this result, it can be claimed that couples with secure attachment styles can intelligently discuss the quality and impact of their attachment and the positive and negative nature of this relationship. They acknowledge the importance of childhood life. Secure couples have a positive and supportive representation of an attachment figure, a positive representation that enhances their self-esteem and mastery

and allows them to regulate their negative emotions constructively. Another characteristic of secure individuals is that they are less afraid of danger because they do not feel alone in dangerous situations. They tend to establish intimate and positive relationships with others, have higher self-confidence than adults, have a positive outlook on the world and others, and believe in it. Other key characteristics of secure attachment in adults include high self-esteem, enjoyment of intimate relationships, seeking social support, and the ability to share feelings with others. In a study, researchers found that children with secure attachment styles have better feelings about their emotional and romantic relationships. Ambivalent-insecure couples are suspicious of strangers. These individuals become very anxious when separated from their caregivers but do not feel reassured upon return. In some cases, spouses may reject caregivers, avoid meeting them, or openly display aggression towards them. According to research and studies, ambivalent attachment is relatively rare, affecting only 7 to 15 percent of people. Additionally, in ambivalent attachment literature, studies found that observational studies positively correlate ambivalent-insecure attachment with maternal deprivation. In adulthood, those who are ambivalent often do not desire to approach others and are worried that their partner will not reciprocate their feelings. This often leads to frequent separations due to a sense of coldness and distance. These individuals are very confused and hurt after the relationship ends ([Badihi Zeraati & Mosavi, 2016](#); [Burgess Moser et al., 2016](#); [Parsakia et al., 2023](#); [Samaelvand et al., 2023](#)).

On the other hand, concern focuses on predicting risk and planning ways to avoid or cope with it; these individuals need immediate and even preventive treatment, such as emotion therapy. Emotion-focused therapy plays a significant role in the mental health of women with incompatible spouses and definitely has an important role if provided at the appropriate stage of development. Emotional therapeutic interventions are considered one of the third-generation or third-wave cognitive therapies. With all the daily concerns, constant thoughts, and stressful situations that surround most of us, the importance of mind control becomes apparent. To control the mind, one must correctly understand the rules of the mind and use them to maximize their potential. Positive-focused psychotherapy is an effective method for achieving and managing the mind's maximum capacity. As a result, emotion-focused therapy helps individuals feel competent and effective in their daily tasks and life challenges and has helped improve skills such as management, problem-solving, decision-making, conflict

resolution, self-management, leadership, integrity, and creating desirable behaviors. Emotion-focused therapy increases individuals' psychological capacities and abilities. People's adaptation to life's pressures and problems varies. In the same social environment, some individuals lose the ability to quickly solve complex problems and situations, falling into isolation, depression, antisocial or asocial behaviors, especially drug addiction. Some can easily cope with these situations, solving or overcoming problems without any issues. This difference in individuals' coping and defensive reactions is explained by their varying psychological abilities; thus, emotion-focused therapy is a new form of psychotherapy used in short-term treatments and family, couple, or individual therapy. The therapist teaches the client emotional regulation skills after establishing effective communication. This therapeutic approach focuses on emotions and helps individuals develop emotional self-regulation. This therapeutic method uses components of focusing on positive emotions, emotional reconstruction, and finding new meanings to establish better communication with others, ultimately related to psychological well-being by changing and modifying negative emotions. Emotion-focused therapy is a new approach in psychotherapy that focuses on the quality of individuals' relationships and their attachment styles. In this short therapeutic approach, the therapist focuses on individuals' attachment styles and communication patterns, adjusting the treatment stages accordingly to form a secure attachment. Individuals can confidently enter a positive and constructive relationship and express their emotions constructively. Emotion-focused therapy draws from principles of humanistic theories, cognitive phenomenology, Gestalt therapy, emotion and cognition theory, dynamic theory, and family systems theory. The goal of all psychological treatments is to improve individuals' quality of life. Therefore, each treatment approaches this goal with different tools.

The results also showed significant differences in the impact of emotion-focused therapy and positive psychotherapy on attachment patterns (secure, avoidant-insecure, and ambivalent-insecure). Overall, the results indicate that emotion-focused therapy has a greater impact on attachment patterns (secure, avoidant-insecure, and ambivalent-insecure) compared to positive psychotherapy. Significant differences were observed in the impact of emotion-focused therapy and positive psychotherapy on communication patterns (constructive mutual, demand/withdraw, and avoidant). Furthermore, significant

differences in the impact of emotion-focused therapy and positive psychotherapy on social support were found, indicating that emotion-focused therapy has a greater impact on lifestyle compared to positive psychotherapy.

5. Suggestions and Limitations

The present study has several limitations. First, the sample size was relatively small and limited to couples from specific counseling centers in Isfahan, which may not be representative of the broader population. Second, the study relied on self-report questionnaires, which can be subject to bias and inaccuracies in participants' responses. Third, the intervention duration was relatively short, and the long-term effects of the therapies were not assessed. Additionally, cultural factors and individual differences in therapy adherence and engagement were not fully explored, which could impact the generalizability of the findings.

Future research should aim to address these limitations by including a larger and more diverse sample from various geographical locations to enhance generalizability. Longitudinal studies are recommended to evaluate the long-term effectiveness and sustainability of positive psychotherapy and emotion-focused therapy. Additionally, incorporating qualitative methods, such as in-depth interviews and case studies, could provide deeper insights into participants' experiences and the mechanisms underlying the therapies' effects. Exploring the role of cultural factors, individual differences, and therapist characteristics in influencing therapy outcomes would also be valuable.

The findings of this study have several important implications for clinical practice and mental health interventions. Mental health professionals working with incompatible couples should consider incorporating positive psychotherapy and emotion-focused therapy into their treatment plans, given their demonstrated effectiveness in improving attachment patterns, communication, and lifestyle. Training programs for therapists should include modules on these therapeutic approaches to equip them with the necessary skills and knowledge. Additionally, policymakers and counseling centers should promote and support the implementation of these therapies to enhance the quality of relationships and mental well-being among couples.

Authors' Contributions

Authors contributed equally to this study.

Declaration

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

Transparency Statement

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

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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