



The Effectiveness of Emotionally Focused Couple Therapy on Marital Commitment, Marital Intimacy, and Marital Forgiveness Among Couples Affected by Extramarital Relationships: A Quasi-Experimental Study

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ABSTRACT

Extramarital relationships can produce a severe relational rupture that weakens trust, emotional accessibility, marital commitment, intimacy, and the capacity to forgive. Emotionally Focused Couple Therapy (EFT) is an attachment-oriented intervention designed to restructure negative interaction cycles and restore emotional responsiveness between partners. This study examined the effectiveness of EFT on marital commitment, marital intimacy, and marital forgiveness among couples affected by extramarital relationships. Methods: A quasi-experimental pretest-posttest design with an experimental group and a control group was used. Thirty-two participants who had attended family counseling clinics in Tehran because of distress related to a spouse's extramarital relationship were selected through purposive sampling and assigned equally to an EFT intervention group or a control group. The intervention group received eight 90-minute EFT sessions, whereas the control group received no EFT intervention during the study period. Data were collected using the Marital Commitment Questionnaire, the Walker-Thompson Marital Intimacy Scale, and the Rye Forgiveness Scale. Descriptive statistics, assumption testing, multivariate analysis of covariance, and follow-up univariate analyses of covariance were applied. After controlling for pretest scores, a significant multivariate difference was observed between groups at posttest, Wilks' Lambda = .489, $F = 37.49$, $p = .008$, partial eta squared = .56. Follow-up analyses indicated significant posttest improvements in marital commitment, marital intimacy, and marital forgiveness in the EFT group compared with the control group. EFT appears to be a useful intervention for couples experiencing injury after extramarital relationships, particularly when clinical work targets attachment needs, emotional disclosure, responsiveness, and reconstruction of safe interaction cycles.

Keywords: Emotionally Focused Couple Therapy; extramarital relationships; marital commitment; marital intimacy; marital forgiveness; attachment injury; infidelity

1. Introduction

Extramarital relationships are among the most disruptive events in intimate partnerships because they combine secrecy, betrayal, attachment threat, and damage to the

meaning of the couple bond. Contemporary infidelity research shows that infidelity is not limited to a single behavioral act; rather, it often includes sexual, emotional, digital, and mixed forms of involvement outside the agreed boundaries of the relationship (1, 2). For the injured partner,

discovery of an affair may produce symptoms similar to relational trauma, including hypervigilance, anger, shame, intrusive images, loss of trust, and fear that the relationship is no longer safe (3, 4). For the partner who engaged in the affair, guilt, defensiveness, avoidance, and uncertainty about continuing the relationship can also interfere with repair. These patterns can quickly create a negative cycle in which protest, withdrawal, accusation, minimization, and emotional distancing intensify the original injury.

Couples who seek therapy after infidelity are often facing three interconnected clinical tasks. First, they must decide whether the relationship is sufficiently valuable to protect and rebuild. This task relates closely to marital commitment. Commitment has been conceptualized as a multidimensional construct that includes personal dedication to the partner, moral commitment to the marriage, and structural reasons for maintaining the relationship (5-7). After an affair, commitment can become unstable because the injured partner may no longer view the partner as dependable, and the involved partner may struggle with ambivalence or shame. Restoring commitment therefore requires more than verbal promises; it requires repeated emotional experiences in which both partners perceive that the relationship can again become a reliable attachment context.

Second, couples must rebuild intimacy. Marital intimacy refers to felt closeness, emotional openness, affection, shared meaning, and the perception that one can be known and accepted by the partner. The Walker-Thompson intimacy tradition emphasizes perceived affection and emotional closeness in significant dyadic relationships (8). In the aftermath of infidelity, intimacy often collapses because emotional disclosure becomes risky: the injured partner may fear further humiliation, whereas the involved partner may avoid vulnerable conversation in order to escape blame. This avoidance is clinically important because intimacy is not only a relationship outcome; it is also one of the main relational conditions through which healing becomes possible. When partners regain the ability to speak about fear, hurt, remorse, and unmet needs without immediate escalation, intimacy can gradually be reconstructed.

Third, couples must address forgiveness. Forgiveness in marital injury is not a simple act of forgetting, excusing, or returning immediately to the previous relationship. It is

better understood as a process in which retaliatory motivation, avoidance, and persistent resentment decrease while the injured partner becomes more able to regulate pain and consider renewed engagement (9, 10). In infidelity recovery, forgiveness is closely connected to accountability, empathy, truthful disclosure, and the restoration of trust. Studies of emotion-focused approaches suggest that forgiveness is more likely when the offending partner can express genuine remorse and when the injured partner's pain is received with accessibility and responsiveness rather than defensiveness (11, 12).

Emotionally Focused Couple Therapy provides a theoretically coherent model for working with these three domains. EFT is grounded in attachment theory and assumes that adult romantic bonds function as primary sources of security, comfort, and emotional regulation (6, 13). Distress is understood as a rigid negative interaction cycle organized around threats to attachment security. One partner may pursue through criticism or protest, while the other withdraws or defends; both responses are secondary strategies for managing fear, shame, or disconnection. The therapist's task is to help partners identify the cycle, access primary vulnerable emotions, reshape emotional signals, and create new bonding events characterized by accessibility, responsiveness, and engagement.

The empirical status of EFT supports its use with distressed couples. Reviews and meta-analyses have reported that EFT is associated with meaningful improvements in relationship satisfaction and attachment security (14-16). Process studies further show that EFT can reduce relationship-specific attachment avoidance and anxiety, and that key change events such as blamer softening are associated with more secure interactional patterns (17, 18). Neuroscientific evidence also suggests that successful EFT may alter the way partners use contact with each other to regulate threat responses (19). These findings are highly relevant to infidelity because an affair is often experienced as an attachment injury that damages the injured partner's expectation that the partner will be emotionally available and protective.

Despite this theoretical and empirical support, more context-specific evidence is needed in cultural settings where family privacy, social stigma, gender expectations, and marital continuity may shape the experience of infidelity

and therapy participation. Couples affected by extramarital relationships may hesitate to seek help, may underreport the intensity of injury, or may remain in the relationship for complex personal, moral, familial, and structural reasons. Therefore, evaluating EFT in such contexts can provide clinically useful information about whether an attachment-based intervention can improve commitment, intimacy, and forgiveness after betrayal. The present study examined the effect of an eight-session EFT protocol on marital commitment, marital intimacy, and marital forgiveness among couples affected by extramarital relationships.

2. Methods and Materials

This study used a quasi-experimental pretest-posttest design with one experimental group and one control group. The design was selected because the study aimed to examine change following a structured therapeutic intervention while retaining a comparison group that did not receive the intervention during the study period.

The statistical population included couples who attended family counseling clinics in Tehran in 2022 because they were distressed by a spouse's extramarital relationship. Thirty-two participants were selected through purposive sampling based on the inclusion and exclusion criteria and were placed equally into an experimental group and a control group. The inclusion criteria were age between 30 and 45 years, ability to participate in group therapy sessions, educational level from diploma to bachelor's degree, and absence of chronic psychiatric illness. Exclusion criteria were withdrawal from the study, use of other psychological treatments during the study period, and absence from more than two intervention sessions.

Before intervention, all participants completed the pretest assessment. Participants in the experimental group then received eight 90-minute EFT sessions. The control group did not receive EFT during the active study period. At the end of the intervention period, all participants completed the posttest assessment. The intervention protocol was organized around the core EFT tasks of creating therapeutic safety, identifying the betrayal-related attachment injury,

reframing the couple's problem in terms of attachment needs and vulnerable emotions, increasing acceptance of each partner's experience, facilitating new emotional engagement, and consolidating new patterns of interaction. Table 2 summarizes the session structure used in the intervention.

The Marital Commitment Questionnaire developed by Adams and Jones was used to assess commitment. This measure evaluates marital commitment as a multidimensional construct that includes personal, moral, and structural components (5). Higher scores indicate stronger marital commitment. The study file reported acceptable reliability in previous research and in Iranian samples.

The Walker-Thompson Marital Intimacy Scale was used to assess intimacy. The scale contains 17 items rated on a Likert-type response format and measures perceived affection and closeness in the couple relationship (8). Higher scores indicate greater marital intimacy. The available study document reported high internal consistency in prior applications of the scale.

The Rye Forgiveness Scale was used to assess forgiveness toward an offender. The scale contains 15 items designed to capture affective, cognitive, and behavioral responses to a person who has wronged the respondent (10). In the present context, higher scores indicated greater marital forgiveness toward the spouse after the extramarital relationship.

Data were analyzed using SPSS version 26. Descriptive statistics were used to summarize demographic characteristics and pretest-posttest scores. The normality of distributions, homogeneity of variances, and homogeneity of regression slopes were examined before covariance analysis. After these assumptions were considered acceptable, multivariate analysis of covariance was conducted to test the overall posttest difference between groups while controlling for pretest scores. Follow-up univariate analyses of covariance were then used to identify which dependent variables differed significantly between the EFT and control groups.

The demographic and sampling characteristics recorded for the study are summarized in Table 1.

Table 1

Participant and study characteristics

Characteristic	Description
Design	Quasi-experimental pretest-posttest design
Sample size	32 participants: 16 EFT and 16 control
Setting	Family counseling clinics in Tehran, Iran
Mean age	36.63 years (SD = 6.74)
Gender	Women 67.78%; men 32.22%
Sampling	Purposive sampling
Intervention	Eight 90-minute EFT sessions

Note. Characteristics are based on the study dataset available in the uploaded manuscript.

The eight-session intervention protocol used in the experimental group is presented in Table 2.

Table 2

Structure of the Emotionally Focused Couple Therapy intervention

Session	Therapeutic focus	Main content
1	Introductory session	Initial interview, explanation of rules, goals, number of sessions, therapeutic contract, and baseline assessment.
2	Exploration of the incident	Presentation of an emotion-based approach; creation of a safe therapeutic alliance; support, understanding, and emotional containment.
3	Impact of betrayal on secure attachment	Review of previous task; recognition of the injured partner's feelings; reduction of denial, minimization, and emotional invalidation.
4	Reframing the problem	Reframing the couple's problem in terms of attachment needs, unmet emotions, and the negative interaction cycle.
5	Increasing acceptance	Increasing each partner's acceptance of the other's experience; identifying attachment needs and self-protective responses.
6	Facilitating expression of needs	Facilitating clear expression of needs and wishes; creating bonding events; receiving feedback and assigning practice tasks.
7	New solutions for old problems	Supporting the emergence of new responses to recurring problems and strengthening constructive emotional engagement.
8	Consolidation and termination	Consolidating new attachment behaviors and interaction cycles; review of therapeutic gains; posttest assessment.

Note. The protocol was translated and condensed from the intervention structure reported in the study file.

3. Findings and Results

The study sample consisted of 32 participants. The mean age of participants was 36.63 years with a standard deviation of 6.74 years. The study document reported that approximately 67.78% of participants were women and 32.22% were men. As shown in Table 1, the sample represented adults in the early to middle years of marriage-related clinical work, and all participants were recruited because of distress linked to extramarital relationships.

Table 3 presents the descriptive statistics for marital commitment, marital intimacy, and marital forgiveness at pretest and posttest in both groups. At pretest, the experimental and control groups were broadly comparable on the three outcome variables. At posttest, the EFT group showed clear increases in marital commitment and marital intimacy, while the control group showed little change or a slight reduction in intimacy. Marital forgiveness also increased in the EFT group, although the absolute mean change was smaller than the changes observed for commitment and intimacy.

Table 3

Descriptive statistics for study variables by group and time

Variable	Group	Pretest M	Pretest SD	Posttest M	Posttest SD	Mean change
Marital commitment	Control	56.12	5.54	57.43	5.05	+1.31
Marital commitment	EFT	56.67	4.06	70.94	4.35	+14.27

Marital intimacy	Control	47.15	5.54	45.43	5.05	-1.72
Marital intimacy	EFT	49.67	4.06	75.94	4.35	+26.27
Marital forgiveness	Control	37.15	2.13	37.49	6.68	+0.34
Marital forgiveness	EFT	36.89	2.13	38.97	6.68	+2.08

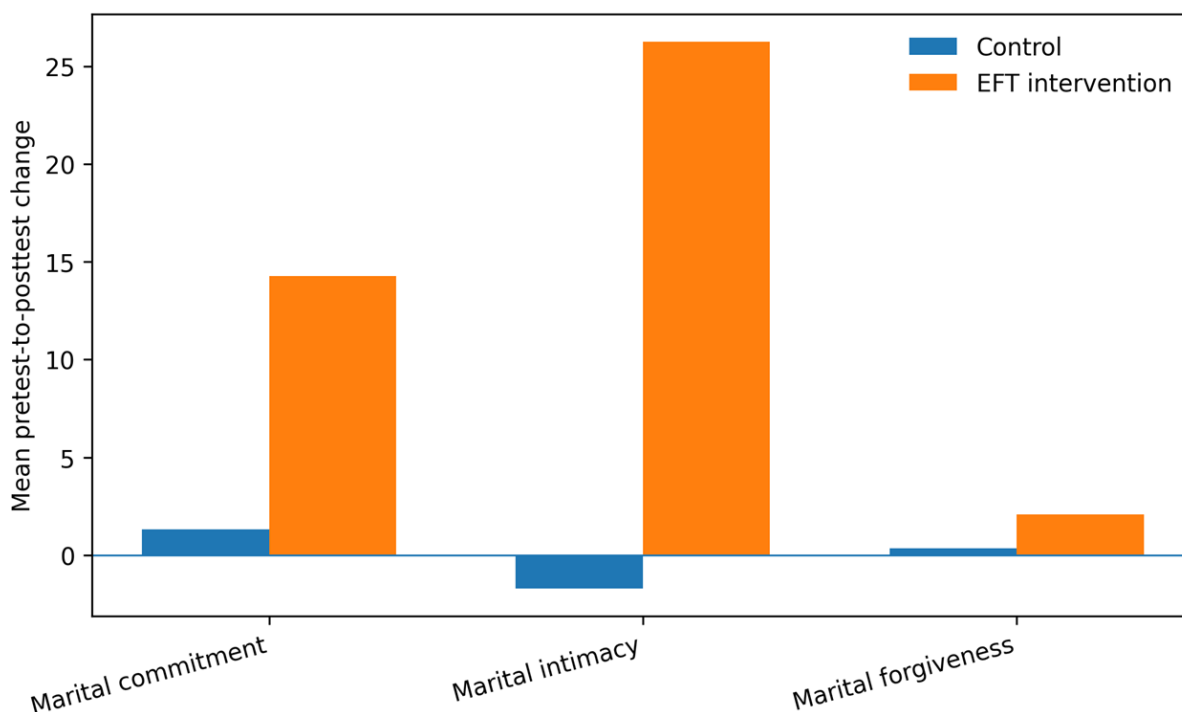
Note. M = mean; SD = standard deviation; EFT = Emotionally Focused Couple Therapy. Decimal values were standardized for English reporting.

The pretest-to-posttest pattern is illustrated in Figure 1. The EFT group showed a mean increase of 14.27 points in marital commitment, 26.27 points in marital intimacy, and 2.08 points in marital forgiveness. By comparison, the control group showed a 1.31-point increase in marital commitment, a 1.72-point decrease in marital intimacy, and

a 0.34-point increase in marital forgiveness. This visual pattern supports the interpretation that the intervention produced clinically meaningful gains, particularly in domains that depend on renewed emotional access and couple interaction.

Figure 1

Mean scores for pain catastrophizing, pain self-efficacy, and psychological flexibility across pretest, posttest, and follow-up



Before conducting covariance analyses, the assumptions of normal distribution, equality of error variances, and homogeneity of regression slopes were examined. The results recorded in the study file indicated that these assumptions were met. Therefore, the multivariate analysis of covariance was performed with the pretest scores controlled.

As shown in Table 4, the multivariate test was statistically significant, Wilks' Lambda = .489, $F = 37.49$, $p = .008$, partial eta squared = .56, statistical power = .997. This result indicates that after controlling for pretest scores, the two

groups differed significantly on the combined posttest outcome variables. Follow-up univariate analyses also showed significant differences between the EFT and control groups for all three dependent variables. The effect was significant for marital commitment, $F = 53.65$, $p = .001$, partial eta squared = .15; marital intimacy, $F = 34.02$, $p = .001$, partial eta squared = .20; and marital forgiveness, $F = 65.42$, $p = .001$, partial eta squared = .25. These findings support the effectiveness of EFT for improving marital commitment, marital intimacy, and marital forgiveness among couples affected by extramarital relationships.

Table 4

Multivariate and univariate covariance analyses

Analysis	Variable/Test	Value / SS	df	F	p	Partial eta squared	Power
MANCOVA	Wilks' Lambda	.489	2, 30	37.49	.008	.56	.997
ANCOVA	Marital commitment	SS = 234.751	3	53.65	.001	.15	.983
ANCOVA	Marital intimacy	SS = 348.589	3	34.02	.001	.20	.943
ANCOVA	Marital forgiveness	SS = 564.789	3	65.42	.001	.25	.879

Note. SS = sum of squares. Values are reported from the available study results and formatted for manuscript presentation.

4. Discussion

The present study examined whether an eight-session EFT intervention could improve marital commitment, marital intimacy, and marital forgiveness among couples affected by extramarital relationships. The findings supported the study hypothesis. Compared with the control group, participants who received EFT demonstrated significant posttest improvements in all three outcomes after adjustment for baseline scores. The pattern of change was strongest for marital intimacy, followed by marital commitment and marital forgiveness. These results are consistent with the central assumption of EFT that relationship distress is maintained by negative interactional cycles and that change occurs when partners can access and communicate primary attachment emotions in a safer and more responsive way (13, 16).

The improvement in marital commitment can be interpreted through the lens of attachment security and relational reevaluation. After infidelity, commitment is often damaged because the injured partner may experience the relationship as unsafe, unpredictable, or morally violated. The involved partner may also withdraw from commitment because of guilt, shame, or fear of repeated conflict. EFT does not attempt to rebuild commitment only by asking partners to make cognitive decisions about staying together. Instead, it creates emotional experiences in which the partners can see the negative cycle as the enemy, recognize the softer emotions beneath protective responses, and begin to experience each other as reachable. This process may strengthen personal dedication by making the relationship feel less hopeless and more emotionally meaningful. It may also support moral and structural commitment by

transforming remaining in the relationship from passive endurance into active repair.

The marked increase in marital intimacy is clinically important. In the present study, intimacy showed the largest mean gain in the EFT group. This is theoretically expected because EFT directly targets emotional accessibility, responsiveness, and engagement. During the early sessions, the therapist establishes safety and helps partners identify the ways in which protest, withdrawal, accusation, or silence maintain distance. In the middle sessions, partners are supported to express vulnerable emotions and attachment needs more directly. These therapeutic moves can make previously avoided conversations more tolerable and can allow partners to move from defensive explanations of the affair toward emotional understanding of its impact. The increase in intimacy may therefore reflect not only more affection but also improved ability to engage in difficult emotional disclosure.

The finding for marital forgiveness is also meaningful. Forgiveness after betrayal is a gradual process and should not be confused with pressure to reconcile or minimize harm. EFT may facilitate forgiveness because it creates conditions for two essential processes: the injured partner's pain is acknowledged, and the offending partner is invited to respond with accountability and emotional presence rather than avoidance. This interpretation is consistent with Makinen and Johnson's attachment injury resolution model and with evidence that interpersonal forgiveness in emotion-focused couple therapy is linked to therapeutic processes of emotional expression, validation, and new partner responses (11, 12). In this study, the increase in forgiveness was statistically significant but smaller in magnitude than the increase in intimacy. This pattern is plausible because forgiveness after infidelity may require more time,

consistent truthfulness, and continued trust-building beyond eight sessions.

The findings also align with broader evidence for EFT as an empirically supported couple intervention. Reviews of EFT research indicate that the model can produce significant improvements in couple outcomes and attachment-related processes (14-16). Process research has shown that relationship-specific attachment avoidance and anxiety can change during EFT and that such changes are associated with improved relationship satisfaction (17, 18). The present study extends this evidence by focusing on a clinically sensitive sample affected by extramarital relationships and by examining commitment, intimacy, and forgiveness together. This combination is important because infidelity recovery is not only a question of whether symptoms decrease; it also involves whether partners can restore reasons to stay, feel emotionally close, and move toward forgiveness without denying the injury.

Several clinical implications can be drawn. First, therapists working with infidelity should assess commitment, intimacy, and forgiveness as separate but related domains. A couple may show increased commitment because of family or moral reasons while still lacking intimacy or forgiveness. Conversely, some emotional closeness may return before the injured partner feels ready to forgive. Second, treatment should not rush the couple toward premature forgiveness. The present findings suggest that forgiveness can improve when therapy first creates safety and emotional responsiveness. Third, therapists should attend to the cultural context of infidelity. In settings where divorce, family reputation, or gender norms carry strong social meaning, partners may remain together for reasons that do not automatically indicate emotional repair. EFT can help distinguish external pressure from authentic attachment engagement.

The study has limitations. The sample size was small, and the study used purposive sampling from counseling clinics in Tehran; therefore, generalization to other cities, cultures, and clinical settings should be made cautiously. The design was quasi-experimental rather than a fully randomized controlled trial, which limits causal inference. The outcomes were measured using self-report questionnaires, so responses may have been influenced by social desirability, shame, or fear of disclosure. In addition, the study assessed

only immediate posttest outcomes and did not include follow-up data. Because forgiveness and trust after infidelity often unfold over time, future research should include longer follow-up periods.

Future studies should use larger and more diverse samples, include couple-level dyadic analyses, and examine whether changes in attachment security mediate improvements in commitment, intimacy, and forgiveness. It would also be valuable to compare EFT with other evidence-based treatments for affair recovery and to examine whether the type of infidelity, duration since disclosure, gender of the injured partner, and severity of trauma symptoms moderate treatment outcomes. Qualitative interviews could further clarify how couples experience specific EFT change events, such as enactments of remorse, expression of attachment fears, and rebuilding of emotional safety.

Overall, the findings suggest that EFT is a promising intervention for couples affected by extramarital relationships. By focusing on attachment needs and emotional responsiveness, EFT may help couples move beyond rigid cycles of blame and withdrawal toward renewed commitment, increased intimacy, and a greater capacity for forgiveness. Although the results should be interpreted with methodological caution, they provide useful evidence for clinicians who work with couples attempting to recover from betrayal-related attachment injury.

5. Conclusion

In conclusion, eight sessions of Emotionally Focused Couple Therapy significantly improved marital commitment, marital intimacy, and marital forgiveness among participants affected by extramarital relationships. The intervention appeared particularly powerful in strengthening intimacy, which is consistent with the attachment-based mechanism of EFT. The findings support the use of structured EFT protocols in family counseling settings where couples seek help after betrayal, while also highlighting the need for larger randomized studies with follow-up assessments.

Authors' Contributions

All authors equally contributed to this study.

Declaration

Artificial intelligence tools were used only for language editing, academic restructuring, and formatting support. The study design, dataset, statistical findings, interpretation, and final scientific responsibility remain with the authors. No additional participant data were generated by artificial intelligence.

Transparency Statement

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

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

The study was conducted in accordance with ethical principles for human-participant research. Participants were informed about the purpose and procedures of the study, voluntary participation, confidentiality of their responses, and their right to withdraw from the intervention or questionnaire completion without penalty. Written informed consent was obtained before data collection. Because the source document did not report a formal ethics approval code, authors should add the approval code if the target journal requires it.

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