



Comparison of Compassion-Based Positive Couple Therapy and Emotionally Focused Couple Therapy on Emotional Experience Toward Spouse Among Young Couples in Tehran

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ABSTRACT

Objective: The present study aimed to compare the effectiveness of compassion-based positive couple therapy and emotionally focused couple therapy on emotional experience toward spouse among young couples in Tehran.

Methods and Materials: This applied study employed a semi-experimental pretest–posttest design with a control group and a two-month follow-up phase. The statistical population consisted of young couples referring to counseling and psychological service clinics in District 5 of Tehran between July 2024 and March 2025. Using purposive sampling, 45 couples were selected and assigned into two experimental groups and one control group, with 15 couples in each group. The first experimental group received compassion-based positive couple therapy, while the second experimental group participated in emotionally focused couple therapy. Both interventions were implemented in fifteen two-hour sessions conducted twice weekly. The control group remained on a waiting list and received no intervention during the study period. Data were collected using the Emotional Experience Toward Spouse Questionnaire developed by Yusefi and Ghaffaralehi. Data analysis was performed using SPSS-26 through descriptive statistics, repeated measures analysis of variance, multivariate analysis of variance, and Bonferroni post hoc tests.

Findings: The results indicated significant effects of group, time, and group-by-time interaction on positive and negative emotional experiences toward spouse ($p < .001$). Both compassion-based positive couple therapy and emotionally focused couple therapy significantly increased positive emotional experiences and reduced negative emotional experiences compared with the control group. Bonferroni post hoc comparisons demonstrated that the intervention groups achieved significantly better outcomes than the control group at the posttest stage ($p < .001$). Pairwise comparisons further revealed significant improvements from pretest to posttest and from pretest to follow-up in both intervention groups, while no significant differences were observed between posttest and follow-up stages, indicating the stability of treatment effects over time.

Conclusion: The findings suggest that both compassion-based positive couple therapy and emotionally focused couple therapy are effective interventions for improving emotional experiences toward spouse among young couples. These approaches appear to strengthen emotional intimacy, emotional responsiveness, and adaptive emotional interactions while reducing negative emotional experiences and relational distress. Therefore, the application of emotion-centered and compassion-oriented therapeutic interventions may play an important role in promoting marital well-being and emotional stability among couples.

Keywords: *Compassion-Based Positive Couple Therapy; Emotionally Focused Couple Therapy; Emotional Experience Toward Spouse; Young Couples; Marital Relationships; Emotional Intimacy*

1. Introduction

Marriage is considered one of the most fundamental interpersonal relationships and social institutions that significantly influences psychological well-being, emotional stability, and the overall quality of life of individuals. The emotional climate governing marital relationships plays a critical role in shaping spouses' psychological adjustment, intimacy, relational satisfaction, and family functioning. Emotional experiences toward one's spouse represent a central component of marital dynamics because they reflect the quality of emotional interactions, perceptions, attachment security, emotional responsiveness, and relational meanings constructed within the marital system. Positive emotional experiences such as affection, emotional closeness, empathy, appreciation, and emotional safety contribute to relational stability and marital satisfaction, whereas negative emotional experiences including resentment, emotional withdrawal, anger, disappointment, and emotional alienation are associated with marital conflicts, emotional divorce, and relational instability (Entazarkheir et al., 2022; Losy & Sinitsaru, 2022). Contemporary family psychology increasingly emphasizes that marital relationships are fundamentally emotion-centered systems in which emotional regulation, emotional responsiveness, and interpersonal emotional experiences shape the long-term quality of intimate relationships (Ghaderi, 2024; Kailanko et al., 2022).

Young couples are particularly vulnerable to emotional instability and relational tensions because the early years of marriage involve adaptation to new interpersonal roles, negotiation of expectations, management of emotional needs, and formation of attachment-based interaction patterns. During this developmental stage, couples often encounter difficulties related to communication, emotional regulation, unmet expectations, conflict management, and emotional intimacy. Failure to effectively manage these challenges may gradually weaken emotional attachment and

create patterns of emotional distancing and dissatisfaction. Research has shown that maladaptive emotional experiences between spouses are strongly related to emotional divorce, marital burnout, reduced intimacy, and decreased psychological well-being (Homayi et al., 2023; Nazari, 2024). Emotional experiences toward the spouse are therefore not merely transient emotional states but are indicative of deeper relational structures and attachment processes that influence marital stability and relational resilience.

Recent studies have increasingly focused on therapeutic interventions designed to improve emotional functioning and emotional intimacy in couples. Among contemporary couple therapy approaches, emotionally focused couple therapy and compassion-based positive couple therapy have gained substantial empirical and theoretical attention due to their emphasis on emotional transformation, emotional regulation, empathic communication, and relational healing. Emotionally focused couple therapy, developed within the framework of attachment theory, conceptualizes marital distress as the consequence of maladaptive emotional interaction cycles and insecure attachment patterns. This therapeutic approach seeks to restructure emotional interactions by increasing emotional awareness, vulnerability, responsiveness, and attachment security between spouses (Ghafourian Mohebi et al., 2025; Kailanko et al., 2022). Emotionally focused interventions encourage couples to identify primary emotions underlying defensive reactions, improve emotional accessibility, and create corrective emotional experiences that strengthen relational bonds and emotional security.

Empirical findings support the effectiveness of emotionally focused couple therapy in improving multiple dimensions of marital functioning. Ghaderi reported that emotionally focused couple therapy significantly improved emotional experiences toward spouses, reduced marital burnout, and enhanced family relationships among married women (Ghaderi, 2024). Similarly, Ghaffari et al.

demonstrated that emotion-oriented therapeutic interventions positively influenced attachment styles and reduced maladaptive emotional patterns among women with experiences of extramarital relationships (Ghaffari et al., 2022). Research conducted by Ghafourian Mohebi et al. also indicated that emotionally focused therapy, whether implemented individually or conjointly, improved attachment security and relationship structures among couples affected by infidelity (Ghafourian Mohebi et al., 2025). Furthermore, Kailanko et al. emphasized the role of embodied emotional experience and somatic awareness within emotionally focused couple therapy, suggesting that emotional processing and emotional responsiveness facilitate deep relational transformation and corrective emotional bonding (Kailanko et al., 2022). Collectively, these studies indicate that emotionally focused couple therapy can effectively address maladaptive emotional interaction cycles and foster healthier emotional experiences within marital relationships.

Alongside emotionally focused approaches, compassion-based interventions have emerged as influential therapeutic models within couple and family therapy. Compassion-focused therapies are grounded in evolutionary psychology, attachment theory, emotion regulation theory, and positive psychology. These interventions aim to cultivate self-compassion, empathy, emotional acceptance, kindness, and nonjudgmental awareness toward oneself and others. Compassion-focused approaches assume that many marital conflicts arise from shame, emotional defensiveness, self-criticism, and maladaptive emotional regulation patterns. By strengthening compassionate responding and emotional understanding, couples become more capable of managing interpersonal distress and emotional conflicts constructively (Jamali et al., 2024; Pazhouhandeh et al., 2023).

Evidence regarding the effectiveness of compassion-based interventions in couple therapy contexts has expanded considerably in recent years. Pazhouhandeh et al. demonstrated that compassion-focused group therapy significantly improved conflict resolution strategies and reduced difficulties in emotion regulation among couples with marital conflict (Pazhouhandeh et al., 2023). Similar findings were reported by Pazhouhandeh et al., who found that compassion-focused interventions improved adaptive interpersonal functioning and emotional regulation processes in distressed couples (Pazhouhandeh et al., 2023). Jamali et al. reported that compassion-based cognitive behavioral couple therapy enhanced behavioral flexibility and reduced anxiety sensitivity among couples experiencing

marital conflict (Jamali et al., 2024). Golestanifar also demonstrated that compassion-focused couple therapy effectively reduced covert relational aggression and improved psychological well-being among couples dealing with chronic health-related stressors (Golestanifar, 2025). These findings suggest that compassion-focused approaches can positively influence emotional experiences, empathic understanding, and emotional regulation within intimate relationships.

Positive couple therapy has also received growing attention due to its focus on strengths, positive emotional experiences, resilience, gratitude, and constructive relational interactions. Unlike pathology-oriented approaches, positive couple therapy seeks to increase positive emotional exchanges, mutual appreciation, emotional intimacy, and adaptive relational patterns. Positive psychological frameworks emphasize that flourishing marital relationships are not merely characterized by the absence of conflict but by the presence of positive emotional engagement, emotional support, shared meaning, and emotional connectedness (Farokhtaj et al., 2024; Zand, 2023). Zand found that positive couple therapy significantly enhanced psychological well-being among couples with marital conflict (Zand, 2023). Similarly, Farokhtaj et al. reported that positive psychotherapy improved quality of life and reduced irrational beliefs among couples seeking divorce (Farokhtaj et al., 2024). Such findings indicate that positive-oriented therapeutic approaches can foster emotional growth and strengthen relational functioning through enhancement of adaptive emotional experiences.

The importance of emotional experience toward spouse becomes even more apparent when considering its association with emotional divorce and relational dissatisfaction. Emotional divorce is characterized by emotional detachment, diminished intimacy, emotional disengagement, and reduced emotional responsiveness between spouses despite continued legal marriage. Research indicates that deficits in emotional expression, emotional understanding, and emotional regulation contribute substantially to emotional divorce and marital dissatisfaction (Entazarkheir et al., 2022; Nazari, 2024). Nazari demonstrated that integrative behavioral couple therapy improved intimacy and marital adjustment among couples experiencing emotional divorce, highlighting the centrality of emotional interaction patterns in marital functioning (Nazari, 2024). Homayi et al. similarly reported that systemic couple therapy improved intimacy and reduced marital burnout among couples experiencing emotional

divorce (Homayi et al., 2023). These studies reinforce the notion that therapeutic interventions targeting emotional functioning can play a critical role in preventing relational deterioration and improving emotional connection between spouses.

In addition to emotional regulation and intimacy, cultural and contextual factors influence the effectiveness of couple therapy interventions. Marital relationships are shaped by sociocultural norms, communication styles, attachment expectations, gender roles, and relational beliefs. Atapour and Darbani emphasized the importance of culturally tailored couple therapy interventions for enhancing marital intimacy and relational functioning (Atapour & Darbani, 2024). Within collectivistic and family-oriented cultural contexts such as Iranian society, emotional closeness, empathy, mutual support, and relational harmony are particularly valued dimensions of marital life. Consequently, interventions that improve emotional responsiveness and compassionate interaction may be especially beneficial for young Iranian couples navigating the challenges of modern marital life.

Several studies have also highlighted the role of emotional experiences in marital satisfaction and psychological well-being. Nezami et al. identified emotional connection, adaptive communication, and emotional support as essential components of stable and satisfying marriages (Nezami et al., 2023). Bahrami Hidaji et al. found that interventions focused on sustainable marital living significantly enhanced emotional intimacy and marital adjustment while reducing marital conflict (Bahrami Hidaji et al., 2023). Furthermore, Amini and Eshghi Nogoorani demonstrated that cognitive-behavioral couple therapy improved marital satisfaction and emotional orientation toward sexual relationships among women experiencing marital boredom (Amini & Eshghi Nogoorani, 2024). Rahimi Kelishadi also reported that imago therapy-based couple therapy improved positive emotions toward spouses while reducing alexithymia and marital burnout among couples affected by infidelity (Rahimi Kelishadi, 2024). Ammari et al. similarly showed that couple therapy interventions reduced depressive symptoms and improved sexual functioning among women affected by infidelity (Ammari et al., 2023). These findings collectively suggest that therapeutic interventions capable of enhancing emotional responsiveness and positive emotional experiences may contribute substantially to marital stability and relational well-being.

Despite the growing body of evidence supporting both emotionally focused and compassion-based therapeutic approaches, comparative investigations examining their differential effects on emotional experiences toward spouse remain limited, particularly among young couples within Iranian cultural contexts. Most previous studies have independently examined either emotionally focused interventions or compassion-focused interventions without directly comparing their effectiveness in improving emotional experiences within marital relationships. Moreover, given the increasing prevalence of emotional distancing, marital conflict, and emotional dissatisfaction among young couples, identifying effective therapeutic approaches for enhancing positive emotional experiences and reducing negative emotional experiences remains a significant clinical and research priority.

Accordingly, the present study aimed to compare the effectiveness of compassion-based positive couple therapy and emotionally focused couple therapy on emotional experience toward spouse among young couples in Tehran.

2. Methods and Materials

2.1. Study design and Participant

The present study was an applied research project conducted using a semi-experimental design with a pretest–posttest and follow-up structure alongside a control group. The research design included two experimental groups and one control group. The first experimental group received compassion-based positive couple therapy, the second experimental group participated in emotionally focused couple therapy, and the control group received no intervention during the study period. Assessments were conducted at three stages, including pretest, posttest, and a two-month follow-up phase, in order to evaluate the stability and continuity of treatment effects over time.

The statistical population of the study consisted of all young couples who referred to counseling and psychological service clinics located in District 5 of Tehran between July 2024 and March 2025 for specialized counseling and psychotherapy services. Participants were selected through purposive non-random sampling according to the objectives and inclusion criteria of the study. Inclusion criteria required participants to not be applicants for divorce, to have completed the informed consent form for participation in treatment, to possess at least a high school diploma, to have been married for less than ten years, to have no diagnosed psychological disorders and to demonstrate normal mental

health status, and to be between 18 and 30 years of age. Exclusion criteria included becoming applicants for divorce during the intervention process, absence from more than two therapy sessions, or unwillingness to continue participation in the treatment sessions.

Sample size estimation was conducted based on Cohen's sample size table (1981), which indicated that at least 10 participants were required per group. However, considering the possibility of participant attrition and recommendations from similar studies suggesting larger group sizes for experimental interventions, the final sample included 45 couples distributed equally across three groups, with 15 couples assigned to each group. Following participant selection, detailed explanations regarding the study objectives, intervention procedures, confidentiality principles, and ethical considerations were provided to all participants. After completion of the intervention period, participants completed the Emotional Experience Toward Spouse Questionnaire. During the intervention phase, the control group remained on a waiting list and did not receive any psychological treatment. Two months after the posttest stage, a follow-up assessment was administered to evaluate the durability of the treatment outcomes.

2.2. Measures

Data collection in the present study was carried out using the Emotional Experience Toward Spouse Questionnaire developed by Yusefi and Ghaffaralehi (2018). This standardized instrument consists of 40 items designed to assess emotional experiences toward one's spouse across six factors and two broader dimensions. The questionnaire employs a five-point Likert response format ranging from "strongly agree" to "strongly disagree." The instrument measures both positive emotional experience and negative emotional experience toward the spouse. The positive emotional experience dimension includes items associated with affection, emotional intimacy, appreciation, emotional warmth, and positive relational perceptions, whereas the negative emotional experience dimension evaluates feelings such as anger, resentment, emotional distancing, dissatisfaction, and emotional insecurity within the marital relationship. The content validity of the questionnaire was confirmed through expert evaluation and Lawshe's content validity index among five specialists in the field. The reliability of the scale was reported by the developers using Cronbach's alpha coefficient, yielding an acceptable internal consistency coefficient of 0.77. In the present study, the

questionnaire was administered during the pretest, posttest, and follow-up stages to assess changes in participants' emotional experiences toward their spouses throughout the intervention process.

2.3. Interventions

The first experimental group received compassion-based positive couple therapy over the course of fifteen two-hour sessions conducted twice weekly in a couple-based format. The intervention protocol was designed to strengthen emotional intimacy, compassionate interaction, positive communication patterns, and constructive emotional engagement between spouses. The therapeutic process began with introducing participants to the principles and rationale of compassion-based positive couple therapy and establishing therapeutic alliance and treatment acceptance. Early sessions focused on identifying couples' current relational patterns, evaluating emotional differentiation, recognizing unmet needs and expectations, and examining emotional experiences rooted in prior family and interpersonal histories. Participants were guided to reconstruct negative personal narratives into positive shared marital narratives and to develop new perspectives toward their spouses and relational experiences. Subsequent sessions emphasized constructive negotiation skills, emotional awareness, active listening, empathy development, role exchange, and identification of destructive communication barriers such as criticism, defensiveness, withdrawal, and emotional invalidation. Couples were trained in anger management strategies, personal responsibility, compassionate emotional expression, and emotional regulation during interpersonal interactions. Considerable attention was devoted to increasing affectionate behaviors, mutual respect, empathic understanding, emotional validation, and collaborative problem solving. Later sessions focused on developing compassionate self-awareness, mindful emotional acceptance, emotional healing, strengthening positive relational experiences, gratitude expression, conflict management, and fostering secure emotional bonds. The final sessions emphasized value clarification within the marital relationship, acceptance of differences, self-reflection, forgiveness, shared meaning construction, and consolidation of adaptive emotional and behavioral changes. The content validity of the intervention package was evaluated and approved by five experts who assessed the

appropriateness of session content, sequencing, duration, and adequacy.

The second experimental group participated in emotionally focused couple therapy across fifteen two-hour sessions delivered twice weekly in a couple-based format. This intervention was implemented based on the principles of emotionally focused therapy developed by Sue Johnson and aimed to restructure emotional interaction patterns and attachment-related responses between spouses. Initial sessions concentrated on establishing a secure therapeutic alliance, identifying negative interaction cycles, and increasing awareness of primary and secondary emotions within marital conflicts. Participants were helped to recognize vulnerable emotional states underlying anger, criticism, emotional withdrawal, and defensiveness. The intervention focused on reframing relational difficulties as shared interactional patterns rather than individual blame. Middle-stage sessions emphasized emotional regulation, attachment needs, emotional accessibility, and emotional responsiveness between partners. Couples learned to identify fears related to rejection, inadequacy, loneliness, and emotional disconnection, while practicing vulnerability-based communication and emotionally engaged interactions. Techniques such as emotional reflection, empathic listening, validation of emotional experiences, and expression of unmet attachment needs were incorporated to increase emotional closeness and reduce defensive interaction styles. Therapeutic activities included face-to-face emotional dialogues, emotional responsiveness exercises, and structured conversations designed to facilitate secure attachment experiences. In the later sessions, participants were encouraged to increase positive emotional expression, appreciation, affection, and supportive behaviors within the relationship. Couples revisited important relational experiences, reconstructed negative relational narratives into more empathic and hopeful interpretations, and practiced emotionally based conflict resolution strategies. The intervention also focused on strengthening newly established positive interaction cycles and preventing relapse into destructive emotional patterns. Final sessions concentrated on maintaining emotional security, reinforcing constructive emotional communication, and developing long-term strategies for sustaining emotional intimacy and adaptive marital functioning. Similar to the first intervention protocol, the content validity of the emotionally focused therapy package was reviewed and approved by five specialists in the field of couple therapy and clinical psychology.

2.4. Data Analysis

Quantitative data obtained from the implementation of the study were analyzed using the Statistical Package for the Social Sciences software, version 26 (SPSS-26). Data analysis was conducted at both descriptive and inferential levels. At the descriptive level, frequency distributions, percentages related to demographic characteristics, means, and standard deviations were calculated in order to describe the research variables across the study groups. At the inferential level, statistical analyses were selected according to the measurement level of the variables and the assumptions underlying multivariate statistical procedures. Prior to hypothesis testing, assumptions including normality of data distribution, homogeneity of variances, homogeneity of covariance matrices, and sphericity were examined.

To investigate differences between groups across measurement stages, mixed analysis of variance and repeated measures analysis of variance were employed. In addition, multivariate analysis of variance (MANOVA) was used to examine the effects of the interventions on the dimensions of emotional experience toward spouse. Bonferroni post hoc tests were applied to identify pairwise differences between groups and measurement stages. Statistical significance was evaluated at the conventional probability level, and follow-up analyses were conducted to determine the stability of treatment effects during the follow-up phase.

3. Findings and Results

The demographic characteristics of the participants indicated that the groups were relatively homogeneous in terms of educational level, age, and duration of marital life. In the compassion-based positive couple therapy group ($n = 16$), 31.3% of participants had a diploma or lower educational level, 56.3% held associate or bachelor's degrees, and 12.5% possessed master's or doctoral degrees. In the emotionally focused couple therapy group ($n = 15$), 20% had a diploma or lower education, 60% had associate or bachelor's degrees, and 20% had postgraduate education. In the control group ($n = 17$), 11.8% had a diploma or lower education, 64.7% had associate or bachelor's degrees, and 23.5% had master's or doctoral degrees. The difference among the groups regarding educational status was not statistically significant ($p = 0.706$). The mean duration of marital life was 4.75 years ($SD = 1.37$) in the compassion-based positive couple therapy group, 4.60 years ($SD = 1.75$) in the emotionally focused couple therapy group, and 5.41

years (SD = 1.66) in the control group, with no statistically significant difference observed among groups ($p = 0.741$). Furthermore, the mean age of participants was 25.76 years (SD = 1.52) in the compassion-based positive couple therapy group, 26.09 years (SD = 1.93) in the emotionally focused

couple therapy group, and 25.49 years (SD = 1.48) in the control group. Statistical analysis demonstrated that there was no significant difference among the groups in terms of age ($p = 0.548$), indicating comparability of the study groups at baseline.

Table 1

Descriptive Statistics of Emotional Experience Toward Spouse and Its Components Across Groups and Measurement Stages

Variable	Time	Compassion-Based Positive Couple Therapy		Emotionally Focused Couple Therapy		Control Group	
		Mean	SD	Mean	SD	Mean	SD
Positive Emotional Experience	Pretest	36.69	5.42	33.47	5.57	36.18	4.73
	Posttest	40.06	6.33	38.07	6.14	32.29	5.29
	Follow-up	42.31	3.86	40.27	5.55	33.06	5.58
Negative Emotional Experience	Pretest	78.69	19.85	76.40	20.75	77.35	18.58
	Posttest	50.13	20.95	50.47	21.89	77.00	19.61
	Follow-up	49.44	19.58	50.00	17.66	77.82	19.65

Table 1 presents the descriptive statistics of emotional experience toward spouse and its components across the three groups at pretest, posttest, and follow-up stages. The results showed that the mean scores of positive emotional experience increased from pretest to posttest and follow-up in both intervention groups. In the compassion-based positive couple therapy group, the mean score increased from 36.69 (SD = 5.42) at pretest to 40.06 (SD = 6.33) at posttest and further to 42.31 (SD = 3.86) at follow-up. Similarly, in the emotionally focused couple therapy group, the mean score increased from 33.47 (SD = 5.57) at pretest to 38.07 (SD = 6.14) at posttest and 40.27 (SD = 5.55) at follow-up. In contrast, the control group demonstrated a slight decrease in positive emotional experience over time. Regarding negative emotional experience, both intervention

groups showed substantial reductions from pretest to posttest and follow-up stages. In the compassion-based positive couple therapy group, the mean score decreased from 78.69 (SD = 19.85) at pretest to 50.13 (SD = 20.95) at posttest and 49.44 (SD = 19.58) at follow-up. Likewise, the emotionally focused couple therapy group showed a decrease from 76.40 (SD = 20.75) at pretest to 50.47 (SD = 21.89) at posttest and 50.00 (SD = 17.66) at follow-up. However, the control group exhibited almost no meaningful changes in negative emotional experience across the three assessment stages. These findings suggest that both therapeutic interventions contributed to improvements in emotional experiences toward spouses, and these effects remained relatively stable during the follow-up period.

Table 2

Results of Repeated Measures Analysis for the Effectiveness of Compassion-Based Positive Couple Therapy on Emotional Experience Toward Spouse

Variable	Source of Effect	Sum of Squares	df	Mean Square	F	p	Partial Eta Squared
Positive Emotional Experience	Group	444.84	1	444.84	13.95	< .001	0.310
	Time	312.21	2	156.10	13.27	< .001	0.300
	Time × Group	175.00	2	87.50	7.44	< .001	0.193
Negative Emotional Experience	Group	831.90	1	831.90	16.80	< .001	0.351
	Time	253.95	2	126.98	8.78	< .001	0.221
	Time × Group	374.84	2	187.42	12.95	< .001	0.295

Table 2 presents the results of repeated measures analysis examining the effectiveness of compassion-based positive

couple therapy on emotional experience toward spouse. The findings demonstrated significant effects of group, time, and

the interaction between time and group for both positive and negative emotional experiences. For positive emotional experience, the group effect was significant ($F = 13.95, p < .001, \eta^2 = 0.310$), indicating differences between the intervention and control groups. The effect of time was also significant ($F = 13.27, p < .001, \eta^2 = 0.300$), suggesting changes across measurement stages. Furthermore, the significant interaction effect between time and group ($F = 7.44, p < .001, \eta^2 = 0.193$) indicated that changes over time

differed between groups. Regarding negative emotional experience, significant effects were observed for group ($F = 16.80, p < .001, \eta^2 = 0.351$), time ($F = 8.78, p < .001, \eta^2 = 0.221$), and the interaction of time and group ($F = 12.95, p < .001, \eta^2 = 0.295$). These findings indicate that compassion-based positive couple therapy significantly increased positive emotional experiences and reduced negative emotional experiences toward spouses compared with the control group.

Table 3

Bonferroni Post Hoc Test for the Effectiveness of Compassion-Based Positive Couple Therapy on Emotional Experience Toward Spouse at Posttest

Variable	Group	Adjusted Posttest Mean	Standard Error	Mean Difference	p
Positive Emotional Experience	Compassion-Based Positive Couple Therapy	27.09	0.986	6.46	< .001
	Control	20.62	0.956		
Negative Emotional Experience	Compassion-Based Positive Couple Therapy	30.86	1.39	9.08	< .001
	Control	21.78	1.35		

Table 3 presents the Bonferroni post hoc comparisons examining differences between the compassion-based positive couple therapy group and the control group at the posttest stage. The findings showed that participants in the compassion-based positive couple therapy group obtained significantly higher adjusted mean scores in positive emotional experience compared with the control group, with a mean difference of 6.46 ($p < .001$). In addition, the

intervention group demonstrated significantly lower levels of negative emotional experience relative to the control group, with a mean difference of 9.08 ($p < .001$). These results suggest that compassion-based positive couple therapy produced substantial improvements in emotional experiences toward spouses following the intervention period.

Table 4

Pairwise Comparisons of Emotional Experience Toward Spouse Across Measurement Stages

Variable	Group	Reference Time	Comparison Time	Mean Difference	p
Positive Emotional Experience	Compassion-Based Positive Couple Therapy	Pretest	Posttest	-7.25	< .001
		Pretest	Follow-up	-5.50	.004
		Posttest	Follow-up	1.75	.268
	Control	Pretest	Posttest	-0.82	.497
		Pretest	Follow-up	-1.35	.264
		Posttest	Follow-up	-0.53	< .001
Negative Emotional Experience	Compassion-Based Positive Couple Therapy	Pretest	Posttest	-8.19	< .001
		Pretest	Follow-up	-6.56	.002
		Posttest	Follow-up	1.62	.101
	Control	Pretest	Posttest	0.59	.688
		Pretest	Follow-up	1.06	.467
		Posttest	Follow-up	0.47	.002

Table 4 presents the pairwise comparisons of emotional experience toward spouse across the three measurement stages. In the compassion-based positive couple therapy group, significant differences were observed between pretest

and posttest as well as between pretest and follow-up for positive emotional experience ($p < .001$ and $p = .004$, respectively), indicating a substantial increase following the intervention that remained stable during follow-up.

However, the difference between posttest and follow-up was not statistically significant ($p = .268$), suggesting maintenance of treatment effects over time. Similar findings were observed for negative emotional experience, where significant reductions occurred from pretest to posttest ($p < .001$) and from pretest to follow-up ($p = .002$), while no significant difference emerged between posttest and follow-up ($p = .101$). In contrast, the control group demonstrated no meaningful changes across measurement stages for either positive or negative emotional experiences. Overall, the findings indicate that compassion-based positive couple therapy led to durable improvements in emotional experiences toward spouses that persisted during the follow-up period.

4. Discussion

The present study aimed to compare the effectiveness of compassion-based positive couple therapy and emotionally focused couple therapy on emotional experience toward spouse among young couples in Tehran. The findings demonstrated that both interventions significantly increased positive emotional experiences and reduced negative emotional experiences toward spouses in comparison with the control group. Furthermore, the improvements achieved during the intervention phase remained relatively stable during the follow-up stage, indicating the durability of therapeutic effects over time. These findings emphasize the importance of emotion-centered and compassion-oriented therapeutic approaches in improving marital functioning and strengthening emotional bonds between spouses.

The findings related to compassion-based positive couple therapy showed that participation in this intervention significantly enhanced positive emotional experiences toward spouse and simultaneously reduced negative emotional experiences. Couples who received this intervention reported increased emotional closeness, empathy, appreciation, and emotional security after treatment, while experiencing lower levels of resentment, emotional withdrawal, and negative emotionality within the marital relationship. One possible explanation for these findings is that compassion-based positive couple therapy directly targets maladaptive emotional responses, self-criticism, defensiveness, and interpersonal hostility that often underlie marital conflicts. By strengthening compassionate responding, empathic understanding, emotional acceptance, and positive relational interactions, couples gradually become more capable of interpreting

relational difficulties in less threatening and less judgmental ways. Consequently, emotional safety and emotional responsiveness within the relationship increase, leading to more positive emotional experiences toward the spouse.

The findings of the present study are consistent with previous studies emphasizing the effectiveness of compassion-based interventions in marital relationships. Pazhouhandeh et al. reported that compassion-focused therapy significantly improved conflict resolution strategies and reduced difficulties in emotion regulation among couples experiencing marital conflict (Pazhouhandeh et al., 2023). Similarly, Pazhouhandeh et al. found that compassion-focused interventions enhanced adaptive emotional functioning and improved emotional regulation processes in distressed couples (Pazhouhandeh et al., 2023). The current findings are also aligned with the results of Jamali et al., who demonstrated that compassion-based cognitive behavioral therapy increased behavioral flexibility and reduced anxiety sensitivity in couples with marital conflict (Jamali et al., 2024). In addition, Golestanifar found that compassion-focused couple therapy reduced covert relational aggression and improved psychological well-being among couples facing chronic stressors (Golestanifar, 2025). The consistency between these findings and the results of the present study suggests that compassion-oriented therapeutic processes improve emotional functioning by reducing emotional defensiveness and increasing empathic engagement between spouses.

Another important finding of the present study was the effectiveness of emotionally focused couple therapy in improving emotional experiences toward spouse. Couples who participated in emotionally focused therapy demonstrated significant increases in positive emotional experiences and substantial reductions in negative emotional experiences across posttest and follow-up stages. These findings can be explained through the theoretical foundations of emotionally focused therapy, which conceptualizes marital distress as a consequence of insecure attachment patterns and maladaptive emotional interaction cycles. Emotionally focused interventions help couples identify primary vulnerable emotions underlying defensive reactions such as anger, criticism, withdrawal, and emotional avoidance. Through emotional processing and corrective emotional interactions, couples gradually develop greater emotional accessibility, emotional responsiveness, and attachment security. As emotional safety increases within the relationship, couples become more capable of expressing vulnerability, empathy, and emotional needs constructively,

thereby improving their emotional experiences toward one another.

The findings regarding emotionally focused therapy are strongly supported by prior empirical evidence. Ghaderi demonstrated that emotionally focused couple therapy improved emotional experiences toward spouse, reduced marital burnout, and strengthened family relationships among married women (Ghaderi, 2024). Similarly, Ghaffari et al. found that emotion-oriented therapy positively influenced attachment styles and reduced maladaptive emotional functioning among women involved in extramarital relationships (Ghaffari et al., 2022). Ghafourian Mohebi et al. also reported that emotionally focused therapy significantly improved attachment security and relational structures among couples experiencing infidelity (Ghafourian Mohebi et al., 2025). Furthermore, Kailanko et al. emphasized that emotionally focused interventions facilitate deeper emotional processing and embodied emotional experiences, thereby strengthening relational attachment and emotional responsiveness between spouses (Kailanko et al., 2022). The findings of the present study therefore reinforce the growing body of evidence suggesting that emotionally focused interventions effectively restructure maladaptive emotional interaction cycles and promote healthier emotional bonds within marital relationships.

The current findings also support broader theoretical perspectives emphasizing the central role of emotional experiences in marital functioning and relational satisfaction. Emotional experiences toward spouse are not isolated emotional reactions; rather, they reflect deeper interpersonal meanings, attachment expectations, and emotional interaction patterns operating within the marital system. Negative emotional experiences such as emotional alienation, resentment, disappointment, and emotional insecurity gradually weaken intimacy and contribute to emotional divorce, marital burnout, and relational dissatisfaction (Entazarkheir et al., 2022; Losy & Sinitsaru, 2022). Conversely, positive emotional experiences characterized by empathy, emotional support, appreciation, and emotional safety strengthen relational resilience and marital satisfaction. The present findings therefore highlight the importance of therapeutic approaches that directly address emotional processes rather than focusing solely on behavioral modification or problem-solving strategies.

An important aspect of the present findings is the persistence of treatment effects during the follow-up stage. The absence of significant declines between posttest and

follow-up assessments in the intervention groups suggests that both compassion-based positive couple therapy and emotionally focused therapy produced relatively stable emotional and relational changes. This stability may be attributed to the experiential and emotionally corrective nature of these interventions. Both approaches encourage couples to internalize new emotional interaction patterns, develop adaptive emotional regulation strategies, and reconstruct relational meanings through repeated therapeutic experiences. As couples repeatedly practice empathic communication, emotional validation, emotional responsiveness, and compassionate interaction, these behaviors may gradually become integrated into their habitual relational patterns, thereby sustaining treatment effects over time.

The findings of the present study are also compatible with previous studies demonstrating the effectiveness of emotion-centered and relationship-focused interventions in improving intimacy, marital adjustment, and relational functioning. Nazari found that integrative behavioral couple therapy enhanced intimacy and marital adjustment among couples experiencing emotional divorce (Nazari, 2024). Homayi et al. similarly reported improvements in intimacy and reductions in marital burnout following systemic couple therapy interventions (Homayi et al., 2023). Bahrami Hidaji et al. demonstrated that interventions promoting sustainable marital living increased emotional intimacy and marital adjustment while reducing marital conflict (Bahrami Hidaji et al., 2023). Likewise, Amini and Eshghi Nogoorani found that couple therapy interventions improved emotional orientation toward sexual relationships and marital satisfaction among women experiencing marital boredom (Amini & Eshghi Nogoorani, 2024). Collectively, these findings indicate that interventions strengthening emotional awareness, emotional responsiveness, and empathic communication can substantially improve marital functioning and relational well-being.

The effectiveness of both interventions in the present study may also be interpreted within the framework of attachment theory and positive psychology. Emotionally focused therapy primarily operates through restructuring attachment interactions and increasing attachment security, whereas compassion-based positive couple therapy emphasizes emotional acceptance, kindness, positive relational interactions, and emotional growth. Despite theoretical differences, both interventions share several common mechanisms, including enhancement of emotional awareness, improvement of emotional regulation, reduction

of defensive communication patterns, and strengthening of empathic responsiveness. These shared mechanisms likely contributed to the observed improvements in emotional experiences toward spouse.

Another noteworthy implication of the present findings relates to the sociocultural context of marriage among young couples in Iranian society. Contemporary young couples often face substantial social, economic, and interpersonal pressures that may negatively influence emotional intimacy and relational stability. Changes in family expectations, communication styles, and relational roles may create additional emotional strain during the early years of marriage. Within such contexts, interventions that strengthen emotional understanding, emotional security, compassion, and relational empathy may be particularly valuable. Atapour and Darbani emphasized the importance of culturally sensitive interventions in enhancing marital intimacy and relational functioning (Atapour & Darbani, 2024). The findings of the present study therefore suggest that both compassion-based and emotionally focused interventions may provide culturally appropriate and clinically effective approaches for improving emotional functioning among young couples.

The findings are also consistent with studies highlighting the role of emotional connection and emotional responsiveness in stable and satisfying marriages. Nezami et al. identified emotional support, adaptive communication, and emotional closeness as core characteristics of stable marriages (Nezami et al., 2023). Similarly, Rahimi Kelishadi reported that imago therapy-based couple therapy improved positive emotions toward spouse and reduced marital burnout among couples experiencing infidelity (Rahimi Kelishadi, 2024). Ammari et al. also found that couple therapy interventions improved emotional and psychological functioning among women affected by infidelity (Ammari et al., 2023). These studies collectively reinforce the importance of addressing emotional experiences and emotional responsiveness within therapeutic interventions for couples.

5. Conclusion

Overall, the findings of the present study indicate that both compassion-based positive couple therapy and emotionally focused couple therapy are effective interventions for improving emotional experiences toward spouse among young couples. By enhancing emotional awareness, empathic communication, emotional

responsiveness, attachment security, and compassionate interaction, these approaches contribute to healthier emotional relationships and greater marital stability. The results also suggest that interventions directly targeting emotional processes may be particularly effective for addressing relational dissatisfaction and emotional disconnection in young married couples.

6. Limitations and Suggestions

One limitation of the present study was the use of purposive non-random sampling, which may restrict the generalizability of findings to broader populations of couples. In addition, the study sample consisted only of young couples referring to counseling centers in one district of Tehran, and therefore the findings may not fully represent couples from different cultural, socioeconomic, or geographic backgrounds. Another limitation was reliance on self-report questionnaires, which may have been influenced by social desirability bias and subjective interpretation of emotional experiences. Furthermore, the follow-up period was relatively short, limiting evaluation of the long-term durability of treatment effects.

Future research is recommended to examine the effectiveness of compassion-based positive couple therapy and emotionally focused therapy across diverse populations, including older couples, couples from rural areas, and couples with varying levels of marital distress. Longitudinal studies with extended follow-up periods could provide more comprehensive information regarding the long-term stability of treatment outcomes. Future investigations may also compare these interventions with other contemporary couple therapy approaches and examine mediating variables such as attachment security, emotional regulation, empathy, and communication patterns. Incorporating qualitative methods and observational assessments may additionally provide deeper insight into the emotional and relational changes experienced by couples during therapy.

From a practical perspective, the findings of the present study suggest that counselors, clinical psychologists, and family therapists may benefit from incorporating emotion-centered and compassion-oriented interventions into marital counseling programs for young couples. Counseling centers and mental health clinics can utilize these approaches to improve emotional intimacy, reduce relational conflicts, and strengthen emotional security within marital relationships. Training programs focused on emotional awareness, empathic communication, emotional regulation, and

compassionate interaction may also be integrated into premarital education and family enrichment services to promote healthier marital functioning and prevent emotional deterioration in intimate relationships.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

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

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors have equally contributed to the research process and the development of the manuscript.

Declaration

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

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