

Comparing the Effectiveness of Emotion-Focused Couple Therapy and Systemic Couple Therapy on Affect Control and Hostile Attribution in Couples with Marital Conflicts

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ABSTRACT

Objective: The present study aimed to compare the effectiveness of emotion-focused couple therapy and systemic couple therapy on affect control and hostile attribution among couples experiencing marital conflicts.

Methods and Materials: The present study employed a quasi-experimental design with pretest, posttest, and three-month follow-up assessments using a control group. The statistical population included married couples experiencing marital conflict who referred to counseling centers in Tehran in 2025. Following initial screening and informed consent procedures, 45 couples were selected through purposive sampling and randomly assigned into three groups: emotion-focused couple therapy (15 couples), systemic couple therapy (15 couples), and control group (15 couples). The research instruments included the Marital Conflict Questionnaire developed by Barati and Sanaei (2000), the Affect Control Scale developed by Williams et al. (1997), and the Hostile Attribution Questionnaire developed by Arntz et al. (2003). The first experimental group received eight 90-minute sessions of emotion-focused couple therapy based on the protocol proposed by Greenberg et al. (2008), while the second experimental group received eight 90-minute sessions of systemic couple therapy based on Minuchin's protocol (1974). The control group received no intervention during the study period. Data were analyzed using repeated-measures analysis of variance and Bonferroni post hoc tests in SPSS version 26.

Findings: The results of repeated-measures analysis of variance indicated that the main effect of time, the interaction effect of time and group, and the between-group effect were statistically significant for both affect control and hostile attribution ($p < .001$). Both emotion-focused couple therapy and systemic couple therapy significantly improved affect control and reduced hostile attribution compared with the control group. Bonferroni post hoc comparisons demonstrated that the emotion-focused couple therapy group achieved significantly greater improvements in affect control and significantly greater reductions in hostile attribution compared with the systemic couple therapy group at the posttest and follow-up stages ($p < .001$). The therapeutic effects of both interventions remained stable during the three-month follow-up period.

Conclusion: The findings suggest that both emotion-focused couple therapy and systemic couple therapy are effective interventions for improving emotional

functioning and reducing maladaptive interpersonal interpretations among couples experiencing marital conflicts. However, emotion-focused couple therapy demonstrated superior effectiveness in enhancing affect control and decreasing hostile attribution. These findings highlight the importance of emotional processing and attachment-based interventions in the treatment of marital conflicts and suggest that emotion-focused approaches may provide deeper and more enduring changes in couples' emotional and cognitive-relational functioning.

Keywords: *emotion-focused couple therapy, systemic couple therapy, affect control, hostile attribution, marital conflicts.*

1. Introduction

Marriage is considered one of the most fundamental social institutions and plays a central role in maintaining psychological well-being, emotional security, and social stability. Healthy marital relationships provide emotional support, intimacy, mutual understanding, and adaptive coping resources for couples, whereas dysfunctional marital relationships can become a source of chronic psychological distress and interpersonal maladjustment (Heaphy & Hodgson, 2023; Shita, 2024). Marital conflicts are among the most prevalent relational problems affecting couples across cultures and age groups. Persistent marital conflicts can negatively influence emotional functioning, psychological health, family cohesion, and overall quality of life. Research has shown that unresolved marital conflicts are associated with depression, anxiety, emotional withdrawal, emotional divorce, aggression, reduced intimacy, and increased likelihood of separation and divorce (Azam & Siddique, 2023; Lebni et al., 2023; Roy et al., 2023). In recent decades, increasing rates of relational dissatisfaction and emotional disconnection among couples have highlighted the importance of identifying effective therapeutic interventions for reducing marital distress and improving interpersonal functioning.

One of the important variables associated with marital functioning is affect control. Affect control refers to an individual's ability to regulate, manage, and appropriately express emotional experiences in interpersonal situations. Effective affect regulation enables individuals to respond adaptively to stressful relational events, whereas poor affect control contributes to impulsive reactions, emotional dysregulation, interpersonal hostility, and maladaptive communication patterns (Hoey & Schröder, 2023; Schweizer, 2023). Couples experiencing chronic conflict often demonstrate difficulties in emotional awareness, emotional expression, and emotional regulation, which intensify relational dissatisfaction and increase the frequency of negative interaction cycles. Emotional

dysregulation may lead individuals to react defensively, aggressively, or avoidantly during interpersonal disagreements, thereby reducing constructive problem-solving capacities and emotional intimacy (Hong & Wang, 2023; Pasha, 2024). Studies have indicated that emotional regulation abilities are significantly related to marital satisfaction, emotional adjustment, resilience, and relationship stability (Jalalvand et al., 2022; Mardani et al., 2023). Consequently, interventions that target emotional processing and emotional regulation may play an important role in reducing marital conflicts and improving relationship quality.

Another significant cognitive-emotional variable in conflicted couples is hostile attribution. Hostile attribution refers to the tendency to interpret ambiguous interpersonal behaviors as intentionally harmful, rejecting, or threatening. Individuals with elevated hostile attribution bias are more likely to perceive their partners' actions negatively and respond with anger, defensiveness, or aggression (Li et al., 2024; Yang et al., 2024). Hostile attribution patterns have been strongly associated with interpersonal aggression, emotional instability, relational dissatisfaction, and conflict escalation (Acland et al., 2023; Ren et al., 2022; Tan et al., 2024). In romantic relationships, distorted hostile interpretations often intensify misunderstandings and contribute to destructive communication cycles. Couples experiencing severe marital conflict frequently exhibit rigid cognitive schemas and biased interpretations regarding their partners' intentions, leading to emotional distancing and reduced trust. Research has demonstrated that hostile attribution bias is significantly associated with perceived stress, aggressive behaviors, emotional insecurity, and maladaptive relational responses (Soboroff & Kelley, 2024; Yang et al., 2024). Therefore, therapeutic interventions that address maladaptive emotional experiences and interpersonal interpretations may reduce hostile attributions and promote healthier relational functioning.

Emotion-focused couple therapy has emerged as one of the most influential experiential-humanistic approaches in the treatment of relational distress. Developed primarily by

Leslie Greenberg and Sue Johnson, this therapeutic approach emphasizes the central role of emotions in shaping interpersonal experiences and relational interactions. Emotion-focused therapy conceptualizes emotional experiences as adaptive resources that guide interpersonal needs, attachment security, and self-organization. According to this perspective, unresolved emotional injuries, attachment insecurities, and maladaptive emotional responses contribute substantially to marital distress and dysfunctional interaction patterns (Şenol et al., 2023; Timulak et al., 2024). Emotion-focused interventions aim to help couples identify maladaptive emotional cycles, access primary emotions, express unmet attachment needs, and create emotionally corrective interactions. Through emotional awareness and restructuring, couples gradually develop more secure and empathic patterns of communication.

Empirical evidence supports the effectiveness of emotion-focused couple therapy in improving marital functioning and emotional well-being. Studies have demonstrated that this therapeutic approach significantly enhances marital satisfaction, emotional intimacy, communication skills, and attachment security among distressed couples (Imani-Imanloo & Tofighi, 2023; Timajchi et al., 2025). Furthermore, emotion-focused interventions have shown positive effects on reducing emotional distress, inferiority feelings, maladaptive attachment patterns, and emotional dysregulation (Ghaffari et al., 2022; Timulak et al., 2022). Research has also indicated that emotion-focused therapy can improve emotional processing and relationship adjustment among couples experiencing infidelity, emotional disconnection, and relational trauma (Khajeh Hasani Raberi et al., 2024; Mendelson, 2024). Additionally, homework-based emotional processing strategies within emotion-focused interventions have been found to strengthen emotional awareness and therapeutic change processes (Warwar, 2023). Comparative studies have further shown that emotion-focused couple therapy may be more effective than some alternative therapeutic approaches in improving relational coherence and reducing conflict severity (Ansari et al., 2023; Khoshbakht et al., 2025).

Alongside emotion-focused approaches, systemic couple therapy has been widely applied for the treatment of marital conflicts. Systemic approaches conceptualize relational problems as products of dysfunctional interactional patterns and maladaptive family structures rather than isolated individual pathology. From the systemic perspective,

couples' difficulties emerge within broader relational systems characterized by rigid boundaries, ineffective communication patterns, and repetitive dysfunctional interaction cycles (Larner, 2022; Matejević & Petrović, 2022). Systemic couple therapy seeks to modify maladaptive interactional structures, increase relational flexibility, improve communication processes, and restructure family subsystems. Therapists employing systemic approaches focus on relational dynamics, reciprocal influences, and contextual factors shaping couples' behaviors and emotional experiences.

Previous investigations have supported the efficacy of systemic interventions in reducing marital conflicts and improving relational functioning. Studies have demonstrated that systemic family therapy can significantly decrease marital burnout, relational distress, and maladaptive family interactions (Dinmohaamadpour et al., 2024). Similarly, systemic-behavioral couple therapy has been associated with improvements in sexual satisfaction, self-differentiation, and interpersonal communication among conflicted couples (Zamanifar et al., 2022). Integrative systemic approaches have also shown effectiveness in enhancing marital satisfaction and family relationships through communication restructuring and collaborative problem-solving (Babasafari et al., 2023; He et al., 2022). Systemic interventions emphasize relational balance, adaptive negotiation, and emotional responsiveness, thereby providing couples with healthier mechanisms for managing conflicts and interpersonal stressors.

Despite growing evidence supporting both emotion-focused and systemic approaches, several conceptual and clinical differences distinguish these interventions. Emotion-focused therapy primarily targets emotional processing, attachment needs, and experiential transformation, whereas systemic therapy focuses more extensively on interactional patterns, communication structures, and relational organization (Larner, 2022; Timulak et al., 2024). Consequently, these approaches may produce differential effects on emotional variables such as affect control and hostile attribution. Emotion-focused therapy may be particularly effective in modifying maladaptive emotional reactions and hostile cognitive interpretations because it directly addresses emotional vulnerability, unmet attachment needs, and emotional responsiveness within the couple relationship. In contrast, systemic therapy may influence these variables indirectly through restructuring interactional patterns and promoting relational flexibility.

Recent research suggests that emotional experiences and cognitive interpretations are deeply interconnected within marital interactions. Couples with poor emotional regulation frequently demonstrate increased emotional reactivity and negative attribution patterns during conflicts (Hoey & Schröder, 2023; Kiss, 2024). Emotional insecurity and chronic interpersonal stress can reinforce hostile interpretations and maladaptive emotional responses, thereby perpetuating relational dissatisfaction and emotional distance. In addition, social and cultural transitions may further intensify uncertainty and emotional instability within interpersonal relationships (Soboroff & Kelley, 2024). Studies have indicated that affective control capacities are associated with broader psychological adjustment and resilience, highlighting the importance of therapeutic approaches that strengthen emotional regulation and adaptive interpersonal functioning (Schweizer, 2023). Moreover, emotion recognition and interpretation processes are significantly associated with aggressive and defensive interpersonal behaviors, particularly in emotionally charged relational contexts (Acland et al., 2023; Tan et al., 2024).

The significance of investigating therapeutic approaches for marital conflicts becomes even more evident considering the increasing prevalence of relational dissatisfaction and emotional disconnection in contemporary societies. Marital instability not only affects couples themselves but also negatively influences children, family systems, and broader social functioning (Heaphy & Hodgson, 2023; Neswiswa, 2024). Cultural expectations, communication challenges, emotional suppression, and ineffective coping mechanisms can all contribute to escalating marital conflicts. Consequently, identifying interventions capable of enhancing emotional regulation and reducing maladaptive cognitive-emotional patterns is essential for promoting healthier marital relationships. Although previous studies have independently examined the effects of emotion-focused and systemic therapies on marital functioning, comparatively fewer investigations have directly compared the effectiveness of these approaches on affect control and hostile attribution among couples experiencing marital conflicts. Additionally, the simultaneous examination of emotional regulation and hostile attribution within the context of couple therapy remains relatively limited in the existing literature.

Given the importance of affect control and hostile attribution in the development and maintenance of marital conflicts, and considering the theoretical distinctions between emotion-focused and systemic therapeutic

approaches, investigating their comparative effectiveness may contribute to the development of more targeted and evidence-based interventions for conflicted couples. Therefore, the present study aimed to compare the effectiveness of emotion-focused couple therapy and systemic couple therapy on affect control and hostile attribution among couples experiencing marital conflicts.

2. Methods and Materials

2.1. Study Design and Participants

The present study was a quasi-experimental investigation employing a pretest–posttest–follow-up design with a control group. Initially, 45 couples were selected from the participants and assigned to three groups (15 couples in each group), after which they completed the pretest assessment. Subsequently, the first experimental group received emotion-focused couple therapy, while the second experimental group received systemic couple therapy, and no intervention was administered to the control group. Following the completion of the treatment period, all three groups were assessed at posttest, and a follow-up assessment was conducted three months later. The statistical population of the present study consisted of all married women and men experiencing marital conflict who referred to counseling centers in Tehran, including the Iranian Family Counseling and Psychology Center and the Parto Ayin Counseling Center affiliated with the Iranian Psychological Association, in 2025. Participants were identified through a clinical interview conducted by the center psychologist and by responding to the Marital Conflict Questionnaire (Barati et al., 2000), yielding a total of 180 individuals. In order to achieve sufficient statistical power, G*Power software was utilized. Based on the software estimation, a total sample size of 45 couples was determined to be adequate. The sampling method was purposive sampling. Inclusion criteria included being between 24 and 44 years of age according to the demographic information form completed prior to participation in the study. Participants were required to be legally married and to have been married for at least two years. Participants were also required to obtain a score higher than 135 on the Marital Conflict Questionnaire. Furthermore, participants were not to have psychiatric disorders such as depression, anxiety, or personality disorders. They were also required to be free from physical and sexual problems that could affect their marital relationships. Additionally, participants were not receiving any form of couple therapy, either individually or conjointly,

during the implementation of the study, based on the demographic information form completed before participation. Exclusion criteria included the presence of psychological disorders during the study based on clinical assessment in the initial interview. Participants who failed to comply with the research conditions, such as absence from research sessions, were excluded from the study. Participants who developed illnesses or physical conditions affecting their marital relationships during the study were also excluded. Moreover, participants whose marital status changed during the course of the study, such as through divorce, were excluded. Absence from more than two treatment sessions, as monitored by the therapist, also constituted a criterion for exclusion.

2.2. Measures

Marital Conflict Questionnaire (MCQ): This questionnaire was developed by Barati and Sanaei (2000) to assess the level of marital conflict among couples. It consists of 42 items and 7 subscales, including decreased cooperation (5 items), increased emotional reactions (8 items), increased child support-seeking behaviors (5 items), increased individual relationships with one's own relatives (6 items), decreased family relationships with spouse's relatives and friends (6 items), reduced sexual relationship (5 items), and financial separation between spouses (7 items). The questionnaire is scored based on a 5-point Likert scale, with the options never = 1, rarely = 2, sometimes = 3, often = 4, and always = 5. The minimum and maximum obtainable scores are 42 and 210, respectively. According to the questionnaire norms, individuals obtaining raw scores between 115 and 134 are considered slightly above normal in terms of marital conflict, whereas scores of 135 and above indicate severe conflict and highly vulnerable marital relationships. The overall reliability of the questionnaire, measured using Cronbach's alpha coefficient by the developers, was reported as 0.94. Reliability coefficients for the subscales were reported as follows: decreased cooperation = 0.70, reduced sexual relationship = 0.72, increased emotional reactions = 0.73, increased child support-seeking behaviors = 0.81, increased individual relationships with one's own relatives = 0.75, decreased family relationships with spouse's relatives and friends = 0.69, and financial separation = 0.68. Test-retest reliability coefficients were reported as 0.86, 0.80, 0.90, and 0.92, respectively. The face validity of the instrument was also reported to be satisfactory by the developers (Nourbakhsh

Baghbadrani & Latifi, 2021). In the present study, the Cronbach's alpha coefficient for the questionnaire was 0.88.

Affect Control Scale: This 42-item questionnaire was developed by Williams et al. (1997) and assesses four dimensions, namely anger, depressed mood, anxiety, and positive affect. Items are scored on a 7-point Likert scale ranging from 1 = strongly disagree to 7 = strongly agree. Four-week test-retest reliability coefficients were reported as 0.73 and 0.72 for anger, 0.76 and 0.91 for depressed mood, 0.77 and 0.89 for anxiety, and 0.66 and 0.84 for positive affect. Convergent validity with the Positive Affect subscale of the Positive and Negative Affect Schedule developed by Watson et al. (1988) was reported as $r = -0.36$, while divergent validity with the Negative Affect subscale of the same instrument was reported as $r = 0.58$ (Williams et al., 1997; Mills et al., 2018). The reliability of the Affect Control Scale was examined by Dahesh (2009), who reported Cronbach's alpha coefficients of 0.53 for anger, 0.84 for depressed mood, 0.64 for anxiety, and 0.60 for positive affect, indicating acceptable psychometric properties of the scale (as cited in Reyhanian Mashhadi, 2022). The validity of the questionnaire was investigated by Besharat et al. through correlational analysis between variables, yielding coefficients of $r = 0.765$ for anger and affect control, $r = 0.751$ for depressed mood and affect control, $r = 0.871$ for anxiety and affect control, and $r = 0.844$ for positive affect and affect control, all indicating satisfactory validity (Reyhanian Mashhadi, 2022). In the present study, Cronbach's alpha coefficients were 0.70 for anger, 0.82 for depressed mood, 0.79 for anxiety, and 0.73 for positive affect.

Hostile Attribution Questionnaire: The Hostile Attribution Questionnaire was developed by Arntz et al. (2003) to assess hostile attribution tendencies. The instrument contains 20 items, each scored on a 5-point Likert scale ranging from 5 = completely agree to 1 = completely disagree. To prevent response bias and response uniformity among participants, items 3, 8, 11, and 15 are reverse scored. Construct validity of the questionnaire was examined through confirmatory factor analysis. The fit indices CFI, AGFI, and GFI were reported as 0.92, 0.92, and 0.95, respectively, indicating good model fit, while the RMSEA and RMR indices were reported as 0.064 and 0.042, respectively, suggesting relatively satisfactory fit and supporting the validity of the questionnaire (Didouche Hazdar et al., 2019). To assess reliability, Arntz et al. (2003) employed the test-retest method over a three-month interval, and the findings demonstrated a significant positive

correlation of 0.79 between the two testing phases (as cited in Brennan et al., 2010). Reliability in the Iranian sample was calculated using internal consistency, test–retest, and split-half methods, yielding coefficients of 0.93, 0.95, and 0.97, respectively, for the total questionnaire. Concurrent validity was examined through simultaneous administration with the SCL-90 questionnaire, resulting in a correlation coefficient of 0.56. Correlation coefficients with the total score were satisfactory and ranged between 0.74 and 0.88. In the present study, the reported Cronbach’s alpha coefficient was 0.862.

2.3. Interventions

Emotion-Focused Couple Therapy Protocol: The emotion-focused approach was developed by Leslie Greenberg and Sue Johnson. Rooted in humanistic, experiential, and attachment theories, this therapeutic approach emphasizes the importance of emotions in the development and maintenance of psychological problems. The emotion-focused training protocol used in the present study was adapted from the book *Emotion-Focused Therapy for Couples* by Greenberg et al. (2008, as cited in Fathi et al., 2021). The intervention was conducted in eight weekly group sessions, each lasting 90 minutes. In the first session, group members became acquainted with one another, the therapist introduced themselves, participants’ motivations and expectations for participating in the group were explored, and fundamental concepts of emotion-focused therapy were introduced. Initial familiarity with the participants’ problems was also established. In the second session, participants were encouraged to disclose their emotional traumas, such as fear of rejection or fear of revealing personal flaws that negatively affected the dynamics of their relationships. During the third session, secondary reactive emotions such as anger, frustration, irritability, and emotions associated with emotional pain were reflected upon, validated, and given therapeutic significance. In the fourth session, participants, with the assistance of the therapist, engaged in externalizing the problem and examining primary emotions and unmet attachment needs as central relational difficulties. During the fifth session, participants gained awareness of different aspects of themselves and ultimately experienced enhanced self-worth. In the sixth session, participants learned to trust newly emerged emotions and to experience new responses to their emotional motivations. In the seventh session, the primary emotions identified during previous sessions were

processed more comprehensively, and the therapist initiated a process through which participants expressed their desire for a new form of relationship in a relatively explicit manner. Finally, in the eighth session, participants collaboratively generated new solutions to their problems, reconstructed alternative narratives regarding their difficulties, and attempted to redesign these narratives. They also reflected on the path they had previously followed and how they rediscovered a healthier direction in their relationships.

Systemic Couple Therapy Protocol: Systemic couple therapy is based on family systems theory established by Salvador Minuchin. This therapeutic approach examines interactional patterns and family structure and conceptualizes problems as originating within the family system rather than within the individual. The systemic couple therapy protocol employed in the present study was adapted from the book *Families and Family Therapy* by Minuchin (1974, as cited in Ansari et al., 2023). The intervention consisted of eight weekly group sessions, each lasting 90 minutes. In the first session, participants introduced themselves and became acquainted with one another, after which the goals of the sessions, the therapeutic approach, and the concept of marital conflicts were explained. Participants were assigned homework to write down the major conflicts they had experienced and summarize their expectations from the sessions for discussion in the following meeting. The second session began with a review of the previous assignment, followed by the introduction of communication concepts and family subsystems, as well as discussion regarding dominant family structures. Participants were instructed to practice communication skills and record the outcomes. Family therapy techniques such as joining, imitation, and reframing were taught and practiced, and participants were asked to document the effects of these techniques on their daily lives. The third session started with reviewing previous assignments and providing feedback, followed by discussions concerning common interactional patterns and family triangles surrounding marital problems. Participants were asked to write down their expectations of their spouses and identify factors they believed would enhance cooperation between partners. In the fourth session, after reviewing homework assignments, strategies for restructuring and modifying family interactions were discussed. Participants were instructed to identify and describe two situations that triggered emotional reactions. The fifth session focused on examining how each participant’s relationship with their spouse compared with

their relationships with members of their family of origin. Participants were asked to describe experiences that had increased closeness with their family of origin while simultaneously creating emotional distance from their spouse. The sixth session addressed family relationships with relatives and friends, and participants were instructed to identify strategies for balancing relationships with their spouse's relatives and maintaining appropriate relationships with mutual friends. In the seventh session, considering that marital conflicts concerning sexuality are often related to the timing and quality of sexual relationships, educational discussions regarding sexual issues were provided. Participants were assigned to discuss the timing and quality of sexual relations with their spouses, reach mutual agreements, and implement these agreements. The eighth session focused on maintaining the marital subsystem while establishing appropriate boundaries with the children subsystem. Participants were asked to identify situations leading to seeking support from children and discuss them during the session. Additionally, discussions regarding appropriate financial management instead of financial separation were conducted, and participants were

encouraged to discuss their financial experiences and attempt to reach agreements with their spouses concerning financial matters.

2.4. Data Analysis

Data analysis was conducted using repeated-measures analysis of variance (ANOVA), followed by post hoc tests to compare the significance of the effectiveness of the treatments. All analyses were performed using SPSS version 26.

3. Findings and Results

The mean $\pm$ standard deviation of age in the emotion-focused couple therapy group was 32.2 ± 3.35 years, in the systemic couple therapy group was 31.5 ± 3.50 years, and in the control group was 33.4 ± 4.89 years. The results of statistical analyses indicated that there was no significant difference among the groups in terms of age, demonstrating the homogeneity of the participants across groups at baseline.

Table 1

Means and Standard Deviations of Affect Control and Hostile Attribution Scores Across the Three Assessment Stages

Variable	Group	Pretest M	Pretest SD	Posttest M	Posttest SD	Follow-up M	Follow-up SD
Affect Control	Emotion-Focused Couple Therapy	224.7	13.8	193.3	19.5	194.1	19.8
	Systemic Couple Therapy	224.5	14.7	203.3	20.6	201.7	20.6
	Control	225.8	14.5	224.4	14.7	226.8	13.6
Hostile Attribution	Emotion-Focused Couple Therapy	49.2	4.14	36.7	4.45	37.5	4.42
	Systemic Couple Therapy	49.7	4.49	44.5	4.52	45.5	4.52
	Control	48.6	3.88	48.08	3.95	49.4	4.79

As presented in Table 1, the mean scores of affect control decreased substantially from pretest to posttest in both intervention groups, with the greatest reduction observed in the emotion-focused couple therapy group. These changes remained relatively stable during the follow-up stage. In contrast, the control group demonstrated almost no meaningful change across the three assessment phases. Similarly, hostile attribution scores decreased significantly in both treatment groups, particularly in the emotion-focused couple therapy group, whereas the control group showed minimal fluctuations over time. The descriptive findings suggest that both interventions were effective in improving affect control and reducing hostile attribution, although

emotion-focused couple therapy appeared to demonstrate greater effectiveness.

Prior to conducting repeated-measures analysis of variance, the assumptions underlying the statistical analyses were examined. The normality of score distributions was assessed using the Shapiro-Wilk test. The findings indicated that all significance levels exceeded 0.05 across the pretest, posttest, and follow-up stages for both dependent variables in all groups, suggesting that the distributions did not significantly deviate from normality. Furthermore, the assumptions of homogeneity of variances and homogeneity of covariance matrices were examined and confirmed, indicating that the data met the assumptions required for mixed repeated-measures ANOVA.

Table 2

Results of Mixed Repeated-Measures Analysis of Variance for Affect Control and Hostile Attribution

Source	Dependent Variable	SS	df	MS	F	p	η^2
Time	Affect Control	15098.08	1.22	12363.05	80.7	.001	.539
	Hostile Attribution	1546.03	1.22	1267.40	198.6	.001	.742
Time $\times$ Group	Affect Control	8150.70	2.44	3337.10	21.7	.001	.387
	Hostile Attribution	1209.50	2.44	495.80	77.6	.001	.693
Group	Affect Control	18033.50	2	9016.70	13.7	.001	.285
	Hostile Attribution	2184.03	2	1092.01	22.1	.001	.391

The results of the mixed repeated-measures ANOVA demonstrated that the main effect of time was significant for both affect control, $F = 80.7$, $p < .001$, $\eta^2 = .539$, and hostile attribution, $F = 198.6$, $p < .001$, $\eta^2 = .742$, indicating significant changes in participants' scores across the three assessment stages. In addition, the interaction effect of time and group was statistically significant for affect control, $F = 21.7$, $p < .001$, $\eta^2 = .387$, and hostile attribution, $F = 77.6$, p

$< .001$, $\eta^2 = .693$, suggesting that the pattern of change over time differed significantly across the study groups. The between-group effect was also significant for affect control, $F = 13.7$, $p < .001$, $\eta^2 = .285$, and hostile attribution, $F = 22.1$, $p < .001$, $\eta^2 = .391$. These findings indicate that the intervention groups differed significantly from the control group and from one another in terms of overall treatment outcomes.

Table 3

Bonferroni Post Hoc Comparisons Between the Study Groups Across Assessment Stages

Variable	Stage	Comparison Groups	Mean Difference	p
Affect Control	Pretest	Emotion-Focused vs. Systemic	0.25	1.00
		Emotion-Focused vs. Control	-1.04	1.00
	Posttest	Emotion-Focused vs. Systemic	-9.95	.001
		Emotion-Focused vs. Control	-31.08	.001
	Follow-up	Emotion-Focused vs. Systemic	-7.58	.001
		Emotion-Focused vs. Control	-32.70	.001
Hostile Attribution	Pretest	Emotion-Focused vs. Systemic	-0.54	1.00
		Emotion-Focused vs. Control	1.12	1.00
	Posttest	Emotion-Focused vs. Systemic	-7.79	.001
		Emotion-Focused vs. Control	-11.30	.001
	Follow-up	Emotion-Focused vs. Systemic	-7.91	.001
		Emotion-Focused vs. Control	-11.80	.001

The Bonferroni post hoc comparisons indicated that there were no significant differences among the groups at the pretest stage for either affect control or hostile attribution ($p > .05$), confirming baseline equivalence among the groups. However, significant differences emerged during the posttest and follow-up stages ($p < .001$). Specifically, the emotion-focused couple therapy group demonstrated significantly greater improvement in affect control and greater reduction in hostile attribution compared with both the systemic couple therapy group and the control group. Although systemic couple therapy also produced significant improvements relative to the control group, the magnitude of change was smaller compared with emotion-focused couple therapy. These findings suggest that emotion-focused couple therapy had superior effectiveness in enhancing

affect control and reducing hostile attribution among couples experiencing marital conflicts, and these therapeutic gains remained stable during the follow-up period.

4. Discussion

The present study aimed to compare the effectiveness of emotion-focused couple therapy and systemic couple therapy on affect control and hostile attribution among couples experiencing marital conflicts. The findings demonstrated that both therapeutic approaches significantly improved affect control and reduced hostile attribution compared with the control group. However, emotion-focused couple therapy showed greater effectiveness than systemic couple therapy in improving these variables.

Furthermore, the therapeutic effects remained stable during the three-month follow-up period, indicating the relative durability of the interventions.

One of the central findings of the present study was that emotion-focused couple therapy significantly improved affect control among conflicted couples. This finding is consistent with previous studies emphasizing the critical role of emotional processing and emotional regulation in relational adjustment and psychological functioning (Şenol et al., 2023; Timajchi et al., 2025; Timulak et al., 2024). Emotion-focused couple therapy conceptualizes emotional experiences as the primary organizing processes in intimate relationships. Couples experiencing chronic marital conflicts often become trapped in maladaptive emotional cycles characterized by defensiveness, emotional withdrawal, anger, fear of rejection, and unmet attachment needs. Through therapeutic emotional exploration, individuals gradually become more aware of their primary emotions and learn to regulate emotional responses more adaptively. Such processes can reduce emotional impulsivity and increase emotional flexibility during interpersonal interactions.

The observed improvement in affect control may be explained by several therapeutic mechanisms within the emotion-focused approach. First, emotion-focused interventions encourage individuals to identify and differentiate between primary adaptive emotions and secondary reactive emotions. Many conflicted couples respond to vulnerability and emotional pain through anger, criticism, or emotional distancing. By accessing deeper emotional experiences such as fear, loneliness, shame, or attachment insecurity, couples become capable of communicating their needs in more constructive ways. This process reduces emotional escalation and promotes emotional regulation within interpersonal interactions (Mendelson, 2024; Timulak et al., 2022). Second, emotion-focused therapy strengthens emotional safety and attachment security between partners, allowing couples to experience greater emotional responsiveness and trust. Increased emotional security can significantly reduce emotional dysregulation and defensive reactions during relational conflicts.

The findings of the present study are also aligned with previous research demonstrating the effectiveness of emotion-focused interventions in improving emotional intimacy, communication skills, and relational adjustment among distressed couples (Imani-Imanloo & Tofighi, 2023; Khoshbakht et al., 2025). Similarly, studies have shown that

emotion-focused interventions improve emotional awareness and adaptive emotional expression among individuals experiencing interpersonal distress and attachment difficulties (Ghaffari et al., 2022; Warwar, 2023). Since emotional dysregulation is strongly associated with marital dissatisfaction and conflict escalation, interventions targeting emotional processing naturally contribute to greater affective control and relational stability. Moreover, findings from broader emotional regulation research indicate that affective control capacities are closely associated with psychological adjustment and resilience (Hong & Wang, 2023; Schweizer, 2023). Therefore, the improvement observed in affect control among participants receiving emotion-focused therapy appears theoretically and empirically justifiable.

Another important finding of the study was the significant reduction in hostile attribution among couples receiving emotion-focused couple therapy. Hostile attribution refers to the tendency to interpret ambiguous interpersonal behaviors as intentionally harmful or rejecting. Couples involved in chronic conflicts frequently develop maladaptive cognitive-emotional schemas that lead them to perceive criticism, neglect, or rejection even in relatively neutral interactions. Emotion-focused interventions may reduce hostile attribution by helping couples reinterpret emotional experiences and recognize the vulnerable emotional needs underlying their partners' behaviors. When individuals become more capable of empathically understanding their partners' emotional experiences, they are less likely to engage in hostile interpretations and defensive cognitive distortions.

This finding is consistent with prior research emphasizing the relationship between hostile attribution bias, emotional insecurity, and interpersonal aggression (Li et al., 2024; Yang et al., 2024). Research has indicated that hostile attribution bias significantly predicts aggressive behaviors, interpersonal defensiveness, and relational dissatisfaction (Acland et al., 2023; Ren et al., 2022; Tan et al., 2024). Individuals who habitually interpret others' behaviors negatively often experience elevated emotional reactivity and increased interpersonal conflict. Emotion-focused therapy appears to reduce these maladaptive patterns by facilitating emotional empathy, emotional responsiveness, and secure attachment interactions. As emotional safety increases, cognitive distortions regarding partners' intentions may gradually decrease.

The present findings also correspond with the results of Khajeh Hasani Raberi et al. (Khajeh Hasani Raberi et al.,

2024), who reported that emotion-based interventions significantly reduced hostile attributions among women affected by marital infidelity. Similarly, Timajchi et al. (Timajchi et al., 2025) demonstrated that emotion-focused couple therapy effectively reduced marital conflicts and improved relational adjustment. The effectiveness of emotion-focused interventions may derive from their emphasis on transforming emotional experiences rather than merely modifying behavioral patterns. By restructuring emotional responses and attachment interactions, couples become more capable of interpreting interpersonal situations realistically and empathically rather than defensively.

The findings further demonstrated that systemic couple therapy significantly improved affect control and reduced hostile attribution, although its effectiveness was lower than that of emotion-focused couple therapy. This finding supports the theoretical assumptions underlying systemic approaches, which emphasize the importance of interactional patterns and family structures in maintaining relational difficulties (Larner, 2022; Matejević & Petrović, 2022). Systemic therapy conceptualizes marital conflicts as products of dysfunctional communication cycles and rigid relational structures. By modifying communication patterns, clarifying family boundaries, and restructuring interactional dynamics, systemic interventions can improve emotional functioning and relational cooperation.

The effectiveness of systemic couple therapy observed in the present study is consistent with previous investigations demonstrating the beneficial effects of systemic interventions on marital satisfaction, relational functioning, and emotional adjustment (Dinmohaamadpour et al., 2024; Zamanifar et al., 2022). Integrative systemic approaches have also been associated with improvements in communication skills, relational balance, and family cohesion (Babasafari et al., 2023; He et al., 2022). When dysfunctional interactional cycles are interrupted and healthier communication patterns emerge, couples become less emotionally reactive and more capable of managing conflicts constructively. Consequently, emotional regulation capacities may improve indirectly through enhanced relational organization and communication effectiveness.

Nevertheless, emotion-focused couple therapy demonstrated greater effectiveness than systemic therapy in both affect control and hostile attribution. Several factors may explain this difference. Emotion-focused therapy directly targets emotional processing, attachment insecurity, and maladaptive emotional responses, whereas systemic therapy focuses more extensively on interactional structures

and communication patterns. Because affect control and hostile attribution are fundamentally emotional and cognitive-emotional variables, interventions directly addressing emotional experiences may exert stronger therapeutic effects. Emotion-focused therapy facilitates deep emotional engagement, emotional vulnerability, and corrective attachment experiences, all of which may substantially alter maladaptive cognitive-emotional patterns.

In addition, hostile attribution biases are often rooted in emotional insecurity, attachment fears, and previous interpersonal injuries. Emotion-focused interventions specifically address these underlying emotional processes by helping individuals access vulnerable emotions and unmet attachment needs. Through empathic emotional engagement, couples gradually replace hostile interpretations with more compassionate and realistic perceptions of their partners' behaviors. Systemic therapy, while beneficial in modifying relational patterns, may not engage emotional experiences with the same level of depth and intensity as emotion-focused approaches. This distinction may explain the superior effectiveness of emotion-focused couple therapy observed in the present study.

The stability of treatment outcomes during the follow-up stage also deserves attention. The maintenance of therapeutic gains suggests that both therapeutic approaches enabled participants to internalize new emotional and relational skills. Emotion-focused therapy may have facilitated enduring changes by restructuring emotional experiences and attachment interactions at a deeper psychological level. Likewise, systemic therapy may have strengthened adaptive communication and relational flexibility, allowing couples to sustain healthier interaction patterns over time. The durability of the findings aligns with previous evidence indicating that couple-based interventions can produce relatively stable improvements in emotional functioning and relational satisfaction when therapeutic processes effectively target underlying relational dynamics (Ansari et al., 2023; Pasha, 2024).

The present findings also have broader theoretical implications regarding the relationship between emotional regulation, hostile attribution, and marital functioning. Emotional dysregulation and hostile cognitive interpretations appear to mutually reinforce one another within distressed relationships. Individuals with poor affective control may react impulsively to perceived interpersonal threats, while hostile attribution biases intensify emotional arousal and defensiveness.

Consequently, interventions simultaneously targeting emotional processing and interpersonal cognition may be particularly effective in reducing marital distress. The findings support contemporary perspectives emphasizing the integration of emotional, cognitive, and relational processes in understanding couple functioning (Hoey & Schröder, 2023; Soboroff & Kelley, 2024).

5. Conclusion

Finally, the findings may be interpreted within broader sociocultural contexts. Contemporary relational environments are increasingly characterized by emotional uncertainty, changing relational expectations, and heightened interpersonal stressors. Such conditions may intensify emotional insecurity and maladaptive interpersonal interpretations among couples. Research suggests that societal transitions and relational stressors can disrupt emotional stability and interpersonal trust (Hoey & Schröder, 2023; Neswiswa, 2024). Therefore, therapeutic interventions strengthening emotional responsiveness, emotional regulation, and empathic understanding may be especially valuable for contemporary couples facing relational conflicts.

6. Limitations & Suggestions

One limitation of the present study was the relatively small sample size and the restriction of participants to couples referring to counseling centers in Tehran, which may limit the generalizability of the findings to broader populations and different cultural contexts. Another limitation involved reliance on self-report questionnaires, which may be influenced by social desirability bias and subjective reporting. Additionally, the follow-up period was limited to three months, preventing the evaluation of long-term therapeutic durability over extended periods. The absence of qualitative assessments and observational measures of couple interactions also restricted deeper examination of the therapeutic processes underlying change.

Future studies are recommended to examine the long-term effectiveness of emotion-focused and systemic couple therapies using larger and more culturally diverse samples. Researchers may also investigate the mediating roles of attachment security, emotional intimacy, empathy, and communication patterns in explaining treatment outcomes. Comparative studies involving additional therapeutic approaches such as cognitive-behavioral couple therapy, schema therapy, and integrative interventions could further

clarify the relative effectiveness of different models for specific relational difficulties. Furthermore, incorporating qualitative interviews and observational methods may provide richer insights into the emotional and interactional mechanisms contributing to therapeutic change.

From a practical perspective, the findings of the present study suggest that couple therapists and counseling centers may benefit from incorporating emotion-focused interventions into treatment programs for couples experiencing marital conflicts, particularly when emotional dysregulation and hostile interpretations are prominent. Training couples in emotional awareness, empathic communication, and attachment responsiveness may substantially reduce destructive conflict patterns and improve relational stability. Mental health professionals may also integrate systemic techniques focused on communication restructuring and family interaction patterns to strengthen therapeutic outcomes. Additionally, preventive educational workshops emphasizing emotional regulation and constructive interpersonal interpretation may help couples develop healthier relational functioning before conflicts become chronic and severe.

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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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