



The effectiveness of emotion-focused couple therapy on decrease of marital burnout and depression of couples

Mehdi. Bahrami Moqadam¹, Karim. Afshariniya*² & Keivan. Kakabaraee³

1. PhD student of General Psychology, Kermanshah Branch, Kermanshah University, Kermanshah, Iran
2. *Corresponding Author: Assistant Professor, Department of Psychology and Counseling, Kermanshah Branch, Kermanshah University, Kermanshah, Iran
3. Associate Professor, Department of Psychology, Kermanshah Branch, Islamic Azad University, Kermanshah, Iran

ARTICLE INFORMATION

ABSTRACT

Article type

Original research

Pages: 32-42

Corresponding Author's Info

Email:

k.afsharineya@iauksh.ac.ir

Article history:

Received: 2023/02/12

Revised: 2023/07/12

Accepted: 2023/08/05

Published online: 2023/12/01

Keywords:

depression, emotion-focused couple therapy, marital burnout.

Background and Aim: Couples always face very serious challenges as marital burnout and depression in their married life. These problems can affect different aspects of their lives. The purpose of this study was to effectiveness of emotion-focused couple therapy on decrease of marital burnout and depression of couples. **Methods:** This quasi-experimental study was conducted with a pretest-posttest design with control group and follow-up 2 month. The statistical population of this research was all the couples who referred to counseling centers and psychological services in Kermanshah city in 2021. In the first stage, using convenience sampling method, 30 couples were selected and then randomly divided into 1 experimental group (15 couples) and 1 control group (15 couples) were replaced and experimental group underwent emotion-focused couple therapy (10 sessions 90 minutes), but the control group received no training and remained in the waiting list. To collect data marital burnout questionnaire of Pines (2003) and depression inventory (BDI-II) of Beck and et al (1996). Data analysis was performed using SPSS-24 software in two sections: descriptive and inferential (analysis of variance with repeated measures and Bonferroni). **Results:** The results of the study showed that of emotion-focused couple therapy in post-test and follow up had a significant effect on decrease of marital burnout and depression of couples ($P < 0.05$). **Conclusion:** Based on the results of the present study, it can be said that emotion-focused couple therapy can be used as a treatment method to on decrease of marital burnout and depression of couples in counseling centers and family psychological services.



This work is published under CC BY-NC 4.0 license.

© 2023 The Authors.

How to Cite This Article:

Bahrami Moqadam, M., Afshariniya, K., & Kakabaraee, K. (2023). The effectiveness of emotion-focused couple therapy on decrease of marital burnout and depression of couples. *jayps*, 4(9): 32-42.

Introduction

The family has been described as a singular social unit that can shape human personality within itself, formed through the marital bond between a man and a woman and their marriage (Katino et al., 2022). Such that it can be said that the need for intimacy and love draws men and women towards each other, forming a marital bond between them (Lou et al., 2022). One characteristic of marriage is the commitment of each spouse towards the other and their mutual rights, to the extent that this commitment is the foundation of married life (Allen et al., 2022); otherwise, mutual trust between spouses diminishes. In some marital problems, this trust and commitment are damaged, bringing married life closer to separation and destruction (Dewey et al., 2022). On the other hand, it can be said that when a man and woman decide to form a family and live together, they start their life with love (Jenkins et al., 2022). At this time, they never think that one day the level of intimacy between them might decrease (Dollahite et al., 2019). According to the results of a study, when couples engage in intimate relationships, each enters the relationship with a set of dreams and expectations (Harasymchuk et al., 2021). When these dreams and expectations are replaced by punishment and stressful experiences, the intimate relationship stops, the energy of love turns into hurt and anger, resulting in numerous conflicts, frequent criticisms, resorting to silence, lack of emotional companionship, and unresolved problems, leading gradually to marital burnout (Saffarinia et al., 2022).

Marital burnout, sometimes referred to as relationship ennui (Harasymchuk et al., 2022), includes the sexual relationship of couples. Due to marital burnout, couples may lean towards individual sexual behavior like masturbation, extramarital sexual relationships, compulsory sexual behavior, and high-risk sexual behavior (Di Oliveria et al., 2021). Marital burnout is defined as a state arising from long-term problems and disagreements between spouses (Kang et al., 2019). Additionally, issues like marital burnout and a low level of marital life quality can make couples more vulnerable to depression (Ajori et al., 2021). Depression is a potentially life-threatening psychiatric disorder leading to problems like insomnia (Reimen et al., 2020) and co-occurrence with issues like anxiety (Tang et al., 2020). According to the Diagnostic

and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), it is characterized by tired mood, emptiness, irritable mood, and affects social, occupational, and other major functions of an individual (American Psychiatric Association, 2013). The marital conflict-depression model shows that marital relationships play a fundamental role in the development and maintenance of depression (Hallist et al., 2007). Given that marital burnout, along with symptoms of depression, can threaten the foundation of family and marital life, this study has utilized emotion-focused couple therapy to improve couples' problems and examined the effectiveness of this therapy. Emotion-focused couple therapy initially assesses communication styles and, once defenses become apparent, clarifies this style for the individual and its consequences. Therefore, individuals gradually succeed in recognizing suppressed and unclear emotions that perpetuate the negative communication cycle and improve this cycle (Bodenmann et al., 2020). Greenman and Johnson (2022) have recommended emotion-focused therapy for couples to enhance the quality of their emotional bonds with each other and with significant others, as well as their perceived mental state of social connection, since strengthening emotional and interpersonal bonds is the primary focus of emotion-focused therapy which can help restore their emotional balance and protect individuals from isolation and a range of health problems that can be harmful (Greenman & Johnson, 2022).

Emotion-focused therapy, due to its structured nature and having a step-by-step treatment plan, is more effective than other approaches and has significantly less chance of relapse (Johnson, 2012). According to research background, emotion-focused therapy reduces marital problems in couples (Marn et al., 2022), decreases marital burnout (Goodarzi et al., 2021), reduces depression (Mirlouhian et al., 2021), and effectively lowers the tendency towards divorce in couples (Hatami et al., 2021). Therefore, since emotion-focused couple therapy primarily focuses on emotions, examining the effectiveness of this type of couple therapy seems beneficial in further explaining the superiority of emotion and cognition in couples' problems. Most importantly, the aforementioned couple therapy intervention has not been conducted in a multiple or group format. Such an intervention, in addition to potentially creating

more motivation for activity among members, provides the therapist with more opportunities to intervene with more individuals in one session. Thus, the current research aims to study this and, considering that the family is the most valuable and effective institution in society and no social harm is free from the influence of the family, increasing marital burnout, decreasing quality of life, and reducing depression in couples are factors causing psychological damage in the family core and threaten the family system, which is fundamentally the basis of a healthy society. Therefore, the main question of this research will be whether emotion-focused couple therapy is effective in reducing marital burnout and depression?

Method

The research method was applied based on the objective and from the data collection perspective, it was part of quantitative research and of the quasi-experimental type, with a design of pre-test, post-test with a control group, accompanied by a 2-month follow-up. The statistical population of this research was all couples visiting counseling and psychological service centers in Kermanshah in 2021. For sampling among couples visiting counseling centers, considering that the minimum required sample in experimental and semi-experimental research in each group is at least 15 individuals (Delavar, 2021), thus in this research, each group was considered to consist of 15 couples. In this way, 15 couples (30 individuals) were placed in the emotion-focused couple therapy group and 15 couples (30 individuals) in the control group. Informed consent for participation in the research, scoring 73 or higher on the Marital Burnout Questionnaire, scoring 10 or higher on the Beck Depression Inventory, and a minimum of 2 years since marriage were the criteria for entering the research. Having a history of divorce in couples, addiction to drugs and psychotropic substances, having physical and psychological diseases, absence of more than 2 sessions from emotion-focused and cognitive-behavioral couple therapy sessions, concurrent participation in psychological sessions, and defect in completing questionnaires were the criteria for exiting the research. Additionally, respect for dignity and rights, privacy, secrets, and freedom of the couples, explaining the research objectives to them, obtaining informed

consent from them, the voluntary nature of the research, the right to withdraw from the study, the non-harmfulness of the therapeutic interventions, providing the results to the couples if desired, and providing intervention sessions intensively to the control group after the post-test and follow-up were the ethical principles observed in this research. This research used descriptive statistics such as mean and standard deviation and inferential statistics including mixed ANOVA analysis. Furthermore, for examining comparisons of pre-test, post-test, and follow-up stages, the Bonferroni post-hoc test and SPSS software version 24 were used.

Materials

1. Marital Burnout Questionnaire (MBQ) by Pines (2003): This questionnaire consists of 20 questions measuring components of physical burnout with questions 1, 4, 7, 10, and 16; emotional burnout with questions 2, 3, 5, 9, 11, 13, and 17; and psychological burnout with questions 6, 8, 12, 14, 15, 18, 19, and 20 (Abbaszadeh et al., 1402). Responses are on a 7-point Likert scale, with level 1 indicating no experience of the statement and level 7 indicating a high experience of the statement. Scores are assigned as follows: never 1, once over a long period 2, rarely 3, occasionally 4, usually 5, often 6, and always 7. Questions 3, 6, 19, and 20 are reverse scored. A higher score on this scale indicates greater individual burnout. The cutoff point for the questionnaire is 73 (Fotouhi et al., 2018). To assess the reliability of the questionnaire, the test-retest method was used by the questionnaire's creator, reporting a correlation coefficient of 0.76 after one month (Pines, 2003). The reliability of the questionnaire was examined, and a Cronbach's alpha coefficient of 0.92 was obtained (Asadpour & Veisi, 2018). The criterion validity of the questionnaire was calculated with the Enrich Marital Satisfaction Questionnaire by Enrich et al. (1987), reporting a correlation coefficient of -0.40, significant at the 0.01 level (Arianfar & Rasouli, 2019). In another study, Cronbach's alpha coefficients for physical burnout were 0.83, for emotional burnout 0.80, for psychological burnout 0.81 (Kamalian et al., 2020), and for the entire questionnaire 0.84 (Sadeghi et al., 2022). In this research, the reliability was examined using Cronbach's alpha, yielding coefficients of 0.71

for the pretest, 0.91 for the posttest, and 0.80 for the follow-up on couples (30 couples).

2. Revised Beck Depression Inventory (BDI-II) by Beck et al. (1996): This inventory consists of 21 questions, scored on a 4-point Likert scale ranging from 0 to 3 (Mohammadnejadi et al., 1402). The total scores range from 0 to 63, where scores of 0 to 9 indicate no depression, 10 to 18 indicate mild to moderate depression, 19 to 29 indicate moderate to severe depression, and 30 to 63 indicate severe depression (Darbandi et al., 2022; Faro & Pereira, 2020). The cutoff point for the inventory is greater than or equal to 10 (Tousa et al., 2019), and in another study, it was determined to be above 13 (Minetzer et al., 2020). The inventory's creators examined its psychometric properties, reporting a Cronbach's alpha of 0.86 for psychiatric patients and 0.81 for normal individuals, and convergent validity was examined with the Hamilton Depression Test (1976), yielding coefficients between 0.61 to 0.86, significant at the 0.01 level (Beck et al., 1996). In Iran, this inventory was translated by Dabson & Mohammadkhani (2007), who examined its reliability and validity, obtaining coefficients in the range of 0.90 to 0.91 for Cronbach's alpha

and a convergent validity with the Revised Hamilton Depression Scale of 0.71, significant at the 0.01 level (Dabson & Mohammadkhani, 2007). In Iran, the reliability and validity of the Beck Depression Inventory have been examined, reporting a total inventory reliability coefficient of 0.91 (Allahyar & Zeynali, 2020) and 0.90 (Shams et al., 2021). Another study used the Self-Compassion Scale (Neff, 2003) to examine concurrent validity of the Beck Depression Inventory, obtaining a correlation coefficient of -0.20, significant at the 0.01 level, indicating concurrent criterion validity (Sharifi Saki et al., 2018). Outside of Iran, the reliability and validity of the Beck Depression Inventory have also been examined, reporting a coefficient of 0.92 in one study (Zhang et al., 2019) and 0.91 (Di Tella et al., 2019) and 0.90 (Masters et al., 2021) in other studies. In this research, reliability was examined using Cronbach's alpha, yielding coefficients of 0.92 for the pretest, 0.90 for the posttest, and 0.85 for the follow-up on couples (30 couples).

3. Emotion-Focused Couple Therapy: The sessions of emotion-focused couple therapy were conducted according to the protocol of Johnson (2012) as outlined in the table below.

Table 1. Emotion-focused couple therapy sessions (Johnson, 2012)

Step	Session	Content
Step one: Identification	1	<ul style="list-style-type: none"> - Introduction and acquaintance of group members - Examination of motivation and expectations of sample individuals for participating in therapy sessions - Presentation of the definitions of Emotionally Focused Couples Therapy concepts, sexual satisfaction, sexual expression towards the spouse, and examination of the opinions of couples about these concepts - Discovery of problematic interactions - Evaluation of the ways in which the couples face problems - Identification of individual and interpersonal emotional attachment and engagement barriers - Assessment of marital relationship status, sexual satisfaction, and sexual relationship quality Task: Pay attention to pleasant (joy, pleasure, feeling good, happiness, etc.) and unpleasant (anger, disgust, sadness, jealousy, and anxiety) emotional states.
	2	<ul style="list-style-type: none"> - Evaluation of commitment to the spouse, extramarital relationships, personal attachment trauma that influences current relationships - Evaluation of the couples' fear of revealing secrets Task: Pay attention to the daily interaction cycle between them.
	3	<ul style="list-style-type: none"> - Identifying interaction patterns that include accepting confirmed feelings - Discovering attachment insecurities and fears of each of the couples - Helping the couples to be more open and self-disclosing - Continuing therapy attachment

		Task: Accurately identifying pure emotions, affections, and feelings
Step two: Change	4	<ul style="list-style-type: none"> - Rebuilding the couples' bond, including clarifying key emotional responses - Extending each of the couples' emotional experience in relationships and demonstrating new elements in accepting the negative cycle by the couples - Review and revision of relationships Task: Express pure emotions and affections (without marginalization).
	5	<ul style="list-style-type: none"> - Deepening the couples' emotional involvement based on attachment by increasing attachment needs identification - Deepening personal relationships by emotional experience - Improving psychological and interactional conditions Task: Express pure emotions and affections (without marginalization).
	6	<ul style="list-style-type: none"> - Expanding oneself in relation with others includes determining the fit of therapist-patient pairing with couples' experience - Deepening engagement of couples - Increasing couples' acceptance of their experience - Promoting new interaction methods - Focusing on oneself rather than others Task: Identifying underlying fears and expressing desires and wishes.
	7	<ul style="list-style-type: none"> - Activation includes reconstructing interactions and changing events - Increasing couples' engagement with each other - Clarifying their desires and wishes Task: Determining the strengths and weaknesses of relationship exercises.
Step three: Fixation	8	<ul style="list-style-type: none"> - Finding new solutions to old problems, including rebuilding interactions, changing the behavior of the offending spouse, creating internal and relationship harmony, overcoming obstacles, and positive reactions Task: Finding new ways to old discussions and problems
	9	<ul style="list-style-type: none"> - Using therapeutic achievements in daily life, including intimate involvement of couples, staying on therapy and not going out of it, creating new situations that the couples have made, identifying and supporting constructive interaction patterns, and creating a safe attachment Task: Implementing techniques in daily life environment
	10	<ul style="list-style-type: none"> - Closure, including facilitating the end of therapy sessions - Maintaining changes in interactions in the future - Determining the difference between negative interaction patterns in previous sessions and now - Maintaining emotional involvement to continue strengthening the bond between them.

Implementation

The data collection method involved using scientific and research articles for the library aspect. For the field aspect, sampling among couples visiting counseling centers was done considering that the minimum required sample in experimental and semi-experimental research in each group is at least 15 individuals (Delavar, 2021). Therefore, in this research, each group was considered to consist of 15 couples. In this way, 15 couples (30 individuals) were placed in the emotion-focused couple therapy group and 15 couples

(30 individuals) in the control group. Subsequently, questionnaires on marital burnout, quality of life, and depression were administered as pretests under identical conditions to couples in both groups. After this phase, the experimental groups, having obtained ethical consent for emotion-focused and cognitive-behavioral therapy, and the control group received no intervention from these approaches and continued their usual and daily activities, remaining on the waiting list. After the completion of the training sessions, a posttest was conducted under identical

conditions for both groups. At this stage, both groups responded to posttest questions under similar conditions. Also, a follow-up phase was conducted after 2 months. After collecting data from pretests, posttests, and follow-ups, the collected information was analyzed using appropriate statistical tests.

Results

Before analyzing inferential data, the demographic characteristics of the sample are reported. The mean age of the experimental group was 36.30, and the control group was 37.90. Additionally, both groups were matched in terms of educational level.

Table 2. Descriptive statistics findings

Dependent variables	Stage	Mean				Standard deviation			
		Exp.		Control		Exp.		Control	
		Woman	Man	Woman	Man	Woman	Man	Woman	Man
Physical burnout	Pre-test	21.27	21.13	21.47	21.13	1.03	0.99	0.92	1.19
	Post-test	17.40	17.53	21.47	20.93	1.68	1.88	0.92	1.10
	Follow-up	17.40	17.73	21.47	21.00	1.68	1.71	0.92	1.13
Emotional burnout	Pre-test	31.60	30.27	31.40	30.73	0.63	0.80	0.98	1.10
	Post-test	27.27	26.60	31.33	30.67	1.87	1.80	0.97	1.17
	Follow-up	27.33	26.67	31.40	30.67	1.84	1.76	0.99	1.18
Psychological burnout	Pre-test	33.53	33.47	33.20	33.33	0.74	0.74	1.01	1.18
	Post-test	29.20	29.00	33.00	33.33	1.61	1.01	1.25	1.18
	Follow-up	29.20	29.13	33.07	33.33	1.61	1.06	1.33	1.18
Marital burnout (Total)	Pre-test	86.40	84.87	86.07	85.20	1.45	1.12	1.98	1.90
	Post-test	73.87	73.13	85.80	84.93	3.56	3.23	2.11	1.91
	Follow-up	73.93	73.53	85.93	85.00	3.52	2.92	2.15	1.93
Depression	Pre-test	15.40	15.53	14.67	14.80	0.91	0.92	0.72	0.41
	Post-test	12.60	13.00	14.60	14.73	0.93	0.66	0.83	0.46
	Follow-up	12.67	13.07	14.47	14.73	0.82	0.80	0.74	0.46

The above table displays descriptive results of marital burnout and depression for the experimental group (emotion-focused couple therapy) and control group, delineated by assessment stages (pre-test, post-test, and follow-up) for couples. To determine whether the observed changes in post-test and follow-up are statistically significant, mixed ANOVA was used. This test requires several initial assumptions, including normal distribution of scores and homogeneity of variances, which were first examined. The Shapiro-Wilk test was used to assess normality. Since the Shapiro-Wilk test values were not significant at any stage ($P>0.05$), it can be concluded that the distribution of scores is normal. The Levene's test was used to examine homogeneity of variances. According to the results, the Levene's test statistic was not statistically significant at the three evaluation stages

($P>0.05$), thus confirming the assumption of equal variances. The research data did not challenge the assumption of homogeneity of variance-covariance matrices (Box's M); therefore, this assumption was also met ($P>0.05$). The significance level of the group and pre-test interaction effect was greater than 0.05, indicating homogeneity of regression slopes. Given that the prerequisites for using mixed ANOVA were met, this statistical test was deemed appropriate. Since the significance level of the Mauchly's test for marital burnout and depression was 0.001, the assumption of equal variances was not met, and a deviation from the F-statistical model occurred. Hence, the Greenhouse-Geisser test was used to examine the effects within and between subjects for therapeutic interventions, with results presented in Table 3.

Table 3. Between-group and within groups effects using ANOVA

Dependent variable	Source	F	p	Effect size	Power
Physical burnout	Group	68.571	0.001	0.550	0.999
	Gender	0.305	0.583	0.005	0.084

	Group*Gender	0.+84	0.361	0.015	0.148
Emotional burnout	Group	91.429	0.001	0.620	0.999
	Gender	7.554	0.008	0.119	0.771
	Group*Gender	0.121	0.729	0.002	0.064
Psychological burnout	Group	89.093	0.001	0.614	0.999
	Gender	0.058	0.811	0.001	0.056
	Group*Gender	0.410	0.525	0.007	0.096
Marital burnout (Total)	Group	200.597	0.001	0.782	0.999
	Gender	2.561	0.115	0.044	0.350
	Group*Gender	0.001	1.000	0.001	0.050
Depression	Group	38.180	0.001	0.405	0.999
	Gender	2.499	0.120	0.043	0.342
	Group*Gender	0.186	0.668	0.003	0.071

The results in Table 3 showed that emotion-focused couple therapy significantly reduced marital burnout and depression. Additionally, the gender factor was not significant, indicating the effectiveness of emotion-focused couple therapy on reducing marital

burnout and depression equally in women and men (couples).

A pairwise comparison of the adjusted means for test stages (pre-test, post-test, and follow-up) for scores of marital burnout and depression is presented in the table below.

Table 4. The results of Bonferroni's post-hoc test

Dependent variable	Stage	Adjusted mean	Stages I – Stage J	Mean diff. (I – J)	p
Physical burnout	Pre-test	21.250	Pre-test – Post-test	1.917	0.001
	Post-test	19.333	Pre-test – Follow-up	1.850	0.001
	Follow-up	19.400	Post-test – Follow-up	-0.067	0.300
Emotional burnout	Pre-test	31.000	Pre-test – Post-test	2.033	0.001
	Post-test	28.967	Pre-test – Follow-up	1.983	0.001
	Follow-up	29.017	Post-test – Follow-up	-0.050	0.266
Psychological burnout	Pre-test	33.383	Pre-test – Post-test	2.250	0.001
	Post-test	31.133	Pre-test – Follow-up	2.200	0.001
	Follow-up	31.183	Post-test – Follow-up	-0.050	0.244
Marital burnout (Total)	Pre-test	85.633	Pre-test – Post-test	6.200	0.001
	Post-test	79.433	Pre-test – Follow-up	6.033	0.001
	Follow-up	79.600	Post-test – Follow-up	-0.167	0.051
Depression	Pre-test	15.100	Pre-test – Post-test	1.367	0.001
	Post-test	13.733	Pre-test – Follow-up	1.367	0.001
	Follow-up	13.733	Post-test – Follow-up	0.001	0.999

As the above table indicates, the difference in mean scores between pre-test and post-test (intervention effect) and between pre-test and follow-up (time effect) is more significant than the difference between post-test and follow-up (intervention stability effect). This shows that emotion-focused couple therapy had an impact on reducing marital burnout and depression in the post-test phase, and this effect persisted in the follow-up phase.

Conclusion

The aim of the current research was to examine the effectiveness of emotion-focused couple

therapy in reducing marital burnout and depression among couples. The results indicated that emotion-focused couple therapy significantly reduced marital burnout, aligning with the findings of Greenman & Johnson (2022), Marn et al. (2022), Goodarzi et al. (2021), and Mirlouhian et al. (2021). In explaining these results, it can be said that in emotion-focused couple therapy, emotional skills, defined as the ability to recognize and express emotions as well as empathize with others, increase intimacy and security, and

enhance positive receptiveness to criticism in individuals. This contributes to restoring peace in conflicting marital lives and maintaining and continuing marital relationships. Furthermore, emotion-focused therapy helps couples in marital conflicts to reconnect and strive to reduce turmoil by intervening at the emotional level to foster closeness interactions leading to greater affection and intimate relationships (Greenberg, 2017; cited by Hosseinzadeh et al., 2021). Additionally, emotion-focused couple therapy, by affecting the way couples effectively communicate and familiarizing them with couples' interaction cycles; developing emotional bonds; identifying fears, beliefs, values, and attachment history of couples; recognizing emotions and understanding the relationship between behavior, thoughts, emotions, and attachment needs; creating realistic expectations about marital life, teaching responsible marital life, and ultimately understanding the importance of sexual relations in marital life, especially after marital problems, enhances and improves marital intimacy between couples. Thus, couples experiencing greater intimacy in their marital life feel less burnout and are more sensitive to each other's psychological, sexual, and emotional needs, striving to meet these needs. Therefore, it is logical to say that emotion-focused couple therapy is effective in reducing marital burnout among couples.

Another part of the results showed that emotion-focused couple therapy significantly reduced depression. This finding is consistent with the results of Greenman & Johnson (2022), Marn et al. (2022), Goodarzi et al. (2021), and Mirlouhian et al. (2021). In explaining this result, it can be said that emotion-focused therapy is a therapeutic approach emphasizing the involvement of emotions in persistent maladaptive patterns in distressed couples. This therapy aims to make vulnerable emotions in each partner apparent and facilitate the ability of couples to express these emotions in safe and loving ways. It is believed that processing these emotions in a safe context creates healthier and newer interaction patterns, leading to calmer levels of turmoil, increased affection, intimacy, and ultimately more satisfactory relationships. As emotion is a primary factor in the attachment approach, emotional structures help us predict, explain, react to, and control life experiences. Emotions are not stored in our memory but are revived through the assessment of situational

triggers that activate specific emotional frameworks, leading to particular sets of behaviors. During emotion-focused therapy, such situations are redesigned to allow couples to explore and expand their emotions and then modify their emotions through this new experience. In this way, their emotions become accessible, matured, and reconstructed, used to rebuild their moment-to-moment experiences and behaviors towards each other and others. By undergoing this phase of therapy, couples become aware of their emotions and, in a safe space, express genuine emotions in various life situations, showing new behaviors, thereby increasing their marital satisfaction (Babaei Garmkhani et al., 2017). Having marital satisfaction in the lives of couples means that they meet each other's needs timely and pay less inattention to each other's needs, and this companionship and responsiveness to each other's needs, learned in emotion-focused couple therapy sessions, results in experiencing less depression. Therefore, it is logical to say that emotion-focused couple therapy is effective in reducing depression among couples.

Since this research was conducted only on couples visiting counseling and psychological service centers in Kermanshah, caution should be exercised by researchers and users of these research results in generalizing the findings to couples in other cities due to cultural, ethnic, and social differences. Future research should explore the effectiveness of emotion-focused couple therapy on reducing other couples' problems such as marital incompatibility, divorce requests, conflict management, etc. Research comparing the effectiveness of emotion-focused couple therapy and cognitive-behavioral couple therapy with other couple therapy methods such as integrative systemic couple therapy, acceptance-commitment couple therapy, etc., can yield significant results in understanding treatments and interventions important for improving marital and sexual problems in couples. The follow-up phase in this research was two months; hence, it is recommended that future studies with longer follow-up periods (more than six months or even a year) examine the continuity and sustainability of emotion-focused couple therapy on couples. Theoretically, the results of this research can confirm previous research findings on the effectiveness of emotion-focused couple therapy. Practically, the findings of this research,

considering the greater effectiveness of emotion-focused couple therapy, can be used to develop family-centered therapeutic programs in counseling centers and couple therapy centers. In this regard, it is suggested that counseling and psychological service centers conduct psychological workshops focusing on emotion-focused couple therapy to strengthen the foundation of the family and reduce couples' problems. Additionally, as a practical result, it is suggested that counseling and therapeutic centers, aiming to enhance marital resilience and reduce couples' problems and increase intimate relationships, implement emotion-focused couple therapy courses in group or individual formats for couples, enabling them to be resilient and persistent against marital problems, engage less in problematic marital behaviors, and thus strengthen their quality of life, leading to reduced depression and marital burnout.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

References

- Abbaszadeh, A., Khajounezhad-Khoshli, A., & Asadi, J. (2023). The effectiveness of schema therapy on companion selection-avoidance and marital frustration in infertile women. *Journal of Youth and Adolescent Psychology Studies*, 4(1), 101-112. (In Persian)
- Ajori, M., Amiri, H., Hosseini, S. S., & Afshari-Niya, K. (2021). The effectiveness of group cognitive-behavioral couple therapy on the quality of marital relationships, marital intimacy, and marital depression in women with infidelity experience. *Applied Family Therapy Journal*, 2(4), 52-70. (In Persian)
- Allahyar, A., & Zinali, A. (2020). A model for reducing substance abuse in diabetic adolescents: the roles of depression and stress mediating problem-solving skills and conflict. *Arak University of Medical Sciences Journal*, 23(2), 137-126. (In Persian) (In Persian)
- Allen, S., Hawkins, A. J., Harris, S. M., Roberts, K., Hubbard, A., & Doman, M. (2022). Day-to-day changes and longer-term adjustments to divorce ideation: Marital commitment uncertainty processes over time. *Family Relations*, 71(2), 611-629.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5thed.)*. Washington, DC. American Psychiatric Press
- Arianfar, N., & Rasouli, R. (2019). Comparison of the short-term solution-focused couple therapy with acceptance and commitment-based couple therapy on marital exhaustion in couples. *Applied Psychology Research Quarterly*, 20(1), 47-60. (In Persian)
- Asadpour, I., & Vaisi, S. (2018). Effectiveness of acceptance and commitment therapy on marital satisfaction, self-esteem, and marital frustration in women with type 2 diabetes. *Arak Medical University Journal*, 21(7), 8-17. (In Persian)
- Beck, A. T., Steer, R. A. & Brown, G. K. (1996). *Manual for Beck Depression Inventory-II*. San Antonio, TX: Psychological Corporation
- Bodenmann, G., Kessler, M., Kuhn, R., Hocker, L., & Randall, A. K. (2020). Cognitive-Behavioral and Emotion-Focused Couple Therapy: Similarities and Differences. *Clinical Psychology in Europe*, 2(3), 1-12.
- Catino, M., Rocchi, S., & Marzetti, G. V. (2022). The network of interfamily marriages in Ndrangheta. *Social Networks*, 68(1), 318-329.
- Dabson, K. S., & Mohammakhani, P. (2007). Psychometric properties of the Beck Depression Inventory-II in patients with major depressive disorder. *Rehabilitation Journal*, 8(29), 80-86. (In Persian)
- Darbandi, M., Amini, N., Dirye, A., Mirzaei, K., & Azadi, S. (2022). Comparison of the effectiveness of group behavioral activation therapy and acceptance and commitment therapy on depression and quality of life in people with cancer. *Journal of Youth and Adolescent Psychology Studies*, 3(2), 113-130. (In Persian)
- De Oliveira, L., Carvalho, J., & Nobre, P. (2021). A systematic review on sexual burnout. *The Journal of Sexual Medicine*, 18(3), 565-581.
- Delavar, A. (2022). *Research Methods in Psychology and Educational Sciences (5th ed.)*. Tehran: Virayesh Publication. (In Persian)
- Dew, J., Trujillo, S., & Saxey, M. (2022). Predicting marital financial deception in a national sample: A person-centered approach. *Family Relations*, 1(2), 1-10.
- Di Tella, M., Ghiggia, A., Testa, S., Castelli, L., & Adenzato, M. (2019). The Fear of Pain Questionnaire: Factor structure, validity and reliability of the Italian translation. *PLoS one*, 14(1), e0210757.
- Dollahite, D. C., Marks, L. D., & Wurm, G. J. (2019). Generative devotion: A theory of sacred relational care in families of

- faith. *Journal of Family Theory & Review*, 11(3), 429-448.
- Faro, A., & Pereira, C. R. (2020). Factor structure and gender invariance of the Beck Depression Inventory—second edition (BDI-II) in a community-dwelling sample of adults. *Health Psychology and Behavioral Medicine*, 8(1), 47-62.
- Fotouhi, S., Michaeli, N., Atadokht, A., & Hajloo, N. (2018). A comparison of the effectiveness of emotion-focused couple therapy with narrative couple therapy on marital adjustment and dissatisfaction in conflicting couples. *Journal of Counseling and Psychotherapy Culture*, 9(34), 101-77. (In Persian) (In Persian)
- Godarzi, A. H., Keykhosravani, M., Deirah, E., & Ganji, K. (2021). The effectiveness of emotion-focused therapy on marital dissatisfaction and moral commitment in couples seeking divorce. *Razi Journal of Medical Sciences*, 29(5), 126-117. (In Persian) (In Persian)
- Greenman, P. S., & Johnson, S. M. (2022). Emotionally focused therapy: Attachment, connection, and health. *Current Opinion in Psychology*, 43, 146-150.
- Hamilton, M. A. X. (1967). Development of a rating scale for primary depressive illness. *British journal of social and clinical psychology*, 6(4), 278-296.
- Harasymchuk, C., Lonm, A., Impett, E. A., & Muise, A. (2022). Relational burnout as an obstacle for engaging in exciting shared activities. *Personal Relationships*, 1(1), 1-10.
- Harasymchuk, C., Peetz, J., Fehr, B., & Chowdhury, S. (2021). Worn out relationship? The role of expectations in judgments of relational burnout. *Personal Relationships*, 28(1), 80-98.
- Hatami, N., Heidari, H., & Davoudi, H. (2021). The effectiveness of emotion-focused couple therapy on marital frustration and tendency to divorce in couples seeking divorce. *Women's Research Journal*, 12(35), 23-40. (In Persian)
- Hollist, C. S., Miller, R. B., Falceto, O. G., & Fernandes, C. L. C. (2007). Marital satisfaction and depression: a replication of the Marital Discord Model in a Latino sample. *Family process*, 46(4), 485-498
- Hoseinzadeh, Z., Ghorban Shiroudi, S., Khalatbari, J., & Rahmani, M. A. (2021). Comparison of the effectiveness of emotion-focused couple therapy and reality therapy-based couple therapy on communication beliefs and marital expectations of couples. *Measurement and Research in Counseling and Psychology*, 3(2), 1-13. (In Persian)
- Jenkins, A. I., Fredman, S. J., Le, Y., Mogle, J. A., & McHale, S. M. (2022). Religious Coping and Gender Moderate Trajectories of Marital Love among Black Couples. *Family process*, 61(1), 312-325.
- Johnson, S. M. (2012). *The practice of emotionally focused couple therapy: Creating connection*. Routledge.
- Kamalian, T., Mirza Husseini, H., & Moneirpour, N. (2020). Comparing the effectiveness of emotional schema therapy and self-differentiation method on marital dissatisfaction in women. *Applied Psychology Journal*, 14(1), 33-9. (In Persian) (In Persian)
- Kang, M., Selzer, R., Gibbs, H., Bourke, K., Hudaib, A. R., & Gibbs, J. (2019). Mindfulness-based intervention to reduce burnout and psychological distress, and improve wellbeing in psychiatry trainees: a pilot study. *Australasian Psychiatry*, 27(3), 219-224.
- Lu, F., Huang, X., Xu, E., Chung, C. N., & He, X. (2022). Instrumental love: Political marriage and family firm growth. *Management and Organization Review*, 18(2), 279-318.
- Marren, C., Mikoška, P., O'Brien, S., & Timulak, L. (2022). A qualitative meta-analysis of the clients' experiences of emotion-focused therapy. *Clinical Psychology & Psychotherapy*, 29(5), 1611-1625.
- Meesters, Y., Sijbrandij, J. J., Visser, E., & de Beurs, E. (2021). Sensitivity to change of the Beck Depression Inventory versus the Inventory of Depressive Symptoms. *Journal of Affective Disorders*, 281(2), 338-341.
- Meinitzer, S., Baranyi, A., Holasek, S., Schnedl, W. J., Zelzer, S., Mangge, H., & Enko, D. (2020). Sex-Specific Associations of Trimethylamine-N-Oxide and Zonulin with Signs of Depression in Carbohydrate Malabsorbers and Nonmalabsorbers. *Disease Markers*, 2020.
- Mirlouhian, M., Alizadeh, Z., Zaraee Hosseinzadegan, Z., Ashkar, Z., Bazgooneh, A., & Samkhaniyani, I. (2021). A comparison of the effectiveness of emotion-focused couple therapy and reality therapy in reducing symptoms of depression and cognitive flexibility in couples with marital problems. *Journal of Applied Family Therapy*, 2(2), 269-250. (In Persian) (In Persian)
- Mohammadnejadi, B., Shomali Eskoei, A., & Suleimani, M. (2023). Comparing the effectiveness of metacognitive therapy and a combination of metacognitive therapy with an

- evolutionary approach in reducing depressive symptoms. *Journal of Adolescent and Youth Psychological Studies*, 4(2), 57-45. (In Persian) (In Persian)
- Neff, K. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and identity*, 2(2), 85-101.
- Olson, D. H., Fournier, D. G., & Druckman, J. M. (1987). *Counselor's manual for Prepare/Enrich* (Rev. ed). Minneapolis.
- Pines, A.M. (2003). The female entrepreneur: Burnout treated using a psychodynamic existential approach. *Clinical Case Studies*, 1(2), 170-180.
- Riemann, D., Krone, L. B., Wulff, K., & Nissen, C. (2020). Sleep, insomnia, and depression. *Neuropsychopharmacology*, 45(1), 74-89.
- Sadeghi, M., Khalighi-Gheshlaghni, Z., & Alipour, K. (2022). The effect of gratitude-based education on positive attitude towards spouse and marital frustration in women with marital maladjustments. *Counseling and Psychotherapy Culture Journal*, 13(51), 253-279. (In Persian)
- Safariniya, M., Adab-Doust, F., Shahandeh, M., & Zarei, H. (2022). Predicting marital frustration based on social comparison and marital exchange style. *Psychology Promotion and Growth Journal*, 11(2), 85-94. (In Persian)
- Salehi, H., Jahangiri, A., & Bakhshipour, A. (2021). Comparison of the effectiveness of cognitive-behavioral couple therapy and acceptance and commitment-based couple therapy on reducing marital frustration in couples. *Journal of Community Health*, 15(1), 19-29. (In Persian)
- Shams, S., Heidari, S., & Hasan-Zadeh, R. (2021). Comparison of the effectiveness of mindfulness education and psychological well-being on depression and hope in patients with type 2 diabetes. *Nursing Research Journal*, 16(1), 39-49. (In Persian)
- Sharifi Saki, S., Alipour, A., Aghayousefi, A., Mohammadi, M. R., Ghabari Bonab, B., & Anbiaee, R. (2018). The relationship of self-compassion and patience with depression in women with breast cancer. *Iranian Journal of Breast Disease*, 11(2), 36-45. (In Persian)
- Tang, F., Liang, J., Zhang, H., Kelifa, M. M., He, Q., & Wang, P. (2020). COVID-19 related depression and anxiety among quarantined respondents. *Psychology & health*, 5(5), 1-15.
- Tusa, N., Koponen, H., Kautiainen, H., Korniloff, K., Raatikainen, I., Elfving, P., & Mäntyselkä, P. (2019). The profiles of health care utilization among a non-depressed population and patients with depressive symptoms with and without clinical depression. *Scandinavian journal of primary health care*, 37(3), 312-318.
- Zhang, H., Watson-Singleton, N. N., Pollard, S. E., Pittman, D. M., Lamis, D. A., Fischer, N. L., & Kaslow, N. J. (2019). Self-criticism and depressive symptoms: mediating role of self-compassion. *Omega-Journal of Death and Dying*, 80 (2), 202-223.