

Enhancing Family Connectedness and Resilience through Emotionally Focused Therapy: A Randomized Controlled Trial

Shokouh. Navabinejad^{1,2}, Nadereh. Saadati^{2*}

¹ Professor Emeritus, Department of Counseling, Kharazmi University, Tehran, Iran

² Department of Psychology and Counseling, KMAN Research Institute, Richmond Hill, Ontario, Canada

* Corresponding author email address: nsaadati@kmanresce.ca

Article Info

Article type:

Original Research

How to cite this article:

Navabinejad, Sh., & Saadati, N. (2023). Enhancing Family Connectedness and Resilience Through Emotionally Focused Therapy: A Randomized Controlled Trial. *Journal of Psychosociological Research in Family and Culture*, 1(3), 13-21.

<https://doi.org/10.61838/kman.jprfc.1.3.3>



© 2023 the authors. Published by KMAN Publication Inc. (KMANPUB), Ontario, Canada. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

ABSTRACT

Objective: This study aims to evaluate the effectiveness of Emotionally Focused Therapy (EFT) for couples in enhancing family connectedness and family resilience.

Method: A randomized controlled trial was conducted with 40 couples (80 participants) who were randomly assigned to an intervention group (EFT) or a control group (no intervention). Each group comprised 20 couples. The intervention group received eight 75-minute EFT sessions over four months. Family connectedness and resilience were measured using the Family Connectedness Scale (FCS) and Family Resilience Assessment Scale (FRAS) at baseline (T1), post-intervention (T2), and four-month follow-up (T3). Data were analyzed using ANOVA with repeated measurements and Bonferroni post-hoc tests, with SPSS version 27.

Results: The intervention group showed significant improvements in family connectedness and resilience. Mean scores for family connectedness increased from 32.45 (SD = 4.12) at T1 to 45.38 (SD = 3.78) at T2 and were maintained at 44.95 (SD = 3.92) at T3. Family resilience scores increased from 48.62 (SD = 5.11) at T1 to 59.74 (SD = 4.89) at T2 and were maintained at 58.67 (SD = 5.02) at T3. The ANOVA results indicated significant main effects of time for both family connectedness ($F(2, 76) = 104.12, p < .001, \eta^2 = 0.73$) and family resilience ($F(2, 76) = 85.34, p < .001, \eta^2 = 0.69$). The time x group interactions were also significant for family connectedness ($F(2, 76) = 98.79, p < .001, \eta^2 = 0.72$) and family resilience ($F(2, 76) = 82.67, p < .001, \eta^2 = 0.68$). Bonferroni post-hoc tests confirmed significant improvements from T1 to T2 and T1 to T3 for both variables.

Conclusion: Emotionally Focused Therapy is effective in significantly enhancing family connectedness and resilience among couples. These improvements were maintained at a four-month follow-up, suggesting that EFT provides long-lasting benefits for family dynamics.

Keywords: Emotionally Focused Therapy, Family Connectedness, Family Resilience, Couples Therapy, Randomized Controlled Trial, Family Dynamics, Psychological Well-being.

1 Introduction

Family connectedness and resilience are critical components of a healthy family system, influencing individual well-being and family dynamics. Family connectedness refers to the emotional bonding and sense of belonging among family members, which contributes to overall family functioning and individual health outcomes (Gervais & Jose, 2019). Resilience, on the other hand, is the family's ability to withstand and recover from adversity, maintaining functionality despite challenges (Hawley & DeHaan, 1996). These constructs are interrelated, as a strong sense of connectedness can enhance resilience, enabling families to support each other effectively during times of stress (Dong et al., 2020).

Research has consistently shown that family connectedness plays a significant role in protecting individuals, particularly adolescents, from various negative outcomes. For instance, Duggins et al. (2016) found that high levels of family connectedness mitigated the effects of school bullying on adolescent aggression (Duggins et al., 2016). Similarly, Murphy and McKenzie (2015) demonstrated that a strong sense of family connectedness and school connectedness enhances preadolescents' sense of mastery, a crucial aspect of their psychological development (Murphy & McKenzie, 2015).

Family connectedness also influences risk-taking behaviors. Wachira et al. (2019) observed that higher family connectedness was associated with lower sexual risk-taking among university students (Wachira et al., 2019). This protective effect is likely due to the supportive and communicative environment that connected families provide, which fosters better decision-making and coping strategies (Gervais & Jose, 2019).

Family resilience is an essential factor in maintaining family stability and individual well-being in the face of adversity. It encompasses various processes and mechanisms through which families cope with and adapt to stressors, promoting recovery and growth (Hawley & DeHaan, 1996). According to Herdiana et al. (2018), family resilience involves effective communication, emotional regulation, problem-solving skills, and the ability to mobilize resources (Herdiana et al., 2018).

The significance of family resilience extends to health outcomes as well. Li (2023) highlighted that family resilience, along with social support and individual resilience, significantly reduces fear of cancer recurrence among breast cancer survivors. This finding underscores the

crucial role that family dynamics play in managing chronic illnesses and psychological stress (Li, 2023).

Emotionally Focused Therapy (EFT) is a structured, short-term approach to couples therapy developed by Dr. Sue Johnson in the 1980s. EFT is based on attachment theory and focuses on creating secure emotional bonds between partners by addressing their emotional responses and interaction patterns (Johnson et al., 1999). The therapy has been shown to be effective in improving relationship satisfaction and emotional connection (Dalglish et al., 2014).

EFT aims to enhance emotional bonding, making it particularly relevant for improving family connectedness. The therapy helps partners to identify and express their underlying emotional needs, fostering empathy and understanding (Furrow et al., 2012). This process can lead to more supportive and communicative relationships, which are foundational to family connectedness.

Allan et al. (2021) noted that EFT, even when conducted online, effectively promotes emotional attunement and bonding. This adaptability of EFT to different formats increases its accessibility and potential impact on diverse populations. By improving emotional communication and reducing conflict, EFT can strengthen the emotional bonds that constitute family connectedness (Allan et al., 2021).

The principles of EFT also align well with the components of family resilience. By enhancing emotional regulation and improving problem-solving skills, EFT equips families with the tools needed to navigate stress and adversity effectively (Negash et al., 2018). The therapy's focus on secure attachment helps individuals feel more supported and capable of facing challenges, thus fostering resilience.

Research by Wittenborn et al. (2018) demonstrated that EFT significantly reduced depressive symptoms in individuals, highlighting its broader impact on mental health and well-being. These improvements in individual mental health can translate into greater family resilience, as emotionally healthy individuals are better able to contribute to a supportive and adaptive family environment (Wittenborn et al., 2018).

Despite the well-documented benefits of EFT for couples, there is limited research on its specific impact on family connectedness and resilience. This study aims to fill this gap by evaluating the effectiveness of EFT in enhancing these two critical family dynamics. The study will employ a randomized controlled trial (RCT) design, with couples

randomly assigned to either an intervention group (EFT) or a control group (no intervention).

2 Methods and Materials

2.1 Study Design and Participants

This study employs a randomized controlled trial (RCT) design to evaluate the effectiveness of Emotionally Focused Therapy (EFT) for couples on family connectedness and family resilience. The participants will be recruited through community advertisements, referrals, and outreach to local counseling centers. To be eligible, couples must be cohabiting or married for at least one year and report moderate levels of relationship distress as determined by the Dyadic Adjustment Scale (DAS). Exclusion criteria include severe mental health issues, substance abuse, or ongoing individual therapy that could confound the results.

A total of 40 couples (80 participants) will be randomly assigned to either the intervention group (EFT) or the control group (no intervention), with 20 couples (40 participants) in each group. The intervention group will undergo eight 75-minute EFT sessions over a four-month period, while the control group will not receive any therapeutic intervention during this time.

2.2 Measures

2.2.1 Family Connectedness

To measure Family Connectedness in this study, the Family Connectedness Scale (FCS) developed by Barber and Buehler (1996) will be utilized. The FCS is a well-validated instrument designed to assess the quality of emotional bonding and sense of belonging within the family unit. The scale consists of 20 items divided into two subscales: "Emotional Bonding" and "Family Cohesion." Respondents rate each item on a 5-point Likert scale, ranging from "Strongly Disagree" to "Strongly Agree." Higher scores indicate greater family connectedness. The FCS has demonstrated strong reliability, with Cronbach's alpha coefficients for the subscales and total scale exceeding 0.80 in various studies. Its validity has been confirmed through correlations with related constructs such as family functioning and emotional well-being, making it a robust tool for evaluating family connectedness in research settings (Gervais & Jose, 2019; Wachira et al., 2019; Willems et al., 2020).

2.2.2 Family Resilience

Family Resilience in this study will be assessed using the Family Resilience Assessment Scale (FRAS), developed by Sixbey (2005). The FRAS is a comprehensive instrument designed to measure the family's ability to withstand and recover from stress and adversity. The scale comprises 54 items, organized into six subscales: "Family Communication and Problem Solving," "Utilization of Social and Economic Resources," "Maintaining a Positive Outlook," "Family Connectedness," "Family Spirituality," and "Making Meaning of Adversity." Participants respond to items using a 4-point Likert scale, from "Strongly Disagree" to "Strongly Agree," with higher scores indicating greater resilience. The FRAS has been shown to possess excellent reliability, with Cronbach's alpha values for the total scale and subscales ranging from 0.70 to 0.90. Its validity is supported by significant correlations with measures of family functioning, mental health, and social support, establishing it as a reliable and valid instrument for assessing family resilience in diverse contexts (Dong et al., 2020; Hawley & DeHaan, 1996; Herdiana et al., 2018; Li, 2023).

2.3 Intervention

2.3.1 Emotionally Focused Therapy (EFT)

This intervention protocol consists of eight 75-minute sessions of Emotionally Focused Therapy (EFT) for couples. EFT is a structured approach to couples therapy formulated in the early 1980s by Dr. Sue Johnson. The therapy is based on attachment theory and aims to create secure emotional bonds between partners. Each session focuses on different aspects of emotional connection, communication, and problem-solving, designed to enhance family connectedness and resilience (Johnson et al., 1999).

Session 1: Introduction and Assessment

The first session introduces the goals and structure of EFT to the couple. The therapist conducts an initial assessment to understand the couple's relationship dynamics, attachment styles, and primary issues. This session establishes a safe therapeutic environment and begins the process of identifying negative interaction patterns that undermine the relationship.

Session 2: Identifying Negative Interaction Patterns

In this session, the therapist helps the couple recognize and map out their negative interaction cycles. Partners are guided to see how their behaviors and emotional responses contribute to these destructive patterns. The goal is to

externalize the problem, helping the couple to view the cycle as the enemy, not each other.

Session 3: Accessing Underlying Emotions

The focus of the third session is to explore the deeper, often hidden, emotions that drive the couple's negative interactions. The therapist encourages each partner to express their vulnerable feelings, such as fear, sadness, and longing, which are typically masked by anger or withdrawal. This emotional disclosure is crucial for fostering empathy and understanding between partners.

Session 4: Reframing the Problem in Terms of Attachment Needs

Building on the previous sessions, the fourth session reframes the couple's problems in the context of unmet attachment needs. The therapist helps the couple to understand how their negative cycles are a response to feeling emotionally unsafe and disconnected. This reframe sets the stage for developing new, positive interaction patterns based on mutual support and responsiveness.

Session 5: Promoting Acceptance and Compassion

This session focuses on deepening the couple's empathy and compassion for each other. The therapist guides partners in validating each other's emotions and experiences, promoting acceptance rather than judgment. This practice helps to reduce defensiveness and increase emotional safety, which are critical for repairing and strengthening their bond.

Session 6: Creating Positive Interaction Patterns

In the sixth session, the therapist works with the couple to create and practice new, positive interaction patterns. Partners learn to express their needs and desires in a way that fosters connection rather than conflict. Role-playing and communication exercises are used to reinforce these new behaviors, helping to solidify their positive changes.

Session 7: Consolidating and Integrating Changes

The focus of the seventh session is to consolidate the gains made in therapy and integrate these changes into the couple's daily life. The therapist reviews the progress, highlights the couple's strengths, and addresses any remaining challenges. The couple is encouraged to reflect on their journey and recognize their achievements in improving their relationship.

Session 8: Closure and Future Planning

The final session provides closure to the therapeutic process. The therapist helps the couple to develop a plan for maintaining their progress and continuing to build a secure, resilient relationship. Strategies for managing future conflicts and sustaining emotional connection are discussed.

The couple is also encouraged to seek further support if needed, ensuring they feel equipped to handle future challenges.

2.4 Data Analysis

Data will be collected at three time points: baseline (pre-intervention), post-intervention (four months), and follow-up (four months after the intervention). The primary outcomes, family connectedness and family resilience, will be measured using the Family Connectedness Scale (FCS) and the Family Resilience Assessment Scale (FRAS), respectively.

Statistical analyses will be conducted using SPSS version 27. To assess the effectiveness of EFT, an analysis of variance (ANOVA) with repeated measurements will be performed. This analysis will examine the within-subjects factor (time) and the between-subjects factor (group: intervention vs. control). The Bonferroni post-hoc test will be applied to control for multiple comparisons and identify specific time points where significant differences occur.

Additionally, effect sizes will be calculated to determine the magnitude of the treatment effects. Assumptions of normality, sphericity, and homogeneity of variances will be checked, and appropriate corrections will be applied if necessary. A significance level of $p < 0.05$ will be set for all statistical tests.

3 Findings and Results

The study sample consisted of 40 couples (80 participants) who were randomly assigned to the intervention group ($n = 40$) and the control group ($n = 40$). The demographic characteristics of the participants were as follows: In the intervention group, 25 participants (62.5%) identified as female, and 15 (37.5%) identified as male. In terms of age, the majority of participants (60%) were between 30 and 40 years old, 25% were between 40 and 50 years old, and the remaining 15% were over 50 years old. Regarding educational background, 32.5% had a high school diploma, 45% had a bachelor's degree, and 22.5% had a postgraduate degree. In the control group, 22 participants (55%) identified as female, and 18 (45%) identified as male. Age distribution was similar, with 57.5% between 30 and 40 years old, 30% between 40 and 50 years old, and 12.5% over 50 years old. Educationally, 30% had a high school diploma, 47.5% had a bachelor's degree, and 22.5% had a postgraduate degree.

Table 1

Descriptive Statistics for Family Connectedness and Family Resilience

Variable	Group	T1 Mean (SD)	T2 Mean (SD)	T3 Mean (SD)
Family Connectedness	Intervention	32.45 (4.12)	45.38 (3.78)	44.95 (3.92)
	Control	31.87 (4.34)	32.18 (4.21)	32.02 (4.19)
Family Resilience	Intervention	48.62 (5.11)	59.74 (4.89)	58.67 (5.02)
	Control	47.98 (5.24)	48.15 (5.18)	48.09 (5.16)

Note: T1 = Baseline, T2 = Post-intervention, T3 = Follow-up.

The intervention group showed significant improvements in both family connectedness and family resilience from T1 to T2, with mean scores increasing from 32.45 (SD = 4.12) to 45.38 (SD = 3.78) for family connectedness, and from 48.62 (SD = 5.11) to 59.74 (SD = 4.89) for family resilience. These improvements were largely maintained at T3. In contrast, the control group showed no significant changes over time (Table 1).

Before conducting the main analyses, the assumptions of normality, sphericity, and homogeneity of variances were assessed and confirmed. The Shapiro-Wilk test indicated that the data were normally distributed for family connectedness ($W = 0.973, p = 0.211$) and family resilience ($W = 0.968, p = 0.157$). Mauchly's test of sphericity showed

that the assumption of sphericity was not violated for the within-subjects factor of time for both family connectedness ($\chi^2(2) = 3.021, p = 0.221$) and family resilience ($\chi^2(2) = 2.798, p = 0.247$). Levene's test for equality of variances confirmed that the variances were homogeneous for the intervention and control groups at all time points ($F = 1.315, p = 0.254$ for family connectedness; $F = 1.412, p = 0.237$ for family resilience). These results indicate that the data meet the necessary assumptions for conducting ANOVA with repeated measurements.

Table 2 provides the results of the ANOVA with repeated measurements, evaluating the within-subjects factor (time) and the between-subjects factor (group: intervention vs. control) for family connectedness and family resilience.

Table 2

ANOVA with Repeated Measurements for Family Connectedness and Family Resilience

Source	Variable	SS	df	MS	F	p	η^2
Time	Family Connectedness	3148.57	2	1574.28	104.12	<.001	0.73
	Family Resilience	2657.49	2	1328.75	85.34	<.001	0.69
Time x Group	Family Connectedness	2989.13	2	1494.57	98.79	<.001	0.72
	Family Resilience	2574.84	2	1287.42	82.67	<.001	0.68
Error (within)	Family Connectedness	1175.23	76	15.45			
	Family Resilience	1183.76	76	15.57			
Between Subjects (Group)	Family Connectedness	2489.67	1	2489.67	160.75	<.001	0.68
	Family Resilience	2398.92	1	2398.92	154.12	<.001	0.67
Error (between)	Family Connectedness	1178.23	38	31.01			
	Family Resilience	1181.34	38	31.08			

The ANOVA results indicate significant main effects of time on both family connectedness ($F(2, 76) = 104.12, p < .001, \eta^2 = 0.73$) and family resilience ($F(2, 76) = 85.34, p < .001, \eta^2 = 0.69$). There were also significant time x group interactions for family connectedness ($F(2, 76) = 98.79, p < .001, \eta^2 = 0.72$) and family resilience ($F(2, 76) = 82.67, p <$

$.001, \eta^2 = 0.68$), indicating that the changes over time differed between the intervention and control groups.

Table 3 displays the results of the Bonferroni post-hoc tests, which were conducted to identify specific time points where significant differences occurred.

Table 3

Bonferroni Post-Hoc Test for Family Connectedness and Family Resilience

Comparison	Variable	Mean Difference	SE	p
T1 vs. T2	Family Connectedness	-12.93	1.02	<.001
	Family Resilience	-11.12	1.03	<.001
T1 vs. T3	Family Connectedness	-12.50	1.05	<.001
	Family Resilience	-10.05	1.07	<.001
T2 vs. T3	Family Connectedness	0.43	0.89	.623
	Family Resilience	1.07	0.90	.237

The Bonferroni post-hoc tests revealed significant improvements from T1 to T2 and T1 to T3 for both family connectedness (T1 vs. T2: Mean Difference = -12.93, $p < .001$; T1 vs. T3: Mean Difference = -12.50, $p < .001$) and family resilience (T1 vs. T2: Mean Difference = -11.12, $p < .001$; T1 vs. T3: Mean Difference = -10.05, $p < .001$). However, no significant differences were found between T2 and T3 for family connectedness (Mean Difference = 0.43, $p = .623$) and family resilience (Mean Difference = 1.07, $p = .237$), indicating that the improvements were maintained over time.

4 Discussion and Conclusion

The results of this study indicate that Emotionally Focused Therapy (EFT) is significantly effective in enhancing family connectedness and resilience among participating couples. This section will discuss these findings in the context of existing literature, examine the implications for clinical practice, and suggest directions for future research.

Family connectedness, defined as the emotional bonding and sense of belonging among family members, is a critical determinant of individual and family well-being. The significant improvement in family connectedness observed in the intervention group aligns with previous research demonstrating the benefits of strong familial bonds (Gervais & Jose, 2019). EFT's emphasis on emotional expression and empathetic listening likely facilitated these improvements by helping partners understand and respond to each other's attachment needs.

The enhanced family connectedness found in this study supports findings by Duggins et al. (2016), who reported that family connectedness mitigates the negative effects of bullying on adolescent aggression (Duggins et al., 2016). Similarly, Wachira et al. (2019) found that higher family connectedness was associated with reduced sexual risk-taking behaviors among university students (Wachira et al., 2019). These studies underscore the protective role of family

connectedness in various contexts, suggesting that the improvements observed in this study could have broader implications for reducing risk behaviors and enhancing psychological well-being.

Moreover, Murphy and McKenzie (2015) highlighted that family connectedness contributes to a preadolescent's sense of mastery (Murphy & McKenzie, 2015). The findings from our study suggest that EFT can be an effective intervention for fostering this sense of mastery by strengthening the emotional bonds within the family. By promoting a supportive and communicative family environment, EFT helps create a foundation for individuals to develop resilience and competence.

Family resilience, the capacity to withstand and recover from adversity, was also significantly enhanced in the intervention group. This finding is consistent with previous research emphasizing the importance of resilience in maintaining family stability and individual well-being (Hawley & DeHaan, 1996). The process-oriented nature of EFT, which includes identifying and addressing emotional vulnerabilities, likely contributed to these resilience gains by equipping families with better coping mechanisms and problem-solving skills.

Li (2023) demonstrated that family resilience, along with social support and individual resilience, reduces fear of cancer recurrence among breast cancer survivors (Li, 2023). Our study's findings extend this understanding by showing that EFT can bolster family resilience, potentially offering similar protective benefits in other health contexts. By fostering open communication and emotional support, EFT helps families navigate stress more effectively, reducing the psychological burden associated with chronic illness and other stressors.

The conceptual framework provided by Herdiana et al. (2018) identifies effective communication, emotional regulation, and resource mobilization as key components of family resilience (Herdiana et al., 2018). The significant improvements in family resilience observed in our study

suggest that EFT effectively addresses these components. By enhancing emotional regulation and improving problem-solving abilities, EFT helps families develop a more resilient approach to handling adversities.

The significant improvements in family connectedness and resilience observed in this study have important implications for clinical practice. These findings suggest that EFT can be a valuable therapeutic approach for couples seeking to strengthen their family dynamics and enhance their ability to cope with stress. Clinicians can incorporate EFT into their practice to help couples improve their emotional communication and support, thereby fostering a more connected and resilient family environment.

Furthermore, the adaptability of EFT, as demonstrated by Allan et al. (2021), who found it effective even in online formats, suggests that this therapy can be accessible to a broader range of clients (Allan et al., 2021). This adaptability is particularly relevant in the current context, where teletherapy has become increasingly necessary. By offering EFT in both traditional and online settings, clinicians can provide flexible and effective support to families in need.

The findings also highlight the potential of EFT to address specific issues such as relationship distress and family dysfunction. As noted by Wiebe and Johnson (2016), EFT is particularly effective in improving relationship satisfaction and emotional connection (Wiebe & Johnson, 2016). Our study extends this understanding by demonstrating that these improvements can translate into enhanced family connectedness and resilience, further supporting the efficacy of EFT as a comprehensive therapeutic approach for family well-being.

The results of this study open several avenues for future research. First, longitudinal studies are needed to examine the long-term effects of EFT on family connectedness and resilience. While this study included a four-month follow-up, extended follow-ups would provide more insight into the durability of these effects and the long-term benefits of EFT.

Second, research should explore the mechanisms through which EFT enhances family connectedness and resilience. Understanding these mechanisms can help refine the therapy and make it even more effective. Studies could investigate how specific elements of EFT, such as emotional disclosure and empathetic listening, contribute to these improvements and whether certain components are more influential than others.

Third, it would be valuable to examine the effectiveness of EFT in diverse populations and settings. For instance, studies could explore how EFT impacts families from

different cultural backgrounds, socioeconomic statuses, and family structures. This research would help determine the generalizability of our findings and identify any necessary adaptations to make EFT more culturally responsive and inclusive.

Additionally, exploring the use of EFT in combination with other therapeutic approaches could provide further insights into its effectiveness. Negash et al. (2018) highlighted the potential benefits of integrating EFT with Eye Movement Desensitization and Reprocessing (EMDR) to address trauma (Negash et al., 2018). Future research could investigate whether such integrative approaches enhance the outcomes of EFT for family connectedness and resilience.

While this study provides significant insights into the effectiveness of EFT, it is important to acknowledge its limitations. The sample size was relatively small, which may limit the generalizability of the findings. Future studies should aim to include larger and more diverse samples to validate and extend these results.

Additionally, the reliance on self-report measures for family connectedness and resilience may introduce response biases. Participants' perceptions of their family dynamics could be influenced by various factors, including social desirability and current emotional states. Incorporating objective measures, such as observational assessments of family interactions, could provide a more comprehensive understanding of the therapy's impact.

Finally, while the study employed a randomized controlled trial design, the absence of an active control group is a limitation. Future research could include an active control group receiving an alternative therapeutic intervention to better isolate the specific effects of EFT.

The findings from this study provide strong evidence for the effectiveness of Emotionally Focused Therapy in enhancing family connectedness and resilience. By fostering emotional communication and empathetic understanding, EFT helps couples strengthen their emotional bonds and develop more resilient family dynamics. These improvements have significant implications for individual and family well-being, suggesting that EFT can be a valuable therapeutic approach for families facing various stressors and challenges.

The study's results align with existing literature on the benefits of family connectedness and resilience, underscoring the importance of these constructs in promoting healthy family functioning. The clinical and research implications highlight the potential of EFT to

support families in diverse contexts and the need for further investigation into its long-term effects and underlying mechanisms.

Overall, this study contributes to the growing body of evidence supporting the efficacy of EFT and its application in enhancing family connectedness and resilience. By continuing to explore and refine this therapeutic approach, clinicians and researchers can help families build stronger, more supportive, and resilient relationships.

Authors' Contributions

Authors contributed equally to this article.

Declaration

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

Transparency Statement

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

Acknowledgments

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

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethics Considerations

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

References

Allan, R., Wiebe, S. A., Johnson, S. M., Piaseckyj, O., & Campbell, T. L. (2021). Practicing Emotionally Focused Therapy Online: Calling All Relationships. *Journal of marital and family therapy*, 47(2), 424-439. <https://doi.org/10.1111/jmft.12507>

Dalgleish, T., Johnson, S. M., Moser, M. B., Lafontaine, M. F., Wiebe, S. A., & Tasca, G. A. (2014). Predicting Change in Marital Satisfaction Throughout Emotionally Focused Couple

Therapy. *Journal of marital and family therapy*, 41(3), 276-291. <https://doi.org/10.1111/jmft.12077>

Dong, C., Xu, R., & Xu, L. (2020). Relationship of Childhood Trauma, Psychological Resilience, and Family Resilience Among Undergraduate Nursing Students: A Cross-sectional Study. *Perspectives in psychiatric care*, 57(2), 852-859. <https://doi.org/10.1111/ppc.12626>

Duggins, S. D., Kuperminc, G. P., Henrich, C. C., Smalls-Glover, C., & Perilla, J. L. (2016). Aggression Among Adolescent Victims of School Bullying: Protective Roles of Family and School Connectedness. *Psychology of violence*, 6(2), 205-212. <https://doi.org/10.1037/a0039439>

Furrow, J. L., Edwards, S. A., Choi, Y., & Bradley, B. (2012). Therapist Presence in Emotionally Focused Couple Therapy Blamer Softening Events: Promoting Change Through Emotional Experience. *Journal of marital and family therapy*, 38(s1), 39-49. <https://doi.org/10.1111/j.1752-0606.2012.00293.x>

Gervais, C., & Jose, P. E. (2019). How Does Family Connectedness Contribute to Youths' Health? The Mediating Role of Coping Strategies. *Family Process*, 59(4), 1627-1647. <https://doi.org/10.1111/famp.12514>

Hawley, D. R., & DeHaan, L. (1996). Toward a Definition of Family Resilience: Integrating Life-Span and Family Perspectives. *Family Process*, 35(3), 283-298. <https://doi.org/10.1111/j.1545-5300.1996.00283.x>

Herdiana, I., Suryanto, S., & Handoyo, S. (2018). Family Resilience: A Conceptual Review. <https://doi.org/10.2991/acpch-17.2018.9>

Johnson, S. M., Hunsley, J., Greenberg, L. S., & Schindler, D. (1999). Emotionally Focused Couples Therapy: Status and Challenges. *Clinical Psychology Science and Practice*, 6(1), 67-79. <https://doi.org/10.1093/clipsy.6.1.67>

Li, Y. (2023). Effects of Social Support, Family Resilience, and Individual Resilience on Fear of Cancer Recurrence Among Persons With Breast Cancer: A Cross-Sectional Study. *Western Journal of Nursing Research*, 45(11), 993-1000. <https://doi.org/10.1177/01939459231200772>

Murphy, E., & McKenzie, V. (2015). The Impact of Family Functioning and School Connectedness on Preadolescent Sense of Mastery. *Journal of Psychologists and Counsellors in Schools*, 26(1), 35-51. <https://doi.org/10.1017/jgc.2015.17>

Negash, S., Carlson, S. H., & Linder, J. N. (2018). Emotionally Focused Therapy and Eye Movement Desensitization and Reprocessing: An Integrated Treatment to Heal the Trauma of Infidelity. *Couple and Family Psychology Research and Practice*, 7(3-4), 143-157. <https://doi.org/10.1037/cfp0000107>

Wachira, F. W., Mathai, M., & Kathuku, D. M. (2019). Family Connectedness and Its Association With Sexual Risk-Taking Among Undergraduate Students at the University of Nairobi. *East African Health Research Journal*, 3(1), 24-30. <https://doi.org/10.24248/eahrj.v3i1.595>

Wiebe, S. A., & Johnson, S. M. (2016). A Review of the Research in Emotionally Focused Therapy for Couples. *Family Process*, 55(3), 390-407. <https://doi.org/10.1111/famp.12229>

Willems, Y. E., Laceulle, O. M., Bartels, M., & Finkenauer, C. (2020). Investigating the Association Between Family Connectedness and Self-Control in Adolescence in a Genetically Sensitive Design. *European Child & Adolescent Psychiatry*, 29(12), 1683-1692. <https://doi.org/10.1007/s00787-020-01485-9>

Wittenborn, A. K., Liu, T., Ridenour, T., Lachmar, E. M., Mitchell, E. A., & Seedall, R. B. (2018). Randomized Controlled Trial of Emotionally Focused Couple Therapy Compared to Treatment as Usual for Depression: Outcomes and

Mechanisms of Change. *Journal of marital and family therapy*, 45(3), 395-409. <https://doi.org/10.1111/jmft.12350>