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The Effectiveness of Emotion-Focused Therapy on Attachment Disorders in Cancer Patients at Milad Hospital, Isfahan

Marzieh. Asadi Kashani[1], Siamak. Samani[2*], Nadereh. Sohrabi Shegefti[3]

[1] Ph.D. Student, Department of Psychology, Marvdasht Branch, Islamic Azad University, Marvdasht, Iran
[2] Professor, Department of Psychology, Shiraz Branch, Islamic Azad University, Shiraz, Iran
[3] Associate Professor, Department of Psychology, Marvdasht Branch, Islamic Azad University, Marvdasht, Iran

*** Corresponding author email address**: samanisiamak@gmail.com

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A B S T R A C T

The aim of this study is to investigate the effectiveness of emotion-focused therapy (EFT) on attachment disorders in cancer patients at Milad Hospital, Isfahan. Attachment, as an internal working model, is considered a key factor in regulating individuals' psychological security, and its disorders can lead to serious psychological and physical problems in cancer patients. This study employed a quasi-experimental pre-test and post-test design with a control group. The research sample consisted of 40 cancer patients with insecure attachment styles, who were randomly assigned to experimental (EFT) and control (no intervention) groups. Emotion-focused therapy was conducted in 10 group sessions, each lasting 45 minutes. The measurement tool used was the Hazan and Shaver Attachment Styles Questionnaire. The results of covariance analysis indicated that emotion-focused therapy significantly reduced avoidant and ambivalent attachment and increased secure attachment in the experimental group compared to the control group. The findings suggest that emotion-focused therapy can have a significant impact on improving the attachment status of cancer patients. These results are consistent with previous studies and highlight the importance of considering non-pharmacological psychological therapies to enhance the quality of life in cancer patients. Finally, it is recommended that emotion-focused therapy be incorporated into cancer treatment programs to reduce psychological issues and improve the patients' mental and social well-being.

Keywords: *Emotion-focused therapy, attachment, cancer patients, attachment style, mental health.*

1. Introduction

Attachment is defined as an internal working model and a set of beliefs or feelings about the security of relationships, which develops during childhood through interactions with others (Rezagholiyan et al., 2025; Tang, 2024). Bowlby believed that attachment theory is not merely a theory of child development but rather a lifespan developmental theory. This theory posits that the nature of the mother-child relationship in the early years of life, the

accessibility of the mother, the level of maternal support during perceived threats, maternal sensitivity, and the role of the mother as a secure base determine an individual's attachment style (Ierardi et al., 2024; Kashani Vahid et al., 2024). Ainsworth expanded Bowlby's theory and categorized attachment styles into three types: secure, insecure-avoidant, and insecure-ambivalent (Eichenberg, 2024; Wharton & Marcano-Olivier, 2023).

Hazan and Shaver (1994) argued that adults with secure attachment exhibit higher self-confidence, better social skills, a greater ability to establish emotional intimacy, and relatively stable and satisfying relationships. In contrast, individuals with insecure-avoidant attachment may be interested in forming emotional and intimate relationships but tend to avoid long-term commitments and have lower social skills (Kaur, 2024; Khorrami Nobandi & Yaghoubi Pour, 2024). On the other hand, individuals with insecure-ambivalent attachment hold a negative self-view and fear rejection in relationships. They use attachment activation strategies to regulate their emotions, such as intense needs for care and dependent behaviors toward others, aiming to gain attention and support from attachment figures (Stöven & Herzberg, 2023; Sun & Miller, 2023).

Insecure attachment styles can negatively impact mental and physical health through maladaptive conflict resolution strategies, whereas secure attachment has a direct and indirect positive effect on mental health (Salimi et al., 2023; Smkhani Akbarinejhad et al., 2023). Therefore, insecure attachment disorders may contribute significantly to the development of psychological and physical issues such as cancer. Numerous researchers have conducted quasi-experimental studies to evaluate the effectiveness of various therapeutic interventions aimed at reducing attachment-related disorders in adults. Several non-pharmacological treatments are available to address attachment disorders effectively (Ardakhani & Seadatee Shamir, 2022; Vedelago et al., 2023).

One of the most contemporary and effective therapeutic approaches for reducing psychological disorders in adulthood is emotion-focused therapy (EFT). The emotion-focused approach has a positive orientation toward human nature, emphasizing that human beings are more than just instincts, conditioning, or past experiences. Humans have the ability to make choices and decisions and possess the capacity for awareness, creativity, and growth. Motivation also plays a significant role in this approach, portraying humans as dynamic, self-organizing systems that constantly interact with their environment and can adapt or modify it to align with their needs. This approach integrates elements from modern humanistic theories such as Rogers' person-centered therapy and Perls' Gestalt therapy, while also drawing influences from Satir's experiential approach, existential theory, emotion theory, and attachment theory (Badihi Zeraati & Mosavi, 2016; Roghayyeh & Farnoush, 2017; Zarati & Mousavi, 2016).

Attachment disorders are among the most prevalent psychological issues in cancer patients, adversely affecting various aspects of their lives (Bacalhau et al., 2020; McLean & Hales, 2010). The significance of this study lies in its examination of therapeutic factors that contribute to improving attachment disorders in cancer patients. By evaluating the effectiveness of this therapeutic approach, the study aims to enhance treatment methods for this patient population. Considering the aforementioned points, the present study aimed to determine the effectiveness of emotion-focused therapy on attachment disorders in cancer patients at Milad Hospital, Isfahan.

2. Methods and Materials

2.1. Study Design and Participants

The present study is a fully experimental pre-test and post-test design with a control group and random assignment. The statistical population consisted of cancer patients undergoing chemotherapy at Milad Hospital in Isfahan in 2024. Using a convenience sampling method, the attachment questionnaire was distributed among 120 cancer patients undergoing chemotherapy at Milad Hospital. From this group, 40 patients with insecure attachment styles were selected and randomly assigned to two groups: 20 participants in the control group (no intervention) and 20 participants in the emotion-focused therapy (EFT) group.

In this study, after obtaining the necessary approvals from the university and the hospital security department, arrangements were made to visit the hospital and meet with the patients. Following the hospital's approval, the questionnaires were distributed among the patients. The questionnaires were administered twice—once as a pre-test before participating in the therapy sessions, and once as a post-test after the sessions to assess their effectiveness. The data collection method used in this study was self-reporting. At the beginning of each questionnaire, a brief description was provided for participants to read before responding. After collecting the completed questionnaires, each was carefully reviewed to ensure accurate responses. The necessary data for evaluating the research objectives and

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hypotheses were extracted from the questionnaires and subjected to statistical analysis.

2.2. Measures

2.2.1. Attachment Styles

This scale was developed based on the attachment measure by Hazan and Shaver (Hazan, 1990). It consists of three attachment styles: secure, avoidant, and ambivalent, assessed through 21 items on a 5-point Likert scale (1 = never; 2 = rarely; 3 = sometimes; 4 = often; 5 = always). The Cronbach's alpha coefficients for the secure, avoidant, and ambivalent subscales in a female student sample were 0.74, 0.71, and 0.69, respectively; for a male student sample, the coefficients were 0.73, 0.71, and 0.72, respectively, indicating the internal consistency of the adult attachment scale. In the second section of the scale, participants select one of three options that best describes their attachment style. The correlation coefficients between participants' scores on the two sections of the scale were 0.85 for female and 0.87 for male participants. The content validity of the adult attachment scale was assessed by calculating correlation coefficients between scores assigned by four psychology experts. The correlation coefficients ranged from 0.73 to 0.76 for secure attachment, 0.60 to 0.76 for avoidant attachment, and 0.63 to 0.87 for ambivalent attachment, all of which were statistically significant at alpha levels of 0.05 and 0.01 (Rezagholiyan et al., 2025). In the present study, the reliability of this instrument was calculated using Cronbach's alpha, resulting in a coefficient of 0.78.

2.3. Interventions

2.3.1. Emotion-Focused Therapy

The emotion-focused therapy sessions were conducted for the experimental group over ten 45-minute sessions, while no intervention was provided for the control group.

Session 1: Introduction and Establishing Rapport

The first session focuses on introducing the therapy framework and building rapport with the participants. An initial assessment of the nature of the problem is conducted, including an exploration of clients' expectations and concerns. The therapist provides an overview of the therapeutic approach, explaining the rationale for emotion-focused therapy and introducing the general rules and expectations for the sessions. A pre-test is administered to evaluate the baseline levels of attachment insecurity and emotional distress.

Session 2: Identifying Problematic Interactions

In this session, the therapist helps clients identify their maladaptive interaction patterns and recognize the negative cycles that maintain their attachment difficulties. A thorough assessment of attachment-related issues and potential barriers to emotional connection is conducted. The session aims to create a therapeutic alliance by fostering an understanding of how attachment-related behaviors influence emotional well-being.

Session 3: Exploring Core Emotional Experiences

Clients are encouraged to explore significant emotional experiences related to attachment, acknowledging previously unvalidated core emotions. The therapist assists in clarifying key emotional responses and guiding clients in recognizing their role within the attachment cycle. Clients begin to accept their emotional responses and take ownership of their interactions.

Session 4: Expression and Acceptance of Emotions

This session focuses on helping clients express and accept their emotions in a safe and supportive environment. The therapist facilitates a deeper engagement with emotional experiences, enhancing clients' ability to stay present with their feelings. The goal is to promote a deeper emotional involvement and foster adaptive methods of interaction.

Session 5: Reconstructing Interactions and Reframing Events

Clients work on reconstructing their interaction patterns and reframing past events from a new emotional perspective. Symbolization of desires and aspirations is encouraged, and clients explore new ways to address old problems. The session aims to build resilience and empower clients to develop healthier interaction patterns.

Session 6: Developing Emotional Intimacy

Clients are guided toward engaging in emotionally intimate interactions with the therapist and others. They are encouraged to accept new relational experiences and begin to create a narrative that reflects a positive and hopeful future. The session aims to foster a sense of security and emotional connection.

Session 7: Expressing Needs and Attachment Patterns

Emphasis is placed on the importance of expressing needs and desires in relationships. The therapist uses tracking and reflective techniques to help clients recognize their attachment styles and how these influence their interactions with others. Clients practice articulating their emotional needs more effectively.

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Session 8: Self-Focus and Encouragement of Needs

This session encourages clients to focus on themselves and recognize their emotional needs. The therapist supports clients in identifying their core needs and promotes self-compassion and self-awareness. Encouragement is provided to help clients prioritize their emotional well-being.

Session 9: Redefining Interpersonal Interactions

Clients learn to replace negative interaction cycles with positive ones. The therapist assists in designing new interpersonal interaction strategies that promote emotional security and healthier relationships. Clients explore innovative solutions to previously unresolved issues.

Session 10: Review and Integration of Changes

The final session involves a comprehensive review of the progress made throughout the therapy. Clients summarize their learnings, engage in interactive and constructive dialogues, and are encouraged to internalize and sustain the changes achieved. The therapist provides strategies for maintaining emotional growth beyond therapy.

2.4. Data Analysis

The data analysis in this study was carried out in two sections: descriptive and inferential statistics. In the descriptive analysis, mean, standard deviation, tables, and charts were used. In inferential analysis, multivariate and univariate covariance analysis was conducted using SPSS software.

3. Findings and Results

Table 1 presents the mean and standard deviation of attachment styles in the experimental (emotion-focused therapy) and control groups at the pre-test and post-test stages. In the pre-test stage, the mean score for avoidant attachment in the control group was 22.00 (SD = 4.31), while in the experimental group, it was slightly higher at 23.90 (SD = 2.51). In the post-test stage, the avoidant attachment score in the control group remained relatively stable at 22.25 (SD = 3.62), whereas it decreased significantly in the experimental group to 16.50 (SD = 3.06). Similarly, for secure attachment, the pre-test mean scores were 12.50 (SD = 4.39) in the control group and 12.25 (SD = 3.59) in the experimental group, with post-test scores showing a minor decrease to 12.15 (SD = 3.63) in the control group and a significant increase to 20.20 (SD = 3.56) in the experimental group. In the case of ambivalent attachment, pre-test mean scores were 22.05 (SD = 4.37) in the control group and 23.55 (SD = 2.39) in the experimental group, while post-test scores slightly decreased to 22.10 (SD = 3.65) in the control group and significantly declined to 17.50 (SD = 3.55) in the experimental group. These findings indicate that emotion-focused therapy led to a notable reduction in avoidant and ambivalent attachment styles and a significant improvement in secure attachment compared to the control group.

Table 1

Mean and Standard Deviation of Attachment Styles in the Experimental and Control Groups at Pre-test and Post-test Stages

Variable	Stage	Group	Mean	Standard Deviation
Avoidant Attachment	Pre-test	Control	22.00	4.31
		Emotion-Focused Therapy	23.90	2.51
	Post-test	Control	22.25	3.62
		Emotion-Focused Therapy	16.50	3.06
Secure Attachment	Pre-test	Control	12.50	4.39
		Emotion-Focused Therapy	12.25	3.59
	Post-test	Control	12.15	3.63
		Emotion-Focused Therapy	20.20	3.56
Ambivalent Attachment	Pre-test	Control	22.05	4.37
		Emotion-Focused Therapy	23.55	2.39
	Post-test	Control	22.10	3.65
		Emotion-Focused Therapy	17.50	3.55

To examine this hypothesis, a multivariate analysis of covariance (MANCOVA) was conducted, and the results are presented in Table 2.

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Table 2

Multivariate Analysis of Covariance (MANCOVA)

Test	Value	F	Error df	P-value
Pillai's Trace	0.834	55.083	33	0.001
Wilks' Lambda	0.166	55.083	33	0.001
Hotelling's Trace	5.008	55.083	33	0.001
Roy's Largest Root	5.008	55.083	33	0.001

As shown in Table 2, the significance level of the multivariate analysis of covariance test ($p \leq 0.001$) is smaller than the significance threshold ($\alpha = 0.05$). Therefore, it can be concluded that there is a significant difference between the attachment styles of the emotion-focused therapy group and the control group in the post-test stage. This suggests that emotion-focused therapy is effective in improving attachment disorders in cancer patients. To further investigate the effect of emotion-focused therapy on the dimensions of attachment, a separate univariate analysis of covariance (ANCOVA) was performed for each attachment dimension.

Table 3

Univariate Analysis of Covariance for the Effect of Emotion-Focused Therapy on Attachment Style Dimensions

Variable	Stage	Sum of Squares	df	Mean Square	F	P-value
Avoidant Attachment	Pre-test Score	246.864	1	246.864	50.218	0.001
	Group	471.247	1	471.247	95.863	0.001
	Error	181.886	37			
Secure Attachment	Pre-test Score	346.080	1	346.080	87.904	0.001
	Group	677.936	1	677.936	172.194	0.001
	Error	145.670	37			
Ambivalent Attachment	Pre-test Score	207.937	1	207.937	26.862	0.001
	Group	337.426	1	337.426	43.590	0.001
	Error	286.413	37			

Based on the results in Table 3, the F-value for avoidant attachment post-test scores ($F = 95.863$, $p < 0.001$) is significant. Similarly, the F-value for secure attachment post-test scores ($F = 172.194$, $p < 0.001$) and the F-value for ambivalent attachment post-test scores ($F = 43.590$, $p < 0.001$) are also significant. Comparing the post-test means between the emotion-focused therapy and control groups across attachment dimensions indicates a decrease in avoidant and ambivalent attachment and an increase in secure attachment. Therefore, it can be concluded that emotion-focused therapy has a significant effect on reducing avoidant and ambivalent attachment styles while enhancing secure attachment.

4. Discussion and Conclusion

The present study aimed to determine the effectiveness of emotion-focused therapy (EFT) on attachment disorders in cancer patients at Milad Hospital in Isfahan. By comparing the mean scores of the EFT and control groups across attachment dimensions, it can be concluded that avoidant and ambivalent attachment styles decreased in the post-test phase, while secure attachment increased. Therefore, EFT has a significant effect on reducing avoidant and ambivalent attachment styles and enhancing secure attachment.

The results of this study align with previous research conducted (Ardakhani & Seadatee Shamir, 2022; Badihi, 2016; Badihi Zeraati & Mosavi, 2016; Foroughi et al., 2018; Ghazanfari & Naderi, 2019; Ghazanfari & Nadri, 2019; KhojastehMehr et al., 2013; Roghayyeh & Farnoush, 2017; Vedelago et al., 2023; Zarati & Mousavi, 2016).

To interpret these findings, it can be stated that EFT is a relational, experiential, and humanistic therapy. It has been shown that moment-to-moment therapist-client interactions and the therapist's attunement to the client's emotional state predict treatment outcomes. Approaching painful mental and emotional experiences is often challenging and exhausting for clients. The therapist's role, in addition to establishing an effective therapeutic relationship, is to teach skills for emotional regulation. Clients learn through emotional awareness to acknowledge their emotions rather than

suppress them or be overwhelmed by them. They strive to experience their emotions more deeply and come to realize that emotions are neither inherently frightening nor permanent; instead, they convey hidden messages that can be understood rather than avoided.

EFT is a structured and short-term approach for treating and improving cancer patients' psychological well-being. This approach, based on experiential and humanistic principles, emphasizes the active processing of present experiences and how individuals perceive ongoing events. According to EFT theory, although various factors such as illness may contribute to psychological issues in cancer patients, the primary factor is insecure attachment and how patients cope with it. Insecure attachment complicates emotional commitment and responsiveness, leading to negative emotional interactions and defensive behaviors such as criticism, blame, defensiveness, and withdrawal.

EFT identifies and expands two main areas: emotional experiences and interpersonal interactions. The therapy's primary goals are to access and reprocess specific emotional responses that underlie restrictive and repetitive interaction patterns. This facilitates changes in interactional situations and reveals core components of secure attachment. The second goal of therapy is to create new interpersonal events that redefine relationships as a secure base for patients (Roghayyeh & Farnoush, 2017).

In fact, the reprocessing of internal experiences serves as a method for developing interpersonal situations. For example, when a cancer patient realizes that their loved ones are overwhelmed and not intentionally indifferent, a shift in perspective occurs, leading to restructuring of new interactional experiences that promote inner transformation. If therapy is successful, each patient can become a source of comfort, support, and enjoyable physical contact for others. Patients learn to help each other regulate negative emotions and develop a positive and strong self-concept. EFT therapists design and implement bonding experiences in sessions that effectively redefine relationships.

EFT consistently addresses attachment concerns such as security, trust, and barriers to connection. Symbolization in EFT involves labeling and articulating emotional experiences to gain insight and reflection, focusing on these feelings until resolution is achieved, and testing new behaviors until they are internalized. During the process of symbolization, bottom-up processing strategies are used to help clients regulate their emotions. In bottom-up experiential processing, clients become aware of their bodily sensations and track them to gain awareness of their experiences. They momentarily set aside their thoughts and focus on physical sensations until these sensations acquire new meanings through labeling and identifying emotions. Once clients discover emotional meanings, they reflect on emotionally intense situations and examine the alignment of their emotions with their needs and goals. This awareness helps them manage their thought processes more effectively (Ardakhani & Seadatee Shamir, 2022; Vedelago et al., 2023).

To further evaluate the effectiveness of this treatment, future research could investigate its application in specific populations or explore other relevant variables. Future studies could also incorporate follow-up assessments to examine the long-term effects of EFT. It is recommended to provide motivation for participants to engage in the study to prevent random responses and ensure accurate engagement with the treatment. Additionally, future research could compare the effectiveness of EFT with other variables such as lifestyle, attitudes toward life, death anxiety, self-control, psychological resilience, and distress tolerance in cancer patients. Moreover, controlling variables such as cultural and socioeconomic status, age, and gender should be considered. Future studies should also compare EFT with other pharmacological and non-pharmacological treatments.

It is suggested that EFT be implemented in clinical settings. Given the increasing prevalence of cancer and attachment-related issues in society and the positive outcomes of EFT observed in this study, it is recommended that therapists and counselors adopt EFT more widely for their clients. Considering the effectiveness of EFT, it is also suggested that practical exercises and skills based on this approach be provided to cancer patients through educational sessions, workshops, videos, and brochures to prevent psychological problems. Additionally, increasing the number of therapy sessions, particularly for patients with more severe psychological and physical issues, is recommended.

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.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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