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The Effectiveness of Cognitive-Behavioral Family Therapy on Communication Skills, Family Functioning, and Conflict Resolution Styles in Couples with Insecure Attachment Style

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A B S T R A C T

The present study aimed to examine the effectiveness of cognitive-behavioral family therapy on communication skills, family functioning, and conflict resolution styles in couples with an insecure attachment style in the city of Ramsar. This study was a quasi-experimental research with a pretest-posttest design and a control group. The statistical population included all couples experiencing marital problems who had referred to the Counseling Center of the Health and Treatment Network of Ramsar County in 2023. The sample consisted of 30 couples who were selected using convenience sampling and were randomly assigned to experimental and control groups. The questionnaires used for data collection from the sample included the Relationship Scales Questionnaire by Griffin and Bartholomew (1994), the Revised Communication Skills Questionnaire by Queendom (2004), the Family Assessment Device by Epstein et al. (1983), and the Conflict Tactics Scale by Straus et al. (1979). The experimental group participated in eight sessions of couple therapy based on the cognitive-behavioral approach. The research findings were analyzed using covariance analysis. The results indicated a significant difference in the posttest scores of communication skills, family functioning, and conflict resolution styles between the experimental and control groups at the significance level of ($P < 0.01$). Therefore, cognitive-behavioral family therapy is an effective method for improving communication skills, family functioning, and conflict resolution styles in couples with an insecure attachment style.

Keywords: *Cognitive-behavioral family therapy, communication skills, family functioning, conflict resolution styles, insecure attachment style*

1. Introduction

Marriage is a sacred covenant through which the family is formed. The family is the first social organization in which an individual lives and fundamentally serves as a source of support, relief, healing, and well-being. It is also an entity that should mitigate psychological pressures experienced by its members and facilitate their growth and development (Yu, 2024). One of the key constructs that reflect the quality of relationships between couples is attachment. Research indicates that individuals with a secure attachment style exhibit healthier lifestyles, higher self-respect, and greater interdependence, commitment, trust, and satisfaction in their relationships (Vedelago et al., 2023). They also demonstrate more effective and constructive conflict resolution strategies. In contrast, individuals with an insecure attachment style experience more difficulties in their relationships (Ibrahim et al., 2023; Parsakia et al., 2023) and possess less flexible coping strategies (El Frenn et al., 2022; Saeedi et al., 2022). Couples with an insecure attachment style are more likely to avoid problems and are also at a higher risk of experiencing violence in their relationships (Li et al., 2021; Shirzadi et al., 2021).

Today, the attachment perspective is recognized as one of the most effective approaches for examining interpersonal relationships, particularly marital relationships. This perspective not only explains individual differences but also clarifies the functioning and dynamics of spousal relationships. According to this approach, early relational experiences lead to the formation of internal cognitive models about oneself and others within a relational context. These models then shape specific relational expectations and behaviors, which have been widely used in couple therapy to explain and interpret marital relationships (Adlparvar et al., 2021; Kumari, 2020). One of the factors influencing family functioning is the specific nature of relationships among family members, particularly between parents and children. The relationships parents establish with other family members, especially their children, have significant effects on the child's development and psychological well-being (Rezapour Mirsaleh et al., 2022).

Research shows that the attachment styles of family members, particularly parents, impact family functioning (Shahabizadeh & Motahhari, 2021). Parents with a secure attachment style experience higher marital satisfaction compared to those with insecure avoidant or ambivalent attachment styles (Huntsinger & Luecken, 2018; Kimberly & Baker, 2021). They also establish better communication patterns with each other and with their children, manage family conflicts more effectively, and demonstrate higher levels of family functioning (Rezapour Mirsaleh et al., 2022). Attachment style provides a framework for a deeper understanding of marital relationships and coping strategies for managing marital conflicts (Kimberly & Baker, 2021).

Various therapeutic approaches exist for addressing and resolving marital issues, one of which is cognitive-behavioral family therapy. Cognitive-behavioral family therapy is a relatively recent treatment approach. Although the significance of thoughts has been emphasized throughout history, coordinated efforts to apply cognitive-behavioral methods to couples and families have been prominent since the 1970s. Cognitive-behavioral family therapy utilizes principles of learning and related techniques to modify behaviors. The social-cognitive theory emphasizes the principles of instrumental conditioning, which are foundational learning models widely used in cognitive-behavioral family therapy. In the therapeutic process, this approach examines how maladaptive behaviors are maintained and how effective behaviors that foster appropriate family interactions can be strengthened. Cognitive-behavioral therapy is an active and indirect approach that highlights the active participation of clients in the treatment process. The therapist educates the family on how to apply learning and cognitive principles to develop and reinforce desirable behaviors (Hosseinpour et al., 2021).

Thus, implementing therapeutic interventions to improve marital relationships appears necessary, and cognitive-behavioral family therapy is recognized as one of the most effective therapeutic approaches in this regard. Accordingly, the present study seeks to answer the question: Does cognitive-behavioral family therapy improve communication skills, family functioning, and conflict resolution styles in couples with an insecure attachment style in the city of Ramsar?

2. Methods and Materials

2.1. Study Design and Participants

The present study was a quasi-experimental research with a pretest-posttest design and a control group. Experimental research is one of the research methods employed to determine causal relationships between two or more variables (Delavar, 2013). The statistical population of this study consisted of all couples experiencing marital problems who had referred to the Counseling Center of the Health and

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Treatment Network of Ramsar County in 2023. The research sample included 30 couples selected using convenience sampling based on predetermined research criteria. These couples were randomly assigned to experimental and control groups.

The selection process involved issuing an announcement stating that, as part of a research project aimed at improving communication skills, family functioning, and conflict resolution styles in marital life, eligible couples could participate in psychological sessions free of charge. Following this announcement, 80 couples expressed their willingness to participate. An initial in-person interview was conducted at the health center in Ramsar, and relevant questionnaires were administered to the applicants. Among them, 30 couples who scored lower on the questionnaires and demonstrated a need for training were selected and randomly assigned to two groups: 15 couples in the experimental group and 15 couples in the control group.

The experimental group participated in eight sessions of cognitive-behavioral training over three months, with each session lasting 90 minutes. The session content was based on the cognitive-behavioral approach within the treatment framework developed by Wildermuth (2008). In each session, the objectives were first introduced, followed by discussions on session-related topics. Group members engaged in discussions and deliberations on the presented material. At the end of each session, a summary was provided, and each couple received a typed assignment for the next session. After completing the training sessions, a posttest was administered to all couples in both the control and experimental groups.

2.2. Measures

2.2.1. Attachment Style

Bartholomew and Horowitz (1991) adapted the Adult Attachment Questionnaire by Hazan and Shaver (1987) to create a measure consisting of four descriptions of attachment styles. Participants indicate their level of agreement with each statement on a 7-point scale. The questionnaire consists of 30 items assessing close relationships, with responses ranging from 1 (not at all characteristic of me) to 5 (completely characteristic of me). The average score of an individual on the relevant items determines their score in each subscale. The secure and dismissing subscales each include five items, while the fearful and preoccupied subscales each contain four items. The Cronbach's alpha for all items in the questionnaire was reported as 0.73. In the assessment of convergent validity, all subscales of this questionnaire showed significant correlations with the subscales of Hazan and Shaver's Adult Attachment Questionnaire, with correlation coefficients of 0.41, 0.30, and 0.41 for the secure, anxious, and avoidant subscales, respectively (Adlparvar et al., 2021).

2.2.2. Communication Skills

The Communication Skills Questionnaire was developed by Queendom in 2004 to assess adult communication skills. This questionnaire consists of 34 items describing various aspects of communication skills. Respondents are required to read each item and indicate the extent to which it corresponds to their current situation on a five-point Likert scale ranging from "never" to "always." The questionnaire assesses five sub-skills of communication: listening, the ability to send and receive messages, insight into the communication process, emotional control, and assertive communication. The total score ranges from 34 to 170, with reverse scoring applied to items 2, 4, and 6. The reliability of the questionnaire, as measured using Cronbach's alpha, was reported as 0.89 in a study by Motlagh and Mozaffari (2010). To examine the construct validity of communication skills and its factor structure, confirmatory factor analysis and the principal component method were used, yielding a Kaiser-Meyer-Olkin (KMO) index of 0.71 and a Bartlett's test chi-square value of 2318.01, which was significant at $p < 0.001$ (Eftekhari et al., 2018).

2.2.3. Family Functioning

The Family Assessment Device (FAD) is a 60-item questionnaire developed by Epstein, Baldwin, and Bishop in 1983 based on the McMaster Model of Family Functioning. To improve its validity, seven additional items were incorporated into three scales of the original 53-item version. The FAD assesses key dimensions of family functioning, including problem-solving, communication, roles, affective responsiveness, affective involvement, behavior control, and overall family functioning. Scoring is based on a 4-point scale: "strongly agree" (1), "agree" (2), "disagree" (3), and "strongly disagree" (4). Epstein et al. (1983) evaluated the reliability of the FAD on a sample of 503 individuals, reporting Cronbach's alpha coefficients for subscales ranging from 0.72 to 0.92, indicating good internal consistency. The validity analysis demonstrated that the FAD effectively differentiated between clinical and non-clinical families across its seven subscales, with results

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significant at $p < 0.001$ (Rezapour Mirsaleh et al., 2022; Shahabizadeh & Motahhari, 2021).

2.2.4. *Conflict Resolution Styles*

The Conflict Tactics Scale (CTS) was developed by Straus et al. (1979) and later revised in 1990 and 1996. In this questionnaire, respondents indicate the frequency of specific conflict behaviors on a 7-point scale ranging from 0 (never) to 7 (more than 20 times in the past year). The scoring system assigns 0 points for "never," 1 point for "not in the past year but happened before," 2 points for "once in the past year," 3 points for "twice in the past year," 4 points for "three to five times in the past year," 5 points for "six to ten times in the past year," 6 points for "eleven to twenty times in the past year," and 7 points for "more than twenty times in the past year." The reliability of the subscales was examined by Straus et al. (1996) in a student sample, with internal consistency coefficients ranging from 0.79 to 0.95. Additionally, 41 studies have assessed internal consistency, reporting Cronbach's alpha values between 0.34 and 0.94, with an average of 0.77 (Adlparvar et al., 2021).

2.3. *Intervention*

2.3.1. *Cognitive Behavioral Family Therapy*

The intervention protocol consisted of eight structured sessions based on the cognitive-behavioral therapy (CBT) approach. In the first session, group rules were established, the pretest was administered, and participants were introduced to the nature of their condition and the role of psychological factors in symptom onset and exacerbation. Additionally, the CBT approach was introduced, and participants' expectations regarding therapy were explored. The second session focused on teaching the cognitive model, introducing automatic thoughts, providing dysfunctional thought record sheets, identifying thoughts that trigger symptoms and unpleasant emotions, addressing difficulties in recording thoughts, recognizing emotions, and assisting participants in managing them. In the third session, participants were guided through challenging irrational thoughts and beliefs by introducing cognitive challenges as tools for disputing and modifying irrational beliefs. Practical exercises were conducted using irrational thoughts recorded by participants during the week, incorporating the ABC model of Carrier. The fourth session included training in stress management, problem-solving, assertiveness, and activity planning, with discussions on problem-solving as a coping mechanism for anxiety. In the fifth session, participants were trained on three behavioral styles—passive, assertive, and aggressive—within communication contexts to enhance assertiveness. Additionally, time management and activity planning skills were introduced. The sixth session involved cognitive restructuring, where participants were trained in restructuring techniques and substituting negative thoughts with positive ones. The seventh session provided a summary and review of previous sessions, introduced books for further understanding of cognitive therapy, emphasized the significance of underlying assumptions and intermediate beliefs, and collected feedback from participants regarding the therapy sessions. The eighth and final session focused on relapse prevention, highlighting the necessity of practicing acquired skills, evaluating progress, and administering the posttest to assess therapy outcomes.

2.4. *Data Analysis*

The data analysis in this study was conducted using SPSS version 23. Initially, descriptive statistics, including means and standard deviations, were used to summarize the data and describe the characteristics of the sample. To test the assumptions of parametric statistical analyses, the Shapiro-Wilk test was used to assess the normality of the data distribution, Levene's test was employed to examine the equality of variances, and the homogeneity of regression slopes assumption was verified. Given that these assumptions were met, inferential statistical analyses were performed using a multivariate analysis of covariance (MANCOVA) to examine the effectiveness of cognitive-behavioral family therapy on communication skills, family functioning, and conflict resolution styles. This method allowed for controlling potential confounding variables and isolating the effect of the intervention. Eta squared values were calculated to determine effect sizes, and statistical power was assessed to ensure the robustness of the findings. All statistical analyses were conducted at a significance level of 0.01 ($P < 0.01$) to ensure high precision in detecting differences between the experimental and control groups.

3. Findings and Results

As shown in Table 1, there is no significant difference in communication skills scores between the two groups in the pretest. Additionally, it is observed that in the experimental group, the mean scores of communication skills increased in the posttest compared to the pretest, whereas in the control

group, the mean communication skills scores showed no significant change between the pretest and posttest.

Table 1

Descriptive Statistics Including Mean and Standard Deviation for Research Variables

Variable	Group	Pretest Mean	Pretest Standard Deviation	Posttest Mean	Posttest Standard Deviation
Ability to Receive and Send Messages	Experimental	14.70	4.36	25.43	6.18
	Control	15.03	2.95	14.83	2.81
Emotional Control	Experimental	15.06	3.02	25.16	4.74
	Control	16.30	3.23	16.06	3.33
Listening Skills	Experimental	10.43	2.64	19.76	4.50
	Control	11.20	2.44	11.20	1.95
Insight into the Communication Process	Experimental	9.30	2.36	16.80	3.63
	Control	9.80	2.68	9.60	2.51
Assertive Communication	Experimental	9.60	3.04	14.03	3.01
	Control	9.70	1.95	9.13	2.02
Problem-Solving	Experimental	20.20	2.75	11.26	3.72
	Control	19.13	2.33	18.93	2.85
Communication	Experimental	22.13	4.39	15.00	4.02
	Control	21.46	2.99	21.73	3.13
Roles	Experimental	23.73	5.25	15.40	5.28
	Control	21.66	2.82	21.66	3.38
Affective Responsiveness	Experimental	22.80	4.29	16.66	4.03
	Control	22.68	4.37	22.63	4.42
Affective Involvement	Experimental	23.66	3.62	16.13	4.67
	Control	21.90	3.58	21.93	3.80
Behavior Control	Experimental	36.63	7.88	26.80	7.14
	Control	33.26	5.91	33.36	5.16
Overall Family Functioning	Experimental	148.96	8.74	101.26	17.18
	Control	140.06	10.86	140.26	10.57
Negotiation (Aggressor)	Experimental	8.63	1.93	20.33	4.35
	Control	9.50	2.09	9.16	2.30
Psychological Violence (Aggressor)	Experimental	32.50	6.79	21.06	9.04
	Control	31.83	8.03	31.93	8.25
Physical Assault (Aggressor)	Experimental	28.66	6.79	18.20	6.38
	Control	26.86	5.12	26.10	4.70
Negotiation (Victim)	Experimental	8.70	3.62	19.90	5.84
	Control	7.90	3.11	7.23	2.76

Additionally, there is no significant difference in overall family functioning scores between the two groups in the pretest. However, in the experimental group, the mean scores of overall family functioning decreased in the posttest compared to the pretest, whereas in the control group, the mean scores of overall family functioning showed no significant change between the pretest and posttest.

Moreover, there is no significant difference in the pretest scores of conflict resolution styles between the two groups. However, in the experimental group, the mean negotiation scores increased in the posttest compared to the pretest, while the mean scores of psychological violence and physical assault decreased. In contrast, in the control group, the mean scores of conflict resolution styles showed no significant change between the pretest and posttest.

To ensure the validity of the statistical analysis, the assumptions required for conducting a parametric multivariate analysis of covariance (MANCOVA) were tested. The normality of the data distribution was assessed using the Shapiro-Wilk test, which indicated that the distribution of scores in both the experimental and control groups met the assumption of normality. Additionally, Levene's test was conducted to examine the equality of variances across groups, and the results confirmed the homogeneity of variances, allowing for a valid comparison between the experimental and control groups. Furthermore, the assumption of homogeneity of regression slopes was tested to determine whether the relationship between the covariates and dependent variables remained consistent across groups, and the results showed that the assumption

was met, indicating that the interaction between the covariates and the independent variable was not significant. Multicollinearity was also examined by calculating variance inflation factors (VIF), and no multicollinearity issues were found, confirming that the predictor variables were independent of each other. Additionally, Box's M test was performed to assess the equality of covariance matrices, and the results indicated that the assumption of homogeneity of covariance matrices was satisfied. Given that all required statistical assumptions were met, the use of MANCOVA was deemed appropriate for analyzing the effects of cognitive-behavioral family therapy on communication skills, family functioning, and conflict resolution styles in couples with an insecure attachment style.

Table 2

Results of Univariate Covariance Analysis on Posttest Scores of Communication Skills and Family Functioning Components in the Two Groups

Source	Posttest	SS	df	MS	F	Significance	Eta Squared	Statistical Power
Group	Ability to Receive and Send Messages	1645.169	1	1645.169	210.682	0.001	0.799	1.000
	Emotional Control	1433.898	1	1433.898	178.577	0.001	0.771	1.000
	Listening Skills	1148.803	1	1148.803	165.855	0.001	0.758	1.000
	Insight into the Communication Process	732.823	1	732.823	150.796	0.001	0.740	1.000
	Assertive Communication	347.335	1	347.335	77.478	0.001	0.594	1.000
	Problem-Solving	775.063	1	775.063	126.027	0.001	0.708	1.000
	Communication	581.510	1	581.510	83.928	0.001	0.617	1.000
	Roles	653.218	1	653.218	67.304	0.001	0.564	1.000
	Affective Responsiveness	411.979	1	411.979	63.211	0.001	0.549	1.000
	Affective Involvement	555.335	1	555.335	81.578	0.001	0.611	1.000
	Behavior Control	996.338	1	996.338	148.522	0.001	0.741	1.000
Error	Ability to Receive and Send Messages	413.865	53	7.809	-	-	-	-
	Emotional Control	425.567	53	8.030	-	-	-	-
	Listening Skills	367.108	53	6.927	-	-	-	-
	Insight into the Communication Process	257.564	53	4.860	-	-	-	-
	Assertive Communication	237.599	53	4.483	-	-	-	-
	Problem-Solving	319.800	52	6.150	-	-	-	-
	Communication	360.291	52	6.929	-	-	-	-
	Roles	504.688	52	9.706	-	-	-	-
	Affective Responsiveness	338.911	52	6.518	-	-	-	-
	Affective Involvement	353.985	52	6.807	-	-	-	-
	Behavior Control	348.834	52	6.708	-	-	-	-

As shown in Table 2, there is a significant difference between the posttest mean scores of the ability to receive and send messages, emotional control, listening skills, insight into the communication process, and assertive communication among participants based on group membership (experimental and control) ($P < 0.01$). Therefore, cognitive-behavioral family therapy has had a significant impact on improving the ability to receive and send messages, emotional control, listening skills, insight into the communication process, and assertive communication. The effect sizes for these variables in the posttest stage were 79.9% for the ability to receive and send messages, 77.1% for emotional control, 75.8% for listening skills, 74.0% for insight into the communication process, and 59.4% for assertive communication.

Additionally, there is a significant difference between the posttest mean scores of problem-solving, communication, roles, affective responsiveness, affective involvement, and behavior control among participants based on group membership (experimental and control) ($P < 0.01$). Therefore, cognitive-behavioral family therapy has been effective in improving family functioning among couples with an insecure attachment style, specifically in problem-solving, communication, roles, affective responsiveness, affective involvement, and behavior control. The effect sizes for these variables in the posttest stage were 70.8% for problem-solving, 61.7% for communication, 56.4% for roles, 54.9% for affective responsiveness, 61.1% for affective involvement, and 74.1% for behavior control.

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Table 3

Results of Univariate Covariance Analysis on Posttest Scores of Couples' Conflict Resolution Styles in the Two Groups

Form	Source	Posttest	SS	df	MS	F	Significance	Eta Squared	Statistical Power
Aggressor	Group	Negotiation	2147.659	1	2147.659	35.657	0.001	0.866	1.000
		Psychological Violence	1800.777	1	1800.777	112.752	0.001	0.672	1.000
		Physical Assault	1275.567	1	1275.567	308.618	0.001	0.849	1.000
Error		Negotiation	333.058	55	6.056	-	-	-	-
		Psychological Violence	878.410	55	15.971	-	-	-	-
		Physical Assault	227.324	55	4.133	-	-	-	-
Victim	Group	Negotiation	1963.251	1	1963.251	228.295	0.001	0.806	1.000
		Psychological Violence	1668.947	1	1668.947	134.276	0.001	0.709	1.000
		Physical Assault	1409.637	1	1409.637	189.016	0.001	0.775	1.000
Error		Negotiation	472.979	55	8.600	-	-	-	-
		Psychological Violence	683.607	55	12.429	-	-	-	-
		Physical Assault	410.178	55	7.458	-	-	-	-

As shown in Table 3, there is a significant difference in the posttest mean scores of negotiation, psychological violence, and physical assault between aggressors and victims based on group membership (experimental and control) ($P < 0.01$). Therefore, cognitive-behavioral family therapy is effective in improving conflict resolution styles among couples with an insecure attachment style in the city of Yazd. The effect sizes for these variables in the posttest stage were 86.6% for negotiation (aggressor), 72.2% for psychological violence (aggressor), 84.9% for physical assault (aggressor), 80.6% for negotiation (victim), 70.9% for psychological violence (victim), and 77.5% for physical assault (victim).

4. Discussion and Conclusion

The present study aimed to examine the effectiveness of cognitive-behavioral family therapy on communication skills, family functioning, and conflict resolution styles in couples with an insecure attachment style in the city of Ramsar. The results of this study align with the findings of Baucom et al. (2019), which demonstrated that the cognitive-behavioral family therapy model contributes to increased life satisfaction (Baucom et al., 2019). Similarly, Hall et al. (2016) found that cognitive-behavioral therapy is effective in fostering and enhancing abilities such as decision-making, problem-solving, motivation, responsibility acceptance, positive communication with others, self-esteem, happiness, anger control, adaptability, and reducing family conflicts (Hall et al., 2016). Kavitha et al. (2024) examined the effectiveness of cognitive-behavioral therapy on quality of life and marital adjustment, with their findings indicating improvements in both quality of life and marital adjustment (Kavitha et al., 2024). Additionally, research conducted by Chang (2008) showed that the cognitive-behavioral family therapy model positively impacts marital satisfaction among couples (Chang, 2008), further supporting the findings of the present study.

The family is among the most important social systems, formed based on marriage between two individuals of opposite genders. The preservation and continuity of the family are of great significance. As a social unit, the family serves as a center for growth and development, healing, and transformation, providing a foundation for both the flourishing and breakdown of relationships among its members (Shoja, 2022). Research has shown that marital conflicts have detrimental effects on physical health, psychological well-being, and overall family stability (Fincham, 2013). Moreover, marital conflicts are associated with significant family-related consequences, such as ineffective parenting, poor child adjustment, and an increased likelihood of parent-child conflicts (Grish & Fincham, 2021). Thus, dissatisfaction between spouses, the disintegration of family unity, and the adverse effects of separation on individuals underscore the necessity of addressing and resolving marital conflicts. This issue has led to the development of numerous therapeutic models, with the overarching goal of providing psychological services to couples by identifying interpersonal barriers and problems, teaching appropriate problem-solving strategies, and fostering constructive behavioral patterns. These interventions aim to cultivate productive relationships and enhance marital satisfaction (Nasr Esfahani et al., 2023).

In Iran, limited research has been conducted on the effectiveness of cognitive-behavioral family therapy in

improving communication skills, family functioning, and conflict resolution styles in couples with an insecure attachment style. Therefore, assessing the efficacy of this approach in enhancing these aspects was deemed necessary. The findings of this study offer a clear and practical perspective for counselors and psychotherapists, particularly family therapists, serving as a valuable experiential and practical guide for fostering complementary family relationships, resolving conflicts, promoting empathy and intimacy, and consequently reducing marital conflicts. Furthermore, the study's findings provide a theoretical and practical foundation for addressing marital issues, improving communication patterns, and guiding pre-marital and post-marital education programs aimed at preventing marital conflicts in various educational and therapeutic institutions, including university counseling centers, social welfare organizations, clinics, and family dispute resolution councils.

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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