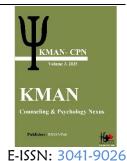


Article history: Received 13 January 2025 Revised 10 March 2025 Accepted 17 March 2025 Published online 19 March 2025

KMAN Counseling & Psychology Nexus

Volume 3, pp 1-10



Comparison of the Effectiveness of Gottman Couples Therapy and Emotion-Focused Therapy on Relational Covert Aggression in Couples with Emotional Divorce

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Article Info

Article type:

Original Research

Section:

Family and Couple Therapy

How to cite this article:

Sadat, S., Taghvaei, D., & Jahangiri, M. M. (2025). Comparison of the Effectiveness of Gottman Couples Therapy and Emotion-Focused Therapy on Relational Covert Aggression in Couples with Emotional Divorce. *KMAN Conseling and Psychology Nexus*, 3, 1-10.

http://doi.org/10.61838/kman.fct.psynexus.3.6



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ABSTRACT

This study aimed to compare the effectiveness of Gottman couples therapy and emotion-focused therapy on relational covert aggression in couples experiencing emotional divorce. The research employed a quasi-experimental design with a pre-test, post-test, two experimental groups, a control group, and a three-month follow-up period. The statistical population included all couples diagnosed with emotional divorce who sought services at counseling and psychological service centers in Tehran. The research sample consisted of 30 couples (60 individuals), selected through convenience sampling based on inclusion criteria and randomly assigned to experimental and control groups (each group consisting of 20 individuals). The first experimental group received 10 sessions of Gottman couples therapy, while the second experimental group underwent 8 sessions of emotion-focused couples therapy. Data were collected using the Relational Covert Aggression Scale (Nelson & Carroll, 2006). Data analysis was conducted using repeated measures analysis of variance (ANOVA) in SPSS 25. The results indicated that both Gottman couples therapy and emotion-focused therapy significantly reduced relational covert aggression in couples with emotional divorce in both the post-test and follow-up stages. Furthermore, emotion-focused therapy was found to be more effective in reducing relational covert aggression compared to Gottman couples therapy. Overall, the findings of this study highlight emotion-focused couples therapy as a promising and strategic approach for improving relational covert aggression in women experiencing emotional divorce, compared to Gottman couples

Keywords: relational covert aggression, couples therapy, Gottman, emotional divorce, emotion-focused therapy.



1. Introduction

ivorce is one of the most significant social issues, with both direct and indirect consequences not only affecting the psychological balance of spouses, children, relatives, and friends but also influencing the economic system, population quality and quantity, and cultural value systems (Al-Dmour & halim Arabiyat, 2024). In recent years, the divorce rate in the country has been increasing, with the divorce-to-marriage ratio rising from 15.4% in 2010 to 33% in 2018 (Asghari et al., 2023). However, official divorce statistics do not fully reflect the extent of marital failure, as emotional divorce is estimated to occur at two to three times the rate of formal divorces (Amirian, 2018). While both types of divorce are concerning for family members, especially children, studies have shown that emotional divorce has a more negative emotional impact on children and their personality development compared to formal divorce. Although the effects of formal divorce have been well studied by researchers both nationally and internationally (Gottman et al., 1977; Gottman, 1994, 2023), emotional (covert) divorce still requires greater attention from researchers in the country. Identifying related factors and variables could serve as a reference point for prevention and intervention programs.

One of the most common complaints among couples is uncontrolled anger, which leads to relationship distress and ultimately results in divorce or emotional divorce (Askari, 2019). While physical violence is the most overt form of marital aggression, it is not the only type of aggression that occurs within families, as relational aggression also causes both economic and emotional harm. Relational aggression, sometimes referred to as covert aggression, is a more subtle form of hostility within families that leads to long-term harm. Relational aggression includes behaviors aimed at manipulating dyadic relationships. Relational covert aggression is associated with negative relational qualities such as distrust, jealousy, despair, and a more negative perception of relationship quality for both the victim and the perpetrator (Coyne et al., 2019). Regarding couples' relationships, a few studies have identified the effects of relational aggression in romantic relationships, particularly among emerging adults. In a sample of college students, it was found that social sabotage and emotional withdrawal by partners harmed marital relationships. Observational studies of marital conflicts have also shown that rejection strategies such as "silent treatment" are significantly associated with relationship distress and the acceleration of marital

dissolution (Gottman, 2018; Gottman & Gottman, 2017; Gottman et al., 1995; Gottman et al., 1977; Gottman, 1994, 2023). Although the role of relational covert aggression in emotional divorce has not been thoroughly examined, previous research suggests that relationship distress and marital instability are strongly associated with a higher likelihood of emotional divorce (Al-Dmour & halim Arabiyat, 2024; Hassanzadeh, 2017).

Given the effects and consequences of relational covert aggression and the understanding of its precursors and its relationship with emotional divorce, psychological interventions appear to play a crucial role in reducing relational covert aggression, which in turn may decrease emotional divorce and the psychological problems arising from it in couples' relationships.

Today, various approaches to couples therapy and family therapy have been developed with the aim of reducing conflict and relational distress among couples. The goal of couples therapy is to help couples adapt more effectively to existing problems and learn more efficient communication methods (Babaei Gharmkhani et al., 2017; Irvine & Peluso, 2022; Irvine et al., 2024). One of the interventions previously emphasized as highly effective in improving marital issues is emotion-focused couples therapy. Emotionfocused couples therapy is more effective than other approaches due to its structured nature, step-by-step treatment plan, and low relapse probability (Babaei Gharmkhani et al., 2017; Johnson, 2015; Johnson & Zuccarini, 2010; Johnson, 2012). The stages of this therapy include assessing communication styles, uncovering defenses, revealing individual patterns, and explaining their consequences. As a result, individuals gradually recognize and improve suppressed and subtle emotions that perpetuate negative interaction cycles (Bodenmann et al., 2020). The existing research literature highlights the effectiveness of this therapy in resolving marital issues (Babaei Gharmkhani et al., 2017; Bodenmann et al., 2020; Daryaye Lal et al., 2022; Ezzodin et al., 2021; Johnson, 2015; Johnson & Zuccarini, 2010; Johnson, 2012; Karimi, 2012).

Another leading model in marital education was developed by John Gottman. This new form of therapy, known as the Gottman Method, has demonstrated a high success rate in improving relationships, marital satisfaction, and overall internal and external well-being of couples since its inception (Findley, 2020). Gottman couples therapy is a hybrid approach that integrates the foundations and principles of various therapeutic theories (Gottman, 2018; Gottman & Gottman, 2017; Gottman et al., 1995; Gottman

et al., 1977; Gottman, 1994, 2023). According to Gottman (2018), couples in a successful marriage should not allow negative thoughts and feelings about their spouse to overshadow their positive thoughts (Gottman, 2018). The Gottman enrichment approach seeks to influence individuals' thinking in such a way that each partner is recognized for their engagement and effectiveness in the relationship. Instead of focusing on individualism, this approach considers interactions with others (Garanzini et al., 2017; Irvine et al., 2024).

Based on the above discussion, both emotion-focused couples therapy and Gottman couples therapy have the potential to reduce relational covert aggression. However, no study has yet compared the effectiveness of these two therapeutic interventions on this variable in couples experiencing emotional divorce. Nonetheless, one study confirmed the greater effectiveness of emotion-focused couples therapy in increasing marital intimacy and improving communication patterns (Payamani et al., 2024). Another study found the effectiveness of both Gottman and emotion-focused therapy approaches to be equivalent in terms of marital intimacy (Daryaye Lal et al., 2022). There are significant variations and differences in the skills and principles of the broad range of techniques used in these two approaches. Theoretically, emotion-focused couples therapy integrates psychodynamic therapy, attachment theory, and systems theory into a three-stage, nine-step model of couple therapy (Johnson, 2015). Meanwhile, Gottman couples therapy incorporates multiple therapeutic perspectives, including systems theory, existential perspectives, and narrative therapy (Gottman et al., 1977). The primary goals of emotion-focused couples therapy include expanding limited emotional responses that highlight negative interaction patterns, restructuring interactions to enable partners to be more available and responsive to each other, and fostering positive cycles of comfort and care (Johnson & Zuccarini, 2010). Thus, the most significant outcomes of successful therapy include improved emotion regulation, stronger attachment bonds, and a higher level of perceived intimacy (Johnson, 2015).

Gottman couples therapy, on the other hand, focuses on skill-based interventions. The therapeutic process helps couples identify and practice the necessary tools for managing their relationship while gaining insight into the dynamics of their interactions. As a result, couples learn to advance their relationship in three areas: friendship, conflict management, and the creation of shared meaning (Gottman, 2023). Other differences may exist, but the key takeaway is

that both approaches fundamentally aim to improve emotional regulation and communication between partners. This raises the question of which approach—emotion-focused couples therapy or Gottman couples therapy—is more effective in reducing relational covert aggression in couples experiencing emotional divorce.

2. Methods and Materials

2.1. Study Design and Participants

The present study is applied in nature and was conducted using a quasi-experimental design with a pre-test, post-test, two experimental groups, a control group, and a three-month follow-up period. The statistical population of the study included all couples who sought counseling and psychological services at Avaye Tarannome Daroon, Tarannome Zendegi, and Narvan centers in Tehran. Participants were invited to take part in the study through an open call. The study sample consisted of 30 eligible and willing couples (60 individuals), selected through convenience sampling based on inclusion criteria and randomly assigned to experimental and control groups (each group included 10 couples/20 individuals).

The inclusion criteria for participation in the study were a score of 8 or higher on the Emotional Divorce Questionnaire, informed consent to participate in the study according to the designated program, a minimum of three years of marriage, cohabitation in the same residence, a minimum educational qualification of a high school diploma, no prior couples therapy (either individually or jointly) as self-reported, no substance abuse or dependence, no use of psychiatric medications as self-reported, and no identifiable physical or motor impairments. Participants who missed more than two sessions or were unwilling to continue were excluded from the study.

2.2. Measures

2.2.1. Relational Covert Aggression

The Relational Covert Aggression Scale, developed by Nelson and Carroll (2006), was used to assess emotional withdrawal and social sabotage in couples' relationships. This scale consists of 12 items, with two subscales of six items each. The emotional withdrawal subscale includes items 1 to 6, while the social sabotage subscale includes items 7 to 12. Responses are scored on a 7-point Likert scale ranging from 1 (very low) to 7 (very high). The total score ranges from 12 to 84, with higher scores indicating greater

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E-ISSN: 3041-9026



levels of relational aggression or victimization. Carroll et al. (2010), in a confirmatory factor analysis similar to their previous study (Nelson & Carroll, 2006), confirmed the six items for emotional withdrawal and six items for social sabotage. They reported Cronbach's alpha reliability for emotional withdrawal as 0.90 for husbands and 0.86 for wives, while the reliability for social sabotage was 0.88 for husbands and 0.90 for wives. In Iran, Khazaei et al. (2016) examined the psychometric properties of this scale. Factor analysis results showed that the 12-item Relational Covert Aggression Scale in an Iranian sample was saturated with two factors (emotional withdrawal and social sabotage), explaining 56% of the variance. Cronbach's alpha reliability (0.85), convergent validity (0.47), and divergent validity (-0.43) were obtained (Khazaei et al., 2016).

2.3. Interventions

2.3.1. Emotion-Focused Couples Therapy (EFCT)

The emotion-focused couples therapy intervention was developed using the information, techniques, and exercises presented in the book Emotionally Focused Couple Therapy by Johnson (2015) and based on the study by Karimi (2012). The intervention was conducted in eight 60-minute group sessions (once per week) (Karimi et al., 2020). The content and face validity of the program were assessed by seven experts in marriage counseling, and the results confirmed its validity for implementation. The kappa agreement coefficient was calculated to ensure more precise validity (K = 0.65). The kappa coefficient is a numerical measure ranging from -1 to +1, where values closer to +1 indicate a strong positive agreement, values near -1 indicate inverse agreement, and values close to zero indicate no agreement.

The first session focuses on assessment and alliance-building, where couples become acquainted with the therapy process, establish a therapeutic alliance, and explore their motivation for treatment. The second session involves deescalation and identifying negative interaction cycles, ensuring the injured partner that the emotional wounds will not be repeated, recognizing problematic interactions, assessing attachment injury markers, and accessing unacknowledged emotions. The third session emphasizes emotional analysis and transformation, where couples revisit significant attachment-related experiences, acknowledge previously unvalidated feelings about the injury, and accept their interaction cycles. The fourth and fifth sessions are dedicated to rebuilding the attachment bond by helping partners access vulnerabilities, hidden needs, fears, and self-

perceptions while fostering acceptance and emotional engagement in the injured partner. The sixth session involves deep emotional engagement, allowing partners to express emotions, enhance their understanding of attachment needs, and deepen emotional experiences. The seventh and eighth sessions focus on consolidation and integration, where couples reconstruct their interactions, discover new solutions for old problems, and promote emotionally responsive caregiving. By the end of therapy, partners engage in intimate interactions, accept new relational dynamics, establish a secure attachment, and transform their relationship into a safe haven, creating a new shared narrative of their bond.

2.3.2. Gottman Couples Therapy

The therapeutic framework for the sessions was based on the Gottman Method and the Sound Relationship House Theory and developed according to the study by Soheili (2016). The intervention was conducted in ten 90-minute group sessions (once per week) (Payamani et al., 2024). The content and face validity of the program were assessed by seven experts in marriage counseling, and the results confirmed its validity for implementation. The kappa agreement coefficient was calculated to ensure more precise validity (K = 0.75).

The first session is dedicated to rapport-building and assessment, introducing the therapy process, reviewing the couple's relationship history, and outlining session goals and rules. In the second session, partners complete the Love Map Questionnaire to enhance their understanding of each other's inner world, with a discussion on ways to improve love maps. The third session strengthens emotional connection through admiration and fondness, emphasizing the importance of recognizing and appreciating positive aspects to deepen the relationship. The fourth session encourages emotional investment by teaching couples to turn towards each other rather than away, improving emotional bank account deposits and practicing effective communication strategies with feedback. The fifth session focuses on accepting partner influence, promoting shared decisionmaking and mutual respect rather than exerting control. The sixth session introduces conflict resolution skills, differentiating solvable from perpetual conflicts. recognizing escalation signs, and practicing communication techniques. The seventh session continues conflict resolution training, addressing common obstacles, and teaching de-escalation techniques such as soft start-ups,



repair attempts, self-soothing, and reaching agreements. The eighth session targets overcoming relational gridlock, identifying causes of impasses, and exploring personal dreams to foster mutual understanding. The ninth session helps couples establish shared meaning in their relationship by identifying values, rituals, and goals. The tenth and final session provides a comprehensive review of therapy, discusses progress, collects feedback, and administers the post-test assessment.

2.4. Data Analysis

Data analysis was conducted using SPSS version 25. Descriptive statistics, including mean and standard deviation, were used to summarize the data. Inferential statistics were applied using repeated measures analysis of variance (ANOVA) and post hoc tests. A significance level of 0.05 was considered for all analyses.

3. Findings and Results

The participants in this study included 30 couples (60 individuals) experiencing emotional divorce. The mean age and standard deviation in the experimental group receiving Emotion-Focused Couples Therapy (EFCT) were 38.15 ± 4.934 years, in the group receiving Gottman Method Couples Therapy (GMCT) were 39.35 ± 5.806 years, and in

the control group were 37.2 ± 5.89 years. The results of the analysis of variance showed that the groups were homogeneous in terms of age, with no statistically significant difference between them (F = 0.751, p = 0.477).

Regarding educational levels, the majority of participants in the EFCT group (45%; 9 individuals) and the control group (40%; 8 individuals) held a bachelor's degree, while in the GMCT group, most participants had an associate degree (65%; 13 individuals). The results of the chi-square test indicated that the groups were homogeneous in terms of educational level, with no statistically significant difference in the distribution of categories across the three groups ($X^2 = 10.008$, p = 0.124).

Table 1 presents the descriptive statistics for the experimental and control groups regarding covert relational aggression before and after the implementation of Gottman Method and Emotion-Focused Couples Therapy programs. As shown in Table 1, the mean scores of the experimental and control groups for the dependent variable in the pre-test stage were approximately equal. However, after the implementation of the GMCT and EFCT programs, the mean scores of the experimental groups changed in the post-test and follow-up stages. The significance of these changes was examined using repeated measures analysis of variance (ANOVA).

 Table 1

 Descriptive Statistics for Research Variables

Variables	Group	Pre-test M	SD	Post-test M	SD	Follow-up M	SD
Covert relational aggression	GMCT	40.05	1.701	37.45	1.791	37.35	1.843
	EFCT	39.45	1.791	34.90	1.683	34.90	1.683
	Control	39.95	1.605	39.95	1.791	40.2	1.824

Next, the assumptions of ANOVA, including homogeneity of variances, homogeneity of the variance-covariance matrix, and normality of data distribution, were examined. The normality of data distribution was assessed using the Shapiro-Wilk test for pre-test, post-test, and follow-up stages, indicating that the distribution of variables in the experimental and control groups was normal (p > 0.05). The homogeneity of variances was examined using Levene's test, which confirmed this assumption for covert relational aggression in the post-test stage (p > 0.05). The

assessed using M Box's test, where the F statistic for the dependent variable among the groups was not significant (F = 1.34, p > 0.05). However, the assumption of sphericity for covert relational aggression was violated (p = 0.001); therefore, the Greenhouse-Geisser correction was applied for reporting within-group effects for this variable. The results of the repeated measures ANOVA are presented in Table 2.

assumption of variance-covariance matrix homogeneity was

 Table 2

 ANOVA Results for Within-Group and Between-Group Differences



Variables	Source of Variation	Sum of Squares	df	Mean Square	F	Sig.	Partial η ²
Covert relational aggression	Time	222.544	1.297	171.641	153.324	0.001	0.729
	Group	392.544	2	196.242	24.463	0.001	0.472
	Time × Group	148.056	2.593	57.095	51.002	0.001	0.642

According to Table 2, the effect of time on the score of covert relational aggression in the pre-test, post-test, and follow-up stages was significant (p < 0.001). The obtained results for the group effect also indicated that the difference in the mean score of covert relational aggression between the experimental and control groups across all study stages was significant (p < 0.001). Furthermore, the interaction effect of

time and group demonstrated a significant difference between the experimental and control groups in terms of mean covert relational aggression scores across all study stages (p < 0.001), indicating the effectiveness of both GMCT and EFCT in reducing covert relational aggression in the post-test and follow-up stages compared to the control group.

Table 3

Bonferroni Post Hoc Test Results for Pairwise Group Comparisons

Variables	Group Comparison	Pre-Test Mean Difference	Sig.	Post-Test Mean Difference	Sig.	Follow-Up Mean Difference	Sig.
Covert Relational Aggression	EFCT-GMCT	-0.6	0.808	-2.550	0.001	-2.450	0.001
	EFCT-Control	-0.5	1	-5.005	0.001	-5.300	0.001
	GMCT-Control	0.1	0.1	-2.5	0.001	-2.850	0.001

The pairwise comparison of group means presented in Table 3 shows that in the pre-test stage, there was no significant difference between the groups in covert relational aggression (p > 0.05). However, in the post-test and follow-up stages, there was a significant difference between the experimental groups and the control group (p < 0.001). Additionally, a significant difference was observed between

the Emotion-Focused Couples Therapy (EFCT) and Gottman Method Couples Therapy (GMCT) groups in the post-test and follow-up stages regarding covert relational aggression. The results indicate that the EFCT program was more effective in reducing covert relational aggression in the post-test and follow-up stages.

Table 4

Bonferroni Post Hoc Test Results for Pairwise Mean Comparisons Across Three Time Points

Variables	Group	Time Comparison	Mean Difference	Sig.
Covert Relational Aggression	EFCT	Pre-Test - Post-Test	4.55	0.001
		Pre-Test - Follow-Up	4.55	0.001
		Post-Test - Follow-Up	0.001	1
	GMCT	Pre-Test - Post-Test	2.60	0.001
		Pre-Test - Follow-Up	2.70	0.001
		Post-Test - Follow-Up	0.1	1

According to the results, there was a significant difference in covert relational aggression between the pretest and post-test stages (p < 0.001). However, the difference in scores between the post-test and follow-up stages was not significant in either experimental group (p > 0.05).

4. Discussion and Conclusion

The present study aimed to compare the effectiveness of Gottman Couples Therapy (GMCT) and Emotion-Focused Couples Therapy (EFCT) in reducing covert relational aggression in couples experiencing emotional divorce. The findings indicated that Gottman Couples Therapy was effective in reducing covert relational aggression in these couples, and this effect was maintained during the three-month follow-up period. These results are consistent with previous studies that have confirmed the effectiveness of GMCT in addressing aggression, relationship satisfaction, and marital intimacy (Farhadnia, 2016; Garanzini et al., 2017; Irvine & Peluso, 2022; Irvine et al., 2024; Karimi et

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al., 2020). For example, a study conducted on women demonstrated that marital skills training based on the Gottman model significantly reduced covert relational aggression in the experimental group (Karimi et al., 2020). Another study found that GMCT was more effective than conventional therapeutic approaches in facilitating relationships, particularly in the areas of trust, conflict management, relationship satisfaction, and sexual quality (Erwin et al., 2024).

Covert relational aggression is associated with negative relational qualities such as distrust, jealousy, and hopelessness, as well as a more negative perception of relationship quality for both the victim and the perpetrator (Coyne et al., 2019). In this context, couples in the GMCT group were exposed to the Trust Revival Method (Gottman & Gottman, 2017). According to Irvine and Peluso (2022), the Trust Revival Method differs from other comprehensive couples therapy approaches in treating aggression because, rather than focusing on reducing the aggressor's emotions, it addresses symptoms of post-traumatic stress disorder that may exist and contribute to distress and dissatisfaction in the relationship. Specifically, the Trust Revival Method consists of three stages: atonement, attunement, and attachment (Irvine & Peluso, 2022).

The initial stage, atonement, focuses on helping the victim receive answers to questions about the aggression, express their emotional pain, and hear genuine remorse from the aggressive partner (Gottman, 2018). During this stage, the aggressive spouse acknowledges their violent behavior, demonstrates transparency by answering the victim's questions, provides initial affirming behaviors, and expresses deep regret or apology, leading to a significant reduction in anger and hostility in the couple's relationship.

In the attunement stage, couples address the issues that existed in their relationship before the aggression occurred and work toward rebuilding a stronger relationship (Gottman & Gottman, 2017). Research literature suggests that attunement interventions used by GMCT therapists significantly increase acceptance of influence in the aggressor, reduce the prevalence of the "Four Horsemen" behaviors (contempt, stonewalling, defensiveness, and criticism) in the victim, and enhance defensive strategies for the aggressor (Irvine & Peluso, 2022; Irvine et al., 2024). These findings suggest that this stage helps replace silence about relationship challenges with efforts to assert oneself in a constructive manner.

The final stage, attachment, is designed to help couples rebuild trust and reconnect in a positive and affectionate manner (Gottman & Gottman, 2017). According to research literature, key outcomes of the attachment stage include reduced emotional disengagement (indicative of stronger emotional connections between partners), renewed sexual intimacy, and a significant reduction in spiritual, religious, and ethical conflicts (Garanzini et al., 2017; Irvine & Peluso, 2022; Irvine et al., 2024). This suggests that exploring shared meaning can strengthen couples' spiritual and ethical bonds, deepen commitment and loyalty, and ultimately lead to lower covert relational aggression scores.

By the end of the GMCT sessions, couples demonstrated more effective and efficient communication with their partners, avoiding behaviors that damage relationships. They learned to resolve marital conflicts through dialogue and the structured communication techniques taught during therapy. Instead of engaging in criticism, insults, blame, or accusations, they were encouraged to use "I" statements and complaints rather than direct criticism. Overall, the training provided in the three stages of atonement, attunement, and attachment helped couples gain a deeper understanding of their marital relationship, leading to improved conflict management and the use of peaceful periods as opportunities for increasing intimacy and strengthening their emotional connection. This contributed to a more effective response to conflicts and a reduction in covert relational aggression, allowing couples to experience a more satisfying marital relationship.

Another key finding of this study was that EFCT significantly reduced covert relational aggression in couples with emotional divorce, and this effect persisted during the three-month follow-up period. This result aligns with previous studies that have confirmed the effectiveness of EFCT in enhancing positive interactions, increasing intimacy, and addressing marital problems (Babaei Gharmkhani et al., 2017; Bodenmann et al., 2020; Daryaye Lal et al., 2022; Ezzodin et al., 2021; Johnson, 2015; Johnson & Zuccarini, 2010; Johnson, 2012; Karimi, 2012). In EFCT, marital conflict is conceptualized as a disruption in attachment bonds, a failure in emotional regulation, and a call for emotional responsiveness from the partner (Johnson, 2012). The therapy focuses on reconstructing attachment bonds through a process consisting of three phases: (1) assessing and de-escalating conflict patterns, (2) fostering and validating secure attachment experiences between partners, and (3) stabilizing a new, secure attachment base in daily life (Johnson, 2015; Johnson, 2012).

Process studies have identified two critical active elements in EFCT that facilitate the restoration of attachment



bonds. The first involves repairing negative emotional experiences in the early stages of therapy. The second involves creating new interaction patterns between partners, such as expressing attachment-related needs and responding to the partner's needs, thereby improving emotional regulation potential in couples (Bodenmann et al., 2020).

The findings of this study emphasize the effectiveness of EFCT in reducing covert relational aggression. This can be explained by the fact that changes in EFCT occur when therapists help partners alter elements of a destructive relationship. Breaking negative interaction cycles leads to different reactions, encouraging partners to move toward a more secure relationship. Through EFCT, couples can access, express, and reprocess emotions that drive their negative interaction patterns. They can then communicate new emotional signals that promote increased accessibility and responsiveness, resulting in a more secure and satisfying bond (Ezzodin et al., 2021). Additionally, the process of change in EFCT helps couples access and express underlying vulnerable emotions, which in turn disrupts negative interaction cycles and strengthens intimacy and secure attachment (Ezzodin et al., 2021), ultimately leading to lower levels of covert relational aggression.

The comparison of the effectiveness of GMCT and EFCT revealed that EFCT was more effective in reducing covert relational aggression in couples experiencing emotional divorce. In line with this finding, a study by Payamani et al. (2024) demonstrated that emotion regulation training was more effective in increasing marital intimacy and improving communication patterns in women seeking divorce compared to the Gottman model (Payamani et al., 2024). However, Daryaye Lal et al. (2022) found no significant difference in the effectiveness of the Gottman and EFCT models on marital intimacy, a result that contrasts with the present study's findings (Daryaye Lal et al., 2022).

This discrepancy may be attributed to EFCT's emphasis on the moment-to-moment construction of emotional experience and its systemic focus on shaping key interaction patterns. EFCT focuses entirely on emotions experienced within the relationship in the here and now, centering on couples' attachment needs and associated emotions. The approach considers secondary and primary emotions, which are deeply linked to attachment styles and personal experiences that influence how partners process current Throughout relational events. therapy, communication is transformed into an opportunity to express and reinterpret difficult emotions in a new way. With the therapist's guidance, partners learn to soften their

expressions, understand each other's emotions, and move toward secure attachment interactions. The creation of new interactional events during therapy redefines the relationship as a safe haven, ultimately leading to greater marital satisfaction and improved aggression management within relationships.

A key limitation of this study is the reliance on self-report measures, which may be subject to response bias and distortion. Additionally, the sample was limited to couples experiencing emotional divorce who sought services at counseling and psychological centers in Tehran, potentially limiting the generalizability of the findings to other populations or broader contexts. Expanding the sample to include diverse populations across different age groups, cultural backgrounds, and stages of marital life could enhance the generalizability of the findings. Moreover, integrating objective measures such as interviews or behavioral observations alongside self-report tools could help mitigate data-related biases.

Overall, the findings of this study highlight EFCT and GMCT as promising interventions for improving covert relational aggression in women experiencing emotional divorce. These results provide valuable insights for couples therapists in guiding couples toward reducing covert relational aggression and fostering deeper emotional connections.

Authors' Contributions

Authors contributed equally to this article. This article is derived from first authors' doctoral dissertation.

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.

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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E-ISSN: 3041-9026