




The Effectiveness of Emotionally Focused Couple Therapy on Emotional Experiences towards Spouse, Marital Burnout, and Family Relationships of Married Women

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ABSTRACT

Objective: This study aimed to evaluate the effectiveness of emotionally focused couple therapy on emotional experiences towards spouse, marital burnout, and family relationships of married women in the city of Isfahan. The study employed an experimental method (a two-group pre-test, post-test, and follow-up design).

Materials and Methods: The statistical population included all married women in the city of Isfahan in the year 2020. From this population, 40 women were selected and randomly assigned to either the experimental group (20 participants) or the control group (20 participants). The experimental group underwent 8 sessions of emotionally focused couple therapy, while the control group was placed on a waiting list. Data collection was conducted using three questionnaires: Emotional Experiences Towards Spouse by Ghaforahi and Yusefi (2018), Marital Burnout by Pines (1996), and Family Relationships by Olson and Barnes (1982). The educational package used in this study was derived from Greenberg, Warwar, and Malcolm (2010). Data analysis was performed using descriptive statistics (mean and standard deviation) and inferential statistics (multivariate covariance analysis), with computations conducted via the Statistical Package for the Social Sciences (SPSS) version 22.

Findings: The results of this analysis indicated that the therapy method had a significant positive impact on the research variables ($P < 0.05$).

Conclusion: The results of multivariate covariance analysis demonstrated that emotionally focused couple therapy is effective in improving emotional experiences towards spouse, marital burnout, and family relationships among married women in the city of Isfahan.

Keywords: *Emotionally Focused Couple Therapy, Emotional Experiences Towards Spouse, Marital Burnout, Family Relationships*

1. Introduction

Divorce statistics, which are the most prominent indicators of marital conflicts, are increasing day by day (Dehghani Sheshdeh & Yousefi, 2019). Multiple components are correlated with marital problems, and it seems that one of the most important and influential factors is emotional experiences towards the spouse (Navabinejad et al., 2024).

Emotional experiences are a personality trait that has significant and profound effects on interpersonal relationships and explains emotional relationships within interpersonal and family contexts (Kajbaf et al., 2005). The higher the level of positive emotions experienced, the healthier, more creative, and successful couples will be in their marital lives (Lyubomirsky et al., 2005). Conversely, the expression of negative emotions increases the likelihood of marital burnout, manifesting in forms of anger, sadness, hatred, contempt, guilt, and fear. Due to emotion dysregulation, individuals may fail to establish or maintain deep and satisfying marital relationships, and their sexual relationships may also decline, predicting future divorce or infidelity. The reduction of intimacy and positive emotions in marital relationships is the main axis of marital problems affecting married women, and if persistent, it will lead to deeper and more complex issues such as marital burnout (Smaeeli Far et al., 2020).

One type of negative emotion in married life is marital burnout, which married women experience in conflicting marital relationships. Marital burnout is the gradual decrease in emotional attachment to the spouse, accompanied by feelings of alienation, disinterest, and indifference, replacing positive emotions with negative ones, and experiencing a continuous sense of disconnection from the spouse and mutual relationships. The mismatch between expectations and realities in marital relationships gradually leads to a decline in emotional-psychological performance and ultimately to marital burnout. Conversely, positive aspects of life, such as creating a positive perception of the relationship with the spouse, good relationships with other family members, friends, and colleagues, unconditional support during stress and problems, positive feedback on tasks, and creating a pleasant environment in line with the couple's interests, can prevent the occurrence or continuation of marital burnout (Pines, 1996; Pines, 2013).

On the other hand, clear and effective communication among family members not only fosters the growth of feelings and values but also contributes to the family's health

and success and determines the emergence of family problems and tensions. Communication problems are among the most common and destructive components of marital and family issues. Healthy and positive family relationships are closely related to trust, participation, intimacy, and mental health, and their absence is associated with detrimental psychological effects. Healthy and positive family relationships are essential for health and a healthy lifestyle as they create a sense of efficacy and worth (Shamaeizadeh & Yousefi, 2019). Communication injuries among couples and in-laws have multiple cognitive, emotional, and behavioral consequences on marital relationships, personal lives, and physical and mental health (Ghasemi et al., 2016). Therefore, improving family relationships is always a focus for family specialists.

Various therapeutic approaches have been proposed for marital problems. One approach that appears to be effective in treating emotion-based marital issues is emotionally focused couple therapy. In emotionally focused therapy, three general guidelines are followed in dealing with emotions: 1- The therapist focuses on the clearest and most prominent aspect of the experience that emerges during the treatment process, such as crying or dramatic non-verbal expressions. 2- The therapist focuses on emotions that are significant and prominent from the perspective of attachment-based needs. 3- The therapist focuses on emotions that seem to play a crucial role in organizing negative interactions and limiting responsiveness. This therapy involves three basic stages: 1- The agreement and awareness stage, which includes attention, focus, and understanding of the client's current feelings, providing the rationale for working with emotions, expanding awareness of inner experiences, and creating shared focus. 2- The elicitation and exploration stage, which includes showing support, evoking problematic feelings and emotions, neutralizing interruptions and resistances, and helping the client access primary emotions or fundamental maladaptive schemas. 3- The change stage, which includes helping the client create new emotional responses, expanding insight to give meaning to experiences, and validating new feelings and supporting the emergence of a new sense of self. In emotionally focused couple therapy, emotion regulation is used as the main driver in organizing attachment, identity, and attraction. According to this approach, couples' conflicts arise from failure to regulate one's emotions and the emotions of the other, and the focus of therapy is on methods that help couples regulate and modulate emotions like anger, sadness, fear, and shame, as well as positive emotions like

love (Blow et al., 2015; Burgess Moser et al., 2016; Ghafarolahi et al., 2020; Welch et al., 2019).

Several studies have shown that emotionally focused couple therapy is effective in treating marital distress (Burgess Moser et al., 2016), depression in couples, and post-traumatic stress disorder (PTSD) (Blow et al., 2015). Its effectiveness in some studies has been greater than cognitive interventions (Dandeneau & Johnson, 1994). Additionally, its structured and comprehensive nature is associated with increased effectiveness and a lower likelihood of relapse (Welch et al., 2019). However, no published research has been found regarding the effectiveness of this method on emotional experiences towards the spouse. Given the necessity of correcting emotions towards the spouse within the family, this study, along with variables of marital burnout and family relationships, aimed to address this variable. The results of such a study may pave the way for further research in this area and provide a suitable framework for preventing negative emotional experiences towards the spouse and improving positive emotions towards the spouse. Therefore, this study aimed to answer the question: Does the emotionally focused method have a significant impact on improving emotional experiences towards the spouse, marital burnout, and family relationships?

2. Methods and Materials

2.1. Study design and Participant

This study employed an experimental and semi-experimental design with a pre-test, post-test, and follow-up, involving two groups: an experimental group and a control group.

To conduct the study, after sampling and obtaining the necessary permits from the university, the sample members were randomly assigned to the experimental and control groups. The experimental group underwent eight sessions of emotionally focused couple therapy, while the control group did not receive any intervention. Both groups were assessed using the research instruments at the pre-test, post-test, and one-month follow-up stages. The research population consisted of all married women in the city of Isfahan. The sample included 40 married women, selected through convenience sampling from those who had marital problems and attended family counseling centers. The sampling process involved visiting family counseling centers in Isfahan, explaining the study, and randomly assigning eligible participants to the experimental and control groups.

The experimental group received eight weekly sessions of emotionally focused couple therapy at one of the counseling centers. The inclusion criteria for this study were a willingness to participate, being married, aged between 20 to 40 years, not suffering from severe medical or psychiatric disorders, not using substances or psychoactive drugs, and not participating in other simultaneous therapeutic interventions. The exclusion criteria were more than two absences, the emergence of severe psychiatric symptoms during treatment, being divorced or separated, and having education below middle school level.

For the study, 40 married women with marital conflicts attending family counseling centers in Isfahan were selected through convenience and volunteer sampling and randomly assigned to the experimental and control groups. Both groups underwent pre-test, post-test, and one-month follow-up assessments using the research instruments. The control group was on a waiting list, while the experimental group received eight weekly sessions of emotionally focused couple therapy at one of the counseling centers.

2.2. Measures

2.2.1. Emotional Experiences Towards Spouse

This scale, developed by Ghafarolahi and Yusefi (2020), measures emotional experiences towards the spouse and contains 9 subscales (fear, anger, jealousy, sadness, anxiety and worry, joy, hope, love, hatred). Each subscale has 5 items scored on a 5-point Likert scale from strongly agree (1) to strongly disagree (5). Ghafarolahi and Yusefi (2018) reported a Cronbach's alpha above 0.92 for each subscale and suitable psychometric properties (Ghafarolahi et al., 2020). This questionnaire is divided into two subscales: positive and negative emotions. Exploratory factor analysis confirmed two factors, indicating construct validity. Convergent validity was shown with the intimacy questionnaire, and divergent validity with the triangulation questionnaire, with inverse results for negative emotions reported (Ghafarolahi et al., 2020).

2.2.2. Marital Burnout

The Marital Burnout Measurement is a self-assessment tool developed by Pines (1996) to measure the degree of marital burnout among couples. It contains 21 items and three subscales: physical burnout, psychological burnout, and emotional burnout. Seventeen items are negative statements like fatigue, distress, and worthlessness, and four

items are positive statements like happiness and energy. The questions are scored on a 7-point Likert scale from never (1) to always (7). Reliability assessment showed an internal consistency range between 0.84 and 0.90. Validity was confirmed by negative correlations with positive relational characteristics such as positive views of the relationship, quality of conversation, sense of security, self-actualization, sense of purpose, emotional attraction to the spouse, and sexual relationship quality. In Iran, Navidi obtained a Cronbach's alpha of 0.86 for a sample of 240 participants (120 nurses and 120 teachers) (Navidi et al., 2008). Validity was also established through divergent validity with the marital satisfaction questionnaire (Soodani et al., 2014).

2.2.3. Family Relationships

This questionnaire, used to assess family relationships, contains 10 items scored on a 5-point Likert scale from completely satisfied to completely dissatisfied. Olson and Barnes (2004) reported an internal consistency reliability ($\alpha = 0.95$) based on a sample of 2265 individuals, and test-retest reliability ($\alpha = 0.86$) (Olson & Barnes, 2004). In this study, the internal consistency was re-evaluated using Cronbach's alpha ($\alpha = 0.902$). In Iran, Moojoodi, Yusefi, and Torkan (2018), and Shamaeizadeh and Yusefi (2019) reported suitable validity. The total score is obtained by summing all items, with no reverse scoring (Moojoodi et al., 2018; Shamaeizadeh & Yusefi, 2019).

2.3. Intervention

2.3.1. Emotionally Focused Couple Therapy

This intervention protocol outlines an eight-session emotionally focused couple therapy program designed to address emotional experiences towards the spouse, marital burnout, and family relationships. The protocol is structured to build emotional awareness, reduce negative interaction cycles, access underlying emotions, and rebuild positive interactions, ultimately strengthening marital bonds and family dynamics (Blow et al., 2015; Burgess Moser et al., 2016; Ghafarollahi et al., 2020; Welch et al., 2019).

Session 1: Introduction and Building Therapeutic Alliance

In the first session, participants are introduced to each other and the therapist. The therapist explains the objectives and concepts of emotionally focused therapy. Members are encouraged to share their motivations and expectations for joining the sessions. This session aims to build a strong

therapeutic alliance and establish a safe, supportive environment for open communication.

Session 2: Validating Emotions and Identifying Core Issues

The second session focuses on validating the participants' feelings and acknowledging their underlying pain. The therapist explores how these issues reflect fundamental problems related to attachment and identity. This session helps clients recognize the deeper emotional roots of their marital conflicts and sets the stage for further therapeutic work. Homework assignments are given to reinforce the session's concepts.

Session 3: Identifying Negative Interaction Cycles

In the third session, the therapist helps couples identify their negative interaction cycles and their roles within these cycles. By externalizing the problem and attributing it to these interaction patterns, couples can begin to see the issues as something they can change together. The session also involves identifying attachment-related or identity-centered emotions underlying the current interaction patterns. Homework assignments are provided to practice new insights.

Session 4: Exploring Sensitivities and Redefining Problems

The fourth session delves into the background and history of the couples' sensitivities. The therapist focuses on interactional sensitivities and redefines the problem based on the vulnerable underlying emotions. This redefinition helps couples see their issues in a new light and sets the groundwork for addressing these emotions constructively. Homework assignments continue to support this process.

Session 5: Accessing Underlying Emotions

In the fifth session, the therapist helps clients access and articulate their unmet needs and unacknowledged emotions that form the basis of their interactional patterns. This session aims to bring these core feelings to the surface, allowing for greater emotional clarity and understanding. Homework is assigned to reinforce these insights and encourage further emotional exploration.

Session 6: Overcoming Internal Barriers

The sixth session identifies internal psychological barriers that hinder the expression and recognition of emotions. Clients are encouraged to recognize and own their unmet needs and individual aspects. This session aims to break down these barriers, facilitating deeper emotional expression and personal growth. Homework assignments focus on practicing these new emotional skills.

Session 7: Rebuilding Positive Interactions

In the seventh session, couples are encouraged to accept their partner's emotional experiences and perceptions. The therapist facilitates the expression of feelings, needs, and desires to foster a stronger bond (emphasizing interpersonal relationships) and encourages clients to engage in self-healing and change maladaptive emotional patterns (emphasizing self-awareness). Homework assignments are given to practice these new interaction patterns.

Session 8: Consolidation and Integration

The final session focuses on consolidating new interaction patterns and creating solutions for problematic interactions. The therapist helps solidify new identity narratives and interactions. A discussion on the strengths and weaknesses of the therapy is held, and the achievements of each participant throughout the sessions are reviewed. A post-test is conducted to evaluate progress and outcomes.

Table 1

Mean and Standard Deviation of Emotional Experiences Towards Spouse, Marital Burnout, and Family Relationships of Married Women

| Variable | Group | Mean | Standard Deviation | N |
|--|--|---------|--------------------|----|
| Positive Emotional Experience Towards Spouse (Pre-test) | Emotionally Focused Couple Therapy Group | 24.600 | 2.479 | 20 |
| | Control Group | 22.350 | 3.048 | 20 |
| Positive Emotional Experience Towards Spouse (Post-test) | Emotionally Focused Couple Therapy Group | 39.150 | 2.641 | 20 |
| | Control Group | 21.350 | 2.852 | 20 |
| Positive Emotional Experience Towards Spouse (Follow-up) | Emotionally Focused Couple Therapy Group | 39.400 | 2.779 | 20 |
| | Control Group | 20.900 | 2.468 | 20 |
| Negative Emotional Experience Towards Spouse (Pre-test) | Emotionally Focused Couple Therapy Group | 106.900 | 4.178 | 20 |
| | Control Group | 106.300 | 3.045 | 20 |
| Negative Emotional Experience Towards Spouse (Post-test) | Emotionally Focused Couple Therapy Group | 58.450 | 3.953 | 20 |
| | Control Group | 105.450 | 3.913 | 20 |
| Negative Emotional Experience Towards Spouse (Follow-up) | Emotionally Focused Couple Therapy Group | 57.400 | 4.706 | 20 |
| | Control Group | 108.100 | 4.303 | 20 |
| Marital Burnout (Pre-test) | Emotionally Focused Couple Therapy Group | 107.25 | 4.45 | 20 |
| | Control Group | 106.15 | 4.14 | 20 |
| Marital Burnout (Post-test) | Emotionally Focused Couple Therapy Group | 75.25 | 5.88 | 20 |
| | Control Group | 106.40 | 5.50 | 20 |
| Marital Burnout (Follow-up) | Emotionally Focused Couple Therapy Group | 78.65 | 5.42 | 20 |
| | Control Group | 107.25 | 5.57 | 20 |
| Family Relationships (Pre-test) | Emotionally Focused Couple Therapy Group | 25.40 | 4.14 | 20 |
| | Control Group | 25.45 | 3.23 | 20 |
| Family Relationships (Post-test) | Emotionally Focused Couple Therapy Group | 42.00 | 3.98 | 20 |
| | Control Group | 24.30 | 2.61 | 20 |
| Family Relationships (Follow-up) | Emotionally Focused Couple Therapy Group | 42.90 | 4.02 | 20 |
| | Control Group | 28.80 | 3.76 | 20 |

The results of [Table 1](#) show that the post-test and follow-up scores for negative emotional experiences towards the spouse and marital burnout in the emotionally focused couple therapy group decreased compared to the pre-test scores and the control group. In contrast, the post-test and follow-up scores for family relationships and positive emotional experiences towards the spouse in the emotionally focused couple therapy group increased compared to the pre-test scores and the control group.

2.4. Data Analysis

Data analysis was performed using descriptive statistics (mean and standard deviation) and inferential statistics (multivariate covariance analysis), with computations conducted via the Statistical Package for the Social Sciences (SPSS) version 22.

3. Findings and Results

To answer the research question, a repeated measures analysis of variance (ANOVA) test was used. It should be noted that the average age of the subjects was 32.3 years with a standard deviation of 4.56 years, and all subjects had a high school diploma or higher education. [Table 1](#) shows the mean and standard deviation of the research variables by group.

To examine the significance of these differences, a repeated measures ANOVA was used, considering that each participant was assessed three times for each dependent variable. The Shapiro-Wilk test was used to check the normality of the data, and the results indicated a normal distribution. The Levene's test was used to check the homogeneity of variances, and the results showed no significant differences in variances of the dependent variable between the two groups. The Box's test was used to check

the equality of covariances of the dependent variables, and the results indicated no significant differences in covariances of the dependent variables between the two groups. The Mauchly's test was used to check the sphericity assumption for the repeated measures.

The results of the Mauchly's test indicated that the variance of positive and negative emotional experiences towards the spouse and family relationships did not differ

significantly across the three stages, confirming the sphericity assumption for these dependent variables, except for marital burnout. For the marital burnout variable, since the group sizes were equal, this assumption was not crucial. Additionally, because the sphericity assumption was not met for marital burnout, the Greenhouse-Geisser correction was applied for this variable.

Table 2

Results of Repeated Measures ANOVA for Positive and Negative Emotional Experiences Towards Spouse, Marital Burnout, and Family Relationships of Married Women by Group

| Source of Variation | Variable | Sum of Squares | Df | Mean Square | F | Significance | Partial Squared | Eta | Power |
|---|------------|----------------|--------|-------------|---------|--------------|-----------------|-----|-------|
| Positive Emotional Experiences Towards Spouse | Time | 120.217 | 2 | 60.108 | 150.151 | .000 | .798 | | 1.000 |
| | Time*Group | 168.850 | 2 | 84.925 | 210.106 | .000 | .847 | | 1.000 |
| | Error | 305.267 | 76 | 4.017 | | | | | |
| Negative Emotional Experiences Towards Spouse | Group | 495.675 | 1 | 495.675 | 350.029 | .000 | .902 | | 1.000 |
| | Time | 156.467 | 2 | 78.233 | 900.347 | .000 | .960 | | 1.000 |
| | Time*Group | 163.467 | 2 | 81.233 | 939.127 | .000 | .961 | | 1.000 |
| Marital Burnout | Error | 662.400 | 76 | 8.716 | | | | | |
| | Group | 314.033 | 1 | 314.033 | 990.188 | .000 | .963 | | 1.000 |
| | Time | 5504.817 | 1.073 | 5128.490 | 432.048 | .000 | .919 | | 1.000 |
| Family Relationships | Time*Group | 6011.017 | 1.073 | 5600.085 | 471.777 | .000 | .925 | | 1.000 |
| | Error | 484.167 | 40.788 | 11.870 | | | | | |
| | Group | 10735.208 | 1 | 10735.208 | 156.816 | .000 | .805 | | 1.000 |
| Family Relationships | Time | 2018.617 | 2 | 1009.308 | 689.608 | .000 | .948 | | 1.000 |
| | Time*Group | 1928.150 | 2 | 964.075 | 658.703 | .000 | .945 | | 1.000 |
| | Error | 111.233 | 76 | 1.464 | | | | | |
| Family Relationships | Group | 3796.875 | 1 | 3796.875 | 101.341 | .000 | .727 | | 1.000 |

For the marital burnout variable, because the sphericity assumption was not met in the Mauchly's test, the Greenhouse-Geisser correction was applied for analyzing the findings related to it. According to the results in Table 2, the main effect of time for the variables positive and negative emotional experiences towards the spouse, marital burnout, and family relationships is significant. This means that the estimated mean scores for positive and negative emotional experiences towards the spouse, marital burnout, and family relationships showed significant differences from the pre-test to the post-test and follow-up stages ($p < .001$).

The main effect of group membership (groups) was also significant for the variables positive and negative emotional experiences towards the spouse, marital burnout, and family relationships. This indicates that the research groups, in general, showed significant differences in the scores of positive and negative emotional experiences towards the spouse, marital burnout, and family relationships ($p < .001$). The interaction effect of time and group membership

(research conditions) was also significant for all three variables: positive and negative emotional experiences towards the spouse, marital burnout, and family relationships ($p < .001$). This finding means that there was a significant difference between the experimental and control groups in the mean scores of positive and negative emotional experiences towards the spouse, marital burnout, and family relationships from the pre-test to the post-test and follow-up stages. Therefore, the main hypothesis is confirmed. The eta squared indicates that 90.2% of the changes in positive emotional experiences towards the spouse, 96.3% of the changes in negative emotional experiences towards the spouse, 80.5% of the changes in marital burnout, and 72.7% of the changes in family relationships are due to the effect of group membership. The statistical power for all variables of positive and negative emotional experiences towards the spouse, marital burnout, and family relationships was calculated to be 1.

4. Discussion and Conclusion

The results showed that there was a significant difference between the experimental and control groups in the mean scores of positive and negative emotional experiences towards the spouse, marital burnout, and family relationships from the pre-test to the post-test and follow-up stages. Therefore, this method had a significant effect.

The obtained results are consistent with the prior findings (Blow et al., 2015; Burgess Moser et al., 2016; Ghafarolahi et al., 2020; Welch et al., 2019).

In explaining the effectiveness of this method in reducing negative emotional experiences and increasing positive emotional experiences towards the spouse, it can be said that negative emotional experiences towards the spouse indicate experiences of depression, anxiety, hatred, boredom, resentment, and anger towards the spouse, and positive emotional experiences towards the spouse mean having interest, desire, love, hope, and optimism towards the spouse. Therefore, it seems that these trainings included awareness and techniques that were able to reduce negative emotions and increase positive emotions. Emotionally focused therapy is a combination of systemic, experiential, and attachment perspectives; the systemic approach emphasizes cyclical and self-sustaining interaction patterns, the experiential perspective emphasizes empathy as the main moderator of experiencing, acceptance, and self-validation, and the attachment approach emphasizes responsiveness to each other's needs and secure attachment styles (Welch et al., 2019). In fact, in this method, the therapist focused on the clearest and most prominent aspect of the emotional experience; such as crying or dramatic non-verbal expressions, to open the door to the hidden world of emotions towards the spouse among the participants. The therapist also introduced and raised awareness about attachment styles and their types to explain emotions from the perspective of attachment-based needs and showed how insecure attachment can be a strong driver for experiencing negative emotions towards the spouse in daily married life (Ghafarolahi et al., 2020). Additionally, the training focused on modifying emotions that appear to play a crucial role in organizing negative interactions and limiting responsiveness towards the spouse, such as insecurity and fear of intimacy. In this method, the trainer, while supporting the individuals, invited group members to provide emotional support to each other so that they could express problematic emotions and access primary emotions that disrupt the sense of security in the relationship. They were then asked to learn and practice

new emotional responses, expand insight to give meaning to experiences, validate new feelings, and support the emergence of a new sense of self in the relationship, with a focus on emotion regulation and attention to emotional needs (Ghafarolahi et al., 2020; Welch et al., 2019). Therefore, it seems that these trainings enabled them to experience better communication with their spouse and, as a result, have fewer conflicts, which led to fewer negative emotional experiences and more positive emotional experiences.

In explaining the effectiveness of emotionally focused couple therapy on marital burnout, it can be said that burnout occurs when couples realize that, despite all their efforts, their marital relationship has not given their lives any special meaning or purpose, resolving conflicts seems impossible, and the individual feels too exhausted to continue the relationship and sees marital duties as a heavy burden that they cannot manage. It seems that in these trainings, the participants learned methods and gained insights that helped them reduce marital burnout. For example, they learned that secure attachment is important for improving relationships and that improving secure attachment in relationships can reduce problems. They also became familiar with the importance of emotional responsiveness, which includes being available for support when needed and being assured that their partner can respond to their needs. Understanding the partner, activating the individual to respond to the partner's needs, and avoiding blaming each other have led to reduced marital conflicts and increased feelings of security, which together have been effective in reducing marital burnout.

In explaining the effectiveness of emotionally focused couple therapy on family relationships, it can be said that improving family relationships means couples are satisfied with their spouse, can communicate with them, can help each other when needed, talk about problems, and reach a common solution. Therefore, it seems that the reports of relationship improvement by these women indicate that in these trainings, they learned about the role of secure attachment in creating intimacy and the impact of insecure attachment styles. They realized that fear and insecurity in relationships lead to controlling the partner and holding them responsible for one's own feelings of insecurity, which increases conflicts and creates insecurity instead of safety in relationships, thus intensifying insecure attachment in themselves and their spouse. This awareness, along with techniques for recognizing and accepting emotions and methods for correctly expressing emotions in relation to the spouse, creating security in the spouse, and finding new

solutions for old problems, all helped these women perform better in their marital relationships, reduce marital conflicts, and experience better family relationships.

5. Limitations and Suggestions

Based on these findings, it can be concluded that the emotionally focused method is suitable for improving family constructs such as emotional experiences towards the spouse, marital burnout, and family relationships among couples. However, like other studies, this research had limitations, such as convenient sampling and the same person being both the trainer and researcher. Therefore, it is recommended that future researchers consider random sampling and different individuals as the trainer and researcher to increase the validity of these results. Additionally, family counselors are encouraged to use this method to improve family constructs.

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. The

Biomedical Research Ethics Committee of the Islamic Azad University, Khorasgan Branch, reviewed and approved this study with the ethics code IR.IAU.KHUISF.REC.2023.065.

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