

## Original Article

# The Effectiveness of Couples' Relationship Enrichment Training with Emotion-Focused Approach on Fear of Intimacy and Insecure Attachment Styles

Zohreh Kiadarbandsari<sup>1</sup>, Hasan Mirza Hosseini<sup>1\*</sup>, Majid Zargham Hajebi<sup>1</sup>

<sup>1</sup>Department of Psychology, Qom Branch, Islamic Azad University, Qom, Iran

Received: 18 Jan 2022; Revised: 12 Feb 2022; Accepted: 12 Mar 2022

## Abstract

**Background and Aim:** Marital infidelity is a traumatic interpersonal issue that can lead to cognitive, emotional, and behavioral symptoms in the victim. Therefore, this study aimed to investigate the effectiveness of couples' relationship enrichment training with the EFT, emotion-focused approach on fear of intimacy and insecure attachment styles among couples faced with spousal infidelity.

**Materials and Methods:** The method of the study was a semi-experimental with pre-test, post-test, control group and with the follow-up phase. The statistical population of this study was all men and women faced with spousal infidelity in Tehran in 2019-2020. Through convenience sampling method, 40 people were selected and randomly divided into an intervention group by training couples' relationship enrichment with an emotion-focused approach and a control group. The experimental group underwent 8 sessions of 90 minutes of training to enrich couples' relationships with an emotion-focused approach and the control group stayed on the waiting list. Data were collected based on an attachment styles questionnaire and fear of intimacy questionnaire. Multivariate covariance analysis test was used to eliminate the effect of pre-test using SPSS software.

**Results:** The results showed that emotion-focused training affected the scores of insecure attachment styles ( $P < 0.01$ ) and fear of intimacy ( $P < 0.01$ ). The results also showed that the method of training was to enrich couples' relationships with an emotion-focused approach in the follow-up phase.

**Conclusion:** It can be concluded that the intervention on training couples' relationship enrichment focused on the emotion-focused approach is an effective model in women and men affected by spousal infidelity and can be used as one of the therapeutic or educational methods in couple therapy programs.

**Keywords:** Insecure attachment styles, Couples' relationship enrichment training, Emotion-focused approach

\*Corresponding Author: Hasan Mirza Hosseini, Assistant Professor, Department of Psychology, Qom Branch, Islamic Azad University, Qom, Iran. Email: [Mirzahoseini.hasan@yahoo.com](mailto:Mirzahoseini.hasan@yahoo.com).

ORCID: 0000-0002-6902-2545

Please cite this article as: Kiadarbandsari Z, Hosseini HM, Zargham Hajebi M. The Effectiveness of Couples' Relationship Enrichment Training with Emotion-Focused Approach on Fear of Intimacy and Insecure Attachment Styles. Int. J. Appl. Behav. Sci. 2022;9(1):20-8.

## Introduction

**M**arital infidelity is a shocking problem for couples and families and a common phenomenon for counselors and therapists. Extramarital relationships create a lot of turmoil for couples. The results show that most people expect monogamy and avoid extramarital relationships with their spouses (1). When a person's wife betrays him, the person is at a crossroads, on the one hand, separation destroys the family from the loss of a wife he may still love, and resolving disputes means that he still has to live with the wounds of infidelity and accept the risk of another betrayal (2). In recent studies with broad selective samples, approximately 22% to 25% of men and 11% to 15% of women in the United States reported having sex at least once outside their marital framework. Between 1.5% and 4% of married people engage in sex outside the marital framework annually, and over the past year, men have been twice as much into illegitimate sex than women (3).

On the other hand, Bowlby (4) believes that three factors are effective in promoting couples' satisfaction. Marital satisfaction of parents, enjoyment of a childhood period with happiness, lack of conflict, and conflict with the mother. The marital relationship must be based on affection, cooperation, sympathy, understanding, forgiveness, mutual sacrifice, and the couple's cohabitation. It seems that one of the most important factors affecting interpersonal interactions and marital satisfaction is the type of attachment style that was formed in one's childhood and continues in later ages according to the environment in which it has evolved. Attachment, which is the emotional bond of the child-mother, determines the health and mental health of the individual (4). Cohesion and stability in caregiver's relational patterns allow continuity in an attachment (5) and hence affect the family union. McCarthy and Taylor (6) reported that the quality of care, shaped by the attachment model, guides parents' behavior toward their children. Attachment style describes the processes in which the bond between the individual and the family is formed. Attachment styles are in-work models derived from deep child-mother emotional bonds that determine the shape of people's behavioral responses to the separation of attachment

images and reconnection with these images. These styles are divided into three categories: safe, avoidant, and ambivalence (7). During growth, individuals record a set of subjective evidence for their success through adequate proximity to attachment images as in-work models (8). Studies have shown that people with a secure attachment style experience lower levels of negative emotions and establish strong relationships with those who come to receive support when they are emotionally distressed. People with insecure attachment styles experience lower levels of positive emotions compared to safes and show an inability to manage stress, anxiety, and other negative emotions (9). Liechtenstein *et al.* (10) achieved the results in their research that people with safe, avoidant, and delves-oriented styles use completely different strategies to regulate emotions and process emotional information, which in turn increases or decreases happiness and psychological well-being.

Therefore, today therapists are faced with a variety of complex issues in family and couple structures, and one-dimensional therapies (e.g., cognition-based therapies or behavioral or emotional therapies) alone have not been able to consider family relationships with all their complexities (11). Accordingly, in recent years, efforts have been made to combine specific components from different approaches in a systematic way and a coherent and integrated model. Integrated approaches have unique advantages such as creating a broader base of intervention and flexibility in the treatment of clients (12). Also, integrated approaches try to reduce the risk of accidental, irrelevant, and contradictory intervention resulting from the eclecticism of different principles or techniques, regardless of potential inconsistencies or incompatible interactions (13). Enrichment of couples' relationships based on emotion-focused couple therapy, which is a combination of experimental and systemic therapy, is closely related to reducing marital conflicts (14). The process of emotion-based couple therapy which is performed by an individual method is determined by three stages of continuity and awareness, calling, and emotional discovery and reconstruction in eight steps. These three stages overlap and throughout the treatment, referrals are viewed as experts about their experience and the therapist as a guide and facilitator for the clients (15). In emotion-based couple therapy, it

is believed that the way people organize and process emotional experiences and the interactional patterns that create and strengthen themselves have led to their marital helplessness (16). Emotion-based couple therapy leads to satisfaction and decreases cognitive distortions of couples by creating constructive interactions between couples and identifying safe attachment patterns. This approach focuses on changing attachment behaviors as a tool for improving disturbed relationships (17). The goal of emotion-focused couple therapy is to help couples achieve latent emotions and facilitate positive interactions that the availability and trust between emotion-focused couple therapy reported that women who had seen emotion-focused couple therapy training were more inclined to forgive their wives compared to the control group, which increased their satisfaction and improved their marital quality of life. Adamson (18) in a study titled Emotion-centered couple therapy for couples whose spouses have breast cancer, along with a theory-based and descriptive case study, states that in couples with a sick spouse, both couples experience a lot of emotional turmoil. As a result, the relationship between such couples and patient's health is negatively affected. The results of this study showed that emotion-focused couple therapy reduces emotional turmoil and increases marital satisfaction and quality of life in these couples. Also, the results of Hart, Strimlage, and Tiller (19) showed that emotion-focused couple therapy reduces couples' turmoil. Considering that couples faced with spouse's infidelities are faced with many psychological, social, and emotional problems and injuries that the sum of these pressures causes tension in different dimensions, the regulation of emotions, beliefs, thoughts, and relationships between them is difficult. It is worth noting that couples' relationship enrichment interventions based on the emotion-focused approach can be very effective in reducing the problems of these couples because these therapeutic approaches calm down and reduce the stresses caused by the problems, so by providing appropriate conditions, it is possible to control the stress caused by the problems and in different dimensions affect their positive internal abilities and the strength of tolerance and It strengthened the individual's adaptability in dealing with problems. Finally, it can strengthen the useful

performance and interpersonal relationships in them and regulate the emotional emotions of these couples. The research in this regard confirm that effective therapeutic approaches to the problems of couples faced with spouse's infidelities can have beneficial effects on the quality of life of couples in the society, so this study aimed to determine the effectiveness of couples' relationship enrichment training on insecure attachment styles in women and men faced with spousal infidelity.

## Methods

The present study was applied in terms of purpose and terms of semi-experimental research method with pre-test and post-test design with the control group with follow-up phase with a 2-month interval. The statistical population of the study consisted of men and women who were faced with the infidelity of spouses aged 18-54 years with a marriage period of 2 to 30 years and education of diploma and higher, who referred to counseling centers in Tehran in 2019-2020 due to spouse's infidelity and wanted to receive medical counseling services. In this study, a non-random sampling method was available. Since the research is an interventional type, the number of necessary samples was calculated for each group of 15 people based on similar studies considering the effect size of 0.40, the confidence level of 0.95, the test power of 0.80, and the loss rate of 10% (20). This article has the code of ethics committee number IR.IAU.QOM. REC.1400.001 is from Islamic Azad University of Qom.

Thus, 40 of these couples faced with spousal infidelity (random substitution based on group matching method based on initially obtained data) were placed in an intervention group and a control group based on inclusion and exclusion criteria. Inclusion requirements include interest in participation in the study, lack of receiving psychological treatment before group therapy sessions or during group therapy sessions, getting low scores in research questionnaires (obtaining scores less than 13 in attachment questionnaire), mean age of 18-54 years, marriage model 2-30 years. Exclusion criteria conditions: psychological disorders or history of mental illness and hospitalization (according to the initial interview). After conducting the research and the presence of the clients, the initial interview was conducted and evaluated. After identifying the subjects

in the first session of the work process, which included goals, timing, implementation of the plan, the benefits of attending treatment sessions, and how to exit if they wished, the research questionnaires were given to the group and some explanations were provided about the response method. Finally, the subjects were randomly assigned into two experimental groups and one control group and the start date of the sessions was determined. The experimental group were trained for 8 sessions of 90 minutes and the control group remained on the waiting list. Also, to observe the ethical issues of the research, a consent was prepared in which the purpose of the study was explained in general. Participants first studied the consent and participated in the study if they wished, one of the things that were explained to the participants is that they were assured that there was no personal abuse in this study.

## Materials

### Hazen and Shaver Attachment Styles Questionnaire (21)

This questionnaire consists of 15 questions developed by Hazen and Shaver in 1987. The test is graded on a

Laker scale (5 points) that is awarded to "never" a score of 1 and to "almost always" a score of 5. The questionnaire has three subscales, the first 5 were related to insecure-avoidant attachment style, the second 5 were related to secure attachment style and the third 5 were related to ambivalence insecure attachment style (21). Hazen and Shaver obtained the reliability of the whole questionnaire 0.81 and the reliability with Cronbach's alpha was 0.78. The concurrent validity of this questionnaire was 0.77 for safe attachment style, 0.81 for avoidant insecure style, and 0.83 for bilateral insecure, respectively. The concurrent validity of this questionnaire was 0.79, avoidant insecure 0.84, and anxiety insecure was 0.87 with structured interviews for elders' attachment, respectively.

### Intimacy Fear Questionnaire

This 35-ball self-report scale was constructed by DescatheneRutelenin 1991. On this scale, subjects are asked to complete the questionnaire while they think they are in a close relationship, and each of the 35 items on a 5-degree scale of 1= does not describe me in any way, 5= is completely descriptive to me; People who score high on this scale have many problems with intimacy. To determine the reliability and validity of this scale, the results of DescatheneRuteln (22) study showed that fear of intimacy from high internal

**Table 1:** The content of therapy sessions (22).

Session	Content
<b>First</b>	Knowledge and setting therapy communication, knowledge of the treatment rules, assessment of the problem's nature and relationship, assessment of objectives and expectations of treatment, and execution of pre-test
<b>Second</b>	Diagnosis of the negative interactive cycle of a romantic relationship, clients understanding the basics of emotion-focused therapy and the role of emotions in interpersonal interaction, reconstruction of interaction, and increasing flexibility of clients
<b>Third</b>	Expression and understanding the impact of irrational thought on emotional disturbance, introducing four styles with error and extracting information from the romantic relationship
<b>Fourth</b>	Continuity and knowledge, communicating with the clients and the formation of a bilateral link, identifying the processes of underlying romantic cognition, identifying the condition of creating problem
<b>Fifth</b>	Accessing not to identify feelings that are the basis of interactive opportunities, Focusing more on emotions, needs, and fears of the romantic relationship and validating the experiences, needs, and desires of clients, focusing on secondary emotions that are revealed in an interactive cycle and discovering to achieve the underlying and unknown emotions, discussing and processing primary emotions and raising awareness of clients from the primary emotions and hot cognition, studying of attachment needs
<b>Sixth</b>	Re-framing the problem in terms of the underlying feelings and attachment needs, focusing on the client's ability to express emotions, informing the clients about the impact of fear and self-defense mechanisms of cognitive and emotional processes, Overcoming avoidance or defense processes such as over control of romantic experience and feelings of guilt and shame about the abuse and review over control affection
<b>Seventh</b>	Focusing on the internal experience of references, assessment of emotion. Acceptance of destructive emotional experience, identify hot points, abreaction in writing. (From the first session until the end of this session, more focus is on rapport and reducing negative emotions such as non-adaptive fear and shame).
<b>Eighth</b>	Strengthening the changes that have taken place during treatment, to assess the changes. And finally, to answer the questions and review.

consistency with Cronbach's alpha was 0.93 and the reliability of the test, which estimates 33.4% of variance, is dominant in the scale, which indicates the construct validity of this scale as a test that is naturally one-dimensional. This scale has been investigated by Fallahzadeh *et al.* (23) norm and its validity and reliability, and the researchers reported internal consistency for the whole scale equal to 0.79 and the validity coefficient of retesting of the whole scale was 0.92 and for sub-factors 1 and 2 were 0.87 and 0.85, respectively.

Data analysis was performed through SPSS24 software in two descriptive and inferential sections (covariance analysis).

## Results

In the experimental group, 16 (80%) were female and 4 (20%) were male. In the control group, 14 (70%) were female and 6 (30%) were male. The mean age was 35.59 (7.18) in the experimental group and 37.11 (8.25) in the control group. There was no significant difference between the two groups in terms of mean age. Descriptive indices (mean and standard deviation) scores of insecure attachment styles were presented in experimental groups (emotion-focused training method) and control groups in the pre-test, post-test, and follow-up stages.

As can be seen, the mean in the emotion-focused training group in the post-test stage shows a decrease in the insecure attachment styles and fear of intimacy compared to the pre-test. Based on the results of the

table, it can be concluded that the emotion-focused training method reduces insecure attachment styles of people faced with spouse's infidelity.

The results of Table 3 shows that concerning the intra-group factor, the amount of F calculated for the effect of stages (pre-test, post-test, and follow-up) at level 0.05 was significant for insecure attachment styles ( $P < 0.01$ ) and fear of intimacy ( $P < 0.01$ ). As a result, there is a significant difference between the mean scores of pre-tests, post-test, and follow-up scores of insecure attachment styles and fear of intimacy in the three stages of pre-test, post-test, and follow-up therapy. The results of the Bonferroni follow-up test to investigate the difference between the means in the treatment stages show that there is a significant difference between the scores of insecure attachment styles and fear of intimacy in pre-test and post-test stages, pre-test, and follow-up ( $P < 0.01$ ). Also, there was no significant difference between the scores of insecure attachment styles in the post-test stage compared to the follow-up stage, so that the scores of insecure attachment styles and fear of intimacy in the follow-up stage were not significantly changed compared to the post-test stage.

According to the results of Table 3 regarding the interaction of stages factors and group F value calculated for the effect of stages (pre-test, post-test, and follow-up) between the two groups of emotion-focused training and control at level 0.05 for insecure attachment and fear of intimacy styles were significant ( $P < 0.01$ ). As a result, there is a significant difference between the mean scores of pre-tests, post-test, and

**Table 2:** Mean and standard deviation of insecure attachment styles by measurement.

Variable	Group	Index	Pretest	Post-test	Follow-up
Avoidant attachment style	EFT	M	12.58	10.10	10.55
		SD	1.98	2.53	2.12
	Control	M	12.75	12.55	13.00
		SD	2.15	2.31	2.55
Ambivalence attachment style	EFT	M	12.70	9.15	9.45
		SD	2.72	2.78	2.93
	Control	M	12.35	12.60	12.25
		SD	2.74	2.78	2.73
Fear of Intimacy	EFT	M	129.25	110.35	111.05
		SD	18.29	18.66	17.78
	Control	M	130.30	128.90	121.90
		SD	13.61	14.91	16.08

**Table 3:** Mixed Variance Analysis Test scores of insecure attachment styles.

Variable	Index	SS	df	MS	F	Sig	Eta
<b>Avoidant attachment style</b>	Time	45.72	2.00	22.86	9.43	0.001	0.20
	Time*group	43.35	2.00	21.68	8.94	0.001	0.19
	Group	76.80	1.00	76.80	6.99	0.01	0.16
<b>Ambivalence attachment style</b>	Time	73.72	2.00	36.86	12.75	0.001	0.25
	Time*group	82.62	1.80	46.00	14.29	0.001	0.27
	Group	116.03	1.00	116.03	6.76	0.01	0.15
<b>Fear of intimacy</b>	Time	3864.47	1.31	2951.25	13.76	0.001	0.27
	Time*group	1538.60	1.31	1175.01	5.48	0.020	0.13
	Group	3090.68	1.00	3090.68	5.60	0.020	0.13

**Table 4:** Analysis of Variance of Discrepancy Scores.

Variable	Index	SS	df	MS	F	P
<b>Avoidant attachment style</b>	Group	65.03	1.00	65.03	11.77	0.001
	Error	209.95	38.00	5.53		
<b>Ambivalence attachment style</b>	Group	99.23	1.00	99.23	12.85	0.001
	Error	293.55	38.00	7.73		
<b>Fear of intimacy</b>	Group	3062.50	1.00	3062.50	9.02	0.010
	Error	12906.60	38.00	339.65		

follow-up of insecure attachment styles and fear of intimacy in the two groups. Considering the significance of the interactive effect (the difference in the trend of changes in the two groups), the analysis of the variance of the difference scores was used.

The results of the table shows that analysis of the variance of the discrepancy scores confirms the difference in the changes between the two groups ( $P < 0.01$ ). In general, it can be concluded that emotion-focused training affects the scores of insecure attachment styles and fear of intimacy. Also, considering that the reduction of insecure attachment styles in the follow-up stage was also significant compared to the pre-test, the trend of decreasing the scores of insecure attachment styles

and fear of intimacy in the follow-up stage was significantly different from the pre-test stage, indicating the stability of treatment (emotion-focused training) on the scores of insecure attachment styles and fear of intimacy.

## Discussion

This study aimed to investigate the effectiveness of couples' relationship enrichment training with the EFT emotion-focused approach on fear of intimacy and insecure attachment styles in women and men faced with spousal infidelity. The results showed that the method of training the enrichment of emotion-focused

couples' relationships affected the scores of insecure attachment styles. Also, considering that the reduction of insecure attachment styles scores in the follow-up stage was significant compared to the pre-test, the trend of decreasing the scores of insecure attachment styles in the follow-up stage was significantly different from the pre-test stage, indicating the stability of treatment (the method of training the enrichment of emotion-focused couples' relationships) on the scores of insecure attachment styles. In line with the results of Burgess *et al.* (23), emotion-focused couple therapy was performed to investigate changes in special attachment relationships, in which Johnson's emotion-circuit therapy was used, which results in a decrease in attachment avoidance in couples' special relationships, as well as a decrease in attachment anxiety and increased relationship satisfaction.

In explaining the results of this study, considering the objectives of enriching couples' relationships with an emotion-focused approach, it can be said that one of the primary goals of the emotion-focused approach is to change insecure attachment style to secure attachment. Emotional contact and safe bonding are generated through availability and accountability. This bond and secure attachment meet the inner needs of couples to security, support, and contact. In this regard, another important goal is to enrich couples' relationships with an emotion-focused approach, facilitate expression and expression of unsealed attachment needs, accepting the attachment needs of the spouse, and reprocessing emotions to heal attachment injuries. Emotional expression leads to feelings of satisfaction, happiness, vitality, synesthesia, intimacy, and interpersonal warmth among women affected by marital infidelity, making them less vulnerable to negative emotions and improving the marital relationship. Studies on marital status show that people who express more emotions have more marital satisfaction (24). Therefore, it is possible to use the techniques of enriching couples' relationships with an emotion-focused approach to help clients create new meanings and interactions and increase the quality level of the marital relationship (25).

One of the issues that men and women affected by marital infidelities face is attachment damage and anxiety of intimacy and understanding of the spouse.

Attachment damage occurs when the attachment needs of one of the parties have been activated and the other party is unavailable or unresponsive, so the attachment of the person is damaged and may become anxious to establish intimacy and relationship with the other party and fear and doubt activate the attachment needs. Low levels of intimacy and relationship satisfaction often indicate an unsafe attachment bond (26). Couples with insecure attachment bonds interact through defensive emotional patterns that prevent availability, trust, and accountability (24), such couples are susceptible to attachment anxiety and behaviors such as protest and hostility, and feelings of dislike. High levels of anxiety in couples' relationships often lead to severe attachment to the other side or controlling and dominating interpersonal style, which may lead to negative affect and low levels of trust and relationship satisfaction. People with avoidance attachment avoid intimate relationships because they do not consider others to be trustworthy. These people avoid communicating for fear of rejection, do not have intimacy in front of people with secure attachment because they consider themselves worthy of care and attention. In this regard, one of the main goals of emotion-focused couple therapy is addressing attachment concerns, reducing attachment insecurities, and creating a safe bond (25). In the emotion-focused approach, the focus is on creating emotional contact and safe bonding through availability and responsiveness, this bond and secure attachment meet the inner needs of couples to security, support, and contact.

In explaining the results of this study, according to the objectives of the emotion-focused approach, it can be said that one of the primary objectives of the emotion-focused approach is to change the insecure attachment style to secure attachment. Emotional contact and safe bonding are generated through availability and accountability. This bond and secure attachment meet the inner needs of couples to security, support, and contact. In this regard, another important goal of the emotion-focused approach is to facilitate the expression and expression of unsealed attachment needs, accepting the attachment needs of the spouse and reprocessing emotions to heal attachment injuries. Emotional expression leads to feelings of satisfaction, happiness, vitality, synesthesia, intimacy, and interpersonal warmth between men and women affected by marital

infidelity, making them less vulnerable to negative emotions and improving the marital relationship. Studies on marital status show that people who express more emotions have more marital satisfaction (27).

In explaining the effectiveness of emotion-focused couple therapy on reducing fear of intimacy, it can be said that communication disturbance and unpleasant marital status lead to the lack of intimate relationships between couples with each other, which in turn can lead to lack of expression of emotions, feelings and lack of knowledge of their feelings, so these couples always feel fear, embarrassment and shame in a close relationship with their spouses and Therefore, they feel dissatisfaction with their marriage, so the emotion-focused therapist can help to express the couples' emotions by creating a therapeutic space based on empathy, acceptance and trust and take valuable steps to increase their marital satisfaction. Also, the lack of emphasis of this approach on behavioral skills training may be a justification for the lack of meaningful effect of this approach on other aspects of marital intimacy, this finding from the present study seems logical (28-29).

One of the limitations of this study is the limited number of subjects faced with the need for spouses that this number cannot be a good and sufficient representation for the society, so generalizing the results only to the desired society is logical and feasible and for other levels, we should do so with caution. Other limitations of this research include the use of available sampling methods due to limited facilities and difficulty of extensive research implementation with completely random sampling method concerning the subject of this study, which causes unwanted bias in the obtained results. Also, the data were prepared using self-report questionnaires in which there may be response biases. It is suggested that family counselors and psychologists use the treatment methods used in the research, especially the enrichment treatment of couples-focused on emotion-focused therapy, to increase the adaptability and coherence of the relationships of couples affected by spousal infidelity. It is also suggested that specialized courses and retraining be held using emotion-focused therapy training and enriching couples to family counselors and psychologists.

## Conclusion

It can be concluded that the intervention on training couples' relationship enrichment focused on the emotion-focused approach is an effective model in women and men affected by spousal infidelity and can be used as one of the therapeutic or educational methods in couple therapy programs.

## Acknowledgment

None.

## Conflict of Interest

The authors declare that they have no conflict of interest.

## References

1. Abadi HK, Khodabakhsh M, Kiani F. Effectiveness of Forgiveness-oriented Group Counseling based on Islamic Perspective to Restore the Marriage Relationship after Marital Infidelity. *Med Ethics J.* 2017;10(38):29-36.
2. Zdankiewicz-Ściagała E, Ściagała DK. Relationship between attachment style in adulthood, alexithymia, and dissociation in alcohol use disorder inpatients. Mediation model. *Frontiers in psychology.* 2018;9:2039.
3. Beltrán-Morillas AM, Alonso-Ferres M, Garrido-Macías M, Villanueva-Moya L, Sánchez-Hernández MD, Expósito F. The Relationship Between the Motivation to Commit Infidelity and Negative Affect and Self-Esteem: How Cheating in Romance Might Signal Positive Well-Being in Adolescents. *Psychol Rep.* 2020;33-41.
4. JoulazadehEsmaeili AA, Karimi J, Goodarzi K, Asgari M. Comparison of the effectiveness of acceptance and commitment-based Couple Therapy and emotionally focused couple therapy on unadjusted couples' attachment styles. *Fam CounsPsychother.* 2020;9(2):1-30.
5. Cheraghisifabad N, Ehtesham Zadeh P, Askari P, Johari Fard R. Survey and comparison of the effectiveness of schema mode therapy and emotionally focused couples therapy in increasing secure attachment style and reducing avoidant and ambivalent attachment styles in couples with marital conflict. *Biannual J Applied Couns.* 2021;10(2):73-98.
6. Carnes-Holt K. Child-parent relationship therapy for adoptive families. *The Fam J.* 2012;20(4):419-26.
7. Hocking EC, Simons RM, Surette RJ. Attachment style as a mediator between childhood maltreatment and the experience of betrayal trauma as an adult. *Child AbuseNegl.* 2016;52:94-101.
8. Simpson JA, Rholes WS. Adult attachment, stress, and romantic relationships. *Curr Opin Psychol.* 2017;13:19-24.
9. Hangen F, Crasta D, Rogge RD. Delineating the boundaries between nonmonogamy and infidelity: Bringing consent back into definitions of consensual nonmonogamy with latent profile analysis. *J Sex Res.* 2020;57(4):438-57.
10. Lichtenstein MB, Christiansen E, Elklit A, Bilenberg N, Støving



- RK. Exercise addiction: a study of eating disorder symptoms, quality of life, personality traits and attachment styles. *Psychiatry res.* 2014;215(2):410-6.
11. Stanley SM, Carlson RG, Rhoades GK, Markman HJ, Ritchie LL, Hawkins AJ. Best practices in relationship education focused on intimate relationships. *Family Relations.* 2020;69(3):497-519.
  12. Westmacott R, Edmondstone C. Working with Transgender and Gender Diverse Clients in Emotion Focused Therapy: Targeting Minority Stress. *Person-Centered & Experiential Psychotherapies.* 2020;19(4):331-49.
  13. Madani Y, Hashemi Golpayegani F, GholamaliLavasani M. Proposing an integrated model of emotional focused approach and Gottman model and its effectiveness on quality of marital relationship in married women. *Applied Psychological Research Quarterly.* 2017;7(4):73-88.
  14. Suhron M, Yusuf A, Subarniati R, Amir F, Zainiyah Z. How does forgiveness therapy versus emotion-focused therapy reduce violent behavior schizophrenia post restrain at East Java, Indonesia. *Int J Public Health.* 2020;9(4):314-9.
  15. Wittenborn AK, Liu T, Ridenour TA, Lachmar EM, Mitchell EA, Seedall RB. Randomized controlled trial of emotionally focused couple therapy compared to treatment as usual for depression: Outcomes and mechanisms of change. *J Marital Fam Ther.* 2019;45(3):395-409.
  16. Greenman PS, Johnson SM. Process research on emotionally focused therapy (EFT) for couples: Linking theory to practice. *Fam Process.* 2013;52(1):46-61.
  17. Glisenti K, Strodl E, King R. Emotion-focused therapy for binge-eating disorder: A review of six cases. *Clin psych psychother.* 2018;25(6):842-55.
  18. Adamson NA. Emotionally focused therapy with couples facing breast cancer: a theoretical foundation and descriptive case study. *J Psychosoc Oncol.* 2013;31(6):712-26.
  19. Iwakabe S, Edlin J, Thoma N. A phenomenological case study of accelerated experiential dynamic psychotherapy: The experience of change in the initial session from a client perspective. *J PsychotherIntegr.* 2021;2(1):23-30.
  20. Wersbe H, Lieb R, Meyer AH, Hofer P, Gloster AT. The link between stress, well-being, and psychological flexibility during an Acceptance and Commitment Therapy self-help intervention. *Int J Clin Health Psychol.* 2018;18(1):60-8.
  21. Hazan C, Shaver P. Romantic love conceptualized as an attachment process. *J Pers Soc Psychol.* 1987;52(3):511.
  22. Valikhani A, Salajeghe MS, Khormae FA. Predicting students' domain specific hope within the framework of their attachment styles. *Knowl Res Appl Psychol.* 2016;17:65-73.
  23. Burgess Moser M, Johnson SM, Dalgleish TL, Lafontaine MF, Wiebe SA, Tasca GA. Changes in relationship-specific attachment in emotionally focused couple therapy. *J Marital Fam Ther.* 2016;42(2):231-45.
  24. Jalali N, Heidari H, Davoudi H, Aleyasin SA. The Comparison of the Effectiveness of Emotion Focused Therapy and Gottman's Relationship Enrichment on Woman's Communication Patterns. *J Res Behav Sci.* 2019;17(2):265-79.
  25. Vazhappilly JJ, Reyes ME. Non-violent communication and marital relationship: efficacy of 'emotion-focused couples' communication program among filipino couples. *Psychol Stud.* 2017;62(3):275-83.
  26. Khalatbari J, Jalali M, Tizdast T. Comparison of the Effectiveness of Emotion-focused Therapy and Acceptance and Commitment Therapy on Health locus of Control of Patients with Coronary Heart Patients. *IJABS.* 2020(2):46-57.
  27. Heidari S, Khalatbari J, Jalali M, Tizdast T. Comparison of the Effectiveness of Emotion-focused Therapy and Acceptance and Commitment Therapy on Health locus of Control of Patients with Coronary Heart Patients. *IJABS.* 2020; 7(2):46-57.
  28. Masjedi MA, Khalatbari J, Abolghasemi S, Khah JK. Comparison of the effectiveness of acceptance and commitment therapy and emotion-focused therapy on anxiety sensitivity in cardiac patients. *International Journal of Applied Behavioral Sciences.* 2020;7(3):13-24.
  29. Heidari S, Khalatbari J, Jalali M, Tizdast T. Comparison of the Effectiveness of Acceptance and Commitment Therapy and Emotion-focused Therapy on Negative Emotions of Coronary Heart Disease. *International Journal of Applied Behavioral Sciences.* 2019;6(4):17-28.

© Zohreh Kiadarbandsari, Hasan Mirza Hosseini, Majid Zargham Hajebi. Originally published in the International Journal of Applied Behavioral Sciences (<https://journals.sbm.ac.ir/ijabs/index>), 23.5.2022. This article is an open-access article under the terms of Creative Commons Attribution License (<https://creativecommons.org/licenses/by/4.0/>); the license permits unlimited use, distribution, and reproduction in any medium, provided the original work is properly cited in the International Journal of Applied Behavioral Sciences. The complete bibliographic information, a link to the original publication on <https://journals.sbm.ac.ir/ijabs/index>, as well as this copyright and license information must be included.