



The effectiveness of Emotion-focused Couple Therapy on Emotional Self-Disclosure and Marital Commitment of Couples Referring to Counseling Centers

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Abstract

The aim of this study was to determine the effectiveness of emotion-oriented couple therapy training on emotional self-disclosure and marital commitment of couples referring to counseling centers.

The method of the present study was other than basic research in terms of purpose, quantitative research in terms of method and experimental research in terms of data collection. In this study, the study population consisted of all counseling clinics of the Psychological System Organization of Region 5 of Tehran in the period of May and June 2018, the number of which was about 180 people. Sampling method the present study was a stepwise cluster sampling method. The instruments of the present study were emotion-focused couple therapy training package and two questionnaires of emotional self-disclosure Waring, et al (1998) and Marital Commitment Adams, Joens (1997). To analyze the hypotheses, multivariate analysis of covariance and univariate analysis of covariance were used to determine the differences between the groups.

The findings showed that the post-test scores of marital commitment in the experimental and control groups were significantly different by eliminating the effect of pre-test scores and the effect of emotion-oriented couple therapy training on increasing marital commitment was very high. The results also showed that the difference between the adjusted means of emotional self-disclosure between the experimental and control groups in the post-test was statistically significant. The difference between the scores of the experimental and control groups or the effect of the educational method was also high and significant. Based on the research findings, during emotional couple therapy training, emotional self-disclosure skills and marital commitment of couples are strengthened in order to enjoy a better married life.

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Introduction

There is ample evidence that the close-knit love affair protects us against physical and emotional illnesses and increases our resilience. Marriage is one of the first and most important human contracts that affect the whole interaction of a society. The couple is the core and founder of the family and the family is also the main pillar of society. Therefore, the health and dynamism of society depends on the dynamism and health of the family and the health of the family also depend on the health, well-being and satisfaction of the couple (Alice, 1976). An intimate marital relationship requires couples to learn to communicate and be different from each other. Romantic love is a fragile foundation for the foundation of a relationship between two people, but still most people want to believe in dream love, when they do not achieve this goal, they become frustrated and bored (Paynes, 2002).

Marital boredom is a painful state of physical, emotional and psychological exhaustion that affects expectant couples. This situation occurs when they realize that despite their best efforts, their relationship does not and will not give meaning to life. Marital boredom arises from a mismatch between facts and expectations, and the extent depends on the compatibility of the couple and their beliefs. Boredom begins with the breakdown of the relationship and with the growth of awareness and attention to things that are not as pleasant as in the past, and if nothing is done at this stage to prevent this process from progressing, things will get worse from the bad stage (Paynes, 1996). The onset of boredom is rarely sudden, and is usually gradual and hardly caused by an unfortunate event or even a few distressing shocks (Naeem, 2008). In fact, the accumulation of frustrations and tensions in daily life causes erosion and eventually leads to boredom. While satisfaction and resilience are certainly important components in marriage, other variables also deserve increasing attention. In particular, the variable that

deserves more attention is marital commitment (Ghanbari Hashemabadi, et al., 2011). Unless couples take marriage commitment seriously, they cannot reach a healthy married life structure. Commitment makes trust possible (Ahmadi, 2012).

Nichols (1986) considers commitment as one of the most important communication tasks of couples during the mating and marriage stages and interprets it as follows: "How much and how much spouses value their marital relationship and how much they care about maintaining this relationship." He also states that commitment plays a key role in establishing stability and success in a marriage (Nichols, 1986). Although there are different approaches to how to create and increase the attachment of a couple to each other, but one of the most valid interventions that increase commitment and reduce boredom in a couple's relationship is emotion therapy. Given the major role of emotions, this treatment refers to the role or importance of emotions and emotional communication in organizing the communication pattern and considers emotions as the cause of change. From this perspective, couples' problems are not only due to lack of communication skills, but also the couple's efforts to resolve some of the problems arising from early experiences (Johnson, Weifen, 200). The emotion-based therapy approach proposed by Johnson, Greenberg (1988) targets couple interaction as the subject of change therapy. The root of emotion therapy lies in the integration of Gestalt-experimental therapies, systemic family therapy approaches, and attachment theory. EFT combines an empirical and systemic approach with introverted and interpersonal factors. In fact, EFT is a reflection of the ideas of an experimental therapist such as Carl Rogers and a structural therapist such as Minochin (Johnson, 2012). Emotion-based therapy states that there is an interaction between the couple's interaction and the internal emotional experience and in particular

the chaotic relationships resulting from the insecure attachment style. The main emphasis of this approach is on intense negative emotions within the relationship that these negative emotions are related to the individual vulnerabilities of each couple. As a result, couple therapy in this context emphasizes the change of internal reactions to the spouse (Johnson, Greenberg, 1998). In emotion-oriented family therapy, conflict in married life is assumed to occur when couples do not trust each other as a reliable fulcrum to explore the world. Such spouses meet secondary attachment needs, such as anger, hostility, revenge, or guilt, excessively experienced (Allen Carr, 2005). Therefore, this study tries to investigate the effect of EFCT (emotion-based couple therapy) intervention on boredom and marital commitment of couples to achieve a safe relationship.

Sadeghi (2014) in his study entitled the effectiveness of emotion-based couple therapy training on commitment, intimacy and trust of married women in Tehran, concluded that emotion-based couple therapy training is effective on commitment, intimacy and marital trust of women. In other words, emotion-based couple therapy increases commitment, intimacy and marital trust.

Zarei, Husseinghli (2014) in a study entitled Predicting marital commitment based on self-conscious emotions (shame and guilt) and their differentiation in married students found that their differentiation has a significant positive relationship with marital commitment, shame has a significant negative relationship with marital commitment and Together, these two variables are able to predict 36% of the variance of marital commitment. The results also showed that there is no significant relationship between guilt and marital commitment and this variable is not able to predict marital commitment. Therefore, it can be concluded that people who have a higher level of differentiation and also feel less ashamed have more marital commitment.

In a study by Khanjani Vashkis, et al (2014) entitled the effect of Islam-based cognitive-behavioral couple therapy training on marital commitment, the results show that Islam-centered couple therapy training increases marital commitment and its dimensions, ie personal, moral and structural commitment of couples. Given the role of religion in married life, this approach can be effective in other dimensions such as satisfaction and compatibility, etc., which are also directly and indirectly effective in marital commitment.

Given that the family is one of the most important social institutions and the problems of couples cause the disruption of the family system and the peace of its members, we intend to help as much as possible to strengthen the foundations of this valuable system. The health of the family depends to a large extent on its pillars, the couple. Therefore, paying attention to the marital system is of special importance (Ahmadi, 2012). Boredom occurs due to failure in love and is a response to existential issues. The accumulation of stress that weakens love, the gradual increase in fatigue and monotony, and the accumulation of small resentments all contribute to boredom. In fact, it is impossible to get bored. Boredom begins with growing up and becoming aware of things that are no longer as enjoyable as they used to be (Paynes, 1996). According to Paynes (2002), a person does not become bored unless he or she is deeply involved in a subject (such as love and work). If nothing is done to stop this process, things will get worse. Periods of dissatisfaction that once occurred to people rarely happen again, and those mild feelings of dissatisfaction turn into intense anger, and the person feels physically and emotionally exhausted. Even at night, couples may think and feel miserable about their spouse's annoying behaviors that have been committed, real or imagined. Research shows that couples who are not mature enough to be committed to each other and to others, and who behave in a biased

manner, have difficulty in marriage and relationships, and often result in infidelity. Without commitment, the relationship will be superficial, apparent, and without direction (Tabae Emami, 2003).

Methodology

The method of the present study was experimental research in terms of data collection, which was a quasi-experimental method due to the limitations in controlling the variables affecting the dependent variables. This research was fundamental in terms of purpose and quantitative research in terms of method. In this study, the study population consisted of all counseling clinics of the Organization of the Psychological System and counseling of the Organization of the Psychological System in the 5th district of Tehran in the period of May and June 2018, which numbered about 180 people. Sampling method the present study was a stepwise cluster sampling method. In this study, first, 3 centers were randomly selected from all counseling clinics of the Psychological System Organization and counseling of the Psychological System Organization of Tehran, District 5, and then 20 couples were selected from each center. Then, research questionnaires were distributed among all volunteers participating in the study. Then, based on the forecast of the number of clients in the two-month period between April and June, about 180 people were selected, of which between 20 and 30 volunteers did not cooperate, and some were incomplete questionnaires that were removed from the research. In the next stage, among all the candidates who completed the questionnaires correctly, 30 people who had the lowest performance in the pre-test stage in the tools of emotional self-disclosure and marital commitment were randomly selected and divided into two groups of 15 people (15 experimental group and 15 N control group) was formed. After presenting the interventions,

the first post-test was performed and then one month after the first post-test, the second post-test was performed as a follow-up test. It should be noted that the participants were randomly assigned to the groups. It was emphasized to the training groups not to provide the training content to other clients until the end of the course, so that the transfer of trainings would not be provided indirectly to other groups, including the control group.

In the present study, an educational package and two questionnaires were used to evaluate the dependent variables of the research: 1. Marital Commitment Questionnaire (DCI) was designed by Adams, Joens, in 1997, which includes 44 questions, and 2. Marital self-disclosure questionnaire by Waring and Et al. (1998) In the form of a self-report, a short and true-false report was made which includes 40 articles and four subscales of relationship, sexual issues, money and lack of balance in self-disclosure. In this study, first descriptive statistical indices such as central indices, dispersion indices and demographic indices will be examined and then the assumptions of parametric statistics and analysis of covariance will be used. Then multivariate analysis of covariance and univariate analysis of covariance were used to analyze the hypotheses to determine the differences between the groups.

Findings

According to the aim of the present study to study the effectiveness of emotion-oriented couple therapy training on emotional self-disclosure and marital commitment of couples referring to counseling centers, first a descriptive study of variables and their subcomponents and then the hypotheses of using parametric statistical tests such as test Kalmogorov-Smirnov answered the research hypotheses to check the normality of the distribution of variables and then using t-test.

Table1. Descriptive indicators of emotional self-disclosure and their sub-components in pre-test and post-test

group	Test	Lack of balance in self-disclosure	Money	Sexual issues	Relation	Emotional self-disclosure
Control	Average	20/87	7/10	10/26	11/19	85/23
	The standard deviation	1/18	0/28	0/56	0/18	43/1
	Average	20/36	7/24	10/59	10/88	85/59
	The standard deviation	1/22	0/31	0/76	0/13	4/04
the experiment	Average	20/44	7/21	10/29	10/92	84/28
	The standard deviation	1/33	0/29	0/28	0/14	4/12
	Average	24/13	9/77	13/22	14/01	89/11
	The standard deviation	2/01	0/87	1/08	0/96	5/05

The results listed in Table 1 show that in the pretest, the mean of emotional self-disclosure in the experimental group and the control group is not much different. But in the post-test stage, the scores of the experimental group in all variables and sub-variables of emotional self-disclosure

are higher than the control group. One-way Kalmogorov-Smirnov test was used to test the hypothesis of normal distribution of variables in the population. The results of this analysis are presented in Table 2.

Table2. Results of Kalmogorov-Smirnov test to test the hypothesis of normal distribution of variables

	Lack of balance in self-disclosure	Money	Sexual issues	Relation	Emotional self-disclosure
Number	20	20	20	20	20
Z	1/22	0/44	0/37	0/73	0/82
Significance level	0/17	0/67	0/72	0/42	0/36

Based on the results in Table 2 and the value of Z Kemtz from 1.96 and the significance level above 0.5, it can be inferred that the distribution of variables (emotional self-disclosure (p = 0.36, Z = 0.82) and their subvariables It is normal in society.

In the present study, analysis of covariance is used to answer the research hypotheses. But first, independent t-test was used to evaluate the difference between the experimental and control

groups before training for emotion-focused couple therapy. Execution of this test allows the researcher to more accurately attribute the differences observed in the post-test between the experimental and control groups to the implementation of the training course. The results of the independent t-test in the pre-test stage are presented in Table 3.

Table3. Results of independent t-test to compare the means of experimental and control groups in pre-test

Variables	t	df	sig
Relation	0/71	28	0/34
Sexual issues money	0/61	28	0/36

Lack of balance in self-disclosure	0/32	28	0/76
Emotional self-disclosure	0/31	28	0/80
Personal commitment	0/51	28	0/79
Ethical commitment	0/22	28	0/45
Structural commitment	0/37	28	0/89
Marital commitment	0/91	18	0/69

The results listed in Table 3 indicate that there is no significant difference between the experimental and control groups in any of the

research variables in the pretest. The following are the research hypotheses and the results of analysis of covariance related to each of them.

Table4. Results of analysis of covariance the difference between the experimental and control groups in emotional self-disclosure in the post-test

Source of changes	Wilks` Lambda	F	sig	Partial η^2	Test power
Emotional self-disclosure	0/56	0/21	0/01	0/66	1

As shown in Table 4, the difference between the adjusted means of emotional self-disclosure between the experimental and control groups in the post-test is statistically significant ($P = 0.01$, $F = 10.21$). The difference between the scores of the experimental and control groups or the magnitude of the effect of the educational method is also ($\eta^2 = 0.66$); this means that 66% of the variance of the remaining total scores is affected by emotion-oriented couple therapy training. The amount of statistical power is also one; this means that the accuracy of this analysis in detecting significant differences is at a high level and also indicates that the sample size is sufficient for this test.

Discussion

One of the effective approaches to couple therapy in solving couples' marital problems is the emotion-oriented approach. Emotion-based couple therapy is a type of short-term couple therapy (8 to 20 sessions) that puts elements such as empiricism, central references, constructivism, and the systemic view alongside its main pillar, attachment theory. According to this treatment model, emotions themselves have an inherently adaptive capacity that, if activated, can help couples change their emotional positions and unwanted expressions (Palmer, et al., 2011).

According to this approach, when people feel that their spouse is unavailable, unresponsive,

critical, or rejecting, they often engage in behaviors such as anxious blaming and asking or withdrawing and displacing that inadvertently disrupt the relationship. They persist or even intensify and weaken the bond between them. In the first stage of emotion-focused therapy, that is, stress relief, the therapist helps each individual to consciously observe their negative cycle and to see the breakdown that this negative cycle creates as their mutual enemy. In the second stage, reconstruction, spouses try to discover and share their fears and desires for attachment, and gradually find ways to clearly express these fears and desires in a way that is close, emotional, and responsive. Facilitate a safer connection. The couple can then enter stage three, which is to consolidate the benefits gained in treatment (Johnson, 2012).

According to the obtained results, after controlling the disturbing variables and adjusting the means, the experimental group compared to the control group showed a significant increase in emotional self-disclosure, which indicates the effectiveness of emotion-based therapy on marital commitment. The present study is directly consistent with the findings of Sadeghi (2014). Also this research with the researches of Karimi et al. (2013), Reynold, Mansfield (1999), Johnson, MS, J, Makinen JA, Makinen (2001),

Blake (2005), Matter (2005), Heaton et al. (1993), indirectly aligned.

The effectiveness of the emotion-oriented approach in both levels of personal and moral commitment was confirmed according to the statistical analysis presented in the fourth chapter of this study, but there was no significant difference in the level of structural (compulsory) commitment between the experimental and control groups and this hypothesis was rejected, Personal commitment or commitment to the spouse, which means the person's desire to stay in the relationship, increases during treatment sessions and building a secure attachment in the relationship. Moral commitment or commitment to marriage, which means the desire to maintain marriage as a sacred responsibility, also changes and moves in a positive direction with emotion-based therapy that is accompanied by a change in people's attitudes toward the relationship. But because there is a feeling of being trapped in a structural or forced commitment, short-term treatment usually cannot reduce that feeling. Also, personal and moral commitment are related to internal factors and change with changes in attitude, safety in attachment and sense of security, but structural commitment is related to external factors and cannot be expected to change during short-term treatment. One of the limitations of the research is that the researcher is a beginner and he / she faces some challenges in working with couples. Also, the statistical population of this study was couples who had at least a diploma level. Therefore, caution should be exercised in generalizing the results of this study to the illiterate couple community.

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