

Effects of Emotionally Focused Couple Therapy on Reducing Depression and Marital Conflicts in Employed Couples

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Abstract

Background: Employment of couples have a considerable effect on their marital life and may cause the couple not to respond to each other's needs in a timely manner. In these circumstances, depression and marital conflict is very likely.

Objectives: The present study aimed to investigate the effectiveness of emotionally focused couple therapy (EFCT) on reducing depression and marital conflicts in employed couples in Ramhormoz-Iran.

Methods: A randomized clinical trial study based on a pretest-posttest control group design was conducted. The study population consisted of all couples employed in government organizations of Ramhormoz-Iran. Based on the inclusion criteria, 50 couples (100 people) were selected as the sample and randomly assigned to the experimental and control groups. The experimental group underwent ten 90-minute sessions per week of emotionally focused couple therapy. The research instruments included the Beck's Depression Inventory and Marital Conflict Questionnaire. Data were analyzed by multivariate analysis of covariance.

Results: The results indicated that there was a significant difference between the experimental and control groups in the score of depression and marital conflicts. The mean (SD) of the post- intervention scores for depression and marital conflicts in the experimental group were 27.32 (4.17) and 116.72 (9.34) respectively. EFCT significantly reduced the mean score of depression and marital conflicts in the experimental group compared with the control group ($p < 0.001$).

Conclusion: EFCT was effective in reducing depression and marital conflicts among employed couples. Therefore, EFCT workshops can effectively help employed couples mitigate emotional problems.

Keywords: *depression, emotionally focused therapy, family conflict, couples therapy*

Introduction

Women's heightened public awareness and educational attainment have positioned them as the new workforce for a variety of career roles, which has a considerable effect on their marital life [1]. When couples face limitations and difficulties in meeting each other's needs and desires, they may experience depression and marital conflicts [2]. Couples who are both employed may have fewer time to spend with each other during the day. If this process continues and is not managed, it can be harmful

and cause the couple not to respond to each other's needs in a timely manner [3]. When job becomes the first priority of life, some couples have not been able to balance work and home. As a result, their intimacy and love diminish and an emotional divorce occurs [4].

Marital depression is a condition resulting from the accumulation of annoyance and resentment, lack of mutual understanding and emotional detachment. If not treated early, marital depression can adversely affect couples and the family system and even lead to a divorce [3].

Although conflict and disagreement are inevitable in any private relationship, especially marriage, they can be the starting point of separation [5]. Communication problems, mainly resulting from the lack of necessary skills for appropriate and intimate relationships, are among the major causes of marital conflicts [6]. Since marital conflicts have been shown to affect the physical and mental health of couples and their children, mental health professionals have recently paid greater attention to couple therapy [7].

EFCT is a couple therapy technique that focuses on the negative stable interactive cycles resulting from deep emotional vulnerability and aims to reduce turmoil by intervening in the emotional level. The main objective of couple therapy is to help couples better cope with their existing problems and learn more effective ways of communication [8]. In this technique, the therapist activates the emotions in order to regulate them. Encouragement of safe partnerships, expansion of access to the emotional responses guiding couples' interactions, and reconstruction of interactions for further accessibility and accountability are three main tasks of EFCT, which is considered as effective as individual psychiatric treatments in reducing the symptoms of depression [9]. It has been shown that couple therapy can reduce marital conflicts by focusing on the replacement of negative cycles with positive cycles of conflict as well as problem-oriented systemic therapy, which aims to inhibit the external sources of conflict [10]. Fotohi et al. [11] found that meta-emotion-based couple therapy was more effective than narrative couple therapy in increasing marital adjustment and reducing marital boredom of couples because of its integrative nature and incorporation of foundations and principles of various therapeutic theories. Havassi et al. [12] concluded that the Gottman method of couple therapy can effectively reduce marital depression and solve the marital problems of couples. Denton et al. [13] reported that couple therapy was more effective than pharmacotherapy in improving the women, even after 6 months of follow-up.

Based on the above-mentioned points and findings, it is necessary to employ emotionally focused interventions and therapies to improve marital relationships in Iranian society with regard to issues such as population structure, the

employment rate of couples especially women, depression, and conflict in couples. The mentioned studies have investigated the effectiveness of EFCT in conflicting couples, while in the present study, the effectiveness of this treatment on employed couples. Evaluation and explanation of emotionally focused couple therapy on psychological characteristics such as reducing depression and marital conflicts in employed couples are among the most important innovations of this study. Accordingly, this study aimed to investigate the effectiveness of emotionally focused couple therapy (EFCT) on reducing depression and marital conflicts in employed couples.

Methods

The study was a randomized clinical trial study based on a pretest-posttest control group design. The study population consisted of all couples working in departments and government organizations of Ramhormoz, Iran. The couples whose depression and marital conflict scores were one point above the mean score were selected as the sample through the convenience sampling method. These scores were considered as pretest. We included 50 people (25 couples) in each group by using of G-power software with an effect size of 1.8, a test power of 0.90, and $\alpha=0.05$ [14]. The couples were randomly divided into emotionally focused couple therapy ($n=25$) and control groups ($n=25$) using a simple random coin-throwing method.

The participants in the experimental group received an EFCT intervention, whereas those in the control group received no intervention. A total of ten 90-minute sessions of EFCT were held for the experimental group once a week. At the end of the intervention, participants of both groups took a post-test. The inclusion criteria were: Have at least a high school level, employed in Ramhormoz government offices, no mental illness, and no simultaneous psychological or pharmaceutical treatment. The exclusion criteria included: reluctance to continue the treatment process and more than two absences from the treatment sessions. To take ethical considerations, the researchers received written consent from the couples for participation in the research. Moreover, to observe ethical and professional principles in research and also to appreciate the

cooperation of the control group, the author performed the therapy sessions for participants in the control group after the post-test.

In this study two instruments were used to collect data including Beck's Depression Inventory (BDI) and Marital Conflict Questionnaire (MCQ). Beck's Depression Inventory (BDI) developed by Beck in 1961. BDI contains 21 items that are scored based on a four-point scale for each item ranging from 0 to 3. The total score on this scale ranges between 0 and 63, which shows various degrees of depression from mild to very severe: 0–10 points for “not depressed”, 11–17 points for “mild to moderately depressed”, and 18–63 points for “clinically relevant depression”. [15]. Khoshvaght et al. [14] reported an alpha Cronbach coefficient of 0.81 for the Persian version of the questionnaire. In this study, Cronbach's alpha coefficient was 0.86 for the BDI.

Marital Conflict Questionnaire (MCQ) is a 54-item questionnaire. MCQ was developed by Sanaei in 2008 to measure marital conflicts in 8 subscales including: reduction in cooperation, reduction in sexual intercourse, increase in emotional reactions, increase in attracting the support of children, increase in personal relationships with one's relatives, reduction in

family relationships with one's spouse's relatives and friends, separation of financial affairs from each other and decreased effective relation. Each item is scored based on a 5-point scale ranging from 1 to 5. The minimum and maximum scores were 54 and 270. Scores between 54 and 114 indicate normal marital conflicts, scores in the 115–134 range indicate over-normal conflicts, and the scores of 135 and higher indicate intense conflicts or severely damaged relationships. Cronbach's alpha coefficients for these dimensions were 81%, 61%, 70%, 83%, 86%, 89%, 71% and 69%, respectively [16]. In the present study, the Cronbach's alpha coefficient was 0.84 for the whole questionnaire.

The experimental group participated in ten 90-minute sessions of EFCT, while the control group did not receive any treatment. The control group was placed on a waiting list, and at the end of the study, to observe ethical considerations, the control group received a course of EFCT. These sessions were performed once a week based on the practice of EFCT of Johnson [17]. After the intervention sessions were over, both experimental and control groups were given the post-test. A summary of EFCT sessions is presented in Table 1.

Table 1: A Summary of EFCT Sessions

Session	Content
1	Familiarity with the therapy and its general rules, evaluation of the nature of the problem, review of the therapeutic goals couples' expectations of the therapy, conduction of the pretest
2	Recognition of the negative cycles of interaction and encouragement of couples to reveal their negative cycles of interaction, assessment of relationships between couples, familiarity with principles of EFCT and the role of emotions in interpersonal interactions, reconstruction of interactions, improvement of couples' flexibility and adaptability
3	Discovery of unrecognized emotions that underpin interactive situations, greater focus on depression, marital conflict, and optimism, improvement of communication patterns, encouragement of couples to have better interactions and respect each other's experiences, needs, and desires, exploration of the secondary emotions that are manifested in the interactive cycle in order to achieve the underlying and unknown emotions, investigation and processing of primary emotions in order to raise couples' awareness of such emotions
4	Reconfiguration of problems based on underlying emotions, emphasis on couples' capabilities to express emotions and exhibit appropriate behaviors to deal with depression, marital conflict, optimism, and improvement of communication patterns, increasing couples' awareness of the effect of fear and defense mechanisms on cognitive and emotional processes
5	Encouragement of couples to identify their rejected and denied needs and personal aspects, emphasis on interactive patterns and their reflections, expression and identification of denied needs, acceptance of corrective experiences

6	Familiarity with the underlying emotions and emphasis on the position of each of the spouses in marital relationship, emphasis on the acceptance of each other's experiences and new ways of interactions, follow-up of identified emotions, focus on and re-description of attachment needs and emphasis on their normalcy and neutrality
7	Encouragement of couples to express their needs and desires and begin emotional challenges, development of primary emotional experiences in relation to depression, marital conflict, optimism, and improvement of communication patterns, recognition of inner needs and belongings, encouragement of new attachments with a secure bond between spouses
8	Encouragement of couples to establish new interactive situations and put an end to old interactive patterns, clarification of interactive patterns, recall of new needs
9	Enhancement of changes resulting from EFCT, emphasis on differences between the current and old interactive patterns, encouragement of couples to establish relationships based on a secure bond in a way that talking about problems and finding solutions do not harm them
10	Preparations for the therapy termination, comparison of the current and past interactive patterns, emphasis on the fact that couples do not need a therapist anymore to maintain their vitality, evaluation of changes, conduction of the posttest

Descriptive statistics were used to describe the participants' demographic variables and the pre-intervention and post-intervention data. Univariate analysis of covariance (ANCOVA) was used to determine the significance of the effect of the EFCT on the studied variables. Data analysis was also performed using SPSS-21

Results

The participants included 100 men and women (50 couples) working for government organizations of the Ramhormoz. The demographic variables of the couples are shown in Table 2.

Table 2: Demographic Variables of the Couples in the Experimental and Control Groups

Variable		EFCT group	Control group	P value
Age of men (years) Mean (SD)		43.28 (5.26)	44.69 (6.21)	0.674
Age of women (years) Mean (SD)		39.37 (4.11)	38.48 (3.70)	0.712
Duration of marriage (years); Mean (SD)		10.81 (4.61)	9.29 (5.24)	0.417
Education N (%)	High school	15 (30.00%)	12 (24.00%)	0.208
	College education	35 (70.00%)	38 (76.00%)	
Number of children N (%)	1-3	36 (72.00%)	33 (66.00%)	0.179
	3-6	14 (28.00%)	17 (34.00%)	

SD: Standard deviation; EFCT: Emotionally focused couple therapy

Table 3 shows the mean (SD) of research variables in the experimental and control groups in the pre-test and post-test. The mean (SD) of depression in the EFCT group in the pre-intervention and post-intervention phases were 49.12 (4.88) and 27.32 (4.17), respectively. There was no significant change in depression in the control group (Table 3). According to the results, the mean (SD) post-intervention score of depression in the experimental group of 27.32

(4.17) decreased compared to the pre-intervention of 49.12 (4.88) and the control group of 48.68 (5.44). The mean (SD) of the marital conflict for the experimental and control groups in the post-test stage were 116.72 (9.34) and 196.64 (5.59), respectively. According to Table 3, the mean of marital conflict showed a decreasing trend post-intervention compared to the pre-intervention ($p < 0.001$).

Table 3: Mean (SD) of Depression and Marital Conflict in Experimental and Control Groups

Variables	Phases	Control	EFCT	P value (between groups)
		Mean (SD)	Mean (SD)	
Depression	Pre- intervention	48.96 (5.80)	49.12 (4.88)	0.217
	Post- intervention	48.68 (5.44)	27.32 (4.17)	0.001
P value (within groups)		0.751	0.001	-
Marital conflict	Pre- intervention	197.24 (4.90)	195.48 (4.75)	0.178
	Post- intervention	196.64 (5.59)	116.72 (9.34)	0.001
P value (within groups)		0.488	0.001	-

The assumptions of the analysis of covariance, including normal distribution of data (by the Shapiro-Wilk test), homogeneity of variances of the experimental and control groups (by Levene's test), and the homogeneity of regression slope coefficients between the experimental and control groups were checked and confirmed. In this study, MANCOVA and ANCOVA analysis were used to control the intervening variables including age, gender, and education. The results of MANCOVA in the EFCT showed that these groups were significantly different in terms of the dependent variables.

The ANCOVA results also indicated that there was a significant difference between the experimental and control groups in terms of depression and marital conflicts, suggesting the effectiveness of EFCT in reducing depression and marital conflicts of employed couples.

Discussion

The present study aimed to investigate the effectiveness of emotionally focused couple therapy (EFCT) on depression and marital conflicts in employed couples in Ramhormoz (Iran). The results indicated that EFCT was effective in reducing depression in employed couples. This finding was consistent with the results of previous studies [18,19]. In line with the findings of the current research, Timulak et al. [18] reported that emotion-focused therapy reduced depression and anxiety in psychological/counseling clients. In addition, the research results of Wittenborn et al. [19] showed that EFCT had a positive effect on improving the satisfaction of the relationship between men and women and reducing depression in couples.

As emotion is one of the main components of attachment styles, emotional structures help us to predict, explain, react to, and control life experiences [20]. Emotions are not stored in our memory, but they are revived by assessing situations that trigger a particular emotional framework, leading to a set of specific behaviors. EFCT recreates such situations to help couples explore, expand, and correct their emotions. As a result, they can use these available, developed, and rebuilt emotions to reconstruct their moment-by-moment experiences and the way they treat each other and those around them. This stage of the treatment helps couples to be aware of their emotions and exhibit a new set of behaviors in different life situations by expressing their real emotions in a safe atmosphere. This will finally reduce depression and increase their marital satisfaction [21].

According to this approach, when people feel that their spouse has critical or rejecting attitudes, they often adopt emotion regulation strategies that inadvertently perpetuate or even exacerbate their conflicts and weaken the bond between them. These include anxious scolding and requesting followed by withdrawal and disregard [22]. In the first stage of EFCT, i.e., de-stressing, the therapist helps each of the spouses consciously observe their negative cycle and take the resulting rejection and abandonment as their mutual enemy. In the second stage, i.e., reconstruction, couples try to discover and share their fears and desires and gradually come up with ways to clearly express those fears and desires in order to add to the intimacy, emotional access, responsiveness, and security of their relationship. Couples can then enter the third stage, which aims to consolidate the benefits achieved in the therapy

[23]. Based on EFCT, when spouses are unsure about their partner's emotional response in times of stress or crisis, they feel insecure and alone in the face of life stresses. An EFCT therapist tries to eliminate this sense of insecurity and loneliness. New experiences occurring during the EFCT sessions challenge one's active mental patterns, which reflect past experiences, change spouses' expectations of each other, and encourage them to find new ways of emotion regulation [24].

The results of the present study showed that EFCT significantly reduced marital conflicts in employed couples. This finding was consistent with the results of previous studies [25,26]. In line with the results of the current research, Welch et al. [25] reported that EFCT reduced distress and improved marital relations in distressed couples. Yaghoobi et al. [26] reported that EFCT is effective in the improvement of the quality of interpersonal relationships among couples with marital conflicts.

It can be stated that EFCT is an intervention that emphasizes the involvement of emotions in persistent patterns of maladjustment in disturbed couples. The EFCT aims to help couples identify, express, and reprocess the emotional responses that underlie their negative cycle of interaction and exhibit new emotional symbols, resulting in the development of more accessible and responsive interactive patterns and the establishment of more peaceful and satisfactory bonds. It aims to reveal the vulnerable emotions of couples and help them to create these emotions safely and intimately. It is assumed that the safe processing of such emotions can create more appropriate and newer interactive patterns that reduce disturbance, increase love and intimacy, and establish more satisfying relationships [27]. Complete improvement following EFCT means that the therapist helps couples change maladaptive communication patterns; as a result, a positive and appropriate cycle of interaction replaces the negative cycle and changes the responses and, finally, helps couples establish more peaceful and intimate bonds [26].

Emotional skills, which are defined by this approach as the ability to recognize and express emotions as well as the ability to empathize with others, can increase intimacy and a sense of security, encourage individuals to accept positive and constructive criticisms, and ensure the

survival of a successful marriage [28]. EFCT emphasizes couples' support for each other, positive expression of emotions, identification of personal emotions, expression of new experiences emotions associated with marital life, formation of new interactions in the marital relationship, taking care of the spouse, and identification and elimination of negative cycles of interaction from the marital life in order to help couples rebuild their relationships and reduce their marital stress in the light of a healthy and effective relationship [29]. To justify the study findings, it can be also argued that the emotionally focused approach can help one change and control their relationships, especially the marital relationship, by increasing emotional awareness, emotional symbolism, awareness of experience-related agency, and changing the processes.

Since the present study was performed on couples living in Ramhormoz, Iran, caution should be observed in generalizing the results to other communities in different time and place situations due to different cultural conditions. Another research limitation was the low sample size in both groups. The other limitation was the use of self-report measurement tools that have some inherent problems such as social desirability bias and lack of introspective ability of subjects..

Conclusion

The study findings suggested that EFCT managed to reduce depression and marital conflicts of couples. Therefore, therapists are recommended to take advantage of this intervention to solve marital problems of couples and promote the health of families.

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Conflict of interest

No conflict of interest to declare.

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