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Compare the effectiveness of emotion-focused couple therapy and acceptance and commitment therapy in marital intimacy of incompatible couples

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Abstract

Introduction: Incompatibility leads to negative outcomes for couples and family members. Therefore, this study aims to compare the effectiveness of emotion-focused couple therapy and acceptance and commitment therapy in marital intimacy. There was confusion and intimacy between incompatible couples.

Methods: In this quasi experimentl study among couples reffered to family therapy center of Torbat-jam cituy, 24 incompatible couples selected through purposive methods based on inclusion criteria and randomly replaced in three groups. The first group (8 couples) who received acceptance and commitment treatment, the second group (8 couples) who received emotion-focused couple's therapy, and the third group who was the control group (8 couples) did not receive any intervention during the study period. All three groups evaluated before and after the intervention with standard questionnaire of Bagarozi intimacy. Descriptive statistics and covariance analyzed.

Results: The results showed that emotion-based couple therapy and therapy based on acceptance and commitment had a significant effect on intimacy ($P < 0.05$). Comparison of two groups of emotion-focused couple therapy and therapy based on acceptance and commitment showed that these two groups are significantly different in terms of effectiveness on the intimacy ($P < 0.05$). Emotion-focused couple therapy showed higher effectiveness than acceptance and commitment therapy.

Conclusion: Therefore, it can be concluded that emotion-focused couple therapy, acceptance, and commitment therapy are effective in increasing intimacy of incompatible couples. It is recommended to use a combination of approaches according to therapeutic goals.

Keywords: Acceptance and Commitment" Emotion-focused Couple Therapy" intimacy" Incompatibility

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Introduction:

Marital relationship is the central concept in the family system associated with mental health of the family (1). Annually, 40-50% of marriages in the United States lead to divorce. Divorce statistics are also growing in Iran (2). Therefore, adaptation in marital relationships has been considered factor of family maintenance (3). Marital adjustment is defined as the ability to mutually adapt and the ability to adapt in order to enjoy a marital relationship (4). In other words, adjustment is a state in which couples have a state of general satisfaction and happiness towards their marriage and each other (5). Couple compatibility is the result of numerous interactions that occur between couples. The most important couple interaction in a close relationship is intimacy. Lack of intimacy increases the likelihood of separation and incompatibility in relationships (6). Intimacy is highly valued in today's relationships because spouses' expectations of each other have changed dramatically. The need for love and intimacy and establishing an intimate relationship with the spouse and the satisfaction of emotional-psychological needs are among the main reasons for today's marriages (7). Research has shown that intimacy is associated with marital adjustment, on the other hand, more satisfied couples also tend to be more intimate (8). Intimacy between couples is one of the important factors in creating lasting marriages (9). As the conflict between couples increases, intimacy decreases and the decrease in intimacy puts the couple's life at risk of separation (10). Various interventions are used to increase couple intimacy. Recommend new approaches to couples problem solving based on Acceptance and Commitment Therapy (ACT); Because acceptance and commitment therapy is very appropriate by focusing on the existing conditions and paths leading to acceptance and personal growth in crises caused by marital incompatibility (11). This treatment method uses the principles of mindfulness and is one of the new and effective treatments in solving psychological problems and disorders (12). Its underlying principles include accepting or wanting to experience pain or other disturbing events without attempting to control them, and acting on a value or commitment with a desire to act as meaningful personal goals before eliminating unwanted experiences (11).

In acceptance and commitment therapy, guiding the client in the path of committed action in relation to the values expressed by him / her is an important part of psychotherapy. Minutes of sessions designed to produce committed action include therapeutic work, practice, and assignments related to the long-term and short-term goals of behavior change and adaptation. Behavioral change efforts lead to psychological barriers and are addressed through the processes of ACT therapy, ie acceptance and failure (13). Since in an intimate relationship, emotion is an integral part of the relationship, emotion-based therapies can be a good option for correcting and modifying positive emotions such as intimacy (14). As Beasley and Ager (2019) showed the effectiveness of emotion-oriented couple therapy in the last 19 years, this treatment has been effective in different groups with marital problems and not only can increase marital satisfaction, its effect up to several months after treatment. Has also been stable (15). Emotion-based therapy is an integrated approach that combines the three perspectives of structuralism, humanism (empirical), and adult attachment theory, developed by Johnson and Greenberg in the early 1980s. Given the major role of emotions in attachment theory, this treatment points to the important role of emotions and communication in organizing communication patterns and considers emotions as the cause of change. From the point of view of attachment, each couple enters into a current relationship with expectations and experiences from their past, which plays an important role in how they respond to their spouse (16); Therefore, couples' problems are not only due to their communication skills; Rather, it is the result of the resolution of the initial experience of their attachment. Therefore, the main purpose of this approach is to help couples identify and express their core needs, desires, and attachment concerns; Thus, the insecurities of the couple's attachment are reduced and a secure attachment

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is developed between them, which leads to improved compatibility and increased couples' commitment to each other (14). Zakarini, Tai and Paulson (17) considered emotion-based couple therapy to be effective in increasing couples' marital adjustment. Zakhirdar et al. (2019) also reported that emotion-oriented therapy is effective in increasing couple intimacy (18). Regarding the effectiveness of acceptance and commitment therapy, Saadatmand et al. (2017) also concluded that acceptance and commitment therapy increases forgiveness and intimacy (19). The results of a recent study by Naghavi et al. (2015) also confirmed the positive effectiveness of acceptance and commitment therapy on intimacy (20). Although both methods of acceptance, commitment, and emotion-oriented therapy use techniques to solve couples' problems, there are differences in these approaches that it is not clear which approach can be more effective in increasing the intimacy of incompatible couples. According litrarure gap the aim of the present study was to determine and compare the effectiveness of emotion-based couple therapy and treatment based on acceptance and commitment on incompatible couple intimacy; the questions were as following: Is emotion-based couple therapy and therapy based on acceptance and commitment are effective in the intimacy of incompatible couples? And is there a difference in the effectiveness of the two methods?

Methods:

This quasi-experimental study was performed with a pretest and posttest design with a control group. The statistical population of this study included incompatible couples who referred to the family counseling center in Torbat-e-Jam in the second half of 1397 and the first half of 2020. Participants were selected using purposive sampling method based on inclusion criteria. A total of 39 couples who participated in the study were selected, of which 24 couples who met the inclusion criteria were selected and replaced by simple random sampling in three experimental and control groups (8 pairs in each group). Inclusion criteria were: having at least a diploma, age 25 to 45 years, obtaining a low score below the cut line in the incompatibility questionnaire, no identification in axis I and axis II, not using any psychiatric and psychotropic drugs in four months before the first session. People who missed more than one session or disconnected were excluded from the study. The following tools were used in this study:

The Spinner Marital Adjustment Questionnaire (DAS) (1976) has 33 questions. The questionnaire does not have a subscale and has the components of two-person satisfaction, two-person solidarity, two-person agreement and expression of affection. A score of less than 100 means there is a problem in the marital relationship and incompatibility and lack of family understanding. The questionnaire was standardized by Amoozgar and Hosseinnejad (1374) in Iran and was performed on 120 couples by a retest method with a ten-day interval. The correlation was 0.86. The Cronbach's alpha obtained was also 0.96 (21). Fallahnejad and Sanaei (2012) confirmed the validity of the content of the questionnaire through experts and the reliability of this scale using Cronbach's alpha coefficient of 81 /. Found that indicates high internal consistency (22).

Bagarozi Marital Intimacy Questionnaire (INS) This questionnaire was prepared and arranged by Bagarozi (2001) and has 41 questions on the Likert scale and its intimacy needs and dimensions are emotional, intellectual, sexual, physical, spiritual, aesthetic, social and recreational. They examine time. In this questionnaire, each of the dimensions of 5 questions and in the spiritual dimension six questions are considered for evaluation and in a range of 10 options from one (I do not need this at all) to ten (this need is strong in me) is graded Is. Each question is assigned a score between 1 and 10 and the maximum score in this questionnaire is 410. This questionnaire was translated into Persian by Etemadi in 2005 and its validity and reliability have been examined. The Cronbach's alpha coefficient for the whole questionnaire

was 0.94 and its criterion coefficient with the marital intimacy scale was 0.58 (23). Also, Khamseh and Hosseinian (2007) in a study of the reliability of this questionnaire by retest method, which was obtained 0.81 and indicates the acceptable reliability of this scale (24).

In this study, out of these 24 couples, 16 couples were randomly selected for the two experimental groups and 8 couples were selected as the control group. Then experimental group (a) participated in 8 sessions of 90 minutes of emotion-based couple therapy training and experimental group (b) participated in 10 sessions of 90 minutes of acceptance and commitment training and the control group did not receive any training and only pre-test was performed. At the end of the training sessions, research questionnaires were re-administered as a post-test for all three groups. Tables 1 and 2 describe the content of the sessions

Table 1: Summary of Emotion-Based Couple Therapy Plan Based on Johnson et al.'s Study(25)

Session	content
1	Familiarity and establishing a therapeutic relationship, familiarity with the general rules of treatment, assessing the nature of the problem and the relationship, assessing the goals and expectations of the spouses from the treatment and performing the pre-test
2	Recognize the negative interaction cycle and detective conditions, evaluate the relationship and attachment bond, familiarize couples with the principles of treatment and the role of emotions in interpersonal interactions, reconstruct interactions and increase flexibility
3	Achieve unrecognized emotions, focus on emotions, attachment needs and fears, facilitate spouses' interaction with each other, and validate their attachment experiences and needs and desires. Focus on secondary emotions that manifest in the interactive cycle; discuss primary emotions, process them, and so on. Raising couples' awareness of early emotions and hot cognitions
4	Re-framing the problem in terms of underlying feelings and attachment needs, emphasizing the ability of clients to express emotions and showing attachment behaviors to the spouse, informing couples about the impact of fear and their defense mechanisms on cognitive and emotional processes, describing the cycle in context And the context of attachment
5	Encourage them to identify rejected needs and aspects of themselves that have been denied, draw the couple's attention to the way they interact with each other and reflect their interactive patterns with respect and empathy, express attachment needs and identify denied needs, and increase acceptance of corrective experience.
6	Informing people about the underlying emotions and revealing each spouse's position in the relationship, emphasizing accepting the spouse's experiences and new ways of interacting, tracking known emotions, highlighting and re-explaining attachment needs and pointing out that they are healthy and natural

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7	Facilitate the expression of needs and wants and create emotional conflict, develop early emotional experiences in the field of attachment and recognize the needs and inner relationships, create new attachments with a secure bond between spouses
8	Strengthening the changes that have taken place during treatment, highlighting the differences between current and past interactions, building a relationship based on a secure connection so that discussing problems and finding solutions do not harm them, evaluating changes and conducting post-tests

Table 2. Content of Acceptance and Commitment Couples Therapy Sessions Based on a Study by Hayes et al(14)

sessions	content
1	Familiarize couples with the treatment session schedule, make rules and regulations and perform pre-treatment assessments, use raisin eating practice, teach coping behavioral schemas, practice focusing on breathing.
2	Teaching mindfulness techniques, identifying thoughts and feelings and the relationship between the two, and teaching the recording of desirable life events, presenting the homework of the next session with a focus on practicing breathing and generalizing mindfulness, creating ethical therapy.
3	Meditation and breathing training, sitting in meditation and body awareness, breathing and emotions, reviewing the previous session homework and breathing exercises, reviewing the costs associated with schema coping behaviors, the table of consequences for schema coping behaviors, discussing creative helplessness And presenting the metaphor of swamp and digging a pit.
4	Practice seeing and hearing, psychological training on values, training to identify and clear up ambiguities about values and their consequences, and presenting a worksheet for determining values, examining obstacles to valuable practices and presenting worksheets, metaphors for bus passengers, and homework assignments for the next session.
5	Meditation and physical awareness, sounds and thoughts, review of previous session assignments and psychological training on fusion and faulting, presenting a giant metaphor on the bus and presenting worksheets of obstacles, teaching faulting techniques, presenting metaphorical thoughts on clouds, objectifying and playing the role of schematic thoughts And assign homework for the next session.
6	Reviewing the homework of the previous session, the psychological training of the fault with a focus on evaluation versus describing and presenting experiential exercises, examining self-assessment versus discussion, strengthening oneself as texture versus oneself as content, using the metaphor of chess and illustrating the worst case, the metaphor of tail begging And the

	metaphor of the farm in marital relations and homework determination of the next session.
7	Examining the desire for inevitable pain and lack in relationships, discussing anger and its costs as a coping and meditation mechanism, and reviewing home exercises, eating chocolate with mindfulness, and setting homework for the next session.
8	Using paper tags, psychological education about emotions and the role of control in marital relationships, examining the costs of avoiding painful emotions through experiential exercises, tug-of-war, self-observer practice, and homework assignment.
9	Discuss effective communication, practice faulting and alternative responses, visualize mindfulness and compassion for the pain caused by schemas, and visualize forgiveness to help the individual, repeat the tug-of-war with the giant; Remind the farm metaphor, determine the homework of the next session.
10	Teaching compassion and kindness, exercises to increase compassion and forgiveness, discussing barriers and creating strategies for worthwhile actions, building commitment to worthwhile actions, conducting post-treatment evaluations.

Mean, minimum, maximum, frequency and standard deviation indices were used to analyze the data in the descriptive statistics section. In inferential statistics section, Chi-square test, U Mann-Whitney, analysis of covariance, and Benfrey post hoc test were used to evaluate the effectiveness of variables. SPSS 20 software was used to analyze the obtained data.

Findings

Participants age range were 25 to 45 years. The average marriage duration of the participants was 5.67 years. The table below shows the mean and standard deviation of the forgiveness score in the two time periods of pre-test and post-test in the three groups of acceptance and commitment therapy, emotion-focused therapy couple and the control group.

Table 3. Mean and standard deviation of intimacy variable scores in the group based on acceptance and commitment and emotion-based and control couple therapy in the pre-test, post-test.

	Emotion focused		**Acceptance commitment**		**control**	
Time	M	SD	M	SD	M	SD
pretest	213.37	24.14	209.87	24.48	199.81	33.06
Post test	280.18	34.27	234.50	21.32	200.5	33.27

The results of the table show that the mean of marital intimacy in the post-test of the emotion-focused treatment group (280.19) compared to their pre-test (213/38) has increased. Also, in the post-test of the treatment group based on acceptance and commitment (234.50) compared to the pre-test (209.88), they increased, but there was not much difference between the mean

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of the pretest (199.81) and the 56.56 post-test in the control group, which shows the effect of couple therapy. Emotion-based and acceptance-based therapy and commitment to increase marital intimacy in incompatible couples. To test the hypothesis, first the normality of data distribution was checked by Kolmogorov-Smirnov test. Since the significance level of all variables is higher than 0.05, then the data has a normal distribution and therefore parametric statistics were used. Before performing the analysis of covariance of univariate and multivariate, the hypothesis of homogeneity of variances was tested by Levin test and since the hypothesis was valid, the test was performed.

Table 4. Results of analysis of covariance on the mean of intimacy scores of the experimental and control groups

Variable	MS	df	MM	F	sig	eta
groups	15856.76	1	15856.67	14.99	0.001	**0.34**
error	30660.18	29	1057.24			

According to the findings of the above table, there is a significant difference between the mean of intimacy (p = 0.001, F = 14.99 (1, 29)) between the experimental groups. Therefore, in the next table, the two groups are compared in pairs to determine which group was more effective.

Table 5. Descriptive statistics of intimacy of the two groups after pre-test adjustment

Group	Mean	SE	MD	P
Emotion focused	279.66	8.14	11.52	0.001
Acceptance and commitment-based therapy	235.02			

The results show that the adjusted mean of intimacy is significantly different in the experimental groups. The mean difference was 8.14 which was significant at the level of 0.001.

Discution and Conclusion:

The aim of this study was to compare the effectiveness of emotion-focused couple therapy and acceptance and commitment-based therapy on intimacy incompatible couples. Based on the findings, emotion-based couple therapy has been effective on the intimacy of incompatible couples. This means that people who attended emotion-based couple therapy sessions reported higher intimacy after completing the sessions, and this improvement was sustained at follow-up. This finding is consistent with the results obtained in the study of Khanjani et al. (25). Saadatmand et al. concluded that acceptance and commitment therapy increase forgiveness and intimacy (19). The results of a recent study by Naghavi et al. also confirmed the positive effectiveness of acceptance and commitment therapy on intimacy.(٢٠)

In the approach of acceptance and commitment therapy, it is assumed that acceptance means having an inner readiness to face the realities of life, without trying to change them. However, acceptance does not mean loving life events as they are. Acceptance refers to the recognition that thoughts, emotions, and feelings decline as they emerge; So judging them, fighting them or avoiding them is futile. During the first four sessions, participants were confronted with the fact that all the methods they have used for years to solve the problem are just control and avoidance, and after creating creative helplessness with acceptance and commitment therapy

techniques, the problem-solving process and the way of dealing with their thoughts. And all of these factors led to increased intimacy at the end of treatment.

Emotion-based couple therapy has also been effective on the intimacy of incompatible couples. This means that people who attended emotion-based couple therapy sessions reported higher intimacy after completing the sessions, and this improvement was sustained at follow-up. This finding was consistent with the results obtained in the study of Arianfar and Etemadi (26) and Etemadi and Bradbury (23). Zakhirdar et al. also reported that emotion-oriented therapy is effective in increasing couple intimance (18).

Explaining this finding, it can be pointed out that the goal of the emotion-oriented couple therapy approach is to access and reprocess the underlying emotional reactions in couples' interactions. These reactions lead to the development of safer attachment styles and different couples 'patterns, couples' empathy for each other's experiences, and the development of new interactive patterns. During emotion-centered couple therapy sessions, the therapist taught her emotion regulation skills after establishing an effective relationship with the client. To achieve this goal, the components of focusing on positive emotions, emotional reconstruction, finding new meanings for better communication with others were used, which eventually lead to forgiveness and reconciliation after accepting each other's mistakes and flourish intimacy in the relationship.

Examining the findings related to comparing the two groups of emotion-based couple therapy intervention and commitment acceptance therapy showed that emotion-based couple therapy was more effective than acceptance and commitment therapy on intimacy. This means that those who participated in the emotion-based couple therapy group reported significantly more improvement in intimacy scores after the sessions and during follow-up than the acceptance and commitment group. Consistent with the findings of the present study, Zakhirdar et al. (2019) in a study conducted to investigate the effectiveness of cognitive-behavioral couple therapy and emotion-oriented therapy on marital intimacy (18). The results of the study after the treatment sessions showed that emotion-based therapy was more effective than cognitive-behavioral couple therapy in increasing couples intimacy. Vajapili et al. (2019) have also reviewed studies and concluded that emotion-oriented therapies are highly effective on emotion-related variables (27). In the study of Khanjani et al. (25), contrary to the findings of the present study, it was found that the effectiveness of cognitive-behavioral couple therapy and couple therapy based on acceptance and commitment on marital intimacy of conflicting couples was similar. However, this difference in findings could be attributed to differences in emotion-focused and cognitive-behavioral treatment techniques and goals. In addition, a different questionnaire was used to classify conflicting couples.

This finding can be justified by the fact that during the treatment process, the emotion-oriented approach of the therapist pays attention to the attachment style and communication patterns of individuals and adjusts the treatment steps in such a way as to lead to secure attachment and individuals can be more confident in relationships. Take positive and constructive steps and be able to express their emotions in a constructive way (16); Therefore, this issue is expected to increase intimacy. The emotion therapist pays attention to the dynamics of the clients in the therapy sessions, examines the family interactions of individuals, and tries to strengthen the communication that is based on sincere feelings; To achieve this, the therapist encourages you to look at your current emotional issues and helps you better identify your feelings and

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emotions. Although treatment of acceptance and commitment also increases intimacy through acceptance of each other and the ability to interact, the main focus of emotion therapy, as its name implies, is on emotions. Intimacy is mentioned as a kind of emotion and because the feeling of intimacy is among the emotions and shows a high correlation with emotional variables, it grows more under the influence of emotion-based couple therapy.

Research Limitations

The researcher in the present research process faced limitations that may have affected the quality of the research. For example, given that the research subjects were selected from a counseling center, they may not represent the whole community. The sampling method was available and the tests were self-assessment

Application of research

It is suggested that these two therapeutic approaches be used together to improve the conflict between incompatible couples. The therapist's experience during the research and based on the background showed that the quality of sexual relations and the duration of marriage have played an effective role in intensifying or resolving the conflict; Therefore, it is suggested that in addition to the use of techniques such as acceptance and commitment and focus on emotions, the process of sexual intercourse and the problems of this issue to be addressed in order to prevent future conflicts. It is suggested that the therapeutic couple in the face of incompatible couples, according to their background problems and personal characteristics, use an integrated approach that can make the most positive changes in client relationships.

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Ethical considerations:

Ethical considerations in this study included: written information about the research to the participants, reassuring the couple about the confidentiality of the information and using it only in research, voluntary participation of the couple in the study and obtaining written consent from the couple to participate.

Conflict of interest: There is no conflict of interest between the authors. This article extracted from a doctoral dissertation

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