

The Effectiveness of Emotional-Focused Couple Therapy on Reducing the Negative Emotion Schemas and Alexithymia as well as Increasing Marital Compatibility

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This research has been implemented to examine the effectiveness of emotionally focused couple therapy on reducing negative emotion schemas and alexithymia and enhancing marital compatibility of women referring to counseling centers in Isfahan city, Iran. The present research was semi-experimental and of pre- and post-test type with the control group. Their research population consisted of maladjusted women referring to the counseling centers in Isfahan, Iran. Using a marital maladjustment questionnaire and psychological diagnosis, 30 subjects were chosen and assigned into control and experimental groups through simple random sampling; in this research, negative emotion schemas referred to the scores resulting from Leahy Emotional Schema Scale (2002). Emotional alexithymia was measured using the Toronto questionnaire (2007), and marital compatibility using the Spanier questionnaire (1976). The intervention group participated in eight therapy sessions with an emotionally focused couple therapy approach, but the control group did not receive interventions. Suggest: Thirty subjects with a marital maladjustment questionnaire and psychological diagnosis were chosen and assigned to control and experimental groups

through simple random sampling. The research, negative emotion schemas referred to the scores resulting from Leahy Emotional Schema Scale (2002)). The results adjusted that emotionally focused couple therapy can enhance marital compatibility and reduce the negative emotion schema and emotional alexithymia among the study women ($P < .05$). Thus, this method can be used as an intervention and therapeutic method to reduce negative emotional schema and alexithymia and enhance marital compatibility.

Keywords: negative emotional schema, marital compatibility, emotional alexithymia, emotionally focused couple therapy

The family is the smallest unit of society. This social unit is the origin of the incidence of human emotions and focuses on the closest relations and interpersonal interactions. It is so essential the health and prosperity of any society depend on the health and development of the family. However, in recent years, the sense of security, peace, and intimate relationships between men and women has weakened (Satir, 1988). The satisfaction of a person with a marital life means their satisfaction with the family, which, in turn, suggests marital compatibility, thereby facilitating the growth, excellence, and material and spiritual progress of society (Khamseh, Zaharakar & Mohsenzadeh, 2015).

Marital incompatibility is a process through which couples lose interactive satisfaction from their relations without maintaining their individuality and diverge from the path of shared goals (Brandao, Pedro, Nonez, Martinez, Casta, and Matus, 2017). Couples who have marital incompatibility tolerate extensive stress and distress. Thus, assessing the factors associated with marital incompatibility seems essential, as marital compatibility plays a significant role in maintaining the psychological health, physical health, efficiency, productivity, and social cooperation of couples. According to other research, marriage causes people to live more healthily and happily.

Although marriage has great significance for people and a significant influence on their lives, the point that is not negligible and has always been of interest is the incidence of marital incompatibility and attempts to enhance compatibility among couples.

Cordova, Gay, and Warren Goleman (2005) found that emotional commendation ability is significantly related to marital compatibility and safe intimacy. With this study, the role of the power of identifying and expressing emotions, as well as understanding and managing negative emotions, were confirmed in maintaining the marital relationship. Today, various factors in married life cause the incidence of incompatibility and maladjustment in romantic and intimate relationships of couples. The increasing statistics of divorce well confirm this fact. According to different studies, these factors include emotions and cognitions.

The term emotional Alex thymine was first introduced by Siphonos (1973) to describe the personality trait of the inability to process and identify one's emotions (Taylor, Bugby, and Parker, 2001). Emotional alexithymia refers to difficulty determining one's emotions and the inability to differentiate emotions from physical sensations, difficulty describing emotions for others, and focused mental style on external events. The main pathogenicity of emotional alexithymia becomes evident in processing and regulating emotions and feelings (Stasiusch et al., 2012).

Gunsell, Dixon, Chang, and Dew (2017) reported a positive and significant relationship between emotional alexithymia and marital incompatibility. Emotion regulation plays a vital role in interpersonal outcomes, such as the quality of couple relationships and conflict management. Research has shown that

the ability to regulate the partner's emotions is related to behavioral, emotional, cognitive, and physiological consequences in interactions. Couples who are unable to control their negative emotions and focus their anger and hatred experience fragile relationships in the face of stressful events (rabani,2022)

Another intrapersonal variable that can affect communication and incompatibilities is emotional schemas. Emotional schema is a cognitive model of the incidence of emotion in oneself and others. These schemas are the person's belief, providing interpretation, assessment, attribution, and other cognitive investigations of emotion (Suggest: feeling), along with the emotion regulation strategies that may be efficient or inefficient (Leahy, 2012). According to Leahy et al. (2012), negative schemas include emotional oversimplification, being excessively logical, shame and sinfulness, representation, mental rumination, duration, being uncontrollable, a sense of lethargy, and being not understandable. (Leahi et al., 2012).

Based on Leahy's model, people's negative schemas and beliefs about emotions can determine their strategies for emotional regulation, such as emotional alexithymia and failure to express emotion in different types of psychological disorders and communications. The recent focus on emotions as the main factor of marital problems has created a revolution in couple therapy approaches, thereby creating emotionally focused couple therapy (EFCT).

Emotional-focused couple therapy (EFCT) is an integrated approach that has combined three views: 1) systematic, 2) humanism (experiential), and 3) adult attachment theory, which was first developed in early 1980 by Johnson and Greenberg. Considering the significant role of emotions in attachment

theory, this treatment notes the critical role of emotions and emotional communication in using communication patterns. It entertains emotions as the cause of change. The change process in emotion-focused therapy helps couples access and express their underlying and damaged emotions (Suggest: feelings). (Greenberg & McKinnon, 2013)

Considering the importance of providing family as well as couple health, and given the effect of negative emotional schemas and emotional alexithymia in the incidence of incompatibility among couples for planning different types of interventions and preventions, the present research was performed to examine the effectiveness of emotive focused couples therapy on negative emotional schemas and emotional alexithymia and enhancing marital compatibility among women referring to counseling centers in Isfahan, Iran in 2021.

(Suggest: Considering: 1-the importance of providing family and couple health, 2- the effect of negative emotional schemas, and 3- emotional alexithymia in the incidence of incompatibility among couples for planning different interventions and preventions, the present research was performed to examine the effectiveness of dynamic. The focused couple's therapy was done on negative emotional schemas and emotional alexithymia and enhancing marital compatibility among women referring to counseling centers in Isfahan, Iran, in 2021).

Method

Research Method, Statistical Population, and Sample

The present research is a semi-experimental and applied study based on control- an experimental group with the pre-and-post. The statistical population consisted of all incompatible women referring to counseling centers in Isfahan city, Iran, in 2021. To select a sample, an available sampling method was used.

(Suggest: For available sampling method was select a sample).

From among them, 30 discordant couples were chosen according to Spanier's Dyadic Adjustment Scale (DAS) and psychological diagnosis (the individuals who obtained a score lower than 100 in that questionnaire were considered to be maladaptive) who had referred to have their problem resolved, as well as based on inclusion criteria. They were then randomly assigned into two groups: experimental (n=15) and control (n=15) (based on the lottery), whereby the scores were considered as a pre-test. Next, the data collection was completed by re-implementing the questionnaires on the subjects of both groups as the post-test.

(Suggest: Among them, 30 discordant couples were chosen according to Spanier's Dyadic Adjustment Scale (DAS) and based on inclusion criteria. Psychological diagnosis is based on the individuals who obtained a score lower than 100 on that questionnaire and were considered maladaptive, who had referred to have their problem resolved).

Instruments

Leahi Emotional Schema Questionnaire (2002)

This scale has been prepared to determine the attitudes and beliefs toward emotions. It was developed by Leahi in 2002 based on his emotional schema model to measure nine schemas. Nine negative schemas included being non-understandable, a sense of shame and sinfulness, emotional oversimplification, mental rumination, being uncontrollable, reprehension, duration, overly logical, and lethargy. The scale also measures five positive schemas, though the present research has used only the negative ones.

(Suggest: Nine negative schemas included 1- being non-understandable, 2- a sense of shame and sinfulness, 3- emotional oversimplification, 4- mental rumination, 5-being uncontrollable, 6-reprehension, 7- duration, 8- overly logical, and 9- lethargy).

This scale has 50 items, scored based on a 6-point Likert scale (it doesn't apply to me, it does not apply to me that much, it doesn't apply to me a little, it applies to me a little, it applies to me to some extent, it applies to me very much) (Leahi, 2002).

To investigate the validity of this scale, the research investigated the correlation between subscales and Beck's depression and anxiety test, Milyn multiaxial inventory, and metacognition questionnaire (Leahi, 2011). This scale's reliability and internal consistency have been reported to be 0.81 based on the Cronbach alpha coefficient (Leahi, 2002).

(Suggest: The investigation of the validity of this scale was set the correlation between subscales and Beck's depression and anxiety test, Milyn multiaxial inventory, and metacognition questionnaire).

In Iran, Khanzadeh et al. investigated the factorial structure of the psychometric properties of this questionnaire. They obtained a 37-item scale with Likert grading. The reliability of this scale through that retest method within two-week intervals for the total scale was received at .78 and for the subscales, .56-0.71 (Khanzadeh et al., 2011).

(Suggest: A 37-item scale was received reliability of this scale through that retest method within two-week intervals for full ranking at .78 and the subscales, .56-.71).

Toronto Emotional Alexithymia Scale (TAS_20)

The Toronto emotional alexithymia scale is a 20-item test consisting of three subscales of difficulty in identifying motions, difficulty describing emotions, and objective thinking. The questionnaire scoring is based on the Likert 5-option scale, ranging from absolutely disagree to absolutely agree. A score between 20 and 40 indicates that the person's problem in expressing and identifying emotions is minor. Scores above 60 show that the person's situation with defining and identifying emotions is serious. The validity of the simultaneous type of this scale was evaluated in terms correlation between the subscales of this test and the scales of emotional intelligence, psychological well-being, and psychological helplessness, and the results were confirmed. The results showed that between the subjects' scores on the scale of total emotional malaise with emotional intelligence ($p < .001$, $r = -.80$), psychological well-being ($p < .001$, $r = -.78$), and psychological helplessness ($P < .001$, $r = .44$). There is a significant relationship. The correlation coefficients between the subscales of emotional malaise and the above variables were also substantial (Besharat, 2007) (Suggest: Scores above 60 show that the person's situation with defining

and identifying emotions is serious. The subject evaluated the validity of the simultaneous type of this scale. The scale confirmed results in terms of the correlation between the subscales of this test and the scales of emotional intelligence, psychological well-being, and psychological helplessness).

Spanier Marital Adjustment Scale

In this research, Graham Spanier's two-member marital adjustment scale (1976) was used for collecting data related to marital compatibility. Spanier developed this questionnaire in 1976 to measure marital satisfaction, marital solidarity, marital agreements, and expression of affection.

(Suggest: This research used Graham Spanier's two-member marital adjustment scale (1976) for collecting data related to marital compatibility. Spanier developed this questionnaire in 1976 to measure marital satisfaction, marital solidarity, marital agreements, and expression of affection).

This scale is a 32-item instrument to evaluate quality marital relationships according to the woman, spouse, or both who live together. The scale's total score with Cronbach alpha .96 enjoys good internal consistency. The inner surface of the subscales ranges from good to excellent (Thenaei, 2000). Research recently obtained the reliability of this scale at .94 based on the Cronbach alpha coefficient.

The scoring was based on the Likert scale, shown based on the total score obtained by summing up the scores. The cutoff point of this questionnaire is 100, below which incompatible couples and above which compatible teams exist. Higher scores indicate a better and more adaptive relationship.

This scale also enjoys concurrent validity and is correlated with the Lock-Wallace marital satisfaction scale (Thenaei,

2000). In Iran, this scale was also normalized in 1995 by Amoozegar and Hosseinneshad. The scale implemented the retest method and a ten-day interval on a sample of 120 couples (60 minutes, 60 women). The Pearson correlation method was used (Barazandeh et al., 2006).

The Framework of Educational Sessions

Content (emotion-focused approach)	session
familiarization with the members, expressing the logic and establishing a therapeutic relationship, as well as identifying the relatively conflicting issues between couples	1
interpreting and presenting the most focused approach	
establishing a therapeutic relationship	
sense of security and being understood as well as approved by the therapist, according to the couples discussion and conversation about the conflicting marital issues	
receiving feedback and presenting the tasks	2
task: the teams are asked to write down the changes they would like to see at the end of the course in their marital relationships	
Identifying negative interactions when conflicting issues emerge.	
Summarizing the previous session and reviewing the tasks of the last session	3
discussion and conversation about negative interactions when these conflicting issues arise	
assignment: the couples are asked to determine the pattern governing their marital relationship and express its characteristics	4
Assessing the unknown underlying emotions	
discussion and conversation about underlying emotions alongside negative interactions task: the couples are asked to write down their emotions and feelings when they are trapped in these cycles	
Reframing the problem through investigating the cycle	

alongside the underlying emotions and attachment needs Task: the couples are asked to write down their opinion about how they can save their life from this enemy (cycle) promoting a sense of intimacy with rejected emotional feelings	
task: expressing the needs and fears of attachment and how the sides can better acknowledge these needs and fears	5
Enhancing acceptance of each couple from the experience of the other couple Task: which part of your spouse's experiences is not acceptable to you?	6
Facilitating the expression of needs and desires Task: the couples are asked to write down their needs, desires, and fears about their marital relationships	7
Facilitating the development of separate solutions for old problems and consolidating the new situations Task: the therapist presents some samples of attachment rituals to the couples to be done over the next month	8

For data analysis, descriptive and inferential statistics have been used in this research. The standard deviation used central tendency, mean, median, and dispersion index at the descriptive level. Covariance analysis, appropriate statistical methods, and tests were used at the inferential statistical level. Because there were several dependent variables, Mancova analysis was also used. To investigate the normality of data, the Kolmogorov-Smirnov test, and to examine the consistency of variances, Leven's test was used. Finally, all analysis was confirmed by the assumption of regression line homogeneity.

Results

The mean age of the subjects in the experimental and control groups was 20-40 years. Considering the academic status, in the experimental group, five people had a diploma level, four had a bachelor's degree, three had a master's degree, and four were under a diploma, respectively. The results of the Kolmogorov-Smirnov regular test for the research variables in the pre-and post-test are presented in Table 1.

Table 1
The Results of the Kolmogorov - Smirnov Regular Test for the Variables in the Pre-and Post-Test

Variable	Group	Test statistics	Degree of freedom	Significance value
Pretest of negative emotional schemes	Experimental	.181	15	.200
	Control	.114	15	.200
Posttest of negative emotional schemes	Experimental	.130	15	.200
	Control	.104	15	.200
Pretest of emotional alexithymia	Experimental	.235	15	.200
	Control	.158	15	.200
Posttest of emotional alexithymia	Experimental	.146	15	.200
	Control	.201	15	.105
Pretest of marital compatibility	Experimental	.137	15	.200
	Control	.159	15	.200
Posttest of marital compatibility	Experimental	.139	15	.200
	Control	.117	15	.200

Based on the results of Table 1, since the significance level has been obtained more significantly than the primary level (0.05), the distribution of scores of all variables is normal. The explanations related to the homogeneity of variances performed by Leven's test are presented in Table 2.

Table 2
The Results of Leven's Test on the Variables of the Research in Pre-and Post-Test for Examining the Homogeneity of Variances

Variable	F	Degree of Freedom 1	Degree of Freedom 2	Significance level
Pretest of negative emotional schemes	2.062	1	28	.162
Posttest of negative emotional schemes	.822	1	28	.372
Pretest of emotional alexithymia	4.808	1	28	.057
Posttest of emotional alexithymia	1.329	1	28	.259
Pretest of marital compatibility	4.228	1	28	.050
Posttest of marital compatibility	.015	1	28	.904

Based on the results of Table 2, the significance level was more significant than .05. Thus this test is insignificant, and the

assumption of homogeneous variances holds. Further, according to Table 3, presented below. Since the extent of the significance of the interaction between the groups in the accompanying variable is more significant than .05, being insignificance, it can be concluded that this assumption also holds, and the covariance analysis can be performed. Based on 3, since the significance level has been more significant than .05, the premise of the homogeneous regression line also holds.

(Suggest: Table 3 shows the extent of the significance of the interaction between the groups in the accompanying variable is more significant than .05. That is insignificance, and this assumption also holds. The process can be performed by covariance analysis.)

Table 3
Investigation of the Assumption of Homogeneity of the Regression Line in the Accompanying Variable

Source	Sum of squares	D. F.	Root mean square	F	Sig.
Pretest of negative emotional schemes and group	98.654	1	98.654	1.626	.213
Pretest of emotional alexithymia and group	.004	1	.004	.000	.993
Pretest of marital compatibility and group	162.713	1	162.713	.450	.508

The central indices, including mean as well as dispersion, including standard deviation for the variables of marital

compatibility, emotional alexithymia, and negative emotional schemas in the research for the experimental and control groups in the pre-and post-test, are presented in Table 4.

Table 4
The Scores of the Central Index and Dispersion Index of Marital Compatibility & Emotional Alexithymia, and Negative Emotional (Suggest: dynamic) Schemas in the Experimental and Control Groups

State	Group	Mean	SD
Pretest of marital computability	Experimental	77.40	14.515
	Control	79.80	28.110
Posttest of marital compatibility	Experimental	101.93	19.488
	Control	83.73	17.519
Pretest of emotional alexithymia	Experimental	55.07	13.068
	Control	52.20	6.868
Posttest of emotional alexithymia	Experimental	36.73	4.935
	Control	51.27	8.489
Pretest of negative emotional	Experimental	103.73	6.193
	Control	105.87	5.540
Posttest of negative emotional schemas	Experimental	65.40	7.278
	Control	107.32	8.184

Based on Table 4, the mean value of the marital compatibility variable of the experimental group was 77.40 and 101.93 in the pre-test and post-test, respectively. The mean value of marital compatibility has increased notably after the treatment. For the variable of compatibility in the control group, the values were 79.80 and 83.73, respectively. The scores of marital compatibilities of the experimental group after the emotion-

focused couple therapy have grown considerably. The scores of matrimonial compatibilities in the control group have not evolved that much; the increase can be attributed to the effect of EFCT. The mean value of the variable of emotional alexithymia in the experimental group was 55.07 and 36.73 in the pre-test and post-test, respectively, showing a considerable reduction. For the emotional (Suggest: dynamic) alexithymia variable of the control group, the values were 52.20 and 51.27, which are barely different. The mean value of negative emotional schemas in the experimental group was 103.73 and 65.40 in the pre-test and post-test, respectively, showing a considerable reduction after treatment. For the variable of negative emotional schemas of the control group, the values were 105.87 and 107.32, respectively. As can be seen, these two scores are not considerably different. Covariance analysis between the groups was performed to examine the effectiveness of the designed EFCT in reducing negative emotional schemas.

Table 5
Box Test for Covariance Homogeneity Scores of Negative Emotional Schemas, Emotional Alexithymia, Marital Compatibility

Box's M	Ratio F	The first degree of freedom	Second degree of freedom	Sig.
240.8	212.1	6	302.5680	296.0

Table 5 of the box test shows the equality of covariances of negative emotional schemas, emotional alexithymia, and marital compatibility. The results indicate that covariance equals

negative emotional (Suggest: dynamic) schemas, emotional alexithymia, and marital compatibility scores.

Table 6
Results of the Play Effect of Multivariate Analysis of Covariance (MANCOVA): The Difference between Experimental and Control Groups of Negative Emotional Schemas, Emotional Alexithymia, and Marital Compatibility

	Value	F	Degree of freedom	D.F.	Sig.	The amount of eta
Pillay effect	.922	90.088	3	23	.001	.922
Wilks Lambda	.078	90.088	3	23	.001	.922
Hoteling effect	11.751	90.088	3	23	.001	.922
The largest root	11.751	90.088	3	23	.001	.922

The results of Table 6 The multivariate analysis of covariance (MANCOVA) shows the differences between the experimental and control groups in negative emotional schemas, emotional alexithymia, and marital compatibility scores. The data in the Table (is Table 6 ?) shows a significant difference between the experimental and control groups in negative emotional (Suggest: dynamic) schemas, emotional alexithymia, and marital compatibility at $p < .05$. The value of Eta is .922. That is, 92.2% of the difference between the two groups is explained by negative emotional schemas, emotional alexithymia, and marital compatibility scores.

Table 7
Covariance Analysis of Reducing Negative Emotional Schemas of the Two Groups (Control and Experiment) in the Post-Test Stage

Source of changes	Sum of squares	D.F.	Mean root square	F	Sig.	Eta-square
Pretest	7.330	1	7.330	0.110	.743	.004
Group	12383.849	1	12383.849	186.040	.001	.882
Error	1664.141	25	66.566			
Total	238605.126	30				

Based on Table 7, there is a significant difference between the mean scores of negative emotional schemas of the two groups in the post-test stage after removing the pre-test effect (modified mean) ($P < .05$). The size of the training effect was .882. And (is Table 7?) shows the desired level of significance ($P < .001$), high test accuracy, and sample size adequacy.

Therefore, the EFCT has been effective in reducing emotional schemas. Table 10 shows the mean and non-modified post-test scores of negative emotional (Suggest: dynamic) schemas for the control and experimental groups.

Table 8
The Modified and Non-Modified Mean of the Post-Test Score of Negative Emotional Schemas in the Control and Experimental Groups

Groups	Mean	negative	Standard	Confidence	
				emotional schemas	error
Control	Modified	107.258	2.052	Lower	Higher
	Nonmodified	107.32		103.47	111.468
Experimental	Modified	65.464	2.052		
	Nonmodified	65.40		61.253	69.674

The mean modified scores of negative emotional schemas in the experimental group are lower than the Modified mean post-test scores of negative emotional (Suggest: dynamic) schemas in the control group. In addition, according to Table 8, eliminating the pre-test effect reduced the mean of negative emotional schemas in the experiment. It lowered the standard of negative emotional schemas in the control group. Analysis of covariance between groups was performed for the effectiveness of emotion-focused couple therapy intervention designed to reduce emotional distress.

(Suggest: It lowered the standard of negative emotional (Suggest: dynamic) schemas in the control group. The effectiveness of emotion-focused couple therapy intervention designed to reduce emotional distress performed an analysis of covariance between groups).

Table 9
In the Post-Test Stage, Covariance Analysis was Used to Reduce Emotional Alexithymia in Two Groups (Control and Experiment).

Source of changes	Sum of squares	D.F.	Mean root square	F	Sig.	Eta-square
Pretest	148.481	1	148.481	3.862	.064	.131
Group	1517.271	1	1517.271	38.440	.001	.606
Error	986.779	25	39.471			
Total	61014	30				

Based on Table 9, there is a significant difference between the mean scores of emotional alexithymia in the two groups in the post-test stage; after eliminating the pre-test effect (modified mean) ($P < .05$), the size of the training effect was .606 and the desired significance level ($P < .05$) indicates the high accuracy of the test and the effectiveness of this treatment.

Table 9 shows a significant difference between the mean scores of emotional alexithymia in the two groups in the post-test stage. After eliminating the pre-test effect (modified mean) ($P < .05$), the size of the training effect was .606. The desired significance level ($P < .05$) indicates the high accuracy of the test and the effectiveness of this treatment.

Table 10
The Mean Modified and Non-Modified Means of the Post-Test Scores of Reducing Emotional Alexithymia in the Control and Experimental Groups

Groups	Mean emotional alexithymia	Standard error	Confidence interval
Control	Modified	50.999	1.761
	Nonmodified	51.27	1.761
Experimental	Modified	37.001	1.761
	Nonmodified	36.73	1.761

Based on Table 10, the modified mean of emotional alexithymia scores in the experimental group is lower than the modified mean of post-test emotional alexithymia scores in the control group. In addition, Table 10 shows that the elimination of the pre-test effect slightly increased the standard of emotional alexithymia in the experiment. It decreased the mean of emotional alexithymia in the control group—analysis of covariance between groups for the effectiveness of EFCT intervention designed to increase marital compatibility.

(Suggest: Table 10 shows the experimental group's modified mean of emotional alexithymia scores. It is lower than the modified mean of post-test emotional alexithymia scores in the control group).

Table 11
Analysis of Covariance of Marital Compatibility of Two Groups (Control and Experiment)

Source of changes	Sum of squares	D.F	Mean root square	F	Sig.	Eta-square
Pretest	28.034	1	28.034	.077	.784	.003
Group	2125.701	1	2125.701	5.839	.023	.189
Error	9101.658	25	364.066			
Total	270639	30				

Based on Table 11, there is a significant difference between the mean scores of marital compatibility of the two groups in the post-test stage; after removing the pre-test effect (modified mean) ($P < .05$), the size of the training effect was .189 and the desired significance level ($P < .05$) indicates high test accuracy and sample size adequacy.

Table 12
Means Modified and the Non-Modified Mean Score of Post-Test Marital Compatibility in the Control and Experimental Group

Groups	Mean marital compatibility	Standard error	Confidence interval
Control	Modified	83.65	4.862
	Non modified	83.73	4.862
Experimental	Modified	102.008	4.862
	Non modified	101.93	4.862

Based on Table 12, the modified mean of marital compatibility scores in the experimental group is higher than the modified mean of post-test marital compatibility scores in the control group. In addition, Table 11 shows that the elimination of the pre-test effect slightly increased the standard of marital compatibility in the experiment. It decreased the mean of marital compatibility in the control group.

Discussion

Emotion-focused couple therapy (EFCT) has a significant effect on reducing the negative emotional schemas of women. The results show a substantial difference between the mean scores of the negative emotional schemas of the two groups in the post-test stage after eliminating the pre-test effect (the modified mean). The results of other researchers, including Daneshmandi et al. (2014), Erfan et al. (2018), Shahsavani (2016), and Hasas (2016), are in line with the findings of the present research. In addition, the EFCT model states that emotions are experiential events to which individuals have different responses. In this model, creating an emotion activates the person's beliefs about the implications of this emotional state. The repercussions include anger, fear, or worry, which should be identified, expressed, and controlled; otherwise, they would lead to the incidence of emotional disorders (Wells, 1999).

In the second and third sessions of treatment, concurrent with pinpointing the negative interactive cycle causing maladaptation, some interactions occur, which indicate the stances adopted by couples and their negative cycle. The couples who often adopt an aggressive, demanding, critical perspective, when the therapist guides them towards discovering their negative emotional schemas, first gain access to their sense

of fear and insecurity. However, after several sessions, through expressing their emotions and feelings in the safe space of the relationship that has reached a safer attachment, this fear diminishes, thereby providing greater intimacy for the couples. In emotional couple therapy, these schemas decrease by establishing a safe attachment and safe, passionate relationship and because of positive and negative emotional expressions of couples toward each other. Generally, and briefly, expressing emotions and emotion regulation methods used in this therapy and creating a safe attachment pattern can mitigate the negative emotional schemas.

Further, EFCT has a significant effect on the emotional and alexithymia of women. The results indicate a substantial difference between the two groups' mean emotional alexithymia scores in the post-test stage after removing the pre-test effect (the modified mean). The results of this research are the findings of Greenman & Johnson (2012), Mcnin (2006), Kerami et al. (2013), Fallahzadeh et al. (2012), and Gorjian (2011).

Researchers believe that emotional alexithymia as a vulnerability factor predisposes the person to experience negative emotions (psychological distress and inability to experience positive emotions (absence of psychological well-being). Since the emotion-focused approach concentrates on emotions and feelings, it sets the basis of the treatment on self-renewal and balance of the person. Through positive self-perception, it tries to support the person's self-organization and emotional system.

Meanwhile, the emotion-focused approach combines humanistic, attachment, and cognitive use, in which strategies such as cognition, focus on emotions, emphasis on positive emotions, emotional reconstruction, solution finding, and

creation of new meanings, plus good relations, is used. Since most feelings have an emotional state, the emotions can be modified through training and the use of unique interventional methods of this approach.

(Suggest: Since most feelings have an emotional state, training and using unique interventional methods modified the emotions).

Further, EFCT showed a significant effect on the marital adjustment of women. The results indicate a substantial difference between the two groups' mean scores of marital compatibility in the post-test stage after removing the effect of the pre-test (the modified mean). The findings of this research are the results of Jakabuski (2004). Further, the results of Gotman Gughbin and Hatson (2002) also confirm the results of this research. A constant problem among couples is their inability to share their emotions and nurture their interests. Accordingly, that emotion-focused therapy, in comparison to the control group who received no treatment, is an approach that provides therapeutic opportunities to women so that they can experience and express such emotions and enhance their intimacy (Goldman & Greenberg, 2006).

Meanwhile, emotion-focused therapy is a kind of systemic approach through which it tries to change maladaptive interaction patterns and emotional responses of couples, thereby developing security-providing relationships. Indeed, the new emotional structures help the teams move towards their new status in the relationship, which enhances secure attachment. The emotional-focused therapy performs this by stimulating confirmation, expression, and acceptance of emotions, accessible emotional experiences, and reprocessing essential emotional reactions in the couples' interactions. The subject has

improved the marital compatibility of the participants in the present research.

The limitations of this research included a lack of follow-up because of time constraints, the coincidence of this research with the coronavirus outbreak, and the lack of generalizability of the statistical population to other regions. Further, a proposal for future research is to conduct studies by other researchers with follow-up periods and apply the training for both men and women.

In the current research, the factors that threaten the internal validity have been controlled to some extent by observing the cases related to semi-experimental designs. In this research, due to having a control group, there was no concern about factors of simultaneous events with the implementation of the study. Also, the researchers controlled the factors threatening growth and development. The presence control group in the current research has made it unnecessary to worry about the effects pre-test because the control group has also gained this experience. Due to the random placement of people in the experimental and control groups, the statistical return factor didn't have much effect on the internal validity. Likewise, by randomly assigning people and equalizing the two groups, the threat related to the selection of subjects has been controlled to some extent, and the drop in issues has not been seen in the research.

For this reason, the independent variable caused changes in the dependent variables. Of course, since it was impossible to control all influencing factors completely, one should be careful in generalizing the results.

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