A Study on the Effectiveness of Emotional Focused Couple Therapy on Intimacy of Couples

Azadeh Soltani a *, Javad Molazadeh b , Mohammad Mahmoodi c , Samaneh Hosseini d

a MA in Clinical Psychology, Shiraz University, Iran
b Assistant Professor of clinical psychology, Shiraz University, Iran
c MA in Clinical Psychology, Shiraz University, Iran
d MA in Clinical Psychology, Islamic Azad University, Science and research branch, fars, Iran

Abstract

In this study, the effectiveness of Emotional Focused Couple Therapy (EFCT) on intimacy of couples was investigated. The Quasi-experimental design with pre-test, post-test and control group was used. Accordingly, 14 couples that had marital conflicts were chosen from two counselling centre of the Shiraz city by screening. Couples were randomly assigned in two groups, including an experimental (7 couples) and a control (7 couples) groups. All of the participants completed Intimacy Needs Questionnaire. After one week treatment sessions were executed on the experimental group. The experimental group received 8–10 sessions of emotionally focused couple therapy that each session lasted two hours. One week after the end of treatment sessions, the participants completed the questionnaire again. T-test results of pre-test and post-test revealed that there is a significant difference between the two groups in intimacy. Further results (MANOVA) showed that EFCT increased emotional, psychological, sexual, physical, relationship, temporal and intellectual intimacy, but there was no significant difference between the two groups in social-recreational and spiritual intimacy. Authors concluded that EFCT increased intimacy in experimental group compared with the control group. © 2012 Published by Elsevier Ltd.

Keywords: Emotional Focused Couple Therapy, Intimacy, Dimension of intimacy;

1. Introduction

Marriage is one of the most important human consist of two people with the talents and abilities and with different needs and different interests of the various characters, in a word. consist of different characteristics (Goldenberg & Goldenberg, 2002). The main reason for getting married is love life with a partner, satisfying emotional needs- mental and increase happiness and contentment (Bornstein & Bornstein, 1995). Creating and maintaining satisfying intimate relationships and emotional, psychological needs during marriage is a skill and an
art. In addition, mental health and primary health experiences need to have logical skills and attitudes required to perform specific tasks (Bagarozzi, 2001). An intimate marital relationship requires that couples learn to communicate with each other and be different. In other word, intimacy, feeling of closeness support that the couple have about each other and one of the most important needs of the couple and characteristic of a successful and happy couples conflict arises when the couple are due to varying degree of autonomy and collaboration, show different level of independence and solidarity that these different can be classified in a continuum from mild conflict to severe conflict. Marital conflict is due to response to individual differences (Young & Long, 1998). Since the introduction of divorce and separation is marital conflict and if not controlled by a way to solve this problem, marriage ends in divorce, psychologists and counselors should provide guideline for the prevention and treatment should be sought.

There are several approaches for treatment of problems to intimacy and couples compatibility. One of these approaches, emotional focused couples therapy (EFCT), a relatively short-term, structured approach that is designed to run in 8 to 20 sessions. This treatment was presented in the early 1980s, as a response to the lack of reliable and coherent interference. That is more humanistic and less of a behavioral intervention. This treatment was named Emotion-Focused in order to consider excitement as a major factor for the change. EFCT emphasizes on excitement as a central factor in marital distress and marital therapy (Lavis-Sorokowski, 2003).

Johnson (2002), based on his clinical experience declared that dissatisfaction with relationships is the result of failure of an attachment in a relation, that one of the couple or both, are seeking for a reliable support. Interest in the relationship between husband and wife characterized mutually and full of love, so that both of them feel intimacy and security (Johnson, Makinen & Millikin, 2001). Secured bonds can be identified by the assessment of availability and accountability of partners. In fact it's because of these secured bonds that partners become able to help each other through the managing of emotional turmoil (Johnson, 2004). Accessibility means that when one of partners see that the other one shows signs of distress, be emotionally physically available for him or her. Unaccountable and inaccessible means when one of the partners is in the mental and physical needs of the other causes insecure attachment (Johnson & Whiffen, 1999). In this approach, the excitement has been demonstrated as a complex concept, schemata and motor responses that shape the basis for understanding the new meaning of experience and creation of meaning (Johnson & Greenberg, 1985). Johnson and Best (2001) say that "excitement shows our inner understanding from orientation towards important issues and says our needs and desires. The excitement is the main key for cognitions and a guide for creation of meaning. It also reflected the natural feeling of self and another. Excitement is the key to quick and convincing way. Excitement is a communicator with others in our internal states, especially in the context of attachment relationship, is very true. Excitement which is the primary indication system organizes mutual reactions and tracks interactions between the two people."

In EFCT process, emotion is a device that is used by the therapist for couple change. Emotions give the chance to person to express its internal aspects for anything outside itself. Expressions of emotions are the relationships between internal and external experiences. Emotions need to be recognized and translated to understandable messages and constructive actions (Greenberg & Paivio, 1997).

2. Method

2.1. Participants

Research method is quasi-experimental and pretest-posttest with control group was used. Accordingly, 14 couples (28 individuals) that had marital conflicts (was marked by Dyadic Adjustment Scale (DAS)) were chosen from two counseling center of the Shiraz city by screening. Couples were randomly assigned in two groups, including an experimental (7 couples) and a control (7 couples) groups. All of the participants completed Intimacy Needs Questionnaire. After one week, treatment sessions were executed on the experimental group. The experimental group received 8-10 sessions of emotionally focused couple therapy that each session lasted two hours. One week after the end of treatment sessions, the participants completed the questionnaire again.
2.2. Measures

2.2.1. Intimacy Needs Questionnaire (2006):

This questionnaire by Oliya (2006) and according to nine spheres of intimacy (emotional, psychological, sexual, physical, relationship, temporal, intellectual, social-recreational and spiritual) is made that firstly was introduced by Bagarozzi (2001). This questionnaire consists of 85 items and measures nine dimensions of intimacy. Statements are rated on a scale of 1 (always) to 4 (never). Minimum score is 85 and maximum is 340. The higher score in this questionnaire indicates greater marital intimacy. To evaluate the concurrent validity of the test, the maker used the intimacy scale of Walker and Thompson. Correlation results between the two test was 0.92 (p<0.01). Cronbach alpha was used to determine the reliability that was equal to 0.98 and in the current investigation alpha coefficient is equal to 0.97. In order to determine the validity of the test the researcher used the factor analysis. The result shows that all dimensions explained the total variance that is totally 55.07 percent of the total variance.

2.2.2. Intervention Method:

This treatment program is obtained specifically by using the book's practical guide to EFCT (Johnson, 2004). Process of change in EFCT clearly depends on treatment processes and configuration problems that firstly raised the couple to seek treatment. EFCT has 3 stages and 9 steps. In this part of the process and purpose of each step is briefly described in table (1):

| Stage I: Disaster reduction cycle | Step 1: describe the issues of conflict |
|----------------------------------|--------------------------------------|
|                                  | Step 2: identifying the negative interaction cycle that keeps couple in distress and preventing secure link |
|                                  | Step 3: accessing unknown emotions that are based interactive situations |
|                                  | Step 4: reshaping problem in terms of basic emotions and attachment needs |
| Stage II: Interactive situations change | Step 5: increase identify needs and aspects of self that have been ignored |
|                                  | Step 6: increase adoption of partner's experiences and new ways of interacting |
|                                  | Step 7: facilitate the needs and demands and the emotional involvement |
| Stage III: Merger & consolidation | Step 8: facilitate the incidence of new solutions for old issues and problems |
|                                  | Step 9: integration of new situations that couples have acquired about each other |

3. Results

In order to assess the effectiveness of couple's therapy based on emotion, the intimacy of its dimension, with using the difference between the pre-test post-test score of the experimental and control groups, independent t-test and multivariate analysis of variance was used. The results are listed in following tables:

| Table 2. results of the independent t-test for differential pre-test and post-test scores |
|---------------------------------|---------|-----------|-------|-------|---------|
| Number | Average of difference | Standard deviation | t     | df    | Significance level |
|--------|------------------------|---------------------|-------|-------|-------------------|
| Experimental group | 14 | 30.33 | 21.52 | 5.17 | 26 | 0.001 |
| Control group    | 14 | 2.64  | 5.31  |      |     |       |
As seen in Table 2, the mean differential scores have been presented which obtained in the pre-test and post-test by two groups of control and experimental. Due to obtained t which is significant in p<0.001, we can conclude that couples therapy based on emotion, has increased the couple's intimacy.

To evaluate the effectiveness of couple's therapy based on the dimension of emotional intimacy, first, the difference between the scores of pre-test and post-test was computed in intimacy dimensions and then by multivariate analysis of variance, results show that groups interaction and intimacy dimensions are meaningful (Wilks' $\lambda=0.07$, $F=22.01$, p<0.001).

In pursuance reviews and the difference between intimacy factor and realize that in terms of which dimension of intimacy between two groups, there is a significant difference. Separately analysis of variance was performed in the text of MANOVA. The results of this analysis are given in the Table 3:

| Dimension of intimacy | Total square | df | Mean square | F | Significance level |
|-----------------------|--------------|----|-------------|---|-------------------|
| Emotional             | 131.53       | 1  | 131.53      | 11.76 | 0.002             |
| Psychological         | 603.79       | 1  | 603.79      | 61.75 | 0.0001            |
| Sexual                | 39.23        | 1  | 39.23       | 9.95  | 0.004             |
| Physical              | 15.23        | 1  | 15.23       | 12.56 | 0.002             |
| Spiritual             | 16.69        | 1  | 16.69       | 2.51  | 0.126             |
| Relationship          | 140.71       | 1  | 140.71      | 17.66 | 0.0001            |
| Intellectual          | 59.08        | 1  | 59.08       | 6.90  | 0.01              |
| Temporal              | 55.86        | 1  | 55.86       | 19.11 | 0.0001            |
| Social-Recreational   | 14.77        | 1  | 14.77       | 6.07  | 0.021             |

According to Table 3, it is seen that the difference between experimental and control groups in dimensions of emotional, psychological, sexual, physical, relationship, temporal, and intellectual intimacy is significant (p<0.01), but there was no significant difference between the two groups in social-recreational and spiritual intimacy.

4. Discussion

This research studies the effectiveness of emotional focused couple therapy on intimacy and its aspects. The findings of this study show that "emotional focused couple therapy increases the level of marital intimacy". Also "usage of emotional focused couple therapy increases the different dimension of marital intimacy such as intimacy of emotional, psychological, sexual, physical, relationship, temporal and intellectual but doesn't increase the social-recreational and spiritual intimacy of couple.

The results of some studies are same as the results of this study like: Dandeneau and Johnson (1994) that studied intimacy and marital adjustment after performing two approaches of emotion focused couple therapy (EFCT) and cognitive marital therapy (CMT). In this study, both groups EFCT and CMT presented higher post-test scores significantly on the subscales of intimacy and marital adjustment compare to control group. However, the results showed significant difference in favor of EFCT in scale of intimacy. While in the follow up period, the mean adjustment and intimacy of EFCT was significantly higher than CMT. Also in the research which is done by Denton, Burleson, Clark, Rodriguez & Hobbs (2002) from 40 couples who are participated in the pilot, randomly separated to two groups of EFCT (22 couples) and waiting list group (18 couples). Therapy sessions held over 8 weekly sessions. Comparing the results in couples which received EFCT compared to waiting list
shows significantly the higher level of dyadic adjustment, positive emotions and personal assessment of intimacy in relationship. The results of Bakter (2005) research showed that usage of EFCT can be useful in the treatment of communicational problems. He studied on 30 couples who had trouble in making intimate relationships with their partners. He found out that the lack of intimate relationships of wives with their husbands is because of their failure to express emotions and feeling and also lack of knowledge and cognition of their own feelings. These women always feel fear, embarrassment and shame in a friendly and close relationship with their husbands and because of this reason; they had feeling of dissatisfaction from their husbands. So usage of EFCT for these women could be effective in establishing intimate relationships with their spouses in compatibility with the feeling and perceptions of them. According to EFCT efforts to make the couples responder emotionally and physically to each other and encouragement of it for availability of a spouse in order to fulfill the physical and psychological needs of each other (Johnson & Whiffen, 1999); by the use of this approach increase of intimacy of couple is predictable.

According to previous research, except the research which is done by Johnson & Greenberg (1985) there was not found any other research which had examined partially the dimensions of intimacy. In the study of Johnson & Greenberg (1985), couples were measured based on marital adjustment scale, major complaints and intimacy in a relationship. The results showed that there are significant differences between pre-test and post-test scores of the groups. Also the 2 month follow up showed that couples of EFCT group were found better performance in marital adjustment, intellectual intimacy and following the traditions compare to solution-focused group.

References

Bagarozzi, D. (2001). Enhancing intimacy in marriage. A Clinician’s Guide. Philadelphia: Brunner-Routledge.
Dandeneau, M., & Johnson, S. M. (1994). Facilitating intimacy: Interventions and effects. Journal of Marital and Family Therapy, 28, 17-33.
Denton, W. H., Burleson, B. R., Clark, T. E., Rodriguez, Ch. P., & Hobbs, P. V. (2002). A randomized trial of emotion-focused therapy for couples in a training Clinic. Journal of Marital and Family Therapy, 26 (1), 65-78.
Greenberg, L., & Paivio, S. (1997). Working emotion psychotherapy. New York.: Guilford Press.
Greenberg, L., & safarn, J. (1987). Emotion in psychotherapy: Affect, cognition and the process of change. New York: Guilford Press.
Johnson, S. M. (2002). Emotionally focused couple therapy with trauma victims. New York: Guilford Press.
Johnson, S. M. (2004). The practice of emotionally focused marital therapy: Creating connections (2nd Edition). New York: Brunner-Routledge.
Johnson, S. M., & Best, M. A. (2001). systematic approach to restructuring adult attachment: The EFT model of couples therapy. Ottawa, Ontario, Canada. University of Ottawa Press.
Johnson, S. M., Bradley, B., Tilley, D. G., Woolley, S. R., & Palmer, G. (2005). Becoming an emotionally focused therapist: The workbook. New York: Brunner-Routledge
Johnson, S. M., & Greenberg, L. S. (1985). Differential effects of experiential and Problem solving interventions in resolving marital conflict. Journal of Consulting and Clinical Psychology, 53, 175-184.
Johnson, S. M., & Greenberg, L. S. (1988). Relating process to outcome in marital Therapy. Journal of Marital and Family Therapy, 14, 175-183.
Johnson, S. M., Makinen, J. A., & Millikin, J. W. (2001). Attachment injuries in couple relationships: A new perspective on impasses in couples therapy. Journal of Marital and Family Therapy, 27(2), 145-155.
Johnson, S. M., & Whiffen, V. E. (1999). Made to measure: Adapting emotionally focused therapy to partnes attachment styles. Journal of Clinical Psychology: Science and Practice, 6, 366-381.
Lavis-Sorokwski, M. (2003). Emotionally focused couple therapy. M.S thesis. University of Manitoba.
Oliya, N., Fatehi-zadeh, M., & Bahrami, F. (2006). The effectiveness of marital adjustment on intimacy of couple. Journal of Family Research, 2(6), 119-135.
Walker, J., Johnson, S. M., & Manion, I. (1996). Emotionally focused marital intervention for couples with chronically ill children. Journal of Consulting and Clinical Psychology, 64, 1029-1036.