



# Comparison the Effectiveness of Acceptance and Commitment Therapy and Emotion Focused Couple Therapy on the Quality of Interpersonal Relationships among Couples with Marital Conflicts

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Received: 13 Nov. 2019  
Accepted: 22 Mar. 2020  
ePublished: 01 May. 2020



**Abstract**

**Background and Objective:** The present study aimed to investigate the effectiveness of emotionally-focused couple therapy (EFCT) and acceptance and commitment therapy (ACT) in the quality of interpersonal relationships among couples with marital conflicts.

**Materials and Methods:** This was a quasi-experimental study with a pretest-posttest design and delayed follow-up. The study population consisted of 39 couples with marital conflicts referring to Behzisti counseling centers in Tayebad, Iran, within the second half of 2018 and first half of 2019. The participants, including 13 couples receiving EFCT, 13 couples receiving ACT, and 13 couples as the control group, were selected using convenience sampling. For the experimental groups, nine EFCT sessions and eight ACT sessions were held, and the control group was not subjected to any intervention. The research tools were Sanaei's Marital Conflicts Questionnaire and Pierce's Quality of Interpersonal Relationships Questionnaire that the couples of the three groups completed in three stages, namely pretest, posttest, and follow-up. Repeated measures analysis of variance, Bonferroni test, and SPSS statistical software (version 23) were used to analyze the data.

**Results:** Repeated measures analysis of variance showed that ACT was more effective in the quality of interpersonal relationships among couples with marital conflicts than EFCT ( $P < 0.001$ ).

**Conclusion:** The obtained results of the present study revealed that ACT was more effective than EFCT in the improvement of the quality of interpersonal relationships among couples with marital conflicts.

**Keywords:** Acceptance and commitment therapy, Emotionally-focused couple therapy, Interpersonal relationships quality, Marital conflict

## Background

Conflicts in marital life occur in case of disagreement, maladjustment, or difference between couples. In addition, marital conflicts can be attributed to couples' disagreement on personal goals, motivations, values, or behavioral preferences. The importance of handling marital conflicts will be only perceived when their effects on physical, mental, and family health are taken into account [1].

Couples' behaviors during conflicts include a wide range. Some couples get caught up in a cycle of increasingly negative interactions. In the long term, this situation causes marital dissatisfaction and is associated with a higher rate of physical aggression [2]. Marital conflicts and marital disturbances are widespread issues in many families, not only leading to the increased rates of divorce in developing countries but also causing psychosocial

and psychological disorders in couples and their children [3].

Bohler et al. [4] define marital conflicts as disagreement, stressful and hostile interactions between a husband and wife, and disrespect and insult that may be accompanied by profanity [5]. For Glasser [6], marital conflicts are the results of a couple's disharmony on the type of needs and the way they are satisfied, self-centeredness, difference in desires, behavioral schemas, and irresponsible behaviors in the marital relationship and marriage [7].

The first signs of conflict include talking ironically, finding flaws, maintaining heavy silence, or criticizing and screaming [8]. Marital conflicts can also be manifested in various forms, such as wife-beating, spousal misconduct, sexual abuse, lack of

responsibility, illegitimate relationships, sexual assaults, and subtle controversies among husbands and wives [9]. Among the consequences of marital conflicts are no psychological well-being [10], insecure attachment style, severe psychiatric disorders (e.g., depression, anxiety disorders, and sexual abuse disorders), physical health problems [11], high tension, chronic pains, and ischemic heart diseases [10].

It seems that many variables can contribute to reducing couples' conflicts, including the quality of interpersonal relationships. One of the most important and stable elements in strengthening the marital relationship and marital satisfaction is the quality of interpersonal communication [12]. Intimate relationships, such as relationships between couples, are the foundation stone of marital success and communication quality [13]. The quality of couples' interpersonal relationships is a multidimensional concept that encompasses various aspects of relationships in couples, such as adjustment, satisfaction, happiness, cohesion, commitment, communication, and dialogue [13].

In a review with multiple systematic principles, Lawrence et al. referred to five dimensions of interpersonal relationship quality, including emotional intimacy, quality of the sexual relationship, interpersonal support, ability to share the power of communication, and conflict management [14]. People with poorer relationship quality have more depression and stress than individuals with better relationship quality; accordingly, both stress and depression impair a person's immune function. Couples with better marital quality are more likely to use couples' health care services [15]. These couples will more frequently participate in housing, parenting, and financial issues. However, couples with poorer interpersonal communication quality exhibit higher levels of emotional violence, including behaviors, such as the humiliation of wife in public, threats, and insults [14].

Changing couples' interactions and dialogues are important goals for most couple and family therapies. Many approaches have developed specific sets of interventions to bring partners into contact to change negative interactions into positive ones [16]. Some types of couple therapy, such as structural couple therapy, emphasizing family structure rather than changing individuals to change families and creating inflexible unions (e.g., the presence of boundaries, such as a defined boundary, a strict boundary, and an uncertain boundary) result in a lack of flexibility in the quality of marital relationships [17].

Bowenian couple therapy model has focused

on concepts, such as differentiation, triangles, emotional systems, and emotional triangles [18]. Moreover, psychoanalytic attitude-based therapists, such as Freud, Firdman, and Winnicott, emphasized the unconscious, early memories, and internalized experiences with loved ones in relationships. In addition, the linear analysis model with an emphasis on the causal relationship in interactions [19] has caused the aforementioned approaches not to be as effective as acceptance and commitment therapy (ACT) and emotionally-focused couple therapy (EFCT) in enhancing the quality of interpersonal relationships among couples with marital conflicts.

Almost all previous studies have analyzed the behavioral, cognitive, and emotional dimensions of variables in an analytic and one-dimensional way, and these three dimensions, considering the circular causality between them, have not been simultaneously and systematically studied regarding the relationships of distressed couples. The EFCT and ACT investigate all behavioral, cognitive, and emotional dimensions. The EFCT is a type of short-term couple therapy (including 8-20 sessions) aimed at modifying spouse interactions by assisting spouses to identify and accept early unconscious emotions and resolve the conflicting patterns of marital conflicts.

Multiple studies have confirmed the effectiveness of EFCT. This type of couple therapy is based on the attachment theory, in which temporary insecure attachments (e.g., the fear of abandonment) and negative emotions, such as anger and aggression, can stem from challenges among spouses [3]. Based on this therapeutic model developed by Dr. Sui Johnson and Leslie Greenberg in the 1980s and later popularized in the United States and around the world, firstly, the damaged cycles of the couple's relationships stop, and then new cycles are formed. Finally, the therapist deals with reinforcing new interactive cycles [20].

The EFCT offers clinicians a technique to reduce conflicts by the establishment of a secure emotional connection. The theoretical basis of EFCT is rooted in the humanistic empirical perspectives of Roger and Pearl. The EFCT encompasses Guttman's empirical work on healthy communications versus unhealthy communications, each one showing a destructive interplay of the interactive cycles of criticism, defensiveness, and complaint among others so that women tend to criticize and complain, and men tend to be deterred and inhibited [21]. A meta-analysis study of the four precise results of the EFCT approach showed 70-73% efficiency in the improvement of troubled relationships as well as a significant 90% improvement [22]. Based on

the EFCT approach, the emotional experiences of couples are identified and eventually improved by processing and reorganizing the interactive patterns that lead to couples' helplessness in marital relationships [23].

Among the effective therapeutic interventions to improve the quality of interpersonal relationships in couples with marital conflicts, ACT therapists interpret love as a valued object. If spouses act on the basis of values according to which they marry, dialogue becomes easier in the ups and downs of life. In addition, value-based behaviors make couples happier in their relationships. The marital relationship in nature causes couples to encounter many ups and downs, and this is why flexibility in a relationship is so important. Furthermore, psychological flexibility, which is one of the goals of couples' therapy based on ACT, helps couples maintain marital intimacy.

From the perspective of treatment, psychological flexibility is based on acceptance and commitment that is the ability to communicate fully with the present and change or maintain behaviors in the service of important values of life [24]. Furthermore, EFCT emphasizes increasing the interactive needs (i.e., the reconstruction of interactive patterns) of couples, achieving safe interpersonal relationships patterns and empathy, and enhancing flexibility and growth in couples with marital conflict [21]. Therefore, both ACT and EFCT are utilized which are rooted in the third wave of behavioral therapies and can help enhance the quality of interpersonal relationships with better lives and feelings in couples with marital conflicts.

According to the literature, ACT led to a decrease in psychological inflexibility, self-criticism, increase in marital satisfaction, reduction of interpersonal psychological anxiety [25], reduced infertility stress and psychological distress [26], depression and suicidal thoughts [27], and obsessive-compulsive disorder [28]. Therefore, it seems that this therapeutic approach can be effective in the adjustment of couples' satisfaction. It is worth noting that multiple studies have shown that mindfulness techniques in ACT lead to observing and accepting emotions and escaping negative events (i.e., empirical avoidance) as they occur [29]. Consequently, ACT help couples consciously increase their cognition and acceptance, use metaphors to experience negative thoughts and reactions related to marriage in new ways, provide an opportunity to clarify values and commitment to enhance the quality of couples' interpersonal relationships, and reduce psychological and interpersonal sufferings [29].

According to the above-mentioned investigations and limited number of studies carried out on the effectiveness of ACT in the quality of interpersonal relationships in couples with marital conflict, the present study demonstrated that ACT was effective in improving the quality of interpersonal relationships among couples with marital conflicts. The ACT was developed and recognized by Steven Hayes (1987) at the University of Nevada, United States, in the 1980s. This therapeutic procedure is a form of cognitive-behavioral therapy based on functional contextualism and is rooted in a new theory about language and cognition which is a theory of mental relations framework [30].

The ACT teaches couples to embrace their thoughts and feelings, choose new lifestyles, and take committed actions. The ACT includes six central processes leading to psychological flexibility. These six processes are acceptance versus avoidance, mindfulness (i.e., the consideration of self as the context) versus conceptualized self, relation of the present versus overcoming of the past and conceptualized future, dissonance versus cognitive blending, emphasis on values versus lack of clarity of values and their relation to them, and committed action versus isolation [30-32]. The ACT is a therapeutic approach based on the evidence that combines mindfulness and acceptance procedures with commitment and behavioral changing techniques to enhance the goals of psychological flexibility [33].

The ACT has the best evaluation with regard to its goals. This type of treatment with a knowledge development strategy is called contextual behavioral knowledge [34]. The goal of this treatment is to provide a meaningful and productive life by effectively controlling the pain, suffering, and stress that life has brought about. The ACT changes the relationship between troubled thoughts and feelings; accordingly, individuals do not consider them morbid symptoms and even learn that they are harmless [35]. With this background in mind, the present study aimed to compare the effectiveness of two ACT and EFCT approaches in the quality of interpersonal relationships among couples with marital conflicts.

According to the literature, it seems that the strength of this study is that the effectiveness of ACT and EFCT in the quality of interpersonal relationships among couples with marital conflicts has not been studied and compared to date. Therefore, it is necessary to carry out further studies in this regard because many couples annually experience conflicts and they have to adapt to a great number of life changes and new emotional

adjustments.

### Objectives

The present study aimed to investigate the effectiveness of emotionally-focused couple therapy (EFCT) and acceptance and commitment therapy (ACT) in the quality of interpersonal relationships among couples with marital conflicts.

### Materials and Methods

This was a semi-experimental study with a pretest-posttest design, follow-up test, and control group. The statistical population included all the conflicting couples referring to counseling centers of Tayebad, Iran, in the second half of 2017. At first, among the four counseling centers in Tayebad, two centers were randomly selected, and then 60 couples with marital conflict were referred for initial evaluation and completion of the marital conflicts questionnaire. With regard to the cut-off score (i.e., a minimum of 42 and maximum of 168), 15 couples did not meet the criteria for entry into the study, and 45 couples (i.e., 15 couples in the ACT, 15 couples in the EFCT, and 15 couples in the control groups) were chosen through convenient sampling and randomly assigned to the experimental and control groups. Since 6 couples were unable to participate in therapeutic sessions, the data on 39 couples were statistically analyzed.

The inclusion criteria were marital conflicts, physical and mental health, minimum of diploma literacy, at least 2 years and a maximum of 10 years of living together, both couples attending the treatment sessions, living together and no decision on divorce, and no psychological disorders. The exclusion criteria were a wife or husband with no addictive or alcoholic spouse, with the use of psychiatric and psychoactive drugs, with a history of infidelity or extramarital affairs, with a physical disability or mental retardation, and identified during the treatment as not meeting the requirements of the study. Then, the first and second experimental groups received ACT and EFCT, respectively. In addition, the third group was placed on the waiting list.

After the end of the study in Mehrzad Omid Behravan Consulting Center, all the three groups were subjected to a posttest, and the follow-up test was performed 2 months following the posttest. According to the obtained results of the present study, ACT was more effective in enhancing the quality of interpersonal relationships than EFCT. Therefore, the control group received the ACT intervention at the end of the study with ethical considerations. The current study was not registered in the Iranian Registry of

Clinical Trials.

### Marital Conflicts Questionnaire

Marital Conflicts Questionnaire is a 42-item self-report instrument designed to measure the dependent variable of marital conflict based on a clinical experience by Sanaei. The seven dimensions of this questionnaire are decreased cooperation, decreased sexual relationships, increased emotional reactions, increased children support, increased personal relationships with own's relatives, decreased family relationships with spouses' relatives and friends, and financial separation from each other. Questionnaire scoring is based on a 5-point Likert scale, including 1) never to 5) always. In this questionnaire, the minimum and maximum scores are considered 42 and 168, respectively. As the score increases, the conflicts increase and as the score decreases, the relationship has a higher quality. Dehghan Sefid kooch has reported the reliability of this questionnaire with a Cronbach's alpha coefficient of 0.71.

### Interpersonal Relationships Quality

Interpersonal Relationships Quality (IRQ) was developed by Pierce et al. to measure the independent variable of interpersonal relationships quality in order to assess the quality of relationships with important people in life (i.e., parents, friends, and spouse). The IRQ consists of 25 items with three subscales, including perceived social support (7 items), interpersonal conflicts (12 items), and depth of relationships (6 items). It is rated based on a 4-point Likert scale with 1) no, 2) low, 3) average, and 4) high. In addition, the items 8-19 are inversely scored. In IRQ, the scores are within the range of 25-50 (i.e., couples with poor relationship quality), 50-62 (i.e., couples with moderate relationship quality), and 62 or higher (i.e., couples with high relationship quality). The content validity of IRQ has been confirmed by several psychology specialists. Pierce et al. has reported the test-retest reliability of IRQ within the range of 0.75-0.92.

### Emotionally-Focused Couple Therapy

This treatment was firstly proposed by Johnson [36]. Nine treatment sessions were held for EFCT twice a week for 90 min. The content of each treatment session is presented in Table 1.

### Acceptance and Commitment Couple Therapy

This treatment has been proposed by Hayes et al. [37]. Eight treatment sessions were held for ACT twice a week for 90 min. The content of each treatment session is shown in Table 2.

**Table 1.** Setting agenda of emotionally-focused couple therapy

Session	Content
1 <sup>st</sup>	Feeling empathy with couples; creating therapeutic unity between the couple and therapist about therapeutic goals and how the treatment is performed; assessing the nature of the problem and relationship; identifying a clear understanding of the problem
2 <sup>nd</sup>	Evaluating the participant intimacy and attachment history; making hypothesis about the vulnerability of each couple in the relationship; identifying internal and external barriers to intimacy and emotional track in each of the couples; familiarizing couples with the negative cycles of interaction
3 <sup>rd</sup>	Accessing known emotions lying in interactive situations; identifying the primary and secondary emotions of each couple; reframing the problem and couples' interactive cycle
4 <sup>th</sup>	Intensifying the emotional experience; increasing the tendency to involvement and emotional confrontation; increasing responsiveness to each other in terms of latent emotions and need for couples' attachment; deeply describing couples' emotions and interactive cycles
5 <sup>th</sup>	Increasing the identification of needs and helping couples to raise awareness; engaging the spouses with each other and accepting the ownership of vulnerabilities; identifying the injuries and fears of attachment; helping the spouse to hear and accept his wife's fears; deepening emotional involvement and evoking dreams
6 <sup>th</sup>	Accept responsibility for your position and its role in relation to the couples expressing their expectations from the opposite side; facilitating the adoption of a person by the spouse
7 <sup>th</sup>	Changing interactive patterns and rebuild interactions; facilitating the expression of needs and desires; creating emotional involvement between couples
8 <sup>th</sup>	Finding new solutions to old problems; redefining the relationship by each couple; nurturing a safe environment and building trust
9 <sup>th</sup>	Identifying and supporting healthy interactive patterns; providing couples access to safe patterns in their relationships; increasing the availability and accountability; consolidating and integrating new interactive situations; reviewing changes made by couples and terminating the treatment

Adapted from Fallahzadeh et al. [38]

**Table 2.** Setting agenda of acceptance and commitment couple therapy

Session	Content
1 <sup>st</sup>	Establishing a therapeutic relationship; familiarizing couples with the research topic; answering a questionnaire; making therapeutic contract
2 <sup>nd</sup>	Discovering therapeutic methods and evaluating their impacts; talking about temporary and ineffective treatments using the allegory; receiving feedback and assigning tasks
3 <sup>rd</sup>	Helping the participants to identify inefficient strategies; controlling and realizing their futility; accepting the painful personal events without conflict with the use of allegory; receiving feedback and assigning tasks
4 <sup>th</sup>	Explaining how to avoid painful experiences and knowledge of its consequences; teaching acceptance steps, changing language concepts using allegory; training relaxation; receiving feedback and assigning tasks
5 <sup>th</sup>	Introducing three-dimensional behavioral model to express the common relation of behaviors-emotions, psychological functions, and observable behaviors; talking about trying to change behaviors based on feedbacks and assignments
6 <sup>th</sup>	Explaining the concepts of role and context; viewing the self as a bed and making contact with yourself using the allegory; informing of different sensory perceptions and training how to separate from the senses that are part of mental content; receiving feedback and assigning tasks
7 <sup>th</sup>	Explaining the concept of values; motivating change; empowering participants for a better life; focusing exercises and assignments and providing feedback
8 <sup>th</sup>	Training commitment to action; identifying behavioral patterns in accordance with the values and having the commitment to behave based on them; summing up sessions; implementing posttest

Adapted from Saadati et al. [39]

## Results

In this section, firstly, the underlying assumptions of repeated measures analysis of variance (ANOVA) are examined. Repeated measure ANOVA was used with the confirmation of variance analysis assumptions, including distance, linearity, and normality of variances (i.e., the Kolmogorov-Smirnov test). The statistical analysis of the data was performed using SPSS software (version 23).

The mean values of females and males age were reported as  $20.8 \pm 5.8$  and  $25.3 \pm 6$  years, respectively. The educational level of 67% and 76.5% of the male and female participants was higher than the diploma, respectively. Furthermore, the rest of the subjects were reported with the educational level of below the diploma. In addition, 31% of the couples were forced to marry, and the marriage was optional

in 69% of the subjects. The mean values of interpersonal relationships quality (i.e., with the components of parents, friends, and the spouse) in the ACT group were  $40.2 \pm 7.67$ ,  $50.73 \pm 8.03$ , and  $56.5 \pm 7.1$  in the pretest, posttest, and follow-up, respectively. The mean scores of interpersonal relationships quality (i.e., with the components of parents, friends, and the spouse) in the EFCT group were  $41.56 \pm 7.13$ ,  $51.6 \pm 6.86$ , and  $56.83 \pm 5.7$  in the pretest, posttest, and follow-up, respectively. The mean values of interpersonal relationships quality in the control group were  $38.93 \pm 7.06$ ,  $41.96 \pm 6.26$ , and  $42.36 \pm 6.26$  in the pretest, posttest, and follow-up, respectively ( $P < 0.001$ ).

The results of Table 3 showed that the single-sample Kolmogorov-Smirnov index and F Levine index were not significant for the variable of interpersonal relationships quality at the baseline.

Therefore, the distribution of the scores on the baseline was normal. Moreover, the results of one-way ANOVA were only significant for the quality of the relationships with parents indicating that there was a significant difference in the quality of relationships with parents among the mean scores of the pretest of the three groups. As a result, the variance of the experimental and control groups was homogeneous at the baseline.

The results of the Bonferroni test (Table 4) showed that the pretest and posttest averages were different between the two groups; accordingly, the short-term effect of ACT on improving the relationships with the parents was greater with the effect size of 0.71. However, the long-term effect of ACT on the improvement of the relationships with parents with an effect size of 0.44 or at a moderate level was reported. In relation to friends, the short-term and long-term effects of ACT on the improvement of the relationships with friends were not effective. In relation to the spouse, both the short-term and long-term effects sizes of ACT were reported to be 0.32 and 0.33, respectively. Regarding the effectiveness of EFCT in interpersonal relationships quality, it can be said that this type of therapeutic model had a short-term effect with an average effect size of 0.59 on the improvement of the relationships with parents. In addition, its long-term effect on the improvement of the relationships with

parents was reported to be at a low level of 0.14.

In relation to friends, the short-term and long-term effect sizes of EFCT were reported as 0.08 and 0.45 at a medium level, respectively. In relation to the spouse, the short-term effect of EFCT with an effect size of 0.33 at a medium level and its long-term effect with an effect size of 0.14 at a low level were reported indicating that EFCT had a minor long-term effect on the improvement of the relationship with the spouse. Based on the data of the Bonferroni test in Table 4, it can be said that there was no significant difference between the short-term and long-term effects of ACT and EFCT in relationships with the spouse and friends, and both treatments had similar effectiveness in this regard. Therefore, EFCT and ACT were reported with a short-term effect and better long-term effect on the relationships with parents.

The results of repeated measures ANOVA in Table 5 show that the group effect is significant, indicating that there is a significant difference between the means of the two groups of ACT and EFCT. In other words, ACT with a larger effect size of 0.71 was more effective in interpersonal relationships quality (i.e., the relationship with parents) than EFCT with an average effect size of 0.53. However, the effectiveness of both ACT and EFCT in other variables of interpersonal relationships quality was reported at a low level.

**Table 3.** Comparison of experimental and control groups at baseline

Interpersonal relationships quality	Normality		Comparison of means in pretest		Assumption of homogeneity variances	
	z	p	F	p	F	p
Relationships with parents	0.08	0.200	3.9	0.025	3.15	0.049
Relationships with friends	0.07	0.200	0.04	0.963	0.34	0.712
Relationships with spouse	0.09	0.200	1.57	0.216	0.49	0.615

**Table 4.** Comparison of effectiveness of acceptance and commitment couple therapy and emotionally-focused couple therapy in interpersonal relationships quality

Type of couple therapy	Interpersonal relationships quality	Effect	Repeated analysis of variance (Bonferroni)		
			F	p	Eta coefficient
Acceptance and commitment couple therapy	Parents	Short-term	121.71**	0.001	0.71
		Long-term	39.85**	0.001	0.44
	Friends	Short-term	0.83	0.366	0.02
		Long-term	1.96	0.168	0.04
	Spouse	Short-term	23.26**	0.001	0.32
		Long-term	24.74**	0.01	0.33
Emotionally-focused couple therapy	Parents	Short-term	73.11**	0.001	0.59
		Long-term	8.01**	0.007	0.14
	Friends	Short-term	4.47*	0.040	0.08
		Long-term	41.4***	0.001	0.45
	Spouse	Short-term	24.74**	0.001	0.33
		Long-term	8.19**	0.006	0.14
Acceptance and commitment couple therapy and Emotionally-focused couple therapy	Parents	Short-term	5.94*	0.018	0.11
		Long-term	8.4**	0.006	0.14
	Friends	Short-term	0.73	0.398	0.01
		Long-term	26.77**	0.000	0.35
	Spouse	Short-term	0.07	0.786	0.001
		Long-term	1.63	0.208	0.03

**Table 5.** Results of repeated measures analysis of variance regarding the effectiveness of both types of emotionally-focused couple therapy and acceptance and commitment couple therapy on interpersonal relationships quality

	Interpersonal relationships quality	Source of changes	SS	df	MS	F	p	Effect size
Acceptance and commitment couple therapy	Parents	Group	3053.17	1.74	1757.77	121.71**	0.001	0.071
		Error	1254.26	86.85	14.44	-	-	-
	Friends	Group	44.58	1.55	28.71	1.88	0.167	0.04
		Error	1182.1	77.62	15.23	-	-	-
	Spouse	Group	1371.01	1.71	802.7	38.97**	0.001	0.44
		Error	1759.13	85.4	20.6	-	-	-
Emotionally-focused couple therapy	Parents	Group	1320.17	1.76	750.68	59.94**	0.001	0.53
		Error	1159.18	87.93	13.18	-	-	-
	Friends	Group	569.09	1.52	374.03	26.7**	0.001	0.35
		Error	1065.6	76.07	14.01	-	-	-
	Spouse	Group	1094.5	1.76	620.85	26.68**	0.001	0.35
		Error	2051.44	88.15	23.27	-	-	-

## Discussion

The present study aimed to compare the effectiveness of ACT and EFCT in the interpersonal relationships quality of couples with marital conflicts. The results of the analysis of covariance in terms of investigating the impact of EFCT showed that this treatment had a more significant effect on all the components of interpersonal relationships quality (i.e., the relationships with parents, friends, and spouse) than ACT. Nevertheless, the effect of ACT on the relationships with friends was not significant. This finding is in line with the results of studies carried out by Schade et al. [40], Wiseman et al. [41], Halchuk [42], Babaei Garmkhani et al. [43], and Namani et al. [44]

According to the attachment theory, temporary insecure attachments (e.g., the fear of leaving) and negative emotions can arise from challenges between spouses [3]. In this context, EFCT distinguishes between primary and secondary emotions. For example, primary emotions include the fear of leaving and need for secure attachment, and secondary emotions consist of anger and aggression [3]. Therefore, the goal of EFCT is the modification of spouse interaction by assisting couples to identify and accept early unconscious emotions related to conflict patterns.

Based on Weibe and Johnson [45], EFCT not only promises enhanced communication satisfaction in couples but also helps couples improve their relationships, which may potentially be attributed to improved symptom reduction and coping. According to Weibe and Johnson, the aim of EFCT is the improvement of secure attachment and psychological adjustment. Other explanations mentioned in the present study demonstrate that EFCT teaches couples to identify their own and their spouse's emotions, gain emotional awareness to enhance their sense of security and support, availability, and timely response to the emotional needs of the spouse, create safe behaviors, ways to increase intimacy and

communication, and teach correct communication skills to correct behaviors [46].

The EFCT also seeks to increase the security and safe behaviors of couples by rebuilding their feelings and reducing marital conflicts, enhance their well-being, and promote their physical and psychological health [47]. New emotional experiences can trigger new emotional bonds and modify couples' emotional attitudes. The creation of satisfying and desirable relationships is an effective factor in the improvement of attachment style. In addition, attending couples in therapy sessions is a well-informed and enjoyable activity and maybe one of the effective factors in the intervention to improve attachment style [46]. The purpose of EFCT is to identify vulnerable emotions in each couple and facilitate the couple's ability to create these emotions in safe and kindly ways. It is believed that processing these emotions in a safe context creates healthier and newer interactive patterns that will reduce the level of turmoil and increase liking and intimacy leading to a more satisfying relationship [48].

The results of repeated measures analysis of variance regarding the effect of ACT on interpersonal relationships quality in couples with marital conflicts indicated the significance of this treatment in the components of interpersonal relationships quality (i.e., the relationships with parents and spouse). However, its effect on the component of relationships with friends was not significant. This finding is in line with the results of studies carried out by Omidi et al. [49], Azimi Far et al. [50], Morshedi et al. [51], Hacker et al. [52], and Lanza et al. [53].

According to the obtained results of the present study regarding the effect of ACT on the quality of interpersonal relations, it can be said that this therapeutic approach with its teachings, such as proposing solutions to control thoughts and feelings, familiarizing with the nature of thoughts and stories, proposing solutions to faults, accepting

unfavorable thoughts and feelings, understanding different categories of personal and marital life values, and encouraging couples to stay committed to a meaningful and value-based marriage relationship, helped couples despite all their disagreements, problems and thoughts, unpleasant feelings and experiences. Generally the sufferings of life, vitality, joy, and happiness should be considered values, and even if couples do not achieve their individual and marital goals, they should stay committed to building a rich and meaningful marriage relationship.

The limitations of the present study are the caution in the generalizability of the results to all groups and classes due to having one therapist in both therapeutic procedures of ACT and EFCT, investigation of only the impact of these two therapeutic procedures on interpersonal relationships quality of couples with marital conflicts, and generalization, interpretation, and etiological evidence of different marital conflicts within the sample group. It is also suggested to utilize both ACT and EFCT in family counseling centers, crisis intervention centers, and family courts to help couples with marital conflicts. It is recommended to carry out further studies to evaluate and compare the effectiveness of ACT and EFCT in the variables, such as duration of the marriage, gender, and age of subjects.

## Conclusions

The results of the current study demonstrated that both ACT and EFCT as clinical and therapeutic interventions could be effective in increasing the quality of interpersonal relationships among couples with marital conflicts.

## Compliance with ethical guidelines

All the ethical principles were considered in the present study. The participants were informed about the purpose of the study and implementation of the stages. In addition, informed consent was obtained from all the study subjects. The participants were also assured of the confidentiality of their information. Moreover, the subjects were allowed to withdraw from the study at any time, and the results of the study would be available to them if desired. The present study was extracted from a PhD thesis written by Hamid Yaghoobi in the Department of Psychology at Faculty of Humanities of Islamic Azad University, Neyshabour Branch, Neyshabour, Iran (code of ethics: IR.IAU.NESHABUR.REC.1398.017).

## Acknowledgments

The authors would like to express their gratitude to all the participants for their valuable collaboration with this study.

## Funding

The current study did not receive any specific grant from funding agencies in public, commercial, or not-for-profit sectors.

## Conflicts of Interest

The authors declare that there is no conflict of interest.

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