

Effectiveness of Emotion-Focused Therapy on Behavioral Emotion Regulation and Marital Stress in Married Women

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ABSTRACT

Objective: The present study aimed to determine the effectiveness of Emotion-Focused Therapy (EFT) on behavioral emotion regulation and marital stress in married women.

Methods and Materials: This research employed a semi-experimental and applied methodology, utilizing a pre-test-post-test design with a control group. The statistical population included all married women who visited counseling centers in Ramsar County during the first half of 2025. A total of 30 participants were selected using purposive sampling and were randomly assigned to experimental (n = 15) and control (n = 15) groups. The research instruments included the Behavioral Emotion Regulation Questionnaire by Garnefski and Kraaij (2019) and the Stockholm Marital Stress Questionnaire developed by Orth-Gomer et al. (2000). Data analysis and hypothesis testing were conducted using multivariate analysis of covariance (MANCOVA) and univariate analysis of covariance (ANCOVA).

Findings: The results revealed a significant difference between the intervention and control groups in terms of the mean scores of behavioral emotion regulation and marital stress ($p < .001$).

Conclusion: The findings favored the experimental group. Overall, the results indicated that Emotion-Focused Therapy led to a reduction in marital stress and an improvement in behavioral emotion regulation among married women.

Keywords: Behavioral Emotion Regulation, Marital Stress, Emotion-Focused Therapy.

1. Introduction

In the intricate tapestry of intimate relationships, the capacity to regulate emotions effectively emerges as a crucial determinant of relational satisfaction, psychological well-being, and long-term marital stability. Emotion regulation, broadly defined as the processes by which individuals influence the emotions they experience, when they experience them, and how these emotions are expressed, has been extensively studied in the context of romantic partnerships (Chen & Liao, 2021). For married women in particular—who often navigate complex roles as partners, caregivers, and professionals—the ability to regulate emotional responses is not only central to personal mental health but also to relational harmony (Matud et al., 2020). Contemporary findings emphasize that deficiencies in emotion regulation are significantly associated with marital distress, emotional disengagement, and psychosocial maladjustment (Ahmadi & Ghorbani, 2016; Rashidi & Habibi, 2020). Within this context, Emotion-Focused Therapy (EFT), a structured psychological intervention rooted in humanistic and experiential principles, has gained empirical traction as a clinically effective model to foster emotional attunement, reprocess maladaptive emotional schemas, and deepen couple intimacy (Kramer et al., 2025; Shafie Abadi & Nourian, 2014).

The relevance of EFT becomes even more pronounced in light of mounting evidence that emotion dysregulation can have profound downstream effects on marital functioning and broader health outcomes. Studies indicate that unresolved emotional conflicts within marriages are significantly correlated with increased psychological stress, reduced physical well-being, and heightened susceptibility to emotional disengagement and emotional divorce (Al-Shahrani & Hammad, 2023; Zhou et al., 2023; Zhu et al., 2023). In particular, marital stress has been identified as a critical psychosocial determinant negatively impacting cardiovascular outcomes, mental resilience, and life satisfaction in both genders, but disproportionately so in women due to sociocultural stressors and caregiving demands (Zhao & Zhou, 2020; Zhu et al., 2023). These findings are consistent with prior research highlighting that effective emotion regulation functions as a protective factor, mitigating the psychological strain associated with both acute stressors and chronic relational discord (Cludius et al., 2020; Liu et al., 2019).

Emotion-Focused Therapy has demonstrated promising outcomes in addressing relational dysfunctions through the

development of emotional awareness, expression, and secure attachment bonds. Drawing from attachment theory and emotion theory, EFT is designed to restructure key emotional responses that maintain interpersonal conflict and inhibit intimacy (Lebow et al., 2010; Shafie Abadi & Nourian, 2014). Empirical studies support its effectiveness in reducing relationship anxiety, enhancing emotional accessibility, and improving marital satisfaction across diverse populations (Mikaeili et al., 2017; Sajadian et al., 2018). In a recent study, Amirshahi et al. (2024) found that EFT significantly improved both sexual functioning and health-promoting behaviors among women with PCOS, further emphasizing the technique's broad psychophysiological benefits (Amirshahi et al., 2024). Complementary to this, Ebrahimi et al. (2017) reported significant reductions in marital distress following EFT interventions, reinforcing the clinical validity of the method in culturally diverse settings (Ebrahimi et al., 2017). Likewise, Zahra Alibeygi et al. (2018) demonstrated that EFT increased intimacy levels in couples experiencing conflict, indicating its potential in fostering long-term relational stability (Zahra Alibeygi et al., 2018).

From a gendered perspective, married women are particularly vulnerable to the deleterious effects of chronic stress due to their disproportionate emotional labor and dual role responsibilities. Studies underscore that women often report higher levels of emotional exhaustion and psychological distress compared to men, especially when relational support is perceived as lacking (Andrade & Matias, 2017; Matud et al., 2020). These dynamics are compounded in sociocultural contexts where expressive suppression and emotional self-sacrifice are normalized among women, leading to internalized distress and unaddressed emotional needs (Amirshahi et al., 2024; Ansar et al., 2024). The utility of EFT lies in its ability to create a safe therapeutic environment in which women can access, explore, and transform their core emotional experiences, ultimately enhancing emotional responsiveness and reducing marital tension (Kramer et al., 2025; Linder et al., 2022).

Furthermore, mounting neurological and psychological evidence positions emotion regulation as a transdiagnostic factor underlying various relational and mental health outcomes. According to Cludius et al. (2020), deficits in emotion regulation are implicated in the onset and maintenance of anxiety, depression, and interpersonal conflict, making it a pivotal target in psychotherapy (Cludius et al., 2020). In the realm of close relationships, Chen and

Liao (2021) assert that both individual differences and situational contexts shape regulatory processes, with effective regulation directly contributing to more adaptive communication and greater relational satisfaction (Chen & Liao, 2021). As demonstrated by Lu et al. (2021), emotional stress is not merely a transient affective state but part of a dynamic and interlinked system that impacts cognitive functioning, decision-making, and physiological systems over time (Lu et al., 2021). In this regard, EFT's experiential focus offers a unique pathway for reconciling internal emotional conflicts with interpersonal needs—a synergy crucial for maintaining healthy marital bonds.

Moreover, studies focused on family dynamics and parenting reveal that emotion-focused approaches can yield intergenerational benefits by improving not only marital harmony but also parental functioning and child well-being. Ansar et al. (2024) found that emotion-focused skills training for parents enhanced their mental health and emotional self-efficacy, with positive ripple effects on the parent-child relationship (Ansar et al., 2024). This aligns with earlier findings by Bayat et al. (2017), who highlighted the efficacy of cognitive-behavioral emotion regulation training in reducing marital stress, thereby improving overall family functioning (Bayat et al., 2017). Additionally, emotion-focused interventions have been validated as culturally adaptive treatments in various populations, indicating that their benefits extend across demographic and contextual boundaries (Abedi et al., 2016; Zarei Hasan Abadi et al., 2018).

Marital stress itself constitutes a multidimensional phenomenon shaped by individual vulnerabilities, relationship dynamics, and broader sociocultural stressors. Research by Kravdal et al. (2023) highlights that cohabitation and marriage confer psychological benefits, yet the presence of unmitigated stress can erode these protective effects over time (Kravdal et al., 2023). Similarly, Zhou et al. (2023) emphasize the mediating role of marital quality in the relationship between media use and mental health among married women, suggesting that relational strain may exacerbate emotional dysregulation, particularly under external stressors such as digital overload or social comparison (Zhou et al., 2023). The compounded effects of such stressors were especially visible during the COVID-19 pandemic, where heightened media exposure and emotional turbulence collectively worsened mental health outcomes, as shown in studies by Zhao and Zhou (2020) (Zhao & Zhou, 2020).

Importantly, the success of EFT relies not only on its structured, stage-based model but also on its empathic, client-centered therapeutic stance. Research has increasingly focused on understanding factors associated with non-response in psychotherapy. Carrington (2022) emphasizes that therapist sensitivity to client affect and therapeutic alliance quality are essential predictors of positive outcomes in emotion-focused interventions (Carrington, 2022). This sensitivity to emotional nuance becomes particularly critical in high-conflict marital settings, where entrenched emotional patterns require compassionate and adaptive interventions. In such contexts, EFT's emphasis on accessing primary emotions and transforming maladaptive secondary responses offers a powerful framework for emotional repair and relational growth (Linder et al., 2022; Sajadian et al., 2018).

In summary, the growing body of empirical literature supports the application of Emotion-Focused Therapy as an effective and adaptive approach for reducing marital stress and improving behavioral emotion regulation in women. The therapy's theoretical grounding in attachment, its emphasis on emotion transformation, and its structured method of fostering secure relational bonds collectively offer a compelling clinical response to marital distress.

2. Methods and Materials

2.1. Study design and Participant

The present study employed a semi-experimental (quasi-experimental) and applied research design, conducted using a pre-test-post-test structure with a control group. The study examined the effectiveness of Emotion-Focused Therapy (EFT) on behavioral emotion regulation and marital stress in married women. The statistical population consisted of all married women who visited counseling centers in Ramsar County during the first half of 2025. The research sample included 30 women who were selected through purposive sampling and randomly assigned to either an experimental or a control group, with 15 participants in each group.

The sampling procedure was as follows: Women who met the inclusion criteria participated in the pre-test phase by completing the Behavioral Emotion Regulation Questionnaire developed by Kraaij and Garnefski (2019) and the Stockholm Marital Stress Questionnaire developed by Orth-Gomer et al. (2000). Subsequently, 30 individuals who scored lowest on the Behavioral Emotion Regulation Questionnaire and highest on the Marital Stress

Questionnaire were selected and randomly assigned to the experimental and control groups.

The inclusion criteria were: (1) age range between 25 and 50 years; (2) willingness to participate in the study; and (3) not receiving any simultaneous psychological intervention.

The exclusion criteria were: (1) unwillingness to continue attending educational sessions; (2) absence from more than two intervention sessions; and (3) development of a severe psychological disorder during the research process.

2.2. Measures

The Behavioral Emotion Regulation Questionnaire developed by Kraaij and Garnefski (2019) consists of 20 items and is designed to assess the behavioral emotion regulation styles of individuals aged 12 and older. This instrument includes five subscales: engaging in other activities (Items 1–4), withdrawal (Items 5–8), active confrontation (Items 9–12), seeking social support (Items 13–16), and ignoring (Items 17–20). Each subscale is scored independently, and the questionnaire does not yield an overall total score. The responses are rated on a 5-point Likert scale: “Never” (1), “Rarely” (2), “Sometimes” (3), “Often” (4), and “Always” (5). Each subscale has a possible score range from 4 to 20. Higher scores in the subscales of engaging in other activities, active confrontation, and seeking social support, alongside lower scores in the withdrawal and ignoring subscales, indicate better behavioral emotion regulation. In the study by Kraaij and Garnefski (2019), the reliability of the instrument was reported through Cronbach’s alpha coefficients as follows: .86 for engaging in other activities, .93 for withdrawal, .91 for active confrontation, .91 for seeking social support, and .89 for ignoring. Test–retest reliability was .47, .70, .62, .75, and .56, respectively, for the same subscales. The validity of the questionnaire was supported through correlation coefficients of .53, .67, and .51 for the subscales of engaging in other activities, active confrontation, and seeking social support, respectively. In the study conducted by Ashouri, Ghasemzadeh, and Safarpour in 2020, the Cronbach’s alpha coefficients for the subscales were .88 (engaging in other activities), .90 (withdrawal), .91 (active confrontation), .89 (seeking support), and .87 (ignoring). Their test–retest reliability coefficients were reported as .59, .65, .64, .66, and .61, respectively.

The Stockholm Marital Stress Questionnaire, developed by Orth-Gomer et al. (2000), contains 17 items designed to measure marital stress and is scored dichotomously (0 or 1).

The binary scoring system reflects the presence or absence of stress-related indicators in marital relationships. In the study conducted by Jafarpour (2016), the instrument demonstrated satisfactory levels of content, face, and criterion validity. The internal consistency of the questionnaire, assessed through Cronbach’s alpha, was estimated at .92, indicating high reliability. This instrument has been widely used in psychological and clinical studies focusing on marital relationships and stress, providing a valid and reliable measure for assessing marital stress in diverse populations.

2.3. Intervention

The intervention protocol consisted of eight structured sessions based on the Emotion-Focused Therapy (EFT) framework, each targeting key components of emotional awareness, regulation, and relational functioning in married women. The first session introduced participants to the principles of EFT, highlighting the importance of emotional self-awareness in marital relationships and teaching them to identify and record daily emotions using an “Emotion Log Sheet.” The second session focused on recognizing sources of marital stress and learning emotion regulation skills to reduce interpersonal tension, with practice in replacing maladaptive emotional patterns with more adaptive ones. In the third session, participants were guided through bodily awareness techniques such as deep breathing and sensory focus to help them recognize and manage emotional reactions, while also exploring how emotions influence physiological responses and cognitive perceptions of their spouse. Session four addressed the link between emotions and relationship quality, integrating cognitive restructuring techniques to convert negative emotions into constructive motivations and examining how past experiences shape present emotional responses. The fifth session focused on developing personalized emotional regulation strategies for stressful marital situations, identifying emotional triggers, and using problem-solving techniques to manage stress in interactions with their spouse. The sixth session emphasized the role of positive emotions in fostering marital intimacy, with exercises on expressing affection, gratitude, and empathy, and reinforcing sources of satisfaction and security in the relationship. In session seven, participants practiced applying emotion regulation techniques in high-stress situations and explored healthy strategies for conflict resolution, including role-play exercises to build constructive communication skills. Finally, session eight

reviewed therapeutic progress, helped participants create a personalized action plan for daily use of learned techniques, and concluded the program with a focus on personal values and future marital goals.

2.4. Data Analysis

Data analysis was conducted using both descriptive and inferential statistical methods. Descriptive statistics included the mean and standard deviation, while inferential statistics employed multivariate analysis of covariance

(MANCOVA). All statistical analyses were performed using SPSS version 27.

3. Findings and Results

The means and standard deviations of the pre-test and post-test scores for the variables “engaging in other activities,” “withdrawal,” “active confrontation,” “social support,” “ignoring,” and “marital stress” in the experimental and control groups are presented in Table 1.

Table 1

Descriptive statistics for the dependent variables (engaging in other activities, withdrawal, active confrontation, social support, ignoring, and marital stress) in the experimental and control groups (n = 15)

Variable	Experimental Group (Pre)		Experimental Group (Post)		Control Group (Pre)		Control Group (Post)	
	M	SD	M	SD	M	SD	M	SD
Engaging in Other Activities	7.93	1.751	10.00	1.512	10.00	1.512	10.00	1.512
Withdrawal	16.00	1.195	14.07	1.223	14.07	1.223	14.07	1.223
Active Confrontation	7.87	1.457	9.33	1.633	9.33	1.633	9.33	1.633
Social Support	9.27	1.163	10.73	1.335	10.73	1.335	10.73	1.335
Ignoring	16.73	1.438	15.07	1.624	15.07	1.624	15.07	1.624
Marital Stress	12.60	1.242	11.13	1.727	11.13	1.727	11.13	1.727

As shown in Table 1, the mean and standard deviation of engaging in other activities in the experimental group were 7.93 ± 1.751 in the pre-test and 10.00 ± 1.512 in the post-test. The mean and standard deviation for withdrawal in the experimental group were 16.00 ± 1.195 in the pre-test and 14.07 ± 1.223 in the post-test. For active confrontation, the mean and standard deviation were 7.87 ± 1.457 (pre-test) and 9.33 ± 1.633 (post-test). For social support, they were 9.27 ± 1.163 (pre-test) and 10.73 ± 1.335 (post-test). For ignoring, they were 16.73 ± 1.438 (pre-test) and 15.07 ± 1.624 (post-test). For marital stress, they were 12.60 ± 1.242 (pre-test) and 11.13 ± 1.727 (post-test).

The assumptions of multivariate analysis of covariance (MANCOVA) for the variables of engaging in other activities, withdrawal, active confrontation, social support,

ignoring, and marital stress were examined. These assumptions included: the existence of a linear relationship between pre-test and post-test scores for the dependent variables (assessed using scatter plots), univariate normality, homogeneity of regression slopes, and equality of the variance–covariance matrices. The visual inspection of scatterplots confirmed a linear relationship between the variables. The Box’s M test was found to be non-significant, thus the assumption of equal covariance matrices was violated. However, the equality of variances for the dependent variables was met, allowing for the execution of MANCOVA. After checking the assumptions of linear relationships, normal distribution of control variables, and homogeneity of regression slopes, the data satisfied the necessary conditions to perform MANCOVA.

Table 2

Adjusted Post-Test Means and Standard Errors for the Experimental and Control Groups After Controlling for Covariates

Variable	Experimental Group (Adjusted M \pm SE)	Control Group (Adjusted M \pm SE)
Engaging in Other Activities	10.087 \pm 0.211	8.713 \pm 0.211
Withdrawal	14.192 \pm 0.234	16.008 \pm 0.234
Active Confrontation	9.310 \pm 0.223	8.424 \pm 0.223
Social Support	10.622 \pm 0.236	9.045 \pm 0.236
Ignoring	15.155 \pm 0.224	16.379 \pm 0.224
Marital Stress	10.994 \pm 0.165	12.139 \pm 0.165

According to the principles of analysis of covariance (ANCOVA), which accounts for the effect of covariates, the adjusted means for the post-test scores are presented in Table 2. As observed, the adjusted mean for engaging in other activities in the experimental group was 10.087 and 8.713 in the control group. The adjusted mean for withdrawal was 14.192 in the experimental group and 16.008 in the control

group. For active confrontation, the adjusted means were 9.310 (experimental) and 8.424 (control). For social support, they were 10.622 (experimental) and 9.045 (control). For ignoring, the adjusted means were 15.155 (experimental) and 16.379 (control). For marital stress, the means changed to 10.994 in the experimental group and 12.139 in the control group.

Table 3

Results of multivariate analysis of covariance (MANCOVA) between experimental and control groups

Test	Value	F	Hypothesis df	Error df	Sig.	Effect Size
Wilks' Lambda	0.114	21.941	6	17	.001	0.886

As shown in Table 3, the results of multivariate analysis of covariance (MANCOVA) indicate that there is a statistically significant difference between the experimental and control groups. The significance of Wilks' Lambda ($p < .001$) suggests that at least one of the dependent variables—engaging in other activities, withdrawal, active confrontation, social support, ignoring, or marital stress—differs significantly between the two groups.

Based on the findings of the multivariate analysis of covariance and with 99% confidence, the research hypothesis stating that Emotion-Focused Therapy is effective in improving behavioral emotion regulation and reducing marital stress in married women is supported.

4. Discussion and Conclusion

The findings of the present study demonstrated that Emotion-Focused Therapy (EFT) had a significant effect on improving behavioral emotion regulation and reducing marital stress in married women. The results from both descriptive and inferential analyses revealed that the experimental group, which received EFT sessions, showed statistically significant improvements in the subcomponents of behavioral emotion regulation—namely, “engaging in other activities,” “active confrontation,” and “seeking social support”—and a reduction in maladaptive strategies such as “withdrawal” and “ignoring.” Furthermore, participants in the intervention group experienced a substantial decrease in marital stress compared to the control group. These results support the hypothesis that EFT, by enhancing emotional awareness and modifying maladaptive emotion schemas, can lead to substantial improvements in the emotional and relational functioning of married women.

The significant increase in adaptive behavioral regulation strategies such as engaging in other activities and active

confrontation can be attributed to EFT's core emphasis on accessing and transforming maladaptive emotional responses. This is consistent with previous studies that have shown the effectiveness of EFT in strengthening emotion regulation abilities in relational contexts (Kramer et al., 2025; Sajadian et al., 2018). EFT's stage-based structure facilitates the safe exploration of vulnerable emotions and the replacement of secondary maladaptive affect (e.g., anger, withdrawal) with more adaptive primary emotions (e.g., hurt, longing), thus enabling better self-regulation and healthier interpersonal reactions (Kramer et al., 2025; Shafie Abadi & Nourian, 2014). This mechanism aligns with theoretical frameworks positing that emotional transformation is a key pathway toward psychological resilience and intimacy restoration in distressed relationships (Cludius et al., 2020).

The reduction in marital stress observed among participants in the experimental group is a particularly noteworthy outcome. Marital stress is often rooted in chronic emotional misattunement, ineffective communication, and unprocessed negative emotions, all of which EFT is designed to address. Prior research confirms that unresolved emotional tension in marriages can contribute to psychological distress, depressive symptoms, and decreased life satisfaction, particularly in women (Al-Shahrani & Hammad, 2023; Zhao & Zhou, 2020). In this regard, the current findings align with those of Ebrahimi et al. (2017), who found that EFT significantly reduced marital distress in women (Ebrahimi et al., 2017), as well as with the results of Zahra Alibeygi et al. (2018), who reported increased intimacy and marital satisfaction following EFT interventions (Zahra Alibeygi et al., 2018). Additionally, studies on the psychological impacts of marital quality suggest that enhancing emotional regulation contributes to

improved relational dynamics and broader well-being outcomes (Chen & Liao, 2021; Zhou et al., 2023).

Another salient point in the findings is the observed improvement in seeking social support, a behavioral regulation strategy positively linked to adaptive coping and psychological health. Emotionally attuned relationships foster a sense of security and openness that encourages the use of support systems, both internal and external (Ansar et al., 2024; Liu et al., 2019). EFT's focus on promoting emotional expression and validating emotional experiences within the therapeutic dyad likely contributed to the participants' increased willingness to seek out and accept relational support. This finding is in line with Linder et al. (2022), who emphasized that EFT helps create relational environments that facilitate both emotional safety and external connection (Linder et al., 2022).

In contrast, maladaptive strategies such as emotional withdrawal and ignoring were significantly reduced in the experimental group. These strategies are often employed as defensive mechanisms to manage overwhelming emotions but ultimately contribute to relational detachment and emotional disconnection (Bayat et al., 2017; Matud et al., 2020). The reduction of these behaviors suggests that EFT may effectively disarm emotional defenses by helping individuals recognize the underlying needs and fears driving their responses. This interpretation is supported by the findings of Mikaeili et al. (2017), who noted that EFT reduced relational anxiety and emotional avoidance in incompatible couples (Mikaeili et al., 2017). Similarly, Andrade and Matias (2017) found that emotional support plays a critical role in managing relational stressors, particularly for women managing multiple social roles (Andrade & Matias, 2017).

Furthermore, the therapeutic process of EFT inherently targets attachment-related needs and fears, making it uniquely suited to address emotional regulation within the context of intimate partnerships. As suggested by Sajadian et al. (2018), EFT's integration of attachment theory provides a framework for understanding how past relational experiences shape present emotional responses and interpersonal behavior (Sajadian et al., 2018). The ability to access and reorganize these deep-seated emotional patterns helps participants achieve both intra- and interpersonal change. This therapeutic model's emphasis on restructuring emotional responses is particularly relevant for married women, who are often socialized to suppress negative emotions in favor of relational harmony (Ahmadi & Ghorbani, 2016; Amirshahi et al., 2024).

These findings also have broader implications for understanding the psychophysiological consequences of emotion dysregulation. Research indicates that chronic emotional suppression and unaddressed marital stress can lead to heightened cortisol levels, impaired immune functioning, and cardiovascular issues (Yaribeygi et al., 2017; Zhu et al., 2023). Thus, the improvements observed in this study suggest that EFT may contribute to long-term physical health benefits in addition to psychological gains. As Lu et al. (2021) noted, stress should be understood as a system that includes emotional, cognitive, and physiological components, all of which can be targeted through emotion-focused interventions (Lu et al., 2021).

Moreover, the outcomes of this study provide indirect support for the transdiagnostic model of emotion regulation, which posits that difficulties in emotion regulation underlie a range of psychological problems (Cludius et al., 2020). As such, interventions like EFT that directly target emotion regulation skills may have wide-reaching effects beyond marital stress, including improved coping with daily stressors, enhanced resilience, and decreased susceptibility to anxiety and depression (Chmitorz et al., 2020; Kramer et al., 2025). The observed changes also reinforce the central role of emotional regulation as a mediator in the link between attachment patterns and marital intimacy (Abedi et al., 2016; Rashidi & Habibi, 2020).

Importantly, the findings from the present study contribute to the existing body of evidence indicating that emotion-focused interventions can be successfully adapted to non-Western cultural contexts. Previous studies conducted in Iran have demonstrated that EFT is effective in improving relational outcomes in culturally specific marital dynamics (Sajadian et al., 2018; Zarei Hasan Abadi et al., 2018). The current study reaffirms these findings and highlights the cultural adaptability of EFT, which emphasizes the universality of emotional needs while also allowing for contextual and individual flexibility. This adaptability is essential for ensuring culturally responsive mental health care.

Lastly, the observed effects also echo Carrington's (2022) assertion that non-response in psychotherapy is often due to mismatched therapeutic approaches or a failure to address clients' emotional realities (Carrington, 2022). EFT's success in this study supports the idea that interventions grounded in experiential emotional work may be particularly effective in cases where traditional cognitive or behavioral approaches fall short. In this vein, the comparative findings of Amirshahi et al. (2024) also showed EFT to be as

effective, if not more, than cognitive-behavioral therapy in improving emotional and relational functioning (Amirshahi et al., 2024).

5. Limitations and Suggestions

Despite the promising results, this study has several limitations. First, the sample size was relatively small and limited to a single geographic area, which may reduce the generalizability of the findings. Additionally, the reliance on self-report instruments may introduce response biases, particularly social desirability effects. The study also did not include a follow-up assessment, so the long-term sustainability of the intervention's effects remains unknown. Moreover, potential confounding variables such as participants' individual psychological history, the quality of their current relationships, and partner involvement in the therapy process were not controlled for, which may have influenced the outcomes.

Future studies should consider larger, more diverse samples across multiple regions to enhance the external validity of the findings. Incorporating follow-up assessments at three, six, and twelve months post-intervention would help determine the longevity of EFT's impact on emotional regulation and marital stress. Additionally, including dyadic data—assessing both partners—could provide deeper insights into how changes in one partner's emotional regulation affect overall relational dynamics. It would also be valuable to compare EFT with other emotion-focused interventions or integrate it with complementary approaches such as mindfulness-based therapies to examine synergistic effects.

Practitioners working with married women experiencing emotional dysregulation or marital distress should consider incorporating EFT into their therapeutic repertoire. The structured, emotionally attuned framework of EFT can be particularly beneficial for clients struggling with emotional suppression and relational disengagement. Therapists are encouraged to provide psychoeducation about emotional schemas and attachment dynamics to help clients contextualize their emotional patterns. Furthermore, the use of EFT in group settings or community mental health centers may increase access to effective interventions for underserved populations.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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