



# To Compare the Effectiveness of Cognitive - Behavioral Couple therapy, Emotion -Focused couple Therapy on Interpersonal Cognitive Distortions of Couples

Mohsen Vakili<sup>1</sup>, Seyed Ali Kimiaei<sup>2\*</sup>, Ali Mashhadi<sup>3</sup>, Maryam Sadat Fatehizadeh<sup>4</sup>

<sup>1</sup>MA in Family Counseling, Ferdowsi University of Mashhad

<sup>2\*</sup>Associate professor, Department of Education , Ferdowsi University of Mashhad. IRAN.

Email: [kimiaie@um.ac.ir](mailto:kimiaie@um.ac.ir)

<sup>3</sup>Associate professor, Department of psychology , Ferdowsi University of Mashhad

<sup>4</sup>Associate professor, Department of counseling , University of Isfahan

**Abstract:** *This study aimed to compare the effectiveness of cognitive-behavioral couple therapy with emotion-focused couple therapy in reducing interpersonal cognitive distortions between referring couples to Isfahan's family cultural centers. The present study was carried out according to practical and semi-experimental with pretest-posttest design with control group. Statistical population were included all couples attending the family cultural center of Isfahan with interpersonal cognitive distortions in 2013 and of those 15 couples were divided using convenience sampling and randomly in two groups, a control group and experimental group. Data was collected by interpersonal cognitive distortions scale (Hamamchi, 2005). Then experimental groups were put in 8 sessions (60 minutes), each under emotion-focused couple therapy and cognitive-behavioral therapy. During this period, the control group did not receive any intervention and post-test was conducted after the end of meetings. Then, they were analyzed using covariance analysis of findings through software SPSS-18. The results of the study confirmed the hypothesis and showed that emotion-focused couple therapy and cognitive-behavioral therapy reduces interpersonal cognitive distortions in couples. Results also showed that even cognitive - behavioral therapy was more effective compared with emotion-focused couple therapy in reducing interpersonal cognitive distortions.*

**Keywords:** *emotion-focused couple therapy, cognitive-behavioral therapy, interpersonal cognitive distortions*

## INTRODUCTION

Marriage is one of the most important foundations of human life. Marriage provides social and emotional support and influences on improving physical, mental and social conditions of couples (William, 1988; Kalken & Ersanli, 2008). Compliance infrastructure taste in marriage is the couples who recognize own personality traits that it depends on establishing behavior rules and communication patterns related formation (Knox & Dikozy, 2004; Qaderi, 2007). It has been seen that the root of marital problems lies in the couple thought about each other and about their relationship (Dattilio & Epstein, 2005). Until the early 1980s, it has been attempted to explain the behavioral aspects of marital conflict. Then researchers paid attention to subjective factors such as thoughts, beliefs and documents (Fincham, 2005). Many studies based on cognitive - behavioral theories emphasize cognitive factors role as irrational beliefs (Adis & Bernard, 2002; Ellis, 1986; Ellis, 2003), dysfunctional thoughts (Edelson & Epstein, 1982; Epstein& Edelson, 1981; Epstein, Baucom & Rankin, 1993; Kiser and Himel, 1994), cognitive distortions (Beck,

1988) and attributions (Bradiveri & Fincham, 1990; Fincham & Fincher, 1990) marital conflicts (Hamamchi, 2005).

Muler, Rabi and Norteg (2001) found that annoyed married people rather than non-annoyed people show more negative thoughts in marital conflict situations. Some studies have shown that specific dysfunctional thoughts about a relationship predict resentment in a marriage much more than public dysfunctional thoughts (D-Board, Romance, & Kershoc, 1996; Epstein, 1982; Jonz & Enstanton, 1988) and Epstein (1986) stated that the cognitive content in relationship are more important in predicting sexual dysfunction than public irrationality (Hamamchi, 2005, as cited in Bahari, 2009).

Distortions are interpersonal cognitive of exaggerated, very strict, irrational and absolutist thoughts toward the relationship or the relationship party in life (Dryden, 1985; Digussept and Zi, 1986; Ellis, 1986; as cited in Hemameci & Sener Buyukozturk, 2004).

D-buard and Romance (1999) have been identified irrational beliefs in the couple's relationship which include:

1-We should be completely open and honest 2-We must be able to read each other's thoughts. 3- We must do everything together. 4-We must be able to meet each other needs. 5- We should be aspiring and can change each other 6- Everything is perfect among us. 7- To maintain a good relationship is easy 8- One can never be complete without getting into a romantic relationship 9- We have an ideal love (Dobson, 2010). Cognitive-behavioral couple therapy is a combination of cognitive and behavioral factors in the treatment of couples with marital problems (Baucom & Epstein, 1990), which can be commenced with functional evaluation of couples problems and dependent behaviors that support it. Couple's behavioral engagement is considered the most important factor in cognitive-behavioral couple therapy. The second important factor is the problem-solving that refers to the bad patterns function of the control issues. To educate strategies for negotiation, compromise and problem-solving, negative communication patterns in couples, that often dominant in their relationship with respect to verbal and behavioral, changes and actually causes this feeling in them that they get as much as of their relationship that they would spend on it. Behavior change is the third basis of behavioral couple therapy after communication and problem-solving. When the relationship is clear, direct and noble, common sense and interactive perception have emerged and time has been come to present dependence plane and contract (Dattillio, 2005). In general, it can be concluded that the cognitive - behavioral couple therapy fundamentals emphasize on couples mutual recognition of each other and know recognition an integral part of the change process. The philosophical basis for this perception is to behavior change alone is not enough to modify the inefficient interaction, but it should be emphasized on individuals' thinking approach in relationships and inconsistent behavior patterns (Dattillio, 1990, as cited in the Bahari, 2009).

According to studies results of the controlled therapy, cognitive-behavioral couple therapy is a kind of therapy that is evaluated more than any other treatment. Nowadays the cognitive-behavioral therapy is used as a flexible approach to understand and treat a wide range of communication problems, especially for the prevention of conflict and confusion about relationships between spouses, as well as substance abuse, depression, anxiety disorders and domestic violence (Gorman and Jacobson, 2002). In the prevention of marital problems (Markman et al., 2006), infidelity (Baucomm et al., 2003), for the treatment of physical and physical and psychosocial violence (Latylad et al., 2006) is also used. Meta-analysis study of Butler (2006) was found that cognitive-behavioral couple therapy was effective in the treatment of a wide range of disorders such as unipolar depression, generalized anxiety disorder and has an appropriate size in treatment.

Cognitive - behavioral therapists reviewed in detail a number of previously published studies that included the achievement of results of specific studies (e.g. Alexander and Heltozort, Moreno and Jamson, 1994; Baucom & Epstein, 1990; Baucom and Halford, 1986; Baucom et al. 1998; Bery & Jorlis, 1995; Christian and Jacobson, 1994; Jacobson and Addis, 1993; Snyder, Kestlayn and Shin, 2006) multi-aspect analysis of goodness (Baucom and Haloog and Koschel, 2003; Dean and Essible, 1995; Halchog and Markman, 1998; Shaddish and Baldini, 2003 and 2005) that the findings of all the studies were obtained, showed the effectiveness of the intervention for marital conflicts is between  $\frac{1}{3}$  to  $\frac{2}{3}$ .

Overall findings indicate that approximately 33 to 67% of couples lie in the house of non-vexatious couples after receiving cognitive-behavioral couple therapy in the hierarchy of marital satisfaction. Most couples

preserve these achievements in the short-term period (6 to 12 months). Cognitive-behavioral couple therapy is applicable for a wide range of marriage concerns. One of this marital turmoil contains couples that have suffered marital damage such as infidelity, physical and psychological violence (Latylad, Epstein and Relinch, 2006, as cited in Amani, 2012).

Faramarzi et al. (2012) carried out a study to evaluate the effectiveness of cognitive-behavioral treatment on female frigidity and couples' intimacy in Bandar Abbas which showed that there is statistical significant difference between the experimental and control groups after cognitive behavioral intervention. ( $P < 0/01$ ) and cognitive-behavioral treatment influences on frigidity in women and the intimacy of couples in various aspects than the physical dimension and the this impact amount is on the frigidity 95%, the intimacy of couples (96%), emotional intimacy 87%, the intimacy rational 81%, sexual intimacy 91%, the intimacy of social - recreational 60%, communication intimacy 92%, religious devotion 83%, and psychological intimacy 92% and total is 86%.

Emotion-focused couple therapy is used to reduce turbulence in adult romantic relationships and make more secure attachment relationships and rebuild interactive patterns of couples (Johnson et al, 2005). Key elements of the experience reveal such as attachment needs and fears in the treatment session. During treatment, small steps are taken to secure emotional conflicts which couples can again provide comfort and safety and security for each other. This approach consists of three stages and nine steps. Therapeutic applies some interventions to provide some context to facilitate the changing patterns of problematic patterns and plays the role of facilitator to help couples to find a new solution (Corey, 2001).

So far, many Studies are reviewed the effectiveness of couple therapy with other psychological approaches, or control group on marital turmoil and marital conflict at home and abroad (Erfan manesh, 2006; Rassoli et al., 2007; Gorjain & Kimyae, 2013; Zia -al-Haq et al., 2012; Fallahzadeh et al, 2012; Johnson & Greenberg, 1985; Goldman & Greenberg, 1992).

Biren, Kaar and Clark (2004) analyzed researches which had investigated the effectiveness of cognitive-behavioral, and emotion-focused therapy on couples' indignation and compared the effectiveness of the two these treatments on communication, conflict, adaptation, satisfaction turmoil, disputes of couples. A total of 827 couples participated in this study, 578 couples (70%) treated with cognitive-behavioral treatment approach and 249 couples (30%) are subject to independent variables emotion-focused couple therapy. The results showed that 83% of couples who are treated with cognitive behavior compared to the control group had shown less turbulent, had shown the, the recovery rate was 89% in emotion-focused group and 73% of non-turmoil was observed up to 2 years after treatment (Honarparvaran, 2011).

The reason to choose these two approaches was that emotion-focused couple therapy and cognitive-behavioral couple therapy are opposite to each other in the therapeutic spectrum of theoretical foundations, that is, they lie in the course of the whole fall; on the other hand, cognitive - behavioral therapy is mentioned as the core of cognitive strategies and emotion-focused couple therapy is arisen as the core of emotional approaches in family therapy (although the two approaches partly overlap) so the researchers sought to determine whether with the referents who have interpersonal cognitive distortions in consultations, cognitive therapy is more effective or a treatment with emotional framework.

According to research literature, the aim of this study was to compare the effectiveness of cognitive-behavioral couple therapy and emotion-focused couple therapy on reducing interpersonal cognitive distortions.

The hypotheses of the study include the following:

General hypothesis: there is a significant difference between the post-test means of cognitive distortions in two experimental groups (emotion- focused couple therapy and cognitive- behavioral therapy) with the control group.

The First sub-hypothesis: cognitive-behavioral couple therapy has a positive effect on reducing interpersonal cognitive distortions between the couples in the experimental group compared to the control group.

The second sub-hypothesis: emotion-focused couple therapy has a positive effect on reducing interpersonal cognitive distortions between the couples in the experimental group compared to the control group.

The third sub-hypothesis: there is a significant difference between scores mean of cognitive distortions of cognitive behavior couple therapy group and emotion-focused couple therapy.

## **2. Methodology**

### **Population, sample and sampling methods**

This study is a kind of quasi-experimental with pre-test and post-test study with control group (Gall, Borg & Gall, 1996, translated by Nasr et al., 2008). The population in this study was all couples who, due to marital conflicts (husband and wife) through published advertisements, had referred and enrolled in the family cultural centers of Isfahan in 2013.

Couples entry criteria in this study were: the conflicts of marriage, the couple shared in counseling sessions together, have a high school diploma, no addiction to alcohol and drugs, lack of psychiatric drugs, lack of extramarital relationships, no decision to divorce.

Sampling was available and the reason for the use of this sampling in this study is that if researchers do not use this method, it may be difficult or impossible to investigate the study (Gall, Borg & Gall, 1996, translated by Nasr et al., 2008).

Each of the couples conditions was considered for the study and interpersonal cognitive distortions questionnaires were carried out and, according to the initial interview and scores at pre-test, ultimately 15 couples (30 men and women) were accepted and then randomly 5 couples were divided in cognitive-behavioral therapy group, 5 couples in emotion-focused therapy group and 5 couples in the control group.

## **3. Instruments**

Interpersonal cognitive distortions scale (ICDS): The aim of interpersonal cognitive distortions scale is that anyone measures general cognitive distortions which in his relations show with others. The first questionnaire was prepared by Hemamci & Sener Buyukozturk (2004) and included 19 questions with Likert scale (1 = strongly disagree, 2 = disagree, 3 = no comment, agree = 4, and strongly agree = 5). This means that all items are reversed scored. High scores on this scale indicate high interpersonal cognitive distortions and low scores indicate low interpersonal cognitive distortions. Scale's total scores range between 19 and 95. The scale evaluates interpersonal distortions severity interpersonal unrealistic expectations and interpersonal misunderstood. The validity of this test was satisfactory and total reliability of the questionnaire is obtained by Cronbach's alpha 816/0. The test is then translated by Bahari in 2009 and was conducted on 60 patients (male and female). The total reliability coefficient of the questionnaire was 79/0 by Cronbach's alpha (Bahari, 2009).

## **4. Data analysis**

In this study, collected data were used from the implementation of interpersonal cognitive distortions in the pre-test and post-test using descriptive statistics such as tables and charts to show the demographic characteristics analysis and to infer data from covariance analysis (ANCOVA) to test hypotheses and control the effect of pre-test to compare the effectiveness of treatments. All stages of data analysis were performed with SPSS-18 software.

## **5. Findings**

The mean and standard deviation of pre-test and post-test scores research components of marital conflict, interpersonal cognitive distortions in the experimental and control groups are presented in Table 1.

Table 1: the mean and standard deviation of the pre-test and post-test scores of research components in the three groups

Group	gender	Pre-test			post-test		
		Number	M	SD	M	SD	
Interpersonal cognitive distortions	Cognitive- behavioral couple therapy	Men	5	49/4	8/9	29/8	8/35
		Females	5	54/6	11/97	35/4	4/5
		Total	10	52	10/32	37/6	6/74
	Emotion- focused couple therapy	Men	5	50/4	2/3	48/8	9/18
		Females	5	49/2	5/45	42/6	4/72
		Total	10	49/8	3/99	45/7	7/62
	control	Men	5	48/8	7/75	57/2	6/9
		Females	5	48/6	5/41	59/2	4/92
		Total	10	48/	6/3	58/2	5/75

As can be seen in Table 1, the mean of cognitive distortions scores of couples referred to cultural centers of Isfahan in the experimental group cognitive-behavioral therapy (CBCT) in the pre-test equals to 52 and this mean equals to 8/49 in the experimental group emotion-focused couple therapy (EFCT) and ultimately is 7/48 in the control group. While the post-test scores in the experimental group of cognitive-behavioral therapy (CBCT) is 6/37 and this mean equals to 7/45 in the experimental group of emotion-focused couple therapy (EFCT) and is 2/58 in the control group. These results are shown in Figure 1.

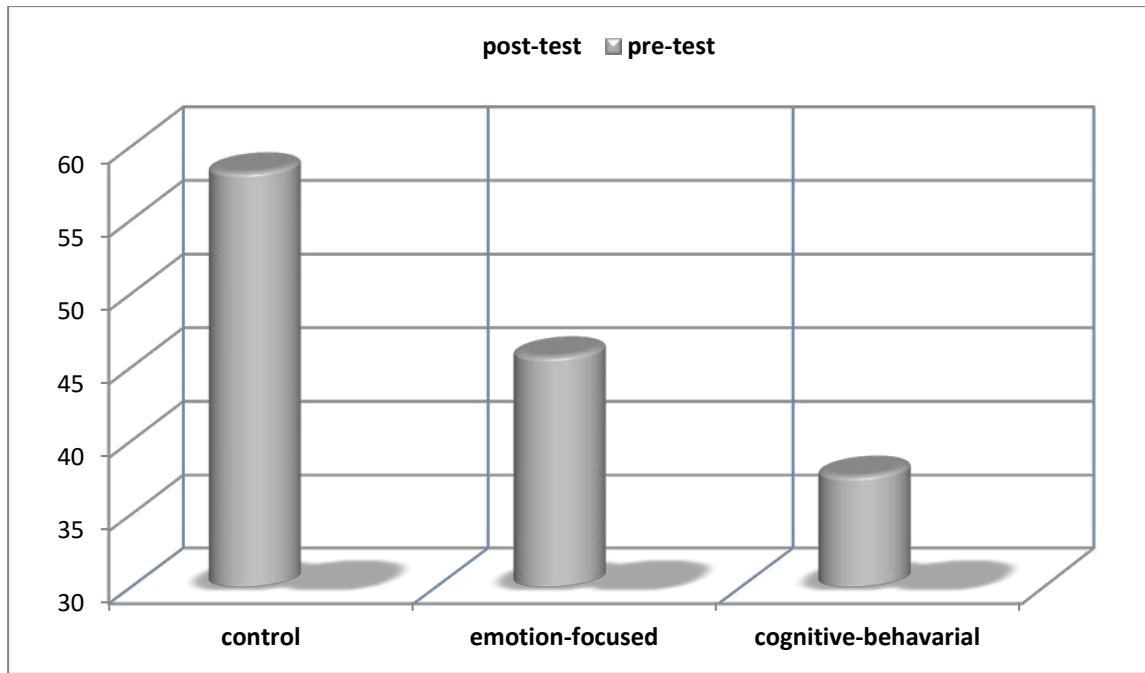


Figure 1: Bar graph of cognitive distortions components in the three groups at the pre-test and post-test stages

General hypothesis: there is a significant difference between the post-test means of cognitive distortions in two experimental groups (emotion- focused couple therapy and cognitive-behavioral therapy) with the control group.

The results of covariance analysis of post-test scores in experimental and control groups were shown in Table 2.

Table 2: the analysis covariance results of the group membership effect on the cognitive distortions scores

variables	Squares sum	df	Squares mean	F	Significance	Impact rate	Statistical square
Pre-test	201/993	1	201/993	5/118	0/032	0/164	0/586
Group membership	2326/649	2	1163/324	29/477	0/001	0/694	1
Error	1026/107	26	39/466	-	-	-	-

As shown in Table 2, after removing the effect of consistent variables on the dependent variables and according to computed F ratio, it is observed that there is a significant difference between the adjusted mean scores of participants cognitive distortions in group membership (two experimental groups and a control group) in the post-test ( $P < 0.01$ ). So the first main hypothesis was confirmed. Therefore, the emotional-focused and cognitive-behavioral couple therapy had have a positive effect in reducing cognitive distortions scores of participants in the experimental group in the post-test. The amount of influence was 4/69% in the post-test. Statistical power 1 and significant level close to zero indicates sample size was sufficient.

Table 3: the results of pair comparison of covariance analysis of the effects of group membership on the cognitive distortions scores in three groups

Variables	Group 1	Group 2	Means difference	SE	significant	Eta chi	Statistical square
Interpersonal cognitive distortion	Cognitive-behavioral	Emotion-focused	8/918	2/833	0/012	0/289	0/698
	Cognitive-behavioral	control	21/828	2/861	0/001	0/815	1
	Emotion-focused	control	12/909	2/815	0/001	60/8	0/998

The first sub-hypothesis: cognitive-behavioral therapy has a positive effect in reducing interpersonal cognitive distortions of couples in the experimental group compared to the control group.

As it is observed in Table 3 that there is a significant difference between the control group and the cognitive-behavioral therapy group to reduce cognitive distortions scores in post-test stage ( $P < 0.01$ ). The first sub-hypothesis was confirmed. This means that cognitive-behavioral therapy group has been more effective than the control group in reducing cognitive distortions scores. The impact rate was 5/81%.

The second sub-hypothesis: emotion-focused couple therapy has a positive effect in reducing interpersonal cognitive distortions of couples in the experimental group compared to the control group.

As shown in Table 3, it can be seen a significant difference between the control group and emotion-focused couple therapy in reducing interpersonal cognitive distortions scores in the posttest stage ( $P < 0.01$ ). The second sub-hypothesis was confirmed. This means that the emotion-focused couple therapy is more effective in reducing interpersonal cognitive distortions scores than the control group. The impact rate was 8/60%.

The third sub-hypothesis: there is a significant difference between cognitive distortions mean scores of cognitive-behavior therapy group and emotion-focused couple therapy.

As shown in Table 3, a significant difference can be seen between emotion-focused couple therapy groups and cognitive behavioral couple therapy to reduce the scores of cognitive distortions in the post-test ( $P < 0.05$ ). The third sub-hypothesis was confirmed. This means that group cognitive-behavioral couple therapy is more effective in reducing cognitive distortions scores than emotion-focused group. The effect rate was 9.28 %.

## 6. Discussion and conclusion

covariance analysis result (Table 2) showed there are significant differences between the referents have interpersonal cognitive distortions of the experimental and control groups in terms of dependent variables of interpersonal cognitive distortions ( $P < 0.01$ ). Therefore, the main hypothesis is confirmed about the effectiveness of cognitive-behavioral therapy and emotion-focused therapy on the interpersonal cognitive distortions effectively which is effective.

As variance analysis result is seen in Table 3, there was significant difference between referents who have interpersonal cognitive distortions of experimental and control groups based on interpersonal cognitive distortions dependent variable by controlling pre-test ( $P < 0.01$ ). So the first and second sub-hypothesis are confirmed, that is, cognitive-behavioral couple therapy and emotion-focused couple therapy influence on interpersonal cognitive distortions.

The results (Table 3) show that cognitive-behavioral couple therapy is more effective on emotion-focused couple therapy in reducing interpersonal cognitive distortions; thus, the third sub-hypothesis is confirmed. This means that cognitive - behavioral couple therapy have greater impact compared to emotion-focused couple therapy in reducing interpersonal cognitive distortions of couples.

The research findings are consistent and congruent with theoretical and cognitive foundations and similar studies (Kashani, 2008; Taylor & Brown, 1988; Muller & Dibbier, 1988; Datillio, 1997; Friedberg, 2006; Kaister, 1998; Muller, 1997) about the effectiveness of cognitive-behavioral therapy on interpersonal cognitive distortions.

In explaining the above issues, it can be said that interpersonal cognitive distortions caused abuse in the events interpretation and these abuses express in psychopathology as a misunderstanding, distorted attitude, wrong assumptions, goals and unrealistic expectations among couples and this affects subsequent misunderstanding, perceptions and evaluations (joint life). Because interpersonal cognitive distortions are continuing on the path of life and are related to one's relationship with himself and with others (especially life partner) and interpersonal cognitive distortions are severely inefficient and leads to marital dissatisfaction and provide ground for marital conflicts and divorce (Yang, 1990, as cited in Hakimi, 2010), this explain is consistent with the study findings (Seif & Bahari, 2005; Yonsei & Bahrani, 2009; Epstein, 1982; Hemamchi, 2005; Hamamsy, 2005; Frisch, 2005; Fincham, Mac Rally & Frey, 2001; Byung Tamara, 2007). To explain the effectiveness and efficacy of cognitive-behavioral therapy, it should be said, according to cognitive-behavioral attitude, cognition, structures and frameworks in order to sift, coding and triggers assessment are considered in marital relations that resist change have a profound impact on emotions and interpersonal and marital behavior (Young, 1990). Cognitions are the assumptions that have formed as a result of person's previous experiences and continue and transform in marital life. Some of these radical understanding and resistant to change are inefficient and can be converted into stock of destructive cognitive distortions. Cognitive-behavioral therapy works on multi-faceted dimensions of person and provides change background that includes the cognitive, emotional and behavioral dimensions.

The cognitive dimension: cognitive-behavioral therapy works on different levels of understanding to help unhappy couples from marital relations to be self-aware to the root of the problems that are thoughts and they undermine their malicious and inefficient ideas by testing the right credit of cognitions (thoughts), and find the new definition of confirming or rejecting evidence of the thoughts and find a new approach to marriage relations.

Over the years, people highlight consistent information with ideas and ignore incompatible information with it and perpetuate this trend in their sexual relationships. Cognitive-behavioral strategies helps individual distinguishes between healthy and unhealthy aspects of his thoughts and directly observes how thoughts are fighting in the marital relationship for their survival. DTR training table is a summary of the responses in healthy persons, identification of efficient from dysfunctional thoughts, and the best means of helping the person to identify the provocative locations of thoughts, detect negative reactions and how to replace healthy behaviors in marital relations which causes the individual awareness to cognition and provides a change in individual and hence the relations between spouses. According to cognitive-behavioral couple therapy attitude, marital problems are caused by dysfunctional beliefs that these beliefs show themselves with unusual behaviors in sexual relationships. These beliefs and thoughts have great effect on marital relations performance in the areas of cognitive, emotional and individual (Young, 1990). Cognitive-behavioral approach, due to the working on the themes of psychological or cognitive distortions in individuals with marital conflicts, is useful to modify beliefs and thoughts and reduces marital conflict effectively.

In the emotional dimension, cognitive-behavioral therapy challenges cognitive belief that has tied to emotional belief using cognitive strategies that couples fight with thoughts as well as the cognitive level at the emotional level in the treatment sessions. An interesting experimental technique strategy that helps people use it to write letters to their wife/husband as an opportunity for the rights, feelings, unexpressed anger and to express personal opinions which it seems that creates a problem of communication and conflict in couples' relations patterns.

In the behavioral dimension, cognitive-behavioral therapy alternatives healthier coping strategies to help couples as well. It uses behavioral techniques such as problem-solving and negotiation techniques to help



couples who encounter each other's thought in a more objective way and their conflicts have become a useful opportunity to do.

Therapeutic relationship is also an essential component in the change which is considered in this the treatment approach well. It can be said that the therapeutic relationship helps understanding and acceptance of referents and this is an introduction to accept dysfunctional thoughts and prevent resistance to treatment.

Cognitive-behavioral approach believes that can better modify dysfunctional thoughts by combining the four cognitive, behavioral, emotional and therapy relationship processes that reveals itself as formation of the ineffective behavior and emotional responses in marital relationships. On the cognitive - behavioral couple therapy with emphasis on interpersonal relationships of referents –therapist in the treatment session, therapist accepts unconditionally the couples with marital conflict and normalization of the shortcomings and weaknesses of their behavior, something that usually has rarely existed in developmental history of these couples and spouses have often not experienced unconditional acceptance in marital relations and notably helps to modify the relationship between the couples to accept each other unconditionally.

In general, we can say that cognitive-behavioral couple therapy at the same brevity has complexity and a high reflection feature, that has systematic and structured therapeutic strategy which takes thoughts, behavior and emotion into consideration and has developed appropriate interventions for each levels of cognitions (automatic thoughts, middle ideas or assumptions, schemas) and is efficient for chronic problems related to marital relationships and personality.

According to this explanation and interpretation, implement of effective therapeutic approaches and testing treatment methods is necessary that this study puts emphasis and approves the therapy effect, cognitive-behavioral therapy in reducing interpersonal cognitive distortions.

In the explanation of the therapeutic effect of emotion-focused couple therapy on cognitive distortions, although these studies have not been done or a scholar fails to find it, yet research findings is consistent with emotion-focused therapy theories and similar studies (Gandhi, 2007; Don, 2003; Bartley, 2002; Badoo, 2001; Yousefi et al., 2010).

It should said in the theoretical explanation that theoretically emotion-focused couple therapy theory emphasizes on individual emotions as well as puts great importance to cognition and thought; according to emotion-focused couple therapy theorists, even the emergence of secure attachment styles per person represents the ability to distinguish the intellectual (cognitive) process than emotional (affective) process that he experiences. And to somehow they have suggested that those who are weak in terms of recognition, have less acceptance in the face of anxiety and marital problems, are and coping life stress is difficult for them and they are more vulnerable to the life stress and experience signs and physical and psychological symptoms under pressure. In personal relationships (marriage), they tend to dependence or withdrawal from others, their wisdom (cognition) is often driven by emotions and the when they are under pressure of life problems, have difficulty to recognize problems (Hosseini, 2011). On the other hand, it can be argued that people who are secure in secure attachment, have inner intellectual independence and more able to think objectively in stressful situations in their lives.

Many studies show that attachment style and mental health aspects and mental disorders symptoms (e.g. depression, anxiety and personality disorders) are related. This claim is explained in this way when the therapist works to develop a secure attachment for person, it reduces anxiety in person and anxiety reduction caused mental well-being, frustration reduction, increasing stronger cognitive performance, and reduces avoidance or dependence that all these indicators can be associated with interpersonal cognitive distortions that these negative variables reduction would modify cognitive distortions, mathematically and logically, when A and B are linked, B and C are linked, so A and C are related, that is, when emotion-focused marital therapy reduces anxiety (A) and reducing anxiety increases subjective well-being (B), and there is a negative relationship between subjective well-being and cognitive distortions (C). In general, consistent with the theory and history of similar researches (Ellison, Robin, Skoron & Stephen, 2004; Bartel- Haringey & Gregory, 2003; Yousefi, 2010; Ranjbari, 2013), emotion-focused couple therapy impact has theoretical and research support to reduce interpersonal cognitive distortions; in other words, emotion-focused couple therapy approach is based on the recognition and it can be argued that emotion-

focused couple therapy effect on interpersonal cognitive distortions has scientific, theoretical research justification. According to these results, it researchers and clinicians detect the cognitive assessment and cognitive distortions in couples to resolve marital problems; they can use emotion-focused couple therapy to reduce and reform the cognitive distortions.

It is important to say this point because the results of Table 3 show that emotion-focused couple therapy and cognitive-behavioral couple therapy almost have the same effect on the reduction and modifying interpersonal cognitive distortions, couples therapists can apply hybrid model based on cognitive-behavioral and emotion-focused couple therapy to treat cognitive distortions.

## References

- Amani, R. (2012). To compare the effectiveness of emotion-focused, cognitive-behavioral and a combination of cognitive-behavioral and emotion-focused couple therapy on the change course of couples marital satisfaction and depression in women in Hamadan. Family Counseling PhD. thesis (unpublished). Faculty of Education and Psychology, Isfahan University.
- Bahari, F. (2009). The impact of hope and forgiveness interventions and the combination of the two on marital conflict and interpersonal cognitive distortions of demanding-divorce couples in Isfahan. Doctoral dissertation of family counseling psychology (unpublished). Faculty of Education and Psychology, Isfahan University.
- Hosseini, B. (2011). Analytical marital treatment. First and second edition: the Eternal Forest Publication.
- Hakimi, L. (2010). The effectiveness of emotional education on marital conflicts and mental well-being of married women in Isfahan. MA dissertation in the family consultation (unpublished). Faculty of Education and Psychology, Isfahan University.
- Rasooli, R. (2007). To study the effectiveness of emotion-focused intervention on (couple and individual practices) reducing distress about couples who have a child with chronic bring. PhD. thesis (unpublished). Faculty of Education and Psychology, Allameh Tabatabaee University.
- Ranjbari, M. (2013). To compare the effectiveness of emotion-focused and solution-focused couple therapy on happiness and dysfunctional marital attitudes. MA thesis in Family counseling (unpublished). Faculty of Education and Psychology, Ferdowsi University of Mashhad.
- Seif, S., & Bahari, F. (2005). To normalize and validate irrational beliefs questionnaire for a relationship. Research by the Faculty of Psychology and Educational Sciences, University of Al-Zahra, 2005.
- Zia al-Haq, M., Hassan Abadi, H., Ghanbari, Hashemabadi, B., & Modares Ghoroori, M. (2012). The effectiveness of emotion-focused couple therapy on marital adjustment. *Family Studies*, 8 (29), pp. 146-49.
- Erfanmanesh, N. (2007). To study emotion-focused couple therapy effect on marital compatibility. Masters in Clinical Psychology (unpublished). Islamic Azad University, Science and Research Branch.
- Faramarzi, S., Kajbaf, M., & Hosseini, F. (2012). To evaluate the effectiveness of cognitive-behavioral treatment on females frigidity and couples intimacy in frigid women in Barabbas. *Family counseling and psychotherapy Journal* (2) (2).
- Fallahzadeh, H., & Sanaee Zaker, B. (2012). To study the effectiveness of emotion-focused couple therapy and combined systematic couple therapy on the intimacy anxiety reduction of couples. *Family Studies*, 8 (32), pp. 465-484.
- Ghaderi, H. (2007). The effectiveness of short-term issue relations couple therapy to increase compliance and improve communication patterns of discordant couples. Master's thesis. Social Welfare and Rehabilitation Sciences University.
- Gal, M., Borg, V., & Gal, J. (2008). Qualitative and quantitative research methods in the behavioral sciences, Volume 1 and 2, translated by Reza Nasr et al. Samt Publication.

Georgian Mohbelany, D., Kimyae, A., & Ghanbari Hashemabadi, B. (2011). The effectiveness of emotion-focused on depression due to marital problems. *Research-scientific Journal of Applied psychological Researches*. Tehran University, 2(4) .pp. 75-90.

Honarparvaran, N. (2011). *Emotion-focused approach in couple therapy*. Tehran. Danzheh Publication.

Yousefi, N. (2010) .To compare the effectiveness of two family therapy approaches based on schema-therapy and emotional system of Bowen on early maladaptive schemas, self-separation, attachment styles and the desire to divorce in divorce-demanding referents in Saghez. Doctoral dissertation in Family consulting. Isfahan University (unpublished): Faculty of Education and Psychology.

Yonsei, J., & Bahrami, F. (2009). To predict marital satisfaction and deterministic thinking in couples. *Quarterly psychological Journal of Iran*, 19: 241-249.