

# Comparing the Effectiveness of Emotionally Focused Couple Therapy and Self-Regulation Couple Therapy in Cognitive Flexibility in Couples on the Verge of Divorce

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## Abstract

**Aim:** The present study aimed to compare the effectiveness of emotionally focused couple therapy and self-regulation couple therapy in the cognitive flexibility of couples on the verge of divorce. **Methods:** The quasi-experimental study consisted of pretests and posttests with a control group, followed by a three-month follow-up. As of 2019, the statistical population included all divorce-adverse couples in the Motahari Family Judicial Complex in Mashhad. Sixty couples who were referred to the Bahar Divorce Counseling Center in Mashhad were selected through the sampling method and randomly assigned to two experimental groups (emotionally oriented couple therapy and self-regulation couple therapy) and a control group. Each group consisted of 20 couples. A cognitive flexibility questionnaire was included in the instrument (Dennis, Vander Wal, & Jillon, 2010). **Results:** The intervention was effective in increasing the cognitive flexibility of couples on the verge of divorce ( $P < 0.0001$ ); however, the effectiveness of both methods did not last long. In addition, there was no significant difference between the effectiveness of the two methods. **Conclusion:** According to the results of the study, counselors and psychologists in couples and families use the two methods of emotionally focused couple therapy and self-regulation couple therapy to improve the cognitive flexibility of couples with challenges.

**Keywords:** Cognitive flexibility; Couples on the verge of divorce; Emotionally based therapy; Self-regulation couple therapy.

## Introduction

Divorce is a social phenomenon and a problem that impresses people's lives because of its negative consequences (Zaitov & Teshayev, 2022). Divorce has several negative consequences; it jeopardizes family mental health, causes emotional and psychological problems among family members, leads to various crimes, and makes many children homeless (Raleyn & Sweeney, 2020; Sands, Thompson, & Gaysina, 2017). The prevalence of divorce has increased around the world in recent decades (Turner et al., 2022). Iran is not exempt from this situation. According to the statistics published by the Iranian Statistics Center, in the first half of 2021, divorce in the country has grown by 16.4 percent compared to the same period in the first half of 2020 (Iran Statistics Center, 2021). These statistics show that the phenomenon of divorce is a fundamental issue that deserves lots of attention. Researchers believe that various factors at the levels of the individual, family, and society, both independently and in interaction with each other, affect couples' relationships and lead to divorce (Amato, 2010).

Cognitive flexibility (CF) is an important variable to be assessed since it relates to problem-solving ability, the ability to generate a response with an adequate level of inhibitory control, and to the ability to generate a significant number of alternatives from a single solution. Interpersonally, CF facilitates the formation of personal relationships by assisting in the integration of one's wishes with the wishes or points of view of others and the pursuit of long-term solutions (Maddio & Greco, 2010, Navarro, Quiroz Molinares, & Mebarak, 2022). CF has been widely studied and considered from different perspectives, as a skill and as a property of the cognitive system (Ionescu, 2017). Currently, there is no consensus on a single definition of this variable. However, it is generally conceived as the ability to modify cognitive strategies or the way of thinking in response to changes in the environment or context (Moore & Malinowski, 2009). Consequently, it is the specific way in which competence is assessed that differentiates between the various measures of cognitive flexibility (Dennis & Vander Wal, 2010). CF has been frequently conceived and evaluated as a neuropsychological variable (Nweze et al., 2020; Webler et al., 2019). It is regarded as one of the most demanding executive functions related to cognitive control processes, which enables a person to adapt to new tasks or demands, change the perspective or approach to a problem, and switch between mental sets or ways of thinking about stimuli from one set to another. (Dajani & Uddin, 2015; Clement, 2022). Further, CF has also been described as the ability to change cognitive content or thinking to adapt to changing environmental stimuli (Dennis & Vander Wal, 2010). Psychological flexibility is one of the individual factors.

In psychology, many therapeutic approaches treat couples to improve their quality of life. Emotionally focused couple therapy and self-regulation couple therapy are among the therapies that have received the attention of therapists in recent years to solve couples' problems. Emotion is a fundamental part of an individual's structure and a key factor in self-organization, which is the main concern of emotionally focused therapy. The most basic level of emotional functioning is adaptive information processing and individual preparation, which give direction to his behavior and enhance his psychological well-being. (Hosseinzadeh Taghvaie, 2022; Greenman & Johnson, 2022; Furrow, 2022).

Emotionally focused therapy is a combination of experiential therapy and systemic therapy; it is closely related to the reduction of psychological problems in couples who are on the verge of divorce (Timulak & Keogh, 2020). According to emotionally focused therapy, individuals' processes of organizing and processing their emotional experiences and the interactional patterns that they create and strengthen are responsible for their marital helplessness (Qiu et al., 2020). Emotionally focused therapy causes satisfaction and reduces cognitive distortions by creating constructive interactions between people and identifying secure attachment patterns. This approach focuses on changing attachment behaviors as a tool to improve problematic relationships (Greenberg & Goldman, 2008).

Research studies (Saber, 2019; Zarbi Qala Hamami, 2019; Kian et al., 2019) showed that emotionally focused couple therapy improved couples' coping styles and empathy, decreased emotional abuse, increased cognitive emotion regulation, increased quality of attachment and marital happiness, and decreased the desire for divorce. Wittenborn et al. (2019) showed that couples receiving emotionally focused couple therapy had greater improvement in depression and more satisfaction in their relationship; they showed significant and encouraging results in terms of depression and change mechanisms. Welch et al. (2019) and Beasley and Ager (2019), in independent studies, concluded that emotionally focused couple therapy was an effective therapeutic approach to reduce distress and increase the couples' marital satisfaction.

Following behavioral, cognitive, and emotional methods, self-regulation couple therapy, which was introduced by Halford et al. (1994) (Mansouri et al., 2015), enables couples to achieve change in their relationships and has an enduring effect on improving the quality of the couples' relationships. This method of couple therapy emphasizes self-regulation for two reasons. First, most troubled couples mistakenly attribute all relationship problems to their spouse's negative behaviors. Thus, since they have no direct control over their partner's behavior, this makes couples feel helpless to make changes in their relationships. Second, the emphasis on self-regulation increases higher-level competencies, which not only allows couples to change interactions common to relationship problems but also helps them create self-changes that strengthen the relationship in the future (Halford, 2003). Arianfar and Hosseinian (2018) concluded that self-regulation couple therapy was effective in increasing the vitality and controlling the emotions of disturbed couples. Moreover, Yousefi and Karimipour (2017) and Sepahrian and Dukanei Fard (2017) showed that self-regulation couple therapy significantly improved couples' coping strategies and behavior control and reduced conflicts and burnout. Knapp et al. (2015) and Hardy et al. (2015) also found that self-regulated couple therapy was effective in enhancing the compatibility of male-female relationships and the enrichment of marital relationships between spouses.

According to the literature and the upward trend of divorce, the motivation of researchers to find suitable solutions to deal with divorce has increased. Paying attention to divorce is important not only from the individual's point of view but also from the point of view of society, culture, the economy, and even the population (Khairollahi et al., 2019).

Although many research studies have supported the effect of these two interventions on different areas of marital relations, no research has yet investigated the effect of these methods on couples on the verge of divorce. In this vein, the present study was conducted to compare the effectiveness of emotionally focused couple therapy and self-regulation couple therapy on the cognitive flexibility of couples on the verge of divorce. In this study, the researchers examined whether emotionally focused and self-regulation couple therapy can improve cognitive flexibility in couples headed for divorce and whether they differ in effectiveness.

## Methods

A pretest-posttest design and a three-month follow-up were used in the current quasi-experimental study. This population includes all couples on the verge of divorce who have been introduced to Bahar Counseling Center in 2019. A total of sixty couples were selected through the available sampling method and randomly assigned to two experimental groups and one control group. In each group, 20 couples participated (10 males and 10 females). The inclusion criteria were an age range of 20–40 years, a duration of marriage of 5–10 years, the simultaneous presence of husband and wife until the end of the sessions, no history of prior divorce, and an educational level of at least a diploma. In addition, the exclusion criteria included suffering from acute psychological disorders, taking psychiatric drugs, and missing more than two training sessions.

To conduct the research study, the university first provided a letter of introduction to the Martyr Motahari Family Court Complex in Mashhad, and permission to conduct the research study in Bahar Counseling Center was achieved. Second, the objectives and the process of the study were explained to the manager of the center. Then, an announcement was made regarding the therapy sessions with the desired topics and the registration conditions. One hundred and thirty-two volunteers were registered. The participants who met the basic inclusion criteria (i.e., 124 individuals) were asked to fill out a cognitive flexibility questionnaire to screen the sample. Finally, 60 couples, both male and female, who received lower scores on the questionnaire were selected and assigned into three groups randomly (i.e., two experimental groups and one control group).

The investigation of the demographic characteristics of the participants in the three groups showed that the means of the age range were  $34.12 \pm 2.23$  in the emotionally focused couple therapy group,  $36.02 \pm 2.75$  in the self-regulation focused couple therapy group, and  $35.08 \pm 2.67$  in the control group. The results of the one-way analysis of variance showed that the three groups were homogeneous in terms of age mean ( $F = 0.78$ ,  $P = 0.80$ ). Moreover, regarding the educational level, in the emotionally focused group, 30% had a diploma, 50% had a bachelor's degree, and 20% had a master's degree. In the self-regulation couple therapy group, 35% had a diploma, 40% had a bachelor's degree, and 25% had a master's degree. In the control group, 20% had a diploma, 40% had a bachelor's

degree, and 40% had a master's degree. Chi-square results showed that the three groups were homogeneous in terms of education level ( $\chi^2 = 0.47, P = 0.66$ ).

### Research instruments

The *Cognitive Flexibility Inventory*: CFI (Dennis & Vander Wal, 2010) is a scale of 20 self-reported items. It was designed to measure the tendency to perceive difficult situations as controllable, the ability to perceive multiple alternatives or solutions to difficult situations, and the ability to generate multiple alternative solutions for difficult situations. Each statement is rated by the participant from 1 (strongly disagree) to 7 (strongly agree). In their original work, Dennis and Vander Wal (2010) found a two-factor structure (Control and Alternatives) and adequate internal consistency when evaluated in two stages (test-retest). Cronbach's alpha is 0.90 (time 1) for the scale, 0.91 (time 2) for the alternative subscale, 0.86 (times 1 and 2) for the control subscale, and 0.84 (time 2). Some examples in the Alternatives dimension are "I consider multiple options before making a decision" and "It is important to look at difficult situations from many angles." Some Control dimension items are "I feel I have no power to change things in difficult situations" and "I am capable of overcoming the difficulties in life that I face" (see Table S1). Studies by Kurginyan and Osavolyuk (2018) and Share et al. (2014) confirmed that the scale has adequate psychometric properties.

After selecting the sample, the participants in the experimental groups received emotionally focused couple therapy and self-regulation couple therapy interventions. However, the participants in the control group did not receive any intervention. Following the plan and Johnson's (2019) emotionally focused protocol, emotionally focused couple therapy sessions were held by a researcher who was certified in emotionally focused couple therapy at Bahar Counseling Center during eight 90–120 minute sessions (from February to March 2019). The summary of emotionally focused couple therapy sessions is presented in Table 1.

**Table 1.** Johnson's Protocol of emotionally focused therapy (2019) for married women

Session	Content
1	Introducing oneself and establishing support, welcoming couples, familiarizing group members with each other and the consultant, reviewing the goals of emotionally based couple therapy, explaining the rules and the principles of the sessions
2	Accepting and reflecting on the couples' interactive and emotional experiences, discovering problematic interactions and identifying disturbing negative interaction cycles, identifying the relationship between the couples' emotional responses and their attachment levels, evaluating the problems and the attachment barriers
3	Creating a safe space for couples to communicate, discovering and identifying the underlying and unexpressed feelings, expressing pure feelings and emotions, observing the way of couples interact, discovering the basic fears and insecurities in couples' relationships, helping couples to re-experience emotions
4	Encouraging each couple to have an emotional conflict with each other, reshaping the cycle of interactions, building key emotional responses, coordinating the diagnosis of treatment and the couple, accepting the interaction cycle of the couple
5	Deepening the conflict through emotional experiences, focusing on oneself and not others, promoting new ways of interaction, expressing desires and wishes in the presence of the spouse

6	Expanding the experienced acceptance of each partner by his spouse, symbolizing desires (especially the repressed ones)
7	Facilitating the expression of needs and desires to rebuild the interactions based on new perceptions, changing the behavior of the damaging spouse, reconstructing and facilitating new solutions to old problems, and answering the couples' questions
8	Strengthening the current created cycle, engaging the couples, accepting new situations, reviewing the main lessons of treatment, discussing the positive and the negative points concerning the implementation of the educational plan

Following the plan and the theoretical background of self-regulation couple therapy (Halford, 2003), the self-regulation couple therapy sessions were held by a researcher who was certified in self-regulation couple therapy at Bahar Counseling Center during eight 90–120 minute sessions (from February to March 2019). The summary of self-regulation couple therapy sessions is presented in Table 2.

**Table 2.** The summary of self-regulation couple therapy sessions

Session	Content
1	Establishing support, identifying the factors which threaten the couples' relationship, committing the couples to the relationship
2	Evaluating, creating a shared understanding, reviewing positive memories, and supporting the spouse
3	Changing the couples' cognitions, reformulating the relationship to empathize with the spouse, identifying destructive beliefs
4	Negotiating, presenting the relationship's strengths and weaknesses, providing feedback, setting goals, celebrating a day of love
5	Informing couples about the effect of negotiation factors in the relationship, the collaborative model of communication, self-change, and revision, negotiating about the applied model of the relationship
6	Setting communication goals, negotiating therapeutic structure, introducing unassisted self-change
7	Evaluating the effectiveness of short-term couple therapy, asking motivational questions and evaluating self-management, thinking about the issues learned in interaction with the spouse.
8	Summarizing the meetings, specifying the changes made after participating in the sessions, applying the instructions to everyday life

Ethical considerations were taken into account in this research study, including scientific honesty and trustworthiness, conscious consent to participate in the study, anonymity to protect the laws, and confidentiality of other information. Moreover, statistical analysis was conducted using IBM SPSS (version 24.0, IBM Corp., Armonk, NY, USA, 2016). A descriptive analysis summarized the characteristics of the participants. A significance level of  $p < 0.05$  was used for all tests.

## Results

**Table 3.** Mean and standard deviation of cognitive flexibility along with the result of one-way analysis of variance testing the pretest's significance

Group	Pretest		Posttest		Follow-up		F	P
	Mean	Std.	Mean	Std.	Mean	Std.		
Emotionally focused couple therapy	59.10	7.34	66.80	9.07	66.20	7.40	.64	.52
Self-regulation couple therapy	58.80	6.44	67.70	7.24	65.70	6.86		

Control	61.10	5.19	61.37	5.90	60.65	5.84		
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According to the results of Table 3, there was a difference between the mean of cognitive flexibility in the three stages of the study. The results of the one-way analysis of variance testing the significance of cognitive flexibility pretest in the three groups showed that the pretest scores in the three groups were not significant ( $P < .05$ ).

Before conducting the inferential analysis, the assumptions of analysis of variance or repeated measurement were checked. The Kolmogorov-Smirnov test for cognitive flexibility ( $Z = 0.17$ ,  $P = 0.25$ ) was not significant. Therefore, the assumption of normal distribution of scores was met. The results of Levene's Test for Equality of Variances indicated the homogeneity of the error variances in the three groups in terms of cognitive flexibility ( $F = 2.06$ ,  $P = 0.137$ ). The results of Mauchly's Test of Sphericity showed that considering cognitive flexibility, the equality of variance/covariance matrices and the assumption of sphericity were met ( $F = 0.941$ ,  $P = 0.180$ ). The results of Box's Test of Equality of Covariance Matrices for the cognitive flexibility were not significant ( $F = 18.129$ ,  $P = 0.160$ ), so the observed covariance matrices of the dependent variables were equal among different groups.

Table 4. The results of the intra-group and inter-group effects comparing the effects of emotionally based couple therapy and self-regulation couple therapy on the cognitive flexibility of the couples

Within-group effect						
Source	Some of the squares	df	Mean of the squares	F	Sig.	Effect size
Time	1118.14	2	559.07	198.77	.005	.77
Time * Group	525.22	4	131.36	46.68	.005	.62
Error	320.63	114				
Between-group effects						
Intercept	718963.200	1	67.1703759	5486.432	.001	.990
Group	409.300	2	204.650	1.562	.001	.219
Error	7469.500	57	131.04			

The results of Table 4 show that the effect size of time ( $F = 198.77$ ,  $P > 0.05$ ) was significant. Therefore, it was concluded that the score of cognitive flexibility was different in the pretest, posttest, and follow-up phases. As the Eta value (the effect size) shows, 77% of the changes in the cognitive flexibility score were explained by the intragroup factor. Furthermore, the intragroup interaction effect of time and the two experimental and control groups ( $P = 0.05$ ,  $F = 46.68$ ) was significant. The eta value (the effect size) shows that 62% of the changes could be explained by the interaction of time levels and groups.

The results of the Bonferroni posthoc test showed that in the emotionally focused couple therapy group, the difference between the pretest and post-test in terms of cognitive flexibility was significant ( $\Delta\bar{x} = -7.700$ ,  $P = 0.001$ ), but the difference between the post-test and follow-up was not significant ( $\Delta\bar{x} = 0.600$ ,  $P = 0.92$ ). Furthermore, in the self-regulation couple therapy group, the difference between the pretest and posttest phases in terms of cognitive flexibility was significant ( $\Delta\bar{x} = 8.900$ ,  $P = 0.001$ ), but not between the posttest and follow-up phases ( $\Delta\bar{x} = 0.800$ ,  $P = 0.182$ ). In addition, in the control group, the difference between the pretest and posttest means was not significant ( $\Delta\bar{x} = 0.600$ ,  $P = 0.227$ ). The difference between the post-test and the follow-up means was not significant either ( $\Delta\bar{x} = 0.450$ ,  $P = 0.211$ ).

As was shown, the intergroup effect was significant ( $F = 1.562$ ,  $P = 0.05$ ). Thus, it was concluded that there was a difference between the groups. The results of the Bonferroni post hoc test showed that there was no significant difference in the mean of cognitive flexibility of the emotionally based couple therapy group and self-regulation couple therapy group in the posttest ( $\Delta\bar{x} = -0.900$ ,  $P = 1$ ) and follow-up ( $\Delta\bar{x} = -0.750$ ,  $P = 1$ ). However, there were significant differences between emotionally based couple therapy with the control group and self-regulation couple therapy with the control group in terms of the mean of cognitive flexibility. In other words, the difference in the three groups was in favor of emotionally based couple therapy and self-regulation couple therapy.

## Discussion

The results considering the effect of emotionally based couple therapy on cognitive flexibility, it can be stated that cognitive flexibility means the ability to communicate with the present time, and to change or to maintain behaviors. In couples on the verge of divorce, the presence of unpleasant feelings and negative beliefs, such as extreme anxiety and stress about achieving goals and helplessness regarding the changes made, cause frequent experiences of high levels of arousal. On the other hand, the feeling of continuous failure leads to an individual's inability to face problems and causes anxiety. Meanwhile, emotionally focused couple therapy helps an individual to face negative emotions instead of avoiding them and to understand compassionately to achieve important goals. This treatment makes couples more aware of their behaviors, emotions, and problems (Lawrence et al., 2018). Since couples on the verge of divorce face problems in predicting and observing their problems, to regulate and manage their behaviors, they need a targeted program that pays attention to the cognition and thought and gives direction to behaviors. Since emotionally based couple therapy emphasizes logical thinking and correct expression of cognitive and emotional reactions, it is expected that it would also affect cognitive flexibility.

The findings regarding the effect of emotionally focused couple therapy on cognitive flexibility can be explained by referring to the fact that, for the first time, the issue of the couple's attachment became an obvious part of the dialogue between couples during the

initial sessions of the emotionally focused couple therapy group. This method assisted couples in understanding each other's sources of stress, needs, and desires and helped them in the conflict resolution process by relieving stress in the following sessions, along with deepening the couples' emotional connection and being aware of attachment needs and responding to them. As key emotional responses became clear and emotional engagement began, couples began a new level of engagement; they showed more desire for closeness and non-avoidance. Moreover, rebuilding interactions and mutual accountability reduced the couples' self-centeredness. The strength and flexibility of the new positions of the couples also improved their availability and responsiveness. Turning the relationship into a safe base where couples facilitated and strengthened the expression of constructive behaviors improved the positive approach's strategy. By reframing the problem in the form of textures and cycles, the general and usual formulations of the couple's problems changed. This change could lead to the improvement of perspective development as an adaptive strategy. During the sessions, the emotional experience (through integration into communication interactions) was used to restructure the relationship, and it turned into a new interactive event that led to the redefinition, control, and acceptance of the relationship. These effects resulted in the improvement of acceptance strategies and positive re-evaluation strategies in marital interactions. By keeping the blaming couple calm, re-engaging the reclusive partner (instead of focusing on each other's faults), and deepening the emotional connection, the awareness of the couple about the cycle of negative interaction between the blaming couple and the reclusive couple would increase, and the couples would stop blaming each other. In the following sessions, facilitating new solutions to old problems laid the groundwork for improving cognitive flexibility. The couples' sincere engagement with their spouses and their responsiveness turned the relationship into a safe one where thinking about pleasant and happy topics replaced negative ones, which increased cognitive flexibility. The last part of the findings showed that emotionally focused couple therapy maintained its effectiveness after three months. It seems that stabilizing the changes in the last phase helped ensure the sustainability of the results obtained in the follow-up phase.

The results of this study considering the effectiveness of self-regulation couple therapy are in line with those of Jafari (2019), Arianfar and Hosseinian (2018), Yousefi and Karimipour (2017), Sepahrian and Dukanei Fard (2017), Knapp et al. (2015), and Hardy et al. (2015). Regarding the effect of self-regulation couple therapy on improving cognitive flexibility, it can theoretically be stated that in self-regulation couple therapy the degree of openness of each couple to observe the problems in a new way was evaluated by raising problems in a new format. Finally, the problems of the couple's relationship were discovered jointly in a beneficial way, which improved the positive approach strategy. Furthermore, during the sessions, the possibility of creating defensive reactions, hostility, and conflict was reduced by setting goals and reducing chasing and avoiding patterns in conflict control. Moreover, following the agreement of the couple

and the therapist on the goals, the evaluation, and the relationship's applied model, more participation and attentiveness replaced self-centeredness and avoidance. The prerequisite for success at this stage was the engagement of the couple in the course of treatment and their relationship. In sum, it can be stated that self-regulation couple therapy provided each couple with a basis to identify changes in themselves and to improve their relationship by developing skills for self-evaluation of behaviors in a relationship, choosing and implementing changes in themselves. In addition, conducting individual and joint interviews at the beginning of the sessions helped couples to reduce blame and anger associated with negative interactions by considering the role of contextual factors in shaping their interactions. This change led to the reduction of the spouse's blame strategy.

### **Conclusion**

In the first step, one of the advantages of interactive tasks was recalling positive memories. Talking about positive memories and recalling them increases self-confidence and self-esteem. By creating a balance between the strengths and the weaknesses of the relationship in the fourth step, merely focusing on the negative aspects of the relationship was reduced. This issue could improve the concentration on positive thoughts; cognitive flexibility would improve by evaluating the strengths and the weaknesses of the relationship and paying more attention to the positive aspects of the relationship. In general, self-regulation helped couples develop a sense of intimacy; it prevented them from avoiding others and their spouse. In addition, managing the source of control and self-change in people with an external source of control (which caused self-incapacity) and helping people during the sessions towards the internal source of control improved cognitive flexibility. After three months, self-regulation couple therapy maintained its effectiveness. The generalization and the maintenance of change, especially in the last sessions, were implicit parts of self-regulation couple therapy during the treatment, which helped the sustainability of the results in the follow-up phase.

The present study suffered from several limitations. The participants of this study were selected in a limited period, place, and conditions (e.g., age range and duration of marriage). Moreover, the use of the available sampling method was another limitation of the present study. Thus, it is necessary to be cautious in generalizing the findings. It is suggested that further research studies investigate similar statistical populations without the time and place limitations through other sampling methods. According to the obtained results, couples and family counselors and therapists under the supervision of psychology and counseling organization, welfare organization, family courts, and NAJA counseling unit are suggested that they use the two methods of emotionally focused couple therapy and self-regulation couple therapy to improve the cognitive flexibility and to reduce the conflicts

### **Disclosure Statements**

All authors have participated in the design, implementation, and writing of all sections of the present study. The authors declared no conflict of interest.

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