

Comparing the Effect of Integrative-Behavioral and Emotion-Focused Couple Therapies on Marital Adjustment of Couples with Obsessive-Compulsive Disorder

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Abstract

Introduction: The present study was conducted to compare the effectiveness of Integrative Behavioral Couple Therapy (IBCT) and Emotionally Focused Therapy (EFT) on marital adjustment of couples with the Obsessive-Compulsive Disorder (OCD).

Method: This quasi-experimental study was carried out on couples referred to the Psychological Services Center of Oil Hospital in Tehran, 2020. Thirty couples were selected by purposive sampling and were randomly assigned to three groups: IBCT and EFT groups, and the control group. Two experimental groups received 20 sessions of 90-minute treatment. Maudsley Obsessive Compulsive Inventory (MOCI) and Dyadic marital Adjustment Scale (DAS) of Spanier were used to collect data. Data were analyzed using the analysis of covariance.

Results: The results showed that EFT was more effective in increasing marital adjustment than IBCT ($P < 0.01$). Likewise, EFT was more effective than IBCT in increasing the subscales of marital satisfaction, cohesion and affectional expression ($P < 0.05$); while the agreement showed that there was no significant difference between the two therapy groups and the control group ($P > 0.05$).

Conclusion: The findings of the present study indicate that both approaches of therapy can increase the marital adjustment in couples with OCD. Considering the greater effectiveness of EFT, it is recommended to use this therapy in the training programs of therapists to treat problems of couples.

Keywords: Couples Therapy, Emotion-Focused Therapy, Marital Adjustment, Obsessive-Compulsive Disorder, Couples

Introduction

The family, as the first and most enduring social institution, is the center of growth and development, healing, and transformation of injuries and complications, which is both the bedrock of prosperity and the collapse of relationships between members [1]. Although the experience of different levels of conflicts and disagreements in couples' interactions is obvious and inevitable, however a number of challenges severely affect cohabitation with negative psychological consequences [2]. Research show that many couples experience periods of considerable distress, and at least one is exposed to mental disorders such as depression, anxiety, and obsession at some point in their lives [3]. One of these common disorders is Obsessive-Compulsive Disorder (OCD), which is diagnosed based on the presence of unwanted and disturbing thoughts and repetitive behaviors [4]. The patient with OCD is aware of the irrationality of his/her obsessions and finds it ego-dystonic [3]. Research evidence suggests that this disorder causes behavioral problems, and serious impairments in a person's emotions and family functions [7]. Sexual intimacy in people with

OCD due to obsessive symptoms is lost, which can lead to great discomfort and dissatisfaction in their married life [8]. In addition, all aspects of the Life Quality (LQ) of people with OCD are significantly affected [9].

Marital adjustment is an important aspect of LQ. Marital adjustment is a process that depends on a number of problematic differences between spouses, levels of interpersonal stress, marital unity and consensus on important issues of marriage [10]. It is also a state in which there is a pervasive sense of satisfaction and happiness in the couple about the marital bond and against each other; and each person has a unique role for his wife and the most positive interaction occurs in the marital relationship [11]. Poor marital adjustment can adversely affect the physical health, well-being and the LQ of people [12]. The research conducted on the relationship between psychosocial factors and sexual problems show that it had destructive consequences on people's mental health [13]. Marital adjustment can be affected by factors including role expectations from spouses, job satisfaction, socio-economic contexts, sexual compatibility, communication, and emotional stability in marriage [14]. Moreover, other factors such as emotional expression, communication flow, financial management, and conflict at work have been identified as likely to affect marital adjustment [15]. The results of Kumar's study showed that OCD has a significant impact on couples' marital compatibility [13]. Batool and Bakht found that couples with OCD have lower marital adjustment compared to normal ones [16]. Lewis and Spanier proposed the theory of marital quality and showed that couples' marital adjustment can be negatively affected even when one member of a couple experiences a level of individual distress [17].

Today, significant advances have been made in the field of pathology and the provision of theoretical frameworks for OCD, but in the field of treatment there has been no significant success which requires further studies [18]. It has been found that to date, exposure and response prevention therapies based on cognitive-behavioral therapy have provided the most support for non-drug therapies for OCD [19]. Although the effectiveness of exposure therapy and response prevention on OCD has gained considerable research evidence; but it has major limitations like the high rate of recurrence of the disorder after stopping the exposure [20]. Moreover, evaluating the effect of other therapies on OCD including emotionally focused therapies can be important as it reveals new dimensions of treatment for this disorder.

One of the treatment approaches that is recently used to help couples emotional disturbances is Emotionally Focused couple Therapy (EFT), which has been developed by Johnson and Greenberg in the early 1980s [21]. In EFT, individuals' emotional experiences are identified, and eventually, by processing and reorganizing, the interaction patterns that have led to couples' helplessness in marital relationships are improved [22]. The change in EFT is that underlying emotional responses are interacted, discovered, experienced, and reprocessed, resulting in new interactions, which can evoke new responses from the partner. Therefore, revealing the emotions and

attachments as well as responding to the intimate partner to these needs is necessary to create an emotional bond [23].

Another therapeutic approach is Integrative Behavioral Couple Therapy (IBCT), which was firstly founded by Christensen and Jacobsen [24]. IBCT uses four broad methods to increase emotional acceptance between couples such as: empathic joining, unified detachment, increased tolerance, and increase of self-care activities against unresolved problems. Although the emphasis on acceptance-based interventions, IBCT is based on the assumption that cause spontaneous changes [25]. Therefore, the training programs to prevent confusion, using communication skills and conflict management methods in couples leads to lower levels of behavioral incompatibility and negative communication skills [25, 26].

Since family counselors and therapists are faced with many couples every year who have obsessive problems, and with respect to the complex nature of OCD and its destructive effects on couples' relationships, which can lead to marital dissatisfaction and an increase in divorce, it requires interventions in order to help them. In addition, couples suffering from mental disorders demand counseling services to improve marital relations in order to gain more understanding and awareness. As a result, the use of effective treatment models is especially important. Furthermore, due to the lack of research conducted on the concurrent application of focused therapies of IBCT and EFT on the problems caused by OCD and the improvement of the resulting injuries; the present study was carried out to compare the effectiveness of IBCT and EFT on the marital adjustment of couples with OCD.

Method

The present study was a quasi-experimental study conducted as a pretest-posttest with a control group. The statistical population of this study consisted of all couples referred to the Psychological Services Center of Naft Hospital in 2020. The sampling method was convenience sampling. In order to select the sample, first the announcement of the meetings and the conditions of the initial registration were informed to the clients. After registering the applicants, eligible couples were selected through a preliminary interview and Maudsley Obsessive Compulsive Inventory (MOCI). The sample size included 30 couples based on Cochran's formula and regarding to the background of a similar study [27]. Eligible couples, based on age and duration of marriage, were replaced in three groups: emotional couple therapy (10 couples), integrative couple therapy (10 couples), and control group (10 couples). Inclusion criteria in this study included: willingness to cooperate to receive counseling intervention, diagnosis of OCD in a couple, control of the severity of OCD by medication and at least one year of living together. The exclusion criteria also included chronic medical illness or mental disorders.

Table 1. Description of Therapy Sessions

Session	Content of EFT [28]	Content of IBCT [29]
The first and second	Establishing a good relationship through advanced empathy and techniques of presence, self-acceptance, acceptance, understanding, exploration, tracking, validation and mirror empathy.	After introducing and creating empathy with couples and explaining the rules and regulations of treatment and building trust in couples, the relationship between couples was formed, then the nature of their problems and the expectations of each couple during the training sessions were examined.
Third and fourth	Unleashing the couple's problem and observing their emotional processing style by listening to the current problem and identifying the couple's painful and prominent emotional experience.	After exploring the current relationship of each couple with important people in their lives and reviewing the family history of origin, in order to facilitate each couple's feelings about important people in their lives, theoretical and practical exercises were conducted.
Fifth and sixth	Accompanying, observation and discovering couples' emotional processing style and emotional coaching through the steps of recognizing, knowing, accepting, tolerating and regulating emotion.	The main focus of these sessions is to discover dysfunctional communication patterns and identify the forces influencing the repetition of interactive patterns and familiarity with the defensive aspects of repetitive cycles in couples, focusing on each couple's personal characteristics and facilitating couples' feelings was about their dysfunctional relationships with important people.
Seventh and eighth	To unleash the main emotion of the couple through the empirical representation of the couple's traumas related to attachment or identity.	Resistance and facilitation of couples' latent feelings and desires about important people in their lives were discussed, and while couples were emotionally drained, their dysfunctional patterns and the relationship they were experiencing were discussed. The discussion continued with self-destructive thoughts and behaviors that they use to deal with this anxiety.
Ninth and tenth	Discovering and identifying primary, secondary or instrumental emotions by working on micro and functional markers and using chair working techniques.	The sessions focused on repetitive interactive patterns, discovering defenses and resistances that lead to consolidation. Empathy with these conflicts and contradictions between the latent feelings of couples and their current behavior was also addressed. Then, it was pointed out to examine and express the factors that prevent the fulfillment of latent desires.
Eleventh and twelfth	Continuing identifying, representing and regulating the underlying emotions, compatible/incompatible or healthy/unhealthy.	Changing and correcting the repetitive cycles, changing the anxieties, defenses and hidden tendencies of each couple according to the replications of the main family and the current relationship were discussed. Working on each couple's exposure to the other's anxiety, and intensifying the chains of projection replication was another focus of the session.
Thirteenth and fourteenth	Identifying and working on interruptions or obstructions to access to primary and secondary emotions and re-experience.	An attempt was made to generalize the therapeutic relationship to other relationships in the person's life, especially outside the treatment session. Members encouraged engaging in intimate interactions and taking responsibility for their position and role in the relationship by each couple.
Fifteenth and sixteenth	Tracing and identifying objects and images of an object from the current problem and relating it to images of oneself, father, mother, or other possible objects.	Accepting ownership of their replicas, helping couples to engage in each other and accepting ownership of vulnerabilities, injuries and intimacy fears, and then helping the other party to hear and accept their spouse's fears were the other parts of these sessions. In the end, the emotional conflict was deepened and the desires, fears and injuries of attachment and the fears and anxieties of intimacy were brought out.
Seventeenth and eighteenth	Continuing identifying and working on graph markers and working with the remaining images through the use of expressive arts. Coaching couples while representing objects and gaining experiential insights.	After analyzing the role of cognitive factors and cognitive errors of couples, the problems and instability of emotions were identified and a list was compiled to identify dysfunctional procedures and thoughts with the cooperation of couples.
Nineteenth and twentieth	Evaluating how new meanings create a new self and establishing a new self and generalizing to future events.	After reviewing the previous sessions to facilitate the emergence of new solutions to old problems, the relationship was redefined by each couple. Then, cultivating a safe environment and creating trust, identifying and supporting healthy interaction patterns, couples achieving a safe model and intimacy in their relationships.

After providing explanations about the purpose of the study on the need for psychological therapies and confidentiality of personal information, the marital adjustment questionnaire was completed as a pre-test by all three groups. Then, the two experimental groups (EFT and IBCT) were trained in 20 sessions of 90-minute treatment (one session per week). During this period, the control group didn't receive any intervention, and at the end, the post-test was performed for all three groups. The EFT and IBCT sessions were carried out based on the treatment guides of Greenberg [28] and Jacobson and Christensen [29].

The tools used in this study were as follows:

Maudsley Obsessive Compulsive Inventory (MOCI):

This questionnaire which has been developed by Hodgson and Rachman [30], has 30 questions and four subscales of checking, cleanliness, slowness, and obsessive doubt. Hodgson and Rachman reported the Cronbach's alpha coefficient of cleanliness, slowness, obsessive doubt and checking subscales as 0.7, 0.8, 0.7 and 0.7 respectively. Also, the internal consistency of this scale was found to be 0.61. In Iran, Mahin [31] reported the reliability coefficient of the whole test as 0.84 and its convergent validity with the Yale scale as 0.87. Alilou et al., [32] also estimated the test-retest correlation of this questionnaire to be 0.78.

Dyadic Adjustment Scale (DAS): This scale has 32 items that was designed by Spanier [33] in order to understand the relationship between couples. The DAS has four dimensions of marital satisfaction, marital harmony, marital solidarity and emotional expression, and its total score is obtained from zero to 151 by summing the scores of the items. The total average score for married people and divorces is 114.8 and 70.7, respectively. Spanier obtained a reliability of 0.96 through Cronbach's alpha for

this scale and reported high criterion validity for it. The reliability of the Persian version of the scale was determined by Isanejad and Alizade and its Cronbach's alpha coefficient was obtained to be 0.81 [34]. Also, in the present study the Cronbach's alpha coefficient was 0.86. Data were analyzed using statistical software of SPSS version 24. Kolmogorov-Smirnov test was used to evaluate the normality of variables. Levene's and Mbox tests were used for homogeneity of variance and equality of variance-covariance matrix in two groups, respectively. The Multivariate Analysis of Covariance (MANCOVA) and univariate analysis of covariance (ANCOVA) tests were applied to compare the means and to test the hypotheses.

Results

The mean and standard deviation of the demographic characteristics of the subjects are shown in Table 2.

As shown in Table 3, the mean of the total scores of marital adjustment and its four subscales are reported in pretest, posttest, and adjusted mean. The adjusted mean showed that the scores of EFT are higher than IBCT and the control group.

According to the results obtained in the study of the slope of the regression line for the variable of marital adjustment ($F = 1.023$, $P = 0.68$), it was found that the slope of the regression line between the covariant and the dependent variables such as EFT, IBCT and control group at different levels of the independent variable is the same and homogeneity.

The normality of the distribution of variables was checked by Kolmogorov-Smirnov test. The results showed that the statistical level in all variables of the study was more than 0.05; therefore the distribution of data in samples was normal.

Table 2. Mean of Demographic Characteristics of the Subjects in the Research

Variable	EFT	IBCT	Control	P
Age, Mean \pm SD	35.60 \pm 7.61	35.53 \pm 6.53	36.27 \pm 7.17	0.9
Duration of marriage, Mean \pm SD	8.0 \pm 4.30	7.80 \pm 5.04	7.53 \pm 5.26	0.67

Table 3. Mean and Standard Deviation of Marital Adjustment in Study Groups

Variable	Group	Pretest	Posttest	Adjusted mean
		Mean \pm SD	Mean \pm SD	Mean \pm SD
Dyadic Satisfaction	EFT	43.42 \pm 6.07	24.85 \pm 2.41	25.28 \pm 0.21
	IBCT	46.50 \pm 6.96	23.14 \pm 4.43	23.61 \pm 0.19
	Control	21.21 \pm 11.22	21.78 \pm 3.37	21.07 \pm 0.18
Marital Satisfaction	EFT	4.14 \pm 1.02	5.71 \pm 0.61	6.04 \pm 0.16
	IBCT	4.28 \pm 1.63	5.28 \pm 1.06	5.31 \pm 0.15
	Control	4.42 \pm 1.28	4.33 \pm 1.28	3.69 \pm 0.18
Cohesion	EFT	9.78 \pm 2.08	11.42 \pm 1.69	11.07 \pm 0.16
	IBCT	8.92 \pm 3.02	9.92 \pm 2.86	10.34 \pm 0.14
	Control	9.42 \pm 2.02	9.44 \pm 0.05	9.37 \pm 0.18
Agreement	EFT	22.64 \pm 4.95	23.14 \pm 4.92	26 \pm 0.18
	IBCT	25.92 \pm 4.51	26.42 \pm 3.87	26.19 \pm 0.16
	Control	28.42 \pm 5.43	27.33 \pm 5.21	25.87 \pm 0.2
Affectional expression	EFT	7.85 \pm 2.07	9.14 \pm 1.74	9.56 \pm 0.2
	IBCT	7.35 \pm 2.87	8.81 \pm 2.61	8.74 \pm 0.18
	Control	7.92 \pm 2.46	7.11 \pm 2.44	7.48 \pm 0.22

The homogeneity of marital adjustment variable and its subscales was done using Levene's test. Since the statistical level obtained from this test was higher than the criterion value in all variables except agreement ($P \geq 0.05$), it can be said that the distribution of these variables in the groups is homogeneous. Also, due to the equality of the experimental groups, the heterogeneity of the variables can be ignored, because if the groups are equal, the analysis of covariance is not sensitive to the heterogeneity.

The results of MANCOVA were done on the mean scores of marital adjustment among the studied groups (effect size = 0.6, $P = 0.0001$, $F = 9.004$, and Wilks Lambda = 0.160). Based on the results, there was a significant difference between the groups in the rate of marital adjustment ($P < 0.01$). Then, the one-way ANCOVA was used to determine which of the groups differed (Table 4). As shown in Table 4, based on the ANCOVA test, there were significant differences between the three groups in the mean scores of marital adjustment ($F = 72.4$, $P = 0.0001$), marital satisfaction ($F = 23.3$, $p = 0.0001$), cohesion ($F = 18.49$, $P = 0.0001$), and expression of affection ($F = 5.06$, $P = 0.01$); while agreement did not

show a significant difference between the three groups ($F = 0.43$, $P = 0.65$). In order to investigate the differences between the variables in the three groups, Bonferroni post hoc test was used (Table 5).

Based on the Bonferroni results, marital adjustment in EFT has made a significant difference with IBCT ($MD = 1.675$, $P < 0.01$). Therefore, EFT has been more effective in increasing marital adjustment than IBCT. Moreover, the comparison of EFT and IBCT with the control group shows that these therapies were significantly more effective than the control group in increasing marital adjustment ($MD=4.395$, $MD=2.72$, $P < 0.01$).

Also, the results of marital adjustment subscales indicated that EFT was more effective in increasing cohesion and affectional expression than IBCT ($MD = 0.75$, $P < 0.05$). Both of these therapies showed a significant increase in cohesion and affectional expression compared to the control group ($P < 0.01$). Examining the agreement showed that there was no significant difference between the three groups of EFT, IBCT and control group ($p > 0.05$). As a result, EFT ($MD = 0.134$, $p > 0.05$) and IBCT ($MD = 0.246$, $p > 0.05$) were not effective in increasing couple agreement.

Table 4. Results of One-way Analysis of Covariance on Marital Adjustment

Variable	Sum squares	df	Mean squares	F	P	Eta coefficient
Dyadic Satisfaction	68.11	1	68.11	72.48	0.001	0.81
Marital Satisfaction	36.8	1	36.8	23.34	0.001	0.57
Cohesion	30.57	1	30.57	18.49	0.001	0.52
Agreement	0.29	1	0.29	0.43	0.65	0.02
Affectional Expression	11.07	1	11.07	5.06	0.01	0.22

Table 5. Results of Bonferroni Test Related to Pairwise Comparison of Means

Variable	EFT - IBCT		EFT - control		IBCT - control	
	Mean differences	P	Mean differences	P	Mean differences	P
Dyadic satisfaction	1.67	0.001	4.39	0.001	2.72	0.001
Marital Satisfaction	0.72	0.006	1.96	0.001	1.23	0.001
Cohesion	0.72	0.004	1.70	0.001	0.97	0.001
Agreement	-0.11	1.00	0.13	1.00	0.24	1.00
Affectional expression	0.75	0.043	1.08	0.13	0.98	0.03

Discussion

The aim of this study was to compare the effectiveness of IBCT and EFT on marital adjustment in couples with OCD. The results showed that both approaches of therapy were effective in increasing marital adjustment; however couples undergoing EFT therapy showed more improvement than IBCT. According to previous research [16, 25], no study has compared the two therapies on marital adjustment. Actually, this comparison has been made for the first time by the researchers of this study. Accordingly, some of the findings of previous studies [35-37] are consistent with our results. Explaining this finding, it can be said that EFT is a structured and short-term approach in couple therapy that is based on clear concepts of marital helplessness, recognizing emotions, adult love and emotional responses [38]. Therefore, during treatment to improve the relationship between spouses and in order to get rid of marital and family problems, a defective interaction cycle, attachment injuries and problematic emotions should be identified

and appropriate treatment measures should be taken into account in order to correct these cases [22]. Changes in EFT occur when those emotional responses that underlie interactive situations are experienced and are reprocessed by spouses. Reprocessing emotional patterns enables couples to provide new experiences of themselves and others and to act in completely different ways [39].

As mentioned, EFT has been more effective on marital adjustment, certainly because of the growing emphasis on the individual and the experience inside and the lack of attention to obvious but overlooked solutions that do not require deep analysis of personality and emotions [23]. On the contrary, IBCT does not place much emphasis on the role of emotional schemas, and its greatest focus is on the two techniques of empathetic bonding and allied neutrality [25]. Another reason is that EFT facilitates change through deep empiricism and uses the technique of intensifying experience, emphasizing the individual and psychosocial experience [22], while the aims of IBCT is more acceptance than direct change [26]. In fact, this

therapy uses acceptance techniques to create more compatibility and intimacy.

The results of this study showed that marital adjustment in the group of EFT significantly increased compared to the control group in couples with OCD, which was consistent with previous studies [23, 40, 41]. EFT considers the marital relationship as a reflection of emotional entanglements. In this regard, Johnson [39] believes that the inability to regulate and control emotions is associated with a variety of mental disorders, such as inability to adapt internally and externally. The EFT approach by increasing emotional regulation and control, helps couples get rid of negative interactions and release new responses by inhibiting negative cycles, activating positive cycles, and reinforcing attachment, thus increasing compatibility between couples [22]. Moreover, this therapy, by reprocessing past emotional experiences, allows the person to reach new perceptions about themselves, spouse, and their relationship. When a person's perceptual experiences of himself change, he will experience a new kind of being and subsequently emit it [41]. In explaining the effectiveness of the EFT approach on the correlation component of couples, we can refer to the emotional chain in the marital relationship, which is considered as an effective factor in creating and maintaining marital intimacy. When emotion therapy increases intimacy, then as a result agreement and solidarity between couples increase [39].

In addition, the marital adjustment of couples with OCD in the IBCT group was significantly different from the control group, which shows that this therapy has been effective in increasing the marital adjustment of couples. This finding is consistent with previous studies [42-44]. IBCT has an individualistic approach to therapy and believes that marital satisfaction can decrease over time because reinforcement become a habit over time and this reduces the enjoyment of the couple's relationship [24]. Furthermore, couples' time spent with each other is reduced by specific life events such as mental disorders especially obsessions, which may exacerbate incompatibility between couples, which in turn leads to increased conflict and decreased value of communication enhancers. In fact, this approach using techniques such as integrated separation helps couples to distance themselves from their problems, which has caused couples to correct destructive patterns of communication, reduce the amount of violence in their relationship, and make it effective in the four dimensions of adjustment [25, 26].

This study had limitations that can be mentioned as follows: since this study was associated with the prevalence of Covid-19 and quarantine of families, the follow-up period was not performed. Considering that the statistical population of the study consisted of couples in Tehran, one should be careful in generalizing the results to other cities. In the present study, the types of obsessions were not identified in the participants, so it is suggested that samples be homogeneous in terms of the type of obsession such as intellectual and practical in future research.

Conclusion

EFT is a structured and short-term approach in couple therapy that, by activating positive cycles and strengthening the bond of interest, has helped couples to get rid of negative interactions and generate new responses. As the results of the present study has revealed, the EFT approach is more effective on marital adjustment of couples with OCD than IBCT. It can be recommended that this therapy method be included in the list of therapists' training programs to treat the problems of couples and families.

Conflict of Interest

The authors declare that they have no conflicts of interest.

Ethical Approval

The ethical principles in writing this article have been observed according to the instructions of the National Ethics Committee and the COPE regulations.

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