The Effectiveness of Emotionally-Focused Therapy on Marital Satisfaction of Women with Spouse with Prostate Cancer

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Abstract

The present study was investigated the effect of Emotionally-Focused Therapy (EFT) on marital satisfaction and emotion improvement in women with spouse with prostate cancer. This research was a quasi-experimental study with pretest and posttest and control group. For this purpose, 12 married women who referred to private counseling centers in district 22, west of Tehran due to their spouses with prostate cancer were selected by purposive sampling method. Of these, 6 were in the experimental group and 6 in the control group. All participants completed the Marital Satisfaction Scale and the Positive Feelings Scale. The people of the experimental group participated in nine 3-hour treatment sessions of emotionally-focused therapy.One week after the completion of the treatment sessions, the people in the experimental and control groups completed the mentioned scales. Independent test results for the mean pre-test and post-test scores in the experimental and control groups showed a significant difference between the two groups. This finding means that the emotionalyy-focused therapy approach has been effective in increasing marital satisfaction and improving positive feelings of the women with spouse with prostate cancer.

Keywords: Emotionally-Focused Therapy, Marital Satisfaction, Positive Feelings, Prostate Cancer.

Introduction

Based on the opinions of most family scholars and researchers, successful marriage requires effective and efficient marital satisfaction and relationship. And in support of this view of point, many studies have shown that efficient marital communication is a predictor of marital satisfaction, and in contrast, inefficient marital communication are the major source of couples' dissatisfaction with each other (Gottman, 1979). Accordingly, it can be siad that marital communication problems are the most common and destructive problems in unsuccessful marriages (Hansson and Lund Bland, 2006). Marital conflicts are the prelude to couples separation which start with simple disputes and may extend to intense verbal conflicts, quarrels, fights, and sometimes may end in divorce .Divorce itself may result in personal, domestic, and social dissolution and usually harms women more than men. The successful resolution of a marital conflict relies on the way chosen by couples to resolve it .On the one hand, increase of divorce rate

and dissatisfaction, and on the other hand, couples demand for improvement of the marital relations indicates their need for intervention and specialized trainings. In United States and Britain, the receipt of a professional help with marital and domestic relations and issues is so crucial to individuals because of the deleterious effects of marital problems on their physical and mental health. Inappropriate marital satisfaction can damage marital life and prolong the source of conflict between couples (Soltani and Molazade, 2013; Samadzadeh, 2011). Therapeutic intervention in marital communications is the most widely context in intervention programs that has been implemented so far (Blanchard, 2008). In response to the cultural needs of the society, the family has accepted the role of protecting and socializing its members and plays two distinct roles in one sense: one internal, which is the psychosocial support of the member, and the other external, that is, externalizing with culture and transfer it (Hosseini, 2010).

According to Budman and Gurman (1988), the failure to meet marital needs directly and indirectly has harmful effects on couples, families, children, and the society. Unfortunately, despite the significant importance of health in this mainstream social institution, 40% of referral in mental health centers is due to the marital conflicts (Budman and Gurman, 1988; 2). And if the time comes that families and couples need more short-term treatments and practical strategies than ever before, then it is now (Hosseini, 2010). Couples who are well-adjusted gain great satisfaction out of the marital relationship and think well of the spouse's habits. They enjoy communicating with family and friends, and ask their help with problems. These couples derive immense sexual pleasure as well (Kolander et al., 2013). Marital satisfaction is defined as the extent to which couples perceive their partner to meet their needs and desires (Peleg, 2008). It seems to be directly and indirectly related to family unit stability and better quality of life, whereas marital dissatisfaction has been shown to lead to stress, anxiety, and even family unit dissolution (Shackelford et al., 2008). Marital satisfaction is the result of the intimate and successful relationship of the couples and is the most important and essential factor for the sustainability and longevity of the joint life.

The Encyclopedia of Philosophy and Psychology defined satisfaction as the pleasure of knowing a comfortable situation that is usually associated with satisfying some sexual desire. Since satisfaction is obtained with pleasure, then it can be said that satisfaction is a situation in which the feeling of pleasure is first obtained. However, pleasure is a condition arising from the satisfaction of human needs, but satisfaction arises from a rational assessment of happiness modes and results in social interactions and mental states of one another. In other words, satisfaction arises from the interaction between pleasure states and intellectual exploration (Varesideh, 2011). According to the definition of Winch, marital satisfaction is achieved when one's existing status

of the people in marital communications matches his or her expected status. He has identified eight criteria of marital success that have been used in the past three decades including: 1) stability, 2) social expectations, 3) personality development, 4) conversation, 5) happiness, 6) satisfaction, 7) consistency, and 8) integration.

In summary, researchers considered the 16 following factors to be effective in marital satisfaction including cognitive factors, irrational beliefs, maladaptive professions and misinterpretations, emotional and feeling issues, physiological and physical factors, behavioral patterns, social support, violence, existence of child, life history and personality traits, stressors, economic issues, religion, type of couples relationship, power structure in the family, social and cultural customs and traditions, language, intellectual norms and understanding and religious agreement, spouse selection criteria, and spouse selection techniques (Varesideh, 2011). A host of researches have confirmed efficacy of couples therapy for decreasing marital conflicts (Downey and Mckinney, 1992; Aarts, et al., 2012). As emotions play a central role in couples' relationships, the emotionally focused approach is employed as short-term structured counseling of 9-20 sessions. This technique is used because it is a branch of coupletherapy and because it takes advantage of emotions to develop the process. This method addresses communication disorders, marital discord, and persuades people to express their emotions and talk over them. From the standpoint of couple therapy, marital distress is mostly caused by negative emotions and attachment injuries (Johnson and Greenberg, 1985). There are a variety of practices to cope with psychological reactions of infertility, among which is emotionally focused therapy for couples (EFT-C) which merges three approaches of systematic, humanistic (empiricism) and attachment theory. One of the therapeutic approaches to marital problems is emotionally-focused therapy developed by Johnson and Greenberg (1985), in response to the lack of active and efficient couple interventions. (Johnson and Greenberg, 1994). This lack was more and more felt in the field of humanism, because in those days behavioral interventions were the dominant therapeutic element. Hence, this approach is called emotionally-focused, emphasizing the key role and importance of emotion-driven interactions in organizing interactive patterns. According to the proponents of this approach, the contribution of emotions to creating important experiences that couples have in intimate relationships was severely neglected. Another hypothesis of emotionally-focused therapy is that emotions are not only a key factor in marital conflict, but also a powerful and often necessary element to create the change in dysfunctional relationships. Until then, the need to focus on the emotion and power that this issue has in generating positive change has never been so prominent in couple's therapy literature. In criticizing the neglect that has always existed in this regard,

Johnson has condemned the couple's therapy as emotion-phobia. He argued that, with very few exceptions, the therapists have considered the emotion as a complex and secondary body which primary origin is cognitive issue, and that sometimes behavior has been considered as the force in the treatment of couples or a factor of prohibition of the change. It is clear that such perceptions have never diminished the value of the role that emotion plays in marital communications, and ultimately led emotion-focused professionals to speculate that efficient cognitions and actions are the product of emotion management, not their source.

Research findings from the last decade are proof of this clsim. Emotionally-focused therapy is a short-term structured approach of approximately 8 to 20 sessions in couple therapy and family therapy based on clear concepts of marital discomfort and adult love (Johnson & Greenberg, 1985). The main hypothesis of emotionally-focused therapy is that emotion at the beginning of self-construction is the foundation and determinant of self-organizing (Jahnson et al., 2013). Emotionally-focused therapy is a constructive approach in which clients are regarded as professionals in their own experiences. Given the major role of emotions in attachment theory, Emotionally-focused therapy emphasizes emotions and employs them to organize interaction patterns (Johnson and Greenberg, 1985). Hence, Emotionally-focused therapy concentrates on the emotional relationship of couples as a basis to tackle their problems. Emotionally-focused therapy has a process of 9 steps as follows (Johnson, 2004):

- Step 1: Evaluation, making contact, and then recognition of tensions between couples from the standpoint of attachment.
- Step 2: Identification of the cycle of negative interactions that sustain anxiety and bring about insecure attachment.
- Step 3: Discerning the underlying feeling or emotion not yet expressed in couples' interactions that is being concealed.
- Step 4: Reframing the problems resulting from the cycle of negative interactions, unmet urges, needs and emotions in order to explore the cycle.
- Step 5: Having access to fears and needs of attachment.
- Step 6: Promotion of acceptance by the other spouse.
- Step 7: Smoothing the way for expression of needs and wants, and restructuring new models of interaction on the basis of perceptions and knowledge obtained from the process.
- Step 8: Providing new solutions for old challenges.
- Step 9: Strengthening new positions and patterns of behavior

In emotionally-focused therapy, it is assumed the marital conflict occur when spouses are unable to satisfy each other's attachment needs for safety, security, and satisfaction. In other words, disturbed marital communications reflect the couple's failure to communicate with the safe attachment pattern. Such spouses experience secondary emotional responses such as anger, hostility, revenge, or excessive guilt in session each other's attachment needs. Key elements, such as needs and fears caused by the attachment, are revealed and criticized during treatment sessions (Table 1).

To achieve these goals, emotionally-focused therapy was integrated key elements in client-centered treatment with the principles of general systems theory (Makinen and Johnson, 2006). Such integration was seen in structural family therapy techniques (Makinen and Johnson, 2006). Makinen and Johnson (2006), studying the resolution of attachment traumas in couples using emotionally-focused therapy, concluded that determined couples are considerably more attached and have more thorough levels of experience compared to undetermined ones. They also make some progress in satisfaction and forgiveness. Such results support the resolution method of attachment trauma and suggest that emotionally-focused couple therapy is quite beneficial for couples. The theory of attachment supports emotionally-focused therapy with the non-causal theorical concept in order to understand the importance of emotional communications, reciprocity, and intimacy in adulthood (Javidi et al., 2012).

Rezaie et al. (2008) in their research entitled the impact of emotionally-focused couple therapy on improving communication patterns in combat-related PTSD veterans and their wives found that emotionally-focused couple therapy leads to an increase in the application of mutual constructive communication pattern by couples as well as to a decrease in their application of mutual Communication-avoidantpatterns and abandonment expectation. Moreover, it seemed the increase in the application of mutual constructive communication pattern enhanced their mental health. Karimi in 2012 have investigated the effectiveness of integrative couple therapy in the reduction of traumas caused by marital betrayal was compared to that of emotionally-focused couple therapy and results showed both integrative and emotionally-focused couple therapy approaches have roughly similar effects on the both short-term and long-term reduction of the subsequent depression. Rasuli et al. in a research entitled comparing the effectiveness of individual and marital emotionally-focused intervention based on decreasing relationship distress of the couples with chronically ill children founded that therapy had significantly been effective and could successfully reduce the relationship distress of couples with both individual and marital methods. Therefore, the goal of emotionally-focused therapy is to reconstruct interactions by helping

spouses to access basic emotions and the underlying needs of self-supportive reactions in communications, thereby creating new cycles of communication issue. Emotionally-focused therapy approach focuses on emotion of couples to address their problems and manage their emotions better. Revealing emotions and attachment needs as well as responding to intimate partner needs are essential to construct an emotional communication and are it is the basis of the process of change in emotionally-focused therapy (Greenberg and Goldman, 2007). Thus, couples' problems are not only due to a lack of skills, but also to the resolution of their early attachment experiences (Clulow, 2006). The main purpose of this approach, therefore, is to help couples identify and express each other's core needs and desires and concerns. Thus, the insecurity of couples' attachment is reduced and secure attachment between them is fostered (Johnson, 2003). The empirical approach at emotionally-focused therapy emphasized the role of each couple's emotional experiences and its systematic approach on the role of interactive cycles in problem retention. Thus emotionally-focused therapy integrated the intrapersonal and interpersonal worlds (Johnson, 2004). The change in emotionally-focused therapy is that the emotional responses underlying the interaction are discovered, experienced and re-processed, resulting in new interactions.

Achieving and discovering this emotional experience is not about imagination and insight, but about experiencing new aspects of the self that trigger new responses from the partner (Mckinan, 2013). Therefore, the disclosure of emotions and attachment needs as well as the intimacy partner accountability to these needs are essential to construct an emotional communication and are the basis of the process of change in emotionally-focused therapy (Greenberg and Goldman, 2007). Therefore, in light of the aforementioned measures, the present study seeks to address the main issue that how does emotionally-focused therapy affect marital satisfaction of women with spouse with prostate cancer?

Table 1. Emotionally-focused therapy approach

Steps	Sessions	Description of sessions and therapeutic process
	1	Conduct pre-test Introduce members Investigate company motivation Provide emotion definition and its application

Step 1: Identification		Assignment: Paying attention to pleasant emotional states (happiness, joy, and pleasance) and to certain unpleasant moods, alertness, sadness, jealousy and anxiety.
	2	Accept and reflect on couples' common interactive and emotional experiences Doiscover the problem drug interactions and identify disturbing negative interactive cycles Determine the relationship of couple's responses to couple's level of attachment Assess the problem and obstacles to sttachment Create a therapeutic agreement
	3	Create a secure communication space for couples Discover and identify basic and unexplained feelings Express pure feelings and emotions View how each couple of scenario interacts) Discover the basic fears and insecurities in couple communication Help the couples to experience emotions again Assignment: Re-experiencing interactions with expressing pure feelings
Step 2: Change	4	Encourage each couple to engage emotionally and emotionally with the other in the session Reform the interaction cycle Clarify key emotional responses Coordination between therapist and couple diagnosis Accept the interaction cycle by couple
	5	Deepen the conflict with emotional experience, Focus on yourself to the other Promote new ways of interacting Express wishes and demands in the presence of a spouse
	6	Extend the acceptance experienced by each partner to another partner Symbolize wishes, especially suppressed wishes Assignment: Writing questions by couple
Step 3: Consolidation	7	Facilitate the expression of needs and desires to reconstruct interactions based on perceptions Interactions, change the damaging behavior Reconstruct as well as facilitate new locations for old problems

		Answer the couple's questions
	8	Consolidate the current created cycle Couple heartfelt engagement, acceptance of new status Review the key learning of treatment by couples Discuss the positive and negative points of implementation of the training plan Conduct post-test

Research Method

Population, Sample and Sampling Method

The present research is a quasi-experimental study with pre-test and post-test with control group. In this research, the members are replaced in two experimental and control groups.

Then, by performing the independent variable, the subjects are measured in the pre-test and post-test by the selected instrument. The statistical population of this research was women who went to private counseling centers in Distric 22, west of Tehran from March 21, 2019 to August 23, 2019 due to prostate cancer in their spouses and to solve their marital and interpersonal problems. The sampling method was purposive sampling. After visiting private counseling centers in west of Tehran and session with some clients, prostate cancer was detected in the spouses of the referring women. The sample size of this research consisted of 12 married women. The criteria for entering from research were the desire to attend training sessions, being a woman, having a spouse with prostate cancer, having no history of psychiatric disorder based on clinical interview, having at least one year of marriage, having at least a high school diploma, having minimum of 20 years and maximum of 40 years. The criteria for exiting from research were: the unwillingness to continue to cooperate, legal divorce. The scales and therapeutic programs developed was used to collect data.

Research Tool

1. Enrich Marital Satisfaction Scale (Enriching and nurturing relationship, communication, and happiness issues): Enrich marital satisfaction scale is a 115-question tool that is used to evaluate traumatic or dynamic areas of marital relationship. This scale is also used to identify couples who need counseling and enriching their relationship. In addition, this Scale has been used as a valid tool in numerous researches to assess marital satisfaction (Varesideh, 2011).

The test has 10 sub-scales. The main scales of the test are marital communication, conflict resolution, financial management, leisure activities, sexual relationships, marriage and childrens, relatives and friends, roles related to equality between men and women, religious orientation (Varesideh, 2011).

2. Positive Feelings toward Spouse Scale: This scale is a 17-question tool designed to measure feelings of love for spouse. This Scale was prepared in two parts including 8-question and 9-question. Subjects are asked to state their overall feelings about their spouse during the prostate cancer, with numbers ranging from 1 (for severe negative feeling) to 7 (for severe positive feeling). The total score of the Scale is easily obtained with the sum of the questions value. Reliability of this Scale was reported %94 by a re-test in 2 to 3 weeks. The internal consistency of the Scale in Iran is estimated at 89%. This Scale has a very good concurrent validity with regard to its significant correlation with marital satisfaction and Beck Anxiety Inventory. In addition, Positive Feelings toward Spouse Scale was found to be sensitive to changes occurring during marital therapy (Varesideh, 2011).

Execution Method

After selecting the sample (n= 12), the subjects were randomly assigned into two control and experimental groups; and they were invited to participate in the briefing session. It is worth noting that the researcher had many difficulties in persuading people to participate in the project, and some were not convinced by a session to conduct the research. In some cases, especially the younger subjects, they did not have the confidence to participate in the project and work with the counselor and refused to accept treatment. Fear of ز spouse was one of the barriers to cooperation and attendance at the clinic. In this case, the researcher was able to encourage these womens to participate in the research by a wide range of the benefits of such sessions and to try to convince them to hold their sessions in a timely manner and to use a nearby counseling center to facilitate their commute. And the researcher pointed out that while collaborating on this project, they should have no other treatment, or be in touch with another therapist, but after completing the project, the control group, if interested, can use this approach for free, while the experimental group can continue their treatment.

At the end of the session, the subjects completed the marital satisfaction scale and the positive feelings toward spouse sccale according to the researcher's guidance. One week after the briefing session, the first therapy session was held for subjects. Given the importance of the project to the researcher, clients were required to make a moral commitment to attend the full 9 sessions of

therapy, and if they could not attend one session, they would be required to set a different date for that session. To this end, individuals completed and signed a previously prepared consent form. Individuals attended therapy sessions once a week, each session lasting 5 hours. One week after the sessions, all members of the experimental and control group were asked to complete the marital satisfaction scale and the positive feelings toward spouse sccale again.

Findings

The mean and standard deviation of the two experimental and control groups in the two variables of marital satisfaction and positive feelings toward spouse in pre-test and post-test are shown in Table 2. There was no significant difference between the two groups in the pre-test but the experimental group showed a significant increase in the post-test.

Table 2. Mean and standard deviation of experimental and control group scores on research variables

Standard Deviation		Mean		Number	Groups	
Post-test	Pre-test	Post-test	Pre-test			
10.24	9.14	96.75	84.65	6	Experimnetal	Marital Satisfaction
7.72	7.81	86.18	83.15	6	Control	
11.23	8.43	90.05	83.9	12	Total	
5.83	6.83	99.1	83.85	6	Experimnetal	Positive feelings toward spouse
4.9	5.25	84.9	83.1	6	Control	
11.8	6.9	88.6	83.5	12	Total	

As can be seen in Table 3, the mean scores obtained in the pre-test and post-test by the two experimental and control groups were 96.75 and 83.35, respectively, and their standard deviation were 10.24 and 4.74, respectively. Statistical t-test with a value of 4.67 and degree of freedom of 10 showed a significant difference between the two groups with a confidence level of 0.99, and emotionally-focused therapy approach increased marital satisfaction in women with spouse with prostate cancer.

Table 3. Comparison of experimental and control groups in marital satisfaction variable

Significance Leval	df	Table T	Calculated T	Standard Deviation	Mean	Number	Groups
%1	10	1.812	4.67	10.24	96.75	6	Experimnetal group
				4.74	83.35	6	Control group

As can be seen in Table 4, the mean scores obtained in the pre-test and post-test by the two experimental and control groups were 99.1 and 84.9, respectively, and their standard deviation were 5.83 and 4.9, respectively. Statistical t-test with a value of 3.82 and degree of freedom of 10 showed a significant difference between the two groups with a confidence level of 0.99, and emotionally-focused therapy approach increased the positive feelings toward spouse in women with spouse with prostate cancer.

Table 4. Comparison of experimental and control groups in in the variable of positive feelings toward spouse

Significance Leval	df	Table T	Calculated T	Standard Deviation	Mean	Number	Groups
%1	10	1.812	3.82	5.83	99.1	6	Experimnetal group
				4.9	84.9	6	Control group

Also, the results of significant multivariate covariance analysis tests, such as the Pillai's trace and wilks' lambda criterion, indicated that the experimental and control groups differed in at least one dependent variable. To investigate MANCOVA's assumptions, homogeneity of pre-tests and post-tests was first calculated.

The results showed that there was no difference between pre-test and post-test for marital satisfaction and the positive feelings toward spouse in experimental and control groups. Also, the significance level for marital satisfaction and the positive feelings toward spouse indicated that the gradient between the pre-test linear combination and the post-test linear combination was the same for the experimental and control groups. Accordingly, the most important condition for analysis

of covariance is that the pre-tests and post-tests are the same. To understand this difference, two univariate covariance analyzes were performed in the MANCOVA, the results of which are presented in Table 5.

Table 5. Results of the analysis of univariate covariance in the MANCOVA on the mean of post-test scores of marital satisfaction and feelings

Significance Level	F	Mean squares	Freedom Degree	Sum of squares	Changes source
<0.001	65.89	291.97	1	291.97	Positive feelings toward spouse
<0.001	58.92	398.34	1	398.34	Marital satisfaction

Table 5 shows that there was a significant difference between the two groups in terms of marital satisfaction (F= 58.92) and the positive feelings toward spouse (F= 65.89) at significance level of p <0.01.

Discussion

According to the findings of the present study, the research hypothesis of the effect of emotionally-focused therapy approach on marital satisfaction and improvement of the positive feelings of the women with spouse with prostate cancer was confirmed. This finding is in line with the results of Bouthillier et al. (2002). The researchers found that couples who have a high level of security in their relationships and are able to control their feelings and emotions more strongly about prostate cancer have higher levels of marital satisfaction in their interactions and sex relationships. Davis and Shaver (2006) research has also found a strong and significant relationship between marital satisfaction and tendencies of sexual feelings and behaviors, which appear to be related to emotional strategies for adjusting needs to feelings, and it is effective in trying to have sex and satisfy marital relationships among women with spouse with prostate cancer. At the same time, the marital satisfaction of the women to their spouses is more threatened when relationships of the couples are associated with grievances, accusations, blame and reproach of each other. In fact, for couples, marriage is the gateway to harmony and joint activity and positive feelings to each other

(Javidi et al., 2012). Bray and Jouriles (1995) have investigated the impact of marital therapy and evaluated the long-term effect of couple therapy on couples separation and divorce. Their study tested the long-term effect of couple therapy on the prevention of couples separation and divorce, which was scattered but hopeful, by taking the impact of couple therapy on marriage stability into account. Moreover, they discussed the prediction of successful couple therapy results, significant results of clinical couple therapy, and the worthwhile impacts of marital therapy. Therefore, in explaining the research hypothesis, it is important that the emotionally-focused therapy approach is made possible by changing couples attachment styles and changing marital dysfunctional interactions and creating a secure communication space to better control the feelings and emotions of the womwn and increase marital satisfaction. Negative feelings about prostate cancer also decrease spouses 'satisfaction with each other and positive and reassuring feelings about the disease increase spouses' sexual satisfaction. Also, positive and calm feelings with confidence can prevent spouse burnout and strengthen their relationship (Salimi et al., 2008).

Women in sexual relationships typically place greater emotional value and attachment on the relationship, which may be a woman's evolutionary need to be confident in a man's commitment and willingness to share herself and her resources before having sex with him. Therefore, enhancing positive feelings can greatly reduce the problem of illness in the spouse and can help to enhance marital satisfaction. Erfani (2008) in his research concluded that the emotionally-focused therapy approach has a good effect in this regard. Other findings of this study suggest that the effect of emotionally-focused therapy intervention on women is desirable than men, and gender is a complex and multifaceted structure which its effect on intimate relationships has been extensively studied. Hezan and Shaver (1997) and Feeney and Noller (1995) have reported that women are closer to husbands but more confident in communicating with others. Theoretical and empirical evidence suggested a general gender difference in that factors related to interpersonal emotions and relationships are more important and effective to women.

The results of the present research are also in line with the research of Hansson and Lund Bland (2006), Johnson et al. (2001) Ronnan and Dreer (2004) and Blumberg (1991). Kim (2005) also stated that successful functioning in marital life is influenced by feelings improvement and marital satisfaction, and required flexibility in structure, roles, and responsibilities in new developmental needs. This finding can be explained in terms of emotionally-focused therapy framework. One of the techniques implemented in this approach is constructive and proper relationship techniques. According to the emotionally-focused approach, emotion management improves communication and communication patterns among couples. EFCT approach affects couples' marital satisfaction

and their feelings towards each other through changing emotions based on couple's attachment style and improving communication patterns and changing negative attitudes to positive.

Conclusions

The purpose of the present research was to investigate the effect of emotionally-focused therapy on marital satisfaction and deelings improvement of women with spouse with prostate cancer. The present research was a quasi-experimental study with pretest and posttest and control group. The statistical population of this research was women who went to private counseling centers in Distric 22, west of Tehran from March 21, 2019 to August 23, 2019 due to prostate cancer in their spouses and to solve their marital and interpersonal problems. The sampling method was purposive sampling. After referring to private counseling centers in Distric 22, west of Tehran, 12 married women with spouses with prostate cancer were selected. All participants completed the Marital Satisfaction Scale and the Positive Feelings Scale for the Spouse. The people in the experimental and control group completed the Scales after the treatment sessions. The researxh results showed that there is a significant difference between the two groups in the experimental and control groups, which indicates the positive effect of emotionally-focused therapy approach on increasing marital satisfaction and improving feelings of women with spouse with prostate cancer.

Limitations

The current research is one of the therapeutic methods for which homework was very useful for it, but due to the lack of knowledge of the subjects and longer time, more explanations were needed to optimally use this technique. Given that research has been conducted in several private counseling institutes in the district 22, west of Tehran, it is necessary to be cautious in generalizing the results to other cases and in other counseling centers will be carefully implemented and evaluated.

Suggestions

1. Use of the emotionally-focused therapy approach in Occupational therapy with families to change women's attitude toward their spouse's prostate cancer and increase marital satisfaction and prevent immediate injuries.

2. Comparison of the effectiveness of emotionally-focused therapy with other common therapy approaches for accurate recognition
3. Investigating the effect of this therapy method on other aspects of couples' lives such as reducing their conflict and their general health.

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References

1. Aarts, J. W., Huppelschoten, A. G., van Empel, I. W., Boivin, J., Verhaak, C. M., Kremer, J, A., (2012). How patient-centred care relates to patients' quality of life and distress: a study in 427 women experiencing infertility. Hum Reprod, Vol. 27 (2), pp. 488– 495.
2. Blanchard, O. J., (2008). The state of macro. National Bureau of Economic Research. August 2008.
3. Blumberg, S. L., (1991). Premarital intervention programs: A Comparison Study. Unpublished doctoral dissertation, University of Denver, Co.
4. Bouthillier, D., Julien, D., Dube, M., Belanger, I., and Hamelin, M. (2002). Predictive validity of adult attachment measures in relation to emotion regulation behaviors in marital interaction. Journal of adult development. Vol. 9 (4), pp. 125- 138
5. Budman, S. H., and Gurman, A. S., (1988). Theory and Practice of brief therapy. New York: Guilford press
6. Bray, J. H., and Jouriles, E. N., (1995). Treatment of Marital Conflict and Prevention of Divorce. Jornal of Marital and Family Therapy. Vo. 21 (4), pp. 461- 473
7. Clulow, C., (2006). Adult attachment and couple psychotherapy: the secure base in practiceand research. Canada: Taylor & Francis e-Library, 20 p.
8. Davis, D., Shaver, P., (2006). I cant get no satisfaction insecure attachment, inhibited sexual communication, and sexual dissatisfaction. Journal of Personal relationships, Vol. 13, pp. 465- 483.

9. Downey. J., Mckinney, M., (1992). The psychiatric status of women presenting for infertility evaluation. Am J Orthopsychiatry, Vol. 62 (2), pp. 196– 205
10. Erfani Akbari, M., (1999). Problems of Couples Intimacy and the Impact of Couples Therapeutic Relationship on it, M.Sc. Thesis, Alzahra University, Tehran. (In Persian)
11. Feeney, J. A., and Noller, P., (1995). Attachment style as a predictor of adult romantic relationships. Journal of Personality and Social Psychology, Vol. 58, pp. 281– 291.
12. Gottman, J. M., (1979). Empirical Investigations of Marriage. New York, NY: Academic Press.
13. Greenberg, L., and Goldman, R., (2007). Integrating love and power in emotion –focused couple therapy. European psychotherapy, Vol. 7 (1), pp. 117- 135.
14. Hansson, K., and Lund Bland, A., (2006). Couple therapy effectiveness of treatment and long term follow up. Journal of Family Therapy, 28 p.
15. Hazan, C., and Shaver, P., (1997). Romantic love conceptualized as an attachment process. Journal of Personality and Social Behavior, Vol. 52, pp. 511- 524.
16. Hosseini, B., (2010). Field of Couple Therapy. Tehran: Jungle Publications. (In Persian)
17. Karimi, J., (2012). Comparision of the Effectiveness of Integrative Couple Therapy with Emotionally-Focused Couple Therapy in the Reduction of Traumas Caused by Marital Betrayal. Ph.D. Thesis on Consultation. Shahid Chamran University of Ahwaz. (In Persian)
18. Javidi, N., Soleimani, A. A., Ahmadi, K. H., Samadzadeh, M., (2012). The Effectiveness of Emotional Management Strategies Education based on Emotion-Focused Couple Therapy Approach to Increasing Couples Sexual Satisfaction, Journal of Health Psychology, Vol. 1, No. 3, Autumn. (In Persian)
19. Johnson, S. M., and Greengerg, L., (1985). The differential effectiveness of experiential and problem solving interactions in resolving marital conflict. Journal of consulting & clinical psychology. Vol. 53, pp. 175– 184.
20. Johnson, S. M., and Greenberg, L. S., (1994). The heart of the matter: perspectives on Emotion in Marital Therapy, Newyork
21. Johnson, S. M., Makinen, J. A., and Millikin J. W., (2001). Attachment injuries in couple Relationship: a new perspective on impasses in Couple's therapy. Journal of marital & family, Vol. 23, pp. 135- 152.
22. Johnson S. M., (2003). The revolution in couple therapy: A practitioner –scientist perspective. J Marital Fam Ther, Vol. 29 (3), pp. 365- 84.

23. Johnson S. M., (2004). Creating connection: the practice of emotionally focused couple therapy. New York: Brunner – Routledge.
24. Johnson, Susan, M., and Whiffen, Valerie, E., (2013). Attachment Processes in Couple and Family Therapy, Translated by Fatemeh Bahrami. Tehran: Danjeh Publications
25. Kim, Y., (2005). Emotional and cognitive consequencesof adult attachment: The mediating effect of theself. Personality and Individual Differences, Vol. 39, pp. 913- 923
26. Kolander, C. A., Ballard, D. J., Chandler, C. K., (2013). Contemporary women's health: issues for today and the future. 5th ed. Boston: McGraw-Hill.
27. Makinen, J. A., and Johnson, S. M., (2006). Resolving Attachment Injuries in Couples Using Emotionally Focused Therapy. Steps toward forgireness and Reconciliation. Journal of consulting and clinical Psychology, Vol. 74, No. 6, pp. 1055- 1067.
28. Mckinan, J. M., (2013). Reveating vulnerable emotion in couple therapy: Impacton session outcome. Journal of family therapy, Vol. 35 (3), pp. 303- 19.
29. Peleg, O., (2008). The realtion between differentiation of self and marital satisfaction: What can be learned from married people over the course of life? The American Journal of Family Therapy, Vol. 36, pp. 388- 401.
30. Rezaie, M., Younesi, J., Ahmadi, K. H., Asgari, A., and Mirzaie, J., (2008). The Impact of Emotionally-Focused Couple Therapy on Improving Communication Patterns in Combat-Related PTSD Veterans and Their Wives. Journal of Family Research, Sixth Year, No. 21. (In Persian)
31. Ronnan, G. F., Dreer, L. E., (2004). Violent couples coping and communication skills. Journal of Family Violence, Vol. 19, pp. 131- 142.
32. Salimi, H., Azad Marzabadi, A., Amiri, M., Taghavi, M.R., (2008). Dimensions of Marital Satisfaction in Veterans Wives, Journal of Modern Educational Thoughts, Vol. 4, No. 4, pp. 55- 72. (In Persian)
33. Samadzadeh, M., (2011). Communication Patterns Scale: Conformity and Investigation of Validity and Reliability in Married Iranian Women and Men, M.Sc. Thesis of Family Therapy, Tehran University of Science and Culture. (In Persian)
34. Shackelford, T. K., Besser, A., Goetz, A. T., (2008). Personality, marital satisfaction, and probability of marital infidelity. Individual Differences Research, Vol. 6, pp. 13- 25.
35. Soltani, A., Molazadeh, J., Mahmoodi, M., Hosseini, S., (2013). A study of the effectiveness of emotional focused couple therapy on intimacy of couples. Procedia- Social and Behavioral Sciences, Vol. 82 (3), pp. 461– 465. (In Persian)

36. Varesideh, M., (2011) The Effectiveness of Happiness Education in Fordies Style on Marital Satisfaction and Family Function, M.Sc. Thesis, University of Science and Culture. (In Persian)