

*Full Length Research Paper*

# “The impact of couple therapy based on attachment” in deterministic thinking and marital satisfaction among couples

Masoudeh Honarian<sup>1\*</sup>, Jalal Younesi<sup>2</sup>, Abdollah Shafiqabadi<sup>3</sup> and Gholamreza Nafissi<sup>4</sup>

<sup>1</sup>Department of Counseling, Science and Research Branch, Islamic Azad University Tehran, Iran.

<sup>2</sup>Department of Counseling, Social Welfare and Rehabilitation University, Tehran, Iran.

<sup>3</sup>Department of Counseling, Allameh Tabatabai University, Tehran, Iran.

<sup>4</sup>Department of Psychology, Tarbiat Moalem University, Tehran, Iran.

Accepted 19 November, 2010

**The research, a before and after study, was done with the purpose of examining effectiveness of couple therapy based on attachment in relation to decreasing of deterministic thinking and increasing of marital satisfaction among couples. Twenty couples were referred to consultation and health centers in three areas of Tehran (Iran) and were randomly assigned to the experimental and control groups. The experimental group was exposed to couple therapy in ten weekly 1.5 h sessions and the control group was in the waiting list. The dependent variables of this research were evaluated through questionnaires of the short Persian version of Enrich Marital Satisfaction, and Deterministic Thinking before and after the therapy. Then the data was analyzed using an ANCOVA Analysis. The results indicated that the couple therapy based on attachment was the most effective.**

**Key words:** Couple therapy, attachment, marital satisfaction, deterministic thinking, couples.

## INTRODUCTION

Couple therapy continues to gain in stature as a vital component of mental health services. Couple distress is prevalent in both community epidemiological studies and in research involving individual treatment samples. In the United States, the most salient indicator of couple distress remains a divorce rate of approximately 50% among married couples (Kreider and Fields, 2002), with about half of these occurring within the first seven years of marriage. In a recent national survey, the most frequently cited causes of acute emotional distress were relationship problems including divorce, separation, and other marital strains (Swindle et al., 2000).

Research indicates that couple distress covaries with individual emotional and behavioral disorders beyond general distress in other close relationships (Whisman et al., 2000). Moreover, couple distress, particularly negative communication, has direct adverse effects on

cardiovascular, endocrine, immune, neurosensory, and other physiological systems that, in turn, contribute to physical health problems (Kiecolt-Glaser and Newton, 2001). The linkage of relationship distress to disruption of individual emotional and physical well-being emphasizes the importance of improving and extending empirically based strategies for treating couple distress.

This is particularly important in contemporary Iranian society which involves social concerns such as divorce and family collapse in a transitional period (Amani, 2004). The reviews in Iran affirm that various versions of couple therapy produce moderate, statistically significant, and often clinically significant effects in reducing relationship distress (Younesi, 2002; Amani, 2004; Zarei, 2006). Therefore one of the purposes of this research was decreasing of relationship distress in couples and consequently reducing problems in society. Since cultural and religious context in every society has an essential effect on therapy, using couple therapy is crucial to being congruent with the culture. Consequently, one of the other purposes was to examine the effectiveness of couple therapy based on attachment in the Iranian

\*Corresponding author. E-mail: [masoudeh.honarian@hotmail.com](mailto:masoudeh.honarian@hotmail.com). Tel: 0098 21 22830647, 0098 912 1403618.

culture. Moreover, by using the Attachment and Bowen theories, as well as the eye movement desensitization (EMDR), this study developed a preliminary model for resolving the relationship problems of couples.

In addition, effective couple therapy must examine the elements that causes the continuity of interactional problems, or has an effective role on stability of marital relationships; this research focused on two important elements in the field of couple therapy. These elements are: Deterministic thinking (Younesi, 2004), and marital satisfaction. Deterministic thinking is about absoluteness and ignorance probability in incidents and their inferences. On the other hand, this distortion interferes in the conclusion of the situation (positive and negative) and it causes people to have a sensitive reaction towards changing of the old mental patterns. Its deletion leads to adjustment between hope and fear of occurrence in people. It is one of the most important cognitive distortions that is decreasing in couples, leading to increase in marital satisfaction and decreasing of marital distress.

### **Theory attachment and its application to adult romantic relationships**

Beginning in the late 1950s and early 1960s, Ainsworth, Bowlby, and others described a bond that they believed existed between primary caregivers (usually mothers) and children. Later labeled "attachment" (Ainsworth, 1964; Bowlby, 1958, 1969), it was conceptualized as the affective connection between two individuals that provides them with a firm emotional foundation from which they can interact with the world. Characteristics of this type of relationship include supportiveness, trustworthiness, caring, and acceptance (Bowlby, 1969). This bond was believed to be the foundation for future relationships and the individuals' paradigmatic views of themselves and others. Typically applying to early childhood relationships, Hazen and Shaver (1987) used attachment to describe adult romantic relationships. Applying attachment to adult relationships included an adaptation of the three styles. They theorized that securely attached couples had higher marital satisfaction. In fact, research showed that securely attached couples had a lower divorce rate (Brennan and Shaver, 1990; Hazen and Shaver, 1990) and they reported that securely attached couples described feeling comfortable with emotional intimacy and found joy and satisfaction in close relationships. They described avoidant couples as exhibiting a fear of intimacy, and they found that avoidant individuals frequently reported feeling uncomfortable getting close to others, thinking that love partners wanted them to be closer than they felt comfortable. Ambivalent couples experienced love as obsession, desire for reciprocation and union, emotional highs and lows, as well as extreme sexual attraction and jealousy" (Hazen and Shaver, 1990). When individuals become involved in

intimate relationships, the interpersonal dynamics reflect their conscious and unconscious perceptions of relationships as reflected in their attachment styles.

### **Bowen theory**

The most central concept to Bowen's theory is that of differentiation (Bowen, 1978; Friedman, 1991; Kerr and Bowen, 1988). Differentiation involves the activation in humans of the intellectual system which allows for self-regulation of the emotional system. According to Bowen, feelings are the link between the emotional and intellectual systems (Bowen, 1978). Feelings allow the emotions to gain conscious expression and thus enable the intellectual system the opportunity to make choices regarding the expression of emotions. The well differentiated person is marked by the ability to manage two competing desires that all humans must face. These are the desire to develop one's own self fully while at the same time maintaining significant connection to the family group (Bowen, 1978; Friedman, 1991). For Bowen, the well differentiated person is able to establish themselves as unique and holding their own position in relationships, while also communicating deep and genuine connection with other family members. Also, low levels of differentiation are signaled by such things as a high degree of emotional reactivity in relationships, or the inability to maintain a sense of self in the relationship. These markers of low differentiation include reactions which include being emotionally cutoff from key relationships – too autonomous – or fused in those relationships – too connected. For Bowen, differentiation within the context of one's emotional system responses is the primary concept that helps explain people's relationship interactions. In couple's therapy, the ability to maintain one's personal autonomy and yet experience genuine intimacy is a process that overwhelms many couples and can be seen as a factor in couples' dissatisfaction and desire to seek help. The researchers indicate support for Bowen theory in that couples' current levels of intimacy appeared to be some function of each partners own differentiation level with their parents (Roberts, 2006). According to the research of Harvey et al. (1991), the results suggest that if intimacy and individuation are enhanced in one's relationship with parents, the quality of relationship with spouse and children will benefit. Findings of other research indicated that intimacy was most predictive of relationship satisfaction rather than elements of differentiation (Patrick, et al., 2007).

### **Eye movement desensitization and reprocessing (EMDR)**

Since its introduction by Francine Shapiro in 1989, eye movement desensitization and reprocessing (EMDR) has gained wide acceptance as an efficacious clinical

treatment. It is particularly useful in the treatment of posttraumatic stress disorder (PTSD) (Alto, 2001). Also, Shapiro (1995, 2001) mentioned a mixed result of the use of EMDR in couple's work. A study involving the use of EMDR in couple's therapy found that EMDR fits within experientially based treatment and argued that it can increase therapeutic effectiveness (Protinsky et al., 2001). Recently, Flemke and Protinsky (2003) have reported successfully integrating EMDR with imago relationship. Still, Snyder (1996) found that combining EMDR and experiential couples counseling strengthened emotional intimacy. Combining EMDR with experiential therapy in couples counseling may provide the supporting partner the opportunity to experience the trauma and the trauma resolution of the traumatized partner at a deep level, thereby gaining awareness and empathy for the partner. The result of the relief of trauma/reframing by the traumatized partner together with the newfound awareness and empathy of the supporting partner is believed to encourage increased emotional intimacy that will lead to a stronger relationship (Hook et al., 2003).

In other words, EMDR's uniquely rapid processing of interrelated attachment issues lessens the intensity of "triggers" and can free the couple from their long-standing impasses. Many couples struggle with over- or under-reactivity, generally referred to as "triggers". These triggers are typically rooted in early attachment injuries, as well as injuries generated from the couple's own relationship. Attachment injuries, is defined as abandonment and violation of trust within the couple's relationship itself. These injuries occur when one partner, in utmost vulnerability, reaches out to the other partner and is ignored or rejected, whereupon the injured partner's trust disintegrates. While EMDR is most commonly used in individual treatment, it can also be bridged to the relationship system as a powerful and effective treatment modality for couples (Moses, 2003).

### **Couple therapy based on attachment**

Couple therapy based on attachment views "distressed relationships" as insecure bonds in which essentially healthy attachment needs are unable to be met due to rigid interaction patterns that block emotional engagement" (Johnson and Greenberg, 1994). In fact the purpose of therapy is developing a more secure attachment bond within the couple relationship. This theory suggests that the security of attachment is strengthened when individuals experience their relationship as safe, and such safety enables them to deepen their emotional interactions. Also this method proposed that distress and attachment insecurities can frequently be traced to a specific incident when one partner feels a strong sense of betrayal by the actions of the other. In therapy, this incident stands as a nodal transition in the couple's relationship; the injurious event

becomes a recurring theme, representing a wound in the attachment bond and marking patterns of mistrust and distress (Johnson, 1996).

Couple therapy based on attachment helps couples to realize what the origin of their relationship problems is and try to develop a more secure attachment to their partner. This is accomplished by increasing of differentiation through learning communication skills and developing of interpersonal relationships which create some changes in their behavior responses. Consequently, this leads to the ability in maintaining one's personal autonomy and yet experiencing a genuine and more emotional intimacy. Also with resolving of attachment trauma and injuries which are the main obstacles to improve and reform relationship (Johnson et al., 2001) by EMDR, help couples to create positive interaction and obtain more marital satisfaction.

### **Researches linking marriage, attachment and cognitive distortion**

Researches have shown that, there are close relation between secure attachment and interpersonal satisfaction, sexual functioning, marital satisfaction and care giving as well as support seeking in intimate relationships (Birnbaum, 2007; Banse, 2004; Bernan and Shaver, 2004; Collins and Feeny, 2000; Fraley and Shaves, 1998). There is also a relation between attachment insecurity and distinction among couples (Davila and Braudbury, 2001) and low marital quality (Hollist and Miller, 2005). For example, Davila et al. (1998) and Feeney (1999) in their research found that people who feel insecure report more negative effect about their relationship and have difficulty regulating their emotions. Furthermore, Feeney et al. (1994), Kobak and Hazan (1991) and Simpson et al. (1992), noticed that people who feel insecure behave in more negative ways with their partner. They display more negative communication behaviors, are worse at providing support to their partner, and are worse at eliciting and taking support from their partner. Also, Kilman et al. (1999), in an attachment-focused group psycho-educational intervention with 23 insecure women concluded that these women after therapy feel less fear and more secure. The results of the study of Banse (2004) also show that relationship satisfaction in married couples can be accounted for by the individuals' own attachment to romantic partners, the partner's attachment style, and their combination.

Moreover, the literature review shows that there are conceptual link among cognitive distortions and marital satisfaction (Klaff, 2007; Shapiro, 2007, Fincham et al., 2000; Gottman, 1999; Leahy, 1996). Younesi (2002) and Zarei (2006), in their research, in confrontation with deterministic thinking lead to increasing of marital satisfaction. Thorberg and Lyvers (2000) in their research

concluded that there is a relation between fearful attachment style and low self-differentiation and high levels of avoidance of intimacy (Murdock, 2004).

## METHODS

### Participants

The research population consisted of couples who were not satisfied from their marital relationships and had family problems. They had been referred to health centers and counseling centers located in three regions of Tehran. Therapy was done by a counselor who had been trained in couple therapy with supervision of a clinical psychologist who was also an expert in CBT and had been trained in EMDR. Referred couples were informed that they can receive a new method of therapy and possibly being part of a research project. Among volunteer couples, after a preliminary interview and filling out an Enrich Marital satisfaction questionnaire, 20 couples were selected who were experiencing a poor compatibility and recall an instance of an attachment betrayal or rejection in the relationship associated with the current problem.

The entrance criteria as follows:

- 1) Both partners were aged 20 to 40 years.
- 2) Their education was over 12 grades.
- 3) Couples experiencing poor compatibility (one standard deviation lower than mean).
- 4) Both partners desired to improve their relationship and both were expected to attend the therapy sessions conjointly.

Participants passed the initial screening requirements; all were married, with children. The average age in experimental group was 33.15 years and in control group was 30.2 years. Forty percent of the samples in both groups were 12 grade, fifty percent were college graduates and ten percent were MS grade. The average marital satisfaction in experimental group in pre-test was 68.8 and in control group was 69.3.

### Procedure

The research design was pre-test and post-test with control group. The selected couples were intimated with details of the study. They were also informed that participation in the study involves both partners contribution in therapy for a total of about ten counseling sessions of approximately 1.5 h duration on a weekly basis. Then asked to read and sign a consent form, and were assured of the confidentiality as it was only exposed to the main therapist. Participated couples were just accidentally assigned in two control and experimental groups. The experimental group was told about general purposes and format of couple therapy based on attachment, and control group did not obtain any treatment until the end of post test.

The experimental group received individual couple therapy based on attachment which is integrity of Bowen's theory aiming to increase self-differentiation and Shapiro approach called EMDR aiming to remove the attachment injuries, in 10 weekly 1.5 h sessions. The therapy process consists of: creating and reinforcement therapeutic alliance; describing the meaning of communication and communicative bridges and obstacles; education of positive and negative messages and variety of behaviors. Among them passive, assertive and aggressive behaviors; education of the rules of speaker and listener (in the first part); gathering of information about attachment injuries of spouses. The attachment injury marker for purposes of this study was an incident that came up in therapy as the emblematic problem event that lead to a sense of betrayal of the attachment bond, which later organized and promoted negative interactional cycles that later led

to relationship distress (Johnson, 1996), debriefing of pathological scenes and getting empathy from the other spouse; desensitization and reprocessing (in the second part).

The standard EMDR protocol includes seven phases:

- a) Client history.
- b) Preparation, which includes creating a safe place.
- c) Assessment, which includes identifying negative and developing positive cognitions and establishing a baseline self-estimate of validity of the positive cognition (VoC) on a seven-point Likert scale and a baseline of self-estimate of disturbance as reported by the subjective units of disturbance (SUDs) scale (Wolpe, 1990) where 0 indicates neutral or no disturbance and 10 indicates the most disturbance imaginable.
- d) Desensitization.
- e) Installation.
- f) Body scan.
- g) Closure (Shapiro, 1995).

### Measurement

Marital satisfaction was assessed using the short Persian version of Enrich Marital Satisfaction questionnaire by Asgari and Bahmani (2006). This questionnaire is a valid and reliable measure that internal consistency has been determined for each of the subscales and for the total measure using Cronbach's  $\alpha$ -coefficient. The Cronbach's  $\alpha$ -coefficients for total scale is 0/91 and for sub-scales accordingly is equal to 0/70,0/72,0/70,0/72,0/66 and with Speriman-Brown and Gothman method accordingly is equal to 0/89 and 0/88.

This questioner is a 40-item self report inventory that each item is scored on a 4- point likert-type scale ranging from 1(disagree a lot) to 4 (agree a lot). Scores can range from 40 to 160, with a higher total score signing a higher level of relationship satisfaction. Individuals with scores of 85 or below, commonly are considered to be distressed. The questioner has six sub-scales that consist of overall satisfaction, religious orientation, children and parenting, sexual relationship, disagreements and implicit conflicts, selfishness, and incompatible inter-personal relationships.

The deterministic thinking questionnaire was developed based on theoretical basics related to cognitive theories and clinical experiences by Younesi (2007). This questioner is a valid and reliable measure that the concurrent validity was established by correlating it with Beck depression inventory equal to  $r=0/33$  and Cronbach's  $\alpha$ -coefficients for total scale is 0/821.

The questioner is a 36-items self report inventory, such that each item is scored on a 4 point Likert-type scale ranging from 1 (disagree a lot) to 4 (agree a lot). Scores can range from 36 to 144. Higher total score signify a higher level of deterministic thinking. The cut off point in this questioner is 75. The four sub-scale of this questionnaire consist of interaction with others, absolute thinking, prediction of future, and negative events.

## RESULTS

Table 1 shows the means and standard deviations of deterministic thinking (DT) and marital satisfaction (MS) for 2 groups of cases in pre- and post-tests. Since the mean of DT of the attachment group is 84.6 in the pre-test and 69 in the post-test, the deterministic thinking (DT) variable of the attachment group in post-test is less than it in the pre-test. The paired samples t test is carried out to test significance difference between pre-test and pot-test for DT. Regarding the P value which is 0.000 and less than the 0.05 level ( $t=7.03$ ,  $df=9$ ,  $P=0.000$ ), the DT in

**Table 1.** Means and standard deviations of DT and MS for 2 groups of cases.

Variable	Pre-test		Post-test		Paired samples T-Test*	
	M	SD	M	SD	t	P
Control						
DT	83.30	6.97	84.30	6.83	1.20	0.261
MS	69.35	5.62	68.80	5.87	0.982	0.352
Attachment						
DT	84.65	4.47	69.05	6.97	7.03	0.000
MS	68.60	6.91	89.15	7.82	9.23	0.000

\*df=9.

**Table 2.** Summary results of the ANOVA test for comparing means in 2 groups in pre-test\*.

Variable	SS	MS	F	P	$\eta^2$
DT	9.112	9.112	0.266	0.612	0.015
MS	2.812	2.812	0.071	0.793	0.004

\*(df=1).

**Table 3.** Summary results of ANCOVA for the effect of couple-therapy on DT and MS.

Variable	df	SS	MS	F	P	$\eta^2$
Pre-test						
DT	1	379.240	379.240	13.513	0.002	0.443
MS	1	423.317	423.317	16.494	0.001	0.492
Post-test						
DT	2	1368.424	684.212	24.381	0.000	0.741
MS	2	2347.953	1173.976	45.742	0.000	0.843

post-test significantly differs from its pre-test. Also regarding that the mean of MS in the attachment group is 68.6 in the pre-test and 89.1 in the post-test, it results that the marital satisfaction (MS) in the attachment group is higher in post-test comparing to the pre-test. The paired samples t-test ( $t=9.23$ ,  $df=9$ ,  $p=0.000$ ) shows that the P value is 0.000 and less than the 0.05 level which indicates that the difference of MS between pre-test and post-test is significant.

In the control group, for DT, the paired samples t-test ( $t=1.20$ ,  $df=9$ ,  $p=0.261$ ), indicates no significant difference between pre- and post-tests. For MS in the control group, the paired samples t-test ( $t=0.982$ ,  $df=9$ ,  $p=0.352$ ), shows that there is no significant difference between the pre- and post-tests.

To assure of the equivalence of the two groups means in pre-test, the analysis of variance test was used (Table 2). The result for DT is not significant ( $F=0.266$ ,  $P=0.612$ )

which means that there is no significant difference of the DT variable between the attachment and control groups. Also for MS variable in the pre-test, the ANOVA test gives  $F=0.071$ , and  $P=0.793$ , which indicates that there is no significant difference between 2 groups.

The effects of pre-test and the couple-therapy are analyzed based on the analysis of covariance (ANCOVA) and reported in Table 3.

### Deterministic thinking (DT)

The result of ANCOVA indicates that the pre-test DT grades have significant (with  $F=13.51$ ,  $df=1$ ,  $P=0.002$ ) linear relationship with the DT in post-test. On the other hand, the main result is that there is a significant difference of deterministic thinking (DT) (with  $F=24.38$ ,  $df=2$ ,  $P=0.000$ ) between groups in the post-test. In

**Table 4.** Adjusted means and the Tukey's test for comparison of the 2 groups.

Variable	Attachment (1)		Control (2)		Tukey's test	
	M	SD	M	SD	P	Result
DT	68.52	1.68	84.83	1.68	0.000	1<2
MS	89.44	1.60	68.51	1.60	0.000	1>2

other words, the couple-therapy group has significant impacts on the post-test of deterministic thinking (DT).

### Marital satisfaction (MS): (with $F=45.74$ , $P=0.000$ )

The ANCOVA results indicates that the pre-test MS grades have significant (with  $F=16.49$ ,  $df=1, 17$ ,  $P=0.001$ ) linear relationship with the MS in post-test. On the other hand, the main result is that there is a significant difference of marital satisfaction (MS) (with  $F=45.74$ ,  $df=2, 17$ ,  $P=0.000$ ) between groups in the post-test. In other words, the couple-therapy group has significant impacts on the post-test of marital satisfaction (MS).

To compare dependent variables in different groups, the Tukey's test is used and the results are displayed in Table 4.

As seen in the Table 4, the mean of deterministic thinking (DT) in attachment group is significantly ( $P=0.000$ ) less than the mean of the control group. Also, the adjusted mean of marital satisfaction (MS) in the control group is significantly ( $P=0.000$ ) less than the attachment group's.

Consequently, it can be inferred that the couple-therapy based on attachment leads to increasing of marital satisfaction (MS) and reduction of deterministic thinking (DT) in couples.

## DISCUSSION

The results indicate that the couple therapy based on attachment has impact on raising marital satisfaction.

Bowen (1978) believes that people are determined based on the domain of undifferentiation or fusion. On one side of this domain lie the people whose emotions and wisdom are mingled and their life is under the influence if their emotional system. Therefore, such people are less flexible and agreeable and are emotionally more dependent on others. On the other side of this domain, there are those who are having the highest rate of differentiation and their functioning could protect their autonomy. In time of stress, such individuals are flexible, agreeable and independent of emotional reaction toward others. Bowen suggests that people devote part of their energy to being together and saved a certain amount of it for their autonomy, the result is a more healthy and balanced relationship. When people

use a great deal of energy in their relationships, the relations are considered undifferentiating or slight emotional separation that are the basis of interdependency (Gibson, 2006).

In addition, Skowron and Dendy (2004) found that there was congruency between Bowen's concept regarding self-differentiation and Bowlby's belief regarding secure attachment. In other words, as the differentiation gives one the ability of keeping his/her sense of personal authority and autonomy despite maintaining the intimate and emotional relationships with others, it could make him/her gain the ability of keeping the sense of autonomy. Similar to this, secure attachment is the ability in achieving support of attachment figures in times of stress as well as preserving the self-reliance. For this reason, it would be possible to create secure attachment inside people by setting the higher level of self-differentiation.

In this research, in the first step, it has been attempted to increase self-differentiation among couples by instructing communication skills and techniques of self-differentiation and resolving their relationships problems. Such relationship problems are considered as the branches of feeling the insecurity and couple's inability to meet each other's attachment needs (Davila, 2004).

The attachment trauma and injuries are regarded as the main obstacles to reform and improve relationships. The unimportant despairs in an injured and insecure spouse cause him/her to remember the previous unsolved injuries in most cases. This kind of vulnerability could make the person more sensitive about threats and humiliations and more careful about the lack of desirable social support on behalf of his/her spouse. In this situation, marriage reaches an impasse in which negative interactions leading to the continuity of emotional injuries and separation are repeated. The reformation of relationship in such situations becomes impossible (Johnson et al., 2001).

In the second step of the treatment, using the method of Eye Movement Desensitization and Reprocessing (EMDR), it has been tried to recognize the injuries and repair them; specifying the relation between needs and spouse's harms; raising the intimacy of spouse; enhancing his/her sense of responsibility and as a result removing the attachment wounds among couples. This therapeutic way caused the increase of marital satisfaction among couples as a result of the rise of self-differentiation and removal of attachment injuries.

These findings are partially in agreement with the researches of Birnbaum (2007), Banse (2004), Bernan and Shaver (2004), Collins and Feeney (2000), Fraley and Shaves (1998), and Kobak and Hazen (1991) regarding the relation between the styles of secure attachment and better individual relations and higher marital satisfaction, the researches of Kilman et al. (1999) regarding the effect of concentrated interference on attachment to create secure attachment and researches of Thorberg and Lyvers (2000) regarding the relation between fearful attachment style and low self-differentiation and high levels of avoidance of intimacy (Murdock, 2004).

Furthermore, the results of the present research demonstrate that the couple therapy based on attachment had strong positive effect on the decrease of deterministic thinking. In cognitive pattern, it is assumed that people's emotions and behaviors are under the influence of their perception about events. The factors that are effective in people's perception and interpretation from the external events are cognitive distortions (Beck, 1983; Teasdale, 1993; Leahy, 1996). The deterministic thinking is a kind of distortion that conclusively considers an event equal to something else and is the mother of cognitive distortions. Most couples' disagreements and therefore marital dissatisfaction are caused by couples' stubbornness, insistence on personal view and inattention to the opinion of spouse. Certainly, these things could be strongly under the influence of the high rate of deterministic thinking (Younesi, 2007). Hence, it could be noted that there exists a relation between cognitive distortions including deterministic thinking and marital satisfaction. Thus, as couple therapy based on attachment has increased marital satisfaction more, it has had more effect on the decrease of the deterministic thinking.

These findings are to some extent in agreement with the researches done by Klaff (2007), Shapiro (2007), Fincham et al. (2000), Gottman (1999) and Leahy (1996) regarding the relation between cognitive distortions and marital satisfaction and the studies conducted by Younesi (2002) and Zarei (2006) indicating the relation between the decrease of the deterministic thinking and the raise of marital satisfaction among Iranian couples. Also the present research is congruent with research of Gibb (2002), Gibb et al. (2003) and Hankin (2001) that demonstrate a link between negative events in childhood (that causes the insecure attachment style) and development dysfunctional cognitive style.

The other important point discovered during the research is that the couple therapy based on attachment as well as having a general efficiency, due to some reasons is a convenient method particularly in resolving marital problems and increasing marital satisfaction among Iranian couples. Concentration on attachment is compatible with the culture dominating over Iranian society and has root in history, religion and literature

of this country. This is why Hafez (Iranian Poet) considered attachment and love as the aim of the system of universe in his poems in the 8th country. Also, Molavi regarded attachment and affection as the treatment for one's mental diseases.

The second point is that the rate of self-differentiation among Iranian couples is low (Younesi, 2007), hence, couple therapy based on attachment with the growth of interpersonal relationships and the increase of self-differentiation among couples caused stronger emotional intimacy and secure attachment.

The last point is that in Iranian culture and literature, helping one another in rough conditions and confiding the problems to one another to relieve the pains are heavily emphasized. Therefore, the EMDR method in Iranian couples which consisted of pain expressing and obtaining empathy from spouse, was an effective and sensible method for resolving couple's problems. This method with resolving the old traumatic experiences leads to removal of the communication blocks. According to the mentioned reasons and the research, it seems that the couple therapy based on attachment is an effective and helpful method to help couples in distress.

This research has some limitations. The results from such a small sample are statistically reliable and therefore cannot be generalized at all. However, the study has produced useful results that can form the basis for further research and are also useful for therapists and service providers of couple therapy.

Considering that an attachment perspective can shed light on why problems emerge in relationships; on why people behave the way they do in relationships; and on who is at most risk for relationship problems, it suggests that attachment theory should be integrated in supported therapeutic methods towards richness of therapy interventions. Some research will be also carried out on effectiveness of these methods. Further research on the effectiveness of couple therapy based on attachment in greater samples is suggested. On the other hand, in pre-marriage education, there should be an emphasis on the role of attachment styles in romantic relations and the psychological intervention would be performed in order to change the insecure style into a secure style.

## REFERENCES

- Ainsworth MDS (1964). Patterns of attachment behavior shown by the infant in interaction with his mother. *Merrill-Palmer Q.* 10: 51-58.
- Alto C (2001). Meta-analysis of eye movement desensitization and reprocessing efficacy studies in the treatment of PTSD. Retrieved September 9, 2003, from Digital Dissertations database. (UMI No.3015591).
- Amani A (2004). Effectiveness of cognitive-behavior group therapy on marital satisfaction in women. MA thesis in Family Counseling . Social Welfare and Rehabilitation Sciences University.
- Asgari A, Bahmani B (2006). Standardize enriched marital satisfaction inventory in Tehran. The Second Congress of Family Pathology in Iran, Beheshti University.
- Banse R (2004). Adult attachment and marital satisfaction: Evidence for dyadic configuration effects. *J. Soc. Personal Relatsh., SAGE Publications*, 21(2): 27282.

- Beck AT, Epstein N, Harrison R (1983). Cognition attitudes and Personality dimentions in depression. *Brit. J. Cogn. Psychother.*, 1: 1-16.
- Brennan KA, Shaver PR (1990). Dimensions of adult attachment, affect regulation, and romantic relationship functioning. *Personal. Soc. Psychol., Bull.*, 21: 267-283.
- Bernan KA, Shaver PR (2004). Self report measures of adult attachment, An integrative overview Retrieved. June 25, 2004.
- Birnbaum G (2007). Attachment orientations sexual functioning and relationship satisfaction in a community sample of women. *J. Soc. Personal Relatsh., SAGE Publications*, 24(1): 27- 35.
- Bowlby J (1958). The nature of the child's tie to his mother. *International J. Psycho-Anal.*, 39: 350-373.
- Bowlby J (1969). Attachment and loss: Attachment, New York: Basic Books.Vol 1.
- Bowen M (1978). Family therapy in clinical practice. New York: Jason Aaronson.
- Collins NL, Feeney B (2000). A safe heaven: An attachment theory Perspective on support seeking and care giving in intimate relationships. *J. Personal. Soc. Psychol.*, 58(4): 644 - 663.
- Davila J, Bradbury TN, Fincham FD (1998). Negative affectivity as a mediator of the association between attachment and marital satisfaction. *Personal Relatsh.*, 5: 467-484.
- Davila J, Bradbury TN (2001). Attachment insecurity and the distinction between unhappy spouses who do and do not divorce. *J. Fam. Psychol.*, 15: 373-393.
- Davila J (2004). Attachment processes in couples therapy, informing behavioral models. Chapter to appear in S. Johnson and V. Whiffen (Eds). Attachment: A perspective for couple and family integration. NY. Guilford Publications correspondence.
- Feeney JA (1999). Adult attachment, emotional control, and marital satisfaction. *Personal Relatsh.*, 6: 169 -185.
- Feeney JA, Noller P, Callan VJ (1994). Attachment style, communication and satisfaction in the early years of marriage. *Adv. Personal Relatsh.*, 5: 269 - 308.
- Fincham FD, Harold GT, Gona P (2000). Longitudinal association between attributions and marital satisfaction. *J. Fam. Psychol.*, 14(2): 267-285.
- Flemke K, Protinsky H (2003). Imago dialogues: Treatment enhancement with EMDR. *J. Fam. Psychother.*, 14: 31-45.
- Fralely RC, Shaves PR (1998). A naturalistic study of adult attachment dynamics in separating couples. *J. Personal. Soc. Psychol.*, 15(5): 1198-1212.
- Friedman EH (1991). Bowen theory and therapy. In A.S. Gurman and D.P. Kniskern (Eds.) *Handbook of Family Therapy*, New York: Brunner Mazel, VII: 134-170.
- Gibb BE (2002). Childhood maltreatment and negative cognitive styles: Quantitative and qualitative review. *Clin. Psychol. Rev.*, 22: 223-246.
- Gibb BE, Alloy LB, Abramson LY, Marx BP (2003). Childhood maltreatment and maltreatment-specific inferences: A test of Rose and Abramson's (1992) extension of the hopelessness Theory. *Cogn. Emot.*, 17(6): 917-931.
- Gibson JM, Danigian J (2006). Use of Bowen theory. *J. Addict. Offender Couns.*, Vol. 14.
- Gottman JM (1999). The seven principles for making marriage work. New York: Crow.
- Hankin BL, Abramson LY, Siler M (2001). A prospective test of the hopelessness theory of depression in adolescence. *Cogn. Ther. Res.*, 5: 607- 632.
- Harvey D, Bray J, Curry C (1991). Individuation and intimacy in intergenerational relationships and health patterns across two generations. *J. Fam. Psychol.*, 5: 204-236.
- Hazen C, Shaver PR (1987). Romantic Love conceptualized as an attachment process. *J. Personal. Soc. Psychol.*, 52: 511-524.
- Hazen C, Shaver P (1990). Love and Work : An attachment theoretical perspective. *J. Personal. Soc. Psychol.*, 59(2): 270-280.
- Hook MK, Gerstein LH, Detterich L, Gridley B (2003). How close are we? Measuring intimacy and examining gender differences. *J. Couns. Dev.*, 81: 462-472.
- Hollist C, Miller R (2005). Youth and family studies .Department of Faculty Publications, Department of Child, Youth and Family Studies, University of Nebraska-Lincoln.
- Johnson SM (1996). The practice of emotionally focused marital therapy: Creating connections. New York: Brunner/Mazel.
- Johnson SM, Greenberg LS (1994). The heart of the matter: Perspectives on emotion in marital therapy. New York: Brunner/Mazel.
- Johnsen SM, Makinen JA, Millikin JW (2001). Attachment injuries in couple relationships: A new perspective on impasses in couples therapy. *J. Marital Fam. Ther.*, 27: 145-155.
- Kerr ME, Bowen M (1988). Family evaluation. New York: W.W. Norton and Co.
- Kiecolt-Glaser JK, Newton TL (2001). Marriage and health: His and hers. *Psychol. Bull.*, 127: 472-503.
- Kilman PR, Laughlin JE, Carranza LV, Downe JT, Major S, Parnell MM (1999). Effects of an attachment focused group preventive intervention on insecure women. *Group Dyn.: Theory Res. Pract.*, 3(2): 138-147.
- Klaff F (2007). Children of divorce .In Shapiro, Fetal (Eds). *Handbook of EMDR and family therapy processes*. John Wiley and Sons. USA.
- Kobak RR, Hazen C (1991). Attachment in marriage: Effects of security and accuracy of working models. *J. Personal. Soc. Psychol.*, 60: 861-869.
- Kreider RM, Fields JM (2002). Number, timing, and duration of marriages and divorces: 1996. *Curr. Pop. Rep.*, Washington, DC: US Census Bur., pp. 70-80.
- Leahy RL (1996). Cognitive therapy: Basic principles and applications. New Jersey, North vale.
- Moses MD (2003). Protocol for EMDR and conjoint couples therapy. (Available from EMDR International Association, P.O. Box 141295, Austin, TX 78714-1925), *EMDRIA Newslett.*, 8(1): 4 -13.
- Murdock NL, Gore PA (2004). Stress, coping and differentiation of self: A test of Bowen theory. *Contemp. Fam. Ther.*, 26(3): 319-335.
- Protinsky S, Sparks J, Flemke K (2001). Using eye movement desensitization and reprocessing to enhance treatment of couples. *J. Marital Ther.*, 27: 157-164.
- Patrick S, Sells JN, Giordano FG, Tollerud TR (2007). Intimacy, differentiation and personality variables as predictors of marital satisfaction. *Fam. J.*, 15: 359-367.
- Roberts JK (2006). Effect size measures for the two-level linear multilevel model. Paper presented at the meeting of the American Educational Research Association, Houston, TX.
- Simpson J, Rholes W, Nelligan J (1992). Support seeking and support giving within couples in an anxiety provoking situation: The role of attachment styles. *J. Personal. Soc. Psychol.*, 62: 434-446.
- Shapiro F (1995). Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures. New York: Guilford Press.
- Shapiro F (2001). Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures (2nd ed.). New York: Guilford Press.
- Shapiro F (2007). EMDR and case conceptualization from an adaptive information processing perspective. In Shapiro, et al. (EDS). *Handbook of EMDR and Family Therapy Processes*. John Wiley and Sons USA.
- Skowron EA, Dendy AK (2004). Differentiation of self and attachment in adulthood: Relational correlates of effortful control. *Contemp. Fam. Ther.*, 26: 337-357.
- Swindle R, Heller K, Pescosolido B, Kikuzawa S (2000). Responses to nervous breakdowns in America over a 40-year period: Mental health policy implications. *Am. Psychol.*, 55: 740-749.
- Snyder M (1996). Intimate partners: A context for the intensification and healing of emotional pain. In M. Hill and E. D. Rothblum (Eds.), *Couples therapy: Feminist Perspectives*, Albuquerque, NM: Haworth Press, pp. 79-92.
- Teasdale JD (1993). Emotion and two kinds of thinking. *Cognitive therapy and applied cognitive sciences. Behav. Res. Ther.*, 31: 339-354.
- Whisman MA, Sheldon CT, Goering P (2000). Psychiatric disorders and dissatisfaction with social relationships: Does type of relationship matter? *J. Abnorm. Psychol.* 109:803-8.
- Younesi J, Mirafsal A (2007). Development of deterministic thinking questionnaire. Paper presented to 10<sup>th</sup> European Congress of Psychology, Prague Czech Republic.

Younesi J (2002). Treatment of mental disorders among Children, Adolescents, and Families. Publication of Rehabilitation and Welfare Science University.

Younesi J (2004). The role of cognitive distortion (Deterministic thinking) on Psychological pathology. J. Iranian Psychol. Assoc., 3(12): 73-86.

Zarei H (2006). Effectiveness of Cognitive-Behavioral Counseling on function of family. MA thesis in Family Counseling. Rehabilitation and Welfare Science University.