Full Length Research Paper

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

Masoudeh Honarian1*, Jalal Younesi2, Abdollah Shafiabadi3 and Gholamreza Nafissi4

1Department of Counseling, Science and Research Branch, Islamic Azad University Tehran, Iran.
2Department of Counseling, Social Welfare and Rehabilitation University, Tehran, Iran.
3Department of Counseling, Allameh Tabatabai University, Tehran, Iran.
4Department 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 society.
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 supportive 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 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 measures 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 α-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 40 to 160, with a higher total score signifying a higher level of deterministic thinking. 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.

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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 post-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.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>Paired samples T-Test*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>Control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DT</td>
<td>83.30</td>
<td>6.97</td>
<td>84.30</td>
</tr>
<tr>
<td>MS</td>
<td>69.35</td>
<td>5.62</td>
<td>68.80</td>
</tr>
<tr>
<td>Attachment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DT</td>
<td>84.65</td>
<td>4.47</td>
<td>69.05</td>
</tr>
<tr>
<td>MS</td>
<td>68.60</td>
<td>6.91</td>
<td>89.15</td>
</tr>
</tbody>
</table>

*df=9.

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

<table>
<thead>
<tr>
<th>Variable</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
<th>P</th>
<th>η²</th>
</tr>
</thead>
<tbody>
<tr>
<td>DT</td>
<td>9.112</td>
<td>9.112</td>
<td>0.266</td>
<td>0.612</td>
<td>0.015</td>
</tr>
<tr>
<td>MS</td>
<td>2.812</td>
<td>2.812</td>
<td>0.071</td>
<td>0.793</td>
<td>0.004</td>
</tr>
</tbody>
</table>

*(df=1).

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

<table>
<thead>
<tr>
<th>Variable</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
<th>P</th>
<th>η²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DT</td>
<td>1</td>
<td>379.240</td>
<td>379.240</td>
<td>13.513</td>
<td>0.002</td>
<td>0.443</td>
</tr>
<tr>
<td>MS</td>
<td>1</td>
<td>423.317</td>
<td>423.317</td>
<td>16.494</td>
<td>0.001</td>
<td>0.492</td>
</tr>
<tr>
<td>Post-test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DT</td>
<td>2</td>
<td>1368.424</td>
<td>684.212</td>
<td>24.381</td>
<td>0.000</td>
<td>0.741</td>
</tr>
<tr>
<td>MS</td>
<td>2</td>
<td>2347.953</td>
<td>1173.976</td>
<td>45.742</td>
<td>0.000</td>
<td>0.843</td>
</tr>
</tbody>
</table>

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, 17, 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, 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 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 despair 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

