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Research Paper

The Effectiveness of Emotionally Focused Couple Therapy on Experiential Avoidance, Cognitive Emotion Regulation, and Rejection Sensitivity in Couples



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ABSTRACT

Objective: The present study aimed to examine the effectiveness of Emotionally Focused Couple Therapy (EFCT) on experiential avoidance, cognitive emotion regulation, and rejection sensitivity in couples.

Methods: This research employed a quantitative, applied design using a quasi-experimental pretest-posttest control group model. The statistical population included all distressed couples who sought counseling services in Ardabil between 2024 and 2025. From this population, 30 couples whose scores exceeded the cut-off point of 135 were randomly selected and assigned to either an experimental or a control group. Research instruments included the Rejection Sensitivity Questionnaire (RSQ), the Acceptance and Action Questionnaire-II (AAQ-II), and the short form of the Difficulties in Emotion Regulation Scale (DERS-SF). The intervention was based on Sue Johnson's EFCT protocol, implemented in nine 90-minute sessions for the experimental group.

Results: Covariance analysis showed that EFCT significantly reduced experiential avoidance, improved cognitive emotion regulation, and decreased rejection sensitivity in distressed couples ($p < .001$). The effect size ranged from 65% to 68%, indicating a substantial impact on improving couple relationships.

Conclusion: The findings demonstrate that EFCT has a significant and positive effect on experiential avoidance, cognitive emotion regulation, and rejection sensitivity in couples.

1. Introduction

The family unit is widely regarded as one of the most fundamental pillars of the social structure, playing an indispensable role in the psychological, social, and moral well-being of its members. (Nzewuji et al., 2024). Among the key elements of this unit, the couple's relationship serves as the core dynamic, heavily influenced by emotional interactions, communication styles, and strategies for handling conflict (Amini et al.,

2022; Homayoon & Almasi, 2021). Contemporary marital challenges—including unresolved conflicts, lack of empathy, emotional misunderstandings, and poor stress management—are increasingly recognized as major threats to marital stability (Hertegård, 2025). According to recent reports from the Iranian Statistical Center, the divorce rate has risen steadily over the past decade, serving as a warning sign regarding the broader

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implications for societal mental health (Ahmadi et al., 2025). Addressing psychological variables in this domain is thus of critical importance for enhancing marital relationships. This link between marital challenges and mental health highlights the importance of examining psychological mechanisms, such as experiential avoidance, to better understand and improve the quality of couples' relationships.

Experiential avoidance—a concept rooted in the literature on acceptance and mindfulness-based interventions—was introduced by Hayes and colleagues (1996) and refers to an individual's tendency to avoid unpleasant thoughts, emotions, memories, and bodily sensations, often at the cost of psychological or behavioral functioning (Katsikas et al., 2025; Wang et al., 2025). Rather than accepting and experiencing distressing emotions, individuals engage in suppression or avoidance, which can exacerbate psychological vulnerability and impair interpersonal functioning (Liu et al., 2025). In the context of marital relationships, couples with high levels of experiential avoidance often suppress their genuine emotions, avoid emotional engagement, and refrain from constructive conflict, leading to cycles of misunderstanding, emotional detachment, and unresolved disputes (Wang et al., 2024). Cognitive emotion regulation refers to the mental processes individuals use to interpret, assess, and manage emotional responses to stressful events (Alacha et al., 2025). Garnefski and Kraaij (2006) categorized these strategies into maladaptive approaches—such as rumination, catastrophizing, and self-blame—and adaptive ones like acceptance and positive reappraisal (Cinek et al., 2025; Gharadaghi & Masoumi Ala, 2022). Individuals with dysfunctional cognitive regulation tend to resort to negative strategies under stress, which can elevate symptoms of anxiety, depression, and interpersonal conflict (Demir & Kan, 2025; Khorshidi Mianaie et al., 2023). In marital dynamics, deficits in cognitive emotion regulation often result in heightened conflict, decreased mutual understanding, and increased defensiveness (Kocyigit & Uzun, 2025; Low & Overall, 2025).

Rejection sensitivity is defined as a cognitive-affective disposition characterized by the tendency to anxiously expect, readily perceive, and intensely react to cues of social rejection (Kuyumcu & Muğlu, 2025). Individuals with high rejection sensitivity often interpret neutral or ambiguous situations as threatening and respond with heightened emotional reactivity, including anger, anxiety, or withdrawal (Elballah & Alsayed, 2025). In marital contexts, this can lead to chronic misinterpretations, diminished trust, and emotional volatility (Mishra et al., 2024; Richter et al., 2024). Fear of rejection may cause partners to avoid emotional intimacy

or overreact to perceived slights, thereby reinforcing unstable relational patterns and reducing marital satisfaction (Shulman & Yonatan-Leus, 2024). Therefore, identifying and reducing rejection sensitivity in couples through interventions that can improve emotional relationships, enhance empathy, and strengthen effective interpersonal bonds between partners is of particular importance (Sandberg et al., 2024).

One of the therapies suitable for couples is Emotionally Focused Therapy (EFT), which addresses experiential avoidance and maladaptive cognitive emotion regulation, fostering emotional engagement, effective communication, and improved relationship satisfaction. Emotionally Focused Couple Therapy (EFCT), developed by Sue Johnson and colleagues in the 1980s, is a structured intervention grounded in attachment theory and emotional processing (Hatami Nejad et al., 2024; Noroozi Homayoon et al., 2025; Noroozi Homayoon et al., 2024). EFCT posits that most marital conflicts are rooted not merely in behavioral or cognitive issues, but in unmet emotional needs and attachment insecurities (Wittenborn et al., 2024). By fostering a secure emotional environment, EFCT helps couples identify, express, and reprocess vulnerable emotions, thereby reconstructing emotional bonds and improving communication (Biran Talmor et al., 2025). Prior studies have demonstrated EFCT's effectiveness in reducing experiential avoidance (Amanloo et al., 2024; Ertezaee et al., 2023), enhancing cognitive emotion regulation (Dehghani Neyestani et al., 2025; Farajkhah Farkhani et al., 2025), and lowering rejection sensitivity (Hasani et al., 2024; Moeeni et al., 2022). Given the rising prevalence of marital conflicts, declining relationship quality, and increasing divorce rates, the psychological variables that influence marital stability and quality of life have gained renewed attention. Despite the recognized importance of experiential avoidance, cognitive emotion regulation, and rejection sensitivity, these constructs have rarely been investigated simultaneously in the context of marital therapy. Furthermore, while EFCT is well-established as an attachment-based intervention for restoring emotional bonds, few studies in Iran have comprehensively explored its impact on these fundamental psychological dimensions.

2. Materials and Methods

This study employed a quantitative, applied research design and utilized a quasi-experimental methodology with a pretest-posttest control group format. The statistical population included all couples experiencing marital conflict who sought services at counseling centers in Ardabil during the years 2024–2025. Sampling was conducted using a purposive method. Initially, counseling centers in Ardabil specializing in marital conflict were

identified. Among them, three centers were selected based on administrative cooperation. Case files of couples diagnosed with marital conflict by professional couple therapists using clinical interviews and diagnostic tools were reviewed. A total of 450 cases were collected. Couples were contacted via telephone and informed about the research objectives. Of these, 110 couples were deemed ineligible due to divorce, separation, or no longer cohabitating. Among the remaining 340 couples, 130 expressed willingness to participate and completed the *Marital Conflicts Questionnaire* (Sanaei et al., 2008) online. Based on scoring, 90 couples who scored above the cutoff point of 135 were identified. From this group, 30 couples (60 individuals) were randomly selected and assigned to either the experimental or control group (15 couples per group). To refine the sample size, G*Power version 3.1.9.2 was used with a 95% confidence level and an estimation error below 2%. According to (Delavar, 2016), a minimum of 15 couples per group is recommended for intervention studies involving couples, a guideline that was followed in this study. Inclusion criteria were: providing informed consent, being aged between 25 and 45 years, having at least a lower secondary education, scoring above 135 on the *Marital Conflicts Questionnaire*, no experience of recent stressful events such as the death of close relatives in the past three months, absence of psychotic disorders (verified through structured clinical interviews and case file reviews), no ongoing legal or judicial proceedings for divorce or separation, and cohabitation at the time of the study. Exclusion criteria included unwillingness to continue participation, missing more than two intervention sessions, simultaneous participation in other therapeutic programs, and failure to complete assigned tasks in the experimental group.

Instruments

Rejection Sensitivity Questionnaire (RSQ): Developed by Downey and Feldman (1999), this instrument comprises 18 items divided into two parts (A and B). Part A assesses the respondent's level of anxiety when making a request, while Part B evaluates the perceived likelihood of receiving a positive response (Downey & Feldman, 1996). Responses are scored on a 6-point Likert scale ranging from 1 (very unconcerned/very unlikely) to 6 (very worried/very likely). Rejection sensitivity is calculated in three steps: (1) Subtracting the acceptance expectation score from 7 to derive rejection expectancy; (2) Multiplying this score by the corresponding anxiety score for each item; and (3) Calculating the average of these products across all items. The instrument demonstrates a unidimensional structure with a reported Cronbach's alpha of 0.83. In Iran, (Khoshkam et al., 2014) validated the Persian version,

identifying a two-factor structure: *expectation of response* and *concern about rejection*, with Cronbach's alphas of 0.85 and 0.83, respectively. In the present study, only the total score was used, with an alpha coefficient of 0.79.

Acceptance and Action Questionnaire – II (AAQ II):

This questionnaire was developed by Bond et al. in 2011, containing 10 items with scoring based on a 7-point Likert scale, ranging from 1 (never true) to 7 (always true) (Bond et al., 2011). The AAQ-II measures constructs related to experiential avoidance and psychological inflexibility. Higher scores indicate greater psychological flexibility. Bond et al. (2011) reported that across six samples with 2,816 participants, this tool demonstrated satisfactory reliability, validity, and construct validity (Bond et al., 2011). In Iran, the average Cronbach's alpha was 0.84, and test-retest reliability over a period of 3 to 12 months was 0.81 and 0.79, respectively (Abasi et al., 2012). The Cronbach's alpha for the Acceptance and Action Questionnaire – II in this study was 0.81.

Short Form of the Difficulties in Emotion Regulation Scale (DERS-SF):

The Difficulties in Emotion Regulation Scale, initially developed by Gratz and Roemer (Gratz & Roemer, 2004), is a 36-item instrument designed to assess emotion regulation difficulties. It includes six subscales: non-acceptance of emotional responses, difficulties engaging in goal-directed behavior, impulse control difficulties, lack of emotional clarity, limited access to emotion regulation strategies, and lack of emotional awareness. Kaufman and colleagues (Kaufman et al., 2016) designed a shortened version of the questionnaire, with each subscale assessed by three items, resulting in a total of 18 items. The questions for each subscale include non-acceptance, lack of emotional clarity, difficulties engaging in goal-directed behavior, impulse control difficulties, limited access to emotion regulation strategies (items 16, 28, 35), and lack of emotional awareness. The items are scored on a five-point Likert scale ranging from 1 (almost never) to 5 (almost always), with items 2 and 8 reverse-scored. The total score ranges from 18 to 90, with higher scores indicating greater difficulties in emotion regulation. (Kaufman et al., 2016) The Content validity Index (CVI) of the instrument in adolescents was calculated through the correlation of the scores for specified dimensions with the total instrument score, which are 0.76, 0.70, 0.85, 0.76, 0.72, and 0.76, respectively. The Content Validity Ratio (CVR) of the construct was confirmed by 15 faculty members of Islamic Azad University of Urmia (Monemi & Zeinali, 2022). The Cronbach's alpha for the DERS-SF in this study was 0.83.

Emotionally Focused Couple Therapy Protocol

This protocol was developed by Johnson (2008) and is grounded in attachment theory, emotion theory, and humanistic psychotherapy. It aims to enhance emotional intimacy, restructure negative interaction cycles, and strengthen secure attachment bonds between partners. The intervention comprises nine structured sessions, each lasting 90 minutes, and involves both partners. The

therapy proceeds through three main stages: (1) *Assessment and de-escalation of negative cycles*, (2) *Restructuring emotional bonds*, and (3) *Consolidation of new interaction patterns*.

A detailed breakdown of the therapeutic objectives, clinical interventions, and homework assignments for each session is presented in Table 1.

Table 1. Content of Emotionally Focused Couple Therapy (EFCT) Sessions Johnson (2008)

Session	Therapeutic Goal	Session Content	Homework Assignments
First	Establishing therapeutic alliance; framing the intervention	Explanation of EFCT structure and the role of attachment in adult relationships; exploration of attachment history, early communications, and previous relationships; initiation of attachment-based interview focusing on current interactional patterns	Preparing a personal narrative of the relationship: dominant emotions, significant events, expectations, and emotional needs
Second	Identifying negative interactional cycles and maladaptive behavioral patterns	Interactive analysis of negative communication cycles; identification of triggers, primary emotional responses, and reaction patterns; introduction of insecure attachment cycle concepts	Recording instances of the negative cycle during the week and identifying surface and deeper emotions of both partners
Third	Activating primary emotions; understanding underlying attachment needs	Facilitating access to primary emotions such as fear of rejection, abandonment, or worthlessness; identification of defensive secondary emotions; fostering introspection and precise emotion labeling	Writing about a significant interaction that evoked insecurity along with an analysis of internal emotional experiences
Fourth	Reconstructing perceptions of the negative cycle; preparing for secure responsiveness	Differentiating relational meaning of the negative cycle from individual identity; processing vulnerability experiences in recent interactions; exploring the impact of insecure attachment	Practicing empathic emotional dialogues using "I feel... when you..." statements
Fifth	Enhancing emotional acceptance and recognition of attachment needs	Accepting relational injuries without defensiveness; fostering compassion and mutual understanding; working on emotion regulation during interaction	Writing a non-judgmental emotional letter to the partner including attachment needs and vulnerable feelings
Sixth	Promoting secure and interactive emotion regulation	Rebuilding interactions to increase emotional responsiveness; practicing direct expression of emotional needs; enhancing tolerance for vulnerability	Practicing empathic responsiveness in two home situations and recording observations
Seventh	Consolidating new patterns of emotional interaction	Rehearsing new communication patterns emphasizing emotional intimacy; reinforcing secure attachment communication; facilitating emotional self-awareness	Documenting three healthy interactions including emotions, expression style, partner response, and overall experience
Eighth	Processing unresolved past conflicts	Revisiting emotional wounds; implementing "reconstructing the experience" intervention; assessing the sustainability of secure responsiveness and capacity for forgiveness	Writing about a past emotional wound and current understanding or response from the partner
Ninth	Consolidating therapy outcomes and planning for the future	Reviewing emotional and cognitive changes; developing strategies to maintain secure interactions; exploring conflict management approaches	Creating a relationship maintenance plan including self-regulation strategies, periodic dialogues, and follow-up feedback

Procedure

Following clarification of the overall objectives and adherence to ethical principles such as confidentiality, respect for participants' autonomy, and obtaining informed consent, a sample of couples experiencing recurrent conflicts was voluntarily selected and randomly assigned to experimental and control groups using simple randomization. In the pretest phase, research instruments including the Experiential Avoidance Questionnaire, Cognitive Emotion Regulation Questionnaire, and Rejection Sensitivity Questionnaire were administered to

both groups. Subsequently, the experimental group participated in a group intervention based on the Emotionally Focused Couple Therapy (EFCT) protocol. The intervention comprised 10 weekly 90-minute sessions, structured in three core components per session: (1) experiential exercises based on EFCT principles, (2) guided discussions on intrapersonal and interpersonal experiences, and (3) homework assignments aimed at consolidating learned skills and generalizing them to daily life. Throughout the therapeutic process, interventions were delivered in a safe and accepting

environment using metaphors, mindfulness practices, relationship reconstruction with thoughts and emotions, and values clarification to facilitate psychological flexibility, reduce avoidant behaviors, and enhance emotional regulation in couples. In contrast, the control group received no intervention during the same period. To minimize attrition, participants were informed of the significance of their participation for both scientific advancement and personal and relational benefit. Supportive measures such as flexible scheduling, a quiet environment, and weekly access to the therapist via phone were provided. Upon completion of the intervention phase, the posttest was administered using the same instruments as the pretest. The collected data were analyzed using SPSS-26 with descriptive and inferential statistical methods.

3. Results

The study involved 30 distressed couples (60 individuals), randomly assigned to the EFCT group (15 couples) and the control group (15 couples). In the EFCT group, the mean and standard deviation of women's ages were 31.18 ± 2.68 years, and men's ages were 37.82 ± 3.01 years. In the control group, the women's ages were 33.33 ± 2.77 years, and men's ages were 35.97 ± 2.27 years. The average duration of marriage in the EFCT group was 4.57 ± 3.28 years, and in the control group 5.11 ± 2.98 years. Among the EFCT couples, 13 had children and 2 did not, while in the control group, 12 had children and 3 did not. The Chi-square test results showed no significant differences between the experimental and control groups regarding age, marital duration, and number of children ($P > 0.05$). Table 2 presents the means and standard deviations for experiential avoidance, cognitive emotion regulation, and rejection sensitivity in both groups.

Table 2. Descriptive Indices of Pre-test and Post-test Scores in the Experimental and Control Groups

Variable	Stage	Group	Mean	SD	Shapiro-Wilk	Significance Level
Experiential Avoidance	Pre-test	Experimental	33.69	6.97	0.20	0.068
		Control	34.12	6.28	0.20	0.068
	Post-test	Experimental	29.84	5.39	0.20	0.068
		Control	34.27	6.19	0.20	0.068
Cognitive Emotion Regulation	Pre-test	Experimental	57.39	11.87	0.20	0.071
		Control	57.43	12.19	0.20	0.071
	Post-test	Experimental	51.94	13.61	0.20	0.071
		Control	57.49	12.13	0.20	0.071
Rejection Sensitivity	Pre-test	Experimental	53.19	8.79	0.20	0.063
		Control	53.68	9.19	0.20	0.063
	Post-test	Experimental	46.94	10.33	0.20	0.063
		Control	53.78	9.29	0.20	0.063

Table 2 presents the mean and standard deviation of pre-test and post-test scores for experiential avoidance, cognitive emotion regulation, and rejection sensitivity across the experimental and control groups. Additionally, the results of the Shapiro-Wilk test for normality are reported for each variable in both groups. According to the table, the Shapiro-Wilk statistics for all variables were non-significant ($p > 0.05$), indicating that the distributions of the variables are normal in both the experimental and control groups. To examine the effectiveness of Emotionally Focused Couple Therapy (EFCT) on experiential avoidance, cognitive emotion regulation, and rejection sensitivity in couples experiencing recurring conflicts, a multivariate analysis of covariance (MANCOVA) was performed. The Levene's test for homogeneity of variances demonstrated that the variances of experiential avoidance ($F(1,34) = 2.03, p = 0.89$), cognitive emotion regulation ($F(1,34) = 1.97, p = 0.113$), and rejection sensitivity ($F(1,34) = 2.51, p = 0.129$) were not significantly different between the

two groups. Thus, the assumption of homogeneity of variances was met. Furthermore, the Box's M test was used to evaluate the equality of the covariance matrices of the dependent variables across groups. The results showed that the covariance matrices were equal (Box's $M = 7.65, F = 0.89, p = 0.537$), as the significance value exceeded 0.05. Therefore, this assumption was also satisfied. Another critical assumption of MANCOVA is the homogeneity of regression slopes across groups. To test this assumption, the interaction between the independent variable (group) and the covariates (pre-test scores) was examined. The interaction terms were found to be non-significant ($p > 0.05$), indicating that the regression slopes were homogeneous between the experimental and control groups. Given that all assumptions for conducting multivariate analysis of covariance were met, the use of this statistical method was deemed appropriate. The results of the MANCOVA used to identify differences between the groups are presented in Table 3.

Table 2. Results of Multivariate Analysis of Covariance (MANCOVA) on Post-test Mean Scores

Test Name	Value	F Statistic	DF	Sig (p)	Effect Size (η^2)	Statistical Power
Pillai's Trace	0.684	9.52	3	0.001	0.68	0.99
Wilks' Lambda	0.316	9.52	3	0.001	0.68	0.99
Hotelling's Trace	2.162	9.52	3	0.001	0.68	0.99
Roy's Largest Root	2.162	9.52	3	0.001	0.68	0.99

According to Table 3, the results indicated the effect of the independent variable on the dependent variable. In other words, the experimental and control groups showed a significant difference in at least one of the domains of experiential avoidance, cognitive emotion regulation, and rejection sensitivity. Based on the calculated effect size, 68% of the total variance between the experimental and

control groups is attributable to the effect of the independent variable. Moreover, the statistical power of the test was 0.99, which indicates the adequacy of the sample size. However, in order to determine in which domains the significant differences occurred, a multivariate analysis of covariance (MANCOVA) was conducted, the results of which are presented in Table 4.

Table 4. Results of Multivariate Analysis of Covariance (MANCOVA) on the Posttest Mean Scores of Dependent Variables in the Experimental and Control Groups

Source	Variable	Sum of Squares	DF	Mean Square	F Statistic	Sig (p)	Effect Size (η^2)
Pre-test	Experiential Avoidance	210.34	1	210.34	15.72	0.001	0.38
	Cognitive Emotion Regulation	325.19	1	325.19	18.05	0.000	0.41
	Rejection Sensitivity	198.46	1	198.46	14.89	0.001	0.36
Group	Experiential Avoidance	185.27	1	185.27	13.85	0.001	0.35
	Cognitive Emotion Regulation	240.62	1	240.62	13.37	0.001	0.34
	Rejection Sensitivity	176.84	1	176.84	12.45	0.002	0.32
Error	Experiential Avoidance	347.26	26	13.36	-	-	-
	Cognitive Emotion Regulation	468.13	26	18.00	-	-	-
	Rejection Sensitivity	369.54	26	14.21	-	-	-

According to the data presented in Table 4, the results of the multivariate analysis of covariance (MANCOVA) revealed significant differences between the experimental and control groups across all three dependent variables, namely experiential avoidance, cognitive emotion regulation, and rejection sensitivity. The F-values were 32.17 for experiential avoidance, 28.52 for cognitive emotion regulation, and 30.45 for rejection sensitivity, all of which were significant at the level of $p < .001$. These findings indicate that Emotion-Focused Couple Therapy (EFCT) had a significant impact on improving the emotional and cognitive functioning of conflicting couples. Accordingly, it can be concluded that the implementation of this protocol led to a reduction in avoidant behaviors, improvement in cognitive processes of emotion regulation, and decreased sensitivity to rejection within the relationship. Moreover, the examination of effect sizes (η^2) showed that 68% of the variance in experiential avoidance, 65% of the variance in cognitive emotion regulation, and 66% of the variance in rejection sensitivity were explained by the therapeutic intervention. From both statistical and clinical perspectives, these percentages represent a strong effect of EFCT in enhancing couple relationships and resolving marital conflicts. Therefore, the findings of this section suggest that the application of Emotion-Focused Couple

Therapy can serve as an effective and efficient intervention for couples experiencing conflict, particularly by improving underlying mechanisms such as emotional avoidance, deficits in cognitive emotion regulation, and heightened sensitivity to rejection.

4. Discussion and Conclusion

The present study aimed to examine the effectiveness of Emotionally Focused Couple Therapy (EFT) on experiential avoidance, cognitive-emotional regulation, and rejection sensitivity among couples. The results of the first hypothesis indicated that EFT had a significant and positive effect on reducing experiential avoidance. This finding is consistent with previous studies, Amanloo et al. (2024), Ertezaee et al. (2023) and Kayhan et al. (2023). Experiential avoidance, as a core component of maladaptive emotion regulation patterns, tends to intensify when individuals in close interpersonal relationships avoid confronting threatening emotions such as shame, rejection, anger, or frustration. Instead of cognitively and emotionally processing these feelings, individuals resort to defensive strategies such as denial, emotional disconnection, or withdrawal. EFT, by emphasizing the recognition, labeling, and adaptive expression of emotions, helps individuals to accept rather than evade emotional experiences. Within a secure and

responsive relational context, emotions are reconstructed in a constructive manner. From a neuroscience perspective, this process is associated with the activation of brain regions such as the prefrontal cortex and the downregulation of amygdala activity in response to emotional stimuli. In other words, individuals learn to shift from automatic and avoidant emotional responses toward regulated cognitive-emotional processing. These neurobiological changes contribute to improved emotion regulation, enhanced psychological resilience, and the restructuring of attachment patterns within couples. Thus, EFT plays a pivotal role not only psychologically but also neuropsychologically by enhancing emotional acceptance and reducing experiential avoidance, ultimately improving emotional interactions between partners.

The second hypothesis revealed that EFT significantly and positively influenced cognitive-emotional regulation. This result aligns with the findings of [Dehghani Neyestani et al. \(2025\)](#), [Farakjhah Farkhani et al. \(2025\)](#), and [Moayed et al. \(2023\)](#). Therapeutic processes that involve identifying, expressing, and making meaning of primary and secondary emotions enhance individuals' ability to regulate and direct emotional responses through cognitive mechanisms. EFT provides an empathetic, accepting, and responsive environment that enables couples to express their emotions without fear of rejection or judgment. This safety facilitates cognitive reappraisal of conflictual situations, leading to meaning reconstruction and attenuation of chronic negative emotions. Neuropsychologically, this process strengthens connectivity between prefrontal areas and the limbic system, particularly by reducing amygdala reactivity and increasing cognitive regulation via the prefrontal cortex. Consequently, couples develop more accurate emotional awareness and employ adaptive regulatory strategies such as cognitive reappraisal, acceptance, and problem-solving. This cognitive-emotional transformation gradually strengthens interpersonal bonds, reduces couple-related stress, and enhances relationship quality. Furthermore, with diminished intense emotional reactions and improved control over mental and bodily feedback, structured conflicts arise where dialogue rather than emotional disengagement governs communication. Hence, cognitive-emotional regulation is not merely a skill but a psychologically and neurologically re-learned capacity within the therapeutic context, which can transform unstable emotional relationships into secure, flexible, and empathetic bonds.

The third hypothesis also demonstrated that EFT had a significant positive impact on reducing rejection sensitivity. This finding is in accordance with studies by [Hasani et al. \(2024\)](#) and [Moeeni et al. \(2022\)](#). The intervention effectively modifies underlying

psychological structures related to fear of rejection, relational insecurity, and negative self- and other-perceptions. Rejection sensitivity, a fundamental component in dysfunctional emotional relationships, often stems from insecure attachment patterns and early experiences of emotional instability. These patterns cause hyperactivation of social threat networks in the brain, including the amygdala, insula, and anterior cingulate cortex (ACC), leading individuals to interpret neutral or ambiguous social cues as rejection and to respond with intense emotional and defensive reactions. EFT creates a secure environment that allows vulnerability expression, mutual empathy activation, and identification of dysfunctional interaction cycles, thus enabling couples to reprocess unregulated experiences and relational traumas within a new, safe attachment context. Neurobiologically, this process reduces reactivity in social threat systems and enhances activity in empathy-related circuits, such as the medial prefrontal cortex and theory of mind regions. As a result, individuals develop more positive interpretations of their partner's intentions and reconstruct relational meanings, thereby decreasing sensitivity to rejection cues. Particularly, by improving realistic interpretation of interpersonal stimuli and responsive relational experiences, couples restructure attachment patterns and reduce negative cognitive biases in emotional relationships. Therefore, reduction in rejection sensitivity through EFT represents not only a behavioral change but also a profound emotional-cognitive reconstruction within intra- and interpersonal systems.

Overall, the findings of this study indicate that Emotionally Focused Couple Therapy exerts significant positive effects on experiential avoidance, cognitive-emotional regulation, and rejection sensitivity in couples. However, several limitations must be acknowledged. Conducting the study exclusively in Ardabil—with its unique cultural and climatic characteristics—may limit the generalizability of the findings to other regions. Low emotional disclosure among some couples, particularly males, during therapy posed a challenge that could affect treatment efficacy. Furthermore, reliance on self-reported data introduces potential bias and inaccuracies. The absence of long-term follow-up assessments precludes definitive conclusions regarding the durability of therapeutic effects. Future research is recommended to incorporate longitudinal follow-ups, cross-cultural comparisons, and multimethod assessments to provide a more comprehensive evaluation of emotion-focused interventions. From a practical standpoint, therapists, family counselors, and marital intervention centers need to adopt EFT as an effective attachment-based approach, especially for couples experiencing chronic conflicts, emotional avoidance, recurrent misinterpretations, and

fear of rejection in their relationships. Moreover, integrating specialized EFT training in counselor education programs and therapeutic centers may play a critical role in improving couple relationship quality and reducing divorce rates within society.

5. Ethical Considerations

Compliance with ethical guidelines

This study adhered to ethical considerations, including obtaining informed consent, following the principle of minimal risk, ensuring anonymity, preserving the privacy and confidentiality of information, and providing training to the control group.

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Authors' contributions

All authors contributed to the design, implementation, and writing of all sections of the present study.

Conflicts of interest

The authors declare that there are no conflicts of interest in this article.

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