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Introduction

Marriage is inherently confronted with ongoing challenges. Marital disorders are among the most frequent reasons individuals seek counseling, surpassing many other psychiatric diagnostic categories. Both

Effectiveness of Emotion-Focused Therapy on Unfulfilled Belongingness, Self-Disparagement, and Intolerance of Uncertainty in Women with Forced Marriage Experiences

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ABSTRACT

Objective: Forced marriage is a psychosocial trauma associated with various forms of emotional and cognitive distress. This study aimed to examine the effectiveness of Emotion-Focused Therapy (EFT) in reducing unfulfilled belongingness, self-disparagement, and intolerance of uncertainty in women with forced marriage experiences.

Methods and Materials: A quasi-experimental design with pretest-posttest control group was employed. Twenty women with a history of forced marriage were selected through purposive sampling and randomly assigned to an experimental group ($n = 10$) and a control group ($n = 10$). The experimental group received eight sessions of EFT, while the control group received no intervention during the study period. Data were collected using the Interpersonal Needs Questionnaire (INQ), Self-Disturbance Scale (SDS), and Intolerance of Uncertainty Questionnaire (IUQ), and analyzed using multivariate analysis of covariance (MANCOVA) and ANCOVA.

Findings: The EFT intervention significantly reduced all three target variables in the experimental group compared to the control group. Post-intervention scores showed significant improvements in unfulfilled belongingness ($F = 12.70$, $p < .001$, $\eta^2 = 0.841$), self-disparagement ($F = 13.10$, $p < .001$, $\eta^2 = 0.822$), and intolerance of uncertainty ($F = 9.40$, $p < .01$, $\eta^2 = 0.795$). The control group did not exhibit significant changes.

Conclusion: Emotion-Focused Therapy is effective in reducing emotional and cognitive vulnerability in women with forced marriage experiences. This intervention may serve as a valuable component of culturally sensitive, trauma-informed care in low-resource or underserved populations.

Keywords: Marriage, Emotion-Focused Therapy, Intolerance of Uncertainty, Women, Psychological Distress.

partners inevitably face numerous issues in establishing, maintaining, and sustaining a close and intimate marital life. The high divorce rates in Iran and globally are clear indicators of widespread marital problems. Various perspectives and numerous studies have explored these challenges. Some advocates for women's rights argue

that heavy dowries can serve as tools for accessing wealth and achieving economic independence, especially given the unequal opportunities for men and women to acquire financial resources. In this view, requesting a substantial dowry is one strategy women may use to secure financial autonomy. This perspective is rooted in a competitive outlook toward men in terms of material access. If women cannot meet their demands through such means, they may resort to alternative strategies. The emulation of Western lifestyles and values has also contributed to the emergence of such attitudes. Moreover, increased social mobility and expanded opportunities have provided many women with relative financial independence. In semi-open societies, social, political, and economic reforms have enabled women to attain new professional roles, thereby achieving greater autonomy. Working outside the home and assuming multiple societal roles—accompanied by corresponding rewards—have led to psychological and social consequences, empowering women to recognize their capabilities, creativity, and potential for responsibility more than ever before.

Over time, employment and public roles have acquired greater symbolic value, while traditional domestic roles such as homemaking and spousal duties have lost their former esteem. Consequently, some women with relative economic independence have preferred to leave home during family conflicts rather than endure the hardships. This shift has created the mindset that financial independence can be a valuable resource during crises (Baumann et al., 2020). In the absence of employment or personal income, increasing the dowry may become the most accessible solution. In the context of rising divorce rates, families may grow concerned about future security. Potential options post-divorce include remarriage, employment, investment through dowry acquisition, or returning to the parental home. However, societal pressures often make remarriage and employment particularly difficult for women. As a result, many families view a high dowry as the only viable safeguard (Breda et al., 2020).

Intolerance of uncertainty (IU) is a form of cognitive bias that affects how individuals perceive, interpret, and react to uncertain situations on emotional, cognitive, and behavioral levels (Burgess Moser et al., 2016). Those with low tolerance for uncertainty often experience these situations as highly stressful and aversive, actively

avoiding them. When exposure is unavoidable, their functioning may deteriorate. Uncertainty is often a temporary state that can be resolved through reflection or rational decision-making, yet it can still lead to stress, anxiety, and impulsive behavior (Dusman, 2020).

People differ in their tolerance for uncertainty; some exhibit high resilience, while others are more susceptible to distress. IU can thus be viewed as a personality trait associated with doubt and indecision. Individuals unsure about future events or tasks may experience confusion, distress, and reduced decision-making capability. Studies suggest that IU is a significant cognitive bias, shaping how we interpret and respond to information. According to Dunham, (2016), IU can help distinguish between mentally healthy and anxious individuals based on its self-referential implications and the negative behavioral consequences attributed to it.

Self-criticism lies at the opposite end of the spectrum from narcissism and grandiose self-importance. In self-critical individuals, there is a distorted belief that they are inherently flawed, inferior, or shameful. These individuals attribute faults and defects to themselves that may not actually exist. To clinically define self-criticism, one must distinguish it from similar yet non-pathological emotional states. Emotional functioning is a crucial factor in women's quality of life, yet some researchers have historically dismissed emotions as trivial or irrational, favoring reason and logic instead (Falahati & Mohammadi, 2020). However, recent research has highlighted the fundamental role of emotions in mental health, decision-making, and behavior. Daily emotional experiences can significantly influence life choices, whether transient (e.g., sadness from a failed business partnership) or enduring (e.g., grief from a romantic loss) (Falahati & Mohammadi, 2020).

Emotion-focused therapy (EFT) was developed in the early 1980s by Greenberg and Johnson, drawing on humanistic-experiential therapy, systemic therapy, and attachment theory. EFT is a short-term intervention (8–20 sessions) integrating elements of experiential, client-centered, and constructivist approaches. According to this model, emotions possess intrinsic adaptive potential that, when activated, can help individuals reshape emotional stances and expressions (Fincham & May, 2022). In light of these discussions, the promotion of mental health and prevention of psychosocial harm

necessitates enhancing metacognitive awareness, especially among women. Identifying factors associated with stress, anxiety, and depression in this population can yield valuable implications for healthcare systems and societal support. Women often face multiple sources of stress, leading to the perception that their mental health is at risk. However, it is important to distinguish between transient distress and clinically significant psychological dysfunction. Given this context, the present study seeks to address the following research question: Does emotion-focused therapy have a significant effect on unmet belongingness, self-criticism, and levels of worry and intolerance of uncertainty in women with experiences of forced marriage?

Methods and Materials

The present study is applied in nature and employs a quasi-experimental design with a pretest-posttest control group format, including one intervention group and one control group. The statistical population consists of all women in Tehran who have experienced forced marriage and visited the Kimia Ravan Marriage Counseling and Family Strengthening Center in 2024. To select the sample, 22 individuals meeting the inclusion criteria were initially chosen through purposive (goal-based) non-random sampling, and then randomly assigned to two groups: 11 in the experimental group and 11 in the control group. The experimental group underwent an emotion-focused intervention consisting of eight 120-minute sessions. After dropouts, 10 participants successfully completed the intervention. The control group did not receive any intervention. It is noteworthy that to match both groups, participants in the control group were randomly removed equal to the number of dropouts in the experimental group.

Inclusion criteria for the therapeutic intervention included informed consent, at least basic literacy (reading and writing), experience of forced marriage, and not currently undergoing pharmacological treatment. Exclusion criteria included unwillingness to continue participation, anticipated psychological harm to participants, and more than three absences from the intervention sessions.

Tables 1. Emotion-Focused Therapy Protocol

The developed protocol includes eight 2-hour sessions, as outlined below:

Session 1: This session is dedicated to the introduction of the therapist and the participants. After the introductions, the therapist explains the goals of the therapy and evaluates the participants. The therapist also educates the group on the types of emotions.

Session 2: This session covers topics such as anger, depression, emotional regulation skills, and problem-solving skills.

Session 3: Through practical exercises, participants learn about the consequences of anger and bullying.

Session 4: The therapist attempts to raise participants' awareness regarding the consequences of delaying the process of self-forgiveness.

Session 5: A continuation of the mindfulness session, in which the therapist helps participants to identify their values and move toward them.

Session 6: In this session, the participant, with the support of the therapist, expresses regret for their bullying behavior and learns healthier ways to meet their needs.

Session 7: Participants learn how to replace negative emotions with positive ones. The therapist also asks them to evaluate their progress toward their goals.

Session 8: In the final session, group members review their progress and continue moving in that direction. They are also encouraged to cultivate forgiveness in their lives.

Measures

Given the present study's focus on the effectiveness of emotion-focused therapy on thwarted belongingness, self-disgust, and levels of worry and uncertainty in women with forced marriage experiences, the following questionnaires were employed to measure the research variables. These questionnaires have been validated in various studies and are detailed below along with their psychometric properties.

Interpersonal Needs Questionnaire (INQ)

The Interpersonal Needs Questionnaire, designed by [Joiner Jr et al., \(2009\)](#), assesses two interpersonal needs: thwarted belongingness and perceived burdensomeness, both of which contribute to suicidal ideation. The original questionnaire consists of 15 items. It was validated in Iran by [Kiani et al., \(2019\)](#), where it was confirmed with 12 items and two subscales as follows: Factor 1: Belongingness – Items 7, 8, 9, 10, 11, and 12. Factor 2: Perceived burdensomeness – Items 1, 2, 3, 4, 5, and 6. The subscale scores are interdependent,

and the questionnaire yields a total score. Items are scored using a 7-point Likert scale. Higher scores indicate higher levels of thwarted belongingness and perceived burdensomeness (Joiner Jr et al., 2009). The scoring is as follows: "Very true for me" = 7, "Somewhat true for me" = 6, "True for me" = 5, "Neutral" = 4, "Not true for me" = 3, "Somewhat not true for me" = 2, and "Not at all true for me" = 1. Items 7–12 are reverse scored. Total scores range from 15 to 105.

Higher scores reflect stronger perceptions of being a burden and lacking belongingness, indicating a belief that one causes harm or problems for others in social interactions. According to Van Orden et al., (2010) and Hawkins et al., (2014), internal consistency was high (Cronbach's alpha = 0.90). Van Orden and colleagues concluded that both constructs demonstrate strong validity and reliability and have divergent correlations with other interpersonal constructs. For instance, loneliness and social support correlate with belongingness, while perceived burdensomeness is associated with social worthlessness and suicidal ideation. In study Alizadeh et al., (2021), Cronbach's alpha was 0.91 for the perceived burdensomeness subscale, 0.84 for thwarted belongingness, and 0.89 for the full questionnaire. Kiani et al., (2019) also reported alpha values above 0.60 for both factors, confirming reliability. Confirmatory factor analysis (CFA) of the 15-item, 2-factor model demonstrated a good model fit. The questionnaire was thus validated for measuring interpersonal needs in Iranian student populations with 12 items and two subscales. Convergent validity was established via correlations with depression, anxiety, failure, and adverse childhood experiences. In Alizadeh et al., (2021), convergent validity was tested by correlating the INQ total score with the Beck Suicide Scale and Beck Hopelessness Scale. Significant positive correlations confirmed its convergent validity.

Self-Disgust Questionnaire

The 5-item Self-Disgust Scale was developed by (Watson, 2007) and translated into Persian by Mohammadi and Sobhani (2020). It measures self-criticism and self-devaluation. Construct validity was supported through CFA, showing all items loaded

significantly on one factor. Cronbach's alpha ranged from 0.75 to 0.85, indicating strong internal consistency. The scale uses a 5-point Likert scale, with scores ranging from 5 to 25. Higher scores indicate higher levels of self-disgust. Convergent validity was established through correlations with depression and anxiety scales, and low correlations with unrelated constructs supported discriminant validity. Overall, the tool shows adequate reliability and validity.

Worry and Uncertainty Questionnaire

The 47-item Worry and Uncertainty Questionnaire was developed by Carrey et al. (1991). Its construct validity was supported through CFA, and Cronbach's alpha was reported at 0.85, indicating good internal consistency. This test yields two scores. By summing responses from items 21 to 47, one can calculate uncertainty tolerance. Construct validity was established via both exploratory and confirmatory factor analysis (EFA and CFA), which confirmed that items adequately represent the dimensions of worry and uncertainty. Convergent and discriminant validity were evaluated through correlations with general anxiety and depression scales.

Data Collection Procedure

After determining the target population and sample size and obtaining an ethics approval letter from the university's research office (Code: IR.IAU.ARACK.REC.1403.071), the questionnaires were administered to the participants in the pretest phase, ensuring ethical standards were maintained. Subsequently, the therapy sessions were conducted, and the same questionnaires were re-administered in the posttest phase. The collected data were scored and analyzed using SPSS software. Given that this research focuses on the effectiveness of emotion-focused therapy on thwarted belongingness, self-disgust, and levels of worry and uncertainty in women who have experienced forced marriage, the data analysis involved both descriptive statistics (mean, variance, and standard deviation) and parametric inferential statistics, specifically multivariate analysis of covariance (MANCOVA) and univariate analysis of covariance (ANCOVA), appropriate for the study's objectives.

Findings and Results

Table 1

Descriptive statistics for the "Thwarted Belongingness" scale in women with forced marriage experience

Variable	Test Status	Group	N	Mean	Std. Deviation	Min	Max	Range
Thwarted Belongingness	Pre-test	Control group	10	19.00	1.826	16	22	6
		Experimental group	10	18.80	1.814	16	22	6
	Post-test	Control group	10	18.50	1.581	16	21	5
		Experimental group	10	16.70	1.160	15	19	4
"Self-Disgust" Scale	Pre-test	Control group	10	13.40	2.119	10	16	6
		Experimental group	10	13.20	1.932	10	16	6
	Post-test	Control group	10	13.00	1.764	10	15	5
		Experimental group	10	11.00	1.054	10	13	3
Worry and Uncertainty	Pre-test	Control group	10	142.80	13.620	124	165	41
		Experimental group	10	141.30	11.576	124	160	36
	Post-test	Control group	10	140.80	11.263	124	160	36
		Experimental group	10	130.50	8.357	114	141	27
Reasons for Worry"	Pre-test	Control group	10	60.40	4.195	54	68	14
		Experimental group	10	59.90	4.533	54	68	14
	Post-test	Control group	10	59.60	4.971	52	68	16
		Experimental group	10	53.60	5.125	47	60	13

Table 2*Descriptive results for "Thwarted Belongingness," "Self-Disgust," and "Worry and Uncertainty" in women with forced marriage experience (Post-test)*

Variable	Intervention Model	Mean	Std. Deviation	N
"Thwarted Belongingness"	Emotion-Focused Therapy (Control Group)	18.50	1.581	10
	Emotion-Focused Therapy (Experimental Group)	16.70	1.160	10
	Total	17.60	1.635	20
"Self-Disgust"	Emotion-Focused Therapy (Control Group)	13.00	1.764	10
	Emotion-Focused Therapy (Experimental Group)	11.00	1.054	10
	Total	12.00	1.747	20
"Worry and Uncertainty"	Emotion-Focused Therapy (Control Group)	140.80	11.263	10
	Emotion-Focused Therapy (Experimental Group)	130.50	8.357	10
	Total	135.65	11.004	20

Table 2 presents descriptive statistics for the "Thwarted Belongingness," "Self-Disgust," and "Worry and Uncertainty" scales in women who have experienced forced marriage. The descriptive findings indicate that the mean scores on these scales for the experimental group decreased. To confirm the homogeneity of covariances and variances, Box's M test was used. This

test simultaneously examines the interaction effects of multiple measurements within a sample. For assessing the assumption of homogeneity in the variables of "Thwarted Belongingness," "Self-Disgust," and "Worry and Uncertainty," Box's M test was conducted at an alpha level greater than 0.05.

Table 3*Results of Box's M test for homogeneity of covariance matrices in women with forced marriage experience*

Variables	Statistic	Value	Test Outcome
"Thwarted Belongingness," "Self-Disgust," and "Worry and Uncertainty"	Box's M	7.925	Covariance and variance matrices are homogeneous
	F	1.079	
	df1	6	
	df2	2347.472	
	Sig.	.373	

Table 3 shows that the covariance and variance matrices for all three scales are

homogeneous ($p > 0.05$), confirming that parametric assumptions are met.

Table 4

Results of Wilks' Lambda for "Thwarted Belongingness," "Self-Disgust," and "Worry and Uncertainty"

Source	Test Statistic	Value	F	df Hypothesis	df Error	p	Eta ²
Emotion-Focused Intervention (Exp. vs. Control)	Pillai's Trace	.840	12.700	3	13	.001	.841
	Wilks' Lambda	.160	12.700	3	13	.001	.841
	Hotelling's Trace	5.239	12.700	3	13	.001	.841
	Roy's Largest Root	5.239	12.700	3	13	.001	.841

Table 4 demonstrates the multivariate test results. Based on Wilks' Lambda ($\Lambda = .160$, $F = 12.700$, $p = .001$), the emotion-focused intervention significantly affected all three scales—"Thwarted Belongingness," "Self-Disgust," and "Worry and Uncertainty"—with 99% confidence. The effect size ($\text{Eta}^2 = .841$) suggests that

Discussion and Conclusion

The present study aimed to investigate the effectiveness of emotion-focused intervention on unfulfilled belongingness, self-disparagement, and levels of worry and uncertainty in women who have experienced forced marriage.

The findings of [Nedaei et al., \(2016\)](#) and [Wiesel et al., \(2021\)](#) confirmed that emotion-focused therapy significantly reduced intolerance of uncertainty and difficulties in emotional regulation among individuals with depression and anxiety, and enhanced cognitive awareness while reducing inappropriate emotional responses. Thus, the findings of [\(Razaghi, 2023\)](#); [Nedaei et al., 2016](#), and [Wiesel et al., \(2021\)](#) align in terms of reducing thwarted belongingness, self-disgust, and worry and uncertainty in women with forced marriage experiences.

Marriage inherently involves ongoing challenges. Marital conflicts are among the most frequent reasons individuals seek counseling services, surpassing many other psychiatric diagnostic categories. Due to various reasons, men and women inevitably face numerous issues in initiating, maintaining, and sustaining a close and intimate relationship. The high divorce rates in Iran and globally highlight the magnitude of marital issues. Numerous theories and studies have addressed marital challenges. Some women's rights advocates argue that demanding substantial dowries is a strategy for financial security, citing unequal access to wealth between genders. From this perspective, large dowries represent one path to women's economic independence. However, this often reflects a competitive dynamic between men and women over access to material resources. When such strategies fail, alternative approaches may be

84.1% of the variance in these outcomes can be attributed to the intervention. There is a statistically significant difference between the control and experimental groups in all three measured constructs, with 84% of the change in scores being predictable based on the emotion-focused intervention.

pursued. The adoption of Western lifestyles and values has also contributed to these perspectives.

Simultaneously, increased social mobility and new opportunities have granted some women relative economic independence. In semi-open societies where social mobility is somewhat possible, political, social, and economic reforms have enabled shifts in social positioning, allowing women to gain access to alternative professional roles and financial autonomy. Employment outside the home and participation in public roles have had both social and psychological impacts, allowing women to recognize their capacities and potential more than ever before. Over time, employment has gained symbolic value, and the traditional roles of homemaker and wife have lost their previous prestige ([Breda et al., 2020](#)).

Intolerance of uncertainty is a form of cognitive bias that affects how individuals perceive, interpret, and respond to uncertain situations at emotional, cognitive, and behavioral levels ([Burgess Moser et al., 2016](#)). Individuals who cannot tolerate uncertainty perceive uncertain situations as stressful, negative, and threatening. They tend to avoid such situations, and if faced with them, their functioning may deteriorate. Uncertainty, however, is a temporary condition that can be resolved through reflection or rational decision-making. As a psychological construct, uncertainty has been examined in various studies and is known to have detrimental effects on mental health. During uncertain states, individuals may experience anxiety, stress, or indecisiveness ([Dusman, 2020](#)).

Drawing on research, intolerance of uncertainty can indeed be considered a cognitive bias. It affects how people receive, process, and react to information. According to these studies, when differentiating between

healthy and anxious individuals, two major elements should be considered: self-referential implications of uncertainty and the attribution of negativity and injustice to uncertain situations (Dunham, 2016). Self-disgust, conversely, stands in opposition to pathological narcissism and grandiose self-admiration. A person who mistakenly sees themselves as vile, inferior, and shameful—projecting faults and flaws onto themselves—is essentially negating their own worth. This concept must be carefully distinguished from both normal self-criticism and pathological conditions with similar features. Hence, promoting mental health and preventing psychological and social harm necessitates the provision of metacognitive education, particularly for women, to enhance their psychological resilience. It is worth noting that identifying the key factors that influence stress, anxiety, and depression can have significant practical implications for both policymakers and society. Women may face various stressors, but emotional distress does not necessarily imply poor well-being. The mere presence of pain or suffering is not equivalent to low mental health.

The need for human connection is an emotional necessity, and marriage is the most intimate form of relationship that addresses physical and psychological needs. Everyone who enters marriage hopes for a lasting and successful partnership. In reality, however, marriage is always at risk, challenged by problems such as dissatisfaction, substance abuse, infidelity, and financial hardship. Sometimes these issues become so complicated and insoluble that divorce becomes inevitable. One of the root causes of such marital problems often lies in the early stages of partner selection, which can create a difficult path forward. In Iranian and Islamic culture, the family is a crucial institution. Despite its small size compared to other societal structures, it is one of the most respected and enduring institutions. Society is composed of families, and its characteristics are reflected through family relations. The foundation of family lies in a sacred bond and longstanding tradition where a man and woman commit to each other legally, religiously, socially, and emotionally. This bond is not merely for fulfilling temporary desires—it shapes the future and well-being of the couple and their children. The mental health of future generations depends on the psychological stability of the family.

The findings of the present study Razaghi, (2023), titled "The Effectiveness of Emotion-Focused Intervention on Thwarted Belongingness, Self-Disgust, and Worry and Uncertainty in Women with Forced Marriage Experience," showed a significant difference in all three variables between the control and experimental groups. The overall effect of the intervention on these scales was estimated at 84%. Specifically, the effect on the "Thwarted Belongingness" scale was 44%, on the "Self-Disgust" scale was 52%, and on the "Worry and Uncertainty" scale was 55%.

The results of this study are consistent with those of (Nedaei et al., 2016; Wiesel et al., 2021; Behvandi et al., 2021; Shadfar et al., 2025; Razaghi, 2023; Karimi et al., 2024; Alizadeh et al., 2021; Hamilton, 2020), and Shabaninia et al., (2022), all of which support the effectiveness of emotion-focused therapy in reducing "thwarted belongingness," "self-disgust," and "worry and uncertainty" in women with forced marriage experiences.

Like any study, this research faced several limitations. The primary challenge was recruiting participants with forced marriage experiences due to their reluctance to participate. Selecting women with narcissistic tendencies and the lack of interest among many participants also posed difficulties. Thus, generalizing the results should be approached with caution. The researcher had no access to the precise mental and physical health status of participants, especially those unwilling to join. Additionally, insufficient time for comprehensive literature review and participant homogenization limited the study. A further challenge was the drop in participant cooperation after initially agreeing to participate.

Emotion-Focused Therapy is effective in reducing emotional and cognitive vulnerability in women with forced marriage experiences. This intervention may serve as a valuable component of culturally sensitive, trauma-informed care in low-resource or underserved populations.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Ethical considerations in this study were that participation was entirely optional.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contribute to this study.

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