

Comparison of the Effectiveness of Emotion-focused Therapy and Acceptance and Commitment Therapy on Health locus of Control of Patients with Coronary Heart Patients

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(Received: 2 Apr 2020; Revised: 22 Apr 2020 ; Accepted: 30 Apr 2020)

Abstract

Introduction: Cardiovascular diseases are the most important cause of mortality in the world. In addition to physical problems, they are also influenced by psychological factors and psychological therapies along with biological therapy can help to improve these patients. The purpose of this study was to compare the effectiveness of acceptance and commitment therapy (ACT) and emotion-focused therapy (EFT) on Health locus of control of coronary heart patients.

Method: This was a quasi-experimental study with pretest-posttest design with control group. The statistical population of the study included patients with coronary heart disease in the city of Karaj. Patients were 30 to 60 years old who referred to Shahid Rajaei Hospital in Karaj. Samples were selected using convenient sampling method and were assigned randomly into two experimental and one control group. Data were collected using health locus of control questionnaire. Data were analyzed using descriptive statistics and analysis of covariance.

Results: outcomes showed that ACT and EFT are effective on adjusting the Health locus of control in patients with coronary heart disease, and there was a significant difference between the experimental and control group ($F = 7.25, p < 0.05$). But there was no difference between the efficacy of the two treatments.

Conclusion: Psychological therapies such as ACT and EFT increase self-care in cardiac patients by increasing control and increasing sense of responsibility.

Declaration of Interest: None

Keywords: ACT, EFT, Health locus of control, Coronary Heart Disease.

Introduction

Cardiovascular disease accounts for about half of all deaths from non-communicable diseases (1). The disease has become one of the most important health problems in developing countries and developed countries (2). World Health Organization research shows that cardiovascular disease is the most important cause of death worldwide, with most of these deaths occurring in third world and developing countries (3). In Iran, the prevalence of the disease is increasing, with 25% to 45% of all deaths resulting from the same disease (4). Cardiovascular disease is predicted to cause more than 23 million deaths (about 30.5%) worldwide by 2030 (5). Cardiovascular disease is putting a lot of economic pressure on the United States and around the world (6). The shift from other causes of mortality to cardiovascular disease as the most important cause of human mortality is a global phenomenon that can be described as an epidemiological change and is expanding day by day (5). In addition to health-related behaviors such as smoking, unhealthy diets and physical inactivity, hypertension and diabetes are also the most common causes of the disease (7). Psychological issues such as depression (8), D and A personality type (9), anxiety sensitivity (10), and alexithymia are factors that increase the risk of developing cardiovascular disease (11). Human behaviors and beliefs in all aspects of life including factors related to health, are affected by mental emotional procedures and the way of a person's thinking (12). Therefore, recognizing behaviors related to health and paying attention to people's belief regarding their health is considered

by researchers and Health Locus of Control (HLOC) is one construct for assessment of those. First, Locus of control was introduced by Rotter (13), and is a psychological concept (14). Locus of Control means a causal relationship between an individual's behavior and the reward perceives (14). A distinction is often made between individuals with an internal versus external locus of control (15). Those with an internal locus of control believe that life's outcomes and the events they encounter are consequences of their own actions. In contrast, those with an external locus of control believe that life's outcomes are largely influenced by external factors such as fate, luck or other people (15). Health Locus of Control are individuals beliefs based on past experiences with health issues. (16). People with internal locus of control tend to have healthy decision making behaviors. They are responsible for their health. Conversely, people with external locus of control, are usually passive. They do not take responsibility for their own health and are always influenced by the judgment and the magnitude, chance, physician and influence of others in relation to the disease (17). There is a close link between the source of health control, healthy behaviors and sense of control and responsibility of patients. There is a process of care and treatment of the disease (16). In recent years, due to the role of psychological variables in the initiation and continuation of coronary disease, researchers have used different treatments to improve these patients and two approaches have been used in this study.

ACT is one of the therapies that have gained popularity among therapists in recent years in the form of third wave

therapies and can be effective in the treatment of clinical patients. Instead of altering and changing one's cognitions, this treatment seeks to strengthen one's psychological connection with one's thoughts and feelings (18). ACT has a philosophical root in relational frame theory (RFT) and has six central processes, including acceptance, diffusion, self-context, and communication with the present, values and committed action that lead to greater individual flexibility (19). According to this theory, no thought, feeling, or memory is inherently problematic, dysfunctional or incompatible, and is context-dependent (20). Clients choose those behavioral goals that are of most importance or value to them (20).

Emotional-focused therapy (EFT) is an empirical approach that considers emotion as the basis of experience in adaptive and non-adaptive functions (21). EFT focuses on rehabilitating emotional processing in therapy to help people transform emotional pain and solve behavioral problems (22). In many studies, the efficacy of emotion-focused therapy has been confirmed in individual therapy, group therapy, and couple therapy (23). Research results have also show promising effects of EFT treatment for eating disorders, social anxiety disorders (23), anxiety disorders (24) and major depression (25).

Given the paucity of research resources on the effects of both ACT and EFT treatments on cardiac patients and the prominent role of psychological variables in initiating, continue and improving coronary heart disease, the aim of the present study was to compare the efficacy of acceptance and commitment therapy and emotion-focused therapy on Health

locus of control of patients with coronary heart disease.

Methods

The statistical population of this study included all patients with coronary heart disease in the city of Karaj aged 30-60 years who referred to Shahid Rajaei hospital for treatment 127 were identified as collaborators, 34 people withdrew due to distance or other reasons. Using available sampling method, 45 out of 93 were survivors with coronary heart disease. Finally, participants were 45 people who were selected by available sampling method and then the samples were randomly divided into three groups (two experimental and one control group). The experimental groups received 8 sessions of 90 minutes; one session per week for two months and the control group received no training. After completing the course, post-test was performed on all three groups.

Tools

1-Demographic Checklist:

This questionnaire was developed by the researchers to collect personal information such as age, education, marital status and occupation of the subjects.

2-Health Locus of Control Questionnaire:

Multilevel Scale of Health Control Source was created in 1978 by Wallston et al. to determine the source of people's health control (26). There are 18 items in total, including 6 items of internal control source, 6 items are the source of chance control and the 6 item is the source of control of others (27). Scoring Method: To get the score of each sub-scale, it is sufficient to sum up the score of all the

sub-scale expressions. The following questions are the Internal Health Control Source Scale: 1-6-8-12-13-17, The following sub-scales are sources of health control related to effective individuals: 5-3-7-10-14-18, The following health-related scales of chance: 2-4-9-11-15-16. Reliability of this questionnaire was obtained in research by Hasanzadeh et al. with Half-way 0.84 and with the Cronbach's alpha coefficient in the components internal control equal 0.68 and chance control equal 0.74 and in control of others equal 0.50 (28). In the

present study, Cronbach's alpha coefficients of internal consistency were estimated to be 0.85 for internal health locus of control, 0.82 for affective health locus of control of others and 0.83 for locus of chance control health. Data were analyzed using descriptive statistics and analysis of covariance by SPSS software, version 25.

The general structure of acceptance and commitment therapy and emotion-focused therapy are presented in the following tables.

Table 1. Content structure of Emotion-focused therapy

Content	session
Communication and relationship therapy, commitment to treatment, An explanation of heart disease, its underlying causes, its causes and its maintenance, Conceptualize emotion-focused therapy, Assessment of subjects based on ability to focus on internal experiences	First
Identify faulty interaction cycles, Identify conflicting, dualistic, and critical feelings about yourself and important and influential people in life	Second
Identifying the basic emotions and expressing emotions, teaching the naming of emotions in the present, Discuss the 4 main emotions (anger, fear, shame and sadness) and their needs	Third
To create and challenge usually unpleasant, experiences in communication and family contexts, Put the subjects in a two-chair conversation position to identify the initial hidden emotion and debate between the self-critic and the self-critic.	Fourth
By calming down, the self-critical speech and emotion can be relaxed and the subject's experience of helplessness reduced. Put subjects in an empty chair to talk to influential people in their lives	Fifth
Strengthening positive excitement through the process of forgiveness and emancipation from self-criticism and shaping its positive effects on participants' performance and heightened awareness of the consequences of delaying the process of forgiveness.	Sixth
Expressing your values and how to live with them and referring to your emotional and emotional needs and ways to meet those needs in line with your values (maintaining health as a value)	Seventh
Review the skills provided and reinforce the changes made during treatment. Highlighting the differences between current and old interactions. Summary of points raised in previous meetings	Eighth

Table 2. content structure of Acceptance and Commitment Therapy

Content	Title	session
- Welcome- Introducing the therapist and introducing the members- Practice conscious breathing - Examine issues that have worsened the quality of life of members- Talk about the goals of the group - Preparedness for acceptance- Review solutions - Investigate the effects of short-term and long-term solutions -Thinking about what is the purpose of the members to continue living?	Establishing good relationships with participants and expressing guidelines, attentive awareness, creative frustration and homework assignments	First

<p>- Explaining mindfulness and its brief goals to the group members - Review last session - Explaining the living conditions and the problems that are part of life and cannot be eliminated - Investigate the relationship between behavioral control, emotions, and coronary artery disease</p>	<p>Attention awareness, review of past session and home exercise and study of relationship between heart disease with anxiety, emotions and behavior management</p>	<p>Second</p>
<p>- Practice conscious breathing - Homework review last week - Acceptance - The therapist explains to the members that in the outside world and in dealing with events we can avoid or even control most of the things we do not like but avoid the emotions or thoughts that are an integral part of our world. Are often impossible. - Explain the concept of acceptance and its difference with tolerance and submission - Values - Practice celebrating 70 years - Defining the domain of values</p>	<p>Acceptance and Values</p>	<p>Third</p>
<p>- Review past sessions and experiences from homework - Leaves practicing on the creek -The members share their values and express their commitment to them. - Clear internal and external barriers - practicing magic wood - Smart goals</p>	<p>- Attention to consciousness and fault - Values Obstacles, goals and actions-</p>	<p>Fourth</p>
<p>- Homework Review - Attention awareness using wildlife practice - Explain that planning is a distinctive action- Explain the possible difficulties of committed actions - Members are required to plan and implement committed value-based actions based on the values derived from the meeting.</p>	<p>- Planning committed actions - As a supervisor - Attention awareness</p>	<p>Fifth</p>
<p>- Members are told to plan and implement goals and actions based on your values, as well as anticipate potential obstacles and find solutions to them. - Now tell us a little about your experience. - Practicing walking attention - The members of the group are explained that the concept of acceptance refers to a certain quality of behavior. - A stray atmospheric metaphor - Metaphor of monsters on the ship - Have team members think about obstacles, monsters and possible stray atmospheres in the course of the week.</p>	<p>- Homework Today - the reception - Applying circuit value despite obstacles</p>	<p>Sixth</p>
<p>- Group members are asked to share their experiences from last week's exercises with other members. - Breathing consciously - The members of the group are asked to explain and express their theory and practice in the group.</p>	<p>- Homework Review - Attention awareness - Review previous workout materials</p>	<p>Seventh</p>
<p>- The group members are asked to write a letter to their future, write down their goals, and write down actions that are based on their values. - Practice conscious breathing</p>	<p>- Stability of treatment - Attention awareness - Conclusion</p>	<p>Eighth</p>

Results

To analyze the data, the covariance analysis test with delineation of the effect of pre-test was used. Before applying the parametric test of covariance analysis, its assumptions were examined. The results of the Leven variances ($p>0.05$). Multivariate effect indicates that acceptance and

Commitment therapy training with emotion-focused therapy have an effect on adjusting the health locus of coronary heart disease and there is a significant difference between the locus of control in experimental and control groups. But Post-test scores showed no significant difference between the efficacies of the two treatments.

Table 3: Means and adjusted mean and standard deviations of Health Locus of Control

Variables	group	pre-test		Post-test		Estimates Mean	
		Mean	SD	Mean	SD	Mean	SD
Internal locus of Control	EFT	21.84	0.80	23.7	0.862	23.31	0.239
	ACT	22.78	0.80	23.92	0.615	23.85	0.226
	Control	22.93	1.03	22.60	0.91	22.46	0.226
External locus of control	EFT	22.46	0.967	22	1	21.79	0.314
	ACT	21.85	1.09	22.57	1.22	22.83	0.296
	Control	23.20	1.01	22.66	1.04	22.60	0.296
Chance locus of control	EFT	22.07	1.18	20.69	1.10	20.73	0.291
	ACT	21.71	0.825	29.42	0.851	20.45	0.275
	Control	21.73	0.883	22.46	0.915	22.41	0.275

Based on the results of Table 3. the adjusted mean of the components of the dependent variable, where the effect of random auxiliary variables is statistically eliminated. These averages indicate that the mean of the experimental groups is higher than the control group.

In order to evaluate the difference between the scores in the pre-test and post-test phases, the covariance analysis test was used. The results are presented in **Table 4**.

Table 4: Results of Multivariate Covariance Analysis of Post-Test Health Locus of Control Scores in Experimental and Control Groups

Source	Lambda coefficient Wilks	F	Df Assumption	Df error	sig	Effect size (%)	Statistical (%)power
Pre-test Internal locus of Control	0.86	1.84	3	34	0.157	0.14	0.436
Pre-test External	0.919	0.995	3	34	0.407	0.081	0.247

locus of control							
Pre-test	0.818	2.52	3	34	0.074	0.182	0.572
Chance locus of control							
Group membership	0.372	7.25	6	68	0.001	0.39	0.999

Table 4.also presents MANCOVA Multivariate analysis of covariance. Eta values indicate that approximately 40% of the variance of the therapeutic Health Locus of Control variable is accounted for by the group variable. As can be seen from the results of the covariance in Table 4, there was a significant difference between the groups' adjusted averages for Health Locus of Control (ETA = 0.39, P= 0.001, F(6,68)= 7.25). In other words, there is a significant difference between the two

experimental methods on Health Locus of Control cardiac patients (Acceptance and Commitment Therapy and Emotion-Focused Therapy) with the control group. In fact, acceptance and commitment therapy and emotion-focused therapy have been effective in increasing the internal health locus of control and reducing the chance of locus of control in the post-test phase. But the effect of therapeutic approaches on External locus of control was not significant.

Table 5: Comparison of two-way post-test means of locus of Control among the three group

Variables	Group(I)	Group(J)	(I-J)	Std. Error	Sig
Internal locus of Control	EFT	ACT	-0.547	0.336	0.337
		Control	0.849	0.348	0.049
	ACT	Control	1.40	0.335	0.001
External locus of control	EFT	ACT	-1.04	0.441	0.071
		Control	-0.807	0.457	0.258
	ACT	Control	0.234	0.439	1
Chance locus of control	EFT	ACT	0.277	0.409	1
		Control	-1.68	0.424	0.001
	ACT	Control	-1.96	3664080	0.001

According to the findings of the table 5, The difference in the Internal locus of Control between the ACT and the EFT groups was significant (p <0.05),But there was no significant difference between the ACT and the EFT (p >0.05).And, there was no significant difference between the ACT and EFT groups in the External locus

of control (p >0.05).Also, there was a significant difference in the Chance locus of control between the ACT group and the EFT group compare to control group (p <0.01), but there was no significant difference between the ACT group and the EFT group compare to control group(p >0.05).

Conclusion

The purpose of this study was to compare the efficacy of emotion-focused therapy and acceptance and commitment therapy on Health Locus of Control in patients with coronary heart disease. The results showed that acceptance and commitment therapy and emotion-focused therapy have been effective in increasing the internal health locus of control and reducing the chance of locus of control in the post-test phase. But the effect of therapeutic approaches on external locus of control was not significant. So, the results indicated that both ACT and EFT as two separate therapies help coronary heart disease patients tend to focus more on internal health control behaviors. And less inclined to the chance of control. No research has been found in the literature on this subject, but the application of these therapies in other fields has been approved in various clinical studies that appear to confirm the results of the present study, for example These findings are consistent with the findings of Majumdar et al (29) on the effect of ACT on stroke survivors, and the effect of EFT on reducing anxiety and depression in female-headed households (30), marital stress (31) and reduce fear of intimacy and anxiety in infertile women (32) and reduce depression and anxiety (33) and reduce anger, guilt and sadness (34) and on increasing psychological flexibility and marital intimacy of infertile Women (35),and on quality of life and perceived stress in cancer patients (36), and in reduction of craving and lapse in Methamphetamine addict patients (37). ACT reduces anxiety and physiological stress in the person by increasing one's awareness of present

experiences and shifting attention to cognitive systems and more efficient processing of information (38). In Acceptance and Commitment Therapy, individuals' desire for internal experiences was emphasized and trying to help patients experience their own maladaptive thoughts as a single thought and become aware of the ineffective nature of their current plan. Instead of responding, do what is important to them in life and in line with their values. Also, in ACT, acceptance of these unpleasant thoughts and feelings and allowing them to be present and not being controlled or suppressed can reduce the experience of these people. And, through the use of exercises and metaphors it creates flexibility in individuals. Also, in explaining the effectiveness of emotion-focused therapy in the research, it can be said that in the emotion-focused approach, Emotional processing cycles that include awareness, adjustment, reflection, and emotional conversion were helpful for these patients to convert secondary maladaptive emotions into primary adaptive emotions and identify needs so they could have an emotional experience. The present finding is in line with research by Biotel et al (24) that results indicate the effectiveness of emotion-focused therapy on anxiety disorders and emotion-focused therapy on the severity of depression in patients with major depression (25), quality improvement the life of students with depression (39). The research that precisely deals with the subject of the present study was not found in the research background study, but the application of ACT and EFT therapies in other fields has been approved in various clinical studies that appear to confirm the results of the present study, for example, research demonstrates the effectiveness of emotion-

focused therapy on autism spectrum disorder (40), marital satisfaction(41). Considering that the higher the score in the component of internal control source, the higher the score he believes he is more in control of his health and he is doing more to improve her health. It can be concluded that ACT and EFT therapies have a significant role in improving self-care behaviors and adherence to treatment regimens by increasing internal control locus and decreasing Chance locus of control. Because they hold themselves responsible for the improvement or spread of their disease.

The limitations of this study include the gender of only men in the sample. In future research, it is suggested that samples from both sexes be selected to evaluate the efficacy of the above treatments.

Acknowledgement

The authors are thankful to all the people who participated in this study and helped to facilitate the research process, especially the employees Shahid Rajae Hospital in Karaj.

References

1. Kang-Ju S, Hyo-Rim S, Bohyeun P, Hee-Ja K, Chun-Bae K. AElderly Patients with Hypertension in Elderly Patients with Hypertension in Korea. *Int J Environ Res Public Health*.2019; 16 (5):721.
2. Chandrababu R, Rathinasamy EL,suresh C, Ramesh J. Effectiveness of reflexology on anxiety of patients undergoing cardiovascular international

- procedures: A systematic review and meta- analysis of randomized controlled trials. *J Adv Nur*.2019; 75: 43-62.
3. World health organization. Cardiovascular disease [Internet]. Geneva: World health organization; [cited 2018].
4. Hashemi Nosrat Abad T, Machinchi Abbasi N, Aadlnasab L, Bahadori Khosroshahi J. Comparison of personality type and critical burnout in people with and without heart disease. *J Health Psychol*. 2012;1 (3):1- 9.
5. Safarzafegan N, Mohammadifard N. Cardiovascular Disease in Iran in the last 40 years: prevalence, Mortality, Morbidity, challenges and strategies for cardiovascular prevention. *Arc Iran Med*. 2019;22 (4):204-210.
6. Begjamin EJ, Muntner P, Alonso A, Bittencourt MS, Callaway CW et al. Heart Disease and stroke statistics 2019 update (A Report from the American Heart Association). *Circulation*. 2019;139; 56- 528.
7. Son KJ, Son HR, Park B, Kim HJ, Kim CB. A Community-Based Intervention for Improving Medication Adherence for Elderly Patients with Hypertension in Korea. *Int J Environ Res Public Health*. 2019; 16(5):721.
8. Vaccarino V, Badimon L, Bremner JD, Cenko E, Cubedo JD et al. Depression and coronary heart disease: 2018 ESC position paper of the working group of coronary pathophysiology and microcirculation developed under the auspices of the ESC Committee for Practice Guidelines. *European Heart Journal*.2020; 41: 1687–1696.

9. Petticrew MP, Lee K, McKee M. Type A behavior pattern and coronary heart disease: Philip Morris's "crown jewel". *American journal of public health*. 2012; 102(11):2018–2025.
10. Smith NF, Lespe´rance FO, Talajic M, Khairy P. Anxiety Sensitivity Moderates Prognostic Importance of Rhythm- Control Versus Rate-Control Strategies in Patients with Atrial Fibrillation and Congestive Heart Failure Insights From the Atrial Fibrillation and Congestive Heart Failure Trial. *Circ Heart Fail*. 2012;5:322-330.
11. Zakeri MM, Hasani J, Esmaili N. The Effectiveness of Emotional Process Regulatory Training Strategies on Emotional Vulnerability in Patients with Psoriasis. *J Clin Psych*. 2017; 9(2):97-111.
12. Amidi Mazaheri M, Hosseini M. Locus Of Control And General Self-Efficacy In Students Of Isfahan University Of Medical Sciences. *Armaghane Danesh* .2013;18 (2):115-25.
13. Pirzadeh A, Shoushtari MoghaddamE, Ebrahimi Araghinezhad Z, BaghaieArdakani TS, Torkian S. Health Locus of Control among Students of Isfahan University of Medical Sciences (2018). *Health Education and Health Promotion*. 2019;7(3):133-137.
14. Rotter JB. Generalized expectancies for internal versus external control of reinforcement. *Psychological Monographs*. 1966; 80 (1), 1-28.
15. Schultz DP, Schultz SE. *Theories of Personality*. Cengage Learning. 2016.
16. FathabadiJ, Sadeghi S, Jomehri, F, Talaneshan A. The Role of Health-Oriented Lifestyle and Health Locus of Control in Predicting the Risk of Overweight. *Iran J Health Educ Health Promot*. 2017; 5(4):280-287.
17. Jennie N, Jane W. *Health promotion: foundations for practice*. Edinburgh: Baillière Tindall. 2002.
18. Hayes SC, Strosahl K, WilsonKG. *Acceptance and commitment therapy: An experimental approach to behavior change*. New York: Guilford press. 1999.
19. Hayes SC, Luoma JB, Bond FW, Masuda A, Lillis J. *Acceptance and commitment therapy: Model, processes and outcomes*. *Behav Res Ther*. 2006;44(1):1-25.
20. Baradaran M, Zare H , Alipour A, Farzad V. Effectiveness of Acceptance and Commitment Therapy (ACT) on cognitive fusion and physical Health Indicators in essential Hypertensive patients. *JCP*. 2016;4 (1 and 2):1- 9.
21. Pos AE, Greenberg LS. *Emotion focused therapy: The Transform in power of affect*. *J contemp Psychother*. 2007; 37 (1): 25-36.
22. Goldman R, Greenberg L. *Formulation of references in Emotion Circuit Therapy*. [Fazeli Sani F, Khalatbari J, trans]. Tehran: Roshd Culture Pub.2019.
23. Elliott R. *Emotion – focused therapy*. PCCS. Book, Ross- on- wye. 2012; 103- 130.
24. Beutel ME, Greenberg L, LaneRD, subic-wrana C. *Treating anxiety disorders by emotion-focused psychodynamic psychotherapy (EFPP) - An integrative, trandiagnostic*

- approach. *Clin Psychol Psychother.* 2019; 26 (1):1-13.
25. Khoshnam S, Borjali A, KaregariPadar L, Amiri H. The effectiveness of emotion-focused therapy on the severity of depression in patients with major depression. *J Contemp Psych.* 2014;9 (1):106-95.
 26. Wallston KA, Wallston BS, DeVellis R. Development of the multidimensional health locus of control (MHLC) scales. *Health EducBehav.* 1978;6 (1):160-70.
 27. Ubbiali A, Donati D, Chiorri C, Bregani V, Cattaneo E, Maffei C et al. The usefulness of the Multidimensional Health Locus of Control Form (MHLC-C) for HIV+ subjects: an Italian study. *AIDS Care.* 2008; 20 (4):495-502.
 28. Hassanzadeh R, Toliati M, Hosseini H, Davari F. Relationship between Health Locus of Control and Health Behaviors. *IJPCP.* 2006; 12 (3):277-281.
 29. Majumdar S, Moris R. Brief Group- Base acceptance and commitment therapy for stroke survivors. *Br J Clin Psychol.* 2019; 58:70-90.
 30. Khosravi Asl M, Nasirian M, Bakhshayesh AR. The Impact of Emotion-focused Therapy on Anxiety and Depression among Female-Headed Households in Imam Khomeini Relief Committee, *JCHR.* 2018;7 (3):173-182.
 31. Babaei Gharmkhani M, Rasouli M, Davarniya R. The Effect of Emotionally Focused Couples Therapy (EFCT) on Reducing Marital Stress of Married Couples. *Zanko J Med Sci.* 2017; 18 (56):56-69.
 32. Khalatbari J, Hashemi Golpayegani F. The Effectiveness of Training the Integrated Model of Emotion-Oriented Approach and Gutman's Model on Fear of Intimacy and Anxiety of Pregnant Women. *J Thought Behav.* 2018; 12(48).
 33. Aarts JW, Huppelschoten AG, van Empel IW, Boivin J, Verhaak CM, Kremer JA, et al. How patient-centered care relates to patients' quality of life and distress: a study in 427 women experiencing infertility. *Human Reproduction.* 2012; 27(2):488-495.
 34. Feeney JA. The role of husbands and wives emotional expressivity in the marital relationship. *J Family Ther.* 2002; 7: 515-520.
 35. Naghavi M, Asadpour E, Kasaei A. The Effectiveness of Group Counselling based on Acceptance and Commitment Therapy on Increasing Psychological Flexibility and Marital Intimacy of Infertile Women. *HPJ.* 2020; 8 (4):105-126.
 36. Mohammadi SY, Soufi A. The Effectiveness of Acceptance and Commitment Treatment on Quality of Life and Perceived Stress in Cancer Patients. *HPJ.* 2020; 8(4):57-72.
 37. Arjmand Ghujur I K, Mahmoud Aliloo M, Khanjani Z, Bakhshipour A. Effectiveness of Acceptance and Commitment Therapy in Reduction of Craving and Lapse Methamphetamine Addict Patients. *HPJ.* 2020; 8 (4):41-56.
 38. Kaviani H, Javaheri F, Bohayraee H. The effectiveness of mindfulness-based cognitive therapy (MBCT) in reducing the negative automatic thoughts,

- dysfunctional attitudes, depression and anxiety: up to 60 days. *Ad Cogn Sci.* 2005; 7(1) : 49 -59
39. Golpour R, Abolghasemi A, AhadiB, Narimani M. The Effectiveness of Cognitive Self-Compassion Training on Emotion-Focused Therapy on Improving the Quality of Life in Students with Depression. *J Clin Psych.* 2014; 6 (21):64-53.
40. Robinson A. Enhancing Empathy in Emotion-Focused Group Therapy for Adolescents with Autism Spectrum Disorder: A Case Conceptualization Model for Interpersonal Rupture and Repair. *J Contemp Psychother.* Springer US. 2020;50: 133–142
41. Beasley c, Ager r. Emotionally Focused Couples Effectiveness over the past 19 Years. *J Evidence-Based Social Work.*2019;16(2):144-159.