



## The Comparison of Effectiveness of Emotion-Focused Couple Therapy and Mindfulness-Based Stress Reduction Program on Covert Relational Aggression of Couples

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**ABSTRACT:** The purpose of this study was comparison of effectiveness of emotion-focused couple therapy and mindfulness-based stress reduction program on covert relational aggression of couples. This quasi-experimental study was conducted with a pretest-posttest control group design with a two-month follow-up. The statistical population of this study included all the couples referring to counseling and psychological services in Shiraz city in 2020 (M=90). From the target population, 60 couples were selected by random sampling as the study sample and randomly assigned into two experimental groups (10 couples in each group) and a control group (10 couples). The experimental group underwent emotion-focused couple therapy (nine 90-minutes sessions) and mindfulness-based stress reduction program (nine 90-minutes sessions), but the control group received no training and remained in the waiting list. To collect data, couples' relational aggression and victimization scale (CRAViS) of Nelson and Carroll (2006) was used. Data analysis was performed using SPSS-24 software at the descriptive and inferential (analysis of variance with repeated measures and Bonferroni) levels. The results of the study indicated that both types of treatment in post-test and follow up had a significant effect on covert relational aggression of couples ( $P < 0.05$ ). Also, emotion-focused couple therapy had stronger effects in improvement of covert relational aggression of couples ( $P < 0.05$ ). Based on the results of this study, it can be said that emotion-focused couple therapy and mindfulness-based stress reduction program can be used as a treatment for the purpose of improvement of covert relational aggression of couples in therapeutic settings.

**Keywords:** Emotion-focused couple therapy, mindfulness-based stress reduction, covert relational aggression.

### Introduction

The family is formed as a social, emotional and shaping unit of human personality through the marital bond of men and women and their marriage together ([Bean, Ledermann, Higginbotham, & Galliher, 2020](#)). Accordingly, the need for intimate communication ([Lawford, Astrologo, Ramey, & Linden-Andersen, 2020](#); [Poletti et al., 2019](#)) and love are among the main reasons that lead men and women to marry ([Li, Zhou, Fang, & Cao, 2020](#); [Vowels & Mark, 2020](#)). Marital life is the center of many positive emotions and constructive consequences for couples, but sometimes, this family center can be exposed to threats that endanger marital life ([Thompson, Capesius, Kulibert, & Doyle, 2020](#)). One of the dangers that make married life very difficult is aggression ([Yang & Yang, 2021](#)).

Aggression is considered as a trait ([King, 2021](#)) and is a conscious behavior aimed at verbal and non-verbal harm and expressing hostility to others ([Stevens, Veldkamp, Harakeh, & Laninga-Wijnen, 2020](#)). Aggression has been declared as a global problem among individuals ([Muñoz-Fernández & Sánchez-Jiménez, 2020](#)) and one of the inherent and fundamental human emotions ([Matlasz et al., 2020](#)). In

addition to the aggression present in the daily life of all people with many consequences for them, one of the dimensions of aggression in married life is the covert relational aggression in the married life of couples ([Bradford, Dobry, Sandberg, & Coyne, 2019](#)).

In relational aggression, the individual tries to harm the audience and the relationship through the target influence (Ispitart et al., 2019). In particular, relational aggression includes two components: social sabotage aggression and love withdrawal aggression ([Nelson & Carroll, 2006](#)). Love withdrawal aggression is expressed in the form of not having sex, threatening to leave the relationship and depriving the spouse of attention and kindness ([Carroll et al., 2010](#)). Social sabotage aggression is manifested in the form of indirect harassment of the spouse through slander ([Gao, Bullock, & Liu, 2021](#)), spreading rumors, sharing private and confidential information of the spouse with others ([Fakhraee & Bashiri Khatibi, 2013](#)).

Another part of the social sabotage aggression can be that one of the spouses provides conditions that allow others to interfere in their discussions and disputes ([Khazaei, Navabinejad, Farzad, & Zaharakar, 2016a](#)). According to the research background, women are more likely to have a relational aggression than men. These conditions are associated with lower levels of marital quality ([Martin, Miller, Kubricht, Yorgason, & Carroll, 2015](#)), more instability in the marital relationship, and couples' experiencing more marital conflicts ([Carroll et al., 2010](#)). Given the existence of such problems due to covert relational aggression in couples, providing psychological interventions to improve these marital problems can be useful. One of the interventions that has been emphasized in previous research as highly effective in improving marital problems is emotion-focused couple therapy ([Salehpour, Ahghar, & Navabi Nejad, 2020](#)).

Emotion-focused couple therapy is more effective than other approaches due to its structured nature, having a step-by-step treatment plan, and the low likelihood of recurrence ([Johnson, 2012](#)). This treatment works in the following stages: Assessing the communication style, uncovering the defenses, revealing the style to the individual, and outlining its consequences. For this reason, people gradually succeed in recognizing and improving the suppressed and subtle emotions that perpetuate the negative communication cycle ([Bodenmann, Kessler, Kuhn, Hocker, & Randall, 2020](#)). The emphasis of emotion-oriented therapy is on the adaptive and safe attachments, through care, support and mutual attention for the needs of themselves and others ([Ghaznavi khazarabadi & Niknam, 2019](#)).

In the extant literature, the effectiveness of this treatment on solving marital problems has been emphasized. For example, a study has shown that emotion-focused couple therapy has an important role in reducing depression and improving the emotion regulation of disturbed couples ([Khojasteh Mehr, Shiralinia, Rajabi, & Beshlideh, 2013](#)). Emotion-focused couple therapy has also been shown to play an important role in reducing couples' relational aggression ([Hedayati, Hajjalizadeh, Hedayati, & Fathi, 2021](#)).

Another effective intervention on marital and sexual problems of couples is mindfulness-based stress reduction program ([Bossio, Higano, & Brotto, 2021](#); [Harbi, Oraki, Alipour, & Ghaemi, 2021](#)). Mindfulness involves focusing on a particular method, and seeking a purpose in the present without

judgment and prejudice ([Whitmoyer et al., 2020](#)). Mindfulness-based stress reduction program is an effective intervention in the treatment of psychological complications of chronic diseases that Kabat-Zinn has used to reduce stress and pain symptoms ([Kabat-Zinn, 2003](#)). This intervention method teaches people to communicate with the inside and outside world without judgment and with full attention and awareness ([Kabat-Zinn, 2005](#)). Based on the previous studies, mindfulness-based stress reduction program is effective in reducing couples' problems at different ages ([Monin et al., 2020](#)), plays an important role in reducing stress and anxiety, increasing life satisfaction, and raising people's conscious attention ([Rojas-Torres, Alonso-Esteban, López-Ramón, & Alcantud-Marín, 2021](#)).

From what has been said, it can be argued that emotion-focused couple therapy and mindfulness-based stress reduction program are effective interventions in improving couples' marital problems and reducing the level of aggression in couples' marital relationships. But what has not been considered in the previous research is the comparison of the effectiveness of these two interventions in reducing marital problems. In this study, this research gap has been addressed to identify an efficient, effective and important treatment for family therapists.

## **Material and Methods**

To conduct this study, a quasi-experimental pretest-posttest control group design with a two-month follow-up was used. The statistical population included all couples referring to private and public counseling and psychological services in Shiraz in 2021. Through available sampling method, among the existing centers of Imam Khomeini Relief Committee, Welfare, Afarinesh Private Center, Rahe Sabze Zendegi and Rasti Counseling Center, 3 centers were selected and the covert relational aggression questionnaire was administered to couples referring to these centers. Among the couples who received higher scores in this questionnaire, 30 couples (60 people) were selected and randomly assigned into three groups of emotion-focused couple therapy (10 couples - 10 males and 10 females), the mindfulness group based on stress reduction (10 couples (10 females and 10 males) and the control group (10 couples - 10 females and 10 males). Inclusion criteria included conscious consent to participate in the study, obtaining a high score in the covert relational aggression questionnaire, passing at least from six months to a year from the couple's marriage, and not having any physical or psychological illnesses. Exclusion criteria included the use of psychiatric and psychotropic drugs, the absence of one of the spouses for more than 2 sessions in treatment sessions, simultaneous participation in other courses and treatment interventions in the period of the present study, drug and smoking abuse and suffering from psychiatric disorders. In this study, the ethical principles included explaining the objectives of the study to the couples, obtaining informed consent from them, the optionality of the right to leave the study, the safety of medical interventions, holding meetings of question and answer and providing results to the participants and providing intervention to the control group after the follow-up stage. Also, the research with the code of ethics with the ID IR.BPUMS.REC.1400.001 has been approved by the Research Ethics Committee of Bushehr University of Medical Sciences. In this study, at the descriptive level, mean and

standard deviation were calculated. At the inferential level, analysis of variance with repeated measures was used. Also, to evaluate the comparison of emotion-oriented couple therapy and mindfulness based on stress reduction, *Bonferroni post hoc test* was used. Data analysis was done by SPSS software version 24.

### Instruments

Couples Relational Aggression and Victimization Scale ([Nelson & Carroll, 2006](#)) was used for the purpose of data collection. This scale consists of 12 questions in two subscales: The love withdrawal aggression and social sabotage aggression. The love withdrawal aggression was assessed by questions 1, 2, 3, 4, 5 and 6; and social sabotage aggression was measured by questions 7, 8, 9, 10, 11 and 12. The scale questions are graded on a 7-point Likert scale from 1 (very low) to 7 (very high). The range of total score is from 12 to 84. In the context of Iran, Cronbach's alpha was used to assess the reliability of the questionnaire. The coefficient of husbands' responses about their wives for the whole scale was 0.85. The reliability coefficients obtained for love withdrawal aggression, and social sabotage aggression were 0.85 and 0.83, respectively. In the case of wives' scores for their husbands, the total reliability coefficient was 0.85. The reliability coefficients obtained for love withdrawal aggression, and social sabotage aggression were 0.84 and 0.82, respectively ([Khazaei, Navabinejad, Farzad, & Zahra, 2016b](#)). The developers of the scale reported Cronbach's alpha indices of 0.90 and 0.88 for men in love withdrawal aggression, and and social sabotage aggression. Moreover, they reported 0.86 and 0.90 as Cronbach's alpha indices for women in love withdrawal aggression and social sabotage aggression ([Nelson & Carroll, 2006](#)). In another study abroad, the reliability of the questionnaire was calculated with Cronbach's alpha, and the obtained coefficients for women and men were 0.90 and 0.89, respectively ([Oka, Brown, & Miller, 2016](#)). In the present study, the internal consistency method was used to evaluate the reliability of the questionnaire and Cronbach's alpha was calculated as 0.82.

### Therapeutic sessions

**Table 1.** Emotion-focused couple therapy sessions, adapted from Johnson (2012)

Session	Content
1	Familiarity and establishing a therapeutic relationship, familiarity with the general rules of treatment, assessing the nature of the problem and the relationship, assessing the goals and expectations of individuals from treatment and performing a pre-test.
2	Recognize the negative interaction cycle and create the conditions for people to reveal their negative interaction cycle. Assess the relationship and attachment, get acquainted with the principles of emotion-oriented therapy and the role of emotions in interpersonal interactions, reconstruct interactions and increase flexibility.
3	Achieve unrecognized emotions that underlie interactive situations, focus more on attachment emotions, needs, and fears, validate their attachment experiences and needs, and focus on secondary emotions that are manifested in the interactive cycle, and exploration. In them to achieve the underlying and unknown emotions, discuss the primary emotions, process them and raise people's awareness of the primary emotions and hot cognitions.
4	Re-framing the problem in terms of underlying feelings and attachment needs, emphasizing clients' ability to express emotions and display attachment behaviors, raising awareness of the impact of fear and their defense mechanisms on cognitive and emotional processes, describing tissue cycles in the context of attachment.
5	Encourage them to identify rejected needs and aspects of themselves that have been denied, draw people's attention to how they interact with each other and reflect on their interactive patterns with respect and empathy, articulate attachment needs and identify denied needs, and increase acceptance of corrective experience.

6	Informing people about the underlying emotions and revealing each person's position in the relationship, emphasizing accepting the individual's experiences and new ways of interacting, tracking known emotions, highlighting and re-describing attachment needs, and pointing out that they are healthy and natural.
7	Facilitate the expression of needs, wants, expectations and create emotional conflict, develop early emotional experiences in the field of attachment and identify inner needs and relationships, create new attachments with a secure bond between spouses.
8	Creating new interactive situations between people and ending old interactive patterns, clarifying interactive patterns, reminding attachment needs.
9	Strengthening the changes that have taken place during treatment, highlighting the differences that have been made between current and past interactions, building a relationship based on a secure bond so that discussing problems and finding solutions is harmful, evaluate changes and perform post-test on the group.

**Table 2.** Mindfulness-based stress reduction program, adapted from Kabat-Zinn (2003)

Session	Content
1	Technique: body meditation. Feedback from participants, after practice, provide exercise at home.
2	Receive reports from last week's exercise, explain the effects of meditation on the brain and gray brain, Technique: Sitting meditation. Feedback from participants after performing the technique, provide practice at home.
3	Get reports from last week's workout, live in the moment now, here. What is Yoga? Why Yoga? Technique: A few yoga movements (according to the physical condition of the people and the environment of the course. Feedback from the participants. After performing the technique, provide practice at home.
4	Receive reports from last week's practice, extending meditation to a standard of living. Technique: Meditation on grape seeds (raisins or ...). Conscious walking meditation. Feedback from participants. After performing the technique, provide practice at home.
5	Follow-up: Receiving reports from last week's workout, do you like yourself? Technique: Rain meditation. Feedback from participants. After performing the technique, provide practice at home.
6	Receive reports from last week's practice, Reconciliation with Nature. Technique: Pond and mountain meditation. Feedback from participants. After performing the technique, provide practice at home.
7	Receive reports from last week's practice, Spreading Love. Technique: Forgiveness meditation. Feedback from participants. After performing the technique, provide practice at home.
8	Receive reports from last week's practice. Summary of lessons learned over the past two months. Practical: Write your own practice; A way to stabilize the state of consciousness.
9	Closing the sessions, reviewing the previous sessions and holding a post-test and setting a time for the follow-up stage

## Results

The results of descriptive statistics of age indicated that in the group of emotion-focused couple therapy, the mean was 34.70 and the standard deviation was 5.27. In the mindfulness-based stress reduction program group, the mean was 32.85 and the standard deviation was 4.74. In the control group, the mean was 33.45 and the standard deviation was 5.31. Based on the results of one-way analysis of variance (ANOVA), all three groups did not have a statistically significant difference in terms of age ( $F = 0.680$ ,  $p = 0.51$ ), which indicates that the three groups are similar in terms of age.

Table 3 shows the mean and standard deviation of covert relational aggression of experimental and control groups in pre-test, post-test and follow-up in the sample. In the following, the results of repeated analysis of variance are presented. To use the inferential statistics of repeated measures analysis of variance, the assumptions of this test were examined. Shapiro-Wilkes test was used to check the normality assumption and the results indicated that the dependent variables were normal. The assumption of homogeneity of variances (post-test) was tested by Levin test, and it was met in the post-test ( $P < 0.05$ ). The results of the M-box test, to examine variance-covariance equality, were not

statistically significant, and this means that the assumption of equality of variance and covariance matrices were also met. Also, the Mauchly's sphericity test had a significant level of value for the variables equal to 0.001. Therefore, the assumption of sphericity was rejected. As a result, the assumption that the variances were the same and, more precisely, the homogeneity assumption of the covariance matrix was not confirmed, therefore, the statistical model F was violated. As a result, the conservative Greenhouse-Geisser test was used to examine the within subjects' effects of the treatment, the results of which are shown in Table 4.

**Table 3.** Mean and standard deviation of covert relational aggression in experimental and control groups by assessment stages in males and females

Variables	Phase	Gender	Mean			SD		
			Emotion-focused	Mindfulness	Control	Emotion-focused	Mindfulness	Control
Love withdrawal	Pretest	Female	31.10	30.50	30.70	.73	.52	.82
		Male	30.60	30.50	30.70	.51	.52	.82
	Post test	Female	24.10	26.90	29.80	1.10	1.66	1.22
		Male	23.60	28	29.90	1.07	.81	1.10
	Follow-up	Female	24.70	27	30	1.94	1.76	1.49
		Male	23.70	28.20	30.10	1.25	1.03	1.37
Social sabotage	Pretest	Female	30.70	30.40	31	.67	.51	.81
		Male	31	30.60	30.90	.81	.84	.73
	Post test	Female	25.50	26.20	30.60	2.06	1.31	1.26
		Male	25.90	27.10	30.40	2.55	1.10	1.07
	Follow-up	Female	25.60	26.60	30.80	2.01	1.98	1.39
		Male	25.90	27.20	30.50	2.55	1.22	1.08

**Table 4.** Results of analysis of variance for repeated measurement of covert relational aggression in three stages of implementation

Variables	Sources		F value	p	Eta	Power
Love withdrawal	Within-subjects	Time	388.79	.001	.87	.99
		Time * Group	98.75	.001	.78	.99
		Time * Gender	.97	.35	.01	.18
		Time * Group * Gender	1.58	.20	.05	.38
		Error	-	-	-	-
	Between-subjects	Group	87.94	.001	.76	.99
		Gender	.05	.81	.001	.05
		Time * Gender	2.95	.06	.09	.55
		Error	-	-	-	-
Social sabotage	Within-subjects	Time	200.59	.001	.78	.99
		Time * Group	42.10	.001	.60	.99
		Time * Gender	.22	.66	.004	.07
		Time * Group * Gender	.24	.80	.009	.08
		Error	-	-	-	-
	Between-subjects	Group	39.99	.001	.59	.99
		Gender	.53	.44	.01	.11
		Gender * Group	.50	.60	.01	.12
		Error	-	-	-	-



The results of Table 4 showed that the effects of emotion-focused couple therapy and mindfulness-based stress reduction program are significant on covert relational aggression. That is, there is a significant difference between the scores of covert relational aggression between groups in the post-test and the follow-up compared to the pre-test. The effect of between-groups of the interventions is also significant in reducing love withdrawal ( $F = 87.942$ ;  $p = 0.001$ ) and social sabotage ( $F = 39.993$ ;  $p = 0.001$ ). That is, performing emotion-focused couple therapy and mindfulness-based stress reduction program was able to reduce the score of covert relational aggression compared to the control group. Also, gender factor and group / gender interaction were not significant, which indicates the equal effectiveness of covert relational aggression on couples. The following is a pairwise comparison of the mean scores of covert relational aggression in the test stages (pre-test, post-test and follow-up) in Table 5.

**Table 5.** Results of Bonferroni post hoc of covert relational aggression in Pre-Test, Post-Test and Follow-up Stages

Variable	Adjusted mean		Stage-difference	Mean difference	<i>p</i>
Love withdrawal	Pretest	30.68	Pretest-Posttest	3.63	.001
	Posttest	27.05	Pretest - Follow-up	3.40	.001
	Follow-up	27.28	Posttest-Follow-up	-.23	.051
Social sabotage	Pretest	30.77	Pretest-Posttest	3.15	.001
	Posttest	27.62	Pretest - Follow-up	3	.001
	Follow-up	27.77	Posttest-Follow-up	-.15	.06

According to the results of Table 5, the difference between the mean of the pre-test and the post-test and the difference between the mean of the pre-test and the follow-up is more significant than the difference between the mean of post-test and follow-up. This indicates that the emotion-focused couple therapy and mindfulness-based stress reduction program have an effect on covert relational aggression in the post-test phase and this significant effect has continued in the follow-up phase. In order to evaluate the difference between the effectiveness of emotion-focused couple therapy and mindfulness-based stress reduction program, Bonferroni post hoc (to compare the effectiveness of intervention groups) was run, the results of which are shown in Table 6.

**Table 6.** Pairwise comparison with Bonferroni post hoc to determine the effect of the more effective intervention on covert relational aggression

Variable	Reference group	Mean difference	<i>p</i>
Love withdrawal	The difference between emotion group and mindfulness group	-2.17	.001
	The difference between emotion group and control group	-3.90	.001
	The difference between mindfulness group and control group	-1.68	.001
Social sabotage	The difference between emotion group and mindfulness group	-.58	.42
	The difference between emotion group and control group	-3.26	.001
	The difference between mindfulness group and control group	-2.68	.001

The results of Table 6 showed that the difference between the mean of emotion-focused couple therapy and the control group was greater than the difference between the mean of and mindfulness-based stress

reduction program with the control group. This indicates that emotion-focused couple therapy was more effective than mindfulness-based stress reduction program in reducing covert relational aggression.

## Discussion

The aim of this study was to compare the effectiveness of emotion-focused couple therapy and mindfulness-based stress reduction program on covert relational aggression of couples. The results showed that both treatments in the post-test and the follow-up stages had a significant effect on the covert relational aggression of couples compared to the control group. In addition, the results showed that emotion-focused couple therapy was more effective in reducing covert relational aggression. This result is consistent with the results of the research by [Bossio et al. \(2021\)](#), [Harbi et al. \(2021\)](#), [Hedayati et al. \(2021\)](#), and [Salehpour et al. \(2020\)](#).

In explaining the effectiveness of emotion-focused couple therapy on covert relational aggression in couples, it can be said that covert relational aggression refers to trying to harm the spouse through the target influence and harming the relationship, which clearly indicates the negligence of the relationship. One of the most important approaches based on this form of injury namely, the correction of incorrect and destructive communication patterns of couples, is emotional couple therapy. This approach, by creating self-awareness in couples about emotions and their correct expression in a specific context, on the one hand, has caused the context of refining and expressing it in a safe and correct environment. On the other hand, by teaching evacuation and expression, the context provides awareness of the other party's emotions and the formation of a deep psychological relationship between couples ([Keltner, Sauter, Tracy, & Cowen, 2019](#)). A comprehensive review of the effectiveness of the emotion-oriented couple therapy process also indicates that this method works based on emotional problems in the relationship between couples. In this method, it is tried to achieve harmony and a kind of positive harmonization by teaching the recognition of the emotions of oneself and the other party and to provide the ground for effective communication ([Hedayati et al., 2021](#)). Accordingly, the application of such an approach provides the context for recognizing issues that are effective in shaping and creating aggression and controlling it in a marital relationship. Therefore, it is logical that emotion-oriented couple therapy positively affects the couple's covert relational aggression.

In justifying the effectiveness of mindfulness-based stress reduction program on covert relational aggression of couples, it can be said that mindfulness refers to a therapeutic process along with accepting and acknowledging experiences and living in the moment, reducing meaning and encouraging the individual to reduce engagement with thoughts and feelings ([Kabat-Zinn, 2003](#)). Through mindfulness exercises, the person becomes aware of the automatic functions of the mind and daily activities, and the necessary ground is provided for moment-by-moment awareness of thoughts and feelings and, consequently, control. It can also be said that increasing attention and awareness of thoughts, emotions and practical tendencies are positive consequences of mindfulness and mindfulness harmonizes adaptive behaviors and positive psychological states and even improves individual ability in individual and social



activities and interest in these activities. Therefore, it can reduce the amount of aggression in different marital situations in dealing with problems in marital relationships. Therefore, it is logical that mindfulness-based stress reduction program is effective on couples' covert relational aggression.

In explaining the higher effectiveness of emotionally oriented couple therapy in comparison to mindfulness program on covert relational aggression of couples, it can be said that relational aggression in married life is one of the communication phenomena that has profound effects on relationships of a couple. Excessive aggression with which couples are involved in life problems and which are experienced in their marital relationships may cause many problems in their relationships ([Hedayati et al., 2021](#)). Emotional couple therapy considers non-suppression of emotions as an undeniable necessity. In fact, although controlling negative emotions is considered as a goal, emotion regulation should be aimed at reducing, increasing, and maintaining both negative and positive emotions, including awareness, understanding, and acceptance of emotions ([Gratz & Tull, 2010](#)). In such situations, the effective expression of emotions plays an important role in creating psychological adjustment. Emotional couple therapy, by observing this principle, helps couples to express both types of positive and negative emotions and its appropriate occurrence. In this way, it provides the ground for a complete and satisfying relationship. When a person reaches the desired level of emotion and can play a good role in the family and has a good relationship with his/her spouse, he gradually enters a cycle of positive feedback, which has a great impact on his future success and overcoming existing marital and communication problems. Emotional couple therapy, using an integrated approach via combining three systematic perspectives, humanistic approach and adult attachment theory, has been able to focus on emotions in attachment theory, the important role of emotions and emotional communication in organizing correct communication patterns in couples ([Johnson, 2012](#)).

It can also be said that emotion-oriented couple therapy has a positive effect on emotions, correcting the wrong communication patterns of couples, increasing intimacy and marital satisfaction, reducing negative attitudes and aggression, and the continuation and maintenance of these components in relatively long follow-up periods ([Beasley & Ager, 2019](#)). Relying on couples' knowledge and awareness of each other's emotions, this approach strengthens closeness and sharing in common feelings. Thus, it was predictable that doing this approach correctly would be associated with a reduction in latent communication aggression in couples, as it would reduce emotional distance, the context of closeness of feelings and emotions and the mutual relationship of couples are strengthened. In a general conclusion, emotion-oriented couple therapy provides a platform for the appearance of needs and shortcomings by informing the individual about his / her emotions and those of his / her partner and strengthening the sense of self-respect and the other in a safe and trust-based environment. Appropriately, it provides the basis for problem solving, emotional closeness, feelings of intimacy between couples, and the reduction of expressions of anger and aggression towards each other. Therefore, it is logical that emotion-focused couple therapy is more effective than the mindfulness program on couples' covert relational aggression.

Since this study was conducted on couples in Shiraz, in generalizing the results of this study to couples in other cities, the necessary caution should be exercised by researchers and users of the results of this study due to cultural, ethnic and social differences. Delimiting data collection tools to the questionnaire in the absence of other measurement tools is another limitation of this research. Concurrence of the research with the coronavirus (Covid-19) epidemic has been another limitation of the present study which has made it difficult to gather the required data. Information and data related to research variables were collected through participants 'self-report and a questionnaire. This method of data collection is influenced by influential factors such as respondents' tendency to provide a social response.

It is suggested that similar research be performed on couples in other cities and other cultures so that the results of the present study are validated. Comparing the effectiveness of emotionally oriented couple therapy and mindfulness program on other marital problems of couples such as marital conflicts, marital incompatibility and so on can be an interesting research topic. Comparing the effectiveness of emotion-oriented couple therapy and mindfulness program with other therapies such as cognitive-behavioral therapy, self-compassion therapy, etc. can improve the results on improving marital problems. In addition, instead of using self-report tools that are likely to be biased, it is suggested that other tools such as interviews and observations be used to minimize the potential biases. Finally, according to the obtained results, it can be suggested that counselors and clinical psychologists in the field of family can use the results of this research in a practical and applied way in counseling and psychological services centers.

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