



Emotionally Focused Therapy and the Gottman Method for Addiction-Affected Couples: A Systematic Review and Meta-analysis

Mahdieh Zeighami¹, Shahla Amini Pirjol ², Maryam Saadati ³, Zahra Gholizadegan⁴, Somayeh Ein Afshar⁵, Fariba Abedkhani ^{6,*}

¹ Department of Psychology, Ke.C., Islamic Azad University, Kerman, Iran

² Faculty of Humanities, University of Zanjan, Zanjan, Iran

³ Garmsar Branch, Adiban Nonprofit University, Garmsar, Iran

⁴ Department in General Psychology, Alborz Branch, Payam Noor University, Alborz, Iran

⁵ Motahar University of Rationalists, Mashhad, Iran

⁶ Department of Psychology, Islamic Azad University of Bueenzahra, Bueenzahra, Iran

*Corresponding Author: Department of Psychology, Islamic Azad University of Bueenzahra, Bueenzahra, Iran. Email: fariba.abedkhani@yahoo.com

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Abstract

Context: Addiction affects not only the individual but also partners and children, placing family systems, particularly spouses, at increased risk for emotional distress, functional disruption, and safety concerns. This study synthesized current evidence on two prominent couple-based approaches, Emotionally Focused Therapy (EFT) and the Gottman Method, and evaluated their effectiveness in improving marital satisfaction and reducing addiction-related problems in couples in which one partner had an addictive disorder.

Evidence Acquisition: A systematic review and meta-analysis of randomized and quasi-experimental studies was conducted to identify EFT and Gottman-based interventions applied to couples with addicted spouses. The inclusion criteria were as follows: 1) regular joint sessions delivered by a clinician; 2) at least one intervention component aligned with the Gottman Method couple therapy (GMCT) or integrative behavioral couple therapy (IBCT); and 3) marital or substance-use-related outcomes suitable for effect-size calculation. A random-effects model was used to pool standardized mean differences (SMDs). Subgroup analyses compared EFT with Gottman-based interventions and examined study quality. Publication bias was assessed using Egger's test.

Results: Across five studies with sample sizes ranging from 20 to 59 participants, findings consistently favored couple-based interventions over controls for improving marital adjustment and reducing negative emotional exchanges. Several trials also reported fewer days of substance use and reductions in relapse-related outcomes. EFT and Gottman-based approaches demonstrated complementary benefits, although effect magnitudes varied by study design, population, and delivery context. High heterogeneity underscored the need for standardized outcome metrics and longer follow-up periods. Discussion: Both EFT and the Gottman Method show promise for improving relationship functioning and substance-use outcomes in couples affected by addiction. Future research should prioritize diverse samples, preregistered protocols, mediator and moderator analyses, and longer-term follow-up to establish a cohesive evidence-based framework for integrated family-centered care.

Keywords: Emotionally Focused Couple Therapy, Addiction, Systematic Review, Meta-analysis

1. Introduction

Dependency on narcotics is one of the most important social issues worldwide. It affects not only the lives of individuals with addiction but also the relatives

of substance users, especially spouses and children, exposing them to multiple harms (1).

The family is the social institution most vulnerable to the effects of addiction. Spouses of individuals with addiction, because of their dual roles as partners and heads of household, experience a high level of

vulnerability due to gender-related factors and the prevailing cultural context. These women, because of their shared experiences of psychological and physical harms in married life, may be unable to return to their previous levels of physical and psychological functioning even after cessation of substance use and recovery. This is because having a family member with substance abuse problems creates stress and has destructive effects on family members, especially spouses (2, 3).

Families, especially women with substance-abusing spouses, are highly vulnerable across multiple psychological and social domains. They experience substantial emotional and psychological burdens that can disrupt daily life and long-term well-being. The presence of a substance-abusing partner creates stress and has destructive effects on family members, particularly spouses (1).

These challenges include emotional distress, financial strain, disrupted relationships, and social isolation. The constant stress associated with caring for an addicted spouse may lead to health problems such as insomnia, headaches, high blood pressure, and depression. Feelings of guilt, shame, and self-blame are common and are often exacerbated by a sense of helplessness in changing the situation. In some cases, addiction is accompanied by violent behaviors and financial abuse, further threatening the physical and psychological safety of the family. Despite these hardships, separation from an addicted partner poses emotional and social challenges, especially when children are involved. Consequently, healthcare providers should pay special attention to these families to support their complex needs and reduce the adverse effects of addiction on family dynamics (4). Accordingly, this systematic review and meta-analysis highlights the implications of these findings for policy, practice, and the development of interventions aimed at reducing the burdens borne by families affected by addiction.

2. Methods

2.1. Review Question

Does couples therapy affect the emotions of people with addicted spouses?

2.2. Search Strategy

The search was conducted in English and Persian. Searches were performed in PubMed, Google Scholar, and Web of Science using the following terms and phrases:

(((((Emotionally Focused Couple Therapy) OR (Emotionally Focused Couples Therapy)) AND (Gottman Couple Therapy)) OR (Cognitive behavioral therapy)) OR (CBT)) AND (addicted husband)) OR (husband with addiction) AND (("1970"[Date - Create]: "2025"[Date - Create])).

Additional sources of gray literature, including conference papers and key academic journals, were also examined (Figure 1).

The collected data were organized into three main domains to guide the analysis. First, study identification variables were recorded, including the article title, first author, and year of publication. Second, methodological characteristics were extracted, including study design, sample size, participant characteristics (eg, age and gender), type of intervention, measurement instruments, and risk-of-bias or quality ratings. Third, the primary outcome and any prespecified secondary outcomes were documented for each study.

2.3. Inclusion and Exclusion Criteria

Studies were included in this meta-analysis if they met the following criteria:

- 1) Couples therapy was defined as a psychological intervention involving both partners in regular sessions led by a therapist, with the aim of increasing relationship satisfaction.
- 2) At least one intervention met the criteria for GMCT or IBCT.
- 3) Intervention effectiveness was assessed in randomized clinical trials or quasi-experimental studies in which couples therapy was compared with inactive control groups, medication, individual psychotherapy, psychoeducation, or counseling, and the studies provided sufficient data to calculate an effect size.

2.4. Quality Assessment of Included Studies

The quality of the included studies was assessed using the updated CONSORT Statement for Randomized Trials of Nonpharmacologic Treatments (2017) (5), an extension of the original CONSORT guidelines. This statement is intended to enhance transparency and minimize reporting bias in trials of nonpharmacologic interventions, such as psychotherapy, surgery, and rehabilitation. It incorporates key elements, including participant adherence to interventions, efforts to reduce bias when blinding is infeasible, and the timing between randomization and intervention initiation. It also includes items to support comprehensive reporting of intervention implementation, care provider and center characteristics, and protocol deviations, thereby

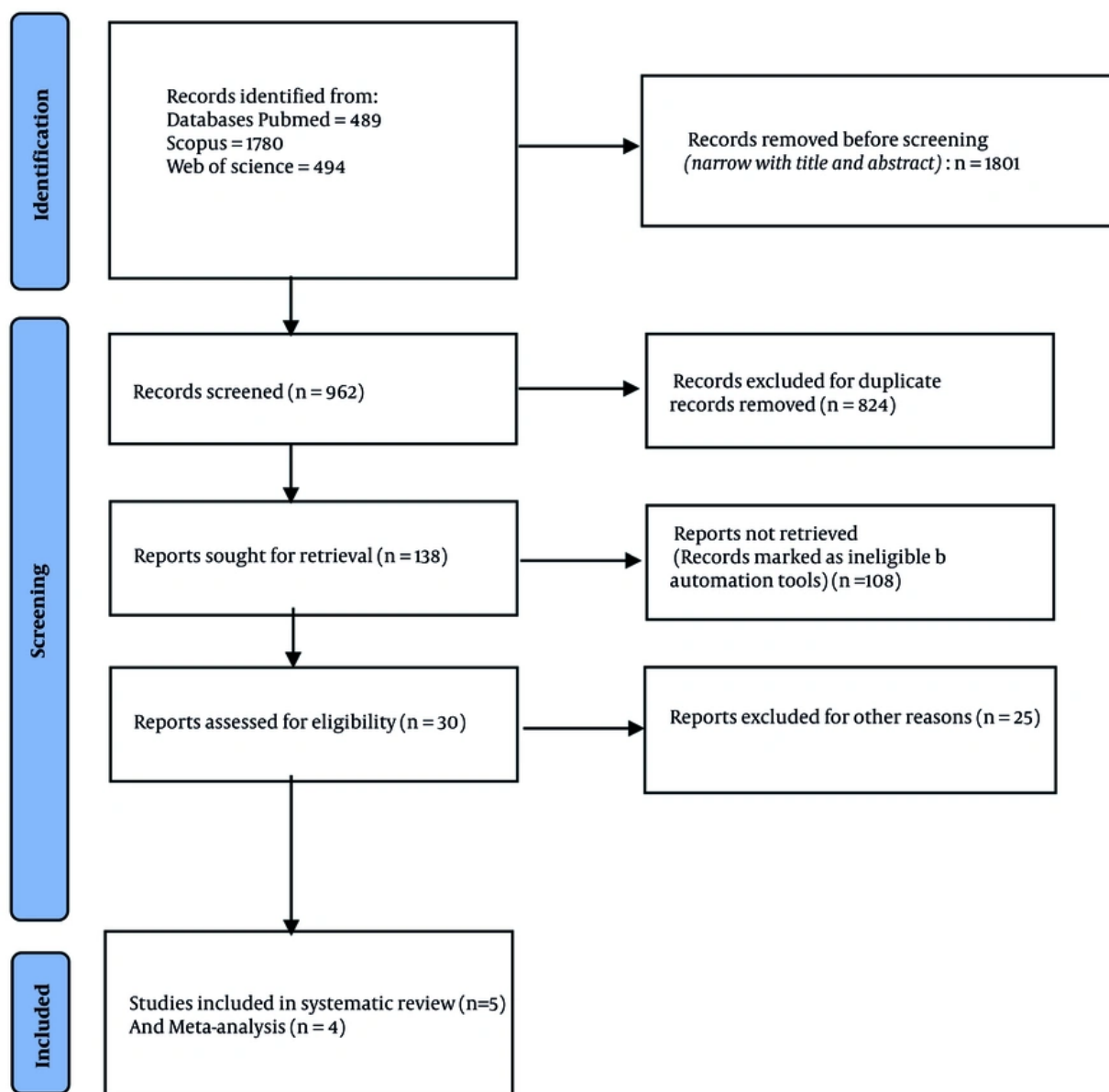


Figure 1. PRISMA 2020 flow diagram for new systematic reviews that included searches of databases

improving assessment reliability and enabling better cross-study comparisons.

2.5. Meta-Analytic Procedures and Bias Assessment

Standardized mean differences and their standard errors were calculated for continuous outcomes. A random-effects model was applied to pool effect sizes

because clinical and methodological heterogeneity across studies was anticipated. Heterogeneity was quantified using the I^2 statistic and Cochran's Q test. To explore potential sources of between-study variability, a meta-regression analysis was conducted with sample size as the moderator, and adjusted R^2 was used to estimate the proportion of between-study variance

Table 1. Characteristics of Included Studies

Author, Year	Sample Size	Design	Target Group	Duration of Therapy	Type of Intervention	Questionnaire	Key Finding
Taee et al., 2025 (6)	45	Quasi-experimental design	All women with addicted husbands	Ten 90-minute sessions	Gottman Method couple therapy (GMCT) and integrative behavioral couple therapy (IBCT)	Azar Brahimi's (2008) Questionnaire	Dual therapeutic approaches reduced emotional abuse and improved marital satisfaction among couples affected by addiction-related issues, underscoring the need for structured psychological training and intervention programs.
McCrary et al., 2016 (7)	59	Randomized clinical trial	Women with alcohol use disorders	12 sessions of 90 minutes	Alcohol Behavioral Couple Therapy (ABCT) and Blended Alcohol Behavioral Couple Therapy (Blended-ABCT)	Not reported	Significant reductions in drinking days and their consequences and improvements in marital satisfaction after treatment were emphasized. Although no significant difference was observed between the groups, the treatment effects of Blended-ABCT were slightly better than those of ABCT.
Dehghani et al., 2016 (8)	20	Quasi-experimental design	Women with addicted spouses	Not reported	Behavioral couple therapy	Revised Dyadic Adjustment Scale (RDAS); interview by clinical centers' psychiatrist	Behavioral therapy was one of the most effective approaches for improving marital adjustment.
Vedel et al., 2008 (9)	34	Randomized clinical trial	Couples with alcohol use disorder	10 sessions	Behavioral Couples Therapy	Level of Expressed Emotion Questionnaire	Marital satisfaction of the spouse increased significantly in the BCT condition. Treatment involvement of the spouse did not increase retention.
Samani, 2022 (10)	45	Quasi-experimental design	All women with addicted husbands	10 sessions of 90 minutes	Gottman Method couple therapy (GMCT) and integrative behavioral couple therapy (IBCT)	Azar Brahimi's (2008) Questionnaire	Group counseling based on the Gottman theory was more effective than the integrative behavioral method for emotional abuse and frustration. Group counseling based on the integrative behavioral theory was more effective than group counseling based on the Gottman theory for marital quality.

Table 2. Quality Assessment of Included Studies

Questions	Taee et al., 2025 (6)	McCrary et al., 2016 (7)	Dehghani et al., 2016 (8)	Vedel et al., 2008 (9)	Samani, 2022 (10)
Participants (eligibility criteria for participants)	1	1	1	0	1
Intervention (intervention intended for each group)	1	0	1	1	0
Outcome (clearly defined primary outcome for this report)	0	0	0	1	1
Number analyzed (number of participants analyzed in each group for primary outcome)	1	0	1	1	0
Conclusion (general interpretation of the results)	1	1	1	1	1
Results	High quality of assessment	Low quality of assessment	High quality of assessment	High quality of assessment	Moderate quality of assessment

explained by this covariate. Separate meta-analyses were conducted for primary outcomes related to IBCT and secondary outcomes related to Gottman-based interventions.

Publication bias and small-study effects were examined using Egger's regression test and visual inspection of the corresponding regression plot. In this analysis, the slope and intercept of the regression line of the standard normal deviate against its standard error were estimated, and a nonsignificant intercept ($P = 0.402$) indicated no statistically significant evidence of small-study effects. All statistical analyses, including computation of pooled SMDs, heterogeneity statistics,

meta-regression, and Egger's test, were performed using Stata version 17 (StataCorp, College Station, TX, USA).

3. Results

3.1. Characteristics of Included Studies

In total, 5 studies (6-10), with sample sizes ranging from 20 to 59 participants and predominantly quasi-experimental or randomized clinical trial designs, were included. Behavioral and integrative behavioral couple therapies, Gottman-based couple therapy, Alcohol Behavioral Couple Therapy, and related combined approaches were delivered in approximately 10 to 12 sessions of 90 minutes, primarily to women with

addicted husbands or to couples with alcohol use disorders. Across studies, various validated questionnaires, including Azar Brahim's marital questionnaire, the Revised Dyadic Adjustment Scale, and measures of expressed emotion and marital satisfaction, were used. The key findings consistently indicated that couple-based interventions reduced emotional abuse, decreased drinking days and alcohol-related consequences, and improved marital adjustment and relationship satisfaction, although some trials reported only small differences among specific therapeutic formats (Table 1).

3.2. Study Quality

Regarding study quality, 3 studies were rated as high quality, 1 as moderate quality, and 1 as low quality, based on criteria including the clarity of eligibility criteria, description of interventions, definition of primary outcomes, number analyzed, and coherence of conclusions (Table 2).

3.3. Effects of Couple Therapy on Emotional Outcomes

In the quantitative synthesis, behavioral couple therapy based on IBCT showed a nonsignificant overall effect on the primary outcome, with very high heterogeneity ($z = 0.57$, $P = 0.570$; $I^2 = 95.3\%$; 3 studies). In contrast, GMCT demonstrated a statistically significant effect on secondary outcomes, again with substantial heterogeneity ($z = 2.23$, $P = 0.026$; $I^2 = 93.0\%$; 2 studies). Overall, the forest plot (Figure 2) illustrates that, despite considerable between-study variability, couple-based therapeutic approaches tended to have beneficial effects on primary and secondary outcomes related to marital functioning and substance-related problems in couples affected by addiction (6, 8-10) (Figure 2 and Table 3).

3.4. Meta-Regression

In the meta-regression analysis, the relationship between the predictor variable ($_SS$) and effect size was examined. The results showed a positive but statistically nonsignificant association (coefficient = 0.059, $P = 0.062$), indicating that this relationship might be due to chance and was not definitive. The high heterogeneity among studies ($I^2 = 89.08\%$) indicated substantial between-study variability, suggesting that the findings should be interpreted with caution. Although the predictor explained a large proportion of the between-study variance (adjusted $R^2 = 86.63\%$), the small number of studies limited robust conclusions (Figure 3).

3.5. Publication Bias

Egger's regression test did not provide evidence of significant publication bias because the regression intercept was not statistically different from zero, and the regression line showed no marked asymmetry in the distribution of studies (slope = 3.03; 95% CI, -5.88 to 11.95; intercept = -7.85; 95% CI, -39.89 to 24.18; $P = 0.402$) (Figure 4).

4. Discussion

This article reviewed the theoretical foundations and empirical evidence for EFT and the Gottman Method for couples, two approaches that have been extensively studied and are highly effective in improving distressed marital relationships in the context of addiction. The authors delineated the clinical strategies used in EFT and the sequence of change processes hypothesized to be critical for partners' improvement. Particular emphasis was placed on the central role of accessing, organizing, and working with emotions within the relational context. The review then examined outcome and process research on EFT and reported meta-analytic data from randomized clinical trials showing meaningful improvements in couple adjustment. Finally, key empirical and clinical challenges that remain for EFT and the Gottman Method were summarized.

In the present review, two prominent therapeutic approaches for couples experiencing problems related to a partner's addiction, namely EFT and the Gottman Method, were examined simultaneously using a variety of research designs. The findings showed that couple-centered interventions focused on emotional and relational regulation can promote stable marital adjustment, reduce negative emotional behaviors, and diminish substance use and related consequences of addiction. The accumulated evidence indicated that working with relational emotions, organizing emotional dynamics, and expanding dialogue-focused skills are crucial for inducing changes in maladaptive communication patterns. Despite differences in study designs, including randomized clinical trials, quasi-experimental studies, and longitudinal studies, the findings were largely consistent with the conclusion that integrating behavioral approaches with emotional components and tracking emotion-relationship change processes can improve marital satisfaction and reduce days of use or addiction-related outcomes (6). However, factors such as cultural and demographic diversity among participants, structural variations in the delivery of clinical services, and mediators shaping the pathways

Table 3. Effect of Treatment on Primary and Secondary Outcomes of the Case Studies

Variables	Number of Studies	Chi-Square	P Heterogeneity Value	I ²	Overall z	P Value
Behavioral couple therapy (IBCT; primary outcome)	3	63.80	0.000	95.3%	0.57	0.570
Gottman Method couple therapy (GMCT; secondary outcomes)	2	14.21	0.000	93.0%	2.23	0.026

of these interventions warrant more advanced research and longitudinal designs with larger sample sizes to establish a coherent and robust framework for improving relationships in the context of addiction.

Future research should prioritize methodologically rigorous designs with diverse populations, standardized outcome metrics, and explicit mediation analyses to clarify how emotional processing, dyadic communication, and engagement mediate change. Clinically, a flexible stepped-care approach that tailors interventions to cultural and individual differences while maintaining fidelity to core EFT and Gottman principles may optimize outcomes in real-world settings where addiction intersects with relationship distress.

4.1. Strengths and Limitations

The limitations of this review include small sample sizes and heterogeneity in study designs, which may limit generalizability and the ability to adequately control for mediating or covarying factors. The strengths include the simultaneous evaluation of two well-established approaches, EFT and the Gottman Method, using diverse research designs and providing clinically relevant insights for enhancing couple interventions in addiction-related contexts.

Footnotes

AI Use Disclosure: The authors declare that no generative AI tools were used in the creation of this article.

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