**The Effectiveness of Emotion-Focused Therapy (EFT) on Calmness and Self-Control of Couples with Children with Cancer: A Quasi-Experimental Study**

**Zohreh Ashofteh1, khadijeh aerabsheibani2**

**1.MD psychology,payam e noor university, Tehran, Iran**

 **2.Assisstant of prof, psychology,,payam e noor university, Tehran, Iran**

**Abstract**

**Aims**: Cancer is a leading cause of child mortality in developed and developing countries, ranking the second cause of death in children under 14 years in Iran. Children’s cancer affects the entire family, including parents who consider themselves responsible for the illness and lose their calmness and self-control. The emotion-focused therapy (EFT) is one of the strategies that can reorganize parents' mood and relationships. This research was conducted to investigate the EFT effectiveness on calmness and self-control of couples with children with cancer.

**Materials & Methods**: The research used a quasi-experimental method with a pretest-posttest with control and experimental groups and a three-month follow up. The statistical population included 40 couples with a child with cancer in Ferdous. The questionnaires’ data were analyzed using statistical techniques (descriptive, inferential) and SPSS22. ANCOVA and MANCOVA were utilized to investigate the research hypotheses.

**Findings:** The results of the one-way ANCOVA, controlling for pretest scores, indicated a significant difference between experimental and control groups (parents of children with cancer) in the dependent variables of anxiety, stress, and depression reduction (p < 0.000). The F-values for reductions in anxiety, stress, and depression were 0.967, 0.382, and 0.341, respectively, with corresponding eta squared values of 0.950, 0.978, and 0.968, indicating a large effect size of the intervention. Additionally, there was a statistically significant difference in the variables of increased calmness and self-control (p < 0.000). These results demonstrate that Emotion-Focused Therapy (EFT), with 95% confidence, has a significant effect on improving mental health indicators (increased calmness and self-control, decreased anxiety, stress, and depression) among parents of children with cancer.

**Conclusion:** The findings of this study revealed that Emotion-Focused Therapy (EFT) significantly improves calmness and self-control while reducing anxiety, stress, and depression in parents of children diagnosed with cancer. Given the high effectiveness and sustained outcomes observed at the follow-up stage, EFT can be recommended as an evidence-based and effective approach for promoting psychological well-being in families coping with severe illnesses.Top of FormBottom of Form

**Keywords:**

Children's cancer, emotion-oriented therapeutic approach, calmness and self-control, parents of children with cancer.

**اثربخشی درمان هیجان‌محور (EFT) بر آرامش و خودکنترلی زوجین دارای فرزند مبتلا به سرطان: یک مطالعه شبه‌آزمایشی**

**چکیده**

**هدف**: سرطان به عنوان یک بیماری ناتوان کننده و شایع یکی از علل اصلی مرگ و میر کودکان در کشورهای توسعه یافته و در حال توسعه است. این بیماری در ایران دومین علت مرگ و میر در کودکان کمتر از ۱۴ سال می باشد. سرطان کودک بر روی سبک زندگی والدین تأثیرمی گذارد و والدین خود را مسئول بیماری او می دانند و آرامش و خویشتنداری خویش را از دست می دهند. از جمله راهکار هایی که میتواند روحیه و روابط ولدین را مجدداً سازماندهی کند رویکرد درمانی هیجان مدار (EFT) می باشد. این تحقیق با هدف بررسی اثربخشی مداخله رویکرد درمانی هیجان مدار (EFT) بر آرامش و خویشتنداری زوج های دارای کودک مبتلا به سرطان صورت پذیرفت.

**مواد و روش ها**: روش پژوهش حاضر نیمه آزمایشی با طرح پیش آزمون، پس آزمون با گروه کنترل و آزمایش و دوره پیگیری سه ماهه بود. جامعه آماری شامل40 نفر از زوجین دارای کودک مبتلا به سرطان در شهرستان فردوس بود. در بخش آمار استنباطي با فرض نرمال بودن داده ها، از آزمون آماری تحلیل رگرسیون گام به گام استفاده شد. داده ها با استفاده از تکنيک هاي آماري (توصيفي، استنباطي) و نرم افزار آماري 22 SPSS مود تجزيه و تحليل قرار گرفتند. جهت بررسی فرضیه تحقیق شیوه تحلیل کواریانس یک متغیره(ANCOVA) و مانکوا تجزیه و تحلیل شد.

 **یافته‌ها:** نتایج تحلیل کوواریانس یک‌راهه با کنترل اثر پیش‌آزمون نشان داد که بین زوجین دارای کودک مبتلا به سرطان در گروه آزمایش و کنترل، در متغیرهای وابسته شامل کاهش اضطراب، استرس و افسردگی تفاوت معناداری وجود دارد ( 000/0> p ) مقادیر آزمون F برای کاهش اضطراب، استرس و افسردگی به‌ترتیب برابر با 967/0، 382/0 و 341/0 و مجذور اتا نیز به‌ترتیب 950/۰، 978/۰ و 968/۰ به‌دست آمد که بیانگر اثر بزرگ مداخله است. همچنین، برای متغیر افزایش آرامش و خویشتنداری نیز تفاوت معنادار مشاهده شد ( 000/0> p ). این نتایج نشان می‌دهد که رویکرد درمانی هیجان‌مدار (EFT) با سطح اطمینان ۹۵ درصد، تأثیر معناداری بر بهبود شاخص‌های سلامت روان (افزایش آرامش و خویشتنداری، کاهش اضطراب، استرس و افسردگی) در والدین کودکان مبتلا به سرطان دارد.

**نتیجه گیری**: نتایج این پژوهش نشان داد که درمان هیجان‌مدار (EFT) به‌طور معناداری موجب بهبود آرامش و خویشتنداری و نیز کاهش اضطراب، استرس و افسردگی در والدین کودکان مبتلا به سرطان می‌شود. با توجه به اثربخشی بالا و پایداری نتایج در مرحله پیگیری، می‌توان این مداخله را به‌عنوان یک رویکرد کارآمد و مبتنی بر شواهد برای ارتقای سلامت روان خانواده‌های درگیر با بیماری‌های سخت توصیه کرد.

**Introduction**

Cancer is the second leading cause of death among children aged 1–14 years in many countries [1, 2]. Diagnosing childhood cancer leads to dramatic changes in a child's life, including short- and long-term adverse effects ranging from minor discomfort to death in childhood and adolescence [3]. Cancer is a multifaceted disease that harms patients and their families, especially children. Treatment of childhood cancers has increased survival rates by 80%, although various forms of malignancy still cause premature deaths [4, 5].

Childhood cancer diagnosis imposes an enormous burden on parents and demands more emotional, technical, and nursing roles from them. Fear of the progress of the child's cancer, dysfunction and internal turmoil in the family, the financial burden incurred by the child's cancer, and marital crises are among the consequences of these conditions [6, 7, 8]. Thus, it is not surprising that parents of children with cancer are also at risk of psychological distress following their children's cancer diagnosis [9].

Research findings show that parents of children with cancer have higher emotional distress than the control group while simultaneously facing a lack of emotional support [10]. Parental emotional distress not only worsens their quality of life, but also negatively affects their children's emotional regulation and quality of life, highlighting the importance of responding to parents' emotional demands [11]. Childhood cancers can stimulate family cohesion and provide a social support system between spouses [12] while, at the same time, offering a source of family discomfort. The repeated hospitalization of a child with cancer can put pressure on the parents because their understanding of the support they should have from their spouse along the way changes [13].

A diagnosis of childhood cancer provokes different emotional reactions as the family faces new demands and stresses [14], requiring strategies to for emotional control as the ability to understand emotions and feelings, regulate emotional experiences, and express emotions [15]. As distress among family members causes a negative response in the entire family [16], the nervous breakdown and loss of calmness and self-control of the family of children with cancer should be also taken into consideration. Nervous breakdown is a term used to describe any troubling emotions or feelings that affect a person's daily functioning [17].

Unmet psychological and emotional needs of parents require maximum attention, as each parent of a child with cancer adapts differently under different conditions and situations. These parents experience existential, physical, psychological, and social struggles, facing an unstable situation after diagnosis and having focused their attention towards protecting their child during treatment [18], necessitating inclusive and planned support and training to reduce coping constraints. One of the popular ways to provide such a support is Emotion-Focused Therapy (EFT) as an experiential approach that considers emotions as the foundation of experience associated with adaptive and maladaptive functions [19].

According to EFT, emotions arouse humans and have an inherently adaptive capacity that can help individuals to change their unwanted emotional and expressive positions if activated [20]. According to this approach, family members live in an emotional system with a critical contribution to the quality of interpersonal relationships, psychological traumatic symptoms, and their health. The emphasis is on adaptive attachment methods through care, support, and mutual attention to each individual and spouse's own needs [21]. Thus, negative emotions are taken under the control and the mental adjustment raises through emotional awareness, emotional signification, knowledge and experience of the agency in change processes and reorganization of inflexible interaction patterns [22].

Many psychological disorders such as depression, anxiety, and anorexia nervosa are the result of individuals’ unsuccessful attempts at emotional self-regulation. Therefore, maladaptive emotions must be identified, modified, and redirected in order to build a healthy and meaningful life. One of the effective approaches in this regard is Emotion-Focused Therapy (EFT), which emphasizes self-healing and inner balance and contributes to emotional regulation by strengthening a positive self-concept [23]. From this perspective, understanding the effectiveness of EFT compared to other therapeutic approaches can have important implications for implementing psychotherapeutic interventions aimed at reducing trauma-related psychological harm. Accordingly, the present study aims to examine the effectiveness of EFT on the relaxation and self-control of couples with a child suffering from cancer.

**Method**

This study employed a **quasi-experimental design** with a **pretest-posttest control group** and a **three-month follow-up**. As Thyer (1993) has noted, quasi-experimental designs are commonly used to evaluate the effectiveness of social programs, specific types of psychotherapy, or other psychosocial interventions—especially when full control over variables and complete randomization is not feasible [24].

Although certain elements of randomized controlled trials (RCTs), such as the use of a control group and pretest-posttest measures, were observed, some core RCT criteria—namely **random sampling from the target population** and **blinding**—were not met due to ethical and practical constraints. Specifically, because the target population (couples with a child suffering from cancer) was limited and it was ethically inappropriate to delay treatment for the control group, participants were selected using **purposive sampling**, and randomization was applied **only to group assignment**, not to the selection from the overall population. Therefore, due to the absence of critical RCT features like full randomization, population-based sampling, and intervention or assessor blinding, this study is classified as **quasi-experimental**.

**Participants and Sampling**

The target population included couples in Ferdows city who had a child diagnosed with cancer. To determine the sample size, G\*Power software version 3.1 was used. Based on ANCOVA with a medium effect size (f = 0.25), significance level (α = 0.05), and statistical power (0.80), the required sample size was estimated to be 20 participants per group, resulting in a total of 40 individuals (20 couples). Participants were then selected through purposive sampling and randomly assigned to experimental and control groups.

Purposive sampling, a type of non-probability sampling, is often used when probability-based sampling is impractical, costly, or inefficient [25]. Inclusion criteria were: (1) having a child with cancer, and (2) experiencing high levels of anxiety, assessed using the Beck Anxiety Inventory (BAI). During the screening stage, only parents who scored above 36 on the BAI—which indicates severe anxiety based on Beck's classification—were included, suggesting clinically significant distress.

Each group was limited to 20 participants, considering the time-intensive nature of EFT sessions and ethical concerns regarding withholding treatment from the control group. The control group received no therapeutic intervention and was only assessed at pretest, posttest, and follow-up stages. In experimental and quasi-experimental research, a minimum of 15 participants per group is generally recommended [26].

Participation was voluntary and based on informed consent. Participants were fully informed about the nature of the study and expectations, and signed written consent forms. All responses were collected anonymously, and confidentiality of data was maintained throughout the study.

Intervention

The Emotion-Focused Therapy (EFT) intervention for the experimental group was administered in accordance with the structured protocol developed by Sanagouymoharrez et al. (2018). The intervention consisted of 12 weekly group sessions, each lasting 60–90 minutes, and included in-session exercises, homework, and group discussions.

Table 1 provides a detailed outline of the content of EFT sessions for the experimental group.

Data Analysis

Data were analyzed using descriptive and inferential statistics with SPSS version 22. To test the study hypotheses, both univariate analysis of covariance (ANCOVA) and multivariate analysis of covariance (MANCOVA) were applied.

Measurement Tools

Two primary self-report instruments were used to assess the variables:

1. Self-Control Questionnaire

Developed by Abdollahi (2014), this questionnaire consists of 5 items rated on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). The items measure individuals' self-control in interpersonal and social contexts, emphasizing motivational and cognitive aspects of compliant behavior. Examples include: “I comply to avoid feeling guilty” and “I obey to avoid being blamed by others.” Higher total scores indicate greater levels of self-control.

* Content validity was confirmed by experts in social sciences.
* Construct validity was verified via factor analysis, with satisfactory factor loadings.
* Reliability (Cronbach’s alpha) was reported as 0.71, indicating acceptable internal consistency.

2. Maslach Stress Inventory (MSI)

Originally developed in 1989 to assess stress in cardiac patients, the MSI includes 40 items measuring physiological, cognitive, and behavioral symptoms of stress. Respondents rate the frequency of symptoms over the past month using a 4-point Likert scale: “Never,” “Sometimes,” “Often,” and “Almost daily,” scored from 1 to 4. Total scores range from 40 to 160.

Interpretation of total scores:

* 40–80: Low stress
* 80–100: Moderate stress
* 100+: High stress

The MSI can be used individually or in groups. Content and face validity were confirmed by faculty members at Shahid Beheshti University, and certain items were clarified with parenthetical explanations. Reliability, based on Cronbach’s alpha, was reported as 0.83 in a sample of 315 adolescent athletes, exceeding the acceptable threshold of 0.70.

Questionnaire Validity and Reliability

The custom-developed Self-Control Questionnaire included five items such as:

* “I comply to avoid being scolded.”
* “I comply to avoid guilt over unmet responsibilities.”
* “I obey to promote others’ well-being.”
* “I obey to gain others’ respect.”
* “I obey to ensure the dignity and equality of others.”
* Face validity was confirmed by experienced social science faculty.
* Construct validity was evaluated via factor analysis, with acceptable results.
* Internal consistency (Cronbach’s alpha) was >0.70.

For content validity, the Content Validity Ratio (CVR) was calculated using feedback from eight subject matter experts. Definitions and objectives were provided to the experts, who then rated each item on a 3-point scale: “Essential,” “Useful but not essential,” and “Not necessary.”

According to Lawshe’s table, items with CVR > 0.5 were considered valid (p < 0.05) and retained.

Table 2 presents the CVR calculations.

Table 3 displays the Cronbach’s alpha values, with 0.80 indicating good internal consistency and strong reliability of the questionnaire.

**Findings:**

As previously mentioned, the total number of participants in the study was 40, who were randomly assigned to two groups: experimental (n = 20) and control (n = 20). In examining demographic variables, the mean age of participants in the Emotion-Focused Therapy (EFT) group was 27.40 (SD = 4.28), while the control group had a mean age of 26.50 (SD = 5.72). Additionally, at the pre-test stage, no significant differences were observed in the mean scores of the study variables between the two groups, indicating initial homogeneity in the measured characteristics before the intervention.

**Table 4. Means and Standard Deviations of Relaxation and Self-Control Scores in Pre-Test and Post-Test Phases in Experimental and Control Groups**

| **Test Phase** | **Experimental Group – Mean** | **Experimental Group – SD** | **Control Group – Mean** | **Control Group – SD** |
| --- | --- | --- | --- | --- |
| Pre-test | 16.80 | 2.016 | 17.00 | 2.27 |
| Post-test | 20.15 | 2.498 | 17.05 | 2.32 |

As shown in Table 4, in the pre-test stage, the mean score of relaxation and self-control in the experimental group was 16.80 (SD = 2.016), and in the control group it was 17.00 (SD = 2.27). This similarity in mean scores indicates that at the beginning of the study, there was no significant difference between the two groups in terms of this variable. However, in the post-test stage, the mean score of the experimental group increased to 20.15 (SD = 2.498), whereas the control group showed no noticeable change, remaining at 17.05 (SD = 2.32). This substantial increase in the experimental group compared to the control group demonstrates the effect of the EFT intervention in improving relaxation and self-control in the experimental group. Overall, the statistical distribution of the scores supports the effectiveness of the intervention in enhancing the targeted variables in the experimental group.

To test the study hypotheses, Analysis of Covariance (ANCOVA) was conducted after checking assumptions such as normal distribution of data, homogeneity of variances, homogeneity of covariance matrices, and sphericity. The results of the Shapiro-Wilk test, skewness, and kurtosis indicated that the data distribution was normal. Additionally, Levene’s test confirmed the homogeneity of error variances for the relaxation and self-control variables (p = 0.335). Although the assumption of homogeneity of covariance matrices was not confirmed (p = 0.001), given the equal sample sizes in both groups, this issue does not undermine the validity of the results. Bartlett’s test also indicated an appropriate correlation between components (p < 0.01), thus justifying the use of Multivariate Analysis of Covariance (MANCOVA) for comparing the two groups.

**Table 5. Results of One-Way ANCOVA for Study Hypotheses**

| **Statistical Power** | **Eta Squared** | **Sig. Level** | **F Value** | **Mean Square** | **Sum of Squares** | **df** | **Source of Variation** | **Variable** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.00 | 0.950 | 0.000 | 138.839 | 0.344 | 22.33 | 18 | Group Effect | Increase in relaxation/self-control |
| 1.00 | 0.981 | 0.000 | 0.967 | 0.399 | 68.785 | 18 | Group Effect | Decrease in anxiety |
| 1.00 | 0.978 | 0.000 | 0.382 | 0.311 | 20.50 | 18 | Group Effect | Decrease in stress |
| 1.00 | 0.968 | 0.000 | 0.341 | 0.810 | 24.810 | 18 | Group Effect | Decrease in depression |

**Table 6. Results of Multivariate ANCOVA (MANCOVA) for Study Hypotheses**

| **Statistical Power** | **Sig. Level** | **Test Value** | **Test Statistic** | **Variable** |
| --- | --- | --- | --- | --- |
| 1.00 | 0.000 | 0.950 | Pillai’s Trace | Increase in relaxation/self-control |
| 1.00 | 0.000 | 0.981 | Pillai’s Trace | Decrease in anxiety |
| 1.00 | 0.000 | 0.978 | Pillai’s Trace | Decrease in stress |
| 1.00 | 0.000 | 0.968 | Pillai’s Trace | Decrease in depression |

In this study, to examine the effects of the Emotion-Focused Therapy (EFT) approach on psychological variables—including relaxation and self-control, anxiety, stress, and depression—in couples with a child diagnosed with cancer, both one-way ANCOVA and multivariate ANCOVA (MANCOVA) were applied. The analysis results are summarized in two main tables.

The findings from ANCOVA (Table 5) indicated that the intervention had a significant effect on all dependent variables, with significance levels reported as less than 0.000 in all cases. Specifically, for the component "increase in relaxation and self-control," the F-value was 138.839 and the effect size (Eta squared) was 0.950, indicating a very strong intervention effect on this aspect of mental health. The statistical power of 1.00 suggests that the sample size was adequate to detect this effect.

For the "reduction in anxiety" component, the F-value was 0.967 and the effect size was 0.981, again indicating a strong effect. Similarly, for "reduction in stress," the F-value was 0.382 with an effect size of 0.978, reflecting the considerable effectiveness of the intervention in lowering participants’ stress levels. Finally, for "reduction in depression," the F-value was 0.341 and the Eta squared was 0.968, further emphasizing the intervention's powerful influence.

Overall, the high effect sizes and full statistical power in all components demonstrate the strong efficacy of the intervention in improving various dimensions of mental health.

To evaluate the overall impact of the intervention on the combined set of dependent variables, a multivariate analysis of covariance (MANCOVA) was conducted. According to the results presented in Table 6, Pillai’s Trace statistics showed high values across all components: 0.950 for increased relaxation and self-control, 0.981 for decreased anxiety, 0.978 for decreased stress, and 0.968 for decreased depression. In all cases, the significance level was below 0.000 and statistical power was 1.00, confirming both the statistical significance and strength of the intervention's overall effect on the combined psychological variables. These results are consistent with the ANCOVA findings and demonstrate that the intervention effectively and comprehensively improved the psychological indicators of the participants.

**Discussion**

Based on the findings of the first hypothesis of the present study regarding the significant effectiveness of Emotion-Focused Therapy (EFT) in increasing relaxation and self-control among couples with a child diagnosed with cancer, it can be stated that these results are consistent with a substantial body of previous research. For example, studies by Sanagouy Moharrar et al. (2020), Sadat Tabatabaei Hosseini et al. (2020), Ghasemi (2015), and Hisa et al. (2020) all reported significant reductions in anxiety and depression as well as improvements in quality of life following EFT, which aligns with the increase in relaxation (as an indicator of mental health) observed in the present study. Additionally, the findings of Hedayati et al. (2020), which showed a decrease in aggression and improvement in couple interactions, support the positive impact of EFT on enhancing self-control within marital relationships. Theoretically, the effectiveness of EFT can be explained by attachment theory (Bowlby) and emotion regulation theory (Gross). EFT, by focusing on the identification, expression, and processing of primary emotions, helps individuals reconstruct maladaptive emotional responses and achieve more adaptive and balanced emotional states. According to attachment theory, emotional security and a healthy connection with significant others play a fundamental role in calming the emotional system; EFT strengthens couple relationships through this pathway, facilitating relaxation and emotional self-regulation. Moreover, based on Johnson’s therapeutic model, EFT promotes empathy, trust, and the correction of negative interaction patterns, resulting in more effective emotion regulation and consequently increased self-control. In summary, the findings of the present study are in line with previous empirical evidence and foundational theories in the fields of emotion and attachment, confirming that emotion-focused interventions can play a significant role in improving psychological indicators among couples facing the psychological stress associated with having a child with cancer.

The second hypothesis of the present study, which posits that Emotion-Focused Therapy (EFT) intervention has a significant effect on reducing anxiety among couples with a child diagnosed with cancer, aligns with the findings of numerous previous studies. For instance, research by Sanagouy Moharrar et al. (2020), Ghasemi (2015), Sadat Tabatabaei Hosseini et al. (2020), and Hisa et al. (2020) specifically reported a reduction in anxiety symptoms following EFT intervention. In these studies, EFT, as an approach based on deep emotional processing, helped patients reduce their anxiety by experiencing and expressing hidden emotions. From a theoretical perspective, the impact of EFT on anxiety reduction can be explained through emotion regulation theory (Gross, 1998) and attachment theory (Bowlby, 1969). EFT focuses on processing primary emotions, identifying unmet emotional needs, and reconstructing emotional interactions in close relationships, which leads to the restoration of attachment security and the strengthening of emotional self-regulation. These processes ultimately reduce anxiety levels, often stemming from feelings of loss of control or threats within close relationships. Moreover, since EFT provides an interactive and supportive framework, couples are able to better manage anxiety related to their child's illness within a safe environment.Overall, the findings of the present study regarding anxiety reduction are consistent with the existing research literature and relevant theoretical frameworks, demonstrating that EFT can be effectively employed as an intervention to alleviate psychological anxiety in parents of children with cancer.

The third hypothesis of the present study, which posits that Emotion-Focused Therapy (EFT) intervention has a significant effect on reducing stress in couples with a child diagnosed with cancer, is consistent with the results of previous research. Specifically, the study by Raeisipour et al. (2021) demonstrated that psychological distress, including stress, is negatively correlated with the quality of relationships among couples with a child suffering from cancer. Additionally, findings from studies by Ghasemi (2015), Sadat Tabatabaei Hosseini et al. (2020), and Hisa et al. (2020) indicate that EFT can help improve psychological adaptation in crisis health conditions such as cancer by reducing chronic negative emotions, including stress. From a theoretical perspective, the EFT approach, with its emphasis on creating a “secure emotional bond” and processing suppressed or distorted emotions, facilitates the reconstruction of supportive relationships. Attachment theory (Bowlby, 1969) states that secure relationships are a primary source of stress reduction in threatening situations. Similarly, emotion regulation theory (Gross, 1998) highlights the role of effective emotional processing in alleviating psychological pressure. In EFT, couples learn to recognize, express, and respond to their emotions in interactions that help reduce emotional stress. Therefore, the present study’s finding of a significant reduction in stress in the experimental group aligns well with both theoretical and empirical foundations, demonstrating that EFT can be an effective tool to support couples experiencing psychological pressure due to their child’s illness.

he fourth hypothesis of the study, which states that the Emotion-Focused Therapy (EFT) intervention has a significant effect on reducing depression in couples with a child diagnosed with cancer, is fully consistent with previous research evidence. Studies by Ghasemi (2015), Sadat Tabatabaei Hosseini et al. (2020), Sanagouymoharrar et al. (2020), and Adler et al. (2019) have all demonstrated that EFT effectively reduces depressive symptoms in individuals suffering from chronic illnesses or couples facing critical situations such as a child’s illness. Theoretically, EFT is based on attachment theory, which views depression as a consequence of disrupted secure emotional bonds. In this approach, by helping individuals identify, process, and express primary emotions (such as grief, helplessness, or the need for support), the groundwork for repairing emotional connections is laid, thereby reducing feelings of loneliness and helplessness that contribute to depression. Additionally, according to emotion regulation theory, EFT promotes adaptive emotional processing, leading to reconstruction of self-concept and reduction of negative thinking, both of which play a key role in treating depression. Therefore, the present study’s finding of a significant reduction in depression in the experimental group, aligned with scientific evidence and foundational theories, confirms the effectiveness of EFT in improving the mental health of couples facing the severe crisis of having a child with cancer.

**Conclusion**

In summary, the findings of this research underscore the significant role that emotion-focused therapeutic interventions can play in enhancing both calmness and self-control among couples dealing with the challenges of having a child diagnosed with cancer. By equipping parents with essential emotional regulation skills, such therapies not only provide immediate emotional relief but also contribute to the development of more resilient coping mechanisms. The substantial effect size and statistical validation of the results highlight the practical relevance of these interventions in real-world settings. As families navigate the complexities of serious health issues, the need for ongoing support and tailored therapeutic practices becomes increasingly evident, paving the way for future research to further explore and refine these approaches in diverse populations facing similar adversities.

**Ethical Considerations**

The research was conducted under the Code of ethics (IR.PNU.REC.1402.407) granted by Payam-e Noor University.

**Acknowledgment**

We would like to thank all the participants in the study who had an active contribution the research implementation.

**Conflict of Interest**

The authors declare no conflict of interest.

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