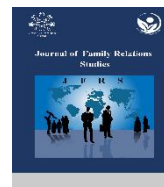




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## Research Paper

# The Effectiveness of Emotion-Focused Therapy on Parenting Self-Efficacy and Distress Tolerance in Mothers with Insecure Attachment Styles



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Distress tolerance, Emotion-focused therapy, Mothers with insecure attachment style, Parenting self-efficacy

## ABSTRACT

**Objective:** The present study aimed to investigate the effectiveness of emotion-focused therapy on parenting self-efficacy and distress tolerance in mothers with insecure attachment styles.

**Methods:** The research method employed was a quasi-experimental pre-test-post-test design with a control group. The statistical population of this study consisted of all mothers with an insecure attachment style during the 2024-2025 academic year in Ardabil. For this purpose, 30 mothers with an insecure attachment style were selected based on the study's entry criteria using purposive sampling. They were randomly assigned to two experimental groups (15 people) and one control group (15 people). Following a pre-test using the Parenting Self-Efficacy Scale by Dumka et al. (1996) and the Distress Tolerance Scale by Simons and Gaher (2005), the experimental group participated in 8 sessions (2 sessions per week) of 60-minute emotion-focused therapy as developed by Greenberg and Goldman (2019), while the control group maintained their normal routine. The data were analyzed using the multivariate analysis of covariance method in SPSS version 26 software.

**Results:** The findings showed that there was a significant difference between the mean parenting self-efficacy ( $P < 0.001$ ,  $F = 13.98$ ,  $\eta_p^2 = 0.350$ ) and distress tolerance ( $P < 0.001$ ,  $F = 55.00$ ,  $\eta_p^2 = 0.679$ ) of the experimental and control groups in the post-test. Thus, after implementing emotion-focused therapy, the mean scores of mothers with insecure attachment style in the experimental group increased significantly compared to the control group.

**Conclusion:** As a result, emotion-focused therapy can help mothers with insecure attachment styles enhance their parenting self-efficacy and capacity to tolerate distress. This therapy enables mothers to evaluate and adjust their attachment style, ultimately fostering a secure attachment style.

## 1. Introduction

Attachment theory provides a framework for understanding the importance of human bonding and its long-term impact on interpersonal relationships (Blake et al., 2024). Attachment practices play a significant role in the intergenerational transmission of trauma, as

traumatized parents often struggle to recognize the needs of their children (Grand & Salberg, 2021). Attachment style refers to how individuals relate to and interact with significant others, such as parents, children, and romantic partners (Levy et al., 2019).

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Attachment styles are commonly categorized as secure and insecure (Skentzos et al., 2022). Numerous studies indicate that childhood maltreatment experiences influence attachment representations in adulthood (Köhler-Dauner et al., 2022). A survey by Widom et al. (2018) found that parents with childhood maltreatment experiences were more likely to exhibit an avoidant attachment style compared to parents without such experiences. Additionally, physical abuse and repeated maltreatment are generally linked to more insecure attachment styles and insecure relationship patterns (Shahab et al., 2021). Insecure attachment representations also predict lower-quality parenting behaviors and may be considered a risk factor for disruptive parenting practices. Previous studies have identified associations between insecure attachment representations and lower sensitivity, more intrusive parenting behaviors, and higher levels of disorganization that disrupt caregiving behavior (Zvara et al., 2020). Furthermore, insecure attachment representations are associated with increased stress, which can negatively impact parenting behavior. Conversely, mothers with secure attachment representations are generally better equipped to cope with the challenges of motherhood (Moe et al., 2018). In summary, insecure attachment representations may be a risk factor for various aspects of sensitive parenting behavior. Previous studies have found that experiences of maternal maltreatment in childhood, maternal attachment insecurity, and avoidant attachment representations are associated with reduced self-efficacy in parenting (Rost et al., 2024). Additionally, mothers with secure attachments are more likely to demonstrate distress tolerance, effective emotion regulation, secure interpersonal relationships, and a positive self-view (Skentzos, Naeli & Hronis, 2022). Insecure attachment in parents may subsequently impact children's mental health, as maternal stress has been identified as a predictor of emotional problems and externalizing behavior problems in children (Köhler-Dauner et al., 2021; De Maat et al., 2021).

One of the positive characteristics of parents that impacts a child's future is a sense of self-efficacy. Parental self-efficacy refers to the belief parents hold in their ability to perform challenging parenting tasks and positively influence their child's future health and success (Harpaz et al., 2021). It is a variable that reflects mothers' judgments about their capacity to parent competently and effectively (Gessulat et al., 2023). This includes the degree to which they employ strategies that are effective with their child (effectiveness of maternal strategies) and teach age-appropriate strategies to the child regarding tasks (effectiveness of child behaviors) (Cortes et al., 2020). Parental self-efficacy and parenting behaviors can be improved through psychological interventions, which, in

turn, are effective in enhancing child mental health outcomes (Sim et al., 2019). Research has shown parental self-efficacy to be a key link between parenting behaviors and childhood behavioral outcomes (Gärtner et al., 2018). It is believed that one of the psychological variables that influences the evaluation and outcome of negative emotional experiences is distress tolerance (Intrieri & Newell, 2022). Distress tolerance is defined as an individual's ability to endure negative mental and emotional states. Generally, mental health professionals have found that distress tolerance encompasses the capacity to withstand negative internal states such as emotions, ambiguity, uncertainty, hopelessness, and physical discomfort (Perez et al., 2020; Hajloo, Salmani, & Shaari, 2024). It is also defined as the subjective or objective ability to remain resilient when facing harmful internal states and maladaptive external events (Robinson et al., 2019). Distress tolerance can affect various self-regulation processes, including attention, cognitive appraisal, and arousal of emotional or physical states, impacting their desirability. Individuals with high distress tolerance use more effective solutions to manage negative feelings and emotions (Peraza et al., 2019). It refers to the ability to handle real or perceived emotional distress and to navigate emotional events without escalating them. Those with low distress tolerance are often more affected by stressful situations and may resort to unhealthy or even destructive coping strategies to deal with these challenging feelings (Simons et al., 2021). Distress hampers a person's ability to effectively regulate emotions when faced with threatening and stressful challenges, which can lead to negative emotional experiences (Javanmardi et al., 2024). Research shows that distress tolerance influences how negative emotions are evaluated and their subsequent effects, with individuals having low distress tolerance reacting more intensely to stress than others (Simons et al., 2021).

One intervention that can affect emotional balance, distress tolerance, and attachment styles is Emotion-Focused Therapy (EFT) (Greenman & Johnson, 2022). This therapy, which combines experiential and systemic approaches, can be effective in treating psychological disorders (Shahar, 2020). Emotion-Focused Therapy involves three overlapping phases: attachment and awareness, emotional recall and emotional exploration, and emotional reconstruction, which are performed in eight steps. Emotion-Focused Therapy combines the assumptions and therapeutic approaches of Gestalt therapy and other humanistic therapies. This therapy helps clients uncover and transform their emotional experiences and engage them with a range of perceptions, feelings, cognitions, bodily experiences, and behavioral responses (Greenman & Johnson, 2022). The therapist acts as a guide

and facilitator for the client's goals, so that the client becomes skilled in analyzing their experiences during therapy (Caspar et al., 2023). Emotion-Focused Therapy is an integrated approach that combines three systematic perspectives, humanism, and attachment theory. Given the major role of emotions in attachment theory, this therapy refers to the important role of emotions and emotional communication in organizing communication patterns and considers emotions as a fundamental factor of change. Its goal is to recognize emotions and transform them into understandable messages and constructive behaviors (Azandaryan et al., 2022). The mechanism of action of emotion-focused therapy is that the therapist accesses the individual's maladaptive emotions through an empathetic relationship and, with the client, replaces them with emotions such as forgiveness, compassion, empathy, and protective anger (Greenberg, 2017).

According to emotion-focused therapy, a person's helplessness stems from how they structure and interpret their emotional experiences, as well as the interaction patterns they create and reinforce (Conradi et al., 2023). The two main goals of emotion-focused therapy are to encourage positive interactions and to help clients access their latent emotions. The goal of emotion-focused therapy is to help clients access, express, and reprocess the emotional responses that underlie their undesirable interaction patterns (Severinsen et al., 2022).

A review of empirical literature indicates that repeated experimental studies have shown that emotion-focused therapy is efficacious in improving attachment styles and emotional processing (Mendelson et al., 2024). Also, Afsar et al. (2022) showed in a study that emotion-focused therapy had a significant and lasting effect on improving emotional regulation and attachment styles of women with borderline personality disorder. Research has shown that emotion-focused therapy has a positive effect on the outcomes of parental self-efficacy and the reciprocal relationship between children's and parents' mental health (Ansar et al., 2023); therefore, this treatment method can be used to improve life expectancy and increase self-efficacy (Agharebparast et al., 2023). Also, other studies have concluded that emotion-focused therapy has a positive effect on increasing distress tolerance and cognitive emotion regulation (Heidari-Faileh et al., 2024; Parham et al., 2023). In light of the above, this study examined the effectiveness of emotion-focused therapy on parenting self-efficacy and distress tolerance in mothers with insecure attachment styles, as well as its importance in improving mothers' attachment styles and their individual and social development. Since there are not enough studies in this field, this study seeks to fill this gap and better understand the role of psychological therapies in increasing parenting self-

efficacy and distress tolerance. Emotion-focused skills training is a program used for parents to strengthen emotional bonds between parents and children and improve mental health outcomes in mothers and children. To achieve this goal, the following research question was raised: Is emotion-focused therapy effective in improving parenting self-efficacy and distress tolerance in mothers with insecure attachment styles?

## 2. Materials and Methods

This study is applied in terms of purpose and quasi-experimental in terms of method, with a pre-test-post-test design with a control group. The statistical population of the study included all mothers with an insecure attachment style in the 2024-2025 academic year in Ardabil. For this purpose, 30 mothers with an insecure attachment style were selected according to the study entry criteria using purposive sampling. They were randomly assigned to two experimental groups (15 people) and a control group (15 people). To determine the sample size of the study, the rule reported by Cohen et al. (2007) and Brysbaert (2019) was used, according to which 15 people are recommended for each of the experimental and quasi-experimental studies. Inclusion criteria included mothers who scored the highest on the insecure attachment style questionnaire, mothers' participation and cooperation with the therapist during sessions, satisfaction, and written commitment to participate in group sessions and treatment plans. Exclusion criteria also included absenteeism from a treatment session, failure to complete assignments during treatment sessions, and incomplete responses to questionnaires. The following tools were used to collect data:

**Parenting Self-Efficacy Scale (PSAM):** The Parenting Self-Efficacy Scale was developed by Dumka et al. (1996) to assess parental self-efficacy. This scale measures three major components: parents' feelings about their parenting ability, their confidence in their successful performance in the parenting role, and their assessment of their ability to manage their children's behavior (Dumka et al., 1996). This scale consists of 10 items (5 positive and 5 negative) and assesses parents' overall feelings about the parenting role. Responses to this scale are scored on a seven-point Likert scale from 1 to 7 (rarely to always). The questions apply to both fathers and mothers, and the purpose of designing the items of the Dumka Parenting Self-Efficacy Scale is to examine and assess the level of parenting self-efficacy in fathers and mothers. Questions 1, 3, 5, 6, and 8 are reverse-scored. The minimum score of this scale is 10, and the maximum score is 70. A higher score on this scale indicates higher self-efficacy. Dumka et al. (1996)

calculated the reliability of this scale using Cronbach's alpha method as 0.70. In the study of [Seyyedsharifi et al. \(2019\)](#), the reliability of this scale was reported as 0.83.

**Distress Tolerance Scale (DTS):** This tool is designed as a self-report Scale to measure emotional distress tolerance. It was developed by [Simons and Gaher \(2005\)](#). This scale consists of 15 questions and four subscales: emotional distress tolerance, being absorbed by negative emotions, subjective appraisal of distress, and regulation of efforts to reduce distress. The items of this scale are scored on a five-point Likert scale from strongly agree (1) to strongly disagree (5). High scores on this scale indicate high distress tolerance. [Simons and Gaher \(2005\)](#) reported the concurrent validity of the scale with the emotional distress scale to be 0.59. Cronbach's alpha coefficients for these subscales were 0.72, 0.82, 0.78, and 0.70, and for the total scale were estimated to be 0.82. [Azizi et al. \(2010\)](#) reported the internal consistency index and correlation coefficients of the scale with problem-oriented and emotion-oriented coping as 0.21 and -0.22, respectively, as convergent validity. They also reported the Cronbach's alpha value of this scale as 0.67 and its test-retest reliability over two months as 0.79. In the study by [Parham et al. \(2023\)](#), the reliability of this tool was calculated using the Cronbach's alpha method and reported as 0.82.

**Attachment Styles Questionnaire (RAAS):** The Adult Attachment Inventory, developed by Collins and Reed in 1990, is a tool designed to evaluate relationship-building skills and provide self-reported descriptions of attachment styles toward close attachment figures. It contains 18 items, with responses rated on a 5-point Likert-type scale ranging from 1 (not at all reflective of my characteristics) to 5 (completely reflective of my characteristics). Attachment styles are categorized into two types: secure attachment (items 1, 6, 8, 12, 13, 17) and insecure attachment (items 2, 3, 4, 5, 7, 9, 10, 11, 14, 15, 16, 18). The reliability of the inventory was established by Collins and Reed using the Cronbach's alpha method, yielding a score of 0.80, and the Spearman-Brown correlation coefficient method, resulting in a score of 0.82 ([Collins & Reed, 1990](#)). Additionally, [Palizban et al. \(2015\)](#) further confirmed the reliability of this test, reporting a Cronbach's alpha value of 0.82 and a Spearman-Brown coefficient of 0.85.

**Emotion-Focused Therapy:** The emotion-focused therapy utilized in this study (Table 1) was adapted from the protocol outlined by [Greenberg and Goldman \(2019\)](#). This therapy was administered by the therapist over 8 sessions, each lasting 60 minutes, conducted twice a week for one month at the Educational Counseling Center within the Education and Training Department of District 1 in Ardabil Province.

**Table 1. Summary of Greenberg and Goldman's (2019) emotion-focused therapy sessions**

Session	Objectives	Session content	Assignment
<b>First</b>	Introduction to the treatment plan	Conducting a pre-test, getting to know and establishing a therapeutic relationship, understanding the general rules of treatment, assessing the nature of the problem and relationship, and evaluating the clients' goals and expectations from treatment.	Participants were asked to review their past emotional memories and experiences and write down important items.
<b>Second</b>	Analyzing and changing emotions	Identifying the negative interaction cycle and creating conditions that encourage clients to reveal their negative interaction cycles. Assessing the relationship and attachment bond between men and women, familiarizing clients with the principles of emotion-focused therapy and the role of emotions in interpersonal interactions, rebuilding interactions, and increasing clients' flexibility.	Practicing emotional processing techniques and trying to accept your feelings during interactions.
<b>Third</b>	Analyzing and changing emotions	Reframing the problem in terms of underlying feelings and attachment needs, emphasizing the client's ability to express emotions and demonstrate attachment behaviors, making clients aware of the impact of their fears and defense structures on cognitive and emotional processes, and describing the cycle of perception and the context of attachment.	Practice experiencing emotions and embracing your feelings in interactions.
<b>Fourth</b>	Deep emotional conflict	Encourage identification of unmet needs and aspects of the self that have been overlooked or denied. Draw clients' attention to the ways they interact with each other, reflect their interaction patterns with respect and empathy, express attachment needs, identify suppressed needs, and foster greater acceptance.	Practicing expressing emotions and attempting to regulate emotions
<b>Fifth</b>	Deep emotional conflict	Disentangling people from underlying emotions and revealing each client's place in the relationship, emphasizing acceptance of new experiences and ways of interacting, tracing recognized emotions, highlighting and restating attachment needs, and pointing out that they are healthy and natural.	Chair work practice for emotional well-being



Session	Objectives	Session content	Assignment
<b>Sixth</b>	Deep emotional conflict	Facilitating the expression of needs and desires, creating emotional engagement, developing initial emotional experiences in the field of attachment, recognizing internal needs and attachments, and creating new attachments with a secure bond between clients.	Trying to eliminate emotional interruptions
<b>Seventh</b>	Consolidation and integration	Creating new interactive situations between people, ending old interactive patterns, clarifying the interactive patterns, and remembering attachment needs.	Practicing emotion regulation and problem reconstruction
<b>Eighth</b>	Consolidation and integration	Reinforcing the changes that occurred during therapy. Highlighting the differences that have arisen between current and past interactions. Forming a relationship based on a secure bond so that discussing problems and seeking solutions does not damage their relationship, evaluating changes, and conducting a post-test.	Practicing behavior and experiencing emotions based on experiential insight into life

**Execution method:** To collect data in this study, after receiving a letter of introduction and obtaining permission from the Research Ethics Committee of Mohaghegh Ardabili University, with the ethics code IR.UMA.REC.1404.008, we first referred to the Ardabil Provincial Education Organization and randomly selected one of the two educational counseling centers in Ardabil City. After referring to the selected educational counseling center, in coordination with the center's director and counselors, and after seeking the opinions of the mothers referred to the counseling center to participate in the study, they were asked to cooperate with the researcher in emotion-focused therapy sessions. The referring mothers completed the Attachment Style Questionnaire (Collins & Reed, 1990), and those with the highest scores in insecure attachment style were chosen for the study. For this purpose, after selecting 30 mothers with insecure attachment style and randomly assigning them to two experimental groups (15 people) and a control group (15 people), all subjects responded to the Parenting Self-Efficacy Scale of Domka et al. (1996) and the Distress Tolerance Scale of Simons and Gaher (2005). Then, the experimental group received emotion-focused therapy as a group, and the control group continued with

its routine. At the end of the intervention program, all subjects in the two experimental and control groups responded to the above tests again as a post-test. The data obtained from this design were analyzed using SPSS 26 software and with descriptive statistics methods, including mean and standard deviation, and inferential statistics methods, including multivariate analysis of covariance.

### 3. Results

In this study, 30 mothers participated, with 2 (13.30%) in the experimental group, 9 (60%) in the age range of 25 to 35 years, and 4 (26.70%) in the age range of 36 to 45 years, and 4 (26.70%) in the age range of over 45 years, respectively, and 4 (26.70%) in the control group, 7 (46.60%) in the age range of 36 to 45 years, and 4 (26.70%) in the age range of over 45 years. The educational level of the subjects in the experimental group was 1 person (70.6%) with a cycle, 5 people (30.33%) with a diploma, and 9 people (60%) with a bachelor's degree or higher, and in the control group, 1 person (70.6%) with a cycle, 5 people (70.46%) with a diploma, and 9 people (70.46%) with a bachelor's degree or higher. The mean and standard deviation of the research variables are presented in Table 2.

**Table 2.** Mean and standard deviation of parenting self-efficacy and distress tolerance in test and control groups

Groups	Variables	Pre-test		Post-test		Kolmogorov Smirnov
		M	SD	M	SD	
<b>Test group</b>	Parenting self-efficacy	37.53	6.13	47.06	5.68	0.25
	Distress tolerance	35.06	15.69	58.33	9.07	0.13
<b>Control group</b>	Parenting self-efficacy	39.00	7.90	40.66	7.51	0.20
	Distress tolerance	30.80	9.85	32.86	9.23	0.06

As can be seen in Table 2, the mean post-test scores of the parenting self-efficacy and distress tolerance variables in the experimental group are higher than the mean pre-test scores. However, the difference between the mean post-test and pre-test scores of the parenting self-efficacy and distress tolerance variables in the control group is insignificant. Multivariate analysis of covariance was used to test the hypotheses. In the analysis of covariance, it is mandatory

to observe some assumptions such as normality of data distribution, homogeneity of variance-covariance matrices, and homogeneity of error variances. In this study, these assumptions were first examined. Given that the significance level for the Kolmogorov-Smirnov test for the assumptions was greater than ( $P > 0.05$ ), this assumption confirms that the distribution of the variables is normal. Levine's test was used to examine the assumption of homogeneity of variance and distribution of variables in

the two groups. Since the significance level of Levine's test was higher than the assumed error in the study ( $P>0.05$ ), the variance of the scores is equal, so the assumption of homogeneity of variances is confirmed. Also, the M-box test was confirmed to examine the covariance matrices in the two groups with a significance level greater than 0.05 ( $P>0.05$ ). Considering that the

assumptions of normality, homogeneity of variances of the distribution of variables in the two groups, and homogeneity of variance-covariance matrices were valid, multivariate analysis of covariance (MANCOVA) was used to compare the mean scores of the variables of parenting self-efficacy and distress tolerance in the post-test.

**Table 3. Summary of multivariate analysis of covariance test results**

Effect coefficient	Statistic value	F	Df Hypothesis	Df Error	Sig	Eta squared	Effect size
<b>Pillai's Trace</b>	0.67	26.47	2	25	0.001	0.679	0.984
<b>Wilks' Lambda</b>	0.32	26.47	2	25	0.001	0.679	0.984
<b>Hotelling's Trace</b>	2.11	26.47	2	25	0.001	0.679	0.984
<b>Roy's Largest Root</b>	2.11	26.47	2	25	0.001	0.679	0.984

As can be seen in Table 3, the significance of the multivariate test indicators, namely the Pillai effect, Wilks' lambda, Hotelling effect, and Roy's largest root ( $P<0.001$ ,  $F=26.47$ ) confirms that there is a significant difference between the experimental and control groups in terms of the post-test of the dependent variables with the pre-test control. Accordingly, it can be stated that a significant

difference has been created in at least one of the dependent variables of parenting self-efficacy and distress tolerance, and the eta squared coefficient shows that 68 percent of the difference between the two groups is related to the experimental intervention. In order to determine the more precise effect of the intervention on the research variables, the test results are presented in Table 4.

**Table 4. Analysis of covariance test to examine the effectiveness of the intervention on research variables**

Source of changes	Variable	SS	Df	MS	F	Sig	Eta	Effect size
<b>Pre-test</b>	Parenting self-efficacy	14.61	1	14.61	0.50	0.484	0.019	0.105
	Distress tolerance	284.29	1	284.29	3.62	0.068	0.122	0.449
<b>Group</b>	Parenting self-efficacy	404.87	1	404.87	13.98	0.001	0.350	0.949
	Distress tolerance	4317.33	1	4317.33	55.00	0.001	0.679	0.982
<b>Error</b>	Parenting self-efficacy	752.91	26	28.95				
	Distress tolerance	2040.83	26	78.49				

As shown in Table 4, after adjusting for pre-test scores, there is a statistically significant difference between the mean post-test scores of the experimental and control groups in the variables of parenting self-efficacy ( $P\leq 0.001$ ,  $F=13.98$ ,  $\eta^2=0.350$ ) and distress tolerance ( $P<0.001$ ,  $F=55.00$ ,  $\eta^2=0.679$ ). Therefore, the research hypotheses regarding the effectiveness of emotion-focused therapy on parenting self-efficacy and distress tolerance in mothers with insecure attachment style are confirmed in the post-test, indicating the effectiveness of this intervention.

#### 4. Discussion and Conclusion

The present study aimed to investigate the effectiveness of emotion-focused therapy on parenting self-efficacy and distress tolerance in mothers with insecure attachment styles. The results of the study showed that there was a significant difference between the post-test means in the experimental and control groups of the variable of mothers' parenting self-efficacy. Thus, emotion-focused therapy increased parenting self-efficacy. The results of the present study were consistent with the findings of Foroughe et al. (2023), Severinsen et al. (2022), Ansar et al. (2023), Agharebparast et al. (2023), and Seyyedsharifi et al. (2019), who

concluded in their studies that emotion-focused therapy can help increase parental self-efficacy and reduce mental health problems in the parent-child relationship. This treatment method has shown significant improvements over time in various areas of parenting outcomes, especially in emotion regulation and self-efficacy. The results of these studies confirm the positive effect of emotion-focused therapy on promoting parental self-efficacy and improving psychological interactions between children and their parents. In explaining these findings, it can be stated that emotion-focused therapy aims to improve the quality of parent-child mental health by emphasizing strengthening maternal self-efficacy and processing emotions, including fears and other emotions that may act as obstacles to the effective use of attachment styles. When a mother can set limits, provide appropriate emotional support, and deal with her child's strong emotions in a way that is neither merely adaptive nor avoidant, the ground is prepared for the formation of a secure attachment style. In addition to learning how to deal with their own emotions, mothers are trained to act as regulators of their children's emotions; an important and fundamental mechanism that plays a significant role in strengthening parental self-efficacy (Foroughe et al., 2023). In this context, the main goal of

emotion-focused therapy is to help mothers become self-efficacious parents in raising their children. This approach is based on the premise that by increasing parents' emotional awareness and strengthening their ability to manage emotions, it is possible to understand the child's emotional needs better. In this way, parents can more effectively meet their children's needs, reduce children's emotional problems, and help improve their mental health (Severinsen et al., 2022). With its lasting effect on self-efficacy, emotion-focused therapy suggests that parents may need time to learn a healthier and more confident way to respond to their children's emotions. Children may also need some time to get used to the new parenting skills that parents have acquired. An increased sense of efficacy in parents can strengthen their ability to manage difficult situations effectively, and parents' initial satisfaction with success in these skills may lead to positive changes in children's behavior and reactions. (Ansar et al., 2023). The main goal of emotion-focused therapy is to transform maladaptive emotions by increasing awareness, addressing emotions, teaching emotion regulation, and activating adaptive emotions. In other words, in the training process of this study, participants learned to overcome their dysfunctional thoughts by focusing on positive and adaptive emotional strategies on the one hand and practicing to abandon the use of maladaptive strategies on the other, and subsequently improve their self-efficacy, because, like any behavior, adaptive emotion regulation has allowed participants to function successfully in the environment and to use behaviors appropriate to their goal when faced with a problematic emotional experience (Agharebparast et al., 2023). Emotion-focused therapy improves secure attachment style in mothers and can facilitate the achievement of a sense of social competence and self-control in parents, which in turn leads to increased parenting self-efficacy (Seyyedsharifi et al., 2019). Using emotion-focused approach techniques, such as examining the nature of the problem in parent-child relationships, paying attention to attachment needs and tendencies, increasing self-confidence, focusing on strengths, highlighting and redefining innate attachment-seeking needs, can improve the parenting self-efficacy of mothers with insecure attachment.

Another finding of the study showed that there was a significant difference between the post-test means in the experimental and control groups in the mothers' distress tolerance variable. Thus, emotion-focused therapy increased distress tolerance. The results of the present study were consistent with the findings of Mendelson et al. (2024), Heydari Faela et al. (2024), Greenman and Johnson (2022), Kebritchi et al. (2025), and Parham et al. (2023), who concluded in their studies that emotion-

focused therapy can help restore emotional balance and increase the ability to tolerate distress. This process protects individuals from long-term experiences of isolation and the unpleasant health consequences that may follow. According to the findings, it can be stated that the emotion-focused approach helps clients identify, experience, and regulate their emotions, and ultimately accept them and find new meaning in them. As a result, individuals become more able to deal with emotions that they previously avoided (Mendelson et al., 2024). This therapy helps mothers with insecure attachment styles to use less negative coping strategies by validating their experiences. As a result, this process leads to a reduction in emotional repression in them (Asadpour, Sharei & Salmani, 2025). During therapy, these mothers learn to become more aware of their emotions rather than suppressing or getting caught up in them (Heydari Faela et al., 2024). The main mechanism of change in emotion-focused therapy is emotional processing and meaning-making processes. According to this approach, change occurs when a person's emotions are meaningfully altered through awareness, expression, regulation, reflection, and emotional transformation (Greenberg & Goldman, 2019; Greenman & Johnson, 2022). All of these factors, in the context of an empathetic and validating relationship, have had a significant impact on improving distress tolerance in mothers with insecure attachment styles. By utilizing techniques such as examining interpersonal relationships, focusing on emotions, and identifying and tracking prominent emotions, this therapeutic approach not only improves relationship problems but also effectively promotes distress tolerance. According to the emotion-focused approach, if mothers are unable to improve their attachment needs in the areas of parenting, they will experience major problems in the family. This approach emphasizes adaptive communication methods through care, support, and attention to the needs of themselves and their families in order to create secure attachment in interpersonal relationships. This approach, by utilizing techniques such as examining interpersonal relationships, focusing on emotions, and tracking known emotions, can have a positive impact on communication problems, thereby increasing distress tolerance and reducing emotional regulation problems (Kebritchi et al., 2025). This approach emphasizes the creation of specific and new emotional states, through which interaction patterns change and new experiences of secure attachment are formed. Within the framework of emotion-focused therapy, the focus is on the way individuals organize and process emotional experiences and the interaction patterns they create and reinforce, a factor that has led to a decrease in distress tolerance in mothers. By creating

constructive interactions between family members and identifying secure attachment patterns, the emotion-focused approach causes satisfaction and reduces cognitive distortions between them. This approach focuses on changing attachment behaviors as a means to improve distress tolerance and cognitive regulation of emotion (Parham et al., 2023). Given the major role of emotions in attachment theory, this therapy points to the important role of emotions and emotional communication in organizing communication patterns and considers emotions as a factor of change (Ataimehr et al., 2023). Therefore, emotion-focused therapy helps mothers with insecure attachment styles to identify and express their core needs and desires, as well as their emotional concerns. In this way, their emotional insecurities are reduced and their distress tolerance is improved (Rezazadeh et al., 2024). In addition, since emotions play an important role, teaching individuals to regulate their emotions as a therapeutic method is associated with acceptance and positive social interactions, which leads to effective coping with stressful situations and increased activity in responding to social situations. Therefore, emotion-focused approach training can play an important role in increasing adaptive emotion regulation and preventing or reducing maladaptive emotional reactions by making the individual aware of positive and negative emotions, accepting and expressing them promptly, and thus providing the basis for improving distress tolerance. Among the limitations of this study was the selection of a sample from a statistical population that did not include fathers. Therefore, the findings of this study may not be generalizable to the entire population. Geographical limitation (Ardabil city) and lack of follow-up programs to track effectiveness over time were other limitations. Also, the data were obtained through self-report, and there may have been bias in responding to sensitive questions. Considering the above limitations, it is suggested that structured or semi-structured interviews be used in future studies to collect data. Also, conducting research with a broader population and on fathers and comparing its results with the findings of the present study can enable appropriate planning for implementing emotion-focused therapy in mothers with insecure attachment styles who suffer much harm in society and family, providing useful and practical information to teachers, counselors, and officials.

## 5. Ethical Considerations

### Compliance with ethical guidelines

This article is based on a research project with the ethics code IR.UMA.REC.1404.008. In order to maintain compliance with ethical principles in this study, an attempt

was made to collect information after obtaining the consent of the participants. Participants were also assured of confidentiality in maintaining personal information and presenting results without mentioning the names and identity card details of the individuals.

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### Authors' contributions

All authors participated in the design, implementation, and writing of all parts of the present study.

### Conflicts of interest

According to the authors of this article, there is no conflict of interest.

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