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THE EFFECT OF INTEGRATIVE BEHAVIORAL THERAPY VERSUS EMOTION-FOCUSED THERAPY FOR COUPLES: A META-ANALYSIS

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ABSTRACT. The negative effects of a dysfunctional couple's relationship influence the partners to look for a form of therapy that can help them improve their relationship. The present paper integrates the research data for two of the most studied couple therapies: Integrative Behavioral Couple Therapy and Emotion-Focused Therapy. The study compares the two therapies and integrates in a meta-analysis the outcomes of 15 studies (N=373 couples). Results show a high effect for both forms of therapy, with no significant differences between them. The moderating role of the type of outcome, the couples' characteristics, and the sample's demographic characteristics, were explored, the results proving that the investigated couple therapies have the same strong effect, irrespective of all those factors.

Keywords: *Marriage, couple therapy, attachment, communication, well-being*

Marriage is one of the most important forms of relationship in adult life, marital satisfaction significantly impacting the couple's level of happiness (Dakin & Wampler, 2008; Glenn & Weaver, 1981). Research indicates that overall, it has a positive effect on the life of individuals

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(Kiecolt-Glaser & Newton, 2001), on average, married individuals enjoying significantly better mental and physical health than unmarried persons (Kiecolt-Glaser & Newton, 2001; Umberson, 1992). For instance, morbidity and mortality in married couples across different chronic health conditions (e.g., cancer, cardiovascular problems, surgical interventions) is significantly lower than in unmarried couples (Goodwin, Hunt, Key, & Samet, 1987; Goodwin, 1997; Gordon & Rosenthal, 1995). Furthermore, literature abounds in information indicating that the quality of a couple's relationship has significant short and long-term effects (e.g., Kiecolt-Glaser & Newton, 2001; Harway, 2005).For instance, low levels of trust between the members of the couple, marital stress and conflict, criticism, lack of congruence within the couple all have a negative impact on the health of the partners (Randall & Bodenmann, 2009).Moreover, a dysfunctional relationship has a negative impact on the development of the children within the family, marital dissatisfaction presenting strong positive correlations with depression, withdrawal, academic problems and dysfunctional behaviors in the children. Thus, seeing that the quality of the relationship in a couple may have both positive and negative effect, it becomes very important to keep a relationship functional as long as possible. Couple therapy has long been considered a possible solution to such problems (Gottman & Notarius, 2002).

Several reviews and meta-analyses indicate that couple therapy has a statistically and clinically significant, but moderate effect when working with couples confronting difficulties or having a dysfunctional relationship. In 2003, Shadish and Baldwin conducted a review of 6 meta-analyses in which they analyzed the effect of couple therapy comparing distressed couples receiving or not receiving therapy. The results indicated an effect size of d= .84, meaning that most of the couples receiving therapy benefited from the intervention, compared to the couples from the waiting list or those who did not get any kind of intervention. Shadish and Baldwin's (2003) study yielded no significant differences in effect size due to theoretic specificity, and at the six months follow-up effects remained significant. In other words, regardless the type of theoretic approach, couple therapy is beneficial for improving the level of functionality in distressed couples. In 2005 the same authors conducted a meta-analysis investigating the effect of Behavior Couple

Therapy (BCT). After analyzing 30 studies in this domain, Shadish and Baldwin (2005) found that BCT produced a significant effect size of d= 0.59. Even if the 2005 study obtained smaller effects than that indicated by the 2003 investigation, it showed that most couples improved their marital relationships compared to those in the control group. In the same time, Shadish and Baldwins's (2005) study offered data regarding the variables that moderate the effect of BCT. Their results indicate that the effect of therapy remains the same regardless the clinical length of the therapy, or the way the dependent variable was measured.

In order to enhance the effects of BCT, Jacobson and Christensen (1996) developed a new approach, the Integrative Behavioral Couple Therapy (IBCT) which has its origins in Traditional Behavior Couple Therapy (TBCT). IBCT integrates different strategies that lead to behavioral changes with strategies that focus on the acceptance of behaviors that cannot be changed. During assessment, conducting an in-depth analysis, the IBCT therapist intends to understand the behaviors through the antecedents and consequences of the problems encountered in the couple, identifying the vulnerabilities of the partners (anxiety, sensitivity to control, etc.).

The efficacy of IBCT investigated in several clinically controlled studies. Wimberly's (1997) study included 17 couples randomly assigned to IBCT (n=8), control group/waiting list (n=9). The results of this study indicated that marital satisfaction was significantly enhanced in the IBCT group. Jacobson, Christensen, Prince, Cordova, and Eldridge's investigation (2000) included 21 couples, randomly assigned to IBCT and TBCT. Results show that both wives and husbands who benefit of IBCT experienced significant improvements of marital satisfaction compared to those assigned to TBCT. Moreover, 80% of the couples from the IBCT group enhanced their relationship compared to 64% from the TBCT group. Another study conducted by Christensen, Atkins, Berns, Wheeler, Baucom, and Simpson, (2004) involved 134 highly stressed couples. The couples underwent 26 sessions of IBCT therapy in 8/9 months. The couples benefiting of IBCT recorded significant improvements regarding the marital relationship, effects that maintained at the 2-year follow-up. All these results indicate that IBCT is more efficient than TBCT. A relevant result on a more specific population is offered by an investigation

conducted by Trapp (1997). This study investigated the effects of couple therapy on women diagnosed with major depressive disorder. The results of this study indicate that IBCT is more efficient in reducing marital distress and depressive symptomatology than cognitive-behavioral couple therapy.

Consequently, taking into consideration the efficacy of IBCT we can conclude that even if this form of couple intervention was developed just recently, it stands out from other forms of intervention by the positive effects produced. Furthermore, we may presume that since IBCT yields better results than TBCT, it should also have better results than the therapies that had worse results than TBCT.

In 2002 Johnson analyzed the efficacy of another type of couple therapy, namely Emotion-Focused Therapy (EFT). In her investigation she compared four studies which implemented EFT with the results of a control group from the waiting list. The results of the couples from the EFT group was significantly better than that of the control group, attaining a size effect of d=1.31, meaning that the couples included in the study improved their relationship compared to 70% of the couples in the control group.

In the 21st century, EFT continued to develop, being used more and more frequently, its efficacy being confirmed by previous research. Johnson, Hunsley, Greenberg, and Schindler's (1999) meta-analysis yielded a rate of recovery of 70-73% and an effect size of 1.3, results remaining stable even after controlling for couples with high risk of relapse (Clothier, Manion, Walker & Johnson, 2002). Similar results were indicated by Greenman and Johnson's (2012) meta-analysis.

As seen, EFT has a powerful empirical basis, its validity and efficacy being proved in several studies investigating the process and the results of the intervention (Greenman & Johnson, 2012). Moreover, the theory on which the intervention is based is furthermore sustained by other studies that are based on the same processes as EFT. For example, one can find obvious similarities between EFT and studies investigating the relationship between marital stress and marital satisfaction (Gottman, 1994). In the same time, EFT is also a theory of attachment, which has a considerable empirical validity demonstrated by a large number of studies (Cassidy & Shaver, 1999; Johnson & Whiffen, 2003). Furthermore, EFT

proved its validity in specific populations as well. For instance, couples confronting highly stressful, traumatic events (e.g., childhood abuse, psychological disorders as, major depression) were found to enhance their relationship after undergoing EFT (Dalton, Johnson, & Classen, 2009; Denton, Nakonezny, Wittenborn, & Jarrett, 2010) assisting the members of the couple to change maladaptive attachment styles developed in childhood due to the abuse (e.g., avoidant attachment style), or to develop a more supportive relationship in couples where one of the partners was confronting psychological disorders.

Briefly put, EFT is a theoretically well-founded and empirically validated couple therapy, maintaining its efficacy regardless the new approaches that appeared in the meantime.

Even if literature indicates that both ICBT and EFT proved repeatedly their efficacy (see the synthesis conducted by Snyder, Castellani, & Whisman, 2016), no meta-analysis has been conducted in order to specifically investigate which of the two therapies (IBCT or EFT) yield better results, and which are the moderators that facilitate a higher efficacy.

Consequently, in the present paper we will investigate two of the couple therapies that produced the most research and data regarding the effect of these types of interventions. Thus, we will focus on evidencing the possible differences between IBCT and EFT, as well as risk and protective factors that contribute to the modification of the relationship associated with the effect of the therapy.

Our first objective is to investigate the effect of ICBT and EFT, followed by the comparison of the results in order to determine whether there are significant differences regarding their effects.

Next, we will focus on identifying the possible moderators that may influence the results of the intervention, as number of children, length of the relationship, clinical comorbidities, and type of outcome.

Finally, we will investigate if the level of education, age, geographic area where the study was conducted, the experience of the therapist and race of the participants influence the results.

METHODS

Literature search

Several strategies for literature search were employed. First, we explored the well-known databases using keywords for the main constructs analyzed: Wiley Online Library, ScienceDirect, Sage, American Association for Marriage and Family Therapy, and PubMedSupport Center. The keywords used were couple (with synonyms as marital or relationship), therapy (with synonyms as change, processes, treatment predictors, therapies, satisfaction), intervention (emotionally focused / integrative behavior). The literature search started in November 2017 and ended in March 2018 with no time limit in terms of the publication year of the manuscript and using English language. Second, we searched within the references of already found articles. Finally, in order to mitigate the potential bias of unpublished research, we conducted a manual search of abstracts and proceedings from relevant conferences.

Inclusion and exclusion criteria

There were three main inclusion criteria used for selecting the relevant studies for the meta-analysis. First, we selected studies with data related to EFT and IBCT, in which results for efficacy were reported. Second, we selected studies published in peer reviewed journals. Third, we selected studies in which there was reported enough statistical information in order to compute the effect size. We excluded studies which reported the same data (these were identified based upon the identical descriptive statistics of the samples). In such cases, only the first published study was included.

Data set and coding procedure

After a preliminary analysis of titles and abstracts, we found 96 articles presenting the efficacy of couple therapy. From those, 34 articles presented IBCT results and 62 articles ETF results. After reading the full-text and applying all the inclusion-exclusion criteria, a final sample consisted of 15 studies, incorporating results from 373 couples. Figure 1 shows the selection process of studies.

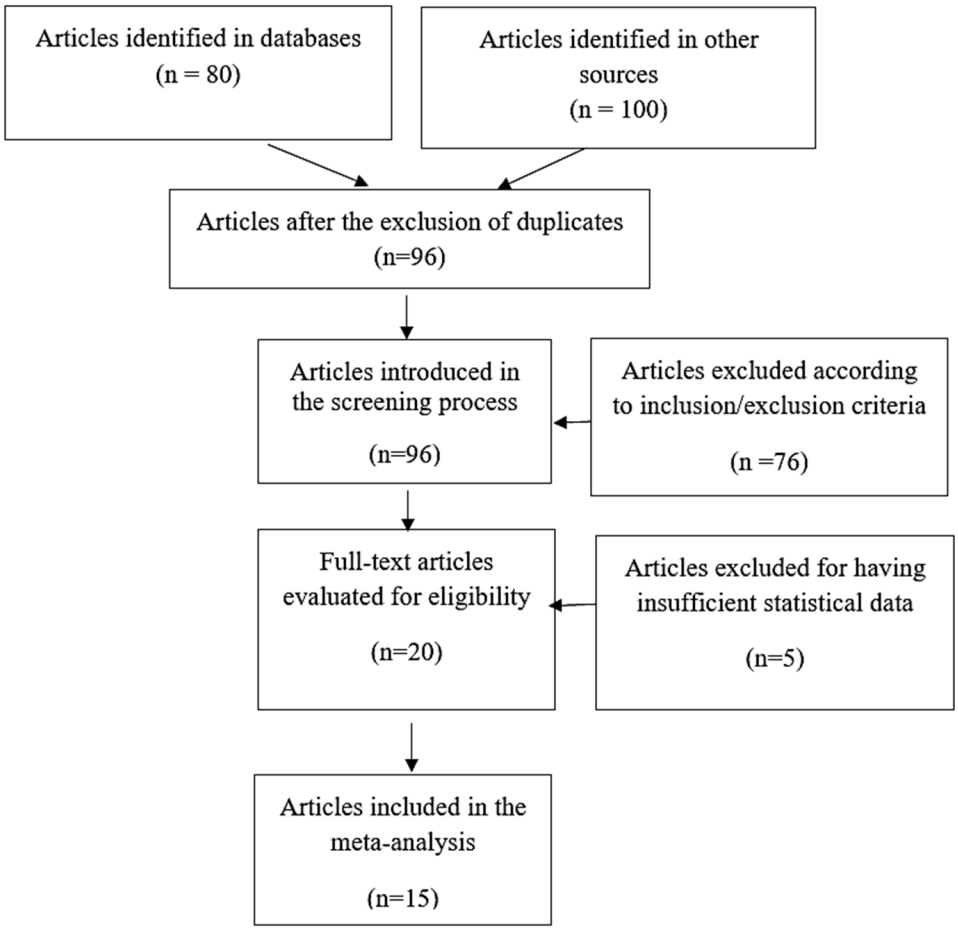

Figure 1. Flow diagram of the reviewed studies

From the total of 15, 12 studies presented results regarding the efficacy of EFT (N=291 couples) and 3 tested the efficacy of IBCT (N= 82 couples). Table 1 presents the characteristics of the studies retained for analysis.

Table 1.

Characteristics of the included studies

Study	Outcomes	N	Therapy	Average age	Country
Christensen et al, 2004	Dyadic adjustment, global distress	66	IBCT	41	USA
Cordova et al., 1998	Soft expression, Detachment, Hard expression, engaging in the problem	6	IBCT	41.91	USA
Dalgleish et al., 2015	Dyadic adjustment	32	EFT	44	Canada
Dalton et al., 2013	Dyadic adjustment	22	EFT	43	Canada
Dandeneau& Johnson, 1994	Social intimacy, self-disclosure, empathy, dyadic trust, dyadic adjustment	24	EFT	40.9	Canada
Denton et al.,2012	Depression, quality of marriage, dyadic adjustment	13	EFT	31.7	Canada
Greenberg et al., 2010	Forgiveness, trust, dyadic adjustment, global symptoms, empathy and acceptance, feelings and needs, discomfort	20	EFT	45.15	Canada
Jacobson et al, 2000	Global distress, dyadic adjustment	10	IBCT	44	USA
James, 1991	Dyadic adjustment, intimacy, communication, passion, love	28	EFT	NS	Canada
Johnson et al., 2013	Dyadic adjustment	24	EFT	NS	Canada
MacPhee et al., 1995	Dyadic adjustment, sexual satisfaction, sexual desire, severity index, depression, sexual infrequency, sexual avoidance	49	EFT	41.5	Canada
McLean et al., 2011	Dyadic adjustment, depression, hopelessness, coping, burnout	40	EFT	50	Canada
Walker et al., 1996	Dyadic adjustment	32	EFT	36	Canada
Weissman et al, 2017	Global psychological distress, Relationship satisfaction, PTSD symptoms, General life satisfaction, Depression	7	EFT	43	Canada
Wiebe et al, 2016	Relationship satisfaction, attachment, support	32	EFT	44	Canada

Each study was coded for moderators related to therapy (type of therapy - EFT vs IBCT), duration of therapy, related to outcome (type of interaction - affective vs behavior, type of transferable outcome - attachment vs communication vs well-being), related to participants (number of children of the couples, age of relationship, country, age of participants, education, race).Other moderators were also initially considered and coded (i.e., experience of the therapist, comorbidities of couples), but were later dropped from the analysis due to lack of information from the original studies.

Type of therapy. The first moderator considered was the type of therapy. Consequently, we generated a categorical (dichotomic) variable named "type of therapy "with two modalities: IBCT and EFT, based upon the descriptions of intervention in each study.

Type of interaction outcome. This moderator refers to changes reported in the couple's relationship as outcome. We divided the interaction outcomes in two categories: cognitive/affective and behavioral. In the cognitive/affective category we included all outcomes referring to emotion changes, measured as distress, PTSD symptoms, general life satisfaction, depression, empathy and acceptance, feelings and needs, discomfort, severity index, social intimacy, passion, love, hopelessness, burnout. Into the behavioral category we included relationship behaviors such as adjustment, expression, detachment, engaging, sexual behavior, communication, self-disclosure.

Type of transferable outcome. Here, we considered the transferable characteristics of the outcome to a larger context than the relation itself, and divided outcomes into attachment, communication and well-being. In the attachment category we included all measurements of change from an unhealthy/dysfunctional to a healthy/functional attachment (e.g., from avoidance/anxious attachment to engagement/ secure attachment). In the communication category we included style/ quality of communication and also the functional response when receiving communication related to needs, emotions, plans, intentions of the partner. In the well-being category we included all changes in affect, satisfaction, cognitions.

Number of children per couple. We recorded the average number of children per couple reported in each study in order to explore if this variable would predict the effect of interventions.

Length of the relationship. We recorded the average number of years since the couples in each study had been together. The minimum average obtained was 2 years (all studies used the minimum 2 years as inclusion criteria).

Country. By analyzing all studies we concluded that participants were selected only from two countries: Canada and USA. Consequently, the analysis of this moderator involved comparing the results obtained by these two categories of participants.

Age of participants. For this moderator, we recorded the average age of the participants in each study in order to explore if age would predict the efficacy of the interventions.

Education. In order to quantify the education of participants, due to the fact that not all studies reported the distribution of educational levels in their sample and in order to exclude as few studies as possible from the analysis, we recorded the percentage of participants with higher education.

Race. Also, due to the diversity of reporting race distribution in the samples we decided to quantify the percentage of Caucasians in each sample and explore if it would predict the effect size of interventions.

Duration of therapy. Finally, in order to perform a dose-response analysis, we quantified the duration of therapies (number of weeks) and explored if it would predict the effect of interventions.

Data analysis

Analyses were conducted by using the Comprehensive Meta-Analysis software, version 2.2.050 (Biostat Inc., Englewood, NJ, USA). As an indicator of effect sizes, Pearson's coefficient of correlation (r) was used, with values above 0.50 considered large, around 0.30 considered moderate and values around 0.10 interpreted as small effects (Cohen, 1988). Given the heterogeneity of the studies, all analyses were based on a random effects model.

Publication bias analysis

In order to test our results for publication bias we used the classical fail-safe N test of Rosenthal who suggested that rather than simply speculate about the impact of the missing studies, we compute the number

of studies that would be required to nullify the effect. If this number is relatively small, then there is indeed cause for concern. However, if this number is large, we can be confident that the treatment effect is not null. Our results yield a z-value of 10.85609 and corresponding 2-tailed p-value of 0.001. The fail-safe N is 446. This means that we would need to locate and include 446 'null' studies in order for the combined 2-tailed p-value to exceed 0.050. Put another way, there would be need of 29.7 missing studies for every observed study for the effect to be nullified.

RESULTS

The efficacy of EFT and IBCT

The efficacy of EFT for couples was measured in 12 studies, incorporating a total number of 291 couples. Figure 2 presents the forest plot of the effects obtained by each study and also the overall effect size.

Study name	Std diff in means	Lower limit	Upper limit	Z-Value	p-Value
Dalgleish et al., 2015	0.904	0.492	1.315	4.307	0.000
Dalton et al., 2013	4.315	2.789	5.842	5.541	0.000
Dandeneau & Johnson, 1994	0.596	-0.225	1.417	1.423	0.155
Denton et al.,2012	1.287	0.003	2.570	1.965	0.049
Greenberg et al., 2010	0.894	0.122	1.665	2.271	0.023
James, 1991	0.513	-0.244	1.271	1.329	0.184
Johnson et al., 2013	0.934	0.455	1.414	3.818	0.000
MacPhee et al., 1995	0.569	-0.007	1.146	1.937	0.053
McLean et al., 2011	0.580	-0.069	1.229	1.751	0.080
Walker et al., 1996	1.229	0.474	1.985	3.189	0.001
Weissman et al, 2017	0.616	-0.205	1.438	1.471	0.141
Wiebe et al, 2016	0.621	0.240	1.003	3.192	0.001
	0.878	0.585	1.171	5.865	0.000

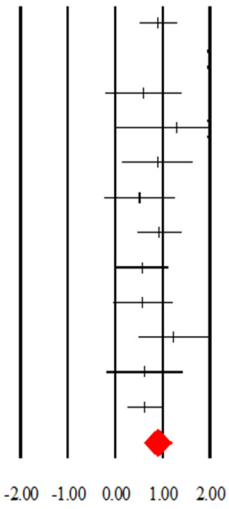

Figure 2. The forest plot for the effect of EFT for couples

As figure 2shows, from the 12 studies included in the analysis, 4 studies obtained non-significant effects, 1 study yielded a marginally positive significant effect and the rest of 7 studies obtained positive significant effects. The overall effect was a significant positive one, of high magnitude, d=0.878, CI95%=[0.585, 1.171].

The efficacy of IBCT was measured in 3 studies, incorporating a total number of 82 couples. Figure 3presents the forest plot of the effects obtained by each study and also the overall effect size.

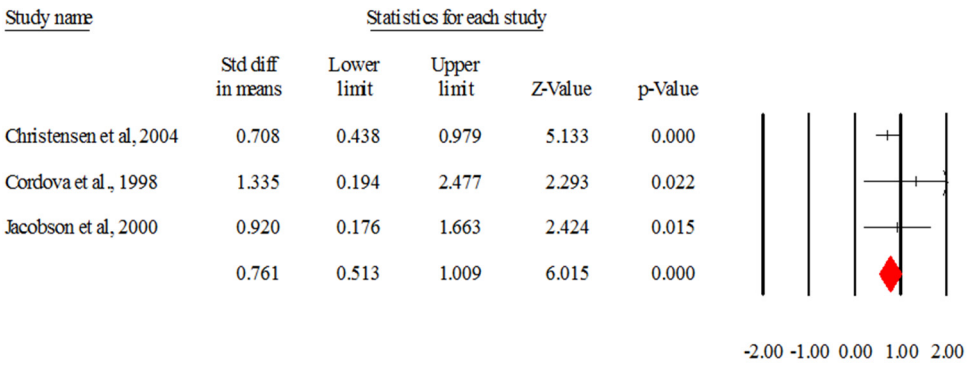

Figure 3. The forest plot for the effect of IBCT

As figure 3 shows, all 3 studies obtained large significant positive effect sizes and implicitly, the overall effect size was a large significant one, d=0.761, CI95%=[0.513, 1.009].

In the next stage of our analysis we were interested in comparing the effect of those two interventions. The comparative analysis revealed that there were no significant differences between their effect sizes, Q(1)=0.108, p=0.743. Consequently, for further analysis we pooled together all the studies, measuring EFT and IBCT. The forest plot for all studies is presented in figure 4.

Study name	Std diff in means	Lower limit	Upper limit	Z-Value	p-Value
Christensen et al, 2004	0.708	0.438	0.979	5.133	0.000
Cordova et al., 1998	1.335	0.194	2.477	2.293	0.022
Dalgleish et al., 2015	0.904	0.492	1.315	4.307	0.000
Dalton et al., 2013	4.315	2.789	5.842	5.541	0.000
Dandeneau & Johnson, 1994	0.596	-0.225	1.417	1.423	0.155
Denton et al.,2012	1.287	0.003	2.570	1.965	0.049
Greenberg et al., 2010	0.894	0.122	1.665	2.271	0.023
Jacobson et al, 2000	0.920	0.176	1.663	2.424	0.015
James, 1991	0.513	-0.244	1.271	1.329	0.184
Johnson et al., 2013	0.934	0.455	1.414	3.818	0.000
MacPhee et al., 1995	0.569	-0.007	1.146	1.937	0.053
McLean et al., 2011	0.580	-0.069	1.229	1.751	0.080
Walker et al., 1996	1.229	0.474	1.985	3.189	0.001
Weissman et al, 2017	0.616	-0.205	1.438	1.471	0.141
Wiebe et al, 2016	0.621	0.240	1.003	3.192	0.001
	0.856	0.630	1.082	7.423	0.000

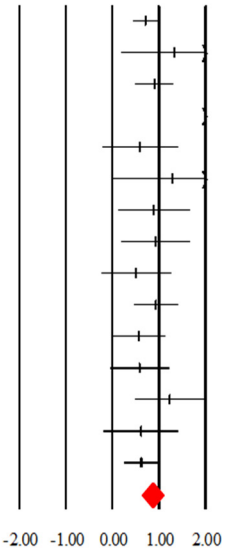

Figure 4. The forest plot for all studies included in the meta-analysis

As figure 4shows, the overall effect size of EFT and IBCT taken together was positive and significant, and also of a strong magnitude, d=0.856, CI95%=[0.630, 1.082]. Also, performing the heterogeneity analysis of these results, the distribution of effects proved to be significantly heterogeneous, Q(14)=27.02, p=0.019, leading us to perform the moderators' analysis to test several explanations for this heterogeneity.

Moderators' analysis

Type of outcome - interaction (affect vs behavior). The analysis performed for this moderator revealed that studies which quantified affect as outcome obtained a significant large positive effect size, d=0.699, CI95%=[0.453, 0.944], similar to the effect obtained by studies which measured behavioral outcomes, d=0.871, CI95%=[0.665, 1.076] with no significant differences between the two categories of studies, Q(1)=1.110, p=0.292 (Table 2).

Table 2

Results of the moderation analysis performed for categorical moderators

Moderator	Categories of the moderator	No of Studies	Cohen's d	Lower limit	Upper limit	QB	df	p
Type of outcome - interaction								
	Affect	10	0.699	0.453	0.944	1.110	1	0.292
	Behavior	15	0.871	0.665	1.076			
Type of outcome - transferable								
	Attachment	4	0.575	0.155	0.995	3.053	2	0.217
	Communication	14	0.894	0.667	1.122			
	Wellbeing	10	0.626	0.361	0.891			
Country								
	Canada	12	0.869	0.592	1.147	0.001	1	0.999
	USA	3	0.870	0.340	1.399			

Type of outcome – transferable (attachment vs communication vs well-being). The moderation analysis indicated that studies from all three categories of the moderator yielded similar significant strong positive effects as follows: d=0.575, CI95%=[0.155, 0.995] for attachment, d=0.894, CI95%=[0.667, 1.122] for communication, and d=0.626, CI95%=[0.361, 0.891] for well-being, with no statistical differences between them, Q(2)=3.053, p=0.217 (Table 2).

Length of the relationship. By performing a meta-regression, we analyzed if the length of the relationship (in years) predicted the effect size obtained by each study. The results proved that the length of the relationship was not a significant predictors of the effect size, b= -0.002, p= 0.842, which means that the effect of couple therapy is independent from its duration.

Number of children. The meta-regression performed with the number of children as a predictor and the effect size as a criterion variable, proved that the number of children was not a significant moderator for the efficacy of the therapy (b= 0.122, p= 0.237).

Average age in the sample. The results of the moderation analysis indicated that age was not a significant predictor of the effect size, b= -0.014, p=0.239. In other words, the efficacy of the therapy was independent from the age of the participants under therapy.

Percentage of participants with higher education. The analysis of this variable as a potential predictor of the effect size, proved no significant predictive value, b = 0.001, p= 0.644, meaning that higher education made no difference for the efficacy of the couple therapy.

Percentage of Caucasians. A similar meta-regression was performing in order to test if the percentage of Caucasians in the samples predicted the effect size of the interventions. The results proved that there was no significant relationship between the two variables, b= 0.002, p= 0.581, meaning that the interventions had the same (high magnitude) effect, irrespective of the Caucasians proportion in the samples.

Duration of therapy. The last meta-regression performed aimed to test if the duration of therapy predicted the effect sizes. The results indicated that the duration of the therapy did not predict the effect size, b= 0.002, p= 0.594, meaning that the therapy had the same large effect, independent of its duration.

Country. The last moderator taken into account was the country where each study was performed. The analysis is presented in table 2. As the results show, both categories of studies yielded significant strong positive effect sizes, d=0.869, CI95%= [0.592, 1.147] for Canada and d-0.870, CI95%=[0.340, 1.399] for USA, with no significant differences between them, Q(1)=0.001, p=0.999.

DISCUSSION AND CONCLUSIONS

The present meta-analysis had three major objectives: (1) to investigate the efficacy of EFT and IBCT, (2) to identify the possible differences regarding the efficacy of the intervention between EFT and IBCT, and (3) to explore the effect of different moderators on the efficacy of the therapy.

Our results indicate that couple therapy has a large effect both globally (d=.85) and individually (EFT d=.87, and IBCT d=.76). These results are sustained by previous studies (Christensen et al., 2004;

Johnson, 2003). However, being a meta-analysis that includes the investigation of all studies conducted on this topic, we can firmly assert that in case of marital stress couple therapy significantly enhances the relationship between the partners.

Regarding the second objective, our results indicate that there are no significant differences between EFT and IBCT, while both interventions have a statistically significant large effect size (EFT: d=.87, IBCT: d=.76). These results are similar to those in the literature, indicating no significant differences between different forms of couple therapy. Shadish and Baldwin's (2003) meta-analysis revealed no significant differences between couple therapies. However, Christensen et all's (2004) study indicate that there may be differences in the efficacy of interventions, IBCT producing significantly better results than traditional therapy. IBCT was developed more recently than EFT and integrates everything that has worked before (cognitive-behavioral, humanistic/experiential approaches), while EFT is a humanistic/experiential intervention using the cognitive-behavioral component only as the result of understanding and changing the cycle of interaction. EFT begins with identifying and solving problems of attachment, but later on, when the problem can be seen from a different perspective, the problem-solving process receives increased attention from a different, more rational angle as well. This may be a plausible explanation why these two forms of intervention have good results without significant differences between them.

The third objective of the study was to investigate the moderators that may impact the efficacy of the couple therapy. Since we found no significant differences between the two interventions (EFT and IBCT), the analysis of moderators was conducted for the aggregate effect of those two therapies.

Moderators related to the type of outcome:

Change: affective versus behavioral. This type of moderators investigates where exactly does the change happen - at the affective, emotional or behavioral level. Our results indicate that there are no significant differences in efficacy from this point of view. In other words, even if the couple encounters difficulties while solving problems, or

within the affective sphere (e.g., expressing emotions), both EFT and IBCT produce statistically significant positive results. These results are attributable to the techniques employed by both therapies. Both address emotional problems: IBCT uses acceptance, empathy and unified detachment, while EFT uses techniques to change the process of interaction and emotional bonds. In this way, both interventions succeed to produce change at the emotional level that may further on facilitate change at the behavioral level – especially due to the fact that after using emotional techniques both EFT and IBCT lay emphasis on behavioral change as well (Greenman & Johnson, 2012). Even if there are no differences between the emotional and behavioral categories, we can notice that behavioral change is slightly more efficient, having an effect size of d=.87 compared to the emotional category which has an effect size of d=.69. These results may suggest that even if there is an evident change at the emotional level, this change may be slower, but more enduring in comparison to the rapid change produced on the behavioral level. Nevertheless, we may say with a considerable certainty that the differences between the two moderators are not statististically significant since both categories are well represented (over 10 studies).

Transferable attachment versus communication versus well-being. After benefiting of couple therapy, the client may experience a global change in well-being, or a change at the level of communication with others, or a deeper change at the level of attachment. Results illustrate that changes are produced at all the three levels, without significant differences between them (p=0.217). Put in a different way, once with the enhancement of the couple's relationship, one can notice improvements in other relationships as well. These results are similar to those in the literature which sustain that a dysfunctional marital relationship may negatively impact other relationships of the members of the couple, while a functional relationship may enhance them (Glaser & Newton, 2001). If we investigate the categories of outcomes, communication has the largest effect (d=.89), followed by well-being (d=.62), and attachment (d=.57), attachment having the most stable effect. Regardless the fact that couple therapies focus on change at the level of attachment, the large, significant results cannot be observed in this direction. This result sustains the idea that change in attachment is a long-term investment that necessitates lots of time and effort (Bowlby,

1983). Even if both EFT and IBCT focus on producing change in attachment, they are time- and procedure-limited (approximately 21 sessions), insufficient time to produce great change. One of the most significant limitations to illustrate this result is represented by the fact that attachment was investigated in 4 studies, while communication in 14 studies, and well-being in 10 studies. Thus, we can say that the category of outcome attachment is underrepresented.

In the present meta-analysis, we also tested the effect of moderators related to the characteristics of the couple: length of relationship and number of children. Our results indicated a statistically non-significant effect for both categories, meaning that, regardless the length of the relationship and number of children, couples may benefit from couple therapy.

Other moderators as age, level of education, race of participants presented a non-significant effect regarding the efficacy of the therapy. Regardless these factors, the mechanisms subjacent couple therapy (communication training, emotional relating) functions and maintains its effect.

The studies included in this meta-analysis have been conducted in Canada and USA. Investigating this aspect, we did not find any difference in the efficacy of the two couple therapies in this regard. The length of therapy varied between 11 and 21 sessions, which is enough time to fulfill the intervention protocol for both therapies, results similar to those presented in Shadish and Baldwin's (2005) meta-analysis.

The results of our meta-analysis are relevant for the clinical practice as well. Thus, it is very important to know both for counselors and potential clients that regardless the type of couple therapy they decide to attend to will have a beneficial effect. These results inform therapists that if a therapeutic approach does not function with a couple, they can recommend another intervention that might function. Thus, clients may choose from the two forms of intervention (EFT and IBCT) the one that best fits their needs and towards which they can best react with trust and be collaborative.

Another important element refers to the fact that regardless the characteristics of the couple, the couple therapy will have an effect. Thus, this study brings forward positive results for IBCT and EFT couple therapies.

Moreover, the present paper also sustains the idea that solving the couple's problems enhances the couple's general well-being. Thus, if one of the members of the couple is not certain that couple therapy will enhance the relationship, maybe he/she will be willing to turn to therapy in need for personal development. We may say that well-being and the improvement of social relationships is a bonus to couple therapy.

Besides the above-mentioned contributions, the present study has certain limitations as well. First of all, we have to keep in mind that the present study does not indicate who benefits more from couple therapy: male of female participants. For further research it would be very important to investigate possible gender induced differences, which in a global approach to the results cannot be detected.

Furthermore, our meta-analysis investigates the results of the therapy immediately after its cessation. Including studies that investigate the effects of the intervention on a longer period of time would offer extremely valuable information from a clinical point of view. Sometimes, therapy may have an immediate, statistically significant positive effect, however, the effect may not last in time (Christensen et al., 2010).

Another limitation to our study may be represented by the low number of studies included in the outcome category of Attachment. Taking this aspect into consideration, we cannot assert for certain which is the effect of therapy on the attachment-style characteristics of the patients.

Summarizing, our meta-analysis brings forth relevant data from scientific, clinical, and practical point of view. Thus, based on our results we may conclude that: (1) EFT and IBCT have a large, statistically significant effect, (2) there are no significant differences between the two approaches, and (3) regardless the characteristics of the couple therapy, both approaches are efficient.

Our meta-analysis is the first large study that compares the two theoretical approaches and investigates their efficacy. This far, no meta-analysis has been conducted that would have analyzed the data produced by the newly developed Integrative Behavior Couple Therapy.

Furthermore, based on the analysis of the 15 studies included in the present meta-analysis, our study indicates that moderating factors do not have an impact upon the efficacy of those two couple therapies. Consequently, regardless the length of the relationship, number of children, age, level of education, and race, the two forms of intervention (EFT and IBCT) have a high efficacy in solving marital problems.

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