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A Comparative Study of Cognitive-Behavioral Couple Therapy and Emotion-Focused Therapy on Emotional Empathy and Sexual Intimacy in Women Experiencing Marital Conflict

Maryam Kiaei[1], Shahnaz Noohi[2]✉, Abolghasem Piadeh Koohsar[3], Hakimeh Aghaei[4]

1. PhD Student in General Psychology, Department of Psychology, Shahrood Branch, Islamic Azad University, Shahrood, Iran
2. Assistant professor, Department of Psychology. Shahrood Branch, Islamic Azad University, Shahrood, Iran, shahnaznouhi1974@iau-ac.ir
3. Assistant Professor of Department of Islamic Teachings, Shahrood Branch, Islamic Azad University, Shahrood, Iran
4. Assistant professor, Department of Psychology. Shahrood Branch, Islamic Azad University, Shahrood, Iran

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ABSTRACT

Objective: This study compared the effectiveness of cognitive-behavioral couple therapy (CBCT) and emotion-focused couple therapy (EFCT) on emotional empathy and sexual intimacy in women experiencing marital conflict.

Methods: Using a quasi-experimental design with pre-test, post-test, and two-month follow-up assessments, the research included a control group for comparison. The sample consisted of 48 married women (aged 20–45) seeking psychological counseling in West Tehran due to marital discord, selected through convenience sampling and randomly assigned to three groups: CBCT, EFCT, and control. Participants were assessed using the Sanaei Marital Conflict Questionnaire, Emotional Empathy Scale, and a standardized Sexual Intimacy Questionnaire. Data were analyzed using multivariate analysis of covariance (MANCOVA).

Results: Findings indicated that both CBCT and EFCT significantly improved emotional empathy and sexual intimacy compared to baseline ($p < 0.05$). However, EFCT demonstrated greater efficacy in enhancing emotional empathy, while CBCT was more effective in improving sexual intimacy. Follow-up assessments confirmed the sustained effects of both therapies. The study highlights the differential impacts of CBCT and EFCT, suggesting that EFCT may be more beneficial for fostering emotional connection, whereas CBCT may better address intimacy-related concerns.

Conclusions: These results provide valuable insights for clinicians in tailoring therapeutic approaches based on couples' specific relational needs. The findings contribute to the growing body of research on evidence-based interventions for marital conflict, emphasizing the importance of selecting therapy models aligned with desired outcomes—whether emotional attunement or sexual satisfaction.

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Introduction

Marital conflict arises when there is disagreement, divergence, or incompatibility between spouses (Sedaghatkhah et al., 2022; Wilson et al., 2024). Even if marital conflict does not culminate in divorce, it can lead to numerous adverse outcomes, including occupational burnout, domestic violence toward daughters, internalizing and externalizing behavioral problems in children, eating disorders in children, depression in spouses, ineffective parenting, and reduced marital happiness (Rahbari et al., 2021). Consequently, identifying factors that facilitate amicable conflict resolution is of particular importance. One such factor may be empathy. In various types of relationships, empathy has been associated with conflict-related constructs such as reduced aggression and increased prosocial behavior (Azizmohammadi et al., 2022; Miller & Eisenberg, 1988; Samavi et al., 2022).

Another influential factor in marital conflict—which may ultimately contribute to divorce—is sexual intimacy. Sexual intimacy and satisfaction among couples play a critical role in preventing the breakdown of sexual desires, disengagement from sexual behaviors within the marriage, and the pursuit of sexual fulfillment through extramarital relationships (Shahsiah, 2010). Couples with higher levels of sexual intimacy are better equipped to confront challenges and report greater marital satisfaction (Arianfar & Rasouli, 2018).

Conflict resolution skills are key indicators of successful relationships, and individuals with constructive conflict resolution abilities tend to maintain longer-lasting partnerships. In recent years, psychologists have introduced multiple approaches to address marital conflict, including cognitive-behavioral couple therapy (CBCT) and emotionally focused couple therapy (EFT). CBCT emphasizes behavioral interactions between partners, advocating for the replacement of negatively charged “you” statements with authentic, spontaneous “I” statements. The core principles of CBCT include modifying unrealistic expectations in relationships, correcting attributional biases, and using self-instructional strategies to reduce destructive interactions (Hajloo et al., 2021).

EFT, on the other hand, is an intervention aimed at reducing discrepancies in sexual desire, resolving emotional difficulties, and enhancing marital satisfaction (John et al., 2016). EFT focuses on negative emotional cycles in couple interactions, emphasizing adaptive attachment strategies through care, support, and mutual responsiveness to needs (Greenman & Johnson, 2013).

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It posits that marital distress is accompanied by pervasive negative affect and attachment injuries, and that addressing these patterns can improve relationship functioning, including sexual intimacy (PourMohamad Ghouchani et al., 2019).

Based on these considerations and prior related research, the present study aimed to compare the effectiveness of CBCT and EFT on emotional empathy, dyadic adjustment, intimacy, and sexual sensation seeking among women experiencing marital conflict.

In contemporary marriage, couples are expected to attend to each other's needs for love, intimacy, and affection (Mazarei Sotoodeh et al., 2022). While mutual understanding and compatibility are the goals of any marital relationship (Riahi, 2020), various factors can lead to incompatibility between spouses (Aghajanian & Thompson, 2013). Marriage provides a dynamic context for experiencing, expressing, and managing emotions, where each partner's emotional behaviors and regulation strategies can serve as emotional triggers for the other. Thus, maintaining optimal emotional balance in the relationship relies on the emotional competencies of both partners. This balance facilitates constructive conflict resolution and strengthens intimacy.

Marriage, as a pivotal milestone in the life cycle, significantly impacts social, emotional, cultural, and economic well-being (Girgis et al., 2020). Given that differences in perspective and desires are inevitable in marriage, marital counseling professionals should prioritize fostering effective spousal communication to resolve conflicts and sustain long-term marital satisfaction (Girma Shifaw, 2024). Research consistently demonstrates a negative and significant relationship between marital conflict and marital satisfaction (Rajabi et al., 2021).

The concept of "empathy," introduced by Titchener in 1909, refers to the human capacity to attune to the emotions of others and achieve mutual understanding through reflection and shared experience (Hall & Schwartz, 2019). Empathy enhances fundamental capacities for regulating relationships, supporting joint activities, and fostering group cohesion, playing a vital role in social life (Hosseini et al., 2025; Rieffe et al., 2010). It is generally considered to have two components: cognitive (the ability to identify and label others' emotional states and infer their perspectives) and affective (the capacity to provide appropriate emotional responses). Developing empathic relationships requires self-awareness, mutual trust, recognition of one's own successes and failures, and acceptance of others with their strengths and weaknesses (Asadi Loyeh et al., 2021).

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In addition to empathy, intimacy—particularly sexual intimacy—is among the most challenging and significant topics in marital research. Sternberg (1997) conceptualized intimacy as one side of the "triangle of love," representing the emotional aspect of relationships and encompassing warmth, affectionate communication, concern for the partner's well-being, and a desire for mutual responsiveness. Sexual intimacy, a form of intimacy involving the sharing and expression of sexual thoughts, feelings, and fantasies with one's partner (Yoo et al., 2014), is a critical factor influencing marital adjustment and reducing marital discord. Clinical studies indicate that couples often face significant challenges in establishing and maintaining intimacy (Rutledge et al., 2018), and sexual issues are consistently among the leading causes of divorce (Ahmadi et al., 2009).

Given the above, one of the essential tasks in family research is to identify variables that influence the stability and quality of marital relationships. Couple therapy provides a structured approach to resolving disputes for partners unable to do so independently (Maleki et al., 2017). CBCT addresses cognitive restructuring alongside behavioral interventions to strengthen coping skills (Epstein & Zheng, 2017) and is grounded in four primary domains: cognitive change, behavioral skills, communication skills, and problem-solving/conflict resolution (Aguilar-Raab et al., 2018). EFT, by contrast, operates on the premise that couples' interpersonal patterns are shaped by individual emotional experiences, with emotional regulation being central to relationship functioning (Johnson, 2007). Emotionally focused approaches emphasize creating a secure base shaped by attachment style, from which partners can meet each other's needs effectively (Javidi et al., 2013).

Accordingly, the central research question of this study is: Do CBCT and EFT have significant effects on emotional empathy and sexual intimacy among women experiencing marital conflict? Furthermore, how do these two approaches compare in their therapeutic impacts on this population?

Material and Methods

The research methodology employed in this study can be examined from several perspectives. In terms of purpose, this study is applied in nature, as it was conducted to provide rapid solutions to problems, address challenges, and take appropriate measures. Regarding the research approach, it

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follows a quasi-experimental design with a pretest–posttest structure involving two experimental groups and one control group.

After assigning participants to the experimental groups, a pretest was administered. Subsequently, interventions were implemented weekly in accordance with established protocols, and a posttest was conducted after the completion of the interventions. During this period, the control group did not receive any intervention.

The statistical population comprised all married women aged 20–45 years who, due to marital conflicts and incompatibilities, sought services from psychological and counseling centers in Tehran during 2023. Given the difficulty of random sampling in quasi-experimental studies, a volunteer or convenience sampling method was employed, followed by random assignment to groups.

Based on recommendations for quasi-experimental research (Delavar, 2019), a minimum of 15 participants per group was deemed appropriate. Therefore, the sample size was estimated at 15 participants for each group.

Inclusion Criteria

1. Married women aged between 20 and 45 years.
2. Experiencing marital conflict.
3. Having at least primary education.
4. Willingness to participate in training and intervention sessions.
5. Not receiving any concurrent treatments.

Exclusion Criteria

1. Presence of serious medical, psychiatric disorders, or substance dependence.
2. Absence from more than one intervention or training session.
3. Failure to complete the assigned intervention-related tasks.

Ethical Considerations

Ethical considerations included obtaining informed consent from participants, maintaining confidentiality, and assuring them of the privacy of their personal information.

Procedure

Upon obtaining the necessary approvals, an introductory session was held to brief prospective participants on the overall research design, objectives, duration, confidentiality measures, the right

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to withdraw at any time, and the schedule and location of the sessions. Those who met the inclusion criteria and expressed willingness to participate were selected. Questionnaires were then distributed, and after collecting them, incomplete or invalid responses were excluded from the dataset.

Instruments

Emotional Empathy Scale (EAS): The EAS is a valid and reliable instrument designed to assess empathy levels across three dimensions: social interaction, cognitive behavior, and emotional identification (Basto-Pereira & Farrington, 2021). It can be used for research, educational, and other intervention purposes. Data for the validation study were collected between October and December 2021 from 651 medical students at Istanbul Medeniyet University. The item pool was developed by the researcher through a literature review. Two counseling psychologists, two clinical psychologists, and two psychiatrists reviewed the items to ensure face and content validity. Both exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) were conducted, and concurrent validity was assessed using the Toronto Empathy Questionnaire. Construct and concurrent validity, internal consistency, and test–retest reliability analyses were performed using IBM SPSS 25 and AMOS 24.

Sexual Intimacy Questionnaire: This is a 30-item, single-factor instrument designed to measure sexual intimacy. In Firoozi et al. (2023) study, content validity for the Sexual Intimacy Questionnaire was established by consulting several experts in organizational and management studies. Based on their feedback, revisions were made, and the final version was used for data collection.

Data Analysis

Data were analyzed using descriptive and inferential statistics in SPSS version 26. For inferential analysis, multivariate analysis of covariance (MANCOVA) was employed to examine the effects of Cognitive Behavioral Couple Therapy and Emotion-Focused Couple Therapy on posttest scores while controlling for pretest scores. The experimental groups were compared to the control group. Prior to conducting parametric tests, assumptions such as normality of scores (tested using the Shapiro–Wilk test), absence of multicollinearity, homogeneity of variances, and homogeneity of regression slopes were examined to ensure the appropriateness of MANCOVA.

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Results

Table 1 presents the descriptive characteristics of participants' age by group. The results indicate that the mean age in the Cognitive Behavioral Couple Therapy (CBCT) group was 36.7 years, in the Emotion-Focused Couple Therapy (EFCT) group was 35.5 years, and in the control group was 36.3 years.

Table 1. Descriptive characteristics of participants' age by group

Variable	Group	N	Mean	SD	Min.	Max.
Age	CBCT	15	36.70	3.60	30	51
	EFCT	15	35.50	3.40	30	48
	Control	15	36.30	3.30	29	51

Descriptive characteristics related to participants' educational attainment, including frequency and percentage for each group, are presented in Table 2. The results show that, in all three groups, most participants had a bachelor's degree: 7 participants (46.6%) in the CBCT group, 9 participants (60%) in the EFCT group, and 10 participants (66.6%) in the control group.

Table 2. Descriptive characteristics of participants' educational level by group

Variable	Group	Education level	Frequency	Percentage
Education	CBCT	Diploma	3	20
		Bachelor	7	46.60
		Master	5	33.40
	EFCT	Diploma	4	26.60
		Bachelor	9	60
		Master	2	13.40
	Control	Diploma	2	13.40
		Bachelor	10	66.60
		Master	3	20

Descriptive indicators for the study variables—emotional empathy and sexual intimacy—are summarized in Table 3, which reports the mean and standard deviation scores for the experimental and control groups.

Table 3. Mean and standard deviation of research variables in the experimental and control groups

Variable		Group								
		CBCT			EFCT			Control		
		Mean	SD	N	Mean	SD	N	Mean	SD	N
Emotional empathy	Pretest	35.80	2.10	15	35.40	2.30	15	35.40	1.90	15
	Posttest	41.10	1.90	15	42.10	1.60	15	36.80	1.80	15
Sexual intimacy	Pretest	53.10	3.10	15	51.40	4.20	15	52.80	4.60	15
	Posttest	55.10	2.90	15	53.80	3.40	15	53.20	4.50	15

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Prior to inferential analysis, the assumptions required for parametric tests were examined and confirmed, including the normality of scores (Shapiro–Wilk test), absence of multicollinearity, homogeneity of variances, and homogeneity of regression slopes.

Given these conditions, multivariate analysis of covariance (MANCOVA) was applied to assess the effects of CBCT and EFCT on posttest scores while controlling for pretest scores. Experimental groups were compared with the control group.

Hypothesis Testing

Hypothesis 1: There is a difference between the effects of Cognitive Behavioral Couple Therapy and Emotion-Focused Couple Therapy on emotional empathy in women with marital conflict.

The results of a univariate analysis of covariance (ANCOVA) comparing the three groups in posttest emotional empathy scores are shown in Table 4.

Table 4. Results of ANCOVA for group differences in emotional empathy at posttest

Source	SS	DF	MS	F	P	Effect size	Power
Group	233.20	2	116.60	48.50	0.001	0.66	1
Error	98.50	41	2.40				
Total	72577	45					

Based on the findings in Table 4, the mean posttest emotional empathy scores differed significantly between the two experimental groups (CBCT and EFCT) and the control group ($p < .001$). The results indicate that 66% of the variance in posttest emotional empathy was attributable to group differences or treatment effects. Post-hoc Bonferroni pairwise comparisons of group means for emotional empathy at posttest are reported in Table 5.

Table 5. Bonferroni pairwise comparisons of emotional empathy scores at posttest

Group (I)	Group (J)	Mean difference	Std. Error	P
CBCT	EFCT	-0.848	0.568	0.42
	Control	4.30	0.568	0.001
EFCT	CBCT	0.848	0.568	0.74
	Control	5.20	0.536	0.001
Control	CBCT	-4.30	0.568	0.001
	EFCT	-5.20	0.568	0.001

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As shown in Table 5, the control group's mean emotional empathy score differed significantly from both the CBCT and EFCT groups, with the experimental groups scoring higher. Furthermore, EFCT demonstrated a greater effect on emotional empathy compared to CBCT.

Hypothesis 2: There is a difference between the effects of Cognitive Behavioral Couple Therapy and Emotion-Focused Couple Therapy on sexual sensation seeking in women with marital conflict.

The results of a univariate analysis of covariance (ANCOVA) comparing the three groups in posttest sexual sensation seeking scores are presented in Table 6.

Table 6. Results of ANCOVA for group differences in sexual sensation seeking at posttest

Source	SS	DF	MS	F	P	Effect size	Power
Group	28.30	2	14.10	15.30	0.001	0.42	1
Error	37.80	41	0.92				
Total	18942	45					

According to Table 6, the mean posttest sexual sensation seeking scores differed significantly between the two experimental groups (CBCT and EFCT) and the control group ($p < .001$). The findings indicate that 42% of the variance in posttest sexual sensation seeking was attributable to group differences or treatment effects.

Post-hoc Bonferroni pairwise comparisons of group mean for sexual sensation seeking at posttest are reported in Table 7.

Table 7. Bonferroni pairwise comparisons of sexual sensation seeking scores at posttest

Group (I)	Group (J)	Mean difference	Std. Error	P
CBCT	EFCT	0.33	0.35	1
	Control	1.90	0.35	0.001
EFCT	CBCT	0.33	0.35	1
	Control	1.50	0.36	0.001
Control	CBCT	-1.90	0.36	0.001
	EFCT	0.33	0.35	1

As shown in Table 7, the control group's mean sexual sensation seeking score was significantly lower than those of both experimental groups. Moreover, CBCT demonstrated a greater effect on sexual sensation seeking than EFCT.

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Discussion

The present study found that Cognitive Behavioral Couple Therapy (CBCT) and Emotion-Focused Couple Therapy (EFCT) had significantly different effects on emotional empathy in women experiencing marital conflict. Overall, participants demonstrated a notable improvement in emotional empathy from pretest to posttest. Pairwise group comparisons revealed that EFCT was more effective than CBCT in enhancing emotional empathy.

The superior effect of EFCT on emotional empathy can be explained by its therapeutic process, which facilitates access to primary, vulnerable emotions that are often suppressed or distorted. EFCT enables couples to recognize and express these underlying emotions, thereby disrupting maladaptive interaction cycles and fostering deeper intimacy (Soltani et al., 2013). In EFCT, the therapist's role is to bring denied emotions and unmet needs to conscious awareness. When one partner expresses these vulnerable feelings, the other perceives them in a new light, which can transform their response patterns.

For example, if a husband attributes his withdrawal not to indifference but to feelings of inadequacy and fear, his wife may reinterpret his behavior, viewing him as emotionally vulnerable rather than dismissive. This reframing often elicits greater emotional support from the spouse, leading to healthier communication patterns (Meneses & Greenberg, 2011).

The positive effects of CBCT on emotional empathy can also be explained by its focus on both acceptance and behavioral change strategies. Early in relationships, couples often accept and even value differences. Over time, however, tolerance for such differences may decline, leading to attempts at changing each other, which may manifest as criticism or blame. Such patterns escalate conflict and widen relational gaps. CBCT addresses these cycles by balancing acceptance of differences with targeted behavioral change, using structured techniques to reduce maladaptive interaction patterns and improve communication skills.

The study also revealed significant differences in the effects of CBCT and EFCT on sexual intimacy among women with marital conflict. Overall, participants experienced a significant increase in sexual intimacy from pretest to posttest, with CBCT demonstrating greater effectiveness than EFCT in this domain.

One explanation for CBCT's superior effect is its emphasis on structured skill-building techniques. Among these are strategies for fostering emotional closeness, which have been positively associated with marital satisfaction (Patterson, 2017). Another important technique is emotional expression,

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which research has linked to higher satisfaction and greater sexual intimacy among couples who openly share their thoughts and feelings.

CBCT's training modules on positive affect sharing and emotion management—central to its approach—appear to foster intimacy by encouraging open emotional disclosure, active listening, and mutual responsiveness.

EFCT, in contrast, promotes sexual intimacy primarily through the reorganization of negative interaction cycles into positive ones. By encouraging partners to disclose personal and sensitive issues, respond supportively, and increase both verbal and non-verbal communication, EFCT enhances emotional safety and connection. Intervention sessions also targeted attachment styles and coached participants on initiating sexual communication with their partners, enabling them to express sexual needs, preferences, and boundaries more clearly. This aligns with findings by Butzer and Campbell (2008), who reported that high avoidance or anxiety in couple relationships reduces sexual intimacy, while securely attached couples tend to report higher sexual satisfaction.

Several limitations of this study should be acknowledged. First, the sample was limited to married women aged 20–45 years in Tehran, which restricts the generalizability of the findings to other populations, including men, unmarried couples, and those in different cultural contexts. Second, the use of convenience sampling may have introduced selection bias. Third, data relied on self-report measures, which are susceptible to social desirability bias and inaccurate recall. Fourth, the study assessed short-term effects; long-term follow-up was not conducted to determine whether the observed improvements were sustained. Finally, the quasi-experimental design, although robust in certain respects, does not establish causal relationships as strongly as a fully randomized controlled trial.

Future studies should consider employing randomized controlled trial designs with larger, more diverse samples to increase generalizability and strengthen causal inferences. Longitudinal follow-up assessments are recommended to evaluate the durability of treatment effects over time. Additionally, including male participants or couples as dyads could provide a more comprehensive understanding of therapeutic effects across genders.

Practitioners may wish to integrate elements from both CBCT and EFCT to maximize benefits—leveraging EFCT's strengths in enhancing emotional empathy and CBCT's structured techniques for improving sexual intimacy. Furthermore, culturally adapted interventions may be necessary to ensure relevance and effectiveness in diverse social and cultural contexts.

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Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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