

The Effectiveness of Emotion-Focused Therapy on Improving Marital Intimacy and Marital Adjustment

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ABSTRACT

Objective: This study aimed to investigate the effectiveness of Emotion-Focused Therapy (EFT) in enhancing marital intimacy and marital adjustment among couples.

Methods and Materials: This research utilized a quasi-experimental design with pretest-posttest and a control group, including a three-month follow-up. The statistical population consisted of couples who attended counseling centers in Qom in 2021. Using convenience sampling and based on sample size estimation via G*Power (effect size = 0.36, α = 0.05, power = 0.95), 48 individuals (24 couples) were selected and randomly assigned to experimental and control groups. The intervention group participated in eight weekly 90-minute group sessions of EFT based on the protocol by Leslie Greenberg and colleagues (2008; as cited in Fathi et al., 2021), while the control group received no intervention. Data were collected using the Bagarozzi Marital Intimacy Questionnaire (2001) and the Spanier Dyadic Adjustment Scale (1976). Data analysis was performed using 3×2 repeated measures ANOVA in SPSS version 26.

Findings: Results showed a significant main effect of group on marital intimacy ($F = 247.3$, $p < .05$, $\eta^2 = .662$) and marital adjustment ($F = 232.06$, $p < .05$, $\eta^2 = .89$). The main effect of time (pretest, posttest, follow-up) was also significant for marital intimacy ($F = 198.4$, $p < .05$, $\eta^2 = .686$) and marital adjustment ($F = 12.2$, $p < .05$, $\eta^2 = .31$). Bonferroni test comparisons indicated significant increases from pretest to posttest and follow-up in both variables ($p < .001$).

Conclusion: The findings suggest that EFT is an effective intervention for improving marital intimacy and marital adjustment, with effects sustained at follow-up, making it a promising approach to enhance relational functioning among couples.

Keywords: Emotion-Focused Therapy; Marital Intimacy; Marital Adjustment.

1. Introduction

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arital relationships are among the most intimate and emotionally significant human bonds, shaping individuals'

psychological well-being, family functioning, and broader social stability. The quality of marital relationships is often assessed through constructs such as marital intimacy and marital adjustment, which refer to the degree of closeness, trust, emotional support, and cooperative problem-solving between spouses. When these relational bonds are weakened, couples may experience escalating conflict, emotional detachment, and dissatisfaction, which can eventually lead to emotional or legal divorce (Brigoli & Sandoval, 2023). Researchers have consistently underscored that marital intimacy is not merely physical or sexual, but an overarching emotional connection encompassing cognitive, affective, and behavioral dimensions (Gurung et al., 2023; Hellinia, 2023; Lee & Kim, 2021). Such intimacy supports marital adjustment by enhancing partners' mutual understanding, reducing hostility, and increasing resilience against stressors (Khajeh Hasani Raberi et al., 2024; Tolan, 2021).

Marital adjustment is a multidimensional construct that reflects the degree to which spouses are satisfied with their marriage, experience low levels of conflict, and effectively negotiate their differences. High marital adjustment has been associated with improved psychological health, effective parenting, and life satisfaction (Brigoli & Sandoval, 2023; Gonzales, 2020; Kim & Nho, 2022). Conversely, poor adjustment is linked with emotional divorce—a state in which couples remain legally married but are emotionally detached (Asayesh et al., 2024; Bazyari, 2024). Emotional divorce is often characterized by chronic emotional neglect, diminished empathy, and avoidance of emotional disclosure, which erode marital intimacy over time (Shamsaei et al., 2022). This deterioration can trigger further marital conflict and psychological distress, demonstrating the interwoven nature of intimacy and adjustment (Sharifi et al., 2021).

Interventions aimed at strengthening marital intimacy and adjustment have thus become a focal point of clinical and counseling research. Among these interventions, Emotion-Focused Therapy (EFT) has emerged as one of the most empirically supported approaches for distressed couples (Şenol et al., 2023). Rooted in attachment theory and humanistic experiential principles, EFT emphasizes the identification, expression, and transformation of maladaptive emotional responses within the couple relationship (Bailey et al., 2022; Warwar, 2023). By enabling couples to explore their unmet attachment needs and primary emotions, EFT helps them reframe conflictual interactions and develop secure emotional bonds (Bazyari, 2024). This process not only reduces defensive and hostile

responses but also fosters emotional safety and responsiveness, which are essential conditions for rebuilding intimacy (Khajeh Hasani Raberi et al., 2024; Zadafshar et al., 2021).

Empirical evidence has shown that EFT contributes to significant improvements in marital functioning. For instance, couples undergoing EFT demonstrate reductions in relationship distress, greater emotional engagement, and improved conflict resolution skills (Bazyari, 2024; Şenol et al., 2023). Moreover, EFT has been successfully applied in diverse clinical populations, including individuals experiencing sexual trauma (Zadafshar et al., 2021) and sexual offending (Gunst et al., 2022), highlighting its adaptability and depth of emotional processing. The emphasis on accessing and restructuring core emotional experiences distinguishes EFT from purely cognitive or behavioral interventions (Warwar, 2023). This experiential depth aligns with findings showing that emotional intimacy mediates the impact of marital stress on mental health outcomes (Lee & Kim, 2021; Park & Harris, 2022).

Several studies also demonstrate that increased emotional intimacy through EFT correlates with improvements in marital adjustment (Asfaw & Alene, 2023; Bab Sor & Karimi, 2025). Couples who enhance their emotional expression and responsiveness often report greater satisfaction, cohesion, and consensus, which are key indicators of marital adjustment (Brigoli & Sandoval, 2023; Gonzales, 2020). Strengthening intimacy not only reduces conflict but also buffers couples against external stressors such as parenting challenges or financial strain (Kim & Nho, 2022; Moon et al., 2020). Furthermore, low intimacy and poor adjustment have been identified as risk factors for psychological and physical health problems (Sharifi et al., 2021; Tahir & Khan, 2020), emphasizing the broader implications of marital quality beyond the couple dyad.

The effectiveness of EFT may be partially explained by its focus on restructuring emotional schemas and fostering secure attachment bonds. This emotion-centered approach promotes deeper self-disclosure, empathy, and mutual acceptance, which directly enhance intimacy and adjustment (Bailey et al., 2022; Fathi et al., 2021). Additionally, the structured stages of EFT—de-escalation of conflict, restructuring interactions, and consolidation of new patterns—allow couples to gradually replace negative cycles with positive engagement (Şenol et al., 2023). This process is particularly beneficial for couples at risk of emotional divorce, who often experience entrenched patterns of

emotional withdrawal and criticism (Asayesh et al., 2024; Shamsaei et al., 2022).

The cross-cultural relevance of intimacy and adjustment further supports the need for EFT-based interventions. Studies in diverse contexts, such as Nepal (Gurung et al., 2023), Ethiopia (Asfaw & Alene, 2023), Korea (Kim & Nho, 2022; Lee & Kim, 2021), and Pakistan (Tahir & Khan, 2020), consistently highlight the universal association between emotional closeness and marital functioning. Even in settings affected by chronic illness or economic hardship, intimacy has been shown to sustain marital resilience (Hellinia, 2023; Yunike & Eprila, 2022). This underscores the potential of EFT as a culturally adaptable intervention that addresses fundamental human emotional needs.

Furthermore, studies suggest that improvements in marital intimacy through EFT may extend to other domains of family life. Enhanced intimacy contributes to cooperative parenting, family cohesion, and general well-being (Brigoli & Sandoval, 2023; Kim & Nho, 2022). It also reduces the risk of emotional dysregulation and conflict escalation, which can negatively affect children's psychological development (Didani et al., 2020; Shamsaei et al., 2022). By reinforcing secure emotional bonds between spouses, EFT may thus have cascading benefits across the family system, promoting not only dyadic but also intergenerational health (Fathalian et al., 2022; Moon et al., 2020).

Despite these promising findings, some studies note that the efficacy of EFT depends on factors such as couples' readiness for change, therapist competence, and cultural sensitivity in addressing emotional expression (Siregar, 2022; Warwar, 2023). Therefore, implementing EFT within a structured, culturally informed framework is crucial to maximize its impact (Şenol et al., 2023).

In summary, marital intimacy and adjustment are critical determinants of individual and family well-being. Emotional disengagement erodes these relational qualities, while interventions such as EFT have shown strong potential to restore and enhance them. By helping couples access and reorganize their core emotional experiences, EFT strengthens emotional bonds, reduces conflict, and increases marital satisfaction. Building on this theoretical and empirical foundation, the present study investigates the effectiveness of Emotion-Focused Therapy in improving marital intimacy and marital adjustment among couples, aiming to provide evidence for its application as a targeted intervention for enhancing couple relationships.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quasi-experimental method with a pretest-posttest design, including a control group and a three-month follow-up period. The statistical population of this study consisted of couples who referred to counseling centers in Qom in 2021. From this population, 48 individuals were selected through non-random convenience sampling (based on the G*Power sample size calculator, considering the parameters of effect size = 0.36, alpha = 0.05, and test power = 0.95). The sample size for each of the experimental and control groups was set at 12 couples, resulting in a total sample size of 30 individuals. Therefore, in this study, 2 groups of 48 individuals were selected, and their assignment to the experimental and control groups was done randomly.

The inclusion criteria consisted of couples experiencing conflict, being aged between 25 and 52 years, and having at least a high school diploma. The exclusion criteria included absence from more than two sessions, incomplete questionnaire responses, withdrawal from participation, lack of commitment to the intervention exercises, and simultaneous participation in other counseling or psychotherapy programs.

After selecting the sample group according to the inclusion criteria, the relevant questionnaires were administered. Subsequently, Emotion-Focused Therapy (EFT) was delivered by the researchers at one of the counseling centers in Qom (the center had appropriate space, facilities, and educational equipment). All participants who agreed to participate completed the questionnaires in groups during the pretest, posttest, and follow-up phases, and no time limit was imposed for completing them. The intervention consisted of eight weekly group sessions of 90 minutes each. Considerations such as confidentiality of the obtained information, obtaining informed consent from participants, non-disclosure of their information to others, and creating a reassuring environment were observed by the researcher.

2.2. Measures

The Vincenzo Bagarozzi Marital Intimacy Needs Questionnaire was developed in 2001. It contains 44 items measuring intimacy needs in 11 dimensions: emotional, intellectual, physical, spiritual, sexual, aesthetic, social, recreational, and temporal needs. Each dimension is assessed with 4 items, and responses are rated on a 10-point scale (1 = this need is very weak in me to 10 = this need is very strong in me). Each item receives a score from 1 to 10,

and the maximum total score is 440. The questionnaire is divided into four main dimensions indicating overall marital intimacy needs. The first dimension reflects individual satisfaction in an intimate relationship. The second dimension assesses mutual satisfaction of the spouse with the participant's involvement. The third dimension measures satisfaction with life, and the fourth compares overall intimacy needs and satisfaction. Content validity of the instrument was calculated at 0.58. Test-retest reliability was reported as 0.82 after two weeks, and Cronbach's alpha was 0.94. Content validity was confirmed by 30 counseling professors and 15 married couples after revisions (Shamsaei et al., 2022). Cronbach's alpha for the whole questionnaire in Shamsaei et al. (2022) was reported as 0.78, and in the present study, it was reported as 0.91.

Dyadic Adjustment Scale (DAS) was developed by Graham Spanier in 1976. It includes 32 items with four components: marital satisfaction (10 items), marital cohesion (5 items), marital consensus (13 items), and affectional expression (4 items). Responses are scored on a 5-point Likert scale from 0 (strongly disagree) to 5 (strongly agree), with items 16, 17, 20, 21, 24, and 30 reverse-scored. The score range is from 32 to 160, with scores of 101 and above indicating greater marital adjustment. Graham Spanier (1982) reported the overall reliability of the scale using Cronbach's alpha as 0.96, and for the subscales of marital satisfaction, marital cohesion, marital consensus, and affectional expression as 0.90, 0.81, 0.90, and 0.71, respectively. The convergent and divergent validity of this scale with the Locke-Wallace Marital Adjustment Test was reported as 0.90 and 0.71, respectively. In Iran, Fallah Chay et al. (2009) reported concurrent validity with the Locke-Wallace scale as 0.90, and Cronbach's alpha for the total scale as 0.92, and for the subscales of marital satisfaction, marital cohesion, marital consensus, and affectional expression as 0.92, 0.82, 0.90, and 0.81, respectively (Bab Soor & Karimi, 2025). Cronbach's alpha in the present study was reported as 0.891.

2.3. Intervention

The Emotion-Focused Therapy (EFT) intervention applied in this study was adapted from the book *Emotion-Focused Therapy for Couples* by Leslie Greenberg and colleagues (2008; as cited in Fathi et al., 2021) and consisted of eight weekly 90-minute group sessions. In Session 1, participants were introduced to the group and facilitator, their motivations and expectations were explored, and the

core concepts of EFT were explained while initial relationship issues were identified. In Session 2, participants were encouraged to share personal traumas such as fear of rejection or fear of revealing flaws that hinder their relational dynamics. Session 3 involved identifying and validating secondary reactive emotions such as anger, frustration, irritability, and psychosomatic distress. In Session 4, participants externalized their problems and explored unmet attachment needs and primary emotions as key relational issues. In Session 5, they examined different aspects of themselves and cultivated a sense of self-worth. Session 6 focused on building trust in newly emerging emotions and practicing new responses to their underlying motivations. In Session 7, previously identified primary emotions were processed more deeply, and participants were encouraged to express their desire for new forms of connection clearly. Finally, in Session 8, participants collaboratively generated new solutions for their problems, constructed alternative narratives about their difficulties, and reflected on their previous relational paths and how they found their way back to healthier interactions.

2.4. Data Analysis

Finally, the data were analyzed using repeated measures analysis of variance (ANOVA) with the help of SPSS version 26.

3. Findings and Results

The mean age reported for the sample of this study, by group, was 34.4 ± 5.84 for the intervention group and 34.9 ± 5.04 for the control group. The minimum age of participants was 30 and the maximum was 43. The mean reported duration of marriage was 6.20 ± 1.89 years in the experimental group and 5.46 ± 2.26 years in the control group, with a minimum of 4 years and a maximum of 10 years.

In terms of educational level, in the experimental group 37.5% held a high school diploma, 7.5% an associate's degree, 27.5% a bachelor's degree, 20% a master's degree, and 7.5% a doctoral degree. In the control group, 35% held a high school diploma, 2.5% an associate's degree, 30% a bachelor's degree, 17.5% a master's degree, and 15% a doctoral degree.

Since the significance level was greater than .05, no significant differences were found between the two groups in terms of age, education level, or duration of marriage. The descriptive findings of the study across the three

measurement stages for the two groups are presented in Table 1.

Table 1

Statistical Characteristics of Variables

Group	Variable	Pretest M (SD)	Posttest M (SD)	Follow-up M (SD)
Experimental	Marital intimacy	94.9 (1.23)	112.9 (3.19)	115.2 (18.02)
	Marital adjustment	128.4 (27.7)	142.4 (28.7)	144.2 (28.2)
Control	Marital intimacy	93.3 (21.5)	95.4 (15.3)	96.6 (14.8)
	Marital adjustment	129.8 (28.6)	131.9 (30.8)	132.6 (32.2)

As shown in Table 1, the mean scores of marital intimacy and marital adjustment are reported for the intervention and control groups. It can be seen that the mean scores in the pretest were not substantially different between the two groups. However, after the intervention, the experimental group showed a marked increase compared to the control group, and this difference persisted at follow-up.

Box's M test was used to check the equality of covariance matrices, which showed the following results for the research variables: Box's M = 88.8, $F = 13.06$, $p < .01$. Since the obtained significance level was less than .05, the assumption of homogeneity of covariance matrices was not

supported, but given the equal group sizes, this assumption can be ignored.

Mauchly's test of sphericity was also conducted for the research variables (Mauchly's $W = .055$, $\chi^2 = 78.1$, $p < .01$). Because the sphericity assumption was violated ($p < .05$), the Greenhouse-Geisser correction was used in the repeated measures ANOVA analysis.

The assumption of homogeneity of variances was confirmed for marital intimacy ($F = 1.9$, $p > .05$) and marital adjustment ($F = 2.07$, $p > .05$). Subsequently, the results of a 3×2 repeated measures ANOVA were performed to compare the experimental and control groups at three time points (pretest, posttest, and follow-up) on the study variables.

Table 2

MANOVA Significance Results for the Groups

Test	Sum of Squares	df	Mean Squares	F	Sig.	Partial Eta ²
Marital intimacy & Marital adjustment	Sphericity assumed	1049.2	5	209.8	26.001	.001
	Greenhouse-Geisser	1049.2	1.79	584.2	26.001	.001
	Huynh-Feldt	1049.2	1.98	529.9	26.001	.001
	Lower-bound	1049.2	1	1049.2	26.001	.001

Table 2 shows that there was a significant difference in at least one of the dependent variables between the groups. The partial eta squared value (.481) indicates that 48.1% of the variance in the dependent variables was explained by the

group effect, which is statistically considerable and generalizable. Therefore, detailed results for main and interaction effects are shown in Table 3.

Table 3

3×2 Repeated measures ANOVA Results for Emotion-Focused Therapy on Marital Intimacy and Marital Adjustment

Variable	Source	SS	df	MS	F	p	η ²
Marital intimacy	Between groups	Group	2083.3	1	2083.3	31.02	.001
		Error	1880.5	46	67.1		
	Within groups	Time	19830.4	2.45	8087.4	247.3	.001
		Time × Group	2504.8	2.45	1021.5	198.4	.001
		Error (time)	4790	68.6	69.7		
Marital adjustment	Between groups	Group	811.2	1	811.2	9.82	.004
		Error	2312.6	46	82.5		

Within groups	Time	20020.7	2.71	7391.9	12.2	.001
	Time × Group	1712.3	2.71	631.9	31.02	.001
	Error (time)	5432.9	75.8	71.6		

Table 3 shows that the main group effect was significant for marital intimacy ($F = 247.3$, $p < .05$, $\eta^2 = .662$) and for marital adjustment ($F = 232.06$, $p < .05$, $\eta^2 = .89$), meaning there was a significant difference between the two groups in terms of mean scores on these variables.

It also shows that for marital intimacy, the main effect of time (pretest, posttest, and follow-up) was significant ($F =$

198.4, $p < .05$, $\eta^2 = .686$). Similarly, for marital adjustment, the main effect of time was significant ($F = 12.2$, $p < .05$, $\eta^2 = .31$). In other words, there were significant differences in the marital intimacy and marital adjustment scores across the three measurement stages considering the group factor.

Table 4

Bonferroni test for Comparing Marital Intimacy and Marital Adjustment at Three Stages

Variable	Stage I	Stage J	Mean Difference (I-J)	p
Marital intimacy	Pretest	Posttest	8.86*	.001
	Pretest	Follow-up	9.34*	.001
Marital adjustment	Pretest	Posttest	7.75*	.001
	Pretest	Follow-up	10.1*	.001

As shown in Table 4, the scores of marital intimacy and marital adjustment increased from pretest to posttest and follow-up, indicating the effect of the intervention on improving these outcomes among the couples.

For marital intimacy, the difference between pretest and posttest ($p < .05$, $d = 8.86$) and between pretest and follow-up ($p < .05$, $d = 9.34$) was significant.

Similarly, for marital adjustment, the difference between pretest and posttest ($p < .05$, $d = 7.75$) and between pretest and follow-up ($p < .05$, $d = 10.1$) was significant, confirming the effectiveness of Emotion-Focused Therapy in enhancing marital intimacy and marital adjustment among couples.

4. Discussion and Conclusion

The present study sought to examine the effectiveness of Emotion-Focused Therapy (EFT) on improving marital intimacy and marital adjustment among couples, using a quasi-experimental design with pretest, posttest, and follow-up measurements. The findings revealed that couples who participated in the EFT intervention demonstrated significant increases in both marital intimacy and marital adjustment compared to the control group. These improvements were maintained at the three-month follow-up, suggesting that the therapeutic effects of EFT are not only immediate but also enduring. This indicates that the intervention successfully facilitated deep emotional processing and relational restructuring, consistent with the theoretical premise that enhancing emotional responsiveness

and secure bonding leads to improved relationship functioning (Bazyari, 2024; ŞEnol et al., 2023).

The observed increase in marital intimacy aligns with the core tenets of EFT, which emphasize accessing and expressing primary emotions, reducing defensive secondary reactions, and fostering emotional safety. By providing a structured framework for partners to explore and validate each other's emotional experiences, EFT reduces emotional distance and promotes closeness (Bailey et al., 2022; Warwar, 2023). This is consistent with previous studies demonstrating that EFT enables couples to shift from cycles of criticism and withdrawal to cycles of support and engagement (Khajeh Hasani Raberi et al., 2024; Zadafshar et al., 2021). As couples began to recognize and express their underlying attachment needs, they were better able to offer emotional accessibility, responsiveness, and engagement—key components of intimacy identified in the literature (Lee & Kim, 2021; Park & Harris, 2022).

The findings also showed substantial gains in marital adjustment, which encompasses satisfaction, cohesion, consensus, and affective expression. Enhanced intimacy likely contributed to these outcomes by strengthening emotional bonds and reducing conflict escalation. This is consistent with research indicating that intimacy serves as a mediating factor between marital stress and adjustment outcomes (Brigoli & Sandoval, 2023; Tolan, 2021). As emotional closeness increased, couples in the intervention group likely developed more adaptive communication patterns, allowing them to resolve disagreements

constructively and maintain relationship satisfaction. These results echo those of (Asfaw & Alene, 2023), who found that structured marital relationship training led to improvements in marital adjustment through enhanced emotional understanding and empathy. Similarly, (Bab Sor & Karimi, 2025) reported that group-based interventions that foster emotional acceptance and compassion significantly improved the marital adjustment of women exposed to relational trauma.

Another noteworthy outcome is the persistence of improvements during the follow-up period, which reflects the durability of EFT-induced changes. According to (ŞEnol et al., 2023), EFT works by restructuring emotional schemas and attachment bonds, which can lead to long-lasting relational transformations rather than temporary behavioral modifications. This mechanism may explain why gains were sustained beyond the immediate post-intervention phase. The process of engaging with primary emotions and constructing new emotional experiences during therapy could have consolidated new interactional patterns that continued to influence the couples' relationships after the formal sessions ended. Such long-term effects have also been observed in studies with specific populations; for example, (Zadafshar et al., 2021) found sustained reductions in distress among victims of sexual trauma following EFT, and (Gunst et al., 2022) documented enduring positive emotional shifts in an emotionally avoidant client.

The results further corroborate the link between emotional intimacy and positive marital outcomes highlighted in prior research. Studies have shown that increased emotional intimacy buffers couples from stressors, enhances sexual satisfaction, and strengthens resilience (Fathalian et al., 2022; Hellinia, 2023; Moon et al., 2020). In the current study, as couples developed greater trust and emotional openness, they may have experienced more cooperative problem-solving, improved sexual and emotional connection, and reduced relational distress—all elements that contribute to marital adjustment. Similarly, (Kim & Nho, 2022) noted that emotional closeness predicted higher well-being in women, while (Gonzales, 2020) showed that stronger marital adjustment was linked to greater parental efficacy in early motherhood. These findings suggest that the benefits of EFT may extend beyond the couple dyad to family functioning more broadly.

Furthermore, the outcomes resonate with findings from diverse cultural contexts, suggesting that the processes targeted by EFT are culturally generalizable. Studies in Nepal (Gurung et al., 2023), Ethiopia (Asfaw & Alene,

2023), Korea (Kim & Nho, 2022; Lee & Kim, 2021), and Pakistan (Tahir & Khan, 2020) all demonstrate that marital intimacy strongly predicts marital satisfaction and adjustment across cultural boundaries. The consistency of the current results with this international body of research highlights the potential utility of EFT for diverse populations, provided that cultural nuances in emotional expression are considered during implementation. This is particularly relevant given that emotional disengagement—commonly observed in emotional divorce—is a cross-cultural phenomenon that undermines both intimacy and adjustment (Asayesh et al., 2024; Shamsaei et al., 2022).

Importantly, the therapeutic framework of EFT may explain why it was effective in addressing emotional disengagement. EFT facilitates a shift from secondary defensive emotions such as anger or withdrawal to primary emotions such as fear, sadness, or longing for connection. This deep emotional work allows couples to experience vulnerability safely, which enhances empathy and emotional responsiveness (Fathi et al., 2021; Warwar, 2023). This shift likely contributed to the increases in intimacy observed in this study. Moreover, the structured progression of EFT—from de-escalation of conflict to restructuring interactions and consolidating positive cycles—may have supported participants in internalizing new relational patterns (ŞEnol et al., 2023). These mechanisms align with (Sharifi et al., 2021), who emphasized that interventions which promote positive emotional engagement can improve both psychological well-being and relational outcomes.

Another point worth noting is the bidirectional reinforcement between intimacy and adjustment. As couples became more emotionally open and responsive, they likely experienced less conflict and greater satisfaction, which in turn reinforced their willingness to engage emotionally. This reciprocal process has been documented in previous research, where enhanced intimacy predicts better adjustment, and vice versa (Brigoli & Sandoval, 2023; Tolan, 2021). The findings of this study thus support the conceptualization of intimacy and adjustment as mutually reinforcing constructs within marital dynamics.

Lastly, the findings highlight the clinical applicability of EFT as an intervention for couples at risk of emotional disengagement or low marital adjustment. Emotional disengagement often manifests as emotional numbness, withdrawal, and loss of empathy, which are highly resistant to change through purely cognitive or behavioral methods (Asayesh et al., 2024; Bazyari, 2024). EFT's focus on emotional experience rather than cognitive restructuring

allows it to penetrate these defenses and restore emotional vitality within the relationship. This makes it especially suitable for couples experiencing entrenched emotional distance. The positive outcomes observed here affirm EFT as a promising approach for strengthening emotional bonds and relational functioning in such cases.

5. Suggestions and Limitations

Despite the promising findings, this study is not without limitations. First, the sample size was relatively small and drawn through convenience sampling, which may limit the generalizability of the results to broader populations. Future studies should recruit larger and more diverse samples to increase external validity. Second, the study relied on self-report measures of marital intimacy and adjustment, which are susceptible to social desirability bias and subjective interpretation. Incorporating multi-informant assessments or behavioral observations could yield more objective data. Third, although a follow-up assessment was included, it covered only three months after the intervention, leaving the long-term durability of the effects uncertain. Longer-term follow-ups would be valuable to determine the persistence of the observed improvements. Finally, the study did not control for potential confounding variables such as personality traits, previous therapy experiences, or life stressors, which may have influenced the outcomes.

Future research could build on these findings by conducting randomized controlled trials with larger, more demographically diverse samples to establish stronger causal inferences. It would also be useful to compare EFT with other evidence-based couple therapies, such as cognitive-behavioral couple therapy or integrative behavioral couple therapy, to identify relative strengths and mechanisms of change. Researchers should also examine potential moderators and mediators of EFT outcomes, such as attachment style, emotion regulation abilities, or readiness for change, to better understand which couples are most likely to benefit. Moreover, incorporating qualitative methods, such as in-depth interviews or session transcripts analysis, could provide rich insights into the experiential processes through which EFT promotes intimacy and adjustment. Lastly, adapting and culturally tailoring EFT protocols to different sociocultural contexts could enhance their effectiveness and applicability across diverse cultural settings.

Practitioners aiming to enhance marital intimacy and adjustment should consider incorporating EFT techniques

into their clinical repertoire, focusing on fostering emotional safety, deep emotional exploration, and secure bonding between partners. Training programs should emphasize the development of therapists' emotional attunement and ability to guide clients through primary emotional experiences. Interventions should also be structured to progress from de-escalating conflict to restructuring emotional interactions and consolidating new positive patterns, ensuring a gradual and sustainable change process. Integrating psychoeducation about attachment needs and emotional expression can further support couples in maintaining the gains achieved in therapy. Overall, tailoring EFT to the unique emotional and cultural contexts of each couple can maximize its impact and promote enduring improvements in relational functioning.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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