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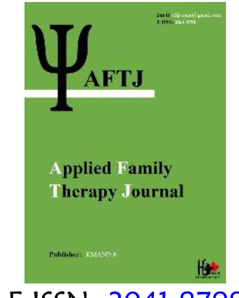

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Comparing the Effectiveness of Cognitive-Behavioral Couple Therapy and Emotionally Focused Couple Therapy on Romantic Relationship Perfectionism in Couples with Conflict

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ABSTRACT

Objective: The present study aimed to compare the effectiveness of cognitive-behavioral couple therapy and emotionally focused couple therapy on romantic relationship perfectionism among couples experiencing marital conflict.

Methods and Materials: The present study employed a quasi-experimental pretest–posttest design with a control group and a three-month follow-up period. The statistical population consisted of all couples referring to counseling centers in Districts 21 and 22 of Tehran in 2025. Using purposive sampling and G*Power software, 45 couples meeting the inclusion criteria were selected and randomly assigned into two experimental groups and one control group, with 15 couples in each group. Data collection instruments included the Romantic Relationship Perfectionism Scale developed by Matte and Lafontaine (2012) and the Marital Conflict Questionnaire developed by Sanaei and Barati (1999). The first experimental group received cognitive-behavioral couple therapy based on Dattilio's (2009) protocol in 10 sessions of 90 minutes, while the second experimental group received emotionally focused couple therapy based on Johnson's (2012) model in 9 sessions of 90 minutes. The control group received no intervention. Data were analyzed using mixed repeated-measures analysis of variance in IBM SPSS Statistics version 18.

Findings: The results of mixed repeated-measures analysis of variance demonstrated significant effects of group, treatment stages, and the interaction between group and treatment stages on self-oriented and other-oriented romantic relationship perfectionism ($p < .001$). Both cognitive-behavioral couple therapy and emotionally focused couple therapy significantly reduced romantic relationship perfectionism compared to the control group. The Bonferroni post-hoc test indicated significant differences between pretest and posttest scores as well as between pretest and follow-up scores ($p < .001$), while no significant differences were observed between posttest and follow-up stages, indicating the stability of treatment effects. Furthermore, Tukey post-hoc comparisons revealed that cognitive-behavioral couple therapy was significantly more effective than emotionally focused couple therapy in reducing both self-oriented and other-oriented perfectionism ($p < .05$).

Conclusion: The findings suggest that both cognitive-behavioral couple therapy and emotionally focused couple therapy are effective interventions for reducing romantic relationship perfectionism among couples with marital conflict; however, cognitive-behavioral couple therapy demonstrated greater effectiveness. These results highlight the importance of targeting maladaptive cognitive patterns, unrealistic relational expectations, and emotional interactional processes in therapeutic interventions for distressed couples.

Keywords: *Romantic Relationship Perfectionism, Cognitive-Behavioral Couple Therapy, Emotionally Focused Couple Therapy*

1. Introduction

Romantic relationships constitute one of the most influential interpersonal contexts affecting psychological well-being, emotional stability, social functioning, and overall quality of life. Marital quality and relational satisfaction are strongly associated with mental health outcomes, emotional adjustment, physical health, and adaptive interpersonal functioning across the lifespan (Hsu et al., 2023; Novak et al., 2023; Thomas et al., 2022). Healthy romantic relationships are characterized by emotional responsiveness, effective communication, secure attachment, empathy, emotional expressiveness, and constructive conflict resolution, whereas dysfunctional relationships are often associated with emotional disengagement, maladaptive interactional patterns, criticism, avoidance, hostility, and perfectionistic expectations toward oneself and one's partner (Jesuorobo & Igbineweka, 2023; Saleh & Usman, 2022; Yan et al., 2024; Yuan et al., 2022). Marital conflict has increasingly been recognized as a multidimensional phenomenon affecting not only the spouses themselves but also family functioning, parenting quality, emotional regulation, and children's socioemotional adjustment (Gong et al., 2023; Li et al., 2024; Wang et al., 2023). Persistent marital conflict may intensify emotional distress, decrease relationship satisfaction, and undermine emotional intimacy and marital cohesion over time (Lin et al., 2022; Postler et al., 2022). In recent years, researchers have emphasized the role of emotional processes, attachment insecurity, and maladaptive cognitive schemas in the development and maintenance of marital dysfunction (Mendoza & Leeth, 2025; Senol et al., 2023; Timulak et al., 2025). Among the cognitive-emotional factors contributing to relational instability, romantic relationship perfectionism has received growing empirical attention because of its association with unrealistic expectations, chronic dissatisfaction, emotional rigidity, and maladaptive evaluation of the partner and the relationship itself (Grey, 2024; Vacca et al., 2022; Viens et al., 2025). Romantic relationship perfectionism refers to the tendency to hold excessively high and inflexible standards regarding emotional intimacy, relational performance, partner responsiveness, and idealized relationship functioning. Individuals with elevated perfectionistic tendencies frequently interpret relational imperfections as signs of failure or rejection and often engage in excessive criticism, emotional withdrawal, or controlling behaviors (Angelo et al., 2024; Toroslu & Cirakoglu, 2023). Such perfectionistic beliefs may reduce emotional security within the relationship and increase vulnerability to conflict escalation and emotional dissatisfaction (Viens et al., 2025; Xiao, 2023). Studies have shown that perfectionism is significantly associated with relationship dissatisfaction, obsessive relational doubts, maladaptive attachment patterns, and reduced emotional adjustment in romantic partnerships (Angelo et al., 2024; Grey, 2024; Toroslu & Cirakoglu, 2023). Furthermore, perfectionistic expectations often interfere with emotional responsiveness and communication quality by fostering criticism, unrealistic demands, and emotional disengagement (Benjamin et al., 2025; Vacca et al., 2022). These maladaptive relational dynamics become particularly salient among couples experiencing chronic marital conflict and emotional disconnection.

The increasing prevalence of relational distress and marital dissatisfaction has led to substantial growth in the development and application of evidence-based couple therapy interventions (Carr, 2025; Lebow & Snyder, 2022). Contemporary couple therapy models emphasize emotional regulation, cognitive restructuring, communication enhancement, attachment security, and interpersonal responsiveness as central mechanisms of therapeutic change (Carr, 2025; Lebow & Snyder, 2022). Among these interventions, cognitive-behavioral couple therapy and emotionally focused couple therapy have emerged as two of the most extensively researched and clinically effective approaches for couples with relational difficulties (Hatami Manesh, 2023; Spengler et al., 2024). Cognitive-behavioral couple therapy is grounded in the assumption that maladaptive cognitions, dysfunctional beliefs, distorted

attributions, and ineffective behavioral exchanges contribute substantially to relational dissatisfaction and marital conflict (Bouchard et al., 2024; Zamani Far et al., 2022). This approach seeks to modify maladaptive cognitive patterns and increase constructive communication, problem-solving skills, emotional regulation, behavioral reciprocity, and interpersonal understanding (Rancourt et al., 2022; Santerre-Baillargeon et al., 2023). Cognitive-behavioral interventions also focus on identifying unrealistic relational expectations and perfectionistic standards that contribute to dissatisfaction and chronic interpersonal tension (Nadri et al., 2023; Vand, 2022). Empirical findings have demonstrated the effectiveness of cognitive-behavioral couple therapy in improving marital quality, intimacy, communication patterns, emotional regulation, and relational satisfaction among distressed couples (Hatami Manesh, 2023; Wang et al., 2025; Zamani Far et al., 2022). Additionally, studies have shown that cognitive-behavioral approaches can effectively reduce dysfunctional expectations, cognitive distortions, and maladaptive relational beliefs associated with perfectionism and emotional distress (Bouchard et al., 2024; Firoozi et al., 2022). The structured and skill-oriented nature of cognitive-behavioral interventions allows couples to develop practical coping strategies for managing conflict and improving relational functioning.

Emotionally focused couple therapy, developed primarily from attachment theory and experiential therapeutic principles, conceptualizes marital distress as rooted in emotional insecurity, unmet attachment needs, and rigid negative interactional cycles (Senol et al., 2023; Timulak et al., 2025). This therapeutic approach focuses on accessing primary emotions, restructuring emotional experiences, strengthening attachment bonds, and promoting emotionally responsive interactions between partners (Dailey et al., 2024; Mendoza & Leeth, 2025). Emotionally focused couple therapy aims to create corrective emotional experiences by increasing vulnerability sharing, emotional accessibility, and empathic responsiveness within the relationship (Kula et al., 2024; Kykyri et al., 2025). Researchers have identified emotional engagement and attachment security as central mediators of therapeutic improvement within emotionally focused interventions (Biran Talmor et al., 2025; Sherlow-Levin et al., 2024). Meta-analytic evidence indicates that emotionally focused couple therapy significantly improves relationship satisfaction, emotional intimacy, attachment security, and marital functioning across diverse clinical populations (Spengler et al., 2024). Furthermore, emotionally focused interventions have demonstrated efficacy in improving communication patterns, emotional intelligence, resilience, optimism, and emotional expressiveness among couples with marital distress (Ebrahimi, 2022; Keshtmand & Parandin, 2023; Mohammadpanah et al., 2023). The therapeutic process in emotionally focused couple therapy involves identifying maladaptive interactional cycles, reframing relational problems through attachment-related emotions, and facilitating new emotional experiences that strengthen the couple's attachment bond (Dailey et al., 2024; Kula et al., 2024). Recent investigations have also highlighted the significance of therapist interventions such as enactments, emotional processing, rupture resolution, and interpersonal synchrony in promoting emotional transformation within emotionally focused couple therapy (Biran Talmor et al., 2025; Kykyri et al., 2025; Sherlow-Levin et al., 2024). These findings suggest that emotionally focused interventions may be particularly effective for couples whose relational difficulties are closely tied to emotional insecurity and attachment-related vulnerabilities.

The relationship between perfectionism and romantic functioning has increasingly attracted scholarly attention because perfectionistic cognitions often contribute to emotional rigidity, excessive criticism, relational anxiety, and unrealistic standards within intimate relationships (Vacca et al., 2022; Viens et al., 2025). Perfectionistic individuals tend to evaluate their partners and relationships according to unattainable ideals, which may lead to chronic disappointment, conflict escalation, emotional withdrawal, and dissatisfaction with relational imperfections (Grey, 2024; Toroslu & Cirakoglu, 2023). Research has shown that multidimensional perfectionism is associated with sexual dissatisfaction, obsessive-compulsive relationship doubts, emotional dysregulation, attachment insecurity, and reduced relational well-being (Angelo et al., 2024; Viens et al., 2025). Moreover, maladaptive perfectionism frequently coexists with intolerance of uncertainty, early maladaptive schemas, anxiety, and heightened emotional reactivity, all of which negatively affect romantic interactions and conflict management (Grey, 2024; Toroslu & Cirakoglu, 2023). Couples characterized by high perfectionistic tendencies often experience difficulties expressing vulnerability, accepting imperfections, and maintaining emotional flexibility during interpersonal conflict (Benjamin et al., 2025). Emotional expressiveness and emotional responsiveness play a crucial role in moderating the effects of relational perfectionism and conflict on marital

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satisfaction and intimacy (Ezeh et al., 2023; Saleh & Usman, 2022). Research findings suggest that increased emotional expressiveness is associated with higher marital intimacy, stronger emotional bonds, and greater relational adjustment (Jesuorobo & Igbineweka, 2023; Tiantian & Bing, 2023). Similarly, perceived partner responsiveness and emotional support have been identified as important protective factors against emotional distress and relational dissatisfaction (Yan et al., 2024; Yuan et al., 2022). Consequently, therapeutic interventions that simultaneously target maladaptive cognitions, perfectionistic standards, emotional regulation, and attachment insecurity may be particularly effective for couples experiencing marital conflict associated with perfectionistic relational expectations.

A growing body of empirical evidence has compared the effectiveness of various couple therapy approaches in improving marital functioning and reducing relational distress (Firoozi et al., 2022; Keyvani et al., 2025; Sami et al., 2022). Comparative studies have shown that both cognitive-behavioral and emotionally focused approaches can significantly improve emotional intimacy, marital quality, communication patterns, and emotional regulation among distressed couples (Firoozi et al., 2022; Sami et al., 2022). Cognitive-behavioral couple therapy appears particularly effective in modifying dysfunctional cognitions, communication deficits, and maladaptive relational expectations, whereas emotionally focused couple therapy demonstrates stronger effects on emotional engagement, attachment security, and vulnerability sharing (Spengler et al., 2024; Zamani Far et al., 2022). Some investigations have reported that emotionally focused interventions are especially beneficial for couples experiencing emotional disengagement, trauma-related relational distress, and attachment insecurity (Keyvani et al., 2025; Seydi Yousefi et al., 2023). Conversely, cognitive-behavioral approaches have shown considerable efficacy in addressing dysfunctional beliefs, perfectionistic thinking patterns, and maladaptive behavioral exchanges within intimate relationships (Hatami Manesh, 2023; Nadri et al., 2023). Recent developments in couple therapy research have also emphasized integrative and transdiagnostic approaches that combine emotional processing with cognitive restructuring and behavioral interventions (Carr, 2025; Timulak et al., 2025). These approaches acknowledge that relational dysfunction is maintained through complex interactions among cognition, emotion, attachment processes, communication patterns, and behavioral responses. Although previous studies have investigated the effectiveness of emotionally focused and cognitive-behavioral couple therapies on marital quality, emotional intimacy, attachment, and communication, limited research has directly compared the effectiveness of these interventions specifically on romantic relationship perfectionism among couples experiencing marital conflict (Firoozi et al., 2022; Keyvani et al., 2025). Furthermore, many previous studies have focused primarily on general marital satisfaction without adequately examining perfectionistic relational standards as a distinct psychological construct associated with chronic relational dissatisfaction and emotional rigidity (Vacca et al., 2022; Viens et al., 2025).

Given the increasing prevalence of marital conflict and the significant role of perfectionistic expectations in maintaining relational dissatisfaction and emotional distress, identifying effective therapeutic interventions for reducing romantic relationship perfectionism is clinically important. Romantic relationship perfectionism not only intensifies interpersonal conflict and emotional frustration but may also undermine emotional intimacy, empathy, acceptance, and secure attachment within the marital relationship (Grey, 2024; Toroslu & Cirakoglu, 2023). Since cognitive-behavioral couple therapy and emotionally focused couple therapy target different but complementary mechanisms involved in relational dysfunction, comparing their effectiveness may provide important theoretical and clinical insights regarding the treatment of perfectionistic relational patterns among distressed couples (Carr, 2025; Lebow & Snyder, 2022). Such findings may help therapists and counselors select more effective intervention strategies based on the specific emotional and cognitive characteristics of couples experiencing marital conflict. Therefore, the present study aimed to compare the effectiveness of cognitive-behavioral couple therapy and emotionally focused couple therapy on romantic relationship perfectionism among couples experiencing marital conflict.

2. Methods and Materials

2.1. *Study Design and Participants*

Considering its objective, the present study was classified as applied research, and in terms of data collection, it was cross-sectional in nature. The research method was a quasi-experimental pretest–posttest design with a control group and a three-month follow-up period. Two educational interventions were implemented separately for the two experimental groups, while neutral content was provided for

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the control group. The statistical population consisted of all couples referring to counseling centers in Districts 21 and 22 of Tehran in 2025. Sample size determination was conducted using G*Power software by estimating the effect size based on previous studies, with an alpha level of .05 and a statistical power of 85%. In addition, the ratio of the three groups was considered equal because the researchers intended for the two experimental groups and one control group to have the same number of participants so that the error variance across the groups would remain approximately equal. According to the software estimation, the minimum required sample size for the three groups was 38 couples; however, considering possible attrition, a total of 45 couples were recruited. In the next stage, among couples referring to the counseling centers, individuals who obtained scores higher than 190 on the Marital Conflict Questionnaire developed by Sanaei and Barati (1999) were identified. Among these individuals, 45 couples who met the inclusion criteria and voluntarily expressed willingness to participate in the sessions were selected as the final sample. Following the selection of the 45 couples, in order to comply with ethical principles and increase the internal validity of the study, participants were assigned through simple randomization (lottery method) into three groups, including two experimental groups and one control group, with 15 couples in each group. Specifically, a unique code was assigned to each couple, and the codes were randomly allocated into three separate categories so that all participants had an equal chance of being assigned to either of the treatment groups or the control group.

The inclusion criteria consisted of couples experiencing marital conflict, age range between 25 and 40 years, having a case record in counseling centers due to family problems resulting from marital conflict, residence in Districts 21 and 22 of Tehran, not receiving concurrent psychological treatment, absence of severe physical illness, no history of acute psychiatric disorders, informed consent to participate in the study, and obtaining a score of 190 or higher on the Marital Conflict Questionnaire developed by Sanaei and Barati (1999). The exclusion criteria included the emergence of psychological or physical disorders, withdrawal of consent at any stage of the intervention, and failure to meet any of the inclusion criteria at any stage of the study.

2.2. Measures

Matte and Lafontaine's (2012) Romantic Relationship Perfectionism Scale: The Romantic Relationship Perfectionism Scale is a 14-item questionnaire developed by Matte and Lafontaine in 2012. Responses are scored on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Items 5, 8, 11, and 13 are reverse scored. The questionnaire includes two subscales: self-oriented romantic perfectionism (Items 1, 4, 6, 7, 9, 11, and 12) and other-oriented romantic perfectionism (Items 2, 3, 5, 8, 10, 13, and 14). Scores for each subscale are summed separately. Scores above 25 indicate higher levels of perfectionism, whereas scores below 25 indicate realistic and logical expectations toward the romantic partner. The developers reported the internal consistency of the questionnaire using Cronbach's alpha coefficient as .76. In Iran, the questionnaire was validated by Abdollahi and Allen (2022), and its validity coefficients, based on correlation analysis, were reported as .78 for the self-oriented subscale and .66 for the other-oriented subscale. In the present study, reliability assessed using Cronbach's alpha coefficient was .69.

Sanaei and Barati's (1999) Marital Conflict Questionnaire: The Marital Conflict Questionnaire was developed by Sanaei and Barati in 1999 and consists of 54 items. The questionnaire measures seven subscales of marital conflict, including reduced cooperation (Items 4, 12, 18, 25, and 34), reduced sexual relationship (Items 5, 13, 19, 35, and 40), emotional reactions (Items 6, 14, 20, 27, 36, 42, 49, and 51), increased child support seeking (Items 9, 22, 31, 38, and 44), increased personal relationship with one's own relatives (Items 8, 15, 21, 29, 37, and 43), reduced personal relationship with spouse's relatives and friends (Items 1, 23, 32, 46, 50, and 53), separation of financial affairs (Items 2, 10, 17, 24, 33, 39, and 48), and reduced effective communication (Items 3, 7, 11, 16, 26, 28, 30, 41, 45, 47, 52, and 54). Each item is scored on a 5-point Likert scale ranging from 1 to 5. The maximum total score of the questionnaire is 270 and the minimum score is 54. The questionnaire classifies couples' conflict into four levels: absence of conflict (scores 54–90), normal conflict (scores 90–111), moderate conflict (scores 111–190), and severe conflict (scores above 190). Construct and content validity were confirmed by the developers, and reliability assessed through Cronbach's alpha coefficients ranged from .69 to .81.

2.3. Interventions

The cognitive-behavioral couple therapy intervention was delivered based on Dattilio's (2009) cognitive-

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behavioral couple therapy package, whose content validity was confirmed in the study by Zamanifar et al. (2022), in 10 sessions of 90 minutes at the clinic. In the first session, a therapeutic relationship was established with both spouses, the nature of each couple's problems was assessed, each spouse's goals and expectations from therapy were examined, and the pretest was administered; this session included taking individual histories, relationship histories, histories related to the family of origin, identifying the strengths of the relationship, and reaching agreement on therapeutic goals. In the second session, couples and family members were introduced to the cognitive-behavioral approach, automatic thoughts, emotions, and related behaviors were identified, and the structure, principles, and techniques of the model were explained; couples were also familiarized with homework assignments and were taught how their automatic thoughts were related to emotional and behavioral responses within the relationship. In the third session, rule formation through reframing and behavioral practice was emphasized; the session included reviewing previous homework, identifying reinforcement and punishment patterns between spouses, increasing positive behavioral exchanges, reducing negative behavioral exchanges and punishment, using imagery and role-playing to recall situation-specific responses, and assigning homework focused on positive behavioral reciprocity. In the fourth session, communication training was provided through reviewing previous assignments, introducing couples to circular interactional cycles and destructive communication factors, teaching speaker–listener strategies, using soft start-ups instead of harsh start-ups in conflict situations, modifying negative interactional chains, using positive emotions for de-escalation, learning self-soothing and partner-soothing skills, expressing empathy and validation, reducing interruptions during communication, and practicing communication skills in daily conversations. In the fifth session, behavioral exchange agreements, contingency contracts, paradoxical interventions and techniques, and training couples to de-escalate potentially unstable situations were addressed; each spouse identified and performed specific behaviors aimed at improving individual functioning regardless of the other spouse's behavior, initial behavioral changes were encouraged, written contracts were signed for exchanging desirable behaviors, and couples practiced avoiding disorganized responses in emotionally intense situations. In the sixth session, cognitive distortions, attributions, standards, and assumptions within the marital cycle were identified; couples worked on expectations, standards, selective attention, attributions, assumptions, and cognitive distortions such as mind reading, overgeneralization, and personalization, and homework was assigned to practice the learned skills outside the therapeutic session. In the seventh session, each spouse's attachment schemas were examined and reconstructed; couples were introduced to rigid schemas and ways of modifying schemas derived from the family of origin, and dysfunctional attachment schemas such as subjugation, abandonment/rejection, and autonomy/dependence schemas were explored in relation to their current cognitions and behaviors. In the eighth session, emotional awareness and its role in marital life were taught; couples learned to identify primary and secondary emotions, were encouraged to express primary emotions and observe their positive cognitive and behavioral consequences in the marital interaction cycle, and practiced interventions for strengthening desirable emotional experiences in emotionally inhibited individuals or moderating excessive responses through role-playing and relaxation techniques. In the ninth session, problem-solving strategies were taught, including defining the problem, generating a range of possible solutions, evaluating the advantages and disadvantages of each solution, selecting a practical solution, implementing the selected solution, and evaluating its effectiveness, followed by homework for practicing problem-solving skills. In the tenth session, assertiveness training, summarization, conclusion, and posttest administration were carried out; couples reviewed previous assignments and skills, practiced assertive, passive, and aggressive responses through role-playing, and the extent of change and improvement in marital relationships was evaluated.

The emotionally focused couple therapy intervention, as the independent variable used in the present study, was implemented based on Johnson's (2012) emotionally focused couple therapy session protocol, whose content validity was confirmed in the study by Seyed-Yousefi et al. (2023), in 9 sessions of 90 minutes at the clinic. In the first session, the intervention began with introduction and administration of the pretest; a therapeutic relationship was established with the couples, they were familiarized with the general rules of therapy, and the nature of the problem and the relationship was assessed. In the second session, the negative interactional cycle was identified by creating conditions in which spouses could reveal their negative interactional patterns; the relationship and attachment bond between the couple were assessed, the problem and

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attachment barriers were examined, couples were introduced to the principles of emotionally focused therapy and the role of emotions in interpersonal interactions, and interactional restructuring and increased couple flexibility were initiated. In the third session, the focus was on identifying emotions, particularly unrecognized emotions underlying interactional positions; greater attention was given to emotions, needs, and attachment fears, a safe communicative space was created for the couple, and secondary emotions appearing in the interactional cycle were explored to access underlying and unrecognized emotions and increase couples' awareness of primary emotions. In the fourth session, the problem was reframed in terms of underlying emotions and attachment needs; couples were helped to understand the effects of fear and defensive mechanisms on cognitive and emotional processes, and alignment was established between the therapist's case formulation and the couple's experience. In the fifth session, interactional patterns were addressed by encouraging the identification of rejected needs, drawing couples' attention to their ways of interacting with each other, reflecting their interactional patterns with respect and empathy, expressing attachment needs, identifying denied needs, and increasing acceptance of corrective emotional experiences. In the sixth session, each spouse's position in the relationship was clarified by helping couples become aware of underlying emotions, emphasizing acceptance of the partner's experiences and new ways of interaction, tracking identified emotions, and restating attachment needs. In the seventh session, the expression of needs and wishes was facilitated, emotional engagement was strengthened, primary emotional experiences were expanded in the context of attachment, internal needs and bonds were identified, and new attachment experiences based on a secure bond between spouses were promoted. In the eighth session, new interactional positions were created, and old interactional patterns were terminated. In the ninth session, summarization, conclusion, and posttest administration were conducted; the changes that had occurred were reinforced, differences between current and previous interactional patterns were highlighted, the relationship was reorganized on the basis of a secure bond, positive and negative viewpoints about the experimental program were discussed, and therapeutic changes were evaluated.

2.4. *Data Analysis*

In the present study, the obtained data were analyzed using mixed repeated-measures analysis of variance with IBM SPSS Statistics version 18.

3. Findings and Results

In terms of demographic characteristics, in the emotionally focused couple therapy group, 16 participants (53.3%) were aged 25–35 years and 14 participants (46.7%) were aged 36–40 years; 12 participants (40%) had a diploma and 18 participants (60%) had a bachelor's degree or higher; 16 participants (53.3%) were employed and 14 participants (46.7%) were unemployed; and 9 couples (60%) had been married for 1–5 years, while 6 couples (40%) had been married for 6 years or longer. In the cognitive-behavioral couple therapy group, 18 participants (60%) were aged 25–35 years and 12 participants (40%) were aged 36–40 years; 10 participants (33.3%) had a diploma and 20 participants (66.7%) had a bachelor's degree or higher; 18 participants (60%) were employed and 12 participants (40%) were unemployed; and 12 couples (80%) had been married for 1–5 years, while 3 couples (20%) had been married for 6 years or longer. In the control group, 16 participants (53.3%) were aged 25–35 years and 14 participants (46.7%) were aged 36–40 years; 8 participants (26.67%) had a diploma and 22 participants (73.33%) had a bachelor's degree or higher; 11 participants (73.33%) were employed and 8 participants (26.67%) were unemployed; and 8 couples (53.3%) had been married for 1–5 years, while 7 couples (46.7%) had been married for 6 years or longer. The chi-square results indicated no statistically significant differences among the three groups in age status ($\chi^2 = 0.961$), educational status ($\chi^2 = 0.938$), occupational status ($\chi^2 = 0.947$), or duration of marriage ($\chi^2 = 0.922$), suggesting that the groups were demographically comparable before the intervention.

Table 1

Descriptive Statistics of Pretest, Posttest, and Follow-Up Scores in the Experimental and Control Groups

Dependent Variable	Group	Pretest Mean	SD	Posttest Mean	SD	Follow-Up Mean	SD
Self-Oriented	Cognitive-Behavioral Couple Therapy	33.33	3.95	19.38	2.32	19.14	2.27
	Emotionally Focused Couple Therapy	33.12	3.87	24.42	2.81	24.28	2.79
	Control	32.52	3.40	32.44	3.36	32.38	3.32
Other-Oriented	Cognitive-Behavioral Couple Therapy	29.63	3.59	21.28	2.30	21.12	2.24
	Emotionally Focused Couple Therapy	29.67	3.77	24.78	2.72	24.59	2.51
	Control	29.47	2.90	29.42	2.84	29.35	2.81
Romantic Relationship Perfectionism	Cognitive-Behavioral Couple Therapy	62.96	6.09	40.66	4.40	40.26	4.08
	Emotionally Focused Couple Therapy	62.79	5.75	49.19	4.59	48.87	4.32
	Control	61.99	5.96	61.86	5.89	61.73	5.84
Agreement	Cognitive-Behavioral Couple Therapy	9.50	1.20	17.44	5.27	17.57	5.31
	Emotionally Focused Couple Therapy	9.61	1.73	13.13	4.06	13.18	4.10
	Control	9.48	1.89	9.55	1.91	9.63	1.92
Satisfaction	Cognitive-Behavioral Couple Therapy	7.20	2.02	15.50	3.39	15.57	3.54
	Emotionally Focused Couple Therapy	7.10	2.39	11.21	2.59	11.28	2.61
	Control	7.23	1.87	7.26	1.94	7.36	2.03
Cohesion	Cognitive-Behavioral Couple Therapy	5.65	0.68	13.35	2.42	13.45	2.55
	Emotionally Focused Couple Therapy	5.76	0.71	10.12	2.30	10.18	2.36
	Control	5.58	0.51	5.61	0.59	5.66	0.64
Marital Quality	Cognitive-Behavioral Couple Therapy	22.35	5.01	46.29	8.69	46.35	8.80
	Emotionally Focused Couple Therapy	22.47	5.67	34.46	5.89	34.48	5.90
	Control	22.28	5.42	22.35	5.48	22.42	5.50

The descriptive findings presented in Table 1 indicate that the mean scores of self-oriented perfectionism, other-oriented perfectionism, and overall romantic relationship perfectionism substantially decreased from pretest to posttest and follow-up in both intervention groups, whereas the control group demonstrated minimal changes across the three assessment stages. The cognitive-behavioral couple therapy group showed the greatest reduction in perfectionism scores, with self-oriented perfectionism decreasing from 33.33 at pretest to 19.14 at follow-up and other-oriented perfectionism decreasing from 29.63 to 21.12. Similarly, improvements were observed in marital agreement, satisfaction, cohesion, and overall marital quality in both intervention groups, although the magnitude of improvement was greater in the cognitive-behavioral couple therapy group compared to the emotionally focused couple therapy group. In contrast, the control group exhibited relatively stable mean scores throughout the study period.

Before conducting the mixed repeated-measures analysis of variance, the statistical assumptions were examined. The results of Box's M test indicated that the homogeneity of covariance matrices assumption was satisfied (Box's M = 87.154, F = 1.268, df1 = 42, df2 = 2978.176, p = .336). Given that the significance level was greater than .05, the covariance matrices across groups were considered homogeneous, indicating that the minimum assumptions required for the analysis were met. Furthermore, the results of Levene's test demonstrated the homogeneity of error variances for both self-oriented perfectionism (F = 0.979, df1 = 1, df2 = 42, p = .384) and other-oriented perfectionism (F = 0.765, df1 = 1, df2 = 42, p = .472). Since all significance values exceeded .05, the assumption of equal variances across groups was confirmed. In addition, Mauchly's test of

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sphericity showed that the assumption of sphericity was established for self-oriented perfectionism (Mauchly's W = 0.975, χ^2 = 0.856, df = 2, p = .288) and other-oriented perfectionism (Mauchly's W = 0.964, χ^2 = 1.042, df = 2, p = .194). Because the obtained significance levels were non-significant, the assumption of sphericity and the homogeneity of variances across the three measurement occasions were confirmed. Therefore, the data met the assumptions necessary for conducting mixed repeated-measures analysis of variance using IBM SPSS Statistics.

Table 2

Summary of Mixed Repeated-Measures Analysis of Variance Results for Grouping, Treatment Stages, and Interaction Effects

Variable	Source of Variation	Sum of Squares	df	Mean Square	F	p	Effect Size	Statistical Power
Self-Oriented	Group	1650.041	2	825.021	34.743	.001	.623	1.00
	Treatment Stages	1342.624	1	1342.624	162.848	.001	.795	1.00
	Group × Treatment Stages	753.243	2	376.621	45.681	.001	.685	1.00
Other-Oriented	Group	660.508	2	330.254	18.152	.001	.464	1.00
	Treatment Stages	470.139	1	470.139	61.864	.001	.596	1.00
	Group × Treatment Stages	267.094	2	133.547	17.573	.001	.456	1.00

The results of the mixed repeated-measures analysis of variance presented in Table 2 demonstrated significant main effects for group membership, treatment stages, and the interaction between group and treatment stages on both self-oriented and other-oriented romantic relationship perfectionism ($p < .001$). For self-oriented perfectionism, the interaction effect between group and treatment stages was statistically significant (F = 45.681, p = .001, η^2 = .685), indicating that changes across the measurement stages differed significantly between the intervention groups and the control group. Likewise, significant interaction effects were observed for other-oriented perfectionism (F = 17.573, p = .001, η^2 = .456). The large effect sizes and statistical power values of 1.00 indicate that both interventions produced substantial and reliable effects over time, with stronger effects observed for self-oriented perfectionism.

Table 3

Summary of Bonferroni Post-Hoc Test Results for Comparing Pretest, Posttest, and Follow-Up Scores

Variable	Stage 1	Stage 2	Mean Difference	Standard Error	p
Self-Oriented	Pretest	Posttest	7.580	0.641	.001
	Pretest	Follow-Up	7.725	0.675	.001
	Posttest	Follow-Up	0.145	0.096	.402
Other-Oriented	Pretest	Posttest	4.433	0.591	.001
	Pretest	Follow-Up	4.571	0.597	.001
	Posttest	Follow-Up	0.138	0.129	1.000

The Bonferroni post-hoc comparisons presented in Table 3 revealed significant differences between pretest and posttest scores as well as between pretest and follow-up scores for both self-oriented and other-oriented perfectionism ($p < .001$). Specifically, self-oriented perfectionism showed a mean reduction of 7.580 points from pretest to posttest and 7.725 points from pretest to follow-up. Similarly, other-oriented perfectionism demonstrated significant reductions from pretest to posttest (Mean Difference = 4.433) and from pretest to follow-up (Mean Difference = 4.571). However, no statistically significant differences were observed between posttest and follow-up scores for either self-oriented perfectionism (p = .402) or other-oriented perfectionism (p = 1.000), indicating that the therapeutic effects remained stable during the three-month follow-up period.

Table 4

Summary of Tukey Post-Hoc Test Results for Comparing the Two Experimental Groups

Variable	Groups Compared	Mean Difference	Standard Error	p
Self-Oriented	Cognitive-Behavioral Couple Therapy vs. Emotionally Focused Couple Therapy	3.322	1.027	.010
Other-Oriented	Cognitive-Behavioral Couple Therapy vs. Emotionally Focused Couple Therapy	2.336	0.899	.030

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The Tukey post-hoc test results presented in Table 4 indicated significant differences between the cognitive-behavioral couple therapy group and the emotionally focused couple therapy group regarding reductions in both self-oriented and other-oriented romantic relationship perfectionism. Specifically, cognitive-behavioral couple therapy demonstrated significantly greater effectiveness than emotionally focused couple therapy in reducing self-oriented perfectionism (Mean Difference = 3.322, p = .010) and other-oriented perfectionism (Mean Difference = 2.336, p = .030). These findings suggest that although both therapeutic approaches were effective in improving perfectionistic tendencies within romantic relationships, the cognitive-behavioral approach produced stronger therapeutic outcomes.

4. Discussion

The findings of the present study showed that both cognitive-behavioral couple therapy and emotionally focused couple therapy significantly reduced romantic relationship perfectionism among couples with marital conflict from pretest to posttest, and that these therapeutic gains remained stable at the three-month follow-up. The results further indicated that the cognitive-behavioral couple therapy group showed a greater reduction in both self-oriented and other-oriented romantic relationship perfectionism than the emotionally focused couple therapy group. The descriptive results demonstrated that self-oriented perfectionism in the cognitive-behavioral couple therapy group decreased from 33.33 at pretest to 19.38 at posttest and 19.14 at follow-up, while other-oriented perfectionism decreased from 29.63 to 21.28 and 21.12, respectively. In the emotionally focused couple therapy group, self-oriented perfectionism decreased from 33.12 to 24.42 and 24.28, and other-oriented perfectionism decreased from 29.67 to 24.78 and 24.59. In contrast, the control group showed no meaningful change across the three measurement stages. These results indicate that both interventions were effective, but cognitive-behavioral couple therapy produced stronger changes in perfectionistic relational expectations. This finding is consistent with studies emphasizing that couple therapy can improve relational functioning, reduce marital conflict, and enhance emotional and cognitive adjustment among distressed couples (Carr, 2025; Lebow & Snyder, 2022; Spengler et al., 2024).

The significant effect of cognitive-behavioral couple therapy on romantic relationship perfectionism can be explained by the cognitive and behavioral mechanisms targeted in this intervention. Romantic relationship perfectionism is closely related to rigid standards, excessive expectations, distorted interpretations of the partner's behavior, intolerance of relational imperfection, and maladaptive assumptions about how an ideal relationship should function. Cognitive-behavioral couple therapy directly addresses these mechanisms by helping couples identify automatic thoughts, cognitive distortions, unrealistic standards, attributional errors, and dysfunctional assumptions, and then replace them with more flexible, realistic, and adaptive relational beliefs. Therefore, the stronger effect of cognitive-behavioral couple therapy in this study is theoretically expected, because the intervention directly targeted the cognitive core of romantic relationship perfectionism. This interpretation is aligned with prior findings showing that cognitive-behavioral couple therapy improves marital relationship quality, intimacy, communication patterns, self-differentiation, and dysfunctional expectations in couples with marital conflict (Firoozi et al., 2022; Hatami Manesh, 2023; Zamani Far et al., 2022). It is also consistent with evidence that perfectionism is associated with relational dissatisfaction, obsessive relational doubts, sexual difficulties, and maladaptive partner-related evaluations (Angelo et al., 2024; Toroslu & Cirakoglu, 2023; Vacca et al., 2022; Viens et al., 2025). In this regard, cognitive-behavioral couple therapy may reduce perfectionism by restructuring irrational beliefs about the partner, weakening catastrophic interpretations of relational disagreement, and increasing behavioral flexibility during conflict.

The effectiveness of emotionally focused couple therapy in reducing romantic relationship perfectionism can be explained through its emphasis on attachment needs, primary emotions, emotional responsiveness, and the restructuring of negative interactional cycles. Couples with high romantic relationship perfectionism may use criticism, withdrawal, emotional protest, or controlling behaviors as secondary responses to deeper fears of rejection, inadequacy, abandonment, or emotional unavailability. Emotionally focused couple therapy helps partners access and express these underlying emotions in a safer relational context and transforms rigid defensive interactions into more responsive and emotionally engaged exchanges. The observed improvement in the emotionally focused group is consistent with previous studies showing that emotionally focused couple therapy improves emotional intimacy, communication patterns, resilience, emotional intelligence,

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optimism, and marital adjustment in distressed couples (Ebrahimi, 2022; Keshtmand & Parandin, 2023; Mohammadpanah et al., 2023; Seydi Yousefi et al., 2023). It is also supported by studies indicating that emotional engagement, vulnerability sharing, enactment interventions, rupture repair, and attachment-oriented emotional processing are central mechanisms of change in emotionally focused couple therapy (Biran Talmor et al., 2025; Dailey et al., 2024; Kula et al., 2024; Sherlow-Levin et al., 2024). Thus, emotionally focused couple therapy likely reduced perfectionistic tendencies by increasing emotional safety, improving acceptance of the partner, strengthening attachment bonds, and enabling couples to reinterpret imperfections not as relational failure but as opportunities for emotional connection.

The superiority of cognitive-behavioral couple therapy over emotionally focused couple therapy in this study may be related to the specific nature of the dependent variable. Romantic relationship perfectionism is fundamentally organized around cognitive evaluations, rigid standards, perfectionistic expectations, and maladaptive interpretations of self and partner behavior. Although emotionally focused couple therapy can indirectly reduce perfectionism by increasing emotional security and attachment responsiveness, cognitive-behavioral couple therapy may have a more direct therapeutic pathway because it explicitly identifies and modifies perfectionistic thoughts, dysfunctional expectations, selective attention, personalization, overgeneralization, mind reading, and negative attributional patterns. This explanation is supported by studies indicating that perfectionism and intolerance of uncertainty mediate the relationship between maladaptive schemas and relationship-related obsessive-compulsive symptoms, suggesting that cognitive rigidity is a key mechanism in relational distress (Toroslu & Cirakoglu, 2023). Similarly, evidence has shown that adult attachment style and perfectionism influence romantic relationship satisfaction, implying that both cognitive and attachment processes are relevant, but perfectionistic standards require direct cognitive intervention (Grey, 2024). The present finding also aligns with studies reporting the effectiveness of cognitive-behavioral couple therapy in improving marital relationships and reducing dysfunctional expectations (Bouchard et al., 2024; Nadri et al., 2023; Vand, 2022). Therefore, when the central treatment target is perfectionistic relational cognition, cognitive-behavioral methods may produce greater short-term and follow-up effects.

The stability of therapeutic effects at the three-month follow-up is another important finding of this study. The Bonferroni results showed significant differences between pretest and posttest and between pretest and follow-up, while the difference between posttest and follow-up was not significant. This pattern suggests that the interventions not only produced immediate improvements but also maintained their effects over time. In cognitive-behavioral couple therapy, this durability may be attributed to homework assignments, behavioral practice, communication training, problem-solving, assertiveness training, and the repeated application of cognitive restructuring outside therapy sessions. These components may have helped couples internalize new relational skills and apply them in daily interactions. In emotionally focused couple therapy, the maintenance of effects may be explained by the creation of new emotional experiences, secure bonding interactions, and greater awareness of attachment needs. These interpretations are consistent with contemporary couple therapy literature emphasizing that sustainable change occurs when couples develop new cognitive, emotional, and interactional patterns rather than merely gaining temporary symptom relief (Carr, 2025; Lebow & Snyder, 2022; Timulak et al., 2025). Evidence from emotion-focused research also confirms that emotional transformation, interpersonal synchrony, and relational enactments may support enduring changes in couple interactions (Dailey et al., 2024; Kykyri et al., 2025; Mendoza & Leeth, 2025).

The findings may also be interpreted in relation to the broader literature on marital quality, emotional expressiveness, and relational responsiveness. Romantic relationship perfectionism often reduces marital satisfaction because partners may feel chronically evaluated, criticized, or emotionally inadequate. When couples learn to communicate more effectively, express emotions more openly, and respond to each other's needs with greater empathy, perfectionistic demands may become less dominant in the relationship. Previous research has shown that emotional expressiveness is associated with marital intimacy and marital satisfaction, and that perceived partner responsiveness mediates the relationship between emotional reactivity and marital quality (Jesuorobo & Igbineweka, 2023; Saleh & Usman, 2022; Yuan et al., 2022). In addition, marital quality has been linked to psychological well-being, loneliness, depression, anxiety, physical activity, and family functioning, which highlights the broader clinical importance of improving marital relationships among conflicted couples (Hsu et al., 2023; Novak et al., 2023;

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Postler et al., 2022; Thomas et al., 2022). The present study contributes to this literature by showing that reducing romantic relationship perfectionism may be one pathway through which couple therapy improves relational functioning. By decreasing unrealistic standards and increasing acceptance, couples may experience greater emotional closeness, less conflict escalation, and more adaptive communication.

5. Conclusion

Overall, the findings support the clinical value of both cognitive-behavioral couple therapy and emotionally focused couple therapy for couples with marital conflict, while suggesting that cognitive-behavioral couple therapy may be more effective when the primary target is romantic relationship perfectionism. These results are compatible with comparative studies showing that different couple therapy models may be effective through different mechanisms and that treatment selection should be guided by the dominant clinical needs of the couple (Firoozi et al., 2022; Keyvani et al., 2025; Sami et al., 2022). Emotionally focused couple therapy appears particularly useful when emotional disconnection, attachment insecurity, and vulnerability avoidance are central problems, whereas cognitive-behavioral couple therapy may be especially appropriate when dysfunctional beliefs, perfectionistic standards, and maladaptive communication patterns are more prominent. The current findings also align with newer transdiagnostic and integrative views of couple therapy, which argue that relational distress is maintained through reciprocal interactions among cognition, emotion, attachment, behavior, and family context (Carr, 2025; Timulak et al., 2025). Therefore, although cognitive-behavioral couple therapy showed greater effectiveness in this study, both interventions can be considered valuable evidence-based approaches for improving the relational functioning of conflicted couples.

6. Limitations & Suggestions

The present study had several limitations. First, the sample was limited to couples who referred to counseling centers in Districts 21 and 22 of Tehran, which restricts the generalizability of the findings to couples from other cities, cultural contexts, socioeconomic groups, and clinical populations. Second, the sample size was relatively small, and although it was calculated using G*Power, larger samples would provide stronger statistical power and more stable estimates of treatment effects. Third, the study relied on self-report questionnaires, which may be influenced by social desirability, response bias, or participants' temporary emotional states. Fourth, the follow-up period was limited to three months, and therefore the long-term durability of the interventions beyond this period remains unclear. Fifth, the study did not examine possible moderating variables such as attachment style, duration of marriage, severity of conflict, personality traits, sexual satisfaction, or baseline emotional regulation, all of which may influence treatment responsiveness.

Future studies are recommended to replicate this research with larger and more diverse samples from different cultural, clinical, and geographical contexts. Researchers should use longer follow-up periods, such as six months or one year, to examine the long-term stability of therapeutic effects. It is also suggested that future research use multi-method assessment strategies, including partner reports, therapist ratings, observational coding of couple interactions, and qualitative interviews, in addition to self-report measures. Future studies may also examine mediating mechanisms such as cognitive distortions, attachment security, emotional expressiveness, perceived partner responsiveness, communication quality, and emotion regulation to clarify how each therapeutic model reduces romantic relationship perfectionism. Comparative studies may further investigate whether integrative protocols combining cognitive-behavioral restructuring with emotionally focused attachment work produce stronger outcomes than either approach alone.

From a practical perspective, counselors, psychologists, and couple therapists are advised to assess romantic relationship perfectionism as a specific therapeutic target in couples presenting with marital conflict. When couples show rigid expectations, excessive criticism, unrealistic standards, and distorted interpretations of the partner's behavior, cognitive-behavioral couple therapy may be especially useful because of its direct focus on cognitive restructuring, behavioral exchange, communication skills, problem-solving, and assertiveness training. However, when perfectionistic demands are rooted in attachment fears, emotional insecurity, or unmet needs for closeness and reassurance, emotionally focused couple therapy can be used to increase emotional accessibility, vulnerability, and secure bonding. Clinicians may also benefit from combining techniques from both approaches by first reducing cognitive rigidity and destructive interactional patterns and then strengthening emotional responsiveness and attachment

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security. This combined clinical orientation may help conflicted couples develop more realistic expectations, greater acceptance of relational imperfections, and more stable marital quality.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

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

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors have equally contributed 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.

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