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Effectiveness of Emotion-Focused Couples Therapy on Sexual Satisfaction, Extramarital Relationships, and Marital Frustration

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A B S T R A C T

Objective: This study aimed to determine the effectiveness of Emotionally Focused Couple Therapy (EFT-C) in improving sexual satisfaction and reducing tendencies toward extramarital relationships and marital frustration among distressed couples.

Methods and Materials: The study employed a randomized pretest-posttest control group design. The statistical population consisted of distressed couples experiencing marital difficulties, from whom 24 couples were selected and randomly assigned to an intervention group and a control group. Participants in the intervention group received eight structured sessions of Emotionally Focused Couple Therapy, emphasizing emotional bonding, identification and expression of attachment needs, enhancement of emotional responsiveness, and restructuring of maladaptive interaction patterns. The control group received no therapeutic intervention during the study period. Data were collected at pretest and posttest stages using standardized measures of sexual satisfaction, tendencies toward extramarital relationships, and marital frustration. Multivariate analysis of covariance (MANCOVA) and subsequent univariate analyses of covariance were used to examine intervention effects while controlling for pretest scores.

Findings: The inferential analysis indicated statistically significant differences between the intervention and control groups across the study outcomes. After controlling for baseline scores, participants receiving EFT-C demonstrated significantly higher sexual satisfaction than controls, $F(1, 22) = 26.14$, $p < .001$, partial $\eta^2 = .48$. The intervention also significantly reduced tendencies toward extramarital relationships, $F(1, 22) = 18.67$, $p < .001$, partial $\eta^2 = .36$. Furthermore, marital frustration was significantly lower in the EFT-C group compared with the control group, $F(1, 22) = 21.39$, $p < .001$, partial $\eta^2 = .42$. The effect sizes indicated substantial intervention effects across all three dependent variables.

Conclusion: Emotionally Focused Couple Therapy appears to be an effective attachment-based intervention for enhancing sexual satisfaction and reducing extramarital relationship tendencies and marital frustration by strengthening emotional connection, improving responsiveness to attachment needs, and modifying dysfunctional relational interaction patterns among distressed couples.

Keywords: *Emotionally Focused Couple Therapy; Sexual Satisfaction; Extramarital Relationships; Marital Frustration; Attachment; Couple Therapy*

1. Introduction

Marital relationships constitute one of the most important interpersonal contexts for emotional security, intimacy, sexuality, psychological adjustment, and individual well-being. The quality of the marital bond is shaped not only by overt behaviors and communication patterns but also by the extent to which partners perceive one another as emotionally accessible, responsive, and engaged. When these relational processes are disrupted, couples may experience persistent conflict, emotional withdrawal, reduced intimacy, dissatisfaction with sexual interaction, and progressive disappointment with the relationship. From an attachment-oriented perspective, many recurrent marital conflicts can be understood as responses to perceived threats to emotional connection and relational security rather than as isolated disagreements over specific issues. Partners who are unable to communicate attachment-related fears and needs directly may resort to criticism, defensiveness, avoidance, pursuit, withdrawal, or emotional disengagement, thereby reinforcing destructive interaction cycles. Research on couple distress has provided support for the central role of emotional processes and reciprocal interaction patterns in maintaining relationship difficulties, providing an important theoretical foundation for therapeutic approaches that directly target attachment bonds and emotional responsiveness (Vanhee et al., 2018). Accordingly, effective couple interventions increasingly emphasize not merely conflict management but the reconstruction of emotional connection and the development of a safer relational environment in which partners can express vulnerability and respond constructively to each other's needs.

Sexual satisfaction is a particularly important component of marital functioning because sexuality within committed relationships encompasses physical, emotional, interpersonal, and attachment-related dimensions. Sexual experiences can communicate affection, acceptance, closeness, reassurance, and mutual responsiveness, whereas persistent sexual dissatisfaction may become both a consequence and a contributor to broader relationship distress. Evidence from Iranian women has demonstrated meaningful relationships between sexual functioning, sexual satisfaction, and adverse experiences within intimate relationships, underscoring the relevance of sexual satisfaction as a significant dimension of relational health (Tadayon et al., 2018). More broadly, emotion regulation processes appear closely intertwined with sexual function and satisfaction. A review of the literature has indicated that difficulties in identifying, tolerating, regulating, or expressing emotions may be associated with problems in sexual functioning and reduced sexual satisfaction, suggesting that sexual difficulties cannot always be adequately addressed as exclusively behavioral or physiological phenomena (Fischer et al., 2022). Emotional safety, trust, and the capacity to express vulnerable needs may therefore be especially important in understanding sexual satisfaction among distressed couples.

Within emotionally distressed relationships, sexual problems may emerge when negative interaction cycles extend into the intimate domain. Partners who anticipate criticism, rejection, abandonment, or emotional unavailability may become less capable of engaging openly in sexual communication and less willing to express sexual needs and vulnerabilities. Conversely, unsatisfactory sexual experiences may reinforce perceptions of rejection and emotional distance, creating a reciprocal cycle between sexual dissatisfaction and attachment insecurity. Emotionally Focused Couple Therapy (EFT-C) is particularly relevant to this dynamic because it conceptualizes sexual and emotional connection as interrelated aspects of the attachment bond. The integration of emotionally focused couple therapy with sex therapy has highlighted how sexual concerns can be explored through attachment needs, emotional accessibility, responsiveness, engagement, and the interactional patterns through which partners seek or avoid connection (Johnson et al., 2018). Clinical work applying EFT-C specifically to discrepancies in sexual desire has similarly suggested that shifting rigid interaction cycles and facilitating vulnerable emotional engagement can create conditions in which couples address sexual concerns with greater safety and responsiveness (Girard & Woolley, 2017). Recent comparative research among women with low sexual desire has further examined Emotionally Focused Therapy as an intervention for difficulties involving sexual and relational functioning, reflecting growing attention to EFT as a potentially relevant treatment in this domain (Shabaninia et al., 2025).

A second major threat to marital stability is involvement in extramarital emotional or sexual relationships. Extramarital relationships represent complex interpersonal phenomena that can involve secrecy, violations of agreed relational boundaries, emotional attachment to a third party, sexual involvement, or combinations of these experiences. Their consequences can extend beyond the immediate behavior to include disrupted trust, insecurity, anger,

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humiliation, grief, jealousy, impaired intimacy, and uncertainty about the continuation of the marriage. The psychological consequences of infidelity can also extend across developmental and family contexts. Research examining individuals who discovered parental infidelity during childhood or adolescence indicates that experiences of infidelity may have implications extending into adulthood, illustrating the potentially far-reaching interpersonal significance of relational betrayal (Paul, 2024). Within marriage itself, infidelity may constitute an attachment injury in which the betrayed partner experiences the previously trusted spouse as unavailable or unsafe during a moment of profound relational threat. Consequently, repairing relationships affected by extramarital involvement requires more than cessation of the behavior; it may also require the reconstruction of trust, emotional responsiveness, and a sense of relational security.

Attachment and emotion regulation perspectives provide a useful conceptual framework for understanding why some individuals and couples experience greater vulnerability to relational instability. Attachment insecurity can influence how individuals interpret interpersonal threats, regulate emotional arousal, seek reassurance, and respond to perceived rejection or abandonment. Emotion regulation difficulties have been identified as an important mechanism linking adult attachment patterns with psychological and physical manifestations of distress (Lewczuk et al., 2021). Similarly, research concerning attachment and emotional processes has demonstrated associations between preoccupied attachment and maladaptive management of emotions such as anger, further emphasizing that attachment orientations may shape how individuals process and express distress in interpersonal contexts (Conrad et al., 2021). In marital relationships, such patterns may manifest as heightened reassurance seeking, emotional suppression, distancing, criticism, or escalating conflict. Emotional safety is therefore crucial because partners' capacity to communicate openly depends substantially on whether the relationship is experienced as sufficiently secure for vulnerable disclosure. Research addressing experiences of emotional safety within marriage has reinforced the importance of perceived security and relational conditions in understanding spouses' intimate experiences (Saleh, 2024).

Extramarital involvement can be particularly difficult to resolve when it occurs in relationships already characterized by insecure attachment, ineffective conflict resolution, or emotional disengagement. Following discovery of an affair, couples may become trapped in repetitive cycles in which one partner demands explanations or reassurance and the other withdraws, becomes defensive, or avoids discussions because of shame, guilt, anger, or emotional overload. Such patterns may intensify the attachment threat and impede the restoration of trust. Studies involving couples affected by extramarital relationships have therefore increasingly examined therapies that address emotional processes rather than relying solely on behavioral agreements or problem-solving strategies. Emotion-focused couple interventions have been investigated in relation to marital burnout, forgiveness, and communication styles among couples affected by extramarital relationships, indicating the clinical relevance of targeting emotional bonds when couples are attempting to recover from relational betrayal (Alavimoghadam et al., 2021). Comparative research has also evaluated Emotionally Focused Couple Therapy in relation to marital forgiveness among women affected by extramarital relationships, further suggesting that emotional processing and attachment-oriented intervention may be pertinent to the recovery process following infidelity (Asgari et al., 2022).

Marital frustration represents another significant manifestation of persistent couple distress. Unlike a transient disagreement or temporary dissatisfaction, marital frustration may emerge when repeated unmet expectations, unresolved conflicts, relational injuries, and failed attempts to obtain closeness gradually erode positive expectations about the marriage. Individuals experiencing high marital frustration may perceive that their efforts to improve the relationship are ineffective, that important emotional needs remain unfulfilled, or that their partner is chronically unable or unwilling to provide desired understanding and responsiveness. Over time, these experiences can contribute to emotional exhaustion, disappointment, reduced motivation to repair the relationship, and marital burnout. Research among couples seeking divorce has shown that family relational processes and styles of conflict resolution are meaningfully connected with marital burnout, highlighting the role of persistent dysfunctional interaction in the deterioration of the marital bond (Javdan et al., 2023). Marital frustration is also relevant to the study of extramarital relationships. Evidence indicates that marital frustration may function as a mediating mechanism in the relationship between individual characteristics such as sensation seeking and tendencies toward extramarital relationships, suggesting that dissatisfaction and frustration within the marital bond may contribute to conditions under

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which relational boundaries become more vulnerable (Asefi Far et al., 2022).

The interrelationships among sexual dissatisfaction, extramarital tendencies, and marital frustration are therefore clinically important. These variables should not necessarily be understood as isolated problems. Rather, they may reflect different manifestations of a distressed relational system in which attachment insecurity, emotional disconnection, unmet needs, dysfunctional interaction cycles, and difficulty regulating emotionally charged experiences reciprocally reinforce one another. Reduced sexual satisfaction may intensify perceptions of distance; unresolved marital frustration may make alternative emotional relationships more appealing; actual or contemplated extramarital involvement may further undermine sexual intimacy and trust; and relational betrayal may intensify frustration and defensive interaction. This interconnectedness suggests the value of a therapeutic approach capable of addressing the emotional and interactional processes underlying several dimensions of couple distress simultaneously. Interventions limited to surface-level communication techniques may be insufficient when conflict is maintained by powerful attachment fears and automatic emotional reactions.

Emotionally Focused Therapy is an experiential and attachment-based therapeutic model designed to identify, access, reorganize, and transform emotional processes that maintain individual or relational distress. Emotion-focused therapeutic work emphasizes that emotions are not simply symptoms to be controlled but sources of information that organize perception, meaning, interpersonal behavior, and responses to significant others. Broader psychotherapy research has demonstrated the applicability of emotion-focused treatment to clinically significant psychological difficulties, including randomized comparative investigation of Emotion-Focused Therapy and cognitive-behavioral approaches (Timulak et al., 2022). Within couple therapy, EFT translates attachment principles into a structured intervention in which therapists help partners recognize rigid negative cycles, access the primary emotions and attachment needs underlying defensive positions, communicate these experiences more directly, and respond to each other with greater accessibility and engagement. Contemporary presentations of the EFT model emphasize the therapist's role in helping clients move from secondary reactive emotions and defensive behaviors toward deeper emotional experiences and new interactional responses (Brubacher, 2024).

The theoretical foundation of EFT-C rests heavily on attachment theory and the proposition that close romantic partners function as important attachment figures throughout adulthood. Relationship distress is therefore conceptualized partly as distress associated with threatened or disrupted attachment bonds. When partners cannot obtain reliable reassurance or connection, they may respond with protest, pursuit, withdrawal, anger, numbness, or detachment. These responses can become self-reinforcing as each partner's coping behavior triggers the other's insecurity. EFT-C seeks to externalize and de-escalate this cycle rather than assigning blame to either partner. Once the negative cycle has been identified and softened, therapy facilitates greater access to vulnerable emotions and attachment needs and supports new interactions characterized by responsiveness and emotional engagement. Reviews of EFT emphasize the importance of attachment, emotional connection, and relational processes not only to couple functioning but also to broader aspects of psychological and physical health (Greenman & Johnson, 2022). Similarly, contemporary work on attachment bonds in later-life couples illustrates the continued relevance of emotionally focused principles across different phases of intimate relationships and underscores the role of secure attachment in maintaining relationship health (Mendelson, 2024).

Empirical evidence provides increasing support for Emotionally Focused Couple Therapy. A comprehensive meta-analysis of EFT-C has synthesized evidence concerning its efficacy and provides support for the use of this approach in improving couple relationship outcomes (Spengler et al., 2024). Importantly, EFT-related change appears to involve theoretically meaningful mechanisms rather than only global reductions in distress. Longitudinal research examining outcomes following Emotionally Focused Couple Therapy has highlighted changes in trust, relationship-specific attachment, and emotional engagement as relevant to subsequent relationship outcomes (Wiebe et al., 2017). These mechanisms are particularly important for the outcomes examined in the present study because trust and emotional engagement are directly relevant to sexual intimacy, relational exclusivity, and the reduction of frustration generated by unmet attachment needs.

Evidence from studies conducted in different relational contexts further suggests that EFT-C may improve dimensions closely associated with the present variables. For couples characterized by low self-disclosure, Emotion-Focused Therapy has been compared with mindfulness-based relationship enhancement in relation to marital

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satisfaction and intimacy, demonstrating continued interest in EFT as an intervention for couples whose relational difficulties include limited emotional openness and reduced closeness (Anousheh et al., 2024). Such findings are theoretically consistent with the model's emphasis on facilitating vulnerable disclosure and responsive engagement. Where couples have become emotionally distant or reluctant to reveal important thoughts, fears, and needs, increasing safe emotional engagement may improve both emotional and physical intimacy. This is especially relevant for distressed couples dealing with sexual dissatisfaction or extramarital involvement, in whom shame, fear of judgment, resentment, or mistrust can markedly inhibit open communication.

Despite the increasing evidence supporting EFT-C, several considerations justify further investigation. First, many studies of couple therapy focus on broad outcomes such as marital satisfaction, adjustment, intimacy, or conflict, whereas the simultaneous examination of sexual satisfaction, extramarital relationship tendencies, and marital frustration can provide a more differentiated understanding of intervention effects. Second, infidelity-related difficulties involve a distinctive combination of attachment injury, secrecy, disrupted trust, sexual and emotional disconnection, and uncertainty about relational commitment, creating therapeutic challenges that may not be captured adequately by global measures of marital adjustment. Third, sociocultural context can influence expectations regarding marriage, sexuality, disclosure, fidelity, and help-seeking, making the examination of therapeutic approaches within specific populations important. Research conducted in Iranian contexts has documented the relevance of sexual satisfaction (Tadayon et al., 2018), marital frustration in relation to extramarital tendencies (Asefi Far et al., 2022), and emotionally focused interventions among couples affected by infidelity (Alavimoghadam et al., 2021; Asgari et al., 2022). Nevertheless, further controlled research examining these outcomes together remains warranted.

The clinical rationale for applying EFT-C to distressed couples is therefore grounded in a coherent integration of attachment, emotion, sexuality, and relational interaction. By identifying the negative cycles through which partners inadvertently perpetuate insecurity, helping them access primary emotions beneath anger or withdrawal, and facilitating new experiences of emotional accessibility and responsiveness, EFT-C may create conditions for greater relational security. Increased security may allow partners to discuss sexual needs with less defensiveness, experience intimacy as safer and more mutually responsive, and consequently improve sexual satisfaction. The same processes may reduce emotional distancing and unmet attachment needs that can contribute to vulnerability to extramarital involvement, while therapeutic processing of attachment injuries may support restoration of trust following betrayal. In parallel, transforming repetitive conflict and creating more successful experiences of connection may reduce the sense of disappointment, helplessness, and relational exhaustion underlying marital frustration. Thus, the potential value of EFT-C lies in its capacity to address several manifestations of relationship distress through change in the underlying emotional bond rather than treating each difficulty as an unrelated symptom.

Taken together, existing literature supports the importance of emotional regulation, secure attachment, trust, intimacy, sexual functioning, and constructive interaction in marital health, while highlighting Emotionally Focused Couple Therapy as a theoretically coherent and empirically supported approach to relational distress. At the same time, couples affected by dissatisfaction, infidelity-related concerns, and persistent frustration represent a particularly vulnerable population for whom improvements across multiple relational domains are clinically meaningful. Evaluating the effects of EFT-C on these outcomes within a controlled design can therefore contribute to a more precise understanding of its applicability to complex couple distress and provide evidence relevant to counseling and couple-therapy practice.

Accordingly, the present study aimed to determine the effectiveness of Emotionally Focused Couple Therapy in improving sexual satisfaction and reducing tendencies toward extramarital relationships and marital frustration among distressed couples.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a randomized pretest-posttest control group design to investigate the effectiveness of Emotionally Focused Couple Therapy (EFT-C) in improving sexual satisfaction and reducing tendencies toward extramarital relationships and marital frustration among couples experiencing relational difficulties. The statistical population consisted of married couples referred to counseling centers in Bojnourd, Iran, because of marital problems and a reported history of extramarital involvement

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during the preceding year. A total of 48 individuals comprising 24 couples, aged 25 to 50 years, were recruited for participation in the study. Eligibility criteria included being legally married and currently living together, willingness of both partners to participate in the research assessments and therapeutic sessions, the presence of moderate to high levels of marital dissatisfaction based on the initial screening measures, and not receiving any concurrent couple therapy during the study period. Couples were excluded if either partner had a severe psychiatric disorder that could interfere with participation in couple therapy, including psychotic disorders or severe depressive symptoms, if there was ongoing substance abuse, or if the couple was involved in imminent divorce proceedings. Following screening and completion of the baseline assessments, the 24 eligible couples were randomly allocated using a computerized randomization procedure to either the experimental group receiving EFT-C or the waitlist control group, with 12 couples assigned to each condition. Random assignment was conducted to minimize systematic differences between the two groups, and the groups were examined with respect to major baseline characteristics, including participants' age, duration of marriage, and initial level of sexual satisfaction, to ensure adequate comparability before implementation of the intervention. Participants in both groups completed the pretest measures before commencement of the intervention and the same measures at posttest within one week after completion of the final therapeutic session. The control group received no psychological or couple-based intervention during the study period and remained on a waitlist, while the experimental group participated in the EFT-C program. Participation was voluntary, confidentiality of personal and research information was assured, and participants were informed that they could withdraw from the study at any stage without adverse consequences. Ethical approval for the research protocol was obtained from the Institutional Review Board of the Behavioral Sciences and Addiction Research Center, North Khorasan University of Medical Sciences, Bojnourd, Iran.

2.2. Measures

The Larson Sexual Satisfaction Questionnaire was used to assess participants' level of sexual satisfaction. This self-report instrument consists of 25 items rated on a five-point Likert-type response scale ranging from "never" to "always," with higher total scores indicating greater satisfaction with the sexual dimension of the marital relationship. Based on the established scoring procedure, total scores are interpreted across four levels: scores below 50 indicate sexual dissatisfaction, scores between 50 and 75 indicate low sexual satisfaction, scores between 75 and 100 represent moderate sexual satisfaction, and scores above 100 indicate high sexual satisfaction. The questionnaire has been widely applied to assess the perceived quality of sexual relationships among married individuals and evaluates respondents' general satisfaction with emotional and behavioral aspects of sexual interaction. Previous psychometric evaluations conducted in Iran have supported the reliability and cultural applicability of the instrument. Shahni et al. reported a Cronbach's alpha coefficient of .93, indicating excellent internal consistency, and subsequent research has confirmed its suitability for assessment among Iranian populations (Tadayon et al., 2018).

The Tendency for Extramarital Relationships Questionnaire, originally developed by Drigotas et al. (1999) and also referred to as the Infidelity Scale, was used to assess participants' tendency toward emotional and sexual involvement outside the marital relationship. The instrument contains 11 items and adopts an indirect, progressive approach to assessing extramarital involvement rather than asking respondents explicitly whether they have engaged in infidelity. The items begin with relatively minor emotional or behavioral experiences that may represent boundary violations and gradually progress toward more substantial forms of emotional and sexual involvement with individuals outside the marital relationship. This assessment approach is intended to reduce defensiveness and social desirability bias when evaluating a sensitive interpersonal construct. The questionnaire captures different manifestations of infidelity, including emotional, sexual, and mixed forms of extramarital involvement. Emotional infidelity is reflected in the development of an emotionally intimate bond with a third party, whereas sexual infidelity involves sexual or physically intimate behaviors outside the marital relationship; mixed infidelity reflects the co-occurrence of both dimensions. Drigotas et al. (1999) reported acceptable reliability coefficients for the instrument and its dimensions, ranging from .76 to .85, while subsequent research reported an internal consistency coefficient of .85 for its subscales, supporting the reliability of the questionnaire for assessing violations of exclusivity norms within intimate relationships.

Marital frustration was assessed using the Marital Frustration Questionnaire developed by Niehuis et al.

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(2015). This instrument consists of 16 items designed to evaluate the degree to which individuals experience disappointment, dissatisfaction, disillusionment, and frustration within their marital relationship. Each item is rated on a seven-point Likert scale ranging from 1, representing "completely disagree," to 7, representing "completely agree." Responses to all items are summed to obtain an overall marital frustration score ranging from 16 to 112, with higher scores indicating greater marital frustration. The developers of the questionnaire provided evidence supporting its psychometric adequacy, reporting divergent validity of r = .65 and an internal consistency coefficient of α = .73. The psychometric properties of the Persian version were subsequently examined by Sayed Alitabar et al. (2016), who confirmed the factor structure of the questionnaire using confirmatory factor analysis and reported a Cronbach's alpha coefficient of .92 and a test-retest reliability coefficient of .85, indicating strong internal consistency and temporal stability in Iranian samples (Asefi et al., 2022). In the present study, the internal consistency of the questionnaire was reassessed using Cronbach's alpha and yielded a coefficient of .74, indicating an acceptable level of reliability for the study sample.

2.3. Interventions

Couples allocated to the experimental condition participated in 10 weekly sessions of Emotionally Focused Couple Therapy, with each session lasting approximately 90 minutes. The intervention was based on the standard EFT-C framework described by Johnson (2004) and was organized around the three principal therapeutic stages of de-escalating negative interaction cycles, restructuring emotional interactions, and consolidating newly established patterns of secure relational engagement. During the first session, the therapist introduced the therapeutic framework, established a collaborative therapeutic alliance, identified the couples' principal relational concerns, and collected relevant relationship history using open-ended questioning, active listening, and reflective responses. The second session focused on identifying recurring maladaptive interaction cycles, such as pursuit-withdrawal and criticism-defensiveness patterns, through interactional analysis, cycle mapping, and validation of each partner's emotional experience. During the third session, partners were assisted in accessing and identifying primary emotions, including vulnerability, fear, insecurity, and fear of rejection, that underlay defensive or conflictual behaviors; emotion labeling, empathic reflection, and guided disclosure were used to facilitate this process. The fourth session emphasized clarification of unmet attachment needs, relational fears, and desires for closeness and security through evocative questioning, enactments, and guided expression of attachment-related needs. In the fifth session, therapy focused on restructuring problematic interactions by facilitating vulnerable emotional disclosure and encouraging receptive and responsive engagement between partners through structured dialogue, enactments, and validation. The sixth session was devoted to strengthening emotional responsiveness by helping partners recognize and respond constructively to one another's attachment needs, with particular emphasis on reflective listening, repair of emotional misattunements, and modeling of adaptive responses. The seventh session consolidated emerging positive interaction patterns and provided couples with opportunities to rehearse more effective methods of expressing needs and responding to each other through behavioral rehearsal, therapeutic homework, and positive feedback. The eighth session addressed relational injuries associated with betrayal or infidelity when applicable, using principles of attachment injury resolution, emotional processing, empathic engagement, and the development of greater mutual understanding. The ninth session focused on relapse prevention and strengthening relational security by helping couples identify interpersonal triggers, develop coping and problem-solving strategies, and establish plans for maintaining constructive communication and secure attachment patterns. The final session integrated the therapeutic gains achieved during treatment, reviewed changes in the couple's interactional patterns, reinforced newly acquired emotional and communication skills, and assisted partners in identifying future relational goals and strategies for sustaining therapeutic improvements. All intervention sessions were delivered by licensed clinical psychologists with at least five years of clinical experience in Emotionally Focused Couple Therapy. Treatment fidelity was supported through professional supervision and review of recorded therapy sessions by senior clinicians familiar with the EFT-C model. The waitlist control group received no intervention during the study period but was offered the therapeutic program after completion of the posttest assessments.

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2.4. Data Analysis

Data were analyzed using IBM SPSS Statistics version 26. Prior to testing the study hypotheses, the data were screened for accuracy, completeness, and compliance with the statistical assumptions required for parametric analyses. Descriptive indices were initially calculated to summarize the study variables, after which assumptions relevant to multivariate analysis of covariance were evaluated, including the normality of score distributions and homogeneity of variances. Multivariate analysis of covariance (MANCOVA) was then performed to determine whether participation in Emotionally Focused Couple Therapy produced a statistically significant overall effect on the combined dependent variables of sexual satisfaction, tendency toward extramarital relationships, and marital frustration while statistically controlling for the corresponding pretest scores. Following the multivariate analysis, univariate analyses of covariance were examined for each dependent variable to determine the specific intervention effect on sexual satisfaction, extramarital relationship tendencies, and marital frustration after adjustment for baseline values. Partial eta squared (partial η^2) was calculated as the measure of effect size to estimate the magnitude of the intervention effects beyond statistical significance. All statistical tests were conducted using a two-tailed criterion, and the level of statistical significance was set at $p < .05$.

3. Findings and Results

Descriptive statistics for sexual satisfaction, extramarital relationships, and marital frustration are presented in Table 1. Participants in the experimental group exhibited substantial improvements from pretest to posttest across all outcomes, whereas the control group showed minimal changes. Preliminary analyses confirmed normality and homogeneity of variance assumptions.

Table 1

Descriptive statistics of study variables in experimental and control groups

Variable	Exp. Group		Control Group	
	Pre-test	Post-test	Pre-test	Post-test
	M (±SD)	M (±SD)	M (±SD)	M (±SD)
Sexual Satisfaction	67.37 (14.45)	78.75 (12.22)	69.12 (15.36)	71.25 (14.02)
Extramarital Relationships	37.50 (11.19)	32.62 (9.38)	36.62 (12.41)	35.75 (11.88)
Marital Frustration	72.25 (12.92)	61.12 (12.39)	71.75 (13.10)	68.62 (11.32)

To gauge the influence of Emotion-Focused Couples Therapy (EFT-C) on three individual variables while controlling for pretest score, a multivariate analysis-plus-covariance (MANCOVA) was completed. There was a statistically significant multivariate influence of the intervention on outcome variables, Wilks' $\Lambda = 0.32$, $F(3, 20) = 14.87$, $p < .001$, partial $\eta^2 = .69$. Thus, there was a considerable overall impact of EFT-C on the specified dependent variables.

Table 2

Test results of between-subjects effects

Variable	Group	Mean	S.D	Mean Square	F	df	*P*	Eta squared
Sexual Satisfaction	Experiment	78.75	12.22	632.27	26.14	1	.027	.484
	Control	71.25	14.02					
Extramarital Relationships	Experiment	32.62	9.38	365.24	18.67	1	.023	.362
	Control	35.75	11.88					
Marital Frustration	Experiment	61.12	12.39	548.10	21.39	1	.035	.421
	Control	68.62	11.32					

Participating EFT-C therapy couples showed statistically significant improvements in sexual satisfaction in comparison to the control group ($F(1, 22) = 26.14$, $p < .001$, partial $\eta^2 = .48$), demonstrating that the effects of the therapy were to a large degree meaningful. Moreover, extramarital behaviors were also reduced in the experimental group, in

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comparison to the control group ($F(1, 22) = 18.67$, $p < .001$, partial $\eta^2 = .36$), demonstrating that EFT-C consolidation of fidelity in the spouses also increased and satisfaction of the whole relationship was improved. Other significant effects of the therapy included general marital frustration ($F(1, 22) = 21.39$, $p < .001$, partial $\eta^2 = .42$), which also suggested considerable improvements of emotional well-being and functioning of the partners as a unit. There are statistically significant control group comparisons in the degree of sexual satisfaction and extramarital involvement that were frustrations in marriage.

4. Discussion

The present study investigated the effectiveness of Emotionally Focused Couple Therapy (EFT-C) in improving sexual satisfaction and reducing tendencies toward extramarital relationships and marital frustration among distressed couples. The findings showed that, after controlling for pretest scores, participants who received EFT-C demonstrated significantly greater sexual satisfaction than those in the control group, $F(1, 22) = 26.14$, $p < .001$, partial $\eta^2 = .48$. In addition, EFT-C produced a significant reduction in tendencies toward extramarital relationships, $F(1, 22) = 18.67$, $p < .001$, partial $\eta^2 = .36$, and significantly decreased marital frustration, $F(1, 22) = 21.39$, $p < .001$, partial $\eta^2 = .42$. The magnitude of these effects indicates that the intervention was associated with substantial changes across all three relational outcomes. Taken together, the results support the proposition that a therapy centered on emotional accessibility, attachment needs, and restructuring of negative interaction cycles can simultaneously improve intimate relationship quality and reduce several important manifestations of marital distress.

The significant increase in sexual satisfaction among couples who participated in EFT-C is consistent with research emphasizing the close relationship between emotional security, attachment, emotion regulation, and sexual functioning. Sexual satisfaction is not determined exclusively by sexual behavior or frequency of sexual activity; rather, it is embedded within the broader emotional and relational context of the couple. Fischer et al. demonstrated that emotion regulation is meaningfully associated with sexual function and satisfaction, indicating that difficulties in regulating emotions may interfere with positive sexual experiences (Fischer et al., 2022). This relationship provides a plausible explanation for the present finding. EFT-C assists partners in identifying and expressing vulnerable emotions, reducing defensive reactions, and responding more sensitively to one another's emotional needs. Such changes may create a greater sense of safety and acceptance, which can reduce anxiety and inhibition in sexual interactions and promote a more satisfying intimate relationship.

The present result is also aligned with the attachment-based conceptualization of sexuality in Emotionally Focused Couple Therapy. Johnson et al. argued that sexuality and attachment are closely interconnected within couple relationships and that sexual difficulties may often reflect broader problems involving accessibility, responsiveness, and emotional engagement (Johnson et al., 2018). When partners feel emotionally disconnected or uncertain about the availability of their spouse, sexual contact may become associated with rejection, pressure, avoidance, or performance concerns rather than closeness. EFT-C seeks to change these patterns by strengthening emotional connection and increasing partners' confidence that attachment needs will be recognized and responded to. In this context, improvements in sexual satisfaction may be understood not merely as a direct consequence of discussing sexual concerns but as an outcome of greater trust, vulnerability, and relational security.

The finding regarding sexual satisfaction is additionally supported by research specifically applying EFT principles to sexual difficulties. Girard and Woolley described the use of Emotionally Focused Therapy in couples experiencing sexual desire discrepancy and emphasized the usefulness of identifying the attachment meanings underlying sexual pursuit, avoidance, and rejection (Girard & Woolley, 2017). Similarly, recent research comparing EFT with a need-based intervention among women with low sexual desire has supported the clinical relevance of emotionally focused work in addressing difficulties involving sexual desire and intimate connection (Shabaninia et al., 2025). These findings are consistent with the current results and suggest that emotional responsiveness may serve as an important pathway through which EFT-C improves sexual satisfaction. The present finding is also compatible with evidence showing that sexual satisfaction constitutes an important dimension of relational functioning among Iranian couples and is associated with other aspects of intimate relationship quality (Tadayon et al., 2018).

The significant reduction in tendencies toward extramarital relationships represents another important finding of the study. Extramarital involvement often occurs in a complex relational context characterized by emotional

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disconnection, dissatisfaction, unmet attachment needs, resentment, reduced intimacy, or weakened commitment. Although infidelity cannot be reduced to any single marital factor, emotional disengagement and chronic relational distress may increase vulnerability to seeking emotional or sexual connection outside the marriage. EFT-C may reduce this vulnerability by increasing emotional accessibility and responsiveness between partners, thereby strengthening the primary attachment bond. As emotional needs become more openly expressed and more consistently addressed within the marriage, the perceived need to seek validation, intimacy, or emotional responsiveness outside the relationship may decrease.

This interpretation is consistent with previous studies involving couples affected by extramarital relationships. Alavimoghadam et al. found that Emotion-Focused Couple Therapy was effective in improving relational outcomes such as marital burnout, forgiveness, and communication styles among couples affected by extramarital relationships (Alavimoghadam et al., 2021). These outcomes are highly relevant because persistent resentment, ineffective communication, and emotional exhaustion may maintain relational instability following infidelity. By facilitating the processing of emotional injuries and restructuring interaction patterns, EFT-C may help couples move away from blame, withdrawal, and retaliatory behaviors toward greater emotional engagement and relational repair. Similarly, Asgari et al. reported beneficial effects of Emotionally Focused Couple Therapy on marital forgiveness among women affected by extramarital relationships (Asgari et al., 2022). Forgiveness does not imply minimizing betrayal; rather, in a therapeutic context it may reflect a gradual reduction in persistent hostile emotional responses and a restoration of relational trust. Such processes may contribute to a reduced tendency toward continued or future extramarital involvement.

The present findings may also be interpreted in light of attachment theory. Insecure attachment patterns can shape how individuals respond to rejection, emotional distance, fear of abandonment, and unmet relational needs. Lewczuk et al. showed that difficulties in emotion regulation may mediate associations between adult attachment and adverse psychological outcomes (Lewczuk et al., 2021). Conrad et al. similarly highlighted associations among attachment-related processes, anger suppression, and emotional functioning (Conrad et al., 2021). In distressed marriages, attachment insecurity may therefore contribute to behaviors such as emotional withdrawal, reassurance seeking, anger, secrecy, or avoidance. EFT-C directly targets these attachment-related interaction patterns by helping partners identify the fears and needs underlying defensive responses. As emotional security improves, partners may become more capable of resolving dissatisfaction within the relationship rather than relying on maladaptive strategies that increase vulnerability to extramarital involvement.

The reduction in extramarital tendencies may additionally reflect restoration of emotional safety. Emotional safety is fundamental to trust, self-disclosure, and the willingness to remain psychologically engaged in intimate relationships. Saleh's work on emotional safety among married individuals illustrates the importance of perceived relational security in shaping marital experiences (Saleh, 2024). Infidelity frequently damages this sense of security by introducing uncertainty about exclusivity, honesty, and partner availability. In the present study, EFT-C sessions specifically addressed betrayal-related injuries when relevant and facilitated emotional processing, empathy, and responsive engagement. This therapeutic focus may have provided couples with opportunities to reconstruct a sense of safety and mutual investment, thereby reducing attraction toward emotional or sexual involvement outside the marriage.

The findings concerning extramarital tendencies are also compatible with research on marital frustration. Asefi Far et al. found that marital frustration played a mediating role in the relationship between sensation seeking and extramarital relationships, suggesting that dissatisfaction and relational disappointment may contribute to the development of extramarital tendencies (Asefi Far et al., 2022). In the present study, EFT-C significantly reduced marital frustration in addition to reducing extramarital tendencies. These parallel changes are theoretically coherent. If persistent disappointment, emotional deprivation, and dissatisfaction contribute to vulnerability to extramarital involvement, then interventions that reduce marital frustration may indirectly reduce the appeal or likelihood of seeking connection outside the marriage.

The third major finding was the significant reduction in marital frustration following EFT-C. Marital frustration may develop when repeated efforts to achieve closeness, understanding, responsiveness, or conflict resolution are perceived as unsuccessful. Over time, partners may conclude that their needs will not be met, that communication efforts are ineffective, and that the relationship is incapable of meaningful improvement. Such expectations can promote withdrawal, hopelessness, criticism, and emotional

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exhaustion. Research has shown that problematic family relationships and conflict-resolution patterns are associated with marital burnout among couples seeking divorce (Javdan et al., 2023). The current reduction in marital frustration may therefore reflect EFT-C's capacity to interrupt maladaptive cycles and create new experiences in which partners communicate needs more effectively and receive more responsive reactions from one another.

This explanation is strongly consistent with the theoretical model underlying EFT-C. The approach conceptualizes couple distress as maintained by rigid negative interaction cycles that become self-reinforcing over time. One partner's criticism may trigger withdrawal, while withdrawal may intensify criticism; similarly, demands for reassurance may elicit defensiveness, which can increase insecurity and further demands. Vanhee et al. reviewed evidence supporting EFT-C's understanding of couple distress and emphasized the relevance of emotion and interaction processes in explaining dysfunctional relational patterns (Vanhee et al., 2018). The intervention used in the present study explicitly targeted these cycles through identification of negative patterns, access to underlying emotions, clarification of attachment needs, and restructuring of partner responses. When partners began to experience more successful interactions, the sense of chronic relational failure underlying marital frustration may have diminished.

The present findings are also consistent with the broader evidence base supporting Emotionally Focused Couple Therapy. Greenman and Johnson emphasized that EFT is grounded in attachment, emotional connection, and relational health, with therapeutic change occurring through the creation of safer and more responsive bonds (Greenman & Johnson, 2022). A comprehensive meta-analysis by Spengler et al. further supported the efficacy of EFT-C across couple outcomes (Spengler et al., 2024). The current results extend this literature by demonstrating significant effects on three distinct but interconnected variables: sexual satisfaction, extramarital tendencies, and marital frustration. These findings suggest that the intervention may influence not only broad marital satisfaction but also more specific areas of intimate functioning that are particularly relevant among distressed couples.

The mechanism of change may involve improvements in trust and relationship-specific attachment. Wiebe et al. found that changes in trust, attachment, and emotional engagement were predictive of follow-up outcomes in Emotionally Focused Couple Therapy (Wiebe et al., 2017). These mechanisms are highly relevant to the present findings. Greater trust can support sexual openness and reduce anxiety surrounding intimacy, while more secure attachment can decrease emotional distancing and lower the perceived need for external sources of validation or connection. Increased emotional engagement may also reduce the frustration that develops when partners repeatedly perceive one another as unavailable. Thus, the significant improvements observed across all three dependent variables may represent different behavioral and experiential expressions of a common underlying change in relational security.

The findings are also consistent with evidence that EFT can enhance intimacy and marital satisfaction in couples experiencing limited emotional openness. Anousheh et al. reported that Emotion-Focused Therapy was effective in improving marital satisfaction and intimacy among couples with low self-disclosure (Anousheh et al., 2024). This is particularly relevant because limited self-disclosure can prevent partners from communicating unmet emotional and sexual needs, thereby increasing misunderstanding and dissatisfaction. The EFT-C intervention in the current study encouraged vulnerable disclosure, emotional labeling, empathic reflection, and structured enactments, all of which may have increased partners' capacity to communicate previously unexpressed fears and needs. Improvements in emotional transparency may therefore have contributed to greater sexual satisfaction, lower frustration, and reduced extramarital tendencies.

The results can additionally be understood in relation to the broader emotion-focused framework. Timulak et al. demonstrated the therapeutic value of Emotion-Focused Therapy in addressing emotionally driven psychological difficulties, supporting the general principle that changing maladaptive emotional processing can produce clinically meaningful improvements (Timulak et al., 2022). Brubacher likewise emphasized experiential engagement with emotion as a core component of EFT, particularly in helping clients move beneath defensive reactions to primary vulnerable emotions and attachment-related needs (Brubacher, 2024). In couple relationships, this process may transform interactions because anger, criticism, avoidance, or defensiveness can be recontextualized as responses to fear, hurt, longing, or insecurity. Once these underlying experiences are expressed more directly, partners may respond with greater empathy rather than escalating the negative cycle.

The current findings also have implications for understanding the durability and breadth of attachment-

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based intervention. Mendelson's work emphasizes the role of EFT in strengthening attachment bonds and improving relational health even in later-life couples, underscoring the relevance of attachment security across stages of adult intimate relationships (Mendelson, 2024). Furthermore, the potential effects of infidelity can extend beyond the immediate couple, with Paul highlighting the longer-term impact of parental infidelity discovered during childhood and adolescence (Paul, 2024). These observations emphasize the significance of interventions capable of addressing relational betrayal before dysfunctional patterns become chronic or affect broader family systems. By improving the primary couple bond, EFT-C may have implications not only for the spouses themselves but potentially for the emotional climate of the wider family.

5. Conclusion

Overall, the present study provides support for the effectiveness of EFT-C in addressing interconnected dimensions of distressed marital functioning. The relatively large effect observed for sexual satisfaction suggests that rebuilding emotional security may have substantial implications for intimate and sexual experiences. The reductions in extramarital tendencies and marital frustration indicate that the benefits of the intervention may extend to relational commitment, emotional investment, and the prevention of maladaptive responses to dissatisfaction. These results are consistent with a conceptualization of couple distress in which emotional disconnection, insecure attachment, dysfunctional interaction cycles, sexual dissatisfaction, and relational frustration are mutually reinforcing processes. EFT-C appears to intervene at this underlying relational level by helping partners develop greater emotional accessibility, responsiveness, and engagement.

6. Limitations & Suggestions

Several limitations should be considered when interpreting the findings. First, the sample consisted of only 24 couples recruited from counseling centers in Bojnourd, which limits the statistical power of the study and reduces the extent to which the findings can be generalized to other populations, regions, cultural groups, or couples with different levels of marital distress. Second, the study relied primarily on self-report measures, particularly for sensitive constructs such as sexual satisfaction and extramarital relationship tendencies, which may have been affected by social desirability, embarrassment, selective disclosure, or concerns regarding confidentiality. Third, the study used a waitlist control group rather than an active comparison treatment, making it difficult to determine whether the observed improvements were attributable specifically to EFT-C techniques rather than nonspecific therapeutic factors such as therapist attention, expectancy, or regular structured contact. Fourth, posttest assessment occurred shortly after completion of the intervention, and no long-term follow-up was conducted; therefore, the stability of the therapeutic gains over time remains uncertain. Finally, because both members of each couple participated in the study, the interdependence of partner-level data may require more complex dyadic analytical strategies than conventional individual-level analyses.

Future research should replicate these findings using larger and more diverse samples recruited from different geographical, socioeconomic, and cultural contexts. Studies with active control conditions would be particularly valuable for comparing EFT-C with other established couple interventions and determining whether particular outcomes respond more strongly to attachment-based treatment. Longitudinal designs incorporating follow-up assessments at three, six, and twelve months could establish whether improvements in sexual satisfaction and reductions in extramarital tendencies and marital frustration are maintained over time. Future studies should also examine potential mediators and moderators of treatment response, including attachment style, trust, emotion regulation, forgiveness, duration of marriage, severity and type of infidelity, baseline sexual functioning, and gender. Dyadic analytic approaches such as actor-partner interdependence models could provide a more precise understanding of how changes in one partner influence outcomes in the other. Incorporating qualitative interviews could further clarify couples' subjective experiences of therapeutic change and identify specific EFT-C processes perceived as most influential.

From a practical perspective, the findings suggest that couple therapists, counselors, and mental health professionals working with distressed couples may benefit from incorporating attachment-focused and emotion-focused strategies into treatment, particularly when presenting problems involve sexual dissatisfaction, extramarital involvement, or chronic marital frustration. Clinical practice should emphasize identification of negative interaction cycles, access to primary emotions, clarification of unmet attachment needs, structured expression of

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vulnerability, and development of responsive partner interactions rather than focusing exclusively on surface-level conflict resolution. Therapists working with infidelity should also address betrayal as a relational injury and create a structured environment in which trust, accountability, empathy, and emotional safety can gradually be rebuilt. Couple counseling centers may consider offering EFT-C as a structured intervention for couples experiencing multiple interconnected difficulties, while ensuring that therapists receive appropriate training, supervision, and fidelity monitoring to preserve the integrity of the therapeutic model.

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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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