

Comparison of the Effectiveness of the Gottman Couples Therapy Method and the Cognitive-Behavioral Method on Marital Intimacy Among Students of Islamic Azad University, Hamedan Branch

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ABSTRACT

Objective: This study aimed to compare the effectiveness of Gottman couples therapy and cognitive-behavioral couples therapy on marital intimacy among students of Islamic Azad University, Hamedan Branch.

Methods and Materials: The study employed a quasi-experimental pretest-posttest design with a control group. The statistical population included all married students of Islamic Azad University, Hamedan Branch, in the academic year 2023-2024. Using convenience sampling, 45 participants were selected and randomly assigned to three groups: Gottman couples therapy (15 participants), cognitive-behavioral couples therapy (15 participants), and a control group (15 participants). The intervention consisted of 10 sessions of 90 minutes for the Gottman method and 8 sessions of 90 minutes for the cognitive-behavioral method. The control group did not receive any intervention. Marital intimacy was assessed before and after the intervention using Waring's Marital Intimacy Questionnaire. Data analysis was conducted using SPSS-24, employing multivariate analysis of covariance (MANCOVA) and one-way analysis of variance (ANOVA) to compare the effectiveness of the interventions.

Findings: The results showed that both Gottman couples therapy and cognitive-behavioral couples therapy significantly improved marital intimacy compared to the control group. The mean marital intimacy scores in the Gottman therapy group increased from 107.05 (SD = 6.99) in the pretest to 116.61 (SD = 6.521) in the posttest, while in the cognitive-behavioral therapy group, scores increased from 104.42 (SD = 6.539) to 114.8 (SD = 5.668). MANCOVA results confirmed a statistically significant difference between the two interventions ($p < 0.05$), with the cognitive-behavioral approach demonstrating a slightly higher effect size.

Conclusion: Both Gottman couples therapy and cognitive-behavioral couples therapy effectively enhanced marital intimacy, with the cognitive-behavioral approach showing slightly greater efficacy. These findings highlight the

importance of selecting a therapy tailored to the specific needs of couples. Future research should explore the long-term effects of these interventions and examine their applicability in diverse populations.

Keywords: *Gottman couples therapy, cognitive-behavioral couples therapy, marital intimacy, marital satisfaction, student couples*

1. Introduction

In today's world, the reasons for marriage and the expectations of spouses from each other have undergone significant changes. The need for love, intimacy, emotional connection with a spouse, and fulfillment of emotional-psychological needs are among the primary reasons for marriage among modern couples. Although intimacy is not limited to marital relationships, most individuals seek marriage to attain intimacy. Recent studies have shown that out of every ten marriages, within the first ten years, seven end in either legal or emotional divorce. Therefore, intimacy is a crucial factor in the long-term emotional stability of a marriage (Fatemi et al., 2016; Fattahi et al., 2021). Marital intimacy is recognized as a fundamental human need in marital life, requiring deep understanding, acceptance, and the expression of thoughts and emotions. One of the most critical aspects of the marriage system is intimacy, which partners experience in their relationships. Marital intimacy is considered a significant behavioral pattern with strong emotional and social dimensions, founded on acceptance, satisfaction, and love (Nezamalmolki, 2024; Payamani et al., 2024). Intimacy is a crucial component in strengthening marital relationships, serving as a fundamental necessity for marital life and a distinguishing feature of a happy and successful marriage. It is characterized by closeness, similarity, and a personal or emotional relationship with another person, requiring deep knowledge and understanding of the other person, as well as the expression of thoughts and emotions that signify similarity (Atapour & Darbani, 2024).

Intimacy is a psychological construct, and psychologists have provided various definitions of intimacy. In Islamic texts, the concept of intimacy can be found under terms such as love, affection, and satisfaction (Saki Zadeh, 2013). Intimacy is defined as closeness, similarity, and a romantic or emotional relationship that requires knowledge and understanding of the other person to express thoughts and emotions. Intimacy can also be described as a process involving the sharing of thoughts and private, inner aspects of oneself. It is a key factor in interpersonal relationships throughout life (Mohammadi et al., 2016). Holland, Lee, Marshak, and Martin (2016) define intimacy as "the feeling of being understood, validated, cared for, and closely

connected to another person." It acts as a mediator in buffering the effects of daily stress on spousal relationships (Holland et al., 2016). Based on this definition, intimacy is a vital factor in strengthening marital relationships and is essential for marital life, distinguishing a happy and successful marriage (Zakhirehdari et al., 2019; Zamani Far et al., 2022).

Abolghasemi and Fotouhi (2016) emphasized that intimacy is an interactive process rather than merely a desire or aspiration. It is a fundamental and actual need with a broad definition, encompassing self-disclosure, sexual relationships, emotional, physical, and cognitive closeness (Abolghasemi & Fattouhi, 2016). Intimacy is defined as the psychological need to share hopes, fears, doubts, uncertainties, and inner struggles with a spouse without fear of judgment. It involves learning positive behavioral skills such as refraining from mockery, judgment, rejection, and blame, fostering an environment where spouses feel secure in expressing their inner psychological concerns, ultimately increasing intimacy between them (Basak Nejad et al., 2011). Psychologists and researchers have asserted that the loss of intimacy can break one of the key bonds of marriage. Studies have shown that couples who experience higher levels of intimacy in their relationships are better able to present themselves effectively in their relationships and express their needs more efficiently to their partners (Baek et al., 2018).

Integrative cognitive-behavioral couples therapy is a treatment approach based on emotional acceptance and the release of vulnerable emotions, enhancing empathy in couples. This therapy not only modifies behaviors but also highlights the nature of couples' issues. It incorporates techniques such as acceptance, tolerance, and behavior modification to foster greater intimacy between partners (Jalalvand et al., 2023). The primary objective of cognitive-behavioral therapy is to address the interplay between cognitive responses, emotions, and behavioral interactions between spouses. This approach utilizes cognitive therapy to address emotional and cognitive responses, while behavioral techniques improve conflict resolution by promoting positive behaviors over maladaptive ones. Cognitive-behavioral therapy is particularly beneficial for individuals experiencing anxiety, helping them recognize their anxious

feelings and develop coping strategies (Basak Nejad, Niazi, & Davoodi, 2011). This therapy focuses on interpersonal relationships through behavioral activation and social skills training and is often conducted in a group therapy format (Baek et al., 2018).

In addition to cognitive-behavioral therapy, another contemporary therapeutic approach that impacts couples' intimacy is the Gottman couples therapy method. Gottman couples therapy assists partners in modifying their thoughts, perceptions, and behaviors. In this method, the therapist guides couples in improving and developing their relationships. This therapy approach allows therapists to utilize various techniques, tools, and strategies to transform the psychological dynamics of individuals and help them understand behavioral changes. The integrative approach in the Gottman method is considered effective because it employs a rich theoretical foundation to enhance all aspects of couples' functioning, thoughts, and behaviors (Abolghasemi & Fattouhi, 2016). The primary premise of the Gottman approach is that marital conflict arises when couples experience negative emotions such as criticism, defensiveness, contempt, and blame in their interactions. Therefore, the goal is to restore relationships and strengthen marital intimacy so that couples can manage their emotions, conflicts, and negative feelings. According to Gottman, couples who are inclined toward divorce engage in more negative interactions in their marital relationships. However, by replacing negative verbal interactions—considered a dynamic behavioral component—couples can increase their marital satisfaction. Gottman emphasized that couples must learn to regulate and moderate their emotions, regain their composure, and refocus their attention (Saeimi et al., 2020). Jalalvand, Goudarzi, Karimi, and Yaghoubi (2023) also stated that in the Gottman couples therapy method, the root of marital conflict lies in extreme negative reactions such as criticism, hostility, blame, anger, anxiety, jealousy, withdrawal, and defensiveness (the "Four Horsemen of the Apocalypse"). Therefore, rebuilding relationships and enhancing marital intimacy is possible through emotional regulation, conflict reduction, and fostering commitment and stability in relationships (Jalalvand et al., 2023).

Given these insights, it becomes evident that couples play a significant role in shaping an unpleasant family environment, leading to the breakdown of the family unit and rising divorce rates. Therefore, it is essential to employ specialized training, techniques, and strategies to bring about the necessary changes in attitudes, behaviors, and relationships among family members, fostering an

atmosphere of acceptance within the home. Research has shown that most couples experience higher levels of conflict in the early years of marriage, and student couples are no exception due to their young age at marriage. Studies indicate that divorce rates are particularly high in the initial years of marriage, with half of all divorces occurring within the first six years (Zamani Far et al., 2022). Proponents of developmental and constructivist theories argue that the increase in marital conflicts among young couples in the early years of marriage is due to their lack of skills in altering behavioral patterns and expectations derived from previous relationships, particularly their family of origin, to establish a new marital unit (Houshmandi et al., 2019). This necessitates the use of appropriate couples therapy methods, prompting a comparison of the effectiveness of these two approaches.

In the cognitive-behavioral method, cognitive techniques are integrated with behavioral strategies, emphasizing the interwoven nature of family dynamics, boundary concepts, vital balance, distance regulation, and circular causality of interactions. The focus is primarily on improving behavioral compatibility rather than fundamentally altering couples' attitudes and perceptions. As a result, debates on which couples therapy method to employ diminish, and the goals of therapy align more closely with enhancing intimacy (Zamani Far et al., 2022). Compared to cognitive-behavioral therapy, the other approach examined in this study is Gottman couples therapy. This method is particularly relevant for student couples because it emphasizes relationship reconstruction and strengthening marital intimacy, enabling couples to manage their emotions, conflicts, and negative feelings effectively. The Gottman approach suggests that marital conflicts arise from negative emotional experiences such as criticism, defensiveness, contempt, and blame in couples' communication. Gottman (2015) stated that young couples at risk of divorce exhibit more negative than positive emotions in their interactions (Gottman & Gottman, 2015). By modifying negative verbal interactions, couples can enhance intimacy and satisfaction in their marital lives. According to Gottman, couples must learn to regulate and moderate strong emotions, regain their composure, and refocus their attention.

2. Methods and Materials

2.1. Study Design and Participants

This study aimed to determine and compare the effectiveness of Gottman couples therapy and cognitive-

behavioral couples therapy on marital intimacy among students of Islamic Azad University, Hamedan Branch. In terms of purpose, this study is applied, and in terms of nature, it is quantitative. Additionally, this research is an experimental study using a pretest-posttest design with a control group and is classified as a quasi-experimental design. The study employed a three-group design, consisting of two experimental groups and one control group. The experimental groups received Gottman couples therapy (X1) and cognitive-behavioral couples therapy (X2), while the control group did not receive any intervention. Marital intimacy levels in all three groups were measured before and after the intervention using pretest (T1) and posttest (T2) assessments.

The statistical population of this study included all married students of Islamic Azad University, Hamedan Branch, in the academic year 2023-2024. The sample was selected using non-random convenience sampling and was then randomly assigned to three groups: two experimental groups (15 participants in each group) and one control group (15 participants). In total, 45 participants took part in this study. The inclusion criteria were a minimum educational level of a high school diploma, no simultaneous participation in similar therapeutic interventions, no intention to divorce, absence of severe psychological disorders, no psychiatric medication use, at least one year of marital cohabitation, and the ability of both spouses to attend therapy sessions.

To collect data, Waring's Marital Intimacy Questionnaire was used. After obtaining the necessary permissions and making the required arrangements, a call for participation in the training workshops was published. From the volunteers, 45 individuals were selected and randomly assigned to three groups. The Gottman couples therapy intervention consisted of 10 sessions, each lasting 90 minutes, adapted from Saki Zadeh (2013). The cognitive-behavioral couples therapy intervention consisted of 8 sessions, each lasting 90 minutes, based on the work of Dattilio and Beck (2013). The control group did not receive any intervention. Finally, the Marital Intimacy Questionnaire was administered as a posttest in all three groups, and the collected data were analyzed.

2.2. Measures

2.2.1. Marital Intimacy

Marital intimacy in this study was assessed using Waring's 33-item questionnaire, as cited by Nazari (2007). The questionnaire was scored using a five-point Likert scale (strongly disagree = 1, disagree = 2, neutral = 3, agree = 4,

strongly agree = 5), with reverse scoring applied to items 4, 6, 9, 15, 16, 18, 19, and 22. This questionnaire evaluates eight dimensions of marital intimacy: affection, conflict resolution, cohesion, compatibility, identity, expressiveness, sexual relationship, and autonomy. In Iran, Khezayi (2007) and Etemadi (2005) reported a reliability coefficient of 0.96 and a validity coefficient of 0.82 for this instrument (Davoodvandi et al., 2018; Fatemi et al., 2016).

2.3. Interventions

2.3.1. Gottman Couples Therapy

The Gottman couples therapy protocol consisted of ten structured sessions aimed at improving marital intimacy and relationship satisfaction. The first session focused on building rapport, introducing the therapy framework, and conducting an initial assessment of participants' relationship history, goals, and expectations. The second session introduced the concept of "love maps," where couples completed a questionnaire to assess their emotional knowledge of each other and explored ways to enhance their understanding. The third session emphasized fostering admiration and appreciation by encouraging partners to recognize and express positive aspects of their spouse, reinforcing their emotional connection. In the fourth session, couples learned about the "emotional bank account" concept and practiced effective communication techniques to strengthen their interactions. The fifth session centered on enhancing partner influence, where participants were guided to share decision-making responsibilities and respect each other's perspectives. The sixth session introduced conflict management strategies, distinguishing between solvable and perpetual conflicts and recognizing destructive communication patterns. The seventh session provided structured techniques for resolving solvable conflicts, such as using soft start-ups, engaging in repair attempts, and self-soothing techniques to prevent escalation. The eighth session addressed managing perpetual conflicts by helping couples explore underlying dreams and values that drive their disagreements. The ninth session encouraged couples to develop a shared meaning system, reinforcing rituals, values, and goals to sustain emotional intimacy. Finally, the tenth session focused on reviewing progress, addressing remaining concerns, and gathering feedback to conclude the therapy (Saki Zadeh, 2013).

2.3.2. Cognitive-Behavioral Couples Therapy

The cognitive-behavioral couples therapy protocol was structured into eight sessions, each targeting maladaptive thought patterns and behaviors affecting marital intimacy. The first session introduced the cognitive-behavioral model, established group rules, and emphasized the importance of homework assignments in reinforcing therapeutic progress. The second session focused on identifying automatic thoughts, cognitive distortions, and their impact on emotions and marital interactions, with participants practicing thought recording and relaxation exercises. The third session explored schemas, examining how deep-seated beliefs shape relationship conflicts and engaging in cognitive restructuring exercises to modify maladaptive perspectives. The fourth session introduced behavioral reframing strategies, using mental imagery and role-playing exercises to encourage adaptive problem-solving and communication patterns. The fifth and sixth sessions focused on problem-solving interventions, teaching active listening, constructive communication techniques, and negotiation skills to foster collaborative conflict resolution. The seventh session incorporated behavioral and emotional interventions, including relaxation techniques, emotional regulation strategies, and strengthening social support networks to improve relationship resilience. The eighth and final session covered assertiveness training, equipping couples with skills to express their needs effectively while minimizing passive or aggressive communication patterns. The therapy concluded with a comprehensive review of progress, reinforcement of learned skills, and strategies for maintaining long-term marital satisfaction (Dattilio & Beck, 2013).

2.4. Data Analysis

Data analysis in this study was conducted using SPSS version 24. Descriptive statistics, including mean, standard deviation, and frequency distributions, were used to summarize demographic characteristics and pretest-posttest scores for each group. To test the research hypotheses, inferential statistical analyses were performed. A multivariate analysis of covariance (MANCOVA) was used to compare the effectiveness of Gottman couples therapy and cognitive-behavioral couples therapy on marital intimacy while controlling for potential confounding variables. Levene's test was conducted to assess the assumption of homogeneity of variances, and Box's M test was used to examine the equality of covariance matrices. Additionally,

one-way analysis of variance (ANOVA) was employed to compare the posttest scores between the three groups, determining whether the observed differences were statistically significant. Effect sizes were also calculated to evaluate the magnitude of the treatment impact. The significance level for all statistical tests was set at 0.05.

3. Findings and Results

The findings indicated that 45 students from Islamic Azad University, Hamedan Branch, were selected as the sample, with 15 participants assigned to the control group, 15 to the Gottman couples therapy group, and 15 to the cognitive-behavioral couples therapy group. In the control group, the highest frequency was observed in the age group of 31 to 40 years, with 7 participants, while the lowest frequency, with 4 participants, was shared between those under 30 years and those aged 41 to 50 years. In the Gottman couples therapy group, participants aged 31 to 40 years had the highest frequency, with 8 individuals, whereas those aged 41 to 50 years had the lowest frequency, with 3 individuals. In the cognitive-behavioral couples therapy group, the highest frequency, with 9 participants, was among students aged 31 to 40 years, while the lowest frequency, with 6 participants, was among students under 30 years.

Regarding educational background, most individuals in the control group, with a frequency of 6 participants, held a bachelor's degree, while the lowest frequency, with 3 participants, was among those with an associate degree. In the Gottman couples therapy group, the highest frequency, with 11 participants, belonged to those with a master's degree or higher, whereas the lowest frequency, with 3 participants, was among those with a bachelor's degree. In the cognitive-behavioral couples therapy group, students with a bachelor's degree had the highest frequency, with 8 participants, while those with a master's degree or higher had the lowest frequency, with 7 participants.

In terms of marital duration, in the control group, the highest frequency, with 5 participants, was among those married for less than 21 years, while the lowest frequency, with 2 participants, was among those married for more than 21 years. In the Gottman couples therapy group, the highest frequency, with 7 participants, was among students married for less than 5 years, whereas students who had been married for 6 to 10 years and 16 to 20 years had the lowest frequency, with 1 participant each. In the cognitive-behavioral couples therapy group, the highest frequency, with 7 participants, was among students married for less than 5 years, while

students married for more than 21 years had the lowest frequency, with only 1 participant.

Table 1 presents the statistical indices for the research variable:

Table 1

Descriptive Statistics

Variable	Group	Condition	Mean	Standard Deviation	Variance	Minimum	Maximum
Marital Intimacy	Control	Pretest	107.44	6.959	48.437	96.07	122
		Posttest	107.53	7.809	60.981	93	124
	Gottman Couples Therapy	Pretest	107.05	6.99	48.987	93	118
		Posttest	116.61	6.521	42.532	99.55	126
	Cognitive-Behavioral Couples Therapy	Pretest	104.42	6.539	42.764	93	114
		Posttest	114.8	5.668	32.136	104.02	127

The results indicate that the mean marital intimacy score in the control group was 107.44 (SD = 6.959) in the pretest and 107.53 (SD = 7.809) in the posttest, showing no significant change. In contrast, in the Gottman couples therapy group, the mean marital intimacy score increased from 107.05 (SD = 6.99) in the pretest to 116.61 (SD = 6.521) in the posttest. Similarly, in the cognitive-behavioral couples therapy group, the mean marital intimacy score increased from 104.42 (SD = 6.539) in the pretest to 114.8 (SD = 5.668) in the posttest.

To determine whether there was a significant difference in the impact of the cognitive-behavioral and Gottman methods on marital intimacy, a multivariate analysis of covariance (MANCOVA) was conducted. In this

hypothesis, the cognitive-behavioral method and the Gottman method served as predictor variables, while marital intimacy was the criterion variable. Before conducting the analysis, the necessary assumptions were evaluated to ensure the appropriateness of the test.

The results of M. Box's test indicated that the significance level of the F-statistic was greater than 0.05, suggesting that the covariance matrices were equal. Additionally, Levene's test showed that the significance levels for the criterion variable (marital intimacy) were greater than 0.05, confirming the assumption of equal error variances. Therefore, all three assumptions for the MANCOVA test were met. Table 2 presents the results of the hypothesis testing.

Table 2

ANOVA Test for Effect of Each Intervention

Predictor Variable	Criterion Variable	Sum of Squares	df	Mean Square	F-Statistic	Significance Level	Effect Size
Gottman Couples Therapy	Marital Intimacy	669.763	1	669.763	79.726	0.001	0.754
Cognitive-Behavioral Couples Therapy	Marital Intimacy	572.037	1	572.037	114.22	0.001	0.815

As seen in Table 2, the significance levels for the predictor variables' effects on the criterion variable were below 0.05. Therefore, with 95% confidence, both the Gottman couples therapy method and the cognitive-behavioral couples therapy method had a significant impact on marital intimacy and marital satisfaction among students. Furthermore, the effect size indicated that the cognitive-

behavioral couples therapy method had a greater impact on marital intimacy and was more effective in enhancing marital intimacy.

Finally, to examine the difference between the two therapeutic approaches, a one-way analysis of variance (ANOVA) was conducted. Table 3 presents the hypothesis test results.

Table 3

One-Way ANOVA to Compare the Effect of Interventions

Variable	Model	Sum of Squares	df	Mean Square	F-Statistic	Significance Level
Marital Intimacy	Between Groups	692.926	2	346.463	7.662	0.001
	Within Groups	1899.096	42	45.217	-	-
	Total	2592.022	44	-	-	-

Based on the significance level obtained from the F-statistic for marital intimacy, which is below 0.05, it can be concluded with 95% confidence that there is a significant difference in marital intimacy between the cognitive-behavioral and Gottman couples therapy methods. The cognitive-behavioral couples therapy method demonstrated higher effectiveness in improving marital intimacy.

4. Discussion and Conclusion

The results of the present study demonstrated that both Gottman couples therapy and cognitive-behavioral couples therapy had a significant impact on increasing marital intimacy among students. A deeper analysis of the findings indicates that the cognitive-behavioral approach, by focusing on modifying maladaptive thought patterns and teaching effective communication skills, enabled couples to identify and correct dysfunctional cognitive and behavioral patterns. This method helped couples recognize and restructure negative thoughts and beliefs about their relationships, fostering a more positive perspective toward their spouse and marital relationship. As confirmed by the studies of Duras et al. (2020) and Rajaei et al. (2019), this approach, with its emphasis on problem-solving skills and conflict management, assisted couples in constructively managing the common challenges of student life and marriage (Durães et al., 2020; Rajaei et al., 2019).

On the other hand, Gottman couples therapy, by emphasizing the establishment of a positive relational culture and daily positive interactions, contributed to the development of deeper and more enduring intimacy. This approach, consistent with the findings of Vand (2022) and Mardani et al. (2020), reinforced strong emotional bonds by promoting a supportive and positive emotional environment and constructive conflict management. A noteworthy aspect is that the Gottman method, with its focus on improving communication and strengthening emotional connections, proved particularly effective for students in high-pressure academic settings, helping them maintain emotional closeness despite time constraints.

A comparison of the effectiveness of these two methods reveals that despite differences in their approaches, both therapeutic interventions significantly improved various components of marital intimacy, including effective communication, mutual understanding, emotional expression, conflict resolution, and sexual satisfaction. This finding, aligning with the studies of Zakhirehdari et al. (2019) and Shokoohi-Yekta et al. (2019), underscores the

importance of selecting a therapeutic approach that aligns with the specific needs and circumstances of each couple (Shokoohi-Yekta et al., 2019; Zakhirehdari et al., 2019). In other words, both methods are based on a deep understanding of marital relationship dynamics and the factors influencing couple satisfaction, differing primarily in their pathways to achieving the same overarching goals.

The findings also highlighted that both approaches emphasize the necessity of altering negative patterns and reinforcing positive aspects of relationships. The cognitive-behavioral approach achieves this goal by identifying and addressing destructive thoughts and behaviors, whereas the Gottman method focuses on counteracting the "Four Horsemen" and building an "emotional bank account." This finding is consistent with the studies of Shayan et al. (2018) and Davoodvandi et al. (2018), suggesting that integrating effective elements from both approaches could lead to improved therapeutic outcomes (Davoodvandi et al., 2018; Shayan et al., 2018).

Moreover, the results of this study, in line with the findings of Jalalvand et al. (2023), Fattahi et al. (2021), and Nazari-Far (2021), indicated that treatment success largely depends on the commitment and active participation of couples in the therapeutic process (Fattahi et al., 2021; Jalalvand et al., 2023). As emphasized by Ozturk and Arkar (2017), couples' willingness to learn and practice new skills, regardless of the therapeutic approach used, is a key factor in treatment success. This factor is particularly crucial for students, who face unique academic and marital challenges (Ozturk & Arkar, 2017).

Ultimately, the findings of this study suggest that both Gottman couples therapy and cognitive-behavioral couples therapy adopt a comprehensive and multidimensional approach to couple therapy, focusing on all aspects of family life rather than isolated relationship components. These findings can serve as a useful guide for therapists in selecting appropriate therapeutic approaches and designing effective interventions for student couples. Additionally, the results of this study could inform the development of preventive and educational programs for student couples, as well as policy-making efforts related to mental health and counseling in academic settings.

5. Limitations & Suggestions

One of the limitations of this study is the use of a convenience sampling method, which may reduce the generalizability of the findings to a broader population.

Additionally, the study was conducted among students of Islamic Azad University, Hamedan Branch, which limits its applicability to other demographic groups with different cultural, social, and economic characteristics. Another limitation is the reliance on self-report questionnaires, which may introduce response biases due to social desirability or individual interpretation of the items. Furthermore, the study did not include follow-up assessments to examine the long-term effects of Gottman couples therapy and cognitive-behavioral couples therapy on marital intimacy, making it difficult to determine the durability of the observed improvements.

Future research should consider employing randomized sampling methods and expanding the study population to include couples from diverse educational and social backgrounds to enhance the generalizability of the findings. Longitudinal studies with follow-up assessments would provide valuable insights into the long-term effectiveness of these therapeutic approaches on marital intimacy. Additionally, incorporating qualitative methods, such as in-depth interviews, could help explore couples' subjective experiences and perceptions of therapy. Further studies could also compare the effectiveness of these approaches in different cultural contexts to assess their cross-cultural applicability. Lastly, integrating physiological or observational measures alongside self-report assessments may enhance the accuracy of the findings and reduce potential biases.

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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 equally contributed to this article.

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