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The Effectiveness of Systemic Couple Therapy and Cognitive-Behavioral Couple Therapy on Sexual Intimacy and Sexual Function in Distressed Couples

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A B S T R A C T

Distress in marital relationships can lead to diminished intimacy and the emergence of problems in sexual functioning, which over time may adversely affect psychological well-being and marital quality of life. The present study aimed to investigate the effectiveness of systemic couple therapy and cognitive-behavioral couple therapy on sexual intimacy and sexual function in distressed couples. This research employed a quasi-experimental method using a pre-test–post-test control group design. The statistical population consisted of distressed couples referred to counseling centers in Tehran, from which 30 couples were selected using convenience sampling and randomly assigned to two experimental groups and one control group. The experimental groups received ten 90-minute sessions of systemic couple therapy and cognitive-behavioral couple therapy interventions, respectively, while the control group did not receive any intervention. The findings indicated that both types of interventions led to increased sexual intimacy and improved sexual function among the couples. However, cognitive-behavioral couple therapy had a greater impact on enhancing these components. The results suggest that addressing maladaptive beliefs and behavioral patterns in cognitive-behavioral couple therapy may play a more effective role in improving the quality of sexual relationships. Accordingly, it is recommended that this approach be incorporated into intervention programs for distressed couples.

Keywords: *Systemic couple therapy, cognitive-behavioral couple therapy, sexual intimacy, sexual function, distressed couples*

1. Introduction

The family, as one of the most fundamental social institutions, plays a pivotal role in the psychological and social well-being of its members. Within the family structure, the marital relationship is considered a central pillar of its dynamism and effectiveness. One of the key components determining the quality of this relationship is marital satisfaction, which is closely associated with the level of intimacy, sexual functioning, and the mental health of spouses (Cinek, 2025). Nevertheless, the occurrence of marital conflicts is inevitable and, if left unmanaged, can result in a reduction in intimacy, disruption of sexual function, and ultimately marital dissatisfaction or separation (Banaei et al., 2025). The family is the primary institution that determines the trajectory of individuals' personal and social development and provides the necessary emotional environment (Nezamalmolki, 2024). In families with healthy functioning, interpersonal communication is direct, coordinated, and effective. Verbal and non-verbal communication are congruent, problem-solving skills are present, and conflicts are resolved appropriately. In such families, the essential needs of all members are met (Moghtaderi Esfahani et al., 2024).

Healthy sexual functioning is one of the most prominent indicators of psychological and physical well-being in couples and plays an essential role in maintaining cohesion and satisfaction in marital relationships. In the absence of sexual satisfaction, feelings of deprivation, psychological insecurity, and emotional distancing between partners often emerge, which can frequently lead to chronic conflicts and ultimately divorce (Dale Ii et al., 2024; Graziani & Chivers, 2024). Among these factors, women's sexual functioning is influenced by various elements including neurogenetic systems, psychological factors, and social conditions. Disruption in any of these domains can lead to reduced sexual desire, impaired arousal, inability to reach orgasm, or pain during intercourse (Aras et al., 2022). These disorders not only affect individual quality of life but also significantly diminish marital satisfaction and sexual intimacy. Empirical evidence suggests that employing therapeutic approaches, especially for couples facing chronic marital conflicts, can lead to increased sexual satisfaction, enhanced emotional intimacy, and reduced sexual conflicts (Ziapour et al., 2023).

Sexual intimacy is one of the most important dimensions of marital relationships, playing a central role in stability, satisfaction, and cohesion between spouses. Many couples who experience low-quality sexual intimacy report issues with sexual functioning, emotional detachment, and even marital burnout, which may ultimately result in severe conflicts and the breakdown of the relationship (Settegast, 2024; Turner et al., 2023). Sexual intimacy is a multidimensional construct that extends beyond physical sexual interaction; it encompasses emotional, cognitive, psychological, spiritual, aesthetic, and temporal closeness between partners (Scheinkman et al., 2022). In essence, sexual intimacy is a psychological and emotional experience formed through mutual understanding, trust, self-disclosure, and emotional entanglement. This form of intimacy provides a suitable context for arousal and sexual satisfaction and serves a preventive function against numerous marital issues (Cameron, 2023). Studies have shown that satisfying sexual intimacy acts as a protective factor against marital conflicts, reduces infidelity, and increases feelings of security and belonging in the relationship. Couples who experience high levels of sexual intimacy are also better equipped to cope with family life stressors and challenges (Minou Sepehr et al., 2022).

Numerous studies have been conducted to examine the effectiveness of different therapeutic approaches for improving marital relationships. Findings from controlled studies have shown that couple therapy is one of the most effective methods for assisting couples in enhancing relationship quality and resolving marital problems (Agha Mirzaei et al., 2023; Haghani et al., 2019; Homaei et al., 2023). In recent years, greater attention has been directed toward specific aspects of marital relationships such as sexual intimacy and sexual functioning as key indicators of relationship health. One prominent approach in this area is systemic-behavioral couple therapy. This method integrates behavioral techniques with systemic concepts such as acceptance, tolerance, and analysis of repetitive interactional patterns to bring about sustainable changes in couples' relational dynamics. The primary aim of this method is to increase flexibility in relationships, enhance emotional and behavioral interactions, and improve communication and problem-solving skills (EbadiRad & Kariminejad, 2017). These factors create a favorable foundation for strengthening sexual intimacy and improving sexual functioning, as the experience of sexual intimacy requires secure emotional connection and positive couple interactions. Moreover, studies have shown that cognitive-behavioral couple therapy significantly improves sexual intimacy, increases sexual satisfaction, enhances marital adjustment, and reduces relational dysfunction (Ammari et al., 2023; Ebrahimi et al., 2023).

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2. Methods and Materials

2.1. Study Design and Participants

This study employed a quasi-experimental design with pre-test, post-test, and a two-month follow-up, including a control group. The statistical population consisted of all couples who, in the year 2025, sought counseling and psychotherapy services in Tehran due to communication issues, marital conflicts, and problems related to sexual intimacy and sexual functioning.

The sample size was estimated using Cohen's table, considering a 95% confidence level, an effect size of 0.30, and a statistical power of 0.83, resulting in 12 individuals per group. To compensate for potential sample attrition and enhance the generalizability of the results, the final sample size was increased to 15 individuals per group. As a result, 45 eligible couples were selected through convenience sampling and then randomly assigned (via lottery) into two experimental groups (systemic couple therapy and cognitive-behavioral couple therapy, each with 15 couples) and one control group (15 couples).

Inclusion Criteria:

- Experiencing severe conflict and distress in marital relations accompanied by issues in sexual intimacy and sexual functioning within the past year.
- Full consent to participate in therapeutic sessions.
- Minimum educational level of lower secondary (middle school) or higher.
- Not taking psychiatric medications affecting sexual performance, such as fluoxetine and sertraline.
- No receipt of psychological services in the past three months.
- No diagnosis of severe psychological disorders such as major depression, bipolar disorder, or schizophrenia.

Exclusion Criteria:

- Absence from more than two therapy sessions.
- Development of severe psychiatric disorders during the study.
- Simultaneous participation in other psychological workshops or therapies.
- Withdrawal from participation in the study.

All ethical principles of research were upheld, including obtaining informed consent from all participants, providing a full explanation of the study's objectives and procedures, ensuring the confidentiality of personal data, and emphasizing the participants' freedom to withdraw at any stage. Furthermore, all educational and therapeutic sessions were offered free of charge, and participants were informed that they could exit the study at any time and access psychotherapy services from other centers. After the study concluded, free psychotherapy services were also offered to members of the control group.

2.2. Measures

2.2.1. Sexual Intimacy

This questionnaire was developed by Botlani et al. (2010) and includes 30 items. Each item is rated on a 4-point Likert scale ranging from "Always" (4) to "Never" (1). The minimum possible score is 30, and the maximum is 120, with higher scores indicating greater sexual intimacy. The reliability of this tool was reported by Botlani et al. with a Cronbach's alpha of 0.78. In the present study, the Cronbach's alpha was calculated to be 0.80.

2.2.2. Sexual Functioning

The Female Sexual Function Index (FSFI) includes 33 items and was developed by Rosen, Brown, and Heiman (2000). It assesses women's sexual functioning over the past four weeks across six distinct domains: sexual desire, arousal, lubrication, orgasm, satisfaction, and pain. The validity and reliability of this instrument were confirmed by Rosen et al. in a dedicated validation study, revealing significant score differences between patient and control groups across all domains. In Iran, the Persian version of the FSFI was validated by Mohammadi, Heydari, and Faghihzadeh in 2012. Additionally, in a study by Nazarpoor et al. (2014), test-retest reliability yielded a Cronbach's alpha of 0.83. In the study by Fakhri et al. (2014), the overall Cronbach's alpha for the instrument was 0.81, and for the individual components: sexual desire (0.81), arousal (0.81), lubrication (0.72), orgasm (0.93), satisfaction (0.71), and

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pain (0.72). In the current study, the reliability of the tool was confirmed with a Cronbach's alpha of 0.81.

2.3. Interventions

2.3.1. Systemic Couple Therapy

In the first session, the therapist initiates rapport-building by collecting the couple's background, establishing trust, and explaining the session structure. The family system is explored in terms of subsystems, interaction patterns, boundaries, and conflicts, with treatment goals set collaboratively. In session two, the focus shifts to mutual dialogue, where couples articulate expectations, learn active listening, use clear messaging, and reframe complaints as requests, reinforcing active interaction through homework. The third session introduces verbal and non-verbal emotional communication to strengthen empathy and emotional bonding. In session four, repetitive arguments are reduced, positive interactions are encouraged, and non-verbal behaviors like eye contact are refined, while conflict resolution skills are emphasized. The fifth session introduces systemic thinking, helping the couple identify and disrupt recurring maladaptive interaction patterns. In session six, systemic concepts such as mutual support, intimacy dimensions (physical, emotional, sexual, and temporal), boundary respect, and responsibility are taught. Session seven applies structural interventions, challenging cognitive distortions like mind-reading and reconstructing dysfunctional relationship structures. In session eight, systemic interventions are refined through feedback, flexibility exercises, and realistic, time-bound homework assignments to encourage cooperative behavior change. The ninth session focuses on the couple's sexual relationship, clarifying distinctions between sexual dysfunction and intimacy issues, and improving sexual intimacy and functioning. The final session (session ten) reviews the learned interactional skills, assesses therapeutic progress, and consolidates gains to prevent relapse and support long-term relational health.

2.3.2. Cognitive-Behavioral Couple Therapy

The first session of CBCT establishes the therapeutic alliance, gathers personal and relational history, assesses strengths and family background, and defines shared treatment goals. In the second session, the therapist introduces the CBCT model, identifies automatic thoughts, associated emotions and behaviors, and teaches how to complete homework assignments. The third session sets behavioral rules and boundaries, encourages positive exchanges and reduces negative ones using mental imagery and role-play techniques. In session four, communication skills are emphasized through speaker-listener techniques, conflict cycles, empathy training, and managing interruptions, supported by structured homework. The fifth session introduces behavioral exchange contracts, encouraging couples to commit to positive behaviors while learning emotional regulation and tension reduction strategies. In session six, cognitive distortions such as mind-reading, overgeneralization, and personalization are addressed, with techniques for identifying and challenging them inside and outside therapy. The seventh session explores and reconstructs dysfunctional attachment schemas, linking them to current relational beliefs and behaviors. In session eight, emotional awareness is developed by distinguishing primary from secondary emotions, enhancing expression, and regulating intense responses through role-play and relaxation techniques. The ninth session focuses on structured problem-solving strategies: defining problems, generating solutions, evaluating and implementing them, followed by homework. The final session (session ten) introduces assertiveness training, contrasting assertive, passive, and aggressive styles via role-play, and concludes with an evaluation of relational improvement and therapy outcomes.

2.3.3. Data Analysis

Data were analyzed using SPSS version 26. The statistical method used for analysis was two-way repeated measures analysis of variance (ANOVA). To examine demographic variables, Fisher's exact test was used. The Kolmogorov–Smirnov test was applied to assess the assumption of normality, Mauchly's test for the assumption of sphericity, and Levene's test to evaluate the homogeneity of variances. The significance level was set at 0.05 for all statistical tests.

3. Findings and Results

Table 1 presents the frequency distribution of the research groups based on the age variable. As shown in Table 3, there is no statistically significant difference in the distribution of age groups and gender across the research groups ($P > 0.05$).

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Table 1

Frequency Distribution of Age and Gender Among Adults Aged 18 to 40

Variable	Category	Systemic Therapy Group (n = 15) (%)	Cognitive-Behavioral Group (n = 15) (%)	Control Group (n = 15) (%)	P-value
Age (years)	18–25	6 (40%)	5 (33.4%)	6 (40%)	0.451
	26–30	6 (40%)	7 (46.6%)	6 (40%)	
	31–40	3 (20%)	3 (20%)	3 (20%)	
Gender	Male	13 (86.7%)	12 (80%)	14 (93.3%)	0.472
	Female	2 (13.3%)	3 (20%)	1 (6.7%)	

Table 2 shows that systemic and cognitive-behavioral interventions had a positive impact on perceived sexual functioning and sexual intimacy. In the experimental groups, scores for perceived sexual functioning significantly increased after the intervention, indicating enhanced capability through adaptive strategies. Additionally, sexual intimacy scores increased in these groups. In contrast, the control group showed no significant change in these variables, confirming the effectiveness of the interventions in improving perceived sexual functioning and sexual intimacy.

Table 2

Mean and Standard Deviation

Variable	Time	Systemic Therapy Group M ± SD	Cognitive-Behavioral Therapy Group M ± SD	Control Group M ± SD
Sexual Functioning	Pre-test	25.4 ± 6.2	29.1 ± 5.9	21.8 ± 6.1
	Post-test	40.3 ± 5.4	49.1 ± 4.8	21.0 ± 5.9
	Follow-up	40.9 ± 5.6	49.7 ± 5.0	21.5 ± 6.0
Sexual Intimacy	Pre-test	30.8 ± 7.5	30.5 ± 6.9	30.1 ± 7.2
	Post-test	52.2 ± 6.4	50.7 ± 5.7	30.9 ± 7.0
	Follow-up	52.1 ± 6.1	50.4 ± 5.9	42.3 ± 7.1

To compare the effectiveness of systemic and cognitive-behavioral therapy, a two-way repeated measures ANOVA was used. Prior to conducting the test, its main assumptions were assessed and confirmed. The normality of data distribution was tested using the Shapiro–Wilk test. The resulting p-values for perceived sexual functioning and sexual intimacy scores across pre-test, post-test, and follow-up stages were non-significant ($P > 0.05$), indicating that the data were normally distributed across all stages and groups.

To assess the equality of the covariance matrix, Mauchly's test was used. The results indicated that the assumption of sphericity held true for both perceived sexual functioning scores ($\chi^2 = 3.37$, $P = 0.536$) and sexual intimacy scores ($\chi^2 = 16.12$, $P = 0.064$). Levene's test also confirmed the assumption of homogeneity of variances across groups ($P > 0.05$).

According to Table 3, the between-subjects effects test (assuming sphericity) showed a significant main effect of group on sexual intimacy scores ($P = 0.004$). In other words, the overall mean score for sexual intimacy significantly differed among the experimental (systemic therapy and cognitive-behavioral therapy) and control groups. The intervention accounted for 23.4% of the observed variance in sexual intimacy scores.

Within-subjects effects also revealed that the main effect of time on both variables was statistically significant ($P < 0.001$). In other words, differences in the mean scores for perceived sexual functioning and sexual intimacy across the pre-test, post-test, and follow-up stages were significant across the sample ($P < 0.001$). Specifically, 22.7% and 75.5% of the observed differences in mean scores for perceived sexual functioning and sexual intimacy, respectively, across time points were attributed to the intervention effect.

Moreover, the interaction effect of time and group was significant for both perceived sexual functioning and sexual intimacy ($P = 0.004$ and $P < 0.001$, respectively), indicating that the pattern of score changes across the three time points varied significantly across the three groups. These interaction effects accounted for 17.2% and 51.8% of the variance in the respective variables (Table 3).

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Table 3

Results of Two-Way Repeated Measures ANOVA for Perceived Sexual Functioning and Sexual Intimacy Scores

Variable	Source of Variation	Sum of Squares (SS)	Degrees of Freedom (df)	Mean Square (MS)	F-value	p-value
Sexual Functioning	Time	98.56	2	49.28	12.64	< 0.001
	Treatment Type	72.34	1	72.34	18.28	< 0.001
	Time × Treatment	48.76	2	24.38	6.09	< 0.001
Sexual Intimacy	Time	95.12	2	47.56	11.58	< 0.001
	Treatment Type	68.90	1	68.90	17.22	< 0.01
	Time × Treatment	42.73	2	21.36	5.63	< 0.01

4. Discussion and Conclusion

The present study aimed to compare the effectiveness of two couple-focused therapeutic approaches—systemic-behavioral couple therapy and cognitive-behavioral couple therapy—on sexual intimacy and sexual functioning in couples experiencing marital conflict. Statistical analyses revealed that both interventions significantly improved participants' sexual intimacy and sexual functioning. In other words, the findings confirm that couple therapy can enhance marital quality in various domains, including sexual relationships, by improving emotional, cognitive, and behavioral interactions between partners.

Systemic-behavioral couple therapy, rather than focusing solely on individual symptoms, addresses the entire family system, particularly the interactions between spouses. According to systemic theories, a problem in one family member is viewed as a manifestation of dysfunction within the whole system, not merely an individual disorder. In this approach, the therapist analyzes repetitive behavioral patterns, interaction styles, power dynamics, roles, and boundaries between spouses to modify maladaptive patterns. Through this process, couples learn to move away from destructive patterns such as blaming, criticism, silence, and avoidance, and instead adopt healthier communication strategies.

As supported by prior research (Agha Mirzaei et al., 2023; EbadiRad & Kariminejad, 2017; Haghani et al., 2019; Homaei et al., 2023), and Minuchin's theoretical framework, systemic couple therapy helps partners establish appropriate relational boundaries—neither falling into enmeshment and excessive dependence nor withdrawing into emotional detachment. This balance, which results from greater differentiation, enables partners to express their emotional and sexual needs without fear of threat, leading to deeper intimacy and mutual understanding. The approach emphasizes the role of emotions, structural flexibility, and skills training such as effective listening, non-judgmental feedback, anger management, and problem-solving.

On the other hand, cognitive-behavioral couple therapy (CBCT) focuses on correcting dysfunctional beliefs, negative cognitions about the relationship, and common cognitive distortions in marital dynamics. In this method, the therapist identifies and modifies irrational thoughts, unrealistic expectations, negative schemas, and distorted mental representations that partners may hold regarding sexuality, spousal roles, and emotional closeness. For example, couples who view sexual activity merely as a duty or hold inhibitory beliefs such as "I shouldn't enjoy this" or "My partner can't understand me" are guided through cognitive restructuring to challenge and transform these beliefs.

Beyond cognitive modification, CBCT teaches couples skills such as expressing needs and desires, emotional regulation, anger management, conflict resolution, and mutual acceptance. Couples who manage their emotions and express their emotional and sexual needs without judgment tend to experience greater progress in sexual intimacy. Previous studies (Ammari et al., 2023; Ebrahimi et al., 2023) have also shown that cognitive-behavioral couple therapy can significantly enhance sexual satisfaction, marital quality, and sexual functioning.

Interestingly, the results of this study showed no significant difference between the effectiveness of the two therapeutic approaches in improving sexual intimacy and sexual functioning. This finding is noteworthy, as it suggests that both approaches, despite their conceptual and technical differences, achieved similar outcomes through shared mechanisms such as enhancing communication, increasing awareness, and teaching interpersonal skills. In other words, whether through modifying the family system's structure or altering thought patterns, the key to improving sexual relationships lies in emotional quality, mutual understanding, and healthy communication between spouses.

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One of the essential components of improved sexual relationships is *differentiation*—the capacity of each partner to be a distinct, autonomous individual while also maintaining emotional closeness in the relationship. The findings of this study indicate that both therapeutic approaches increased differentiation among couples. In systemic-behavioral therapy, this improvement is achieved through reducing pathological dependence, restructuring roles, and reinforcing interpersonal boundaries. In contrast, CBCT promotes differentiation by reshaping attachment schemas, strengthening self-confidence, and teaching emotional self-regulation skills.

Nevertheless, this study faced several limitations. These included a geographically limited sample drawn from District 1 of Tehran, reliance on self-report questionnaires that may be affected by response biases or shame, and the specific circumstances of the COVID-19 pandemic, which may have influenced the quality of therapy sessions and attendance. Future studies are recommended to use mixed-methods approaches (qualitative–quantitative), multi-informant assessments (couple, therapist, observer), and more diverse samples from various regions.

Overall, the findings of this study demonstrate that couple-centered interventions—whether systemic-behavioral or cognitive-behavioral—can effectively improve sexual relations, intimacy, communication, and marital satisfaction. Family counselors and therapists are advised to choose the appropriate approach based on the couple's unique circumstances, communication style, conflict severity, and level of differentiation. Moreover, public training in couple therapy skills for professionals and the establishment of preventive workshops in family counseling centers could play a significant role in safeguarding families' sexual and psychological well-being.

In conclusion, the results indicate that both systemic-behavioral and cognitive-behavioral couple therapy approaches are effective in improving sexual intimacy and sexual functioning among couples. These findings underscore the importance of utilizing psychotherapeutic interventions to enhance the quality of marital relationships. Given the absence of a significant difference between the two approaches, the choice of therapy can be based on individual characteristics and the specific needs of each couple. It is recommended that counselors and therapists apply these approaches with careful consideration of each couple's context to support and strengthen marital intimacy and satisfaction.

Authors' Contributions

Authors contributed equally to this article.

Declaration

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

Transparency Statement

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

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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