




# Comparison of the Effectiveness of Cognitive-Behavioral Couple Therapy and Emotionally Focused Couple Therapy on Emotional Expressiveness in Couples with Conflict

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## ABSTRACT

The present study was conducted to compare the effectiveness of emotionally focused couple therapy and cognitive-behavioral couple therapy on emotional expressiveness in couples experiencing conflict. The research method was a quasi-experimental design with a pretest-posttest control group and a three-month follow-up phase. The statistical population consisted of all couples who referred to counseling centers in Districts 21 and 22 of Tehran in 2025. Using G\*Power software, 45 couples were selected through purposive non-random sampling. They were then randomly assigned by lottery into three groups: 15 couples in the control group, 15 couples in the first experimental group, and 15 couples in the second experimental group. Data were collected using the Emotional Expressiveness Questionnaire developed by King and Emmons (1990) and the Marital Conflict Questionnaire developed by Sanaei and Barati (1999). The intervention sessions for the experimental groups were conducted based on theoretical principles using Johnson's (2012) emotionally focused couple therapy package in 9 sessions of 90 minutes and Dattilio's (2009) cognitive-behavioral couple therapy package in 10 sessions of 90 minutes at Fadak Psychology Clinic. No intervention was administered to the control group. A pretest was administered to all three groups before the intervention sessions, and a posttest was conducted after completion of the sessions. Data analysis was performed using mixed repeated-measures analysis of variance in SPSS-18 software. The findings indicated that both cognitive-behavioral couple therapy and emotionally focused couple therapy were effective in improving emotional expressiveness among couples with conflict. Emotionally focused couple therapy was found to be more effective than cognitive-behavioral couple therapy in enhancing emotional expressiveness. The findings of this study may provide practical implications for counselors and psychologists regarding the improvement of marital relationships among couples experiencing marital conflict.

**Keywords:** emotional expressiveness, cognitive-behavioral couple therapy, emotionally focused couple therapy

## 1. Introduction

Marital relationships constitute one of the most fundamental interpersonal systems affecting psychological well-being, emotional adjustment, and social functioning across the lifespan. Healthy marital interactions contribute to emotional security, psychological resilience, physical health, and life satisfaction, whereas dysfunctional marital relationships are associated with increased emotional distress, mental disorders, interpersonal dissatisfaction, and family instability (Lebow & Snyder, 2022; Novak et al., 2023; Thomas et al., 2022). Contemporary family research has increasingly emphasized that the quality of marital relationships is not solely determined by the absence of conflict, but rather by the quality of emotional communication, intimacy, and the capacity of couples to express and regulate emotions effectively (Grey, 2024; Yuan et al., 2022). Emotional expressiveness represents one of the most important components of relational functioning because it enables partners to communicate emotional needs, establish intimacy, reduce misunderstandings, and maintain emotional bonds within the relationship (Jesuorobo & Igbineweka, 2023; Saleh & Usman, 2022). Deficiencies in emotional expressiveness may lead to emotional suppression, ineffective communication patterns, unresolved conflicts, and reduced marital satisfaction, thereby increasing the likelihood of marital maladjustment and relational instability (Ezeh et al., 2023; Tiantian & Bing, 2023).

Marital conflict is considered one of the most prevalent challenges affecting couples in modern societies and is associated with numerous psychological, emotional, and behavioral consequences for both partners and family members. Persistent marital conflict has been linked to emotional dysregulation, anxiety, depression, hostility, and deterioration of relational quality (Postler et al., 2022; Yan et al., 2024). Research has also demonstrated that unresolved marital conflict negatively affects children's socioemotional development, behavioral adjustment, and psychological functioning (Gong et al., 2023; Li et al., 2024; Wang et al., 2023). Couples experiencing chronic conflict frequently demonstrate maladaptive interactional cycles characterized by emotional withdrawal, criticism, defensiveness, emotional inhibition, and ineffective communication patterns (Benjamin et al., 2025; Toroslu & Cirakoglu, 2023). These maladaptive cycles often diminish emotional intimacy and increase relational dissatisfaction, making effective therapeutic intervention essential for restoring relational

functioning and emotional connectedness (Ao & Yuan, 2024; Ashkinazi et al., 2024).

Emotional expressiveness has gained considerable attention in psychological literature as a key predictor of relational adjustment and marital satisfaction. Emotional expression involves the ability to identify, communicate, and appropriately regulate positive and negative emotions within interpersonal interactions (Sylvester, 2025; Tainaka et al., 2025). Couples who are capable of openly expressing emotions typically demonstrate greater empathy, emotional responsiveness, intimacy, and relational resilience (Kykyri et al., 2025; Yuan et al., 2022). Conversely, emotional suppression and restricted emotional expression contribute to emotional distance, misunderstanding, interpersonal tension, and dissatisfaction in intimate relationships (Jesuorobo & Igbineweka, 2023; Saleh & Usman, 2022). Emotional expressiveness also functions as a protective factor against psychological distress because emotionally expressive couples tend to engage in healthier conflict resolution strategies and adaptive coping mechanisms (Hsu et al., 2023; Wang et al., 2025). In recent years, scholars have increasingly examined emotional expressiveness not only within human relationships but also in artificial intelligence, conversational agents, and robotic interactions, emphasizing the universal significance of emotional communication in relational systems (Ao & Yuan, 2024; Noguchi et al., 2023; Sylvester, 2025; Tainaka et al., 2025).

A wide range of individual and relational factors have been identified as predictors of marital conflict and emotional dysfunction in couples. Perfectionism, maladaptive schemas, emotional reactivity, insecure attachment patterns, and intolerance of uncertainty have all been associated with lower marital quality and increased relational distress (Grey, 2024; Toroslu & Cirakoglu, 2023; Vacca et al., 2022; Viens et al., 2025). Studies have shown that couples characterized by maladaptive perfectionism often exhibit heightened sensitivity to relational failures, unrealistic expectations, and emotional dissatisfaction, which intensify conflict and impair emotional intimacy (Angelo et al., 2024; Xiao, 2023). Emotional reactivity and ineffective emotional regulation further contribute to destructive communication cycles and relational instability (Yuan et al., 2022). Moreover, attachment insecurity and low perceived partner responsiveness have been linked to emotional withdrawal, diminished trust, and reduced emotional expressiveness in romantic relationships (Dailey et al., 2024; Grey, 2024). Such findings highlight the importance of therapeutic interventions that directly target

emotional experiences, cognitive distortions, and maladaptive interactional patterns among distressed couples.

Couple therapy has emerged as one of the most effective psychological interventions for improving marital quality, emotional intimacy, communication patterns, and relational satisfaction. Contemporary couple therapy approaches increasingly emphasize integrative and evidence-based models that address emotional, cognitive, behavioral, and interpersonal dimensions simultaneously (Carr, 2025; Lebow & Snyder, 2022). Among these approaches, cognitive-behavioral couple therapy and emotionally focused couple therapy have received substantial empirical support due to their effectiveness in reducing marital distress and enhancing relational functioning (Spengler et al., 2024; Timulak et al., 2025). Cognitive-behavioral couple therapy is grounded in the assumption that maladaptive cognitions, dysfunctional beliefs, ineffective communication, and negative behavioral exchanges contribute to marital dissatisfaction and conflict (Hatami Manesh, 2023; Zamani Far et al., 2022). This approach aims to modify dysfunctional cognitive patterns, improve communication skills, increase positive behavioral exchanges, and develop adaptive problem-solving strategies among couples (Bouchard et al., 2024; Rancourt et al., 2022). Research findings indicate that cognitive-behavioral couple therapy significantly improves marital quality, emotional communication, intimacy, and conflict management among distressed couples (Hatami Manesh, 2023; Santerre-Baillargeon et al., 2023; Vand, 2022).

Emotionally focused couple therapy, developed within the framework of attachment theory and experiential therapy, focuses primarily on emotional experiences, attachment needs, and interactional cycles between partners (Mendoza & Leeth, 2025; Senol et al., 2023). This approach conceptualizes marital distress as the result of insecure attachment bonds, unmet emotional needs, and maladaptive emotional interaction patterns (Dailey et al., 2024; Timulak et al., 2025). Emotionally focused therapy seeks to restructure emotional experiences, enhance emotional awareness, facilitate vulnerable emotional expression, and create secure attachment bonds between partners (Kula et al., 2024; Sherlow-Levin et al., 2024). The therapeutic process emphasizes identifying negative interactional cycles, accessing primary emotions underlying defensive reactions, and fostering emotionally responsive interactions between spouses (Biran Talmor et al., 2025; Kykyri et al., 2025). Meta-analytic evidence supports the effectiveness of emotionally focused couple therapy in improving marital

satisfaction, emotional intimacy, attachment security, and relational functioning (Spengler et al., 2024).

Recent studies have provided substantial evidence regarding the effectiveness of emotionally focused and cognitive-behavioral couple therapies across different populations and relational difficulties. Emotionally focused couple therapy has been found effective in improving emotional intimacy, optimism, communication patterns, marital adjustment, emotional intelligence, resilience, and spouse acceptance among distressed couples (Ebrahimi, 2022; Keshtmand & Parandin, 2023; Mohammadpanah et al., 2023; Seydi Yousefi et al., 2023). Similarly, cognitive-behavioral couple therapy has demonstrated effectiveness in enhancing intimacy, self-differentiation, marital quality, sexual communication, and conflict resolution among couples experiencing marital problems (Bouchard et al., 2024; Rancourt et al., 2022; Zamani Far et al., 2022). Comparative studies have also shown that emotionally focused couple therapy may produce greater improvements in emotional and attachment-related outcomes due to its direct emphasis on emotional experiences and attachment needs (Firoozi et al., 2022; Keyvani et al., 2025; Sami et al., 2022). Nonetheless, cognitive-behavioral approaches remain highly effective in modifying dysfunctional cognitions and behavioral interaction patterns contributing to marital conflict (Nadri et al., 2023; Shahi Hezarvand & Talebzadeh Shoushtari, 2024).

The growing evidence base for couple therapy has encouraged researchers to explore process variables and mechanisms underlying therapeutic change. Recent investigations have emphasized emotional synchrony, vulnerability sharing, rupture resolution, emotional responsiveness, and interactional restructuring as important therapeutic mechanisms within emotionally focused couple therapy (Kula et al., 2024; Kykyri et al., 2025; Sherlow-Levin et al., 2024). In cognitive-behavioral interventions, therapeutic change has been associated with modifications in maladaptive cognitions, communication styles, emotional regulation strategies, and problem-solving behaviors (Rancourt et al., 2022; Santerre-Baillargeon et al., 2023). These findings suggest that although both approaches improve marital functioning, they may differ in the pathways through which emotional expressiveness and relational quality are enhanced. Emotionally focused therapy appears particularly effective in facilitating deeper emotional engagement and secure attachment experiences, whereas cognitive-behavioral therapy primarily strengthens adaptive

cognitive and behavioral processes (Mendoza & Leeth, 2025; Timulak et al., 2025).

Despite substantial advances in couple therapy research, emotional expressiveness remains an understudied construct in comparative intervention studies involving distressed couples. Many previous investigations have focused primarily on marital satisfaction, communication patterns, attachment security, or sexual functioning, while fewer studies have specifically examined emotional expressiveness as a multidimensional relational outcome (Ezeh et al., 2023; Mohammadpanah et al., 2023). Furthermore, although several studies have separately confirmed the effectiveness of emotionally focused and cognitive-behavioral couple therapies, direct comparisons of these interventions in improving emotional expressiveness among couples with marital conflict remain limited, particularly within Iranian cultural contexts (Firoozi et al., 2022; Keyvani et al., 2025). Given the central role of emotional expression in maintaining intimacy, relational satisfaction, and psychological well-being, further comparative research is necessary to determine which therapeutic approach more effectively improves emotional expressiveness in conflicted couples.

In addition, sociocultural transformations, increasing psychological pressures, and changing expectations within marital relationships have intensified the need for effective therapeutic approaches capable of strengthening emotional communication and relational resilience among couples (Carr, 2025; Lebow & Snyder, 2022). Emotional suppression, interpersonal avoidance, and ineffective communication patterns frequently prevent couples from addressing relational difficulties constructively, thereby perpetuating cycles of conflict and dissatisfaction (Benjamin et al., 2025; Viens et al., 2025). Since emotional expressiveness constitutes a central component of emotional intimacy and secure attachment, interventions specifically targeting emotional communication may substantially improve relational functioning and reduce marital conflict (Mendoza & Leeth, 2025; Senol et al., 2023). Comparative evaluation of therapeutic approaches may therefore provide valuable evidence for clinicians and counselors seeking effective interventions for couples experiencing chronic relational distress.

Accordingly, the present study aimed to compare the effectiveness of cognitive-behavioral couple therapy and emotionally focused couple therapy on emotional expressiveness in couples experiencing marital conflict.

## 2. Methods and Materials

### 2.1. Study Design and Participants

Considering its objective, the present study was classified as applied research, and in terms of data collection, it was a cross-sectional study with a quasi-experimental pretest-posttest design including a control group and a three-month follow-up period. Two educational interventions were implemented separately for the two experimental groups, while neutral content was presented to the control group. The statistical population consisted of all couples who referred to counseling centers in Districts 21 and 22 of Tehran in 2025. Sample size determination was conducted using G\*Power software by specifying the effect size based on previous studies, an alpha level of .05, and a statistical power of 85%. In addition, the ratio of the three groups was considered equal because the number of participants in the two experimental groups and the control group needed to be identical in order to maintain approximately equal error variances across groups. According to the software estimation, the minimum required sample size for the three groups was 38 couples; however, considering possible attrition, a total of 45 couples was selected. In the next stage, among couples referring to the counseling centers, individuals who obtained a score higher than 190 on the Marital Conflicts Questionnaire developed by Sanaei and Barati (1999) were identified. From this group, 45 couples who met the inclusion criteria and voluntarily agreed to participate in the sessions were selected as the final sample. After selecting the 45 couples, in order to observe ethical principles and enhance the internal validity of the study, participants were assigned through simple randomization (lottery method) into three groups (two experimental groups and one control group, with 15 couples in each group). Specifically, a code was assigned to each couple, and the codes were randomly distributed into three separate categories to ensure equal probability of assignment to each treatment or control group.

The inclusion criteria consisted of couples experiencing marital conflict, being between 25 and 40 years old, having a counseling document due to family problems resulting from marital conflicts, residing in Districts 21 and 22 of Tehran, not receiving any concurrent treatment, not suffering from severe physical illness, having no history of acute psychological disorders, providing informed consent for participation in the study, and obtaining a score of 190 or higher on the Marital Conflicts Questionnaire developed by Sanaei and Barati (1999). The exclusion criteria included the

occurrence of psychological or physical disorders, withdrawal of consent at any stage of the intervention, and failure to meet any of the inclusion criteria during any stage of the research process.

## 2.2. Measures

King and Emmons Emotional Expressiveness Questionnaire (1990): The Emotional Expressiveness Questionnaire was developed by King and Emmons in 1990 and consists of 16 items. The questionnaire includes three subscales. Items 1–7 assess the positive emotional expression subscale, items 8–12 assess the intimacy subscale, and items 13–16 assess the negative emotional expression subscale. Scoring is based on a Likert scale, in which the response “strongly agree” receives a score of 5 and “strongly disagree” receives a score of 1. However, for items 6, 8, and 9, scoring is reversed due to the negative direction of the items regarding emotional expression; thus, “strongly agree” receives a score of 1 and “strongly disagree” receives a score of 5. Based on this scoring method, total scores range from 19 to 80, with higher scores indicating greater emotional expressiveness. Construct and content validity were confirmed by the developers, and Cronbach’s alpha coefficients for the subscales and total scale ranged from .72 to .83. In Iran, validity was confirmed by Tabatabaei et al. (2013), and Cronbach’s alpha coefficients for the subscales and total scale ranged from .59 to .70. In the present study, Cronbach’s alpha reliability coefficient was .66.

Marital Conflicts Questionnaire by Sanaei and Barati (1999): The Marital Conflicts Questionnaire was developed by Sanaei and Barati (1999) and consists of 54 items. This questionnaire measures seven dimensions of marital conflict, including decreased cooperation (items 4, 12, 18, 25, and 34), decreased sexual relationship (items 5, 13, 19, 35, and 40), emotional reactions (items 6, 14, 20, 27, 36, 42, 49, and 51), increased child support-seeking behavior (items 9, 22, 31, 38, and 44), increased personal relationship with one’s own relatives (items 8, 15, 21, 29, 37, and 43), decreased personal relationship with spouse’s relatives and friends (items 1, 23, 32, 46, 50, and 53), separation of financial affairs (items 2, 10, 17, 24, 33, 39, and 48), and reduced effective communication (items 3, 7, 11, 16, 26, 28, 30, 41, 45, 47, 52, and 54). Each item is rated on a five-point Likert scale, with scores ranging from 1 to 5. The maximum total score of the questionnaire is 270, and the minimum score is 54. The questionnaire classifies couples’ conflicts into four levels: no conflict (scores 12–90), normal conflict

(scores 90–111), moderate conflict (scores 111–190), and very severe conflict (scores above 190). Construct and content validity were confirmed by the developers, and Cronbach’s alpha reliability coefficients ranged from .69 to .81.

## 2.3. Interventions

The cognitive-behavioral couple therapy intervention was provided at the clinic in 10 sessions of 90 minutes based on Dattilio’s cognitive-behavioral couple therapy package (2009), whose content validity was confirmed in the study by Zamanifar et al. (2022). In the first session, a therapeutic relationship was established with both spouses, the nature of each couple’s problems was assessed, the therapeutic goals and expectations of each spouse were examined, and the pretest was administered; the session also included taking individual histories, relationship histories, histories related to the family of origin, identifying relationship strengths, and reaching agreement on treatment goals. In the second session, couples and family members were introduced to the cognitive-behavioral approach, automatic thoughts, emotions, and related behaviors were identified, and couples were trained in the structure, principles, and techniques of this model, including how automatic thoughts are connected with emotional and behavioral responses; homework assignments were also introduced. In the third session, behavioral rules were developed through reframing and behavioral rehearsal, previous homework was reviewed, reinforcement and punishment patterns between spouses were identified, positive behavioral exchanges were increased, negative exchanges were reduced, and imagery and role-playing were used to enhance empathy and recall specific interactional responses. In the fourth session, communication training was provided, including identifying destructive communication cycles, using speaker–listener strategies, applying soft start-up instead of harsh start-up during conflict, modifying negative interactional chains, using positive affect to reduce tension, learning self-soothing and partner-soothing skills, expressing empathy and validation, and practicing communication skills in daily conversations. In the fifth session, behavioral exchange agreements, contingency contracts, paradoxical interventions, and techniques for de-escalating potentially unstable situations were taught; each spouse was encouraged to identify and perform specific behaviors aimed at improving personal functioning, regardless of the other spouse’s behavior, and written contracts were used to

exchange desirable behaviors. In the sixth session, cognitive distortions, attributions, standards, assumptions, selective attention, mind reading, overgeneralization, and personalization within the marital relationship cycle were identified and examined, and couples were assigned homework to practice the learned skills outside the therapeutic setting. In the seventh session, attachment schemas in each spouse were assessed and reconstructed, with emphasis on rigid schemas derived from the family of origin, dysfunctional attachment schemas such as obedience, rejection, and autonomy/dependence schemas, and their relationship with current cognitions and behaviors. In the eighth session, emotional awareness and its role in marital life were taught; couples learned to distinguish primary and secondary emotions, were encouraged to express primary emotions, and practiced emotional awareness and emotion evaluation in different situations through role-playing, relaxation techniques, and homework assignments. In the ninth session, problem-solving strategies were taught, including defining the problem, generating possible solutions, evaluating the advantages and disadvantages of each solution, selecting a practical solution, implementing it, and evaluating its effectiveness. In the tenth session, assertiveness training, summary, conclusion, and posttest administration were conducted; couples practiced assertive, passive, and aggressive responses through role-playing, and the degree of change and improvement in marital relationships was evaluated.

The emotionally focused couple therapy intervention, which served as the independent variable in the present study, was implemented at the clinic in 9 sessions of 90 minutes using Johnson's emotionally focused couple therapy program (2012), whose content validity was confirmed in the study by Seyed-Yousefi et al. (2023). In the first session, the intervention began with introduction, pretest administration, establishment of a therapeutic relationship with the couples, familiarization with the general rules of therapy, and assessment of the nature of the problem and the relationship. In the second session, the negative interactional cycle was identified, conditions were created for spouses to reveal their negative interactional patterns, the relationship and attachment bond between the spouses were assessed, attachment barriers and problems were explored, couples were introduced to the principles of emotionally focused therapy and the role of emotions in interpersonal interactions, and interactional restructuring was initiated to increase relational flexibility. In the third session, unidentified emotions underlying interactional

positions were accessed, with greater focus on emotions, needs, and attachment fears; a safe communicative space was created for the couple, and secondary emotions expressed within the interactional cycle were explored to access deeper, unidentified primary emotions and increase couples' awareness of these emotional experiences. In the fourth session, the problem was reframed in terms of underlying emotions and attachment needs, couples were helped to understand the influence of fear and defensive mechanisms on cognitive and emotional processes, and coordination was established between the therapist's case formulation and the couple's understanding of the problem. In the fifth session, the focus was placed on interactional styles; couples were encouraged to identify rejected needs, attend to their patterns of interaction with each other, reflect on these patterns with respect and empathy, express attachment needs, recognize denied needs, and increase acceptance of corrective emotional experiences. In the sixth session, couples were guided to become aware of underlying emotions, disclose each spouse's position in the relationship, accept the partner's experiences, explore new ways of interaction, track identified emotions, and restate attachment needs. In the seventh session, the expression of needs and wishes was facilitated, emotional engagement was strengthened, primary emotional experiences related to attachment were expanded, inner needs and belongings were identified, and new attachment bonds based on a secure connection between spouses were promoted. In the eighth session, new interactional situations were created, and old maladaptive interactional patterns were interrupted and replaced with more adaptive forms of relational engagement. In the ninth session, the intervention was summarized and concluded, the posttest was administered, therapeutic changes were reinforced, differences between current and previous interactional patterns were highlighted, the relationship was reorganized around a secure emotional bond, couples discussed positive and negative views regarding the experimental program, and overall changes were evaluated.

#### 2.4. Data analysis

In the present study, mixed repeated-measures analysis of variance was used to analyze the collected data using SPSS-18 software.

### 3. Findings and Results

The demographic findings showed that the three groups were relatively homogeneous. In terms of age, in the emotionally focused couple therapy group, 53.3% were 25–35 years old and 46.7% were 36–40 years old; in the cognitive-behavioral couple therapy group, 60% were 25–35 years old and 40% were 36–40 years old; and in the control group, 53.3% were 25–35 years old and 46.7% were 36–40 years old. Regarding educational status, 40% of participants in the emotionally focused couple therapy group, 33.3% in the cognitive-behavioral couple therapy group, and 26.67% in the control group had a diploma, whereas 60%, 66.7%, and 73.33%, respectively, had a bachelor’s degree or higher. In terms of employment status, 53.3% of participants in the

emotionally focused couple therapy group, 60% in the cognitive-behavioral couple therapy group, and 73.33% in the control group were employed, while 46.7%, 40%, and 26.67%, respectively, were unemployed. With regard to duration of marriage, 60% of couples in the emotionally focused couple therapy group, 80% in the cognitive-behavioral couple therapy group, and 53.3% in the control group had been married for 1–5 years, whereas 40%, 20%, and 46.7%, respectively, had been married for 6 years or more. The chi-square results indicated no statistically significant differences among the three groups in age status ( $\chi^2 = 0.961$ ), educational status ( $\chi^2 = 0.938$ ), employment status ( $\chi^2 = 0.947$ ), or duration of marriage ( $\chi^2 = 0.922$ ), confirming the comparability of the groups in terms of demographic characteristics.

**Table 1**

*Mean and Standard Deviation of Pretest, Posttest, and Follow-Up Scores of Emotional Expressiveness in the Experimental and Control Groups*

Dependent Variable	Group	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD	Follow-Up Mean	Follow-Up SD
Positive Emotional Expression	Experimental (Cognitive-Behavioral Couple Therapy)	12.59	2.50	17.51	3.86	17.58	3.92
	Experimental (Emotionally Focused Couple Therapy)	12.47	2.52	21.34	3.05	21.41	3.14
	Control	12.52	2.47	12.59	2.49	12.65	2.52
Intimacy	Experimental (Cognitive-Behavioral Couple Therapy)	9.23	1.04	14.36	1.95	14.43	2.04
	Experimental (Emotionally Focused Couple Therapy)	9.37	0.98	18.62	2.34	18.69	2.41
	Control	9.21	1.09	9.47	1.21	9.56	1.25
Negative Emotional Expression	Experimental (Cognitive-Behavioral Couple Therapy)	6.73	0.97	9.88	1.34	9.92	1.39
	Experimental (Emotionally Focused Couple Therapy)	6.86	0.89	13.60	2.05	13.75	2.07
	Control	6.71	0.59	6.77	0.64	6.84	0.68
Emotional Expressiveness	Experimental (Cognitive-Behavioral Couple Therapy)	28.54	4.53	41.76	5.89	41.93	6.13
	Experimental (Emotionally Focused Couple Therapy)	28.70	4.06	53.56	6.86	53.85	6.91
	Control	28.44	4.12	28.72	4.31	28.80	4.36

The descriptive findings presented in Table 1 indicate that the mean scores of positive emotional expression, intimacy, negative emotional expression, and overall emotional expressiveness increased substantially from pretest to posttest and follow-up in both experimental groups, whereas the control group showed minimal changes across the three measurement stages. The emotionally focused couple therapy group demonstrated the highest increases in all emotional expressiveness dimensions. For example, the mean overall emotional expressiveness score in the

emotionally focused couple therapy group increased from 28.70 (SD = 4.06) at pretest to 53.56 (SD = 6.86) at posttest and remained stable at follow-up with a mean of 53.85 (SD = 6.91). In contrast, the cognitive-behavioral couple therapy group improved from 28.54 (SD = 4.53) at pretest to 41.76 (SD = 5.89) at posttest and 41.93 (SD = 6.13) at follow-up, while the control group remained relatively unchanged.

Prior to conducting the mixed repeated-measures analysis of variance, the assumptions underlying the analysis were examined. The results of Box’s M test demonstrated

homogeneity of covariance matrices across groups, as the obtained Box's M value was 174.254 with an F value of 1.469, degrees of freedom of 90 and 3342.657, and a significance level of .077, indicating that the assumption of equality of covariance matrices was satisfied and that the minimum requirements for conducting the analysis were met. In addition, Levene's test results confirmed the assumption of homogeneity of error variances for all study variables. Specifically, the obtained values for positive emotional expression ( $F = 1.407, p = .256$ ), intimacy ( $F = 0.026, p = .974$ ), and negative emotional expression ( $F =$

$0.521, p = .598$ ) were all non-significant at the .05 level, indicating equal variances across groups. Furthermore, Mauchly's test of sphericity showed that the assumption of sphericity was established for all variables, including positive emotional expression ( $W = .992, \chi^2 = 0.675, df = 2, p = .488$ ), intimacy ( $W = .989, \chi^2 = 0.811, df = 2, p = .315$ ), and negative emotional expression ( $W = .971, \chi^2 = 1.645, df = 2, p = .114$ ). Since all significance levels were greater than .05, the assumption of sphericity and the homogeneity of variances across the three measurement occasions were confirmed.

**Table 2**

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

Variable	Source of Variation	Sum of Squares	df	Mean Square	F	p	Effect Size	Statistical Power
Positive Emotional Expression	Group	767.684	2	383.842	47.314	.001	.693	1.00
	Treatment Stages	494.415	1	494.415	137.113	.001	.766	1.00
	Group × Treatment Stages	292.695	2	146.347	40.586	.001	.659	1.00
Intimacy	Group	850.828	2	425.414	79.769	.001	.792	1.00
	Treatment Stages	552.792	1	552.792	201.486	.001	.828	1.00
	Group × Treatment Stages	302.189	2	151.094	55.072	.001	.724	1.00
Negative Emotional Expression	Group	484.300	2	242.150	70.087	.001	.769	1.00
	Treatment Stages	260.040	1	260.040	214.706	.001	.836	1.00
	Group × Treatment Stages	171.767	2	85.884	70.911	.001	.772	1.00

The results of the mixed repeated-measures analysis of variance shown in Table 2 revealed significant differences among the groups, treatment stages, and the interaction between group and treatment stages for all dependent variables. For positive emotional expression, significant effects were observed for group membership ( $F = 47.314, p = .001, \eta^2 = .693$ ), treatment stages ( $F = 137.113, p = .001, \eta^2 = .766$ ), and the interaction effect ( $F = 40.586, p = .001,$

$\eta^2 = .659$ ). Similar significant findings were obtained for intimacy and negative emotional expression, with large effect sizes and statistical power values equal to 1.00. These findings indicate that both interventions significantly improved emotional expressiveness dimensions over time and that the pattern of changes differed significantly across groups.

**Table 3**

*Summary of Bonferroni Post Hoc Test Results for Differences Among Pretest, Posttest, and Follow-Up Stages*

Variable	Stage 1	Stage 2	Mean Difference	Standard Error	p
Positive Emotional Expression	Pretest	Posttest	4.623	0.394	.001
	Pretest	Follow-Up	4.688	0.400	.001
	Posttest	Follow-Up	0.064	0.039	.331
Intimacy	Pretest	Posttest	4.882	0.343	.001
	Pretest	Follow-Up	4.957	0.349	.001
	Posttest	Follow-Up	0.074	0.043	.282
Negative Emotional Expression	Pretest	Posttest	3.315	0.227	.001
	Pretest	Follow-Up	3.400	0.232	.001
	Posttest	Follow-Up	0.084	0.055	.403

The Bonferroni post hoc test results presented in Table 3 demonstrated significant differences between pretest and posttest scores, as well as between pretest and follow-up scores, across all variables. Specifically, significant improvements were observed in positive emotional expression, intimacy, and negative emotional expression

from pretest to posttest and from pretest to follow-up ( $p = .001$ ). However, no significant differences were found between posttest and follow-up scores for any variable, indicating that the therapeutic gains achieved after the interventions remained stable during the three-month follow-up period.

**Table 4**

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

Variable	Groups Compared	Mean Difference	Standard Error	p
Positive Emotional Expression	Cognitive-Behavioral Couple Therapy vs. Emotionally Focused Couple Therapy	2.514	0.600	.001
Intimacy	Cognitive-Behavioral Couple Therapy vs. Emotionally Focused Couple Therapy	2.886	0.487	.001
Negative Emotional Expression	Cognitive-Behavioral Couple Therapy vs. Emotionally Focused Couple Therapy	2.560	0.392	.001

The Tukey post hoc test findings reported in Table 4 indicated significant differences between the two experimental groups in all dimensions of emotional expressiveness. Emotionally focused couple therapy demonstrated significantly greater effectiveness than cognitive-behavioral couple therapy in improving positive emotional expression (Mean Difference = 2.514,  $p = .001$ ), intimacy (Mean Difference = 2.886,  $p = .001$ ), and negative emotional expression (Mean Difference = 2.560,  $p = .001$ ). These findings suggest that although both therapeutic approaches were effective in enhancing emotional expressiveness among couples with marital conflict, emotionally focused couple therapy produced superior outcomes across all assessed dimensions.

#### 4. Discussion

The findings of the present study showed that both cognitive-behavioral couple therapy and emotionally focused couple therapy significantly improved emotional expressiveness in couples with marital conflict. The results of the mixed repeated-measures analysis of variance indicated significant effects of group, treatment stages, and the interaction between group and treatment stages on positive emotional expression, intimacy, and negative emotional expression. The descriptive results also showed that the mean scores of emotional expressiveness and its components increased from pretest to posttest and remained stable at the three-month follow-up in both experimental groups, whereas the control group showed only negligible changes. These findings indicate that structured couple therapy interventions can enhance couples' ability to

identify, communicate, and regulate emotions within the marital relationship. This result is consistent with studies emphasizing the central role of emotional communication in marital adjustment and relational satisfaction (Jesuorobo & Igbineweka, 2023; Saleh & Usman, 2022). Emotional expressiveness allows spouses to communicate needs, vulnerabilities, expectations, and affective experiences more clearly; therefore, when couples learn to express emotions adaptively, destructive cycles of avoidance, criticism, and emotional withdrawal are reduced, and relational security is strengthened (Kykyri et al., 2025; Yuan et al., 2022).

The effectiveness of cognitive-behavioral couple therapy in improving emotional expressiveness can be explained through its emphasis on modifying dysfunctional beliefs, automatic thoughts, cognitive distortions, negative attributions, and maladaptive behavioral exchanges. In couples with marital conflict, emotional expression is often inhibited or distorted by rigid assumptions, mind reading, personalization, selective attention, and negative interpretations of the partner's behavior. Cognitive-behavioral couple therapy helps couples identify these maladaptive cognitive patterns and replace them with more realistic appraisals, thereby reducing defensiveness and facilitating more constructive emotional expression. This explanation is consistent with previous findings showing that cognitive-behavioral couple therapy improves marital relationship quality, intimacy, self-differentiation, sexual communication, and conflict management (Hatami Manesh, 2023; Rancourt et al., 2022; Zamani Far et al., 2022). Similarly, findings from cognitive-behavioral couple therapy studies in sexual and relational problems

demonstrate that changes in communication processes and cognitive-emotional patterns mediate improvement in couple functioning (Bouchard et al., 2024; Santerre-Baillargeon et al., 2023). Therefore, the improvement observed in the cognitive-behavioral couple therapy group in the present study can be attributed to the intervention's capacity to strengthen emotional awareness, promote assertive communication, increase positive behavioral exchanges, and reduce negative interactional patterns.

The findings also showed that emotionally focused couple therapy was effective in improving all components of emotional expressiveness. This result is theoretically expected because emotionally focused couple therapy directly targets emotional experience, attachment needs, vulnerability, and negative interactional cycles. Couples with marital conflict often become trapped in repetitive cycles in which primary emotions such as fear, sadness, loneliness, and need for closeness are covered by secondary emotions such as anger, criticism, withdrawal, or defensiveness. Emotionally focused couple therapy helps partners access these deeper emotional experiences, express attachment-related needs, and respond to each other with greater emotional availability. This interpretation is consistent with the theoretical and empirical literature describing emotionally focused couple therapy as an attachment-based and experiential approach that restructures emotional responses and promotes secure bonding (Mendoza & Leeth, 2025; Senol et al., 2023; Timulak et al., 2025). The finding is also supported by studies demonstrating the effectiveness of emotionally focused couple therapy in improving emotional intimacy, communication patterns, optimism, resilience, emotional intelligence, marital adjustment, and spouse acceptance (Ebrahimi, 2022; Keshmand & Parandin, 2023; Mohammadpanah et al., 2023; Seydi Yousefi et al., 2023).

Another important finding was that emotionally focused couple therapy produced greater improvement in emotional expressiveness than cognitive-behavioral couple therapy. The Tukey post hoc results indicated that the emotionally focused couple therapy group had significantly higher gains than the cognitive-behavioral couple therapy group in positive emotional expression, intimacy, and negative emotional expression. This superiority may be explained by the closer conceptual match between emotionally focused couple therapy and the outcome variable of the present study. Emotional expressiveness is fundamentally an affective and attachment-related construct; therefore, an intervention that directly works with emotional awareness,

emotional vulnerability, attachment fears, and responsive engagement may have stronger effects than an intervention primarily focused on cognitive restructuring and behavioral skill acquisition. Emotionally focused couple therapy facilitates the expression of primary emotions in a safe therapeutic context and helps partners transform defensive interactional positions into emotionally accessible and responsive relational patterns (Dailey et al., 2024; Kula et al., 2024). This finding aligns with meta-analytic evidence supporting the efficacy of emotionally focused couple therapy and with process studies showing that vulnerability sharing, rupture resolution, and emotional engagement are important mechanisms of therapeutic change (Biran Talmor et al., 2025; Sherlow-Levin et al., 2024; Spengler et al., 2024).

The stability of treatment effects at follow-up is another meaningful aspect of the findings. The Bonferroni results showed significant differences between pretest and posttest and between pretest and follow-up, but no significant difference between posttest and follow-up. This pattern suggests that the therapeutic gains were maintained during the three-month follow-up period. In the cognitive-behavioral couple therapy group, this stability may be related to the acquisition of practical skills such as problem-solving, assertiveness, communication training, behavioral exchange, and cognitive restructuring, which couples can continue using after treatment. In the emotionally focused couple therapy group, maintenance of change may be associated with the formation of more secure emotional bonds and the development of new interactional patterns. Prior studies have emphasized that changes in emotional responsiveness, communication, and attachment security can sustain improvements in marital functioning beyond the immediate treatment period (Carr, 2025; Lebow & Snyder, 2022). Furthermore, evidence on emotional communication patterns before and after couple therapy suggests that therapeutic interventions can shift couples toward more adaptive emotional exchanges that remain functional after treatment termination (Weber et al., 2022).

The improvement in positive emotional expression may be explained by the fact that both interventions increased the couple's capacity to notice, communicate, and respond to positive affect. In conflicted relationships, positive emotional expression is often weakened by resentment, unresolved disagreements, and anticipation of rejection. Cognitive-behavioral couple therapy may improve positive emotional expression by increasing positive behavioral exchanges and reducing cognitive distortions, whereas

emotionally focused couple therapy may enhance it by increasing emotional safety and responsiveness. This finding is consistent with studies showing that marital quality is closely related to emotional responsiveness, perceived partner responsiveness, and positive relational engagement (Lin et al., 2022; Yuan et al., 2022). It also aligns with findings that marital quality is associated with broader psychological and health-related outcomes, including well-being, depression, anxiety, loneliness, and physical activity (Hsu et al., 2023; Postler et al., 2022; Thomas et al., 2022). Therefore, increasing positive emotional expression may not only improve couple functioning but also contribute to broader psychological health.

The improvement in intimacy also supports the theoretical assumption that emotional communication is a core pathway through which couple therapy enhances relational quality. Intimacy requires openness, trust, emotional responsiveness, and the ability to share needs and vulnerabilities. In conflicted couples, intimacy is often replaced by defensive distance or hostile engagement. The present results suggest that both cognitive-behavioral and emotionally focused interventions can restore intimacy by changing the interactional context in which emotions are expressed. This finding is consistent with studies showing that couple therapy improves emotional intimacy, marital adjustment, and relational quality among distressed couples (Firoozi et al., 2022; Nadri et al., 2023; Sami et al., 2022). It is also compatible with research showing that relational variables such as family approval, sexual satisfaction, body-related partner commentary, and perfectionism can influence marital satisfaction and conflict through emotional and interpersonal pathways (Ashkinazi et al., 2024; Benjamin et al., 2025; Vacca et al., 2022; Viens et al., 2025).

The improvement in negative emotional expression should not be interpreted as an increase in hostility or destructive negativity; rather, within the framework of emotional expressiveness, it reflects a greater ability to express negative emotions in a conscious, direct, and relationally useful manner. Couples with marital conflict often either suppress negative emotions or express them through criticism, aggression, withdrawal, or indirect behaviors. Therapeutic intervention can help couples express sadness, fear, disappointment, anger, and unmet needs in more regulated and constructive forms. This explanation is aligned with research showing that maladaptive emotional reactivity, perfectionism, intolerance of uncertainty, and early maladaptive schemas can intensify relational distress and obsessive doubts in romantic

relationships (Angelo et al., 2024; Toroslu & Cirakoglu, 2023; Xiao, 2023). By helping couples transform unregulated emotional reactions into meaningful emotional communication, both interventions may reduce conflict escalation and promote more adaptive relational repair.

The findings of this study also have implications for understanding marital conflict as a systemic and emotional process rather than merely a behavioral disagreement. Marital conflict affects not only the couple but also the wider family environment, including children's psychological and socioemotional functioning (Gong et al., 2023; Li et al., 2024; Wang et al., 2023; Yan et al., 2024). Therefore, improving emotional expressiveness in couples may have indirect benefits for family functioning and child adjustment. This view is consistent with systemic perspectives emphasizing that couple-level interventions can influence broader family dynamics and psychological outcomes (Carr, 2025; Wang et al., 2025). In this regard, emotional expressiveness can be considered both an individual skill and a relational process that contributes to healthier family communication, greater emotional security, and more adaptive conflict resolution.

## 5. Conclusion

Overall, the results of the present study support the effectiveness of both cognitive-behavioral couple therapy and emotionally focused couple therapy in improving emotional expressiveness among couples with marital conflict, while also indicating the greater effectiveness of emotionally focused couple therapy. These findings are consistent with the growing evidence base for couple therapy and systemic interventions (Carr, 2025; Lebow & Snyder, 2022). They also support the view that emotional transformation, interactional restructuring, and attachment-based responsiveness are central mechanisms in improving distressed relationships (Dailey et al., 2024; Timulak et al., 2025). While cognitive-behavioral couple therapy appears to improve emotional expressiveness through cognitive correction, behavioral rehearsal, communication skills, and problem-solving, emotionally focused couple therapy appears to produce deeper emotional change by targeting attachment needs, primary emotions, and vulnerable engagement. This distinction may explain why emotionally focused couple therapy produced stronger outcomes in the present study.

One limitation of the present study was that the sample was limited to couples referring to counseling centers in

Districts 21 and 22 of Tehran, which may restrict the generalizability of the findings to couples from other cities, cultural contexts, socioeconomic backgrounds, or clinical populations. Another limitation was the reliance on self-report questionnaires, which may be influenced by social desirability, response bias, or participants' subjective interpretation of emotional expressiveness. In addition, although the study included a three-month follow-up, longer follow-up periods were not assessed; therefore, the long-term durability of treatment effects remains unclear. The sample size was also relatively limited, and although it was sufficient for the statistical analyses, larger samples would provide more robust estimates of treatment effects. Finally, the study focused on emotional expressiveness and did not simultaneously assess other relevant mechanisms such as attachment security, emotion regulation, communication quality, or therapeutic alliance.

Future studies are recommended to replicate this research with larger and more diverse samples across different regions, cultures, and clinical settings. Researchers may also examine whether variables such as attachment style, emotion regulation, personality traits, marital duration, severity of conflict, psychological distress, and initial level of intimacy moderate the effectiveness of cognitive-behavioral and emotionally focused couple therapies. Future research could also use multi-method assessment, including observational coding of couple interactions, therapist ratings, partner reports, and qualitative interviews, to provide a more comprehensive understanding of emotional expressiveness. Longer follow-up periods, such as six months or one year, are also recommended to evaluate the stability of intervention effects over time. In addition, future studies may compare these interventions with other evidence-based approaches, such as integrative behavioral couple therapy, schema-focused couple therapy, Gottman method couple therapy, or narrative couple therapy.

From a practical perspective, the findings suggest that counselors, family therapists, and clinical psychologists can use both cognitive-behavioral couple therapy and emotionally focused couple therapy to improve emotional expressiveness in couples experiencing marital conflict. However, when the primary clinical goal is to increase emotional openness, intimacy, vulnerability, and attachment-based responsiveness, emotionally focused couple therapy may be especially useful. Therapists working with conflicted couples should assess the couple's emotional interactional cycle, identify barriers to emotional expression, and help partners express both positive and negative

emotions in a safe and constructive manner. Clinical programs for distressed couples may also benefit from integrating cognitive-behavioral techniques such as communication training and problem-solving with emotionally focused techniques such as accessing primary emotions, validating attachment needs, and restructuring negative interactional cycles.

### Authors' Contributions

Authors equally contributed 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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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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