

# Comparison of the Effectiveness of Cognitive-Behavioral Interventions in Two Approaches: Coaching and Self-Learning on Marital Satisfaction and Intimacy of Couples

Negar. Sedaghat<sup>1</sup>, Majid. Safarinia<sup>2\*</sup>, Elaheh. Sadeghi<sup>3</sup>

<sup>1</sup> Master's in general psychology, Ayandegan Institute of Higher Education, Tonekabon, Iran

<sup>2</sup> Professor, Department of Psychology, Payam Noor University, Tehran, Iran

<sup>3</sup> Assistant Professor, Department of Psychology, Ayandegan Institute of Higher Education, Tonekabon, Iran

\* Corresponding author email address: saffarinia@pnu.ac.ir

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### ABSTRACT

**Objective:** This study aimed to compare the effectiveness of cognitive-behavioral interventions using coaching and self-learning methods on marital satisfaction and couple intimacy.

**Methods and Materials:** This semi-experimental study followed a pre-test–post-test design with a control group and two experimental groups (coaching and self-learning). The statistical population consisted of couples who visited family counseling centers in District 8 of Tehran in 2022 and reported low levels of marital satisfaction and intimacy. A purposive sampling method was used to select 45 participants, who were equally divided into three groups of 15. The coaching group received eight 90-minute cognitive-behavioral sessions, while the self-learning group was given a structured 73-page manual to follow independently over two months. The control group received no intervention. Data were collected using the ENRICH Marital Satisfaction Questionnaire and the Thompson and Walker Marital Intimacy Scale. Analysis of covariance (ANCOVA) and multivariate analysis of covariance (MANCOVA) were used to analyze the results.

**Findings:** ANCOVA results indicated that cognitive-behavioral interventions using the coaching method significantly improved marital satisfaction ( $\eta^2 = 0.30$ ,  $p < .01$ ) and couple intimacy ( $\eta^2 = 0.372$ ,  $p < .01$ ), compared to the control group. Similarly, the self-learning method showed significant improvement in marital satisfaction ( $\eta^2 = 0.19$ ,  $p < .01$ ) and intimacy ( $\eta^2 = 0.23$ ,  $p < .01$ ), although the effect sizes were smaller.

**Conclusion:** Cognitive-behavioral interventions, particularly through coaching, are effective in enhancing marital satisfaction and intimacy. The presence of a coach facilitates deeper understanding, accountability, and behavioral change, making it a more impactful approach compared to self-directed learning.

**Keywords:** cognitive-behavioral interventions, coaching, self-learning, marital satisfaction, marital intimacy.

## 1. Introduction

A family is more than a collection of individuals living together in a specific material and psychological space (Pouya, 2025). It is a social and natural system that has its own unique characteristics. This social system creates a set of rules and principles and assigns various roles to its members. Moreover, the family holds a structured power system, generates complex forms of overt and covert messaging, and has elaborate methods of negotiation and problem-solving (Bedair et al., 2020). The relationship between family members is a multi-layered and deep one, generally based on shared history, assumptions, and internalized perceptions about the world and common goals. In such a system, individuals are connected by strong, reciprocal, and enduring emotional attachments and interests (Golyan et al., 2025).

One of the important issues in the family context, related to the way spouses interact with each other, is marital satisfaction. Marital satisfaction is the adjustment between the expectations an individual has from married life and what they actually experience in their marriage (Defanti, 2025). Marital satisfaction involves the regulation between the current situation and the expected position (Odebunmi & Сабіна, 2025). Some researchers view marital satisfaction as a function of the stages of the life cycle. There are different ways to define marital satisfaction, and Hawkins provides the best definition. He defines marital satisfaction as the feeling of contentment, satisfaction, and happiness that couples experience when considering all aspects of their marriage. Satisfaction is an attitudinal variable, meaning it is an individual trait for each couple. According to the above definition, marital satisfaction is, in fact, a positive attitude and comfort that couples have toward various aspects of their marital relationship (Marker, 2025). Marital satisfaction affects mental and physical health, life satisfaction, success in work, and social relationships, and it is one of the most important indicators of life satisfaction (Ellis et al., 2019).

On the other hand, intimacy is an interactive process that includes related dimensions. The central aspect of intimacy between couples involves issues such as understanding, acceptance, empathy with the partner's emotions, acceptance of the partner's specific viewpoints, and appreciation of the partner (Bagarozzi, 2014). Intimacy in marriage strengthens the commitment of spouses to the stability of their relationship. Spousal intimacy is one of the parameters that has a positive correlation with marital satisfaction and

emotional adjustment (Poulsen, 2015). Intimacy remains stable between couples when the relationship is based on a healthy and dynamic relationship. A healthy and dynamic relationship is one in which respect for each other, deep understanding, honesty, and trust exist. The depth of intimacy between two individuals depends on their ability to express emotions, thoughts, desires, needs, and wishes clearly, correctly, and effectively (Bossio et al., 2021). Therefore, the first step in creating and increasing intimacy in any relationship is learning effective communication. Intimacy in marriage goes beyond this and includes similarity, closeness, and emotional and affectionate relationships with the partner, which requires deep understanding and knowledge of the partner to express feelings and thoughts openly and freely (Ghochani et al., 2020).

Currently, with the changing traditional roles of men and women in marital life and, in addition, changes in their needs, the potential threat to marital satisfaction and intimacy has increased. Therefore, efforts to address these issues are increasing. One of the therapeutic methods being used by marital counselors is cognitive-behavioral interventions. In the cognitive-behavioral approach, theorists believe that the durability of marriage, in addition to love, requires the presence of other factors, and if they are absent, couples should work on creating them in their lives (Hosseinpour et al., 2018). Cognitive-behavioral therapy in the form of coaching (CBT) refers to a set of interventions that share the fundamental assumption that psychological disorders and mental distress are maintained by cognitive factors. The primary assumption of this therapeutic approach is that maladaptive cognitions contribute to the maintenance of emotional distress and behavioral problems. According to Beck's model, these maladaptive cognitions include beliefs or schemas about the world, self, and future that lead to automatic and specific thoughts in certain situations (Weiss et al., 2012). Cognitive-behavioral interventions, by recognizing personal risk factors among couples and aspects of their resilience, help prepare couples and lead to a happier and more stable life for them (Akbari et al., 2018; Sadegh & Kazemi, 2014). Additionally, the cognitive-behavioral approach leads to improvements in positive thinking, personal behaviors, relational and social behaviors, problem-solving, financial affairs, economic activities, religious tendencies and behaviors, parenting, leisure activities, and emotional relationships. These, in turn, can lead to an increase in marital satisfaction and intimacy (Alizadeh et al., 2018).

In general, sometimes the inability to communicate and solve problems between couples results from a different process, which influences cognitive functions and causes some psychological damages. For example, one of the issues that causes problems and decreases intimacy and satisfaction between couples is a lack of sexual desire in one of the partners. Problems like this lead to negative communication between couples (Alizadeh et al., 2018). Based on research, cognitive-behavioral interventions in the context of couples improve behavioral skills among them. These behavioral skills involve exchanging pleasant and positive behaviors as well as reducing negative behaviors and punishments. Furthermore, changes in the behavior and emotions of couples lead to a change in their attitudes, which ultimately leads to marital satisfaction (Kajbaf et al., 2012). Additionally, communication issues and poor social skills among couples are the most important factors in creating conflicts, dissatisfaction, and incompatibility, which leads to a decrease in intimacy between couples. Cognitive-behavioral interventions help strengthen communication skills such as verbal and non-verbal skills. Strengthening communication skills, in turn, increases positive self-efficacy and reduces negativity, which consequently leads to increased intimacy between couples (Khalatbari & Karimi, 2017; Khojasteh Mehr et al., 2016). Although studies have been conducted on the impact of cognitive-behavioral interventions on marital life, there is very little research on the coaching and self-learning approaches of these interventions. The main question of this research is, "What is the effectiveness of cognitive-behavioral interventions in the two approaches of coaching and self-learning on marital satisfaction and intimacy, and how much do they differ?"

## 2. Methods and Materials

### 2.1. Study Design and Participants

The present study falls under descriptive-analytical research and is classified as applied research. This research is semi-experimental, conducted in a pre-test-post-test design with a control group and two experimental groups (coaching and self-learning). The statistical population of the study consisted of all couples visiting family counseling clinics in District 8 of Tehran in 2022, who suffered from low marital satisfaction and intimacy. The sample was selected using purposive sampling. A total of 45 participants were assigned equally to one control group and two experimental groups (15 participants each). The inclusion criteria for participants were being between 30 to 45 years

old, having low scores in marital satisfaction and intimacy, having a diploma to bachelor's degree, and not suffering from chronic psychiatric disorders. The exclusion criteria included withdrawal from the study and using other therapeutic methods during the study. Ethical principles such as confidentiality, privacy of information, obtaining consent, willingness of participants to engage in the study, the right to choose whether to continue or withdraw from intervention sessions or respond to questionnaires, and maintaining confidentiality were adhered to in this study.

In accordance with the experimental design, the control group did not receive any cognitive-behavioral interventions. The first experimental group (coaching) underwent eight 90-minute sessions of cognitive-behavioral interventions. For the self-learning group, a 73-page booklet was prepared, outlining the definition, history, goals, applications, and methods of cognitive-behavioral interventions, and was given to the group. They were asked to read this booklet over a two-month period and observe its effects on their lives. Marital satisfaction and intimacy were assessed for all participants in both pre-test and post-test stages.

### 2.2. Measures

#### 2.2.1. Marital Satisfaction

**Enrich Marital Satisfaction Questionnaire:** This questionnaire was developed by Enrich in 1988. Its original form consists of 115 closed questions and 12 subscales, with the first scale containing 5 questions and the remaining scales containing 10 questions each. The responses are provided on a 5-point scale (from strongly agree to strongly disagree). A shorter version of the questionnaire, consisting of 47 questions, has been developed. A higher score on this questionnaire indicates marital satisfaction, while a lower score indicates marital dissatisfaction. Olson et al. (1999) reported the reliability of the questionnaire using the alpha coefficient method as 0.95. Scores between 41 and 60 indicate moderate and desirable marital satisfaction, scores below 41 indicate low satisfaction, and scores above 60 indicate high satisfaction. The reliability of the questionnaire in Akbari et al. (2018) was calculated using Cronbach's alpha as 0.76 (Akbari et al., 2018).

### 2.2.2. Marital Intimacy

Thompson and Walker Marital Intimacy Questionnaire: This questionnaire was developed by Thompson and Walker in 1983 and consists of 17 questions designed to measure marital intimacy. The score range for each question varies from 1 (never) to 7 (always), with higher scores indicating greater intimacy. The scale has a good internal consistency with alpha coefficients ranging from 0.91 to 0.97. The score for each participant is obtained by summing the scores of the questions and dividing by 17. The results of the study by Etemadi et al. (2006) showed that the overall reliability of the scale, using Cronbach's alpha, was 0.96, indicating acceptable reliability. Calculations of reliability by removing individual questions showed no significant effect on the reliability coefficient. Additionally, the reliability of this questionnaire in the study by Jafari et al. (2010) was obtained with a Cronbach's alpha of 0.92 (Rahimi et al., 2020).

### 2.3. Intervention

The objectives of the coaching sessions, based on Clark's (2004) treatment protocol, were as follows: In the first

session, communication and acquaintance were established. In the second session, behavioral skills were introduced. The third session focused on contracting to exchange desired behaviors. The fourth session covered assertiveness and behavioral experiments. The fifth session dealt with identifying specific negative interactions. The sixth session focused on recognizing schemas and uncovering important relational schemas. In the seventh session, unrealistic expectations were discussed, and finally, in the eighth session, conflict resolution skills were provided.

### 2.4. Data Analysis

To analyze the data, analysis of covariance (ANCOVA) was performed using SPSS version 26.

## 3. Findings and Results

The findings based on demographic information showed that the mean age of the participants was  $36.63 \pm 6.74$  years. Of the participants, 57.78% (26 individuals) were female and 42.22% (19 individuals) were male. Descriptive indices for the variables of the study can be seen in Table 1.

**Table 1**

*Descriptive Indices of Variables in the Groups Under Study*

Variable	Group	Descriptive Index	Pre-test	Post-test
Marital Satisfaction	Control	Mean	112.56	112.43
		Standard Deviation	5.54	5.05
		Skewness	0.588	0.581
		Kurtosis	-0.342	-0.394
	Coaching	Mean	112.67	148.94
		Standard Deviation	4.06	4.35
		Skewness	-0.403	-0.935
		Kurtosis	-0.849	-0.677
	Self-learning	Mean	116.77	166.59
		Standard Deviation	2.13	6.68
		Skewness	-0.200	-0.197
		Kurtosis	0.037	-1.63
Couple Intimacy	Control	Mean	47.15	45.43
		Standard Deviation	5.54	5.05
		Skewness	0.588	0.581
		Kurtosis	-0.342	-0.394
	Coaching	Mean	49.67	75.94
		Standard Deviation	4.06	4.35
		Skewness	-0.403	-0.935
		Kurtosis	-0.849	-0.677
	Self-learning	Mean	48.77	64.59
		Standard Deviation	2.13	6.68
		Skewness	-0.200	-0.197
		Kurtosis	0.037	-1.63

The Kolmogorov-Smirnov test was used to check the normality of data distribution, Levene's test was used to assess the equality of variances in the research communities, and the F-test was used to examine the regression slope between groups. After testing the assumptions of covariance analysis, the test was conducted. To perform this test, the effect of the pre-test phase between the two experimental groups (coaching and self-learning) and the control group was removed. The results of the analysis of covariance can be seen in Table 2. After removing the effect of the pre-test variable and based on the computed F coefficient, it was observed that the null hypothesis was rejected, and the coaching method had a greater impact on marital satisfaction and intimacy compared to the control group. The "practical significance" of this effect for marital satisfaction and intimacy of couples was 0.30 and 0.37, respectively. This

means that 30% and 37% of the total variance or individual differences in marital satisfaction and intimacy in the control and coaching groups were attributed to the cognitive-behavioral interventions using the coaching method. Additionally, the high power of the statistical test in this research indicates a high probability that the null hypothesis was correctly rejected. Furthermore, it was concluded that the self-learning method had a greater impact on marital satisfaction and intimacy compared to the control group. The "practical significance" of this effect for marital satisfaction and intimacy of couples was 0.19 and 0.23, respectively. This means that 19% and 23% of the total variance or individual differences in marital satisfaction and intimacy in the control and self-learning groups were attributed to the cognitive-behavioral interventions using the self-learning method.

**Table 2**

*Results of Analysis of Covariance (ANCOVA)*

Indicator	Sum of Squares	F	p	Eta Squared	Power of Test
Effect of Cognitive-Behavioral Interventions Using Coaching on Marital Satisfaction					
Pre-test	756.497	37.018	0.01	0.733	0.99
Group	112.751	10.647	0.01	0.30	0.87
Error	12.397				
Total	2578				
Effect of Cognitive-Behavioral Interventions Using Coaching on Couple Intimacy					
Pre-test	1024.921	67.070	0.001	0.823	0.99
Group	342.672	21.220	0.010	0.372	0.85
Error	29.235				
Total	4462				
Effect of Cognitive-Behavioral Interventions Using Self-learning on Marital Satisfaction					
Pre-test	476.532	14.740	0.03	0.768	0.99
Group	103.756	10.389	0.004	0.19	0.91
Error	10.48				
Total	2024				
Effect of Cognitive-Behavioral Interventions Using Self-learning on Couple Intimacy					
Pre-test	224.45	22.780	0.001	0.698	0.99
Group	87.46	12.690	0.001	0.23	0.89
Error	14.76				
Total	2043				

To compare the effectiveness of the two cognitive-behavioral intervention methods, coaching and self-learning, analysis of covariance (ANCOVA) was used for the data related to these two groups. To determine which of the

variables showed a difference, one-way covariances within the MANCOVA were used. The results of the one-way analysis of covariance (ANCOVA) are presented in Table 4.

**Table 3**

*Results of One-Way ANCOVA within the MANCOVA for the Post-test Scores of Marital Satisfaction and Couple Intimacy in the Coaching and Self-learning Groups*

Indicators	Sum of Squares	Degrees of Freedom	Mean Square	F	P	Eta Squared	Power of Test
Marital Satisfaction	756.497	1	378.484	37.018	0.01	0.11	0.99
Couple Intimacy	350.751	1	175.375	53.647	0.01	0.14	0.99



As seen, with the results for marital satisfaction ( $F = 37.018, p \leq 0.01$ ) and couple intimacy ( $F = 53.647, p \leq 0.01$ ), it can be concluded that the difference in marital satisfaction and couple intimacy scores between the coaching and self-learning groups is significant. Therefore, both variables are statistically significant at a level smaller than 0.05. This means that the cognitive-behavioral intervention using the coaching method was more effective in increasing marital satisfaction and couple intimacy. Furthermore, the effect size shows that approximately 11% of the difference between the two groups in the post-test for marital satisfaction and about 14% of the difference between the two groups in the post-test for couple intimacy is related to the cognitive-behavioral interventions using the coaching method.

#### 4. Discussion and Conclusion

The present study compared the effectiveness of two cognitive-behavioral intervention methods, coaching and self-learning, on marital satisfaction and couple intimacy. For this purpose, the sample was divided into three groups, and after the interventions, the results from the questionnaires were analyzed. Based on the findings, it was determined that cognitive-behavioral interventions through coaching resulted in a 11% and 14% difference in marital satisfaction and couple intimacy scores, respectively, compared to the self-learning group. The explanation for this finding is that cognitive-behavioral interventions are specialized techniques that individuals cannot fully master simply by reading sources; there are issues that individuals may not fully grasp the intended training and may not apply them accurately. On the other hand, in the coaching method, due to the presence of a coach or therapist, individuals are required to perform certain exercises and report their feedback in subsequent sessions. Since this obligation does not exist for the self-learning group, it is expected that the effectiveness of this group would be lower.

Coaching, as a new intervention in behavioral science, helps individuals improve their well-being and performance by focusing on growth, values, meaning, self-awareness, and self-actualization, assisting them in reaching their desired goals. In the coaching method, the individual, with the help of a coach, finds their own way. In other words, the coach provides precise resources to the individual, and whenever they encounter an issue, they can seek assistance from the coach. This leads to the individual setting their goals with greater speed and moving toward them. However, in the self-

learning method, everything relies on the individual's learning skills, which reduces the speed of action. This can result in coaching showing better outcomes. The coach helps individuals focus on what is more important to them, whereas in self-learning, the individual may focus on less important issues. Coaching not only facilitates learning but also ensures its stabilization. In contrast, the self-learning method showed less stability. Additionally, cognitive-behavioral approaches emphasize that our reaction to events is largely determined by our perception of them, not the events themselves. Coaching, through examining and re-evaluating less useful viewpoints, leads to the creation of alternative viewpoints and behaviors that may be more effective in solving problems. Cognitive-behavioral coaching interventions aim not to provide answers to problems, but to assist individuals in reaching their own conclusions and solutions through a collaborative process called guided discovery.

The findings also indicated that cognitive-behavioral interventions in the coaching method led to a 30% increase in marital satisfaction in couples who had low scores on this variable ( $p \leq 0.05$ ). These results align with the prior findings ([Abdekhodaie, 2021](#); [Akbari et al., 2018](#); [Alizadeh et al., 2018](#); [Hosseinpour et al., 2018](#); [Khalatbari & Karimi, 2017](#); [Omidpour et al., 2015](#); [Rahimi et al., 2020](#); [Sadegh & Kazemi, 2014](#); [Tavakkolizadeh & Haji Vosough, 2013](#)). To explain the findings regarding the effectiveness of cognitive-behavioral interventions using coaching, the primary goal of this program is to increase couples' awareness of their thoughts and feelings. This method emphasizes cognitive change and cognitive restructuring (changing thoughts), which reduces stress and ultimately creates conceptual alignment for couples. Moreover, this method aims to reduce emotional distress using various strategies. It targets couples' cognition, feelings, and behaviors with different options and ultimately increases marital satisfaction ([Dowlati et al., 2014](#)).

Based on research, cognitive-behavioral interventions using coaching in the context of couples lead to improved behavioral skills among couples. These behavioral skills include exchanging pleasant and positive behaviors, as well as reducing negative behaviors and punishment. Furthermore, changes in couples' behavior and emotions lead to changes in their attitudes, which ultimately lead to marital satisfaction ([Khalatbari & Karimi, 2017](#)).

Cognitive-behavioral interventions using the coaching method also emphasize Ellis's approach, which aims to change individuals' mental schemas. This approach suggests

that if the reason for low marital satisfaction is a psychological disorder such as depression in one of the partners, the symptoms will decrease, and with the reduction of this disorder, the couples' satisfaction with being together will increase (Rajabi et al., 2011).

On the other hand, cognitive-behavioral interventions using coaching, by identifying personal risk factors among couples and aspects of their resilience, help couples prepare for a happier and more stable life (Akbari et al., 2018; Sadegh & Kazemi, 2014). Additionally, the cognitive-behavioral approach using coaching leads to improvements in positive thinking, personal behaviors, relational and social behaviors, problem-solving, financial matters, economic activities, religious tendencies and behaviors, parenting, leisure activities, and emotional relationships. These factors can contribute to increasing marital satisfaction (Alizadeh et al., 2018).

According to studies (Bélanger et al., 2015; Hosseinpour et al., 2018; Sadegh & Kazemi, 2014), after cognitive-behavioral interventions using coaching, couples reported greater satisfaction with their marital life, which can be attributed to the tasks completed during the intervention, as participants documented and expressed their emotions during therapy sessions. It can also be argued that cognitive-behavioral interventions using coaching address the restructuring of irrational sexual thoughts about oneself, the partner, and the relationship, positive self-talk, focusing attention, and self-expression. All these cognitive techniques lead to sexual satisfaction between spouses, thus improving their overall cognitive aspect. Moreover, cognitive-behavioral techniques in this domain use sexual awareness and sexual skills, imagination, increasing insight, understanding systemic causes, reducing sexual desire, and emotional and behavioral interventions to influence women's sexual desire. This technique improves marital satisfaction through positive interactions with the partner, especially in relationships. One aspect of marital satisfaction is sexual satisfaction in marital life, which can reduce sexual desire disorder. Therefore, marital conflicts decrease, leading to an increase in quality of life and marital satisfaction (Rahimi et al., 2020).

Cognitive-behavioral therapists believe that irrational beliefs and automatic negative thoughts in spouses are factors contributing to marital dissatisfaction. Focusing on behavior, communication skills, and their interpretation of events affects marital satisfaction. The cognitive-behavioral approach using coaching is objective and problem-oriented, providing couples with educational skills (Epstein &

Baucom, 2018). This approach also has a subjective viewpoint, where the coach or therapist helps couples by exposing them to ultimate concerns such as freedom, death, and the search for meaning. This approach emphasizes therapeutic relationships, responsibility, creative opportunities for growth during crises, self-awareness, the opportunity for verbal expression of experiences, and deepening meanings. Couples are encouraged to discover the meaning of marital relationships and their potential meanings (Sousa & Tavares, 2019).

The satisfaction that couples experience in marriage and marital relationships is the most important aspect of the marital system, which can affect other aspects of their life. Marital satisfaction is considered as the subjective feelings of happiness, contentment, and pleasure experienced by spouses when considering all aspects of their life (Ismail et al., 2014), and the cognitive-behavioral approach using coaching emphasizes the subjective meaning, rationality, focus on coping skills, the importance of immediate emotional experiences, and helping clients accept all aspects of their experience and explore the unconscious to achieve self-awareness (Abdekhodaie, 2021). Therefore, marital satisfaction in couples can be predicted using the cognitive-behavioral intervention approach in coaching.

Furthermore, communication issues and poor social skills among couples are the most important factors contributing to conflict, dissatisfaction, and incompatibility, which reduces satisfaction between couples. Providing appropriate and effective communication skills to couples can help identify basic needs, leading to satisfaction with marital life (Hosseinpour et al., 2018). The cognitive-behavioral approach using coaching increases couples' awareness of their irrational thoughts and the positive aspects of their behaviors. Additionally, through educational sessions and assignments, this approach corrects beliefs and misattributions. Correcting beliefs, unrealistic expectations, and misattributions between couples reduces unnecessary distress and increases understanding of each other's positive behaviors, ultimately increasing marital satisfaction. According to cognitive approach followers, some common cognitive errors can mislead our interpretation of reality, which is reflected in our inappropriate behaviors.

Other results of the study showed that cognitive-behavioral interventions using coaching led to a 37% increase in couple intimacy in couples who had low scores on this variable ( $p \leq 0.05$ ). The results of this part of the study are consistent with the prior findings (Ebadi et al., 2018; Hosseinpour et al., 2018; Khalatbari & Karimi, 2017;

Mohammadi et al., 2023; Omidpour et al., 2015; Rahimi et al., 2020).

To explain this finding, it can be said that based on the cognitive approach, cognitive errors cause individuals' perception and interpretation of reality to become distorted, leading to inappropriate behaviors and attitudes in couples. Therefore, it can be stated that the depth of intimacy between couples depends on their ability to communicate their feelings, thoughts, and desires correctly, clearly, and effectively (Khalatbari & Karimi, 2017). Moreover, communication issues and poor social skills among couples are the most important factors contributing to conflict, dissatisfaction, and incompatibility, which decreases intimacy between them. Cognitive-behavioral interventions using coaching help improve communication skills, such as verbal and non-verbal skills. Strengthening communication skills, in turn, increases self-confidence and reduces negativity, which ultimately leads to increased intimacy between couples (Ebadi et al., 2018; Khalatbari & Karimi, 2017).

In cognitive-behavioral interventions using coaching, communication skills are taught to couples. Teaching these skills helps couples exchange messages better, which improves their perception of each other. Repeated practice of communication skills allows couples to incorporate these skills into their behaviors and, by retaining them in their minds, turn to them in times of conflict and solve problems together. These practices lead to increased intimacy between couples (Omidpour et al., 2015). This approach also provides opportunities for couples to practice new skills and receive feedback. Additionally, by assigning tasks for future sessions, couples are required to practice their skills, which brings them closer together and increases intimacy between them (Ebadi et al., 2018; Khalatbari & Karimi, 2017).

In general, it can be said that the depth of intimacy between two people in their relationship depends on their ability to communicate their thoughts, feelings, needs, and desires clearly, correctly, and effectively. Cognitive-behavioral interventions using coaching can enhance communication skills, such as verbal and non-verbal skills. Increasing communication skills boosts positive self-esteem and reduces skepticism, which ultimately improves intimacy and identifies basic psychological needs in couples (Khojasteh Mehr et al., 2016). This program also provides opportunities for couples to practice new skills and receive feedback. Additionally, by assigning tasks for future sessions, couples are required to practice their skills, which

brings them closer together and increases intimacy between them.

Regarding the self-learning method, the results of the study showed that cognitive-behavioral interventions through self-learning led to a 19% increase in marital satisfaction in couples who had low scores on this variable ( $p \leq 0.05$ ). To explain the effectiveness of cognitive-behavioral interventions through self-learning, it can be said that this approach, by precisely teaching effective methods for resolving marital conflicts, increases marital satisfaction and strengthens marital foundations. In the literature related to cognitive-behavioral interventions, it is taught that alongside revealing existing conflicts, the resolution of contradictions that create conflicts is made possible, and the correct method of conflict resolution is taught for individuals to apply. Changes in family functioning due to the self-learning cognitive-behavioral approach, such as boundary setting, strengthening marital subsystems, and enhancing parenting and child-related areas, are achieved. Couples' efforts to resolve conflicts may be blocked by misunderstandings of their partner's emotions and thoughts, reducing marital satisfaction. However, cognitive-behavioral education generally explains what aggression is and how conflicts can be resolved. In general, cognitive-behavioral interventions lead to improved behavioral skills among couples. On the other hand, behavioral skills involve the exchange of positive and pleasant behaviors and the reduction of negative behaviors and punishment. Additionally, changes in couples' feelings and behaviors lead to changes in their attitudes, which ultimately leads to marital satisfaction and intimacy (Ebadi et al., 2018; Tavakkolizadeh & Haji Vosough, 2013).

Finally, based on the study's findings, it was concluded that cognitive-behavioral interventions using self-learning led to a 24% increase in couple intimacy in couples who had low scores on this variable ( $p \leq 0.05$ ). The explanation for this finding is that cognitive-behavioral interventions lead to an increase in positive behavioral exchanges between couples. This, in turn, satisfies their emotional-psychological needs and leads to positive feelings toward one another. Reducing punishment and negative behaviors through cognitive and behavioral education decreases negative feelings such as anger, hatred, and resentment toward each other, and by changing their attitudes, increases intimacy and satisfaction between them (Alizadeh et al., 2018; Hosseinpour et al., 2018; Khalatbari & Karimi, 2017).

## 5. Suggestions and Limitations



Based on the findings of this study, it can be concluded that the impact of the cognitive-behavioral approach on marital satisfaction and intimacy is significant. Having unrealistic, destructive beliefs, attributions, and different perceptions can affect couples' relationships, and cognitive-behavioral interventions address and correct these issues. Correcting these issues can reduce anger and distress between couples, help them focus on each other's positive behaviors, and ultimately lead to marital intimacy and satisfaction. This study, like others, has some limitations. Among the limitations of this study are the reduced validity of data due to social desirability bias from using questionnaires, the unequal number of women and men in the study, and the lack of control for the couples' cultural context. Based on the results obtained, it is recommended that future research control for the cultural context of individuals and use clinical interviews instead of questionnaires and self-reporting methods for data collection.

#### Authors' Contributions

This article is derived from the first author's master's thesis at the Ashtian Branch of Islamic Azad University, Ashtian, Iran. All authors have contributed significantly to the research process and the development of the manuscript.

#### Declaration

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

#### 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. We express our sincere gratitude to all individuals who assisted us in conducting this research. For ethical considerations, ethics approval was obtained for this study. This study is registered under the ethics code IR.UMZ.REC.1401.030.

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