

# Effectiveness of Emotion-Focused Family Therapy on Marital Intimacy and Psychological Flexibility in Couples with Marital Conflict

Narjes. Derakhshandeh<sup>1</sup>, Niloofar. Mikaili Baghi<sup>2\*</sup>, Masomeh. Rahimian<sup>3</sup>

<sup>1</sup> Department of Clinical Psychology, Se.C., Islamic Azad University, Semnan, Iran

<sup>2</sup> Department of Clinical Psychology, Isl.C., Islamic Azad University, Islamshahr, Iran

<sup>3</sup> Department of General Psychology, SR.C., Islamic Azad University, Tehran, Iran

\* Corresponding author email address: nilofarmikaili@iau.ac.ir

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### ABSTRACT

**Objective:** This study aimed to investigate the effectiveness of emotion-focused family therapy in improving marital intimacy and psychological flexibility among couples experiencing marital conflict.

**Methods and Materials:** This applied study employed a quasi-experimental pretest-posttest design with a control group. The statistical population consisted of couples with marital conflict who attended counseling and family service centers in 2026. Using purposive sampling, 30 couples were recruited and randomly assigned to an experimental group and a control group, with 15 couples in each group. The experimental group received emotion-focused family therapy, whereas the control group received no intervention during the study period. Data were collected using the Thompson and Walker Marital Intimacy Scale and the Cognitive Flexibility Inventory developed by Dennis and Vander Wal. The collected data were analyzed using multivariate analysis of covariance (MANCOVA) followed by univariate analysis of covariance (ANCOVA) in SPSS version 26, with pretest scores statistically controlled when examining posttest differences between the groups.

**Findings:** The multivariate analysis indicated that the overall effect of group membership on the combined dependent variables was statistically significant ( $p < .001$ ), demonstrating a significant difference between the experimental and control groups after controlling for baseline scores. The univariate analyses further showed that emotion-focused family therapy produced a significant increase in marital intimacy compared with the control condition,  $F(1, 26) = 22.17, p < .001$ , partial  $\eta^2 = .460$ . A statistically significant intervention effect was also observed for psychological flexibility,  $F(1, 26) = 21.25, p < .001$ , partial  $\eta^2 = .450$ . The effect sizes indicated that approximately 46.0% of the adjusted variance in marital intimacy and 45.0% of the adjusted variance in psychological flexibility were attributable to group membership, supporting a substantial intervention effect on both outcomes.

**Conclusion:** Emotion-focused family therapy appears to be an effective intervention for enhancing marital intimacy and psychological flexibility among couples experiencing marital conflict. By facilitating emotional experience and regulation, restructuring maladaptive interactional patterns, and strengthening emotional connection between partners, this therapeutic approach may improve both relational closeness and couples' capacity to respond flexibly to stressful interpersonal situations. Its application in couple and family counseling settings is therefore supported, while future studies should examine the durability of these effects using larger samples and long-term follow-up assessments.

**Keywords:** Emotion-Focused Family Therapy; Marital Intimacy; Psychological Flexibility; Marital Conflict; Couples

## 1. Introduction

Marital relationships constitute one of the most consequential interpersonal systems in adult life, influencing emotional security, psychological well-being, social functioning, and the broader organization of family life. Although marital relationships may provide companionship, emotional support, mutual growth, and a stable context for coping with life stressors, they can also become a major source of psychological strain when recurring disagreements are not effectively managed. Marital conflict generally refers to persistent or recurrent patterns of disagreement, emotional disconnection, hostility, withdrawal, criticism, or unmet relational needs between partners. Such conflict is not defined merely by the presence of disagreement, because disagreements are common in most intimate relationships; rather, its clinical significance is more closely related to the frequency, intensity, emotional meaning, and persistence of dysfunctional interactional cycles. Contemporary couple and family therapy research increasingly conceptualizes relational distress as a multidimensional phenomenon that involves emotional regulation, attachment needs, interpersonal responsiveness, communication processes, and the capacity of partners to adapt flexibly to stressful situations. Evidence from systemic and couple-based interventions indicates that psychological treatment can meaningfully improve adult relational problems, particularly when interventions directly address interaction patterns and emotional processes that maintain couple distress (Carr, 2025). Therefore, understanding the psychological mechanisms associated with marital conflict and identifying interventions capable of improving both relational and intrapersonal functioning are important priorities in couple and family research.

One of the variables most directly affected by chronic marital conflict is marital intimacy. Marital intimacy refers to the degree of emotional closeness, mutual understanding, openness, affection, trust, responsiveness, and perceived accessibility experienced between partners. Intimacy provides a relational context in which individuals can express vulnerable emotions, disclose personal concerns, seek emotional support, and experience acceptance without excessive fear of rejection or criticism. When conflict becomes persistent, couples often enter negative cycles characterized by protest, defensiveness, distancing, emotional withdrawal, or escalation, all of which can weaken perceived closeness and reduce willingness to engage vulnerably with the partner. Recent research has

reinforced the protective role of intimacy in couple functioning. For example, intimacy has been shown to reduce withdrawal following interpersonal conflict, suggesting that stronger relational closeness may help partners remain emotionally engaged even after disagreements and may prevent conflict from developing into prolonged patterns of disengagement (Lu et al., 2025). Accordingly, low marital intimacy may not only be a consequence of marital conflict but may also contribute to the persistence of distress by weakening emotional repair processes following conflict.

The importance of marital intimacy is also evident in intervention research. Emotionally focused approaches have repeatedly been associated with improvements in intimacy, relational harmony, and relationship adjustment among distressed couples. In one study, emotionally focused couple therapy improved intimacy and marital harmony among distressed couples, supporting the idea that interventions targeting emotional bonds can facilitate relational closeness and improve the quality of couple interactions (Behrang et al., 2022). More recent randomized evidence has similarly demonstrated that emotionally focused couple therapy can reduce shame and increase intimacy in couples, indicating that changes in emotional vulnerability and relational accessibility may occur together within this therapeutic framework (Mirzazade et al., 2025). These findings are theoretically important because shame, defensiveness, emotional withdrawal, and restricted self-disclosure often interfere with intimacy, whereas interventions that facilitate safe emotional engagement may allow partners to communicate attachment needs more directly and respond to each other with greater empathy. As a result, marital intimacy can be viewed both as an important treatment outcome and as a mechanism through which broader relational improvements may emerge.

A second variable that may be particularly relevant to marital conflict is psychological flexibility. Psychological flexibility broadly refers to the capacity to remain in contact with present experiences, including difficult emotions and thoughts, while adapting one's behavior in ways that are responsive to situational demands and meaningful relational goals. Within intimate relationships, psychological flexibility may involve the ability to tolerate distress during disagreement, reconsider rigid interpretations, shift perspective, respond to a partner without becoming dominated by automatic defensive reactions, and select alternative behaviors when habitual responses are ineffective. In contrast, psychological inflexibility may

manifest as rigid thinking, experiential avoidance, emotional overcontrol, repetitive conflict responses, and difficulty modifying behavior despite negative interpersonal consequences. Such patterns can intensify marital conflict because inflexible responses often reduce the capacity for perspective-taking, compromise, and constructive emotional communication. Recent research among couples dealing with serious health-related stress has shown that psychological flexibility is meaningfully associated with relationship functioning, highlighting its potential importance as an intrapersonal resource that supports adaptation within close relationships (Ma, Yang, et al., 2025). Although couples coping with illness face specific forms of stress, the underlying relevance of psychological flexibility may extend to marital conflict more generally because both contexts require adaptation to emotionally demanding interpersonal circumstances.

The broader intervention literature also suggests that relationship functioning is responsive to psychologically informed treatments that improve emotional and behavioral adaptation. A systematic review and meta-analysis of psychological interventions among couples coping with prostate cancer found that couple-based psychological interventions can improve aspects of relationship functioning, emphasizing the value of targeting relational processes alongside individual adjustment (Ma, Cariola, et al., 2025). Similarly, a systematic review and meta-analysis of couple-based interventions involving women with breast or genital cancer and their partners documented beneficial effects on marital outcomes, further demonstrating that dyadic interventions can strengthen relationship functioning under conditions of significant psychological stress (Zahedi et al., 2024). These findings are relevant to marital-conflict research because they illustrate that relational outcomes are not fixed consequences of stress; instead, they can be modified through interventions that enhance communication, emotional responsiveness, coping, and mutual support. Consequently, interventions that influence both emotional connection and adaptive responding may be particularly suitable for couples whose distress involves both diminished intimacy and reduced psychological flexibility.

Emotion-focused therapy represents one of the principal therapeutic approaches developed around the assumption that emotions are central organizing processes in individual and interpersonal functioning. Rather than treating emotional responses merely as symptoms to be controlled, emotion-focused approaches emphasize identifying, accessing, processing, differentiating, and transforming

emotional experiences. Emotional responses can carry information about unmet needs, perceived threats, attachment concerns, shame, fear, anger, grief, and longing for closeness. When these experiences remain unrecognized or are expressed through secondary reactions such as criticism, hostility, avoidance, or withdrawal, couples may become trapped in recurring negative interaction cycles. Emotion-focused therapy attempts to make these underlying emotional processes explicit and therapeutically workable, enabling individuals and couples to develop more adaptive ways of understanding, expressing, and regulating emotions. Evidence outside the specific domain of marital distress has also demonstrated the broader therapeutic relevance of emotion-focused treatment. For example, emotion-focused therapy has been found to improve psychological outcomes such as post-traumatic stress and post-traumatic growth in individuals with trauma-related difficulties (Haghighatbayan et al., 2022). Emotion-focused treatment has also been applied to personality organization and ego strength in individuals experiencing tension-type headache, illustrating its relevance to deeper patterns of emotional and psychological functioning beyond couple distress (Rafiei et al., 2022).

Within couple therapy, emotionally focused couple therapy is grounded in an attachment-oriented and systemic understanding of relationship distress. Its central premise is that many destructive couple interactions are maintained by unmet attachment needs and by reciprocal emotional responses that become organized into rigid cycles. A partner who feels insecure may criticize or pursue reassurance, while the other partner may withdraw to reduce perceived conflict; the withdrawal may then intensify the first partner's insecurity, creating a self-reinforcing interaction pattern. Therapeutic work therefore focuses on identifying these cycles, accessing primary emotional experiences, increasing emotional awareness, promoting direct expression of attachment-related needs, and fostering more responsive partner interactions. The goal is not simply to reduce overt disagreement but to reorganize the emotional bond underlying the relationship. A comprehensive meta-analysis of emotionally focused couple therapy has provided substantial support for its efficacy across studies, indicating that the approach produces meaningful improvements in couple relationship outcomes (Spengler et al., 2024). Likewise, a meta-analysis examining the Hold Me Tight program, an intervention derived from emotionally focused principles, found a significant association with improved couple relationship adjustment, further supporting the

broader effectiveness of emotionally focused relational interventions (McKibben et al., 2024).

Research examining the therapeutic processes of emotionally focused couple therapy has also clarified how change may occur during treatment. Micro-analytic investigation of therapist skills in high-conflict couples has shown that the effectiveness of emotionally focused intervention depends partly on how therapists identify, organize, and work with moment-to-moment emotional and interactional processes (Karakurt et al., 2023). Such findings are especially relevant for couples with entrenched conflict because high-conflict relationships often involve rapid emotional escalation, strong defensive reactions, and difficulty maintaining reflective engagement. Process research has also examined alliance ruptures and their resolution within emotion-focused couple therapy, demonstrating that rupture-repair processes are an important component of therapeutic work and may provide opportunities to model and strengthen more adaptive relational repair (Sherlow-Levin et al., 2024). This perspective is consistent with the broader assumption that effective couple therapy requires not only the teaching of communication strategies but also the creation of corrective emotional experiences in which partners become more able to remain engaged during interpersonal strain.

Emotion regulation appears to be another key pathway through which emotionally focused interventions may influence relationship outcomes. Couples experiencing marital conflict often encounter difficulty regulating intense affect, particularly anger, fear, sadness, rejection sensitivity, and shame. Poorly regulated emotions may lead to impulsive criticism, emotional flooding, withdrawal, rumination, or avoidance, which can intensify relational disconnection. Research examining baseline emotion regulation in couples undergoing emotionally focused therapy has highlighted meaningful associations between emotion-regulation characteristics and changes in relationship satisfaction, suggesting that emotional regulation processes may shape treatment response and relational improvement (White VanBoxel, 2024). From this perspective, increasing psychological flexibility may be closely related to strengthening emotional regulation because flexible individuals are better able to experience emotions without automatically enacting rigid or defensive behavioral patterns. Emotion-focused therapy may therefore contribute to psychological flexibility by helping individuals distinguish primary from secondary emotions, tolerate difficult internal experiences, reconsider habitual responses,

and generate more adaptive patterns of emotional expression and interpersonal behavior.

The application of emotionally focused approaches across diverse cultural and clinical contexts further supports their potential relevance for couples experiencing marital conflict. A pragmatic trial conducted with couples in Taiwan found that emotionally focused therapy was associated with improvements in depressive symptoms and relationship distress, suggesting that the model can be implemented effectively beyond Western clinical contexts (Tseng et al., 2024). Similarly, emotionally focused couple therapy has been applied to cancer-survivor couples experiencing marital and sexual difficulties, with findings supporting its usefulness in addressing emotionally complex relational problems under severe life stress (van Diest et al., 2023). Such studies indicate that the core processes targeted by emotionally focused interventions, including emotional accessibility, responsiveness, engagement, and secure connection, may have relevance across different forms of couple distress. They also suggest that emotionally focused work can influence both relationship-specific outcomes and broader psychological functioning, which is particularly important when marital conflict is associated with emotional rigidity, avoidance, or impaired coping.

Despite the growing evidence supporting emotionally focused couple interventions, several issues remain insufficiently examined. Much of the literature has focused on global relationship satisfaction, relationship distress, depressive symptoms, adjustment, or specific clinical populations, whereas fewer studies have simultaneously investigated marital intimacy and psychological flexibility as distinct but theoretically connected outcomes. Intimacy represents the quality of emotional closeness within the relationship, while psychological flexibility reflects an individual's capacity to adaptively respond to difficult internal and interpersonal experiences. These constructs may interact in important ways. Greater psychological flexibility may enable partners to remain emotionally present during conflict, tolerate vulnerability, revise rigid interpretations, and respond more constructively to each other's needs. In turn, greater intimacy may provide a safer relational environment in which partners can express emotions and experiment with alternative patterns of interaction. Emotion-focused family therapy is theoretically well positioned to influence both processes because it combines emotional exploration, relational restructuring, communication enhancement, and modification of maladaptive interaction patterns.

Furthermore, although the empirical literature has increasingly supported emotionally focused couple therapy, the effectiveness of such interventions can vary depending on the target population, sociocultural context, baseline severity of relationship distress, and the specific outcomes being measured. Evidence from randomized trials, pragmatic studies, process research, and meta-analyses provides a strong basis for continued investigation, but additional context-specific studies remain necessary to clarify the extent to which emotionally focused family therapy improves relational and psychological outcomes among couples presenting directly with marital conflict. The current study also responds to the need to examine outcomes beyond general satisfaction by focusing specifically on marital intimacy and psychological flexibility. These two outcomes are clinically important because one reflects the quality of emotional connection between partners, while the other reflects the capacity to adapt effectively when facing distressing emotions, thoughts, and interpersonal challenges. Examining them together may provide a more comprehensive understanding of how emotion-focused family therapy influences both relational closeness and adaptive psychological functioning.

Accordingly, the aim of the present study was to investigate the effectiveness of emotion-focused family therapy on marital intimacy and psychological flexibility among couples experiencing marital conflict.

## 2. Methods and Materials

### 2.1. Study Design and Participants

The present study was applied in terms of purpose and employed a quasi-experimental pretest–posttest design with an experimental group and a control group. The study was conducted to examine the effectiveness of emotion-focused family therapy on marital intimacy and psychological flexibility among couples experiencing marital conflict. The statistical population consisted of all couples with marital conflict who attended family counseling centers and psychological service centers in Tehran during 2026. From this population, 30 eligible couples were selected through purposive sampling and subsequently assigned randomly to either the experimental group or the control group, with 15 couples in each group. The inclusion criteria were being legally married, experiencing marital conflict, willingness of both partners to participate in the study, having an undesirable level of marital intimacy and/or psychological flexibility, and not receiving another psychological

intervention concurrently with the study. The exclusion criteria included unwillingness to continue participation, absence from the intervention sessions, and initiation of another psychological intervention during the course of the study. After obtaining informed participation and completing the pretest assessments, the experimental group received the emotion-focused family therapy intervention, whereas the control group received no psychological intervention during the same period. Upon completion of the intervention, both groups completed the posttest assessments, and changes in marital intimacy and psychological flexibility were compared between the two groups. The study procedure was implemented in accordance with the ethical principles of voluntary participation, confidentiality of personal information, and the participants' right to withdraw from the study at any stage without adverse consequences.

### 2.2. Measures

The Marital Intimacy Scale (MIS), developed by Thompson and Walker in 1983, was used to assess marital intimacy. This instrument consists of 17 items designed to measure the degree of perceived intimacy within the marital relationship. Items are scored on a seven-point Likert scale ranging from 1, indicating “never,” to 7, indicating “always,” with higher total scores reflecting greater marital intimacy. In the original development study, Cronbach's alpha coefficients ranging from .91 to .97 were reported, indicating excellent internal consistency. The scale was translated and adapted into Persian by Sanaei in 2000, and a reliability coefficient of .95 was reported for the total scale. Previous Iranian studies have also supported the psychometric adequacy of the instrument. Its convergent and discriminant validity were established in the original study by Thompson and Walker, while its content and face validity were confirmed in Iranian samples by Etemadi, Rezaei, and Ahmadi. In addition, concurrent administration with the Bagarozzi Marital Intimacy Questionnaire yielded a correlation coefficient of .82, further supporting its convergent validity. In the present study, the Cronbach's alpha coefficient for the Marital Intimacy Scale was .85, indicating satisfactory internal consistency within the study sample.

Psychological flexibility was assessed using the Psychological Flexibility Questionnaire developed by Dennis and Vander Wal in 2010. The instrument contains 20 items and was designed to evaluate individuals' capacity to

generate, consider, and apply alternative cognitive and behavioral responses when faced with stressful or challenging situations. The items are rated on a seven-point Likert scale ranging from 1, “strongly disagree,” to 7, “strongly agree,” producing a total score ranging from 20 to 140, with higher scores indicating greater psychological flexibility. In the original validation study, concurrent validity was demonstrated through a negative correlation of  $-.39$  with the Beck Depression Inventory, while convergent validity with the Martin and Rubin measure of cognitive flexibility was reported as  $.75$ . In Iran, Shareh, Farmani, and Soltani identified three dimensions for the questionnaire, including Alternatives, Control, and Alternatives for Human Behaviors, and reported a test–retest reliability coefficient of  $.81$  and a Cronbach’s alpha coefficient of  $.90$  for the total scale. Fazeli and Ehteshamzadeh Hashemi Sheikhsabani also reported a Cronbach’s alpha coefficient of  $.75$  for the total score, with coefficients of  $.72$ ,  $.75$ , and  $.67$  for the respective subscales. In the present study, the Cronbach’s alpha coefficient for the questionnaire was  $.75$ , indicating acceptable internal consistency for the assessment of psychological flexibility among participating couples.

### 2.3. Intervention

The experimental group participated in a 10-session emotion-focused family therapy program that emphasized the identification, experience, regulation, and restructuring of emotional processes underlying maladaptive relational patterns. In the first session, the therapist established rapport with the couples, introduced the therapeutic framework, clarified session rules, and created a safe therapeutic environment. The second session focused on maintaining the therapeutic alliance and conducting a broad assessment using emotion-monitoring procedures, including daily emotion records, assessment of basic emotions, and daily thought records. During the third session, assessment continued through review of homework assignments, clinical interviewing, and examination of the influence of significant others and relational contexts. In the fourth session, information obtained from emotional assessment, clinical history, and the couple’s social network was integrated to identify the central emotional difficulties and relational themes to be addressed in therapy. The fifth session involved reviewing assignments and introducing cognitive and attentional techniques, including attentional redirection, sensory awareness, and the use of pleasant memories and imagery. In the sixth session, participants

reviewed their use of the previously learned techniques, explored whether they tended to experience excessive or insufficient emotional activation, and examined five basic emotions, namely fear, sadness, anger, disgust, and happiness. The seventh session included homework review and instruction in techniques such as emotion labeling, reattribution, and the three-question technique to increase awareness of emotional meanings and response patterns. During the eighth session, the therapist expanded participants’ knowledge of emotions and their functions, facilitated the direct experience of emotions, and taught adaptive alternatives for emotion regulation in place of ineffective strategies. The ninth session addressed the relationship between culture and emotional experience, the sexualization of emotion, and possible maladaptive consequences, while also beginning termination-related work by strengthening autonomous functioning, perceived competence, and newly acquired communication behaviors. In the tenth and final session, participants reviewed homework, compared their current functioning with their condition at the beginning of therapy, reflected on therapeutic gains, explored feelings related to termination, and discussed strategies for maintaining improvements and managing possible post-treatment contact. Throughout the intervention, emphasis was placed on improving emotional awareness, modifying maladaptive interactional cycles, strengthening emotional responsiveness, and enhancing the couple’s capacity to establish more secure and intimate patterns of communication.

### 2.4. Data Analysis

The collected data were analyzed using SPSS version 26. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were calculated to summarize participants’ demographic characteristics and the distribution of the study variables across the experimental and control groups. Before conducting the main inferential analyses, the assumptions required for covariance analysis were examined. The Shapiro–Wilk test was used to assess the normality of the score distributions, Levene’s test was applied to evaluate the homogeneity of error variances, and Box’s M test was used to examine the homogeneity of covariance matrices across the study groups. After confirming that the relevant statistical assumptions were adequately satisfied, multivariate analysis of covariance (MANCOVA) was conducted to determine whether the intervention produced a significant overall effect on the

combined dependent variables of marital intimacy and psychological flexibility while controlling for the corresponding pretest scores. Where a significant multivariate effect was observed, follow-up univariate analyses of covariance (ANCOVA) were performed separately for marital intimacy and psychological flexibility to determine the specific effect of emotion-focused family therapy on each outcome. Partial eta squared was used as an index of effect size in order to estimate the proportion of variance in each posttest outcome attributable to group membership after adjustment for baseline scores. The statistical significance level for all inferential analyses was set at  $p < .05$ .

### 3. Findings and Results

The study sample consisted of 30 couples, including 15 couples in the experimental group and 15 couples in the

control group. Regarding age, 8 participants (26.7%) were aged 20–30 years, 14 (46.7%) were aged 31–40 years, and 8 (26.7%) were aged 41–50 years. In terms of educational attainment, 7 participants (23.3%) had a high school diploma or lower education, 15 (50.0%) held a bachelor's degree, and 8 (26.7%) had a master's degree or higher. With respect to duration of marriage, 9 participants (30.0%) had been married for less than 5 years, 13 (43.3%) for 5–10 years, and 8 (26.7%) for more than 10 years. Regarding the number of children, 6 participants (20.0%) had no children, 18 (60.0%) had one or two children, and 6 (20.0%) had three or more children. Chi-square tests indicated that the experimental and control groups did not differ significantly in age,  $\chi^2 = 0.58$ ,  $p = .748$ ; educational level,  $\chi^2 = 0.91$ ,  $p = .634$ ; duration of marriage,  $\chi^2 = 0.47$ ,  $p = .790$ ; or number of children,  $\chi^2 = 0.33$ ,  $p = .848$ . These findings indicated that the two groups were comparable in terms of the examined demographic characteristics.

**Table 1**

*Descriptive Statistics for Marital Intimacy and Psychological Flexibility at Pretest and Posttest*

| Variable                  | Group        | Stage    | M     | SD   | Skewness | Kurtosis |
|---------------------------|--------------|----------|-------|------|----------|----------|
| Marital intimacy          | Experimental | Pretest  | 62.13 | 8.47 | -0.12    | -0.50    |
| Marital intimacy          | Experimental | Posttest | 78.40 | 7.62 | -0.20    | -0.22    |
| Marital intimacy          | Control      | Pretest  | 61.67 | 8.19 | 0.18     | -0.35    |
| Marital intimacy          | Control      | Posttest | 63.07 | 8.55 | 0.14     | -0.29    |
| Psychological flexibility | Experimental | Pretest  | 72.87 | 9.41 | 0.17     | -0.41    |
| Psychological flexibility | Experimental | Posttest | 94.67 | 8.53 | -0.16    | -0.34    |
| Psychological flexibility | Control      | Pretest  | 73.40 | 8.96 | 0.22     | -0.37    |
| Psychological flexibility | Control      | Posttest | 75.13 | 9.12 | 0.19     | -0.28    |

As shown in Table 1, the experimental group demonstrated a substantial increase in marital intimacy from the pretest ( $M = 62.13$ ,  $SD = 8.47$ ) to the posttest ( $M = 78.40$ ,  $SD = 7.62$ ), whereas the control group showed only a slight increase from  $M = 61.67$  ( $SD = 8.19$ ) to  $M = 63.07$  ( $SD = 8.55$ ). A similar pattern was observed for psychological flexibility. In the experimental group, the mean score increased from 72.87 ( $SD = 9.41$ ) at pretest to 94.67 ( $SD = 8.53$ ) at posttest, whereas the control group showed only a modest change from 73.40 ( $SD = 8.96$ ) to 75.13 ( $SD = 9.12$ ). The relatively similar pretest means across the two groups suggested comparable baseline levels of both dependent variables, while the markedly higher posttest means in the experimental group indicated improvement following the emotion-focused family therapy intervention. In addition, skewness and kurtosis values for all measurements were within acceptable ranges and did not indicate substantial departures from normality.

Before conducting the multivariate analysis of covariance, the statistical assumptions underlying the analysis were examined. The Shapiro–Wilk test indicated that the distributions of marital intimacy and psychological flexibility scores did not significantly deviate from normality at either the pretest or posttest stage in either group, with all  $p$  values greater than .05. Specifically, the Shapiro–Wilk statistics ranged from  $W = .939$  to  $W = .961$ , with  $p$  values ranging from .372 to .703. The assumption of homogeneity of error variances was also supported by Levene's test, which was nonsignificant for marital intimacy,  $F(1, 28) = 0.615$ ,  $p = .439$ , and psychological flexibility,  $F(1, 28) = 0.728$ ,  $p = .401$ . Furthermore, Box's  $M$  test was nonsignificant, Box's  $M = 5.682$ ,  $F = 1.781$ ,  $df1 = 3$ ,  $df2 = 17550.4$ ,  $p = .149$ , indicating that the covariance matrices of the dependent variables were homogeneous across the experimental and control groups. Collectively,

these findings supported the use of multivariate and follow-up univariate covariance analyses.

**Table 2**

*Results of Multivariate and Univariate Analyses of Covariance for the Effects of Emotion-Focused Family Therapy*

| Analysis/Source           | Dependent Variable / Test | SS / Value | df    | MS      | F     | p    | Partial $\eta^2$ | Power |
|---------------------------|---------------------------|------------|-------|---------|-------|------|------------------|-------|
| Multivariate group effect | Wilks' Lambda             | 0.402      | 2, 25 | —       | 18.62 | .001 | .598             | —     |
| Pretest covariate         | Marital intimacy          | 1874.26    | 1     | 1874.26 | 37.70 | .001 | .592             | .999  |
| Pretest covariate         | Psychological flexibility | 2568.41    | 1     | 2568.41 | 42.36 | .001 | .620             | .999  |
| Group effect              | Marital intimacy          | 1102.53    | 1     | 1102.53 | 22.17 | .001 | .460             | .995  |
| Group effect              | Psychological flexibility | 1287.64    | 1     | 1287.64 | 21.25 | .001 | .450             | .992  |
| Error                     | Marital intimacy          | 1292.68    | 26    | 49.72   | —     | —    | —                | —     |
| Error                     | Psychological flexibility | 1575.39    | 26    | 60.59   | —     | —    | —                | —     |

As presented in Table 2, the multivariate analysis of covariance showed a statistically significant overall effect of group membership on the combined dependent variables after controlling for pretest scores, Wilks' Lambda = .402,  $F(2, 25) = 18.62$ ,  $p = .001$ , partial  $\eta^2 = .598$ . This finding indicated that the experimental and control groups differed significantly in the combined posttest scores of marital intimacy and psychological flexibility. Follow-up univariate ANCOVAs demonstrated that the effect of group on marital intimacy was statistically significant,  $F(1, 26) = 22.17$ ,  $p = .001$ , partial  $\eta^2 = .460$ , with statistical power of .995. Thus, after controlling for baseline marital intimacy, participation in emotion-focused family therapy was associated with significantly higher posttest marital intimacy. The group effect on psychological flexibility was likewise significant,  $F(1, 26) = 21.25$ ,  $p = .001$ , partial  $\eta^2 = .450$ , with statistical power of .992, indicating significantly greater psychological flexibility in the experimental group after adjustment for baseline scores. The partial eta-squared values indicated that group membership accounted for approximately 46.0% of the adjusted variance in posttest marital intimacy and 45.0% of the adjusted variance in posttest psychological flexibility. Overall, the findings supported the effectiveness of emotion-focused family therapy in improving both marital intimacy and psychological flexibility among couples experiencing marital conflict.

#### 4. Discussion

The present study examined the effectiveness of emotion-focused family therapy in improving marital intimacy and psychological flexibility among couples experiencing marital conflict. The findings showed that, after controlling for pretest scores, the intervention produced a statistically significant multivariate effect on the combined dependent

variables. More specifically, participants in the experimental group demonstrated significantly higher posttest scores in marital intimacy and psychological flexibility compared with those in the control group. The effect of group membership on marital intimacy was substantial, accounting for approximately 46% of the adjusted variance in posttest scores, while the intervention accounted for approximately 45% of the adjusted variance in psychological flexibility. These findings suggest that emotion-focused family therapy was not limited to improving one aspect of couple functioning, but rather influenced both the relational dimension of emotional closeness and the intrapersonal capacity to respond flexibly to difficult psychological and interpersonal experiences.

The significant improvement observed in marital intimacy is consistent with previous research showing that emotionally focused couple interventions can strengthen emotional connection, relationship adjustment, and closeness between partners. Behrang et al. reported that emotionally focused couple therapy was effective in improving intimacy and marital harmony among distressed couples, which closely corresponds with the present finding that marital intimacy increased significantly following treatment (Behrang et al., 2022). Similarly, Mirzazade et al. found that emotionally focused couple therapy significantly improved intimacy while also reducing shame, suggesting that the facilitation of vulnerable emotional expression and the reduction of self-protective affective responses can contribute to deeper couple connection (Mirzazade et al., 2025). The present results are also supported by the broader evidence base for emotionally focused couple therapy. A comprehensive meta-analysis by Spengler et al. demonstrated meaningful improvements in couple relationship outcomes following emotionally focused couple therapy, indicating that the intervention has reliable effects

across different studies and clinical contexts (Spengler et al., 2024). Likewise, the meta-analysis conducted by McKibben et al. on the Hold Me Tight program showed that emotionally focused interventions are associated with improved relationship adjustment, further reinforcing the present conclusion that interventions centered on emotional bonds can enhance the quality of couple relationships (McKibben et al., 2024).

The increase in marital intimacy may be explained by the central mechanisms of emotion-focused family therapy. Couples with chronic conflict often become trapped in repetitive interaction patterns in which criticism, defensiveness, emotional withdrawal, blame, or avoidance gradually replace openness and responsiveness. In such patterns, the emotional meaning underlying behavior is often obscured. Anger may conceal fear of rejection, criticism may reflect unmet attachment needs, and withdrawal may function as an attempt to reduce emotional overload. Emotion-focused therapy helps couples identify these interaction cycles and gain access to the primary emotions that organize their responses. By encouraging the direct expression of vulnerable feelings and relational needs, the intervention can reduce defensive communication and facilitate greater emotional accessibility and responsiveness. These processes are particularly relevant to intimacy because intimacy depends on the ability of partners to disclose emotionally significant experiences and to perceive the other partner as available, understanding, and responsive.

The findings of Lu et al. provide further support for this interpretation by showing that intimacy can reduce withdrawal after conflict among cohabiting couples (Lu et al., 2025). This finding is highly relevant because withdrawal is one of the interaction patterns that can sustain marital conflict and gradually erode emotional connection. When intimacy increases, partners may be more willing to remain engaged during and after disagreement rather than disengaging emotionally or behaviorally. Thus, the improvement in marital intimacy observed in the current study may reflect a shift from defensive disengagement toward more sustained relational involvement. Emotion-focused therapy may have facilitated this change by increasing awareness of emotional needs, encouraging emotionally congruent communication, and reducing the perceived threat associated with vulnerability.

The current findings also align with process-oriented research on emotionally focused couple therapy. Karakurt et al. emphasized the importance of therapist skills in addressing moment-to-moment emotional and interactional

processes among high-conflict couples (Karakurt et al., 2023). Their findings suggest that effective therapy requires close attention to the ways in which emotional responses become organized into recurring relational cycles. In the present intervention, participants were encouraged to identify emotions, monitor emotional experiences, examine habitual responses, and develop alternative ways of regulating and expressing emotions. Such therapeutic work may have helped couples interrupt rigid interaction patterns and replace them with more adaptive forms of communication. Similarly, Sherlow-Levin et al. examined rupture and resolution processes in emotion-focused couple therapy and showed that the management of relational ruptures is an important part of therapeutic change (Sherlow-Levin et al., 2024). The capacity to repair emotional ruptures is central to intimacy because close relationships inevitably involve moments of misunderstanding, disappointment, and conflict. What distinguishes more adaptive relationships is not the absence of rupture but the capacity to restore connection afterward.

The finding that emotion-focused family therapy significantly increased psychological flexibility also merits particular attention. Psychological flexibility involves the ability to remain open to internal experiences while adapting thoughts and behaviors to the demands of the situation rather than reacting automatically according to rigid patterns. In couple relationships, psychological flexibility may be expressed through perspective-taking, tolerance of distress, willingness to experience uncomfortable emotions, reduced experiential avoidance, and the capacity to modify ineffective interpersonal responses. The present findings suggest that emotion-focused family therapy may strengthen this flexibility by helping participants recognize emotional states more accurately, tolerate them without immediate avoidance, and choose alternative patterns of responding. This interpretation is compatible with the findings of Ma et al., who demonstrated that psychological flexibility is meaningfully associated with relationship functioning among couples dealing with significant stress (Ma, Yang, et al., 2025). Although their study focused on couples coping with prostate cancer, the underlying mechanism is relevant to marital conflict because both situations require partners to adjust to emotionally challenging circumstances without becoming trapped in rigid or avoidant patterns.

Psychological flexibility may have improved because the intervention directly addressed several processes related to cognitive and emotional rigidity. Participants were encouraged to identify emotional triggers, differentiate

among basic emotions, reconsider emotional meanings, use reattribution techniques, and practice alternative emotion-regulation strategies. Such processes can reduce rigid interpretations of a partner's behavior and create greater room for flexible responding. For example, a partner who previously interpreted withdrawal as indifference may learn to recognize it as an expression of fear, emotional overload, or uncertainty. This reinterpretation can reduce automatic hostility and permit a more adaptive response. In this sense, emotion-focused family therapy may increase psychological flexibility not through direct cognitive restructuring alone, but through changes in emotional awareness, tolerance, and interpersonal meaning-making.

The present findings are also consistent with research indicating that emotion-focused interventions can influence broader psychological functioning beyond relationship outcomes. Haghighatbayan et al. found that emotion-focused therapy was effective in addressing post-traumatic stress and post-traumatic growth, demonstrating that emotional processing can contribute to adaptation in highly stressful psychological contexts (Haghighatbayan et al., 2022). Similarly, Rafiei et al. reported beneficial effects of emotion-focused therapy on personality organization and ego strength, suggesting that the approach may influence structural aspects of psychological functioning and emotional self-regulation (Rafiei et al., 2022). These findings support the possibility that the improvement in psychological flexibility observed in the current study reflects a broader capacity of emotion-focused interventions to modify how individuals experience, organize, and respond to emotionally demanding internal states.

Emotion regulation may represent an important bridge between the observed improvements in marital intimacy and psychological flexibility. White VanBoxel found meaningful associations between emotion regulation characteristics and changes in relationship satisfaction among couples receiving emotionally focused therapy (White VanBoxel, 2024). This evidence suggests that changes in how individuals manage emotion may influence the degree to which relational improvement occurs. Couples who develop greater capacity to identify, tolerate, and communicate emotional experiences may simultaneously become more flexible in their responses and more emotionally available to their partners. In the present study, the intervention explicitly involved increasing emotional awareness, teaching adaptive strategies for emotion regulation, identifying maladaptive emotional patterns, and strengthening new communication behaviors. These

components may have produced parallel gains in psychological flexibility and intimacy because both outcomes depend, at least partly, on the ability to remain engaged with difficult emotions without resorting to rigid defensive behavior.

The broader literature on couple-based psychological interventions also supports the present findings. Ma et al., in a systematic review and meta-analysis of psychological interventions for couples coping with prostate cancer, reported improvements in relationship functioning following couple-oriented interventions (Ma, Cariola, et al., 2025). Similarly, Zahedi et al. found that couple-based interventions improved marital outcomes among women with genital and breast cancer and their partners (Zahedi et al., 2024). Although these populations differ from couples presenting primarily with marital conflict, the findings demonstrate that relationship processes remain modifiable even under substantial psychological and situational stress. The current study extends this general pattern by showing that emotion-focused family therapy may improve both interpersonal closeness and psychological adaptability among couples whose primary difficulty is relational conflict.

The current results are additionally consistent with studies showing the applicability of emotionally focused interventions across diverse cultural and clinical contexts. Tseng et al. reported reductions in depressive symptoms and relationship distress following emotionally focused therapy among couples in Taiwan, indicating that the therapeutic principles of emotional accessibility, responsiveness, and engagement may be effective in non-Western settings (Tseng et al., 2024). Van Diest et al. likewise found benefits of emotionally focused couple therapy among cancer survivor couples experiencing marital and sexual difficulties (van Diest et al., 2023). These studies are relevant because they indicate that emotionally focused approaches can be adapted to different forms of relational distress while maintaining their emphasis on emotional processes and secure connection. The present findings similarly suggest that this therapeutic orientation can be useful for couples experiencing marital conflict in the sociocultural context examined in this study.

From a systemic perspective, the significant multivariate effect observed in the current study is especially important. Couple distress rarely involves a single isolated problem. Emotional disconnection, rigid coping, maladaptive communication, avoidance, and conflict escalation tend to reinforce one another. Carr's review of couple therapy and

systemic interventions emphasized that adult-focused relational problems can be effectively addressed when treatment targets the reciprocal processes embedded in couple and family systems (Carr, 2025). The present results are compatible with this systemic understanding because changes were observed in both relational intimacy and individual psychological flexibility. Rather than conceptualizing these outcomes as entirely independent, it may be more appropriate to view them as mutually reinforcing. Greater flexibility may help partners remain open, reflective, and responsive during emotionally charged interactions, while greater intimacy may create a relational environment in which flexible responding becomes safer and more sustainable.

## 5. Conclusion

Taken together, the findings indicate that emotion-focused family therapy can contribute to meaningful improvements in both marital intimacy and psychological flexibility among couples experiencing marital conflict. The intervention appears to operate through several interconnected mechanisms, including increased emotional awareness, reduction of maladaptive avoidance, identification of primary emotional needs, modification of rigid interaction cycles, strengthened emotional responsiveness, and development of more adaptive emotion-regulation strategies. The consistency between the present findings and prior randomized trials, process studies, systematic reviews, and meta-analytic evidence strengthens the interpretation that emotionally focused interventions are capable of producing clinically meaningful relational change. At the same time, the present study contributes to the literature by examining marital intimacy and psychological flexibility together, thereby highlighting the potential of emotion-focused family therapy to influence both the quality of the couple bond and the individual capacity to respond adaptively to emotional and interpersonal stress.

## 6. Limitations & Suggestions

Several limitations should be considered when interpreting the findings of this study. First, the sample consisted of only 30 couples recruited through purposive sampling from counseling and psychological service centers in Tehran, which limits the generalizability of the results to broader populations, including couples from other geographical regions, socioeconomic groups, cultural

backgrounds, or levels of marital distress. Second, the quasi-experimental design and relatively small sample size may have reduced statistical precision and limited the ability to examine potential moderating variables such as age, duration of marriage, severity of conflict, attachment style, or previous therapeutic experience. Third, the study relied primarily on self-report measures, which may be influenced by social desirability, response bias, and participants' subjective interpretations of their relationships and psychological functioning. Fourth, the absence of a follow-up assessment means that the stability and durability of the observed treatment effects cannot be determined. Fifth, the control group received no active comparison intervention, making it difficult to determine the extent to which the observed improvements were specifically attributable to the emotion-focused therapeutic components rather than nonspecific factors such as therapist attention, expectancy, group participation, or repeated assessment.

Future studies should replicate the present research with larger and more heterogeneous samples recruited from multiple clinical and community settings in order to improve external validity and statistical power. Randomized controlled trials with active comparison groups would be particularly valuable for determining whether emotion-focused family therapy offers advantages over other established couple interventions or supportive counseling. Longitudinal follow-up assessments at several intervals after treatment should also be incorporated to evaluate whether improvements in marital intimacy and psychological flexibility are maintained over time. Future research could examine potential mechanisms of change, including emotion regulation, attachment security, experiential avoidance, communication patterns, empathy, and conflict-resolution behavior, to clarify how the intervention produces its effects. Researchers may also investigate moderators of treatment response, such as gender, duration of marriage, baseline severity of conflict, attachment style, personality characteristics, and the presence of psychological symptoms. The use of multimethod assessments, including behavioral observation, partner reports, therapist ratings, and physiological indicators of emotional arousal, could further strengthen the validity of future findings.

The findings suggest that emotion-focused family therapy may be incorporated into counseling and family therapy services for couples experiencing persistent marital conflict, particularly when difficulties involve emotional disconnection, rigid patterns of interaction, avoidance of vulnerable emotions, or limited capacity to adapt during

stressful exchanges. Practitioners may benefit from placing greater emphasis on identifying recurring emotional cycles, helping partners distinguish primary from secondary emotions, facilitating direct expression of attachment-related needs, and teaching adaptive strategies for emotion regulation. Attention should also be given to strengthening psychological flexibility by helping partners tolerate difficult emotions, reconsider rigid interpretations of each other's behavior, and experiment with alternative interpersonal responses. Counseling centers may consider developing structured emotion-focused intervention programs for distressed couples and providing specialized training and supervision for therapists in the implementation of this approach. Integrating emotion-focused principles into premarital education, marital enrichment programs, and early intervention services may also help prevent the consolidation of destructive relational patterns and support healthier emotional communication before conflicts become chronic.

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### Declaration of Interest

The authors of this article declared no conflict of interest.

### Ethical Considerations

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

### Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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### Authors' Contributions

All authors have equally contributed to the research process and the development of the manuscript.

### Declaration

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

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