

The Effectiveness of Cognitive-Behavioral Couple Therapy on Marital Intimacy and Marital Satisfaction

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ABSTRACT

The present study was conducted to examine the effectiveness of cognitive-behavioral couple therapy on marital intimacy and marital satisfaction among couples referring to counseling centers in Shahreza. This research utilized a quasi-experimental design with a pre-test-post-test and control group. The statistical population included all couples who referred to counseling centers in Shahreza, among whom 30 couples were selected as the sample through convenience sampling. Data were collected using the Marital Intimacy Questionnaire by Olia et al. (2006) and the ENRICH Marital Satisfaction Questionnaire by Olson (1998). The intervention employed Michael Free's (2015) group-based cognitive-behavioral therapy protocol. The results indicated that cognitive-behavioral couple therapy had a significant effect on increasing marital intimacy and marital satisfaction among the couples referring to counseling centers in Shahreza. The effect size showed that 37.9% of the changes in marital intimacy and 36.6% of the changes in marital satisfaction were attributable to the cognitive-behavioral couple therapy intervention. Therefore, cognitive-behavioral couple therapy can be utilized to enhance marital intimacy and marital satisfaction.

Keywords: *marital intimacy, marital satisfaction, cognitive-behavioral couple therapy*

1. Introduction

On recent decades, the quality of marital relationships has been identified as a critical factor influencing individual well-being, family functioning, and broader social stability (Ali et al., 2022; Cheung et al., 2022). Marital intimacy and satisfaction, as foundational components of healthy marital functioning, not only predict the durability of the marital relationship but also significantly impact the psychological health of both partners (Ariapooran &

Raziani, 2019; Lee et al., 2021). Numerous studies have demonstrated that persistent marital conflict, reduced intimacy, and dissatisfaction contribute to increased risk of depression, anxiety, and even the likelihood of separation or divorce (Goldberg et al., 2021; Ying et al., 2023). As a response to these challenges, various therapeutic approaches have been developed, among which Cognitive-Behavioral Couple Therapy (CBCT) has garnered strong empirical support for its effectiveness in improving marital satisfaction, reducing conflict, and enhancing

communication skills between spouses (Epstein & Zheng, 2017; Zamani & Eisa Nezhad, 2022).

CBCT emphasizes the interplay of cognitions, emotions, and behaviors within the marital context, positing that maladaptive cognitive schemas and distorted beliefs often underlie conflictual interactions and emotional disconnection (Azizi, 2016; Yazar & Tolan, 2021). Research has consistently shown that interventions targeting cognitive restructuring alongside behavioral skill-building can lead to substantial improvements in marital quality (Bayrami et al., 2024; Forouzani et al., 2024). Specifically, couples who participate in CBCT learn to identify and challenge destructive thought patterns, develop healthier attributional styles, and practice effective communication and problem-solving strategies (Zakhirehdari et al., 2019; Zamanifar et al., 2022). Such interventions have demonstrated efficacy across diverse cultural and demographic contexts, highlighting the universality of the cognitive-behavioral mechanisms underlying marital discord and the potential for positive change through structured therapeutic engagement (Farhadi et al., 2020; Najafi et al., 2020).

A growing body of literature also underscores the link between marital intimacy and various dimensions of individual and relational well-being, including sexual satisfaction, emotional security, and resilience to external stressors (Hajimoradi et al., 2021; Kamali et al., 2020). Intimacy is not merely a product of spontaneous affection or compatibility; rather, it is often cultivated through deliberate practices of empathic listening, mutual self-disclosure, and the negotiation of shared meanings and expectations (Alizadeh et al., 2019; Dildar et al., 2013). CBCT protocols, by addressing cognitive distortions and enhancing communication competencies, directly target these relational processes, providing couples with concrete tools to deepen intimacy and reinforce relational bonds (Olya et al., 2006; Rezaei, 2010). Meta-analyses confirm the robust impact of CBCT on intimacy outcomes across multiple studies, lending further credence to its utility as a first-line intervention for couples experiencing dissatisfaction or disconnection (Zamani & Eisa Nezhad, 2022).

Beyond individual studies, comparative analyses indicate that CBCT outperforms many traditional or eclectic therapeutic modalities in improving marital satisfaction and reducing conflictual patterns (Vafaeinezhad et al., 2023; Zamanifar et al., 2022). For instance, studies comparing CBCT with integrative or systemic approaches have found CBCT to be particularly effective in modifying cognitive schemas and improving differentiation of self, which are

crucial factors in promoting lasting intimacy (Bayrami et al., 2024; Zamanifar et al., 2022). Moreover, research on the application of CBCT within different sociocultural contexts, including studies in Iran, has highlighted its adaptability and effectiveness across varying marital structures and gender role expectations (Ali et al., 2022; Forouzani et al., 2024). This growing international body of evidence reinforces the importance of culturally sensitive adaptations of CBCT protocols while maintaining their theoretical core rooted in cognitive-behavioral principles (Cheung et al., 2022; Quintard et al., 2021).

In addition to relational benefits, the cognitive-behavioral approach has demonstrated positive impacts on individual psychological outcomes, including reductions in depressive and anxiety symptoms associated with marital stress (Goldberg et al., 2021; Ying et al., 2023). Some scholars have suggested that improvements in marital intimacy and satisfaction achieved through CBCT may function as protective buffers against external stressors, particularly during life transitions such as pregnancy, illness, or socioeconomic hardship (Kavitha et al., 2014; Lee et al., 2021). Furthermore, the focus on communication skills and mutual problem-solving enhances couples' capacity to manage stress collaboratively, fostering a sense of partnership and resilience (Farhadi et al., 2020; Forouzani et al., 2024).

Despite the strong evidence base, gaps remain in the literature regarding the mechanisms of change within CBCT and the specific contribution of its cognitive versus behavioral components (Epstein & Zheng, 2017; Zamani & Eisa Nezhad, 2022). Additionally, few studies have examined the long-term sustainability of treatment gains, particularly in non-Western populations where cultural norms may moderate the effects of cognitive restructuring interventions (Alizadeh et al., 2019; Ariapooran & Raziani, 2019). Addressing these gaps requires methodologically rigorous studies employing longitudinal designs and culturally tailored assessment tools (Azizi, 2016; Vafaeinezhad et al., 2023).

Given these considerations, the present study aimed to examine the effectiveness of a structured CBCT intervention on marital intimacy and marital satisfaction among couples attending counseling centers in Shahreza.

2. Methods and Materials

2.1. Study Design and Participants

For conducting this research, a quasi-experimental method with a control group and a pre-test–post-test design was used. The statistical population in this study included all couples in the city of Shahreza. Using the formula proposed by Cohen, 36 couples were initially selected, considering the potential attrition in the control group during the post-test phase and in the experimental group during the intervention phase. Ultimately, 30 couples were selected through purposive sampling and randomly assigned to two groups: experimental and control (15 couples in each group).

The group-based cognitive-behavioral training program by Michael Free was conducted in ten 60-minute sessions, twice a week for five consecutive weeks for the experimental group. During this period, homework assignments were provided to engage participants with the session topics and to practice the learned skills. The control group received no intervention. Then, one month after the end of the sessions, during the post-test phase, both the control and experimental group couples completed the research questionnaires.

2.2. Measures

Couples' Intimacy Questionnaire by Olia et al.: This questionnaire consists of 85 items developed by Olia et al. (2006). It uses a Likert scale and measures nine dimensions of marital intimacy: emotional intimacy (11 items), intellectual intimacy (8 items), physical intimacy (6 items), social–recreational intimacy (8 items), communication intimacy (11 items), spiritual intimacy (9 items), psychological intimacy (9 items), sexual intimacy (8 items), and overall intimacy (15 items). The individual's score is obtained by summing the item scores. Items 1, 8, 10, 22, 23, 24, 28, 32, 33, 35, 37, 39, 43, 46, 47, 51, 52, 54, 59, 60, 61, 62, 71, 72, 73, 74, and 75 are reverse-scored; others are scored directly. The minimum possible score is 85 and the maximum is 340. A higher score indicates greater marital intimacy. Content validity was examined by five counseling experts from the Faculty of Psychology, University of Isfahan. Item validity was assessed through item-total correlations. Items not significantly correlated with the total score or significant only at the 5% level were removed. The final 85 items were those with correlations significant at least at the 1% level. Concurrent validity was assessed with the Thompson and Walker Intimacy Scale, showing a correlation of 0.92, significant at the 1% level ($p < .01$, $r = .92$). Reliability was determined using Cronbach's alpha, which was calculated at .9858 for the total scale.

ENRICH Marital Satisfaction Questionnaire: The 47-item ENRICH form was developed by Olson (1998) and consists of 12 subscales: idealistic distortion, marital satisfaction, personality issues, marital communication, conflict resolution, financial management, leisure activities, sexual relationship, marriage and children, relatives and friends, egalitarian roles, and religious orientation. This instrument uses a five-point Likert-type scale (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree) scored from 1 to 5. Olson, Fournier, and Druckman reported the Cronbach's alpha coefficients for the subscales as follows: .90 (idealistic distortion), .81 (marital satisfaction), .73 (personality issues), .68 (communication), .75 (conflict resolution), .74 (financial management), .76 (leisure activities), .48 (sexual relationship), .77 (children and parenting), .72 (relatives and friends), and .71 (egalitarian roles). Across several studies, ENRICH subscale alphas ranged from .68 (egalitarian roles) to .86 (marital satisfaction), with an average of .79. Test-retest reliability over four weeks ranged from .77 (leisure activities) to .92 (sexual relationship and idealistic distortion), with an average of .86. In Iran, Soleimani first calculated the internal consistency at .93 for the long form and .95 for the short form. Mirkheshti reported a Cronbach's alpha of .92 in a study on marital satisfaction and mental health involving 60 participants. In another study, Mahdavian found test-retest Pearson correlations over one week to be .937 for men, .944 for women, and .94 overall. Subscale reliability coefficients for the women and men groups were reported as follows: .72 (idealistic distortion), .85 (marital satisfaction), .76 (personality issues), .76 (communication), .76 (conflict resolution), .81 (financial management), .63 (leisure activities), .69 (sexual relationship), .87 (children and parenting), .69 (relatives and friends), .62 (egalitarian roles), and .73 (religious orientation).

2.3. Intervention

The group-based cognitive-behavioral training program by Michael Free (2015) was conducted over ten sessions, each lasting 60 minutes, delivered twice weekly over five consecutive weeks. The first session focused on establishing rapport and explaining the goals and structure of the intervention. The second session addressed psychological factors by identifying unrealistic beliefs and expectations about intimacy and demonstrating the impact of destructive beliefs on emotions and behaviors. The third session targeted cognitive errors, helping couples replace distorted

interpretations and misunderstandings with more rational expectations. The fourth session explored attributional patterns and unrealistic expectations, encouraging couples to question faulty attributions and focus on each other's positive traits. The fifth session introduced communication skills, teaching effective ways to express thoughts, feelings, and needs, while the sixth session enhanced empathic understanding and active listening skills. The seventh session aimed to increase positive behavioral exchanges by recognizing reinforcement and punishment patterns, increasing positive reinforcement, and reducing punishment. The eighth session focused on problem-solving skills, guiding couples through structured steps for addressing existing problems. The ninth session addressed conflict resolution, analyzing conflict patterns and their consequences while training couples in effective resolution strategies. The tenth session concluded the program, reviewing progress and consolidating gains.

2.4. Data Analysis

Data were analyzed using SPSS-26 software at both descriptive (mean, standard deviation) and inferential levels (Levene's test for homogeneity of variances, regression slope test, normality test). To test the research hypotheses, multivariate analysis of covariance (MANCOVA) and univariate analysis of covariance (ANCOVA) were employed.

3. Findings and Results

As shown in Table 1, the mean scores of marital intimacy and marital satisfaction increased. To examine the significance of these changes, multivariate analysis of covariance (MANCOVA) was employed. To test the assumptions of covariance analysis, including normality of the data, homogeneity of variances, and equality of the error covariance matrices, the Kolmogorov-Smirnov test, Levene's test, and Box's M test were conducted. The results confirmed that all assumptions were met.

Table 1

Mean and Standard Deviation of Variables

Component	Index	Experimental		Control	
		Mean	SD	Mean	SD
Marital Intimacy	Pre-test	178.25	14.55	177.14	14.43
	Post-test	187.44	15.43	178.68	14.58
Marital Satisfaction	Pre-test	223.04	13.51	227.97	12.45
	Post-test	296.49	13.48	230.34	13.68

Table 2 shows that the Pillai's Trace value was 0.538, Wilks' Lambda was 0.538, Hotelling's Trace and Roy's Largest Root were also 0.538. All indicators were significant at the level of $p \leq .01$. Therefore, it can be stated that there is a statistically significant difference between the

experimental and control groups in at least one of the dependent variables. To compare each variable separately between the two groups, univariate ANCOVA within the MANCOVA framework was used.

Table 2

Multivariate Covariance Analysis (MANCOVA) Coefficients

Source of Variation	Index Value	F Value	Hypothesis df	Error df	Significance Level	Eta Squared	Power
Pillai's Trace	0.939	176.72	2	28	.0001	0.538	1.000
Wilks' Lambda	0.077	176.72	2	28	.0001	0.538	1.000
Hotelling's Trace	14.18	176.72	2	28	.0001	0.538	1.000
Roy's Largest Root	14.18	176.72	2	28	.0001	0.538	1.000

Table 3 provides a separate analysis of the dependent variables and indicates that the F values for the differences between the experimental and control groups (controlling for the pre-test) in the variables of marital intimacy and marital satisfaction were significant at the $p \leq .01$ level. Given the

increase in scores in the experimental group for both variables, it can be concluded that cognitive-behavioral couple therapy has a positive effect on enhancing marital intimacy and marital satisfaction among couples attending the counseling center. The effect size showed that 37.9% of

the variance in marital intimacy and 36.6% of the variance in marital satisfaction were attributable to the cognitive-behavioral couple therapy intervention.

Table 3

Univariate ANCOVA Analysis of the Effectiveness of Couple Therapy on the Dependent Variables

Source of Variation	Sum of Squares	df	Mean Square	F Value	Significance Level	Eta Squared	Power
Marital Intimacy	2976.15	1	2976.15	23.5	.0001	0.379	1.000
Marital Satisfaction	6348.3	1	6348.3	22.8	.0001	0.366	1.000

4. Discussion and Conclusion

The findings of the present study clearly indicate that cognitive-behavioral couple therapy (CBCT) significantly improved both marital intimacy and marital satisfaction among couples attending counseling centers in Shahreza. The multivariate and univariate covariance analyses confirmed that the post-test scores of participants in the experimental group showed statistically significant improvements compared to those in the control group. Notably, the effect sizes demonstrated that 37.9% of the improvement in marital intimacy and 36.6% of the enhancement in marital satisfaction could be attributed to the CBCT intervention. These results affirm the effectiveness of CBCT as a structured, skills-based intervention for addressing relationship difficulties and improving couple functioning.

These findings are strongly consistent with previous studies that have highlighted the efficacy of CBCT in promoting emotional closeness and relational satisfaction. For example, (Epstein & Zheng, 2017) emphasized that CBCT systematically targets distorted cognitions, unrealistic expectations, and maladaptive interaction patterns, which are often central to marital discord. By helping couples identify and reframe dysfunctional thought patterns and enhancing problem-solving and communication skills, CBCT fosters healthier emotional and behavioral exchanges, resulting in improved intimacy and satisfaction. The current results align with the findings of (Forouzani et al., 2024), who reported that CBCT significantly enhanced psychological hardiness and the quality of marital relationships in couples experiencing persistent conflict.

The observed improvement in marital intimacy is consistent with research indicating that cognitive restructuring and communication training directly influence relational closeness. According to (Zakhirehdari et al., 2019), CBCT helps couples move beyond surface-level

disputes by exploring underlying cognitive distortions and emotional needs. Similarly, (Ariapooran & Raziani, 2019) found that higher levels of marital intimacy were associated with reduced depressive symptoms and increased life satisfaction, particularly among professionals in high-stress roles. The present study supports this connection by demonstrating that addressing cognitive and behavioral dynamics within the marital dyad can lead to deeper emotional bonds.

Marital satisfaction, as a broader indicator of relationship quality, was also significantly enhanced through the CBCT intervention. This finding is supported by the work of (Bayrami et al., 2024), who compared CBCT with integrative couple therapy and found that both approaches significantly improved satisfaction and intimacy, with CBCT being particularly effective in addressing cognitive distortions. Similarly, (Zamanifar et al., 2022) reported that CBCT outperformed systemic-behavioral therapy in improving intimacy and self-differentiation, suggesting that the cognitive focus of CBCT offers unique benefits in facilitating individual insight and dyadic growth.

The present study also aligns with (Ali et al., 2022), who explored the role of spousal expectations and found that mismatched beliefs about roles and intimacy are key predictors of marital dissatisfaction. CBCT's emphasis on correcting unrealistic beliefs and fostering mutual understanding directly addresses this issue. Furthermore, the results corroborate the findings of (Cheung et al., 2022), who highlighted the role of self-control and shared cognitive frameworks in managing marital conflict. CBCT facilitates these processes by promoting cognitive awareness and reinforcing joint problem-solving strategies.

From a cultural perspective, the effectiveness of CBCT in the Iranian context adds to the growing body of evidence that supports its cross-cultural applicability. (Kamali et al., 2020) conducted a qualitative analysis of Iranian couples and found that marital intimacy is shaped by both cognitive beliefs and sociocultural norms. The present study demonstrates that

CBCT, when appropriately adapted, can be a culturally responsive intervention that resonates with Iranian couples' values and experiences. In a similar vein, (Najafi et al., 2020) showed that cognitive-emotion regulation skills taught through integrative behavioral therapy improved marital intimacy, reinforcing the importance of cognitive interventions in culturally embedded relationship dynamics.

CBCT's emphasis on attributional retraining is especially relevant in addressing blame and misinterpretation within the marital relationship. As (Zamani & Eisa Nezhad, 2022) outlined in a meta-analysis, attributional biases are frequently implicated in conflict escalation and emotional disengagement. By targeting such biases, CBCT promotes empathy and reduces reactivity, which are essential for sustained marital harmony. (Azizi, 2016) also emphasized that maladaptive schemas, when left unaddressed, reinforce negative cycles of interaction and emotional withdrawal—cycles that CBCT is specifically designed to disrupt.

The results of the present study also reflect those of (Ying et al., 2023), who found that marital conflict negatively influences the psychological well-being of all family members, including children. Interventions that enhance marital satisfaction can therefore have cascading benefits for the broader family system. This is echoed in the work of (Goldberg et al., 2021), who observed that during times of crisis, such as the COVID-19 pandemic, strong marital bonds function as psychological buffers against stress.

The intervention protocol used in this study mirrors the structured cognitive-behavioral components emphasized by (Yazar & Tolan, 2021), who reviewed various CBCT frameworks and highlighted the importance of sequential skill-building in achieving long-term change. The ten-session model implemented here, with its focus on communication, empathy, conflict resolution, and cognitive restructuring, reflects these best practices and demonstrates their efficacy in an applied setting.

In addition, this study extends the findings of (Kavitha et al., 2014), who demonstrated that both cognitive-behavioral and behavioral marital therapies improved quality of life and adjustment in couples with anxiety disorders. The integration of cognitive and behavioral techniques in CBCT offers a dual advantage—enhancing emotional regulation while equipping couples with practical interpersonal tools.

Furthermore, the emphasis on behavioral reinforcement and conflict resolution in sessions seven through nine resonates with the findings of (Farhadi et al., 2020), who reported that reality therapy based on choice theory increased intimacy and sexual satisfaction in newly married

women. Like choice theory, CBCT promotes agency, responsibility, and awareness of behavioral consequences within relationships.

It is also worth noting that emotional expression, as addressed in CBCT, plays a crucial role in fostering closeness. According to (Hajimoradi et al., 2021), positive emotional expression is a strong predictor of marital intimacy among women. The current study's findings support this observation, as increased marital intimacy was likely facilitated by interventions targeting empathic communication and affective sharing.

The theoretical foundation of this study aligns with (Quintard et al., 2021), who discussed embodied self-other overlap in romantic love, highlighting the interplay between cognitive identification and emotional empathy in sustaining intimate relationships. CBCT enhances this overlap by encouraging cognitive attunement and reducing defensive attributions.

The relevance of early intervention is also underscored by (Vafaeinezhad et al., 2023), who showed that premarital education focusing on communication beliefs significantly reduced fear of marriage. The current study reinforces the importance of addressing beliefs and expectations early in the relationship trajectory to prevent long-term dissatisfaction.

Finally, the present findings reaffirm the importance of structured, empirically supported interventions in improving couples' relational outcomes. As (Rezaei, 2010) noted in his work on Islamic family systems, intentional strategies for enhancing intimacy are not only desirable but essential for the health and longevity of marriages. Likewise, (Olya et al., 2006) provided early evidence that marital life enrichment programs significantly increase intimacy, laying the groundwork for more cognitively sophisticated approaches like CBCT.

Despite the compelling findings, several limitations must be acknowledged. First, the sample was drawn from a single city in Iran, which limits the generalizability of the results to other cultural or geographic populations. Second, the study relied on self-report questionnaires, which are subject to social desirability bias and may not capture the full complexity of marital dynamics. Third, the relatively short follow-up period means that the long-term effects of the intervention remain unknown. Furthermore, the exclusion of couples with severe psychopathology or history of domestic violence restricts the applicability of the findings to more distressed populations.

Future research should consider longitudinal designs to assess the durability of treatment gains over extended periods. Including follow-up assessments at six months and one year would provide valuable insight into the sustained effects of CBCT. Additionally, studies should explore the comparative effectiveness of CBCT versus other emerging therapeutic models, such as emotion-focused or mindfulness-based approaches. Future research could also benefit from incorporating qualitative interviews to gain a deeper understanding of how couples perceive and internalize therapeutic changes. Examining moderators such as gender, attachment style, or socio-economic status may reveal important nuances in treatment responsiveness.

Therapists working with couples are encouraged to adopt structured CBCT protocols that integrate both cognitive restructuring and behavioral skills training. Emphasizing the identification of maladaptive beliefs, enhancing empathic communication, and practicing collaborative problem-solving can significantly improve relationship outcomes. Culturally sensitive adaptations of CBCT should be prioritized, ensuring that the intervention aligns with the values and expectations of the target population. Training programs for mental health professionals should include comprehensive instruction in CBCT to increase its accessibility and implementation across clinical settings. Lastly, early intervention—ideally before conflict becomes entrenched—may yield the most effective and lasting results.

Authors' Contributions

Authors contributed equally to this article.

Declaration

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

Transparency Statement

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

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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