

The Effectiveness of Couple Therapy Based on Reality Therapy and Emotion-Focused Therapy on Sexual Intimacy in Betrayed Couples

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ABSTRACT

The present study aimed to determine the difference in the effectiveness of couple therapy based on reality therapy and emotion-focused therapy on sexual intimacy in betrayed couples across three stages: pre-test, post-test, and follow-up. This applied study employed a quasi-experimental design with a pre-test-post-test and a control group. The statistical population included all couples who had experienced marital infidelity and referred to counseling centers in Sari City in 2023. From this population, 64 participants were selected through convenience sampling based on inclusion and exclusion criteria and were randomly assigned to two experimental groups and one control group (22 participants in the reality therapy group, 22 participants in the emotion-focused therapy group, and 20 participants in the control group). Data were collected using the Sexual Intimacy Questionnaire developed by Bagaroz (2001) in three stages: pre-test, post-test, and follow-up. During the post-test stage, one couple from the reality therapy group and one couple from the emotion-focused therapy group withdrew, leaving data from 60 participants for analysis. Data were analyzed using repeated measures analysis of variance (ANOVA) via the SPSS-20 statistical software. The results revealed a significant difference between the effectiveness of reality therapy-based couple therapy and emotion-focused couple therapy on sexual intimacy among betrayed couples across the three stages. Both approaches were more effective than the control group; however, emotion-focused couple therapy demonstrated the greatest impact and durability in improving sexual intimacy. Furthermore, significant changes from pre-test to post-test indicated the effectiveness of the interventions, while the sustained changes from post-test to follow-up reflected the relative stability of the results, particularly in the emotion-focused therapy group.

Keywords: Reality Therapy-Based Couple Therapy; Emotion-Focused Couple Therapy; Sexual Intimacy; Betrayed Couples.

1. Introduction

Infidelity is among the most disruptive relational stressors, with ramifications that span individual well-being, dyadic trust, sexual functioning, and family stability. Beyond the immediate shock of betrayal, couples must grapple with cascading effects on emotional safety, identity, and meaning—the very scaffolds on which intimacy is built and sustained. Contemporary scholarship cautions against treating infidelity as a unitary construct; frequencies, motivations, and forms (emotional, sexual, cyber-mediated) intersect with gender, culture, and structural inequalities to produce heterogeneous pathways of harm and recovery (Weiser et al., 2023). These complexities help explain why post-infidelity trajectories vary widely: some couples separate quickly, some remain stuck in high-conflict ambivalence, and others—through targeted intervention—rebuild a more secure bond than before the rupture (Karney & Bradbury, 2020; Roby, 2024). For clinicians, the question is not merely whether to intervene, but how to sequence, dose, and tailor change processes—particularly in domains that couples find both fragile and foundational, such as sexual intimacy.

Sexual intimacy is more than frequency or function; it encompasses mutual disclosure, emotional attunement, trust, and the embodied sense of being wanted and safe with a partner. Prospective and integrative models consistently show that emotional intimacy and sexual satisfaction form reciprocal feedback loops with global relationship satisfaction, often through communication patterns and cognitive-affective schemas that either support or erode closeness (Beaulieu et al., 2023). In applied settings, these loops can be nudged toward repair by interventions that down-regulate threat, expand emotional responsiveness, and increase collaborative meaning-making—precisely the mechanisms targeted by Emotion-Focused Couple Therapy (EFT) and, through a distinct pathway, by reality therapy-based couple interventions.

EFT is rooted in attachment science and experiential processes that help partners identify, deepen, and reorganize core emotional responses within the couple's negative cycle. A substantial practice and review literature describes EFT's staged approach (de-escalation, restructuring interactions, consolidation), its emphasis on primary emotions and unmet attachment needs, and its evidence base across cultural contexts (Corey, 2022; Şenol et al., 2023). Clinical reports and case applications further illustrate EFT's fit for infidelity cases—where shame, anger, and longing intermingle, and

where partners must risk vulnerability while re-negotiating safety after a boundary violation (Bridg, 2019; Chang, 2020). In Iranian samples, quasi-experimental work has linked EFT to improvements in intimacy, sexual function, and burnout among women affected by marital infidelity, reinforcing the therapy's cross-cultural transportability to betrayal-specific presentations (Ahangar et al., 2024; Mohammadi et al., 2022; Najibzadegan et al., 2024). Complementary trials and meta-analyses in adjacent problems—marital conflict, forgiveness, and sexual outcomes—likewise suggest that increasing emotional responsiveness can catalyze downstream gains in sexual intimacy (Mahmoudi et al., 2021; Rahim & Mousavi, 2020).

Reality therapy, derived from choice theory, takes a different route to similar destinations: clarifying basic psychological needs (love/belonging, power/competence, freedom, fun, survival), strengthening internal control and personal responsibility, and planning effective, need-satisfying behaviors in the present (Corey, 2022; Glasser, 2014). In couples work, this means helping partners (a) articulate and negotiate need profiles, (b) examine total behavior (acting, thinking, feeling, physiology) with emphasis on the controllable “front wheels” of action and cognition, and (c) commit to testable plans that build trust and mutuality. Empirically, reality therapy has improved sexual satisfaction and intimacy among women facing fertility-related stressors, suggesting that clarifying needs and increasing responsible choice can influence sexual closeness even under high contextual strain (Koleshtajani et al., 2022). Laboratory and clinical analogs further show that choice-theoretic and mindfulness-augmented protocols can reduce impulsive decision-making—an ingredient implicated in risky sexual behavior and some pathways to infidelity—by shifting attention to valued, long-term outcomes (Yao et al., 2017). In Iranian clinical settings, head-to-head quasi-experimental comparisons of EFT and reality therapy demonstrate benefits for marital adjustment, intimacy, and sexual function, while hinting that the two models may differ in effect magnitude and durability depending on outcome domain and client characteristics (Habibollahi Najafabadi & Zare Nistanak, 2023).

Why focus specifically on sexual intimacy after infidelity? First, betrayal recasts the erotic space as a site of threat: sexual encounters can trigger intrusive imagery, self-comparison with the affair partner, and hypervigilance, all of which suppress desire and obstruct pleasure. Second, many betrayed partners struggle with externalized self-perception—an overreliance on the partner's gaze to confer

worth—making sexual moments especially fraught when reassurance is uncertain (Price et al., 2024). Third, post-infidelity stress can resemble trauma responses; doctoral work on Post-Infidelity Stress Disorder maps symptom clusters (intrusions, avoidance, negative cognition/mood, arousal) onto relational outcomes, underscoring the need to re-establish felt security before expectably restoring sexual closeness (Roby, 2024). EFT addresses these vulnerabilities by facilitating corrective emotional experiences in session: partners encounter each other anew as safe, responsive attachment figures, transforming sexual intimacy from a test of loyalty into a natural extension of renewed bonding (Chang, 2020; Şenol et al., 2023). Reality therapy complements this by rebuilding agency and integrity—shifting partners from blame and passivity toward specific, need-satisfying behaviors (for example, initiating soothing touch with consent agreements, scheduling connection rituals, or adopting communication “timeouts” that protect safety in high arousal)—which can, in turn, restore the predictability on which erotic exploration depends (Corey, 2022; Glasser, 2014).

At the same time, models of marital functioning caution against linear assumptions. Longitudinal syntheses indicate that trajectories of satisfaction and stability during the 2010s often contradict earlier generalizations; some couples show resilience after severe stressors, while others deteriorate despite low initial risk (Karney & Bradbury, 2020). From a systems perspective, relational problems are emergent properties of multilevel interactions—individual traits, family-of-origin patterns, stress ecology, and cultural scripts—that can either amplify or buffer the impact of betrayal (Brown & Errington, 2024). Constructivist-interpersonal theories likewise emphasize how partners co-create and constrain one another’s identities; the post-infidelity couple is engaged not only in healing past injuries but also in authoring new, more compassionate versions of self and other (Josselson, 2019). These theoretical lenses support the use of multicomponent interventions: experiential, attachment-based work to reorganize core affects, alongside responsibility- and values-anchored coaching to consolidate new habits in daily life.

The empirical base for couple therapy after affairs is still developing. Randomized controlled trials, though relatively few, show that structured couple interventions can reduce distress and improve relationship quality post-affair (Kröger et al., 2022). Observational and quasi-experimental studies in Iranian contexts add that EFT, in particular, can decrease marital burnout and increase intimacy and sexual

functioning among women impacted by infidelity, while reality therapy can enhance sexual satisfaction and closeness in other high-stress couple populations (Ahangar et al., 2024; Koleshtajani et al., 2022; Mohammadi et al., 2022). Importantly, integrative process models view intimacy, sexual satisfaction, and global satisfaction as mutually reinforcing; movement in one domain is likely to propagate across the others, especially when partners improve emotion communication and reduce defensive cycles (Beaulieu et al., 2023). This systems view aligns with practical reports from EFT in infidelity cases and supports sequencing that first establishes safety and empathy before deeper sexual renegotiation (Bridg, 2019; Chang, 2020).

Infidelity’s causes and correlates also implicate biological and sociocultural layers. Research linking facial width-to-height ratio (fWHR) with sex drive and sociosexuality reminds us that trait-level propensities may shape risk landscapes in subtle ways (Arnocky et al., 2018). Yet ecological and cultural variables—economic stressors, migration, digital affordances—often gate whether such propensities translate into behavior. Perception studies in African contexts report wide-ranging family impacts of infidelity, including breakdowns in parenting, social stigma, and economic disruption, highlighting the need for culturally tuned interventions (Asadu & Egbuche, 2020). Digital transformation, meanwhile, multiplies opportunities for boundary crossings while also creating novel sources of emotional connection divorced from physical contact. Emerging work on romantic relationships with virtual agents shows that technologically mediated intimacy can influence real-life marital intentions, potentially reshaping expectations and comparisons within existing partnerships—for better or worse (Zhao et al., 2025). These developments expand the clinical task: therapists must help couples set explicit agreements about online conduct, manage jealousy and ambiguity in hybrid spaces, and re-anchor erotic energy in the primary relationship.

Given these contours, sexual intimacy after infidelity becomes a strategic outcome: it is both a barometer of safety and an engine of dyadic resilience. Practice guidance from intimacy-focused handbooks underscores the utility of structured exercises that combine disclosure, empathic responding, sensate focus, and collaborative problem-solving tailored to the couple’s values and constraints (Bagarozzi, 2001). Group-based couple programs have likewise demonstrated gains in intimacy and reductions in burnout for couples with chronic conflict, suggesting that common therapeutic factors (alliance, hope, skills practice)

may accelerate change when embedded in coherent models like EFT or reality therapy (Mahmoudi et al., 2021). Cross-cultural EFT applications, including in Chinese married couples, illustrate that attachment-informed reframing of protest and withdrawal travels well and can be adapted to honor norms around emotional expression and face (Chang, 2020). In Iran, a growing body of quasi-experimental research specifically targeting infidelity confirms clinically meaningful improvements in intimacy, forgiveness, and sexual functioning after EFT, and provides comparative signals favoring EFT over narrative-focused or strictly behavioral alternatives for betrayal-related injuries (Mohammadi et al., 2022; Najibzadegan et al., 2024).

Still, infidelity recovery is not solely an issue of technique. Systemic formulations, such as Bowen family systems, remind clinicians to attend to multigenerational anxiety transmission, differentiation of self, and triangles that can reactivate under threat—all of which modulate the pace and magnitude of gains in intimacy (Brown & Errington, 2024). Interpersonal constructionist views emphasize that partners are not passively healed but actively re-create one another through daily interactions—“playing Pygmalion” by evoking better versions of the other through consistent, validating responses (Josselson, 2019). Reality therapy operationalizes this creative agency with present-focused planning and accountability; EFT operationalizes it with structured enactments that transform negative cycles into secure, responsive bonding moments (Glasser, 2014; Şenol et al., 2023). When delivered with fidelity and cultural humility, both can move couples from surveillance and testing to curiosity and desire, allowing sexual intimacy to re-emerge authentically rather than as a coerced proof of loyalty.

The present study is positioned at this intersection of models and needs. Building on evidence that post-affair couple therapy can improve relationship functioning (Kröger et al., 2022) and that EFT and reality therapy show promise for sexual and relational outcomes in Iranian and international samples (Ahangar et al., 2024; Beaulieu et al., 2023; Koleshtajani et al., 2022), we compare the effectiveness and durability of group-delivered EFT versus reality therapy on sexual intimacy among betrayed couples. In doing so, we respond to calls to (a) privilege sexual intimacy as a primary outcome rather than a secondary downstream effect, (b) test comparative potency across theoretically distinct pathways (attachment-experiential vs. choice-responsibility), and (c) interpret effects within broader, culturally situated accounts of infidelity, including

externalized self-perception processes (Price et al., 2024), intersectional risks (Weiser et al., 2023), and digital-era shifts in romantic scripts (Zhao et al., 2025). Our approach also incorporates practical insights from clinical case work (Bridg, 2019), structured intimacy enhancement strategies (Bagarozzi, 2001), and Iranian quasi-experimental reports showing meaningful improvements in intimacy and sexual functioning with EFT and reality therapy in populations directly affected by infidelity (Habibollahi Najafabadi & Zare Nistanak, 2023; Mohammadi et al., 2022; Najibzadegan et al., 2024).

Finally, the study is attentive to mechanisms. EFT’s hypothesized mechanism centers on reorganization of primary emotion and attachment security, which should translate into greater willingness to approach sexual contact, reduced vigilance, and richer erotic communication (Chang, 2020; Şenol et al., 2023). Reality therapy’s mechanism centers on clarifying needs and increasing responsible, values-consistent behavioral choices, which should yield more predictable, mutually satisfying sexual routines and a stronger sense of personal agency in co-creating intimacy (Glasser, 2014; Koleshtajani et al., 2022). We therefore anticipate time-by-group differences not only in magnitude but also in the shape of change (e.g., faster de-escalation with EFT, steadier consolidation with reality therapy), consistent with systems and constructivist perspectives (Brown & Errington, 2024; Josselson, 2019). In line with recent cautions about overgeneralization in marital research (Karney & Bradbury, 2020), we interpret outcomes within each model’s theory of change and the couple’s lived ecology, including stressors and resources highlighted in African and Iranian contexts (Ahangar et al., 2024; Asadu & Egbuche, 2020). By situating sexual intimacy at the center of post-infidelity recovery and testing two theoretically coherent interventions, this study aims to refine clinical decision-making for practitioners working with betrayed couples in culturally diverse settings (Beaulieu et al., 2023; Weiser et al., 2023).

Thus, the current study compares the effectiveness and durability of Emotion-Focused Couple Therapy and reality therapy-based couple therapy in improving sexual intimacy among couples affected by marital infidelity

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quasi-experimental design with pre-test, post-test, and follow-up stages, including a

control group. The statistical population consisted of all couples who had experienced marital infidelity and referred to counseling centers in Sari City in 2023. A convenience sampling method was used for participant selection. Accordingly, four counseling centers in Sari City were selected through convenience sampling. Based on the inclusion and exclusion criteria and participants' willingness to take part in the study, 64 individuals (34 couples) were selected purposefully and were randomly assigned to two experimental groups and one control group (22 participants in the reality therapy-based couple therapy group, 22 participants in the emotion-focused couple therapy group, and 20 participants in the control group).

The inclusion criteria were: informed consent, ability to participate in group therapy sessions, having experienced marital infidelity, being within the age range of 25 to 50 years, having an education level above high school diploma, not participating in other training or therapy programs simultaneously, the passage of 3 to 6 months since the occurrence of marital infidelity, and not being divorced, separated, or living apart. The exclusion criteria included being absent for more than two sessions, failing to complete questionnaires, participating in similar therapy sessions, and using psychiatric medication after the start of the intervention.

After selecting the sample, the Sexual Intimacy Questionnaire and an optimism measure were administered to the participants in both the experimental and control groups during the pre-test stage, and the data were collected. In the next stage, the first experimental group received couple therapy based on reality therapy, and the second experimental group received emotion-focused couple therapy, while the control group remained on a waiting list and did not receive any psychological intervention until the post-test stage. At the end of the intervention period, the Sexual Intimacy Questionnaire was re-administered to all participants in both the experimental and control groups at the post-test stage. To examine the stability of the intervention effects, a follow-up assessment was conducted three months later.

During these stages, one couple in the reality therapy-based couple therapy group withdrew from the study due to more than two absences, and one couple in the emotion-focused therapy group did not participate in the follow-up stage. Consequently, the data of 60 participants were analyzed.

2.2. Measures

The Sexual Intimacy Questionnaire was developed by Batlani et al. (2010). This single-factor questionnaire consists of 30 items, each rated on a four-point Likert scale. Scores between 30 and 50 indicate a low level of sexual intimacy; scores between 50 and 100 indicate a moderate level; and scores above 100 indicate a high level of sexual intimacy. Content validity was used to assess the questionnaire's validity, and the reliability coefficient of its components, determined through Cronbach's alpha, was reported as 0.84.

2.3. Intervention

The emotion-focused couple therapy intervention in this study was based on Johnson's (2004) model and was delivered in 12 group sessions, each lasting 90 minutes. The sessions were designed to help couples identify, experience, and regulate their emotions to restore intimacy and rebuild emotional bonds. In the initial session, rapport was established, participants introduced themselves, and group rules and goals were discussed, followed by an introduction to the theoretical foundations of EFT. The second and third sessions focused on identifying primary and secondary emotions, exploring suppressed feelings such as sadness and anger, and teaching emotional awareness and regulation using mindfulness exercises. In the fourth session, attachment styles were introduced, and couples examined their negative interaction cycles and emotional triggers to replace defensive reactions with empathy-based communication. The fifth and sixth sessions involved deeper engagement with emotional experiences, reframing distressing interactions, and constructing new meanings that enhance emotional flexibility and reduce avoidance. In the seventh session, couples worked on expressing attachment fears, needs, and desires openly, while restructuring negative interactions into more supportive exchanges. The eighth session emphasized consolidating gains, reviewing emotional experiences, and fostering emotional resilience through acceptance and understanding. Throughout the sessions, participants were encouraged to apply emotion-based awareness and responsiveness in daily interactions, helping them strengthen their sense of closeness and security. The post-test was administered at the end of the final session to assess treatment outcomes.

The reality therapy-based couple therapy used in this study followed Glasser's (2008) approach and consisted of eight 90-minute sessions. The purpose of this intervention

was to help couples recognize their basic psychological needs, enhance responsibility in relationships, and adopt effective behavioral choices to improve marital satisfaction. In the first session, after introductions and an overview of group rules and objectives, couples articulated their personal and relational goals and reflected on how closely their current life matched their desired life. The second session introduced Glasser's five basic needs—survival, love and belonging, power, freedom, and fun—along with an assessment of each participant's dominant needs. In the third session, couples reviewed their need profiles, increased self-awareness, and identified how they currently fulfill their need for love and belonging. The fourth session focused on the four components of total behavior—acting, thinking, feeling, and physiology—illustrated through the metaphor of a car, emphasizing that only thoughts and actions can be consciously controlled. In the fifth session, concepts such as the quality world, anxiety, anger, and depression were explored as purposeful behaviors. The sixth session addressed responsibility and commitment, guiding couples to plan responsible behaviors that foster genuine love and successful identity, while emphasizing flexibility and distress tolerance as key relational goals. The seventh session revisited prior concepts, highlighting internal versus external control and encouraging self-accountability in conflicts rather than blaming the partner. Finally, the eighth session reviewed all techniques and exercises, addressed participants' reflections and feedback, and concluded with the administration of post-test questionnaires to evaluate the effects of the intervention.

Table 1

Descriptive Statistics (Mean and Standard Deviation) of Sexual Intimacy Scores Across Groups and Time Points

Group	Pre-Test M (SD)	Post-Test M (SD)	Follow-Up M (SD)
Reality Therapy-Based Couple Therapy	62.81 (6.25)	85.54 (7.36)	82.10 (6.84)
Emotion-Focused Couple Therapy	63.45 (6.42)	94.72 (7.11)	91.86 (6.43)
Control	62.31 (6.19)	64.28 (6.51)	64.87 (6.62)

The descriptive statistics show that both experimental groups experienced an increase in mean scores of sexual intimacy from pre-test to post-test, with a slight decline at follow-up, yet remaining higher than baseline. The emotion-focused couple therapy group exhibited the highest post-test and follow-up means, suggesting a greater and more sustained improvement in sexual intimacy compared to the reality therapy-based group and the control group.

2.4. Data Analysis

Data analysis in this study was performed using the Statistical Package for the Social Sciences (SPSS, Version 20). Both descriptive and inferential statistical methods were employed. Descriptive statistics, including mean and standard deviation, were used to summarize participants' scores across pre-test, post-test, and follow-up stages in all three groups. Prior to conducting inferential analyses, the assumptions of mixed-design repeated measures ANOVA—including homogeneity of variance, equality of covariance matrices, and sphericity—were examined using Levene's test, Box's M test, and Mauchly's test, respectively. Given the violation of sphericity, the Greenhouse–Geisser correction was applied. Finally, mixed-design repeated measures ANOVA was used to determine the effects of time, group, and their interaction on sexual intimacy scores, followed by Bonferroni post hoc tests to identify specific differences between groups and time points. The significance level was set at $p < 0.05$.

3. Findings and Results

The purpose of this section is to present the descriptive and inferential findings of the study, which aimed to compare the effectiveness of reality therapy-based couple therapy and emotion-focused couple therapy on sexual intimacy among betrayed couples. The data were collected in three stages—pre-test, post-test, and follow-up—and analyzed using mixed-design repeated measures ANOVA. This analysis allowed examination of both within-subject effects (changes across time) and between-subject effects (differences between groups).

To ensure the appropriateness of the mixed-design repeated measures ANOVA, several assumptions were examined. The Box's M test confirmed the homogeneity of variance–covariance matrices (Box's $M = 6.048$, $F = 1.044$, $df_1 = 12$, $df_2 = 141120$, $p = 0.134$). The Levene's test for equality of variances at pre-test ($F = 0.856$, $p = 0.430$), post-test ($F = 3.180$, $p = 0.051$), and follow-up ($F = 3.130$, $p = 0.053$) was not significant, indicating that the assumption of

homogeneity of variances was met ($p > 0.05$). However, Mauchly's test of sphericity was significant ($p < 0.05$), indicating a violation of the sphericity assumption.

Therefore, the Greenhouse–Geisser correction was applied to achieve a more accurate estimation of within-subject effects.

Table 2

Mixed Analysis of Variance (Repeated Measures ANOVA) for Sexual Intimacy

Source of Variance	SS	df	MS	F	p	η^2
Time (Pre, Post, Follow-Up)	1134.054	2	513.070	20.014	0.0005	0.801
Time \times Group	150.301	1.175	911.781	41.875	0.0005	0.510
Group	221.357	2	814.941	31.767	0.0005	0.791

The results of the mixed ANOVA demonstrated a significant main effect of time on sexual intimacy ($F(2, 57) = 20.014$, $p < 0.001$, $\eta^2 = 0.801$), indicating that mean sexual intimacy scores significantly changed across the three measurement points. The interaction effect between time and group was also significant ($F(1.175, 57) = 41.875$, $p < 0.001$,

$\eta^2 = 0.510$), suggesting that the pattern of change over time differed across the three groups. Additionally, there was a significant main effect of group ($F(2, 57) = 31.767$, $p < 0.001$, $\eta^2 = 0.791$), indicating overall differences in sexual intimacy between the treatment and control groups.

Table 3

Bonferroni Post Hoc Test for Mean Differences in Sexual Intimacy Between Groups

Variable	Group 1	Group 2	Mean Difference	SD	p
Sexual Intimacy	Reality Therapy-Based Couple Therapy	Emotion-Focused Couple Therapy	-8.25*	0.821	0.001
	Reality Therapy-Based Couple Therapy	Control	-5.38*	0.821	0.0005
	Emotion-Focused Couple Therapy	Control	9.85*	0.821	0.001

The Bonferroni post hoc test indicated significant differences among the three groups. Both experimental groups scored significantly higher in sexual intimacy compared to the control group ($p < 0.01$). Moreover, the emotion-focused couple therapy group exhibited

significantly higher mean scores than the reality therapy-based couple therapy group (mean difference = 8.25, $p < 0.01$), suggesting that emotion-focused interventions produced more substantial improvements in sexual intimacy.

Table 4

Bonferroni Post Hoc Test for Mean Differences in Sexual Intimacy Across Time

Variable	Time 1	Time 2	Mean Difference	SD	p
Sexual Intimacy	Post-Test	Pre-Test	-1.106*	0.855	0.0005
	Follow-Up	Pre-Test	7.667*	0.855	0.0005
	Follow-Up	Post-Test	3.45*	0.855	0.0005

The post hoc analysis across time points revealed significant improvements in sexual intimacy from pre-test to post-test and from pre-test to follow-up ($p < 0.001$). Although there was a slight reduction from post-test to follow-up, the difference remained statistically significant ($p < 0.001$), indicating that the treatment effects were sustained over time.

4. Discussion and Conclusion

The purpose of this study was to compare the effectiveness of Emotion-Focused Couple Therapy (EFT) and Reality Therapy-Based Couple Therapy (RTCT) on sexual intimacy among couples affected by marital infidelity. The results demonstrated that both therapeutic interventions significantly enhanced sexual intimacy compared to the control group, confirming the positive

impact of structured couple therapy in restoring relational closeness after betrayal. However, the findings also revealed that EFT had a greater and more enduring effect on improving and maintaining sexual intimacy during the post-test and follow-up phases. This indicates that the emotionally attuned, attachment-based processes emphasized in EFT may lead to deeper, more sustainable improvements in couple connectedness relative to the responsibility- and behavior-focused mechanisms of RTCT.

The significant main effect of time reflected that participants' sexual intimacy scores improved from pre-test to post-test and remained relatively stable through the follow-up, suggesting that both treatments generated lasting changes in the couples' relational dynamics. The interaction between group and time confirmed that the trajectory of change differed across the three study groups, with EFT participants showing the steepest and most consistent increases. These results are aligned with previous experimental and clinical research indicating that EFT can effectively repair emotional and sexual bonds disrupted by infidelity through the reorganization of primary emotions and the strengthening of attachment security (Ahangar et al., 2024; Chang, 2020; Najibzadegan et al., 2024). By helping partners express underlying fears of abandonment and shame and facilitating empathy-based interactions, EFT reduces relational anxiety and promotes an atmosphere conducive to sexual trust and closeness (Bridg, 2019; Şenol et al., 2023).

In the context of Iranian and cross-cultural samples, similar patterns have been documented. Studies have shown that EFT leads to reductions in marital burnout, improvements in intimacy and forgiveness, and enhanced sexual satisfaction among couples facing betrayal or infertility (Habibollahi Najafabadi & Zare Nistanak, 2023; Mohammadi et al., 2022; Rahim & Mousavi, 2020). This convergence underscores EFT's adaptability across cultural settings and its potency in addressing the emotional and sexual sequelae of infidelity. The findings also reinforce theoretical propositions within attachment theory that emotional accessibility and responsiveness serve as precursors to sexual intimacy restoration after relational trauma (Beaulieu et al., 2023; Karney & Bradbury, 2020).

While RTCT also yielded significant post-intervention gains relative to the control group, its effects were comparatively smaller and less stable over time. This outcome aligns with prior studies indicating that although reality therapy can enhance responsibility, self-control, and communication—factors indirectly related to intimacy—its

change mechanisms operate primarily through cognitive-behavioral channels rather than deep emotional restructuring (Glasser, 2014; Koleshtajani et al., 2022). Nevertheless, the improvement observed in RTCT participants supports Glasser's assertion that by clarifying needs for love, power, and freedom, and by fostering responsible choice, couples can rebuild mutual respect and behavioral consistency—key foundations for regaining sexual trust (Corey, 2022). In this regard, RTCT appears to function as a pragmatic intervention that stabilizes relational behaviors, whereas EFT addresses the emotional and attachment roots of betrayal recovery.

The superiority of EFT over RTCT can also be understood through neurobiological and motivational frameworks. Emotional bonding and sexual intimacy share overlapping neural pathways involving oxytocin and reward systems; interventions that elicit emotional vulnerability and safety—central to EFT—are thus more likely to activate these systems and restore desire after infidelity (Weiser et al., 2023). Reality therapy, by contrast, emphasizes conscious choice and behavioral planning, which may strengthen commitment and reduce conflict but might not directly re-engage the emotional circuits disrupted by betrayal. Furthermore, EFT's use of "soft emotions" and in-session enactments creates a corrective emotional experience that reshapes implicit memory networks, leading to enduring change even in the face of residual stressors (Bridg, 2019; Şenol et al., 2023).

The present results also corroborate prior clinical trials and meta-analytic findings indicating that EFT significantly improves intimacy, satisfaction, and forgiveness across diverse couple populations (Ahangar et al., 2024; Mahmoudi et al., 2021; Najibzadegan et al., 2024; Rahim & Mousavi, 2020). Similarly, RTCT's improvement of sexual intimacy is consistent with studies demonstrating its effectiveness in promoting responsibility and self-awareness among couples facing stressors such as infertility or emotional detachment (Koleshtajani et al., 2022). Together, these findings suggest that while both interventions can serve as effective modalities in marital rehabilitation, their combined or sequential use might yield even greater therapeutic synergy—a hypothesis warranting future empirical exploration.

The persistence of gains at follow-up—especially in the EFT group—implies not only short-term symptom relief but also long-term integration of relational competencies. This outcome mirrors findings from controlled studies showing sustained improvement in couple functioning following

structured interventions for post-affair recovery (Kröger et al., 2022). The durability of EFT's impact may be attributed to its capacity to reorganize partners' internal working models of self and other, transforming the emotional meaning of the betrayal from an unhealed wound into a shared narrative of resilience (Bridg, 2019; Chang, 2020). Moreover, the finding that intimacy improvements were maintained over three months supports Beaulieu et al.'s (Beaulieu et al., 2023) prospective model, which posits that intimacy and sexual satisfaction are sustained when couples engage in emotionally congruent communication patterns that reinforce trust and empathy over time.

Beyond therapeutic mechanisms, sociocultural factors may also help explain differential outcomes. In collectivist cultures, where emotional restraint and marital endurance are socially valued, therapies like EFT—which normalize emotional expression and vulnerability—can provide corrective experiences that are otherwise inaccessible (Ahangar et al., 2024). Conversely, RTCT's focus on personal responsibility may resonate more in individualistic frameworks emphasizing autonomy and self-determination (Glasser, 2014). The present findings thus highlight the importance of cultural sensitivity in selecting and adapting interventions for couples dealing with infidelity, suggesting that integrating EFT's attachment-based techniques with RTCT's practical behavioral strategies may optimize outcomes in diverse populations.

The observed results also reinforce the theoretical link between emotional intimacy and sexual intimacy. Emotional closeness fosters a sense of safety and mutual acceptance that facilitates physical closeness, while sexual connection, in turn, deepens emotional bonds, creating a positive feedback loop (Beaulieu et al., 2023). This reciprocal dynamic underscores the importance of addressing both emotional and sexual domains concurrently rather than sequentially. Prior longitudinal research has emphasized that disruptions in emotional attunement—such as those caused by infidelity—directly undermine sexual desire and satisfaction, supporting the need for integrative interventions (Karney & Bradbury, 2020). Within this framework, EFT's attention to emotion regulation, empathy, and secure attachment provides a comprehensive pathway for restoring this dual bond, while RTCT's structured goal-setting offers accountability mechanisms to sustain behavioral change (Corey, 2022; Koleshtajani et al., 2022).

From a psychological perspective, the study extends evidence that repairing sexual intimacy after infidelity requires more than cognitive reframing or behavioral

adjustment—it necessitates emotional reconnection. EFT provides this through the reprocessing of attachment injuries and the transformation of defensive cycles into compassionate engagement (Şenol et al., 2023). In contrast, RTCT emphasizes internal control and personal choice, helping individuals move away from blame and victimization toward constructive relational action (Glasser, 2014). Although these approaches differ theoretically, their complementary mechanisms—emotional insight versus behavioral regulation—converge on the shared goal of restoring intimacy, suggesting that multi-modal approaches could enhance long-term relationship stability.

Additionally, the current findings echo systemic and constructivist frameworks that view partners as co-creators of each other's emotional realities. Through consistent validation and responsive interactions, couples “play Pygmalion,” shaping more positive identities for each other (Josselson, 2019). This perspective helps contextualize why EFT's emotionally focused dialogue may have led to larger effects—it directly engages this co-creative process by enabling partners to witness and affirm one another's vulnerable states. Similarly, Bowenian and family systems perspectives highlight how differentiation of self and intergenerational emotional patterns influence present dynamics; by fostering awareness and differentiation, both EFT and RTCT may interrupt multigenerational cycles of avoidance and blame (Brown & Errington, 2024).

Furthermore, the integration of sexual intimacy into therapeutic work reflects an evolving consensus that sexual health is not a peripheral concern but a central dimension of relational well-being. Early handbooks emphasized structured exercises to build both physical and emotional closeness (Bagarozzi, 2001). The current findings substantiate these early insights by showing that addressing intimacy explicitly within therapy can yield measurable improvements even in couples navigating the complex aftermath of betrayal. These results also complement physiological research linking emotional responsiveness to the activation of reward and attachment systems associated with sexual desire, reinforcing the biobehavioral coherence of EFT outcomes (Arnocky et al., 2018; Weiser et al., 2023).

This study, despite its contributions, has several limitations. The sample size was relatively small and limited to couples in Sari City, which restricts the generalizability of the results to broader populations. Moreover, the reliance on self-report measures such as the Sexual Intimacy Questionnaire may have introduced social desirability bias, particularly given the cultural sensitivity surrounding topics

of sexuality and infidelity. The quasi-experimental design, while practical for clinical research, limits causal inference compared to randomized controlled trials. Additionally, the follow-up period of three months may not capture long-term maintenance or relapse effects. Differences in therapist experience and group dynamics might also have influenced treatment outcomes. Future studies with larger, more diverse samples, multi-method assessments, and longer follow-up intervals are recommended to validate and extend these findings.

Future research should explore the mediating mechanisms underlying improvements in sexual intimacy across both interventions, particularly examining whether emotional regulation, forgiveness, or attachment security function as key mediators. Cross-cultural studies are needed to examine how cultural norms and gender expectations modulate therapy effectiveness in addressing infidelity. Moreover, integrating physiological measures such as stress hormones or neural imaging could deepen understanding of the bio-emotional changes accompanying intimacy restoration. Comparative studies might also investigate the sequential or integrative application of EFT and RTCT to determine whether combining emotional and behavioral modules produces additive effects. Finally, longitudinal designs extending beyond six months could track whether gains in intimacy predict broader indicators of marital stability and psychological well-being.

Practitioners working with couples experiencing the aftermath of infidelity should prioritize interventions that address both emotional wounds and behavioral accountability. Therapists may consider beginning with Emotion-Focused Couple Therapy to rebuild trust and emotional safety before integrating Reality Therapy components to reinforce responsibility and future-oriented problem-solving. Training programs should emphasize cultural adaptation, particularly in societies where emotional expression about sexuality is constrained. Furthermore, therapists should create a safe, nonjudgmental environment that normalizes emotional vulnerability and facilitates the gradual re-establishment of sexual connection. Incorporating follow-up sessions and booster interventions may help sustain the therapeutic gains observed and prevent relapse into avoidance or resentment. Ultimately, a balanced integration of empathy, structure, and accountability appears to be the most promising pathway toward lasting sexual and emotional intimacy after infidelity.

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

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The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. This article is derived from the first author's Ph.D. dissertation conducted at the Islamic Azad University, Tabriz Branch, Tabriz, Iran, and has received ethical approval from the Research Ethics Committee of Islamic Azad University, Tabriz Branch, under the code **IR.IAU.TABRIZ.REC.1402.414**.

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