

Comparison of the Effectiveness of Cognitive-Behavioral and Emotion-Focused Couple Therapies on Marital Intimacy of Couples

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Abstract

Introduction: Intimacy has a fundamental importance in the survival of couples' relationships and its rate has a profound effect on marital happiness. The main objective of the present research was to investigate the effectiveness of cognitive-behavioral couple therapy as well as emotion-focused couple therapy on marital intimacy of couples referring to counseling centers in the city of Zabol, Iran.

Method: The current research was a quasi-experimental study with a randomized placement of subjects. The plan of the pre-test and post-test groups as well as control group with two experimental categories were used in this research to test the hypotheses. The statistical population included all couples referring to Zabol counseling centers during 2017-2018. The sample consisted of 24 couples (48 individuals) who were selected through targeted sampling and were randomly divided into three groups (each group with 8 pairs), namely, two experimental groups (cognitive-behavioral couple therapy and emotion-focused couple therapy) and a control group. The data were collected by questionnaire of Bagarozzi intimacy. Then, the collected data were analyzed according to covariance analysis (one way and multivariate method).

Results: According to the findings, both types of cognitive-behavioral couple therapy as well as emotion-focused couple therapy were effective in increasing marital intimacy. Also, both types of couple therapy were effective in promoting marital performance.

Conclusion: To conclude, the effect of cognitive-behavioral couple therapy and emotion-focused couple therapy is different with each other in improving marital performance and marital intimacy between couples.

Keywords: Emotion-Focused Couple Therapy, Cognitive-Behavioral Couple Therapy, Marital Intimacy

Introduction

Family has been introduced as a social institution that results from marriage between man and woman which is the creator of the fundamental society of mankind [1]. Actually, marriage is a stage of transition in human life [2]. Usually, after marriage, relationships are closer, warmer and more intimate. When intimacy is established in the relationship between the spouses, the marital relationship can be extremely effective, enjoyable and interesting and this requires that couples always try to create intimacy [3]. Bagarozzi [4] believes that intimacy is one of the needs of marital life. The depth of intimacy that people create in their relationship depends on their ability to communicate accurately, effectively, and clearly with their thoughts, feelings, needs, and desires to a great extent. Thus, learning how to communicate effectively is considered as the first step in the process of creating or enhancing intimacy in any relationship [4]. It can be said that intimacy is the core of romantic

relationships and many researchers have focused on the concept of this structure [5]. Sincere relationships involve close engagement and typically include the expectation of a relationship that persists [6]. Based on such thoughts, intimacy includes feeling of being close or connected, mutual concern for making another person blissful, having a sense of trust and security, honesty and openness, and mutual support [7]. Developing and expanding marital intimacy is an important step in creating and maintaining a favorable and successful marriage. Intimacy is a dynamic concept in human relationships, especially in couple relationships. It is created in the context of interpersonal relationships and its dynamics is in terms of outcome which affects the entire relationship so that the gap or defect in each dimension of interpersonal relationships has an impact on the whole relationship [8].

Emotion-focused couple therapy is intrinsically and essentially appealing and effective for couples who suffer from lack of intimacy. This approach is especially suitable for couples whose emotional links have become loose and do not experience significant intimacy together. Emotion-centered treatment targets marital disturbances and presents viable and meaningful changes to couples by pointing out key emotions [9]. Generally, emotion-centered treatment focuses on the emotional participation in permanent patterns of incompatibility of disturbed couples. It is attempted in this treatment to detect vulnerable emotions and facilitate couples' ability in order to create these emotions in a safe and kind way. It is believed that the processing of emotions creates a healthier and more interactive pattern in a safe context which leads to suppressing the level of turmoil and increases love and ultimately, leads to reconciliation and marital intimacy [10]. Much research has shown the efficacy of emotion-focused couple therapy, including the Johnson and Talitman research, which has shown that emotion-focused couple therapy significantly links the relationship between couples who have stayed in their relationships [11].

One of the psychological approaches to treat marital conflicts and fatigue is behavioral-cognitive approach. In behavioral-cognitive couple therapy, the couple's behavioral interaction is considered to be the most important factor, and it is believed that genuine and self-conscious feelings, i.e., the statements that mainly start with me should be replaced by the messages that start directly with you and carry the negative connotation of blame and anger. At the same time, behaviorists like Gutman have built their entire approach based on how the couples communicate and talk. The second important factor is solving the problem, which refers to badly functioning patterns in controlling the problems. By training strategies of negotiation exchange, compromise, and problem solving, negative communication patterns of the couple, that are often verbally and behaviorally dominant in the relationship, are changed, and they practically would feel that they receive what they devote to their relationship. The third foundation of cognitive-

behavioral couple therapy after communication and problem solving is changing behavior. When the relationship is clear, direct, and original, the common sense and mutual reception emerges, and it is the time to propose the attachment or make the contract [12].

It is clear that providing reward and behavioral promotions in such conditions are effective factors for stabilizing the behavior. In such conditions, the behavior of each spouse is promoted or rewarded by his/her partner, and thus they would not feel that just he/she is bound to change the behavior [13].

A review of research has shown that there are only few studies that have tested the effects of the combination of cognitive interventions with behavioral protocols [14].

Dandeneau [15] investigated the effect of two approaches of cognitive couple therapy and emotion-focused couple therapy on the degree of intimacy, trust and compatibility among couples. The results showed that there was a significant increase of self-report scores of intimacy in both experimental groups relative to control groups in post-test. After 10 weeks of the follow-up, the emotion-focused therapy group was significantly superior to cognitive therapy in the level of intimacy and compatibility [15].

Outcomes in a study indicated that all three couple therapies had an effect on increasing marital satisfaction and decreasing depression scores [16]. Also, the findings in another study showed that emotion-focused couple therapy relative to the control group resulted in effective changes and persistence in the components of in the components of consistency and intimacy [17]. According to the outcomes of a research, it was indicated that there is a significant statistical difference between the performance of the experimental and control groups after intervention and group cognitive-behavioral couple therapy has reduced marital boredom and its components [18]. According to the above-mentioned points due to the need of humans to healthy and effective communication and also an important role of intimacy with an emphasis on the Emotion-Focused Couple Therapy (EFCT) and Cognitive Behavioral Couple Therapy (CBCT), it can be assumed that the application of these approaches can provide conditions for the establishment of marital relationships as well as mental and physical welfare of couples. Therefore, it was decided to carry out a research on the effect of EFCT and CBCT on increasing intimacy.

The research hypothesis in this study are as follows:

The effect of EFCT and CBCT on increasing intimacy in married couples differs from each other.

Method

The present research was a quasi-experimental study with pre-test, post-test and 10 weeks follow-up as well as a control group. The population of the study consisted of all couples referring to Zabol counseling centers in 2017-2018.

The sample consisted of 24 couples (48 people) who were selected based on the entry and exit criteria by purposeful sampling method. Then, they were randomly placed in three groups (each group included 8 pairs), namely two experimental groups

(CBCT and EFCT) and a control group. The CBCT approach was applied on the experimental group 1 while the EFCT approach was performed on the experimental group 2 and no interventions were performed on the control group. The inclusion criteria included: 1. Three years after their marriage, 2. The minimum degree of diploma for the couples, and the exclusion criteria included: 1. Having acute personality or psychological problems, 2. Having drug and alcohol addiction, 3. Having acute and critical conflicts or being on the verge of divorce.

Qualified couples were selected according to the conditions. Interviews were initially conducted with couples to reach the mentioned goal. After initial diagnosis of having entry conditions, the couples were randomly situated into three groups (two experimental groups and one control group). After doing the pre-test, the experimental groups entered the treatment stage separately (EFCT and CBCT).

The tools used in this study are as follows:

Questionnaire of Intimacy Needs

In this questionnaire 41 questions are filled in on a 10-point scale and examines intimacy needs and its dimensions (emotional, psychological, rational, sexual, physical, spiritual, aesthetic, and socio-recreational needs). In this questionnaire, for each dimension of intimacy except for the spiritual dimension, which has 6 items, 5 items are considered and is graded in the range of ten options of number 1 (not at all, "this need does not exist in me) to 10 (absolutely, this need is strong in me). In this questionnaire, each question is scored between 1 and 10, and the maximum score is 410.

Psychometric Properties Questionnaire

This questionnaire was translated by Etemadi [19], and the accuracy of the translation was confirmed by five experts fluent in English. To determine its content and face validity, the questionnaire was distributed to fifteen counselors and fifteen couples. They provided their corrective comments to the questionnaire and confirmed its content validity. After final modification, the questionnaire was performed on 30 couples and the reliability coefficient of the whole questionnaire was obtained by Cronbach's alpha as 93%. After performing the research, the data were analyzed using SPSS software and covariance analysis. In covariance analysis, post-test means are compared after moderating the pre-test scores [20].

In the current research, the content and structure of the intervention program based on EFCT and CBCT model were formulated and are presented in Tables 1 and 2.

In this regard, considering the subject of the present study, which compares the effectiveness of EFCT and CBCT on the marital intimacy of couples, demographic characteristics of the subjects were first investigated. Tables of indices of descriptive statistics were used for statistical description in which numbers mean and standard deviations were used as descriptive indicators.

In line with inferential analyzes and testing the research hypotheses, a method including pre-test and post-test with control group was used. The best statistical method is covariance analysis since post-test means are compared after moderating pre-test scores. For this purpose, the data were analyzed according to the covariance analysis (one way and multivariate method).

Table 1. The structure of EFCT sessions

Stages	Session	Techniques
First Stage: Ease of Tensions	First Session: Creating a safe background to mention a couples' problems	Empathetic Reflection, Validation, Acceptance, Empathic Conjecture, Provocative Answers
	Second Session: Identifying interactive patterns and emotional responses that shape these patterns	
	Third and Fourth Sessions: Individual treatment for each of the couples	
Second Stage: Rebuilding the Interactions	Fifth Session: Expanding and rebuilding emotional experiences	Empathetic Reflection, Validation, Acceptance, Empathic Conjecture, Provocative Answers
	Sixth Session: Extending oneself in connection with others	
	Seventh Session: Rebuilding interactions toward in a way that each of the couples become more responsive	
Third Stage: Consolidation and Integration	Eighth, Ninth and Tenth Sessions: Reconstruct interactions, Facilitating the emergence of new solutions to old problems, couples' intimate engagement with their spouses, consolidating new positions and new cycles of attachment behaviors, terminate of treatment	Empathetic Reflection, Validation, Acceptance, Empathic Conjecture, Provocative Answers

Table 2. The structure of cognitive behavioral sessions

Session	Subject	Objective and Method
1	Readiness and communication	Purpose: communicating and making preparations Method: Explaining the method and objectives of the sessions
2	Cognitive Factors	Objective: To correct cognitive errors Method: Examining expectations, beliefs and imaginations about intimacy and marital relationship ,showing the impact of malicious beliefs on feelings and behaviors
3	Cognitive Factors	Objective: To correct cognitive errors Method: Eliminating misunderstandings due to misconceptions or different perceptions, replacing rational beliefs and expectations
4	Cognitive Factors	Objective: Identification of attribution-based patterns and its impact on the relationship, explaining realistic goals and expectations Method: Checking the wrong attributes and unrealistic expectations, wrong expectations, familiarity with mutual expectations and paying attention to the positive features of each other
5	Communication Skills	Objective: To develop the skills of transferring and receiving clear, correct and effective thoughts, feelings, and needs of each other Method: Assessment of bugs related to the sender and receiver of the message, practicing and training the skills of message sender and receiver
6	Communication Skills	Objective: To create empathic understanding and listening skills Method: Evaluation of communication patterns and barriers of couples, practicing and training effective communication skills
7	Behavioral Skills	Objective: To increase positive behavioral exchanges Method: Recognizing the patterns of reinforcement and punishment of each of the spouses, increasing positive amplifiers and reducing understanding and objectification of behavior
8	Problem Solving Skills	Objective: To reduce problems and learning problem-solving skills Method: Investigating the existing problems and evaluating the problem solving methods of spouses as well as practicing the process of problem solving method
9	Conflict Resolution Skills	Objective: To reduce conflicts between spouses Method: Investigating conflicts between couples, examining patterns of conflict resolution and its consequences, training and practicing methods of conflict resolution

Results

The outcomes showed that the highest percentage (62%) of women were under the age of 30 years while the highest percentage (46%) of age range in men was between 30 to 40 years (Figure 1).

According to the findings in terms of educational level, the majority of women (54%) had a diploma while a significant number of men (58%) had a bachelor's degree (Figure 2).

The effects of EFCT and CBCT on the marital intimacy between couples were found to be different from each other. In order to test the hypothesis, the paired t test or

dependent t test was used. As it is specified, to do this test:

A) Data should be on a distance or relative scale (such as age, weight, questionnaire, etc.)

In the current study, the scores of the variable of marital intimacy are both from distance type.

B) The data distribution should be normal;

For this purpose, the distribution of data from the variable of marital intimacy was investigated using Kolmogorov-Smirnov test. The obtained results which are presented in Table 3, confirm the normalization of the data of the variable of marital intimacy.

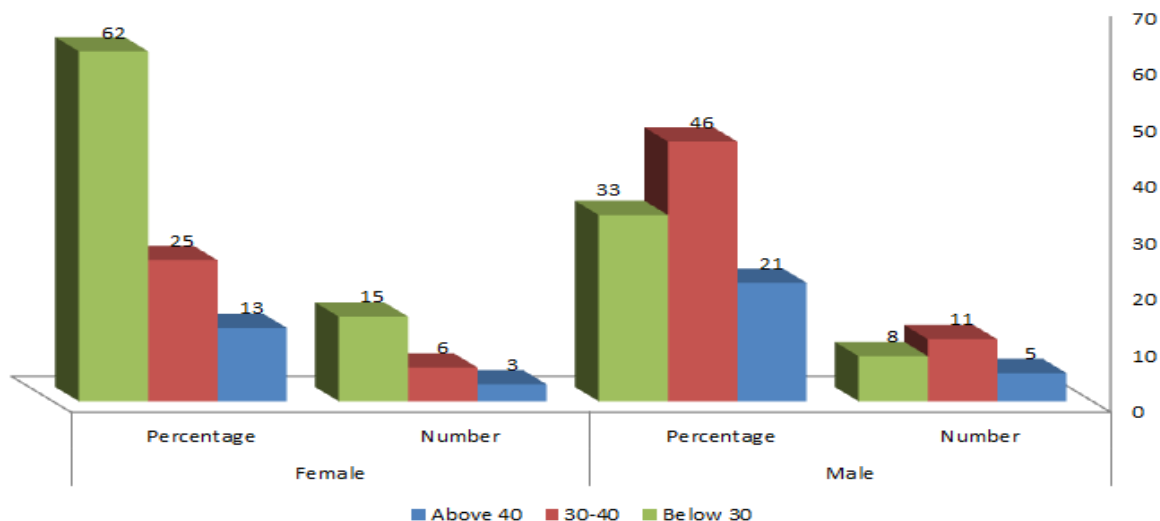


Figure 1. The ratio of gender to age of participants

After ensuring the normal distribution of data, the pairwise comparison test was performed using the research data. The results of this test are presented in Table 4.

According to the comparison of two emotion-oriented

and cognitive-behavioral therapy groups in the component of marital intimacy which are shown in Table 4, a significant difference is observed between the two groups. The results of these findings are also presented in Figure 3.

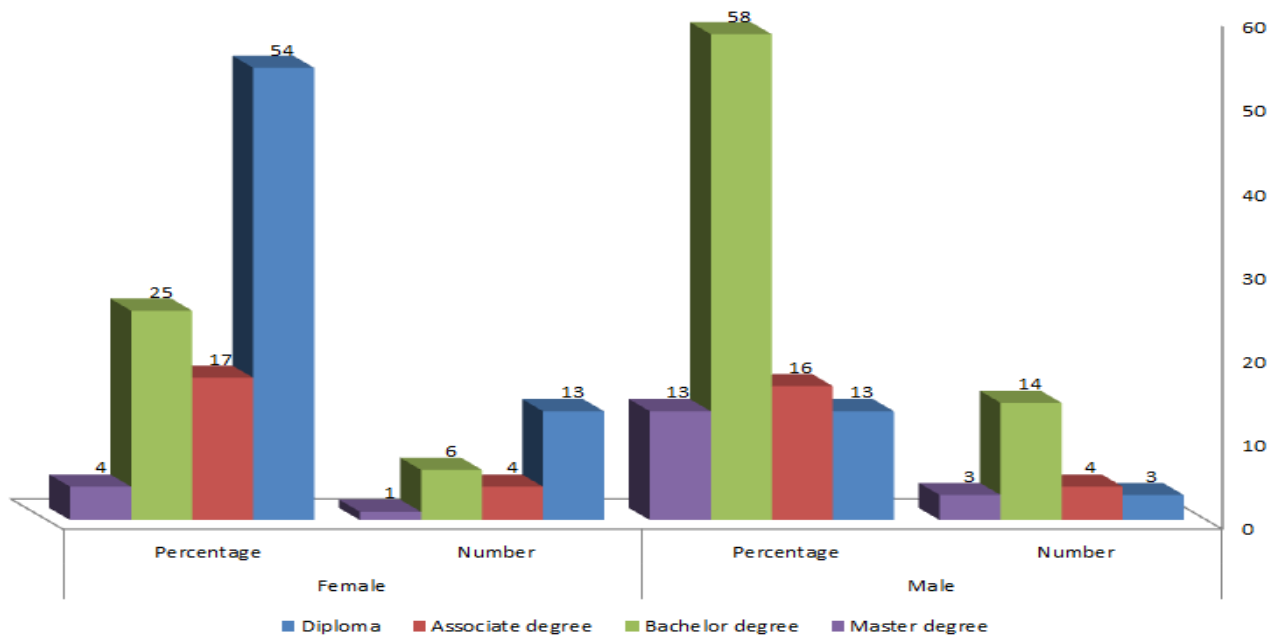


Figure 2. The ratio of gender to education

Table 3. Results of Kolmogorov-Smirnov test related to marital intimacy

Statistic	Variable	Kolmogorov-Smirnov	Significance Level
	Marital Intimacy	1.42	0.14

Table 4. Pairwise comparison of three groups in the marital intimacy

Components	Treatment I	Treatment II	Difference in Averages	Standard Error	Significance Level
Marital Intimacy	Emotion- Focused Therapy	Cognitive Behavioral Therapy	1.594	10.058	1.000
	Emotion- Focused Therapy	Control	96.581	10.079	0.0001
	Cognitive behavioral Therapy	Control	94.986	10.041	0.0001

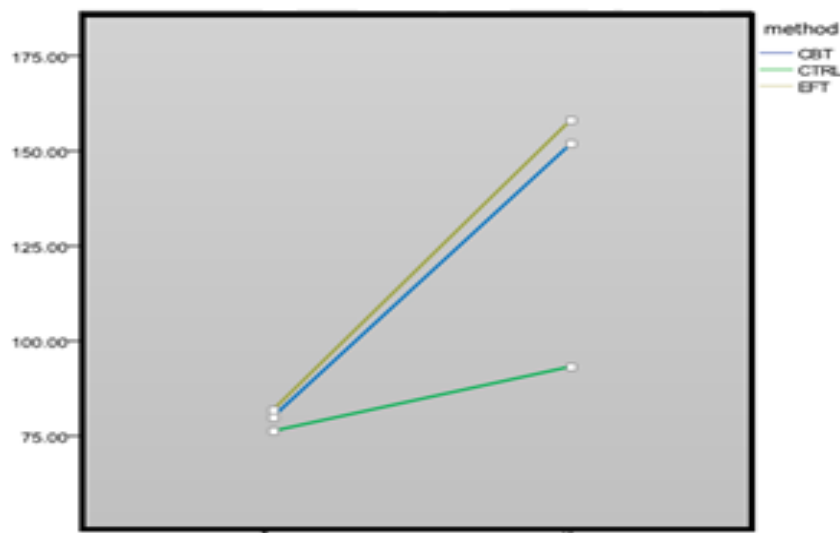


Figure 3. Comparing the average of marital intimacy in pre-test and post-test scores of the three groups.

Discussion

As it is seen in the results of the data analysis, the effect of both EFCT and CBCT was confirmed. In addition, it was specified that the effect of these two treatment methods on the mentioned variable was not equal and they are different from each other. In other words, EFCT had more influence on marital intimacy.

The authors believe that the reason for this difference is that there is a relation between intimacy and emotions as well as feelings of people. Since this treatment is basically emotional-focused, it can affect people directly and help couples express their feelings and emotions in a better and more effective way. Therefore, it can have more impact on their intimacy.

As it was mentioned previously, intimacy can help satisfy the needs of both sides to love and be loved. Since this need (affection and friendship) is one of the most basic requirements of every human being, in case the therapist can succeed in helping to meet this need by adopting an emotion-oriented therapy and correct guidance of couples in this regard, greater enthusiasm can be expected for couples to achieve greater intimacy and ultimately to have a deeper experience of loving and being loved. On this basis, when individuals taste a moderate degree of intimacy as a result of the effect of this method of treatment, they collaborate with a therapist to obtain higher levels of affection. Such couples' efforts will lead to a higher rate of EFCT effect in promoting the intimacy between them. For this reason, a more significant effect of this treatment method can be observed on marital intimacy.

In the present study, couples were randomly placed into three groups: emotion-focused couple therapy, cognitive-behavioral therapy and waiting list and they were treated for eight sessions. The progress obtained from both treatment groups was significantly higher than the waiting list. The positive therapeutic changes of the EFCT group to solve the problem were more than the cognitive-behavioral group. The changes continued for up to six months after treatment. There are only a few studies that have tested the impact of integrating cognitive restructuring interventions with behavioral protocols [21]. Generally, these studies state that combined cognitive-behavioral couple therapy is equally effective as basic behavioral therapy alone.

Although interventions focused on cognitive reconstruction tend to make cognitive change and behavioral interventions are inclined to improve behavioral interactions [22], less but growing number of studies on other family and couple therapy approaches such as EFCT [23] and an insight-oriented couple therapy [24] have advised that they have obtained better results from cognitive behavioral approaches in some cases. It is suggested based on their findings that the duration of the return or relapse period is longer in the emotion and vision based therapies and they have deeper and longer-lasting effects on couples. Dattilio [25] believes that further studies should be carried out so as to be able to obtain more accurate results about the method, duration, the impact of these approaches and their comparison with each other. Then he adds, "However, there are significant

empirical support from the effectiveness of cognitive, emotional, and vision-based couple therapy approaches which can be helpful to cure many couples under pressure" [25].

In another study by the American Association of Family and Marital therapy [26], family and couple therapy specialists were questioned "what is the most commonly used therapeutic approach out of the 27 known patterns?". Among the 292 therapists who were randomly selected, 27.3% introduced cognitive behavioral therapy as their first treatment choice which has the highest rate among other patterns.

Conclusion

To conclude, the effect of CBCT and EFCP on improving marital performance and marital intimacy between couples is different with each other. In other words, EFCT had more influence on marital intimacy.

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