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The Effectiveness of Short-Term Integrative Couple Therapy in Enhancing Marital Intimacy among Couples

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A B S T R A C T

Purpose: This study aimed to determine the effectiveness of short-term integrative couple therapy in enhancing marital intimacy among couples experiencing reduced emotional intimacy.

Methods and Materials: This quasi-experimental study employed a pretest–posttest design with a two-month follow-up and a control group. The statistical population included all couples who referred to Ganj Mehr Counseling Center in Babol in 2025 and reported reduced emotional intimacy in their marital relationship. Using purposive sampling, 15 couples who scored one standard deviation below the mean on the Bagarozzi Marital Intimacy Questionnaire were selected and randomly assigned to experimental and control groups. The experimental group received short-term integrative couple therapy in seven weekly sessions, each lasting two hours, while the control group received no intervention during the study period. The research instrument was the Marital Intimacy Questionnaire developed by Bagarozzi (2001). Data were analyzed using SPSS version 24 through univariate and multivariate analysis of covariance at the significance level of 0.05.

Findings: The inferential results indicated a statistically significant difference between the experimental and control groups after the intervention. Short-term integrative couple therapy significantly increased overall marital intimacy and its components among couples with reduced emotional intimacy. Furthermore, the significant therapeutic effects observed in the posttest phase remained statistically stable during the two-month follow-up period. The results of univariate and multivariate covariance analyses confirmed that the intervention had a significant effect on improving marital intimacy compared with the control condition ($P < 0.05$).

Conclusion: Short-term integrative couple therapy appears to be an effective therapeutic approach for improving marital intimacy and its related components among couples experiencing reduced emotional closeness. Therefore, couple therapists and marital counselors can use this approach as a practical intervention to strengthen emotional intimacy and improve marital relationships.

Keywords: *Couple therapy; marital intimacy; short-term integrative couple therapy; emotional intimacy; marital relationship*

1. Introduction

Marital relationship is one of the most central interpersonal systems in adult life, and its quality has extensive consequences for psychological adjustment, family functioning, sexual satisfaction, parenting processes, and social well-being. Within this system, marital intimacy is considered a core indicator of relationship health because it reflects the couple's capacity for emotional closeness, mutual responsiveness, self-disclosure, affection, trust, sexual connection, shared meaning, and collaborative problem solving. Intimacy is not limited to emotional expression; rather, it is a multidimensional construct that includes emotional, psychological, intellectual, sexual, physical, spiritual, aesthetic, social-recreational, and temporal dimensions. This multidimensional conceptualization emphasizes that couples may experience closeness in some domains while suffering from distance in others, and therefore assessment and intervention should address intimacy as a complex relational phenomenon rather than a single emotional state (Bagarozzi, 2013, 2014).

The importance of marital intimacy becomes clearer when it is considered in relation to marital stability and vulnerability to separation. Studies have shown that intimacy in early and young adulthood can predict later marital outcomes, including divorce risk, suggesting that deficits in closeness and relational responsiveness may have long-term consequences for couples' lives (Weinberger et al., 2008). Marital intimacy is also closely linked to sexual communication, attachment security, differentiation of self, marital satisfaction, and the quality of couple communication. When couples are unable to express needs, regulate emotions, and maintain constructive communication, intimacy tends to decline and conflicts become more persistent (Timm & Keiley, 2011; Yoo et al., 2013). In this regard, marital intimacy can be viewed both as an outcome of healthy couple interaction and as a protective factor that reduces the destructive effects of relational stressors.

The decline of intimacy is often accompanied by the emergence of marital conflict, emotional withdrawal, sexual dissatisfaction, and reduced commitment to the relationship. Comparative evidence has indicated that couples seeking divorce report poorer emotional intimacy, greater couple burnout, and lower differentiation of self than couples with more stable relationships (Pouragha & Sotoodeh Navroodi, 2023). Other findings have shown that ordinary couples and divorce-prone couples differ in marital satisfaction, marital conflict, and forgiveness, demonstrating that the quality of emotional connection plays a decisive role in how couples manage tension and relational injuries (Zahd Babolan et al., 2016). In this context, interventions that aim to enhance intimacy may not only improve emotional closeness but may also prevent escalation toward chronic dissatisfaction and divorce.

Contemporary marital life is influenced by multiple individual, interpersonal, and contextual stressors. Psychological factors such as maladaptive schemas, dark personality traits, body image concerns, depressive symptoms, and sexual dysfunction can undermine marital quality and emotional security. For example, schema-related problems have been associated with marital conflicts, sexual self-efficacy, and marital satisfaction, indicating that underlying cognitive-emotional patterns can shape couple interactions (Ismaeilzadeh & Akbari, 2021). Similarly, actor–partner models have shown that personality characteristics may affect both one's own marital quality and the partner's experience of marital instability (Yu et al., 2020). In addition, research on women with breast cancer has demonstrated that body image and sexual functioning are related to marital intimacy, highlighting the sensitivity of couple intimacy to physical, psychological, and sexual changes (Tahir & Khan, 2021).

Stressors outside the marital dyad may also enter the couple system and weaken intimacy. Work-family conflict, sleep quality, and self-perceived health are interrelated, and such findings show how role pressures and daily exhaustion can impair interpersonal functioning and emotional availability (Cheng et al., 2019). Family transitions also place couples under pressure; transition to parenthood, for example, changes emotional, sexual, and practical patterns of couple life and requires new forms of coordination and adaptation (Ryan & Padilla, 2019). In extended-family contexts, the coparenting relationship between parents and grandparents may influence marital conflict and the parent-child relationship, demonstrating that couple intimacy is embedded within broader family structures (Li & Liu, 2020). Therefore, couple therapy should be sufficiently flexible to address not only internal couple dynamics but also contextual and systemic pressures that affect marital closeness.

Because intimacy is shaped by both interactional patterns and subjective interpretations, effective couple therapy needs to focus on communication, emotional accessibility, cognitive appraisal, behavioral change, and meaning reconstruction. Gottman's clinical model emphasizes

E-ISSN: 3041-8828

principles of effective couple therapy, including assessment of relational patterns, strengthening friendship and positive interaction, managing conflict, and helping couples develop more adaptive ways of responding to each other (Gottman & Gottman, 2015). Likewise, brief intervention studies have shown that conflict reappraisal can preserve marital quality, suggesting that changing how couples interpret and respond to conflict may protect the relationship from deterioration (Finkel et al., 2013). Such findings support the view that intimacy can be improved through focused, structured, and theoretically informed interventions, even when the intervention is brief.

Short-term and integrative approaches are especially important because many couples seek help only after distress has become intense, and they may need interventions that are practical, time-limited, and directly focused on change. Brief couple counseling and marriage education have been compared as structured ways to improve relationship functioning, indicating the clinical relevance of short-duration formats for couples who require accessible services (Livingston, 2006). Solution-focused therapy also provides a useful foundation for brief couple work by shifting attention from problem-saturated narratives to exceptions, resources, preferred futures, and achievable behavioral changes (Macdonald, 2007). The emphasis on exceptions is clinically valuable because problem-focused and solution-focused interventions differ in how clients perceive and experience times when the problem is less dominant (Wehr, 2010). Solution-focused systemic thinking has also been extended to broader relational and environmental problems, demonstrating its flexibility as a change-oriented framework (Roth, 2019).

In couple therapy, solution-focused techniques can help couples identify moments of connection, recognize existing competencies, reconstruct hopeful narratives, and practice new forms of interaction. Possibility-oriented and solution-oriented frameworks emphasize that small differences in perception, language, and behavior can create meaningful relational change (Gonzalez et al., 2011). In the Iranian context, a short-term solution-oriented approach has been reported to reduce the tendency toward divorce among women and men prone to divorce, suggesting that brief relational interventions may be effective for distressed couples (Davoodi et al., 2012). In another study, solution-focused couple therapy improved marital satisfaction and marital adjustment, further supporting the application of this model in couple counseling (Shariatzadeh Junidi Gol-Ara et al., 2017). These findings provide an important basis for using solution-oriented components within an integrative short-term couple therapy protocol.

However, intimacy problems are often complex and cannot always be addressed through a single therapeutic lens. Integrative couple therapy is useful because it allows the therapist to combine techniques from solution-focused, cognitive-behavioral, emotional, systemic, and narrative approaches according to the needs of the couple. Cognitive-behavioral couple therapy has shown effectiveness in improving marital intimacy among couples, indicating that cognitive restructuring, communication skills, and behavioral exercises can improve relational closeness (Etemadi et al., 2013; Etemadi et al., 2006). Emotionally focused couple therapy has also been found effective in improving marital adjustment and couple intimacy, especially by strengthening emotional accessibility, responsiveness, and attachment security (Davoodvandi et al., 2018). The effectiveness of emotionally focused couples therapy has further been demonstrated among couples coping with breast cancer, showing that improving emotional bonds can be clinically meaningful even under severe health-related stress (Hedayati et al., 2020).

Recent clinical studies have continued to support the relevance of couple-based interventions for marital and sexual problems. Emotionally focused couple therapy has been examined among cancer survivor couples with marital and sexual difficulties, and findings have reinforced the importance of addressing couple distress through relational and emotion-centered therapeutic processes (Van Diest et al., 2023). In couples where wives have breast cancer, emotion-focused couples therapy has also been reported to improve marital burnout and sexual intimacy, demonstrating the potential of couple interventions to restore closeness under conditions of vulnerability (Zolfali Pourmaleki & Smkhani Akbarinejhad, 2024). Similarly, couple therapy has been reported to reduce depressive symptoms and improve sexual function among women affected by infidelity, indicating that couple-based treatment may help repair relational damage after severe emotional injury (Solmaz et al., 2023). These findings highlight the need for approaches that simultaneously address intimacy, emotion regulation, sexual functioning, and relational repair.

Premarital and marital counseling frameworks also emphasize the importance of teaching couples core relational competencies before problems become chronic. Principles of premarital counseling indicate that couples benefit from learning communication skills, emotional awareness, realistic expectations, and strategies for

E-ISSN: 3041-8828

managing differences, all of which are closely related to later intimacy and marital adjustment (Asghariganji, 2025). Randomized evidence from relationship education and enrichment programs among Iranian couples has also shown that structured programs can improve relational functioning and provide culturally relevant tools for strengthening couple relationships (Khojasteh Mehr et al., 2025). In addition, studies on love and romantic relationships have emphasized that love is multidimensional and measurable, and that its components overlap with intimacy, commitment, passion, and relational satisfaction (Graham, 2011). Therefore, strengthening intimacy requires attention to both emotional bonds and practical relational skills.

Sexual intimacy is another essential domain of marital closeness and is associated with relationship stability. Sexual frequency has been linked to the stability of marital and cohabiting unions, indicating that sexual connection is not a peripheral aspect of couple functioning but part of the broader relational system (Yabiku & Gager, 2009). Communication, emotional intimacy, sexual intimacy, and relationship satisfaction are also interconnected; deficits in one domain may weaken the others and create cyclical patterns of avoidance and dissatisfaction (Yoo et al., 2013). For this reason, interventions targeting marital intimacy should not reduce intimacy to emotional disclosure alone, but should also consider sexual, physical, and behavioral dimensions of closeness.

The measurement of marital intimacy is another important issue in studies of couple therapy. The Bagarozzi model provides a comprehensive framework for assessing multiple domains of marital intimacy and is particularly useful for identifying the specific dimensions in which couples experience distance or connection (Bagarozzi, 2013, 2014). In Iranian studies, the dimensions of intimacy among married students have been examined, and gender differences in intimacy dimensions have been reported, indicating that cultural and gender-related factors may influence the experience and expression of marital closeness (Khamseh & Hoseyniyan, 2008; Khamseh & Hosseinian, 2008). The availability of multidimensional measurement tools makes it possible to evaluate not only overall marital intimacy but also specific components such as emotional, psychological, intellectual, sexual, physical, spiritual, aesthetic, social-recreational, and temporal intimacy.

From a methodological perspective, research on couple therapy requires designs that can capture change across time and evaluate whether therapeutic gains remain stable after treatment. Single-case and behavioral research methods have emphasized the importance of repeated assessment, systematic observation, and attention to individual and dyadic change patterns in psychological and health-related interventions (Morgan & Morgan, 2009). In clinical studies of couples, pretest–posttest designs with follow-up periods can help determine whether observed changes are attributable to the intervention and whether improvements are maintained beyond the immediate treatment phase. In addition, contemporary multi-criteria approaches to marital conflict and intervention strategies have emphasized that marital problems are shaped by several psychological factors and therefore require systematic decision-making in selecting therapeutic targets (Pratham Majumder et al., 2024).

Short-term integrative couple therapy is conceptually suited to couples with reduced emotional intimacy because it combines the efficiency of brief therapy with the comprehensiveness of integrative clinical work. Young and Long's couple therapy framework emphasizes assessment, relational conceptualization, communication, and structured intervention with couples (Young & Long, 2007). Young and Carlson's work on fragile families and fragile couples also draws attention to the vulnerability of couple systems and the need for interventions that strengthen relational resources and resilience (Young & Carlson, 2011). In this approach, the therapist can help couples externalize problems, formulate distress as an interactional pattern, identify exceptions, reconstruct positive relational stories, use solution-focused questioning, practice alternative behaviors, and mobilize shared resources for continued change.

Overall, the literature indicates that marital intimacy is a multidimensional and clinically significant construct that is closely related to marital satisfaction, conflict management, sexual functioning, emotional regulation, and marital stability. Previous research supports the effectiveness of cognitive-behavioral, emotionally focused, solution-focused, and enrichment-based interventions for improving different aspects of couple functioning; however, couples with reduced emotional intimacy may benefit from a short-term integrative protocol that combines these mechanisms in a structured and time-efficient format. Despite the growing body of evidence on couple therapy, further empirical examination is needed to determine whether short-term integrative couple therapy can significantly improve overall marital intimacy and its components among couples experiencing emotional distance. Therefore, the present study aimed to determine the effectiveness of short-term

E-ISSN: 3041-8828

integrative couple therapy in increasing marital intimacy among couples.

2. Methods and Materials

2.1. Study Design and Participants

The present study was conducted using a quasi-experimental design with a pretest, posttest, two-month follow-up, and a control group. The statistical population consisted of couples experiencing problems in emotional intimacy who referred to Ganj Mehr Counseling Center in Babol in 2025. From this population, 15 couples who obtained scores one standard deviation below the mean on the Marital Intimacy Questionnaire were selected through purposive sampling and were then randomly assigned to the experimental and control groups. The inclusion criteria were obtaining a score below the mean on the marital intimacy scale, willingness to participate in the study, absence of specific physical or psychological disorders, completion of the informed consent form, a minimum marriage duration of two years, and an age range of 20 to 50 years. The exclusion criteria included substance or psychotropic drug abuse, a history of extramarital relationship, a history of hospitalization in psychiatric wards, incomplete completion of the questionnaire, and absence from more than two intervention sessions in the experimental group. Ethical considerations were observed by explaining the research objectives to participants, ensuring voluntary participation, obtaining written informed consent, and assuring participants about the confidentiality of their information.

2.2. Measures

The Marital Intimacy Questionnaire was used to collect the research data. This questionnaire was developed by Bagarozzi in 2001 to assess marital intimacy among couples. The instrument consists of 41 items scored on a 10-point Likert scale and includes nine subscales: emotional intimacy, psychological intimacy, intellectual intimacy, sexual intimacy, physical intimacy, spiritual intimacy, aesthetic intimacy, social-recreational intimacy, and temporal intimacy. The response scale ranges from 1, indicating that there is no such need at all, to 10, indicating that there is a very strong need. All subscales, except spiritual and temporal intimacy, contain five items, with scores ranging from 5 to 50 for each subscale. The spiritual intimacy subscale contains six items, with a total score ranging from 6 to 60. The temporal intimacy subscale is scored qualitatively; its three items are calculated based on the mean responses of the participant to the other subscales, with a total score ranging from 3 to 30. Higher scores indicate a greater level of marital intimacy.

The Persian version of the Marital Intimacy Questionnaire was first translated in Iran by Etemadi and colleagues in 2005. To evaluate the accuracy of the translation, both Persian and English versions were reviewed by five specialists in counseling, who confirmed the accuracy of the translated form. Face and content validity were assessed by 15 family counseling specialists and 15 couples, and the content validity of the questionnaire was confirmed with a coefficient of 0.58. After final revisions, the questionnaire was administered to 30 couples, and the Cronbach's alpha coefficient for the total scale was reported as 0.93. Concurrent validity was also examined by administering this questionnaire together with another couples' intimacy questionnaire to 30 couples, and the correlation coefficient between the two measures was reported as 0.65, indicating a significant association. In another study, Khamsa and Hosseinian reported test-retest reliability coefficients of 0.89 for emotional intimacy, 0.82 for psychological intimacy, 0.81 for intellectual intimacy, 0.91 for sexual intimacy, 0.80 for physical intimacy, 0.76 for aesthetic intimacy, 0.51 for social-recreational intimacy, 0.65 for spiritual intimacy, 0.62 for temporal intimacy, and 0.82 for total marital intimacy. Furthermore, Asgari and Goodarzi calculated Cronbach's alpha coefficients of 0.71 for emotional intimacy, 0.65 for psychological intimacy, 0.58 for intellectual intimacy, 0.73 for sexual intimacy, 0.68 for physical intimacy, 0.76 for aesthetic intimacy, 0.66 for social-recreational intimacy, 0.70 for spiritual intimacy, 0.62 for temporal intimacy, and 0.93 for total marital intimacy, confirming the acceptable reliability of the instrument.

2.3. Intervention

The content and structure of the short-term integrative couple therapy program were developed based on the intervention processes proposed in the studies of Young and Carlson and Long and Barnett. The intervention was implemented for the experimental group in seven weekly couple therapy sessions, with each session lasting two hours. In the first session, the therapist introduced the participants to the therapeutic process, explained the group rules and therapeutic framework, administered the pretest, collected historical information, conducted an initial assessment of daily marital problems, examined each spouse's description

E-ISSN: 3041-8828

of the problem, formulated the problem as an interactional issue, and encouraged the couple to externalize the problem. In the second session, the previous homework was reviewed, and the therapist helped the couple reach agreement on the desired outcomes of counseling, shift their attention away from problem-saturated narratives, and begin discussing a more positive future. In the third session, the previous session was summarized, the problem was reviewed, and the couple was guided to identify positive aspects of their marital relationship and the personal strengths of each spouse. This session also focused on strengthening attachment, love, and intimacy through recalling positive events from the past and present, while helping couples understand that different members of a family may have different interpretations of the same problem or event. In the fourth session, homework was reviewed, the "master key" technique was introduced, and couples were helped to identify healthy exceptions in their relationship in order to increase hope and motivation for improving marital difficulties. In the fifth session, the master key technique was continued, pretend tasks were used, solution-focused questions were applied, and paradoxical techniques such as reductio ad absurdum and paradoxical betting were introduced. This session also emphasized focusing on positive aspects of the marital relationship, identifying barriers that could weaken the changes achieved, planning strategies to overcome those barriers, and teaching conflict-resolution skills when needed. In the sixth session, the previous homework was reviewed, and couples were guided to identify alternative ways of thinking, feeling, and behaving so that they could experience new emotional responses and practice more constructive interactional patterns. In the seventh and final session, the therapist assessed the extent to which the therapeutic goals had been achieved, administered the posttest, reviewed the goals established in the second session, highlighted the positive changes made during therapy, praised the couple for overcoming problems, and encouraged them to mobilize their resources and continue positive behaviors in their marital relationship.

2.4. Data Analysis

After data collection, the obtained data were analyzed using SPSS version 24. Descriptive statistics, including mean and standard deviation, were used to describe marital intimacy scores in the experimental and control groups across the pretest, posttest, and follow-up stages. To examine the effectiveness of the intervention, univariate and multivariate analysis of covariance were used by controlling for pretest scores and comparing posttest and follow-up scores between the experimental and control groups. Before conducting covariance analyses, the required statistical assumptions were examined, including normality of data distribution, homogeneity of variances, homogeneity of covariance matrices, and homogeneity of regression slopes. The level of statistical significance was set at 0.05 for all analyses. The inferential analyses were used to determine whether short-term integrative couple therapy had a significant effect on overall marital intimacy and its components and whether the therapeutic effects remained stable during the two-month follow-up period.

3. Findings and Results

The examination of the demographic characteristics of the research participants, including age, duration of marriage, and educational level, showed that the mean age of the participants was 25.15 years, with a standard deviation of 3.15, and the age range was between 25 and 55 years. The mean duration of marriage among the participants was 16.21 months, with a standard deviation of 7.15, and the range was 6 to 38 months. The average educational level of both men and women was a bachelor's degree. The means and standard deviations of the scores for overall intimacy and its dimensions in the two groups at the pretest, posttest, and follow-up stages are presented in Table 1.

Table 1

Mean and Standard Deviation of Marital Intimacy and Its Components among Couples in the Experimental and Control Groups at the Pretest, Posttest, and Follow-Up Stages

Variable	Group	Pretest M (SD)	Posttest M (SD)	Follow-up M (SD)
Emotional intimacy	Experimental	27.5 (8.1)	34.1 (7.3)	33.0 (9.0)
Emotional intimacy	Control	26.1 (9.3)	25.4 (8.7)	21.6 (8.6)
Psychological intimacy	Experimental	28.5 (8.2)	34.5 (8.3)	34.7 (7.0)
Psychological intimacy	Control	28.5 (6.3)	25.2 (7.6)	25.7 (6.3)
Intellectual intimacy	Experimental	27.6 (6.1)	32.4 (8.1)	34.3 (9.5)

E-ISSN: 3041-8828

Intellectual intimacy	Control	25.2 (6.8)	26.0 (7.2)	26.1 (6.6)
Sexual intimacy	Experimental	27.1 (8.6)	35.1 (8.1)	35.1 (7.6)
Sexual intimacy	Control	27.4 (8.2)	27.6 (7.8)	25.1 (7.2)
Physical intimacy	Experimental	28.4 (9.1)	35.2 (9.1)	35.1 (7.2)
Physical intimacy	Control	28.3 (9.6)	51.4 (8.2)	24.7 (6.8)
Spiritual intimacy	Experimental	34.6 (9.1)	42.8 (9.7)	43.6 (7.6)
Spiritual intimacy	Control	34.1 (11.4)	34.5 (10.3)	33.2 (10.2)
Aesthetic intimacy	Experimental	28.5 (10.2)	35.6 (6.7)	36.8 (5.7)
Aesthetic intimacy	Control	28.1 (7.5)	27.5 (7.6)	26.7 (8.0)
Social-recreational intimacy	Experimental	28.5 (9.6)	33.5 (7.2)	35.7 (7.6)
Social-recreational intimacy	Control	27.7 (8.1)	26.7 (6.4)	25.4 (6.2)
Temporal intimacy	Experimental	11.1 (5.1)	15.1 (5.9)	15.7 (5.0)
Temporal intimacy	Control	11.3 (3.7)	10.7 (3.8)	10.4 (3.0)
Overall intimacy	Experimental	241.7 (56.5)	295.1 (62.4)	306.9 (63.4)
Overall intimacy	Control	238.3 (61.3)	226.4 (61.5)	217.1 (58.3)

According to Table 1, the mean (standard deviation) score of marital intimacy among participants in the experimental group increased from 241.7 (56.5) at the pretest stage to 295.1 (62.4) at the posttest stage and 304.7 (61.2) at the follow-up stage. The mean (standard deviation) score of marital intimacy among participants in the control group decreased from 238.3 (61.3) at the pretest stage to 226.4 (61.5) at the posttest stage and 217.1 (58.3) at the follow-up stage.

To examine the effectiveness of short-term integrative couple therapy on couples' marital intimacy at the posttest and follow-up stages, the statistical assumptions were assessed, including the Kolmogorov–Smirnov test to examine the normality of the distribution of sample scores in the population, Levene's test to examine the equality of variances, and the test of homogeneity of regression slopes.

The results of the analysis of covariance examining the effectiveness of short-term integrative couple therapy on couples' marital intimacy at the posttest and follow-up stages are presented in Table 2.

Table 2

Results of Analysis of Covariance for the Effectiveness of Short-Term Integrative Couple Therapy on Couples' Marital Intimacy at the Posttest and Follow-Up Stages

Stage	Source of Variance	Sum of Squares	df	Mean Square	F	p	η^2	Statistical Power
Posttest	Pretest	390,290.331	1	390,290.331	1028.816	.001	.908	1.000
Posttest	Group	74,321.229	2	37,160.613	97.957	.001	.663	1.000
Posttest	Error variance	39,453.270	105	379.350	—	—	—	—
Posttest	Corrected total	515,405.072	106	—	—	—	—	—
Follow-up	Pretest	3,337,234.486	1	3,337,234.486	931.878	.001	.900	1.000
Follow-up	Group	142,742.661	2	71,371.331	199.296	.001	.781	1.000
Follow-up	Error variance	37,244.340	103	358.130	—	—	—	—

In Table 2, the significance level for the group factor at the posttest and follow-up stages was reported to be lower than the criterion value of .05. Therefore, it can be stated that, after controlling for the effect of the pretest, there was a significant difference between the mean scores of the two groups at the posttest and follow-up stages. The effect size of the intervention on couples' marital intimacy was 66.3% at the posttest stage and 78.3% at the follow-up stage. After the calculated F value became significant, a post hoc test was used to compare the mean intimacy scores of the two groups at the posttest and follow-up stages. Based on the results, short-term integrative couple therapy increased marital intimacy scores among couples in the experimental group compared with couples in the control group at the posttest and follow-up stages ($p \leq .05$). In addition, there was a significant difference in the increase in marital intimacy scores among couples in the control group at the posttest stage ($p \leq .05$). However, this difference was not significant at the follow-up stage ($p \leq .05$).

To examine the effectiveness of short-term integrative couple therapy on the components of couples' marital intimacy at the posttest and follow-up stages, multivariate

E-ISSN: 3041-8828

analysis of covariance was used, the results of which are presented in Table 3.

Table 3

Results of Multivariate Analysis of Covariance for the Components of Marital Intimacy at the Posttest and Follow-Up Stages

Stage	Test	Value	F	Error df	Hypothesis df	p	η^2	Statistical Power
Posttest	Pillai's trace	.791	6.461*	178	18	.001	.396	1.000
Posttest	Wilks' lambda	.270	9.005*	176	18	.001	.478	1.000
Posttest	Hotelling's trace	2.463	11.907*	174	18	.001	.606	1.000
Posttest	Roy's largest root	2.367	23.416*	89	9	.001	.702	1.000
Follow-up	Pillai's trace	1.029	10.451*	179	18	.001	.513	1.000
Follow-up	Wilks' lambda	.121	18.254*	178	18	.001	.651	1.000
Follow-up	Hotelling's trace	5.990	28.960*	175	18	.001	.750	1.000
Follow-up	Roy's largest root	5.771	57.150*	88	9	.001	.852	1.000

In Table 3, the significance levels of all tests indicated that there was a significant difference among couples in the three groups in at least one of the nine components of marital intimacy ($p \leq .05$). To determine in which components of marital intimacy there was a difference between the two groups at the posttest and follow-up stages, nine univariate analyses of covariance were conducted within the framework of multivariate analysis of covariance. The results indicated that there was a significant difference between the mean scores of the components of couples' marital intimacy based on group membership at the posttest and follow-up stages ($p \leq .05$).

4. Discussion and Conclusion

The present study aimed to determine the effectiveness of short-term integrative couple therapy in increasing marital intimacy among couples experiencing reduced emotional intimacy. The findings showed that, after controlling for pretest scores, there was a statistically significant difference between the experimental and control groups in marital intimacy at both the posttest and follow-up stages. The intervention significantly increased overall marital intimacy in the experimental group, whereas the control group did not show comparable improvement. The results also indicated that the therapeutic effect remained stable during the follow-up period. In addition, the results of multivariate analysis of covariance showed significant differences between the groups in at least one of the nine components of marital intimacy, and subsequent univariate analyses confirmed significant improvements in the components of marital intimacy based on group membership. These findings suggest that short-term integrative couple therapy was effective not only in improving the overall intimacy of couples but also in enhancing the multidimensional aspects of intimacy, including emotional, psychological, intellectual, sexual, physical, spiritual, aesthetic, social-recreational, and temporal intimacy.

These results are consistent with the theoretical view that marital intimacy is a multidimensional relational construct and that improvement in intimacy requires changes in emotional, cognitive, behavioral, sexual, and interactional domains. Bagarozzi conceptualized marital intimacy as a broad construct involving several forms of closeness between spouses, and the present findings support this view by showing that a therapeutic intervention can affect multiple dimensions of intimacy rather than only emotional closeness (Bagarozzi, 2013, 2014). The observed improvement in intimacy is also consistent with studies showing that intimacy is closely related to marital satisfaction, communication quality, sexual functioning, and relationship stability (Timm & Keiley, 2011; Yabiku & Gager, 2009; Yoo et al., 2013). From this perspective, when couples learn to communicate more constructively, reframe problems, identify positive aspects of the relationship, and respond to one another with greater emotional accessibility, their overall experience of closeness is likely to increase.

The effectiveness of the intervention may be explained by the integrative nature of the treatment protocol. Short-term integrative couple therapy does not rely on a single mechanism of change; rather, it combines elements such as problem externalization, interactional formulation, solution-focused questioning, recognition of exceptions, strengthening of positive narratives, emotional responsiveness, and practical behavioral assignments. This integration is compatible with evidence showing that solution-focused approaches help couples move away from problem-saturated narratives and toward preferred futures, strengths, and practical changes (Gonzalez et al., 2011;

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Macdonald, 2007; Wehr, 2010). The findings are also in line with studies reporting that solution-focused couple therapy improves marital satisfaction, adjustment, and divorce-related tendencies (Davoodi et al., 2012; Shariatzadeh Junidi Gol-Ara et al., 2017). Therefore, the significant increase in intimacy in the experimental group may be attributed partly to the intervention's emphasis on identifying moments of successful interaction and helping couples generalize these exceptions into more stable relational patterns.

Another possible explanation for the findings is that the intervention helped couples reconstruct their understanding of marital problems as interactional rather than individual defects. When couples view marital distance as the fault of one partner, defensive reactions, blame, emotional withdrawal, and conflict escalation are more likely to occur. However, when the problem is externalized and reformulated as a shared interactional pattern, couples may become more willing to cooperate in change. This interpretation is consistent with systemic and couple therapy frameworks that emphasize the relational nature of couple distress and the importance of modifying interactional cycles (Gottman & Gottman, 2015; Young & Carlson, 2011; Young & Long, 2007). In the present intervention, the therapist guided couples to describe the problem from both partners' perspectives, identify strengths in the marital relationship, and mobilize resources for positive change. Such processes can reduce defensiveness and increase emotional safety, thereby creating the conditions necessary for intimacy to grow.

The findings also align with previous studies demonstrating the effectiveness of emotionally focused and cognitive-behavioral couple therapies in improving marital intimacy and adjustment. Emotionally focused couple therapy has been shown to improve marital adjustment and couples' intimacy by strengthening emotional bonding, attachment security, and responsiveness between spouses (Davoodvandi et al., 2018). Similar findings have been reported in couples coping with breast cancer and in cancer survivor couples experiencing marital and sexual problems, suggesting that couple-based emotional interventions can improve intimacy even under stressful life conditions (Hedayati et al., 2020; Van Diest et al., 2023; Zolfali Pourmaleki & Smkhani Akbarinejhad, 2024). Cognitive-behavioral couple therapy has also been found effective in improving marital intimacy by targeting dysfunctional beliefs, maladaptive interaction patterns, and communication difficulties (Etemadi et al., 2013; Etemadi et al., 2006). Therefore, the effectiveness of the present intervention may be due to its capacity to combine emotional, cognitive, behavioral, and solution-focused components within a brief therapeutic framework.

The significant improvement in the components of intimacy can also be interpreted in relation to the role of communication, sexual connection, and emotional responsiveness in marital quality. Previous evidence indicates that couple communication is associated with emotional and sexual intimacy and that these variables are strongly related to relationship satisfaction (Yoo et al., 2013). The present intervention included techniques that encouraged constructive dialogue, recognition of positive relational experiences, and alternative ways of thinking, feeling, and behaving. These techniques may have increased emotional intimacy by facilitating empathy and emotional disclosure, psychological intimacy by enhancing mutual understanding, intellectual intimacy by encouraging dialogue and shared meaning, and sexual and physical intimacy by reducing emotional distance and increasing relational safety. This interpretation is also supported by studies showing that sexual communication, differentiation of self, and adult attachment are associated with sexual and marital satisfaction (Timm & Keiley, 2011). Accordingly, improvements in intimacy components may reflect a broader reorganization of the couple's relational system.

The stability of the intervention effects during the follow-up stage is another important finding. The maintenance of gains suggests that the changes created by short-term integrative couple therapy were not limited to temporary emotional relief immediately after the sessions. Instead, couples may have acquired relational skills and new interpretive frameworks that continued to influence their interactions after the intervention ended. This finding is compatible with evidence showing that brief interventions can preserve marital quality when they help couples reinterpret conflict and respond to relational stressors more adaptively (Finkel et al., 2013). It is also consistent with relationship education and enrichment studies indicating that structured programs can support couple functioning by strengthening communication, emotional awareness, and relational commitment (Asghariganji, 2025; Khojasteh Mehr et al., 2025; Livingston, 2006). The persistence of the treatment effect may therefore be explained by the practical and skill-based structure of the intervention, which enabled couples to continue using therapeutic strategies in daily marital life.

The findings are also meaningful when viewed in relation to the adverse consequences of reduced intimacy. Previous

E-ISSN: 3041-8828

studies have shown that couples seeking divorce or experiencing severe marital conflict often report lower emotional intimacy, greater marital burnout, weaker forgiveness, and poorer relationship quality (Pouragha & Sotoodeh Navroodi, 2023; Zahd Babolan et al., 2016). Other studies have indicated that personality vulnerabilities, maladaptive schemas, depressive symptoms, sexual dysfunction, and infidelity-related distress can weaken marital satisfaction and intimacy (Ismaeilzadeh & Akbari, 2021; Solmaz et al., 2023; Yu et al., 2020). In this context, the present findings suggest that short-term integrative couple therapy may serve as a preventive and therapeutic approach for couples whose emotional distance has not yet resulted in severe marital breakdown. By improving intimacy, the intervention may reduce the likelihood that unresolved dissatisfaction will develop into persistent conflict, burnout, or separation-oriented tendencies.

The results can also be explained by considering the broader contextual pressures that affect marital intimacy. Marital relationships are influenced by work-family conflict, health problems, sleep quality, transition to parenthood, extended-family roles, and parent-child dynamics (Cheng et al., 2019; Li & Liu, 2020; Ryan & Padilla, 2019). Such pressures may reduce the time, energy, and emotional availability required for intimacy. The temporal and social-recreational dimensions of intimacy are especially vulnerable when couples become absorbed in daily responsibilities and lose opportunities for shared activities. The present intervention addressed these issues indirectly by helping couples identify positive interactional patterns, plan for continued positive behaviors, and mobilize shared resources. Therefore, the increase in intimacy may reflect not only improved emotional connection but also a renewed capacity to allocate time, attention, and shared meaning to the marital relationship.

Overall, the findings of the present study support the clinical usefulness of short-term integrative couple therapy for couples experiencing reduced emotional intimacy. The results are consistent with previous research on emotionally focused, cognitive-behavioral, solution-focused, and enrichment-based couple interventions, while also extending the literature by showing that a brief integrative protocol can improve overall marital intimacy and its components with effects that remain stable during follow-up (Davoodvandi et al., 2018; Etemadi et al., 2013; Khojasteh Mehr et al., 2025; Macdonald, 2007). The findings also reinforce the importance of assessing marital intimacy as a multidimensional construct, since therapeutic change may occur across several domains of couple functioning. In practical terms, the intervention appears to offer a structured, time-efficient, and clinically applicable model for helping couples shift from distance, blame, and problem saturation toward closeness, cooperation, and constructive interaction.

This study had several limitations that should be considered when interpreting the findings. First, the sample size was limited, and the participants were selected from couples who referred to one counseling center in Babol; therefore, the generalizability of the findings to couples from other regions, cultural contexts, and clinical settings should be made with caution. Second, the study relied on self-report data, and participants' responses may have been influenced by social desirability, emotional state, or their expectations about therapy. Third, the follow-up period was limited to two months, which does not allow firm conclusions about the long-term durability of the intervention effects. Fourth, the study did not separately analyze gender-specific responses to the intervention, although men and women may experience and express marital intimacy differently. Finally, the control group did not receive an alternative active intervention, which limits the ability to compare the effectiveness of short-term integrative couple therapy with other therapeutic approaches.

Future studies are recommended to replicate this research with larger samples and in different geographical, cultural, and clinical contexts in order to increase the external validity of the findings. Researchers should also consider using randomized controlled trials with active comparison groups, such as emotionally focused couple therapy, cognitive-behavioral couple therapy, or solution-focused couple therapy, to determine whether the integrative approach has unique advantages over other established interventions. In addition, longer follow-up periods, such as six months or one year, would help clarify whether the improvements in marital intimacy remain stable over time. Future research may also benefit from using mixed-method designs, observational measures of couple interaction, therapist ratings, and qualitative interviews to provide a deeper understanding of how and why therapeutic change occurs.

Based on the findings, couple therapists and marital counselors are encouraged to use short-term integrative couple therapy as a practical intervention for couples experiencing reduced emotional intimacy. This approach can be particularly useful in counseling centers where time-limited services are needed and where couples require structured, goal-oriented, and clinically focused treatment. Therapists should pay attention to the multidimensional

E-ISSN: 3041-8828

nature of intimacy and avoid limiting intervention only to emotional expression. Instead, treatment should address communication patterns, emotional responsiveness, sexual and physical closeness, shared recreational activities, meaning-making, and the couple's use of time together. Practitioners are also advised to include homework assignments and follow-up planning so that couples can continue applying therapeutic skills after the end of formal sessions.

Authors' Contributions

All authors significantly contributed to this study.

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

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

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