



A Comparative Analysis of Emotionally Focused and Solution-Focused Couple Therapies: Impact on Intimacy and Emotional Empathy in Marital Conflict Resolution

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Abstract

Background and Objective: Marital conflict significantly impacts couples' well-being, and both intimacy and emotional empathy are vital components of healthy relationships, thus necessitating effective therapeutic interventions. The present study aimed to evaluate and compare the effectiveness of Emotionally Focused Couple Therapy (EFCT) or Solution-Focused Couple Therapy (SFCT) in improving intimacy and emotional empathy among couples experiencing marital conflict.

Materials and Methods: A quasi-experimental design, utilizing a pretest-posttest control group methodology, was employed in this study. The target population encompassed all couples presenting with marital conflict and seeking services at family counseling centers within Ahvaz City, Iran, during 2024. Participants, a total of 45 individuals, were recruited via convenience sampling and subsequently randomized into experimental or control groups (n=15 per group). Experimental groups received either EFCT or SFCT, each administered in eight 90-min sessions. Data were analyzed through the analysis of covariance (ANCOVA) using the SPSS (version 26) software.

Results: The results demonstrated that both EFCT and SFCT yielded significant improvements in intimacy and emotional empathy among couples with marital conflict at the post-test assessment, relative to the control group ($P<0.01$, $\eta^2=0.30$ for intimacy, $\eta^2=0.31$ for emotional empathy). Moreover, a comparative analysis of the two therapeutic modalities revealed statistically significant differences in their effects on changes in intimacy and emotional empathy, with EFCT exhibiting a greater magnitude of effect across the measured variables ($P<0.01$).

Conclusion: This study confirms that both EFCT and SFCT significantly improve intimacy and emotional empathy in couples with marital conflict, with EFCT demonstrating a greater effect size. While both therapies are clinically applicable, these findings suggest EFCT may be particularly effective for fostering deep emotional connection, and future research should explore the specific mechanisms and long-term effects of these treatments.

Keywords: Emotion-focused therapy, Empathy, Intimacy, Marital conflict

Background

Marital conflict has severe negative consequences across multiple domains, leading to psychological and behavioral issues [1, 2]. Intimacy is crucial for mitigating conflict; effective communication and emotional expression are key to building intimacy, differentiating satisfied couples [3]. Intimacy, encompassing closeness and emotional connection, is fundamental for healthy relationships and social cohesion [4]. It involves responding emotionally to a partner's states and is linked to sexual and emotional dimensions [5]. Marital intimacy significantly impacts life quality, forgiveness, and relationship quality. It enhances marital satisfaction, strengthens the marital bond, and helps prevent divorce [6].

Research confirms a strong link between reduced marital conflict and increased intimacy and empathy, fostering positive couple interactions and well-being [7]. Marital relationships are influenced

by various factors, with emotional empathy being vital for married individuals' well-being [8]. Empathy, requiring socio-cognitive skills, is an emotional response to a partner's feelings, and its deficiency leads to relationship issues [9]. Emotionally Focused Couple Therapy (EFCT) effectively reduces conflict and enhances intimacy and empathy [10]. Grounded in self-growth, EFCT restores individual balance and is a recognized family therapy intervention with strong theoretical support [11]. It focuses on emotional processing, recognizing the complex interplay between cognition and emotion, and addresses clinical problems through emotional experience restructuring [12].

Bodenmann et al. [13] emphasize the transformative power of emotions in therapy, asserting their provision of crucial mental health information. Emotional interventions, operating beyond

rationality, facilitate the modification of affective states, enabling individuals to reprocess and reinterpret negative emotions [14]. Greenberg and Goldman [15] highlight EFCT as a leading modality, developed by Johnson by integrating psychotherapeutic forces with relational dynamics. Following Bowlby's attachment theory, EFCT synthesizes humanistic and systemic perspectives, providing a framework for understanding adult love and fostering secure attachment [16]. By addressing core needs and attachment concerns, EFCT reduces insecurity and promotes positive relational cycles. The approach integrates intrapersonal and interpersonal processes, underscoring the significance of emotional experiences in therapeutic change.

Solution-Focused Couple Therapy (SFCT) offers an alternative for enhancing relational dynamics, demonstrating efficacy in improving emotional empathy and reducing marital conflict [17]. Its popularity stems from its emphasis on rapid change and client-centeredness, aligning with contemporary healthcare philosophies [18]. The SFCT adopts a non-pathological, future-oriented approach, prioritizing strengths and capabilities over deficits. Clients collaboratively establish tangible, measurable goals, navigating a structured five-stage process: problem definition, exception identification, intervention implementation, impact evaluation, and goal reassessment [19]. This goal-focused methodology facilitates constructive relational modifications, promoting positive outcomes in couple therapy.

Objectives

Couples with marital conflict exhibit psychological distress and reduced intimacy and empathy. EFCT and SFCT have proven effective interventions for these challenges. Determining the most efficient therapy for improving intimacy and empathy remains critical. While individual studies support

both approaches, a comparative analysis of their efficacy in addressing marital conflict is lacking. The present research aimed to fill this gap by comparing EFCT and SFCT, both possessing distinct therapeutic objectives, to identify the superior method for enhancing intimacy and emotional empathy in couples experiencing marital discord. The study seeks to provide evidence-based insights into optimal intervention strategies, specifically evaluating the effectiveness of EFCT and SFCT.

Materials and Methods

The present study utilized a quasi-experimental design, specifically a pretest-posttest control group methodology. The target population encompassed all couples presenting with marital conflict and seeking services at family counseling centers within Ahvaz City, Iran, during 2024. Participants, comprising 45 couples experiencing marital conflict, were recruited via convenience sampling and subsequently randomly allocated to one of three groups: 15 couples to the EFCT group, 15 couples to the SFCT group, and 15 couples to the control group. Inclusion criteria mandated informed consent for study participation, a minimum of secondary education, the capacity to attend all therapy sessions, and a minimum duration of marital conflict of six months. Exclusion criteria included absence from more than two therapy sessions during the intervention period and non-compliance with the researcher's directives. The EFCT intervention, based on the model developed by Johnson and Greenberg [20], was administered across eight 90-min sessions to one experimental group. Correspondingly, the SFCT intervention, adhering to the framework outlined by Franklin et al. [21], was delivered across eight 90-min sessions to the second experimental group. A detailed summary of the EFCT and SFCT session content is provided in Table 1.

Table 1. A detailed summary of the EFCT and SFCT sessions' content

Session	Content	
	EFCT	SFCT
1	Introduction: Administration of pre-test, introduction, and establishing therapeutic rapport with couples.	Introduction: Administration of pre-test, introduction, establishing therapeutic rapport with couples, and general introduction to the solution-focused approach.
2	Unexpressed Emotions: Identification of problems and unexpressed emotions.	Goal Formulation: Training in formulating positive, tangible, and measurable goals.
3	Pattern Reconstruction: Reconstruction of marital communication patterns.	Relationships: Explaining different interpretations of an event and changes in relationships.
4	Emotion Identification: Identification of emotions and pathology of negative emotions.	Exceptions: Identifying positive exceptions in life with a spouse and creating hope.
5	Emotion Expression: Identifying individuals' characteristics in expressing emotions and practical training on emotion expression.	Miracle Question: Disrupting dysfunctional behavioral patterns using the miracle question.
6	Emotion Expression: Ability to establish emotions in individual and social life.	Emotion Discovery: Discovering other people's thoughts, feelings, and behaviors.
7	Emotion Strengthening: Strengthening and integrating emotions.	Experiencing Emotions: Experiencing new emotions instead of previous emotions.

Measures

Marital Intimacy Needs Questionnaire (MINQ)

The MINQ, developed by Bagarozzi [22], is an instrument designed to evaluate intimacy requirements across multiple domains, encompassing psychological, sexual, intellectual, emotional, physical, aesthetic, spiritual, recreational, and social dimensions. Consisting of 41 items, the MINQ employs a Likert scale for responses, ranging from 1 (indicating no need) to 10 (representing a very strong need), with total scores spanning 41 to 410. Pasha et al. [23] documented a Cronbach's alpha reliability coefficient of 0.94 for the MINQ, reflecting its strong internal consistency. It also confirmed its validity through exploratory factor analysis, which supported its construct validity by aligning the questionnaire's items with the intended intimacy domains. In the current study, the reliability of the questionnaire was similarly robust, yielding a Cronbach's alpha coefficient of 0.92, and its validity was further corroborated by confirmatory factor analysis, ensuring that the instrument accurately measures the multifaceted aspects of marital intimacy as intended.

Emotional Empathy Questionnaire

The Emotional Empathy Questionnaire, a 33-item instrument developed by Mehrabian and Epstein in 1972 [24], was utilized to assess participants' emotional responses to others' emotional reactions. This questionnaire measures seven components: reactive empathy, expressive empathy, participatory empathy, emotional susceptibility, emotional stability, empathy towards others, and control. Responses are recorded on a 9-point Likert scale, ranging from 'strongly disagree' (1) to 'strongly agree' (9), with potential scores ranging from 33 to 297. Prior research by Hajiloo and Ranjbar Nosahri [25] reported a Cronbach's alpha coefficient of 0.89, indicating strong reliability, and established the questionnaire's validity through confirmatory factor analysis, which confirmed that the items effectively measure the seven intended empathy components. Consistent with these findings, the present study also demonstrated robust psychometric properties, with a Cronbach's alpha coefficient of 0.89, and its validity was further supported by exploratory factor analysis, ensuring the instrument accurately captures the multidimensional nature of emotional empathy as designed.

Data Analysis

Data were analyzed using descriptive statistics, including means and standard deviations, alongside

inferential statistics, including analysis of covariance (ANCOVA) and the Bonferroni post-hoc test. All statistical analyses were performed using the SPSS (version 26) software.

Results

The participants in this study consisted of 45 couples presenting with symptoms of marital conflict. The mean age of participants was 36.45 ± 6.71 , 35.82 ± 5.39 , and 37.60 ± 6.44 years in the EFCT, SFCT, and control groups. Descriptive statistics, including means and standard deviations for intimacy and emotional empathy across experimental and control groups, are presented in Table 2. Pre-test scores revealed that participants exhibited low levels of intimacy and emotional empathy. Post-test data indicated a notable increase in mean scores for both intimacy and emotional empathy among couples experiencing marital conflict in the EFCT and SFCT groups. Normality testing via the Shapiro-Wilk test demonstrated that all variables about intimacy and emotional empathy in couples with marital conflict met the assumption of normality ($P > 0.05$). Levene's test was employed to assess the homogeneity of variances between groups, revealing no statistically significant differences in variance across any of the measured variables. Furthermore, the absence of a significant interaction between group and pre-test scores for intimacy and emotional empathy ($P > 0.05$) confirmed the assumption of homogeneity of interaction effects.

The results of the ANCOVA, examining the effects of the interventions on the research variables, are detailed in Table 3. The analysis revealed a statistically significant effect of the EFCT and SFCT groups on intimacy ($F = 8.37$) and emotional empathy ($F = 8.94$). Consequently, it can be inferred that significant differences existed among the three groups in post-test scores, after controlling for pre-test scores.

Post-hoc Bonferroni tests revealed that EFCT significantly improved scores in both intimacy and emotional empathy ($P < 0.001$). Furthermore, SFCT demonstrated a significant effect on changes in these variables ($P < 0.01$). Comparative analysis of the two therapeutic modalities indicated statistically significant differences in their impact on intimacy and emotional empathy scores ($P < 0.05$). Specifically, EFCT exhibited a greater magnitude of improvement in both intimacy and emotional empathy compared to SFCT (Table 4).

Table 2. Means and standard deviations (SD) of research variables

Variable	Phase	EFCT group	SFCT group	Control group
		Mean±SD	Mean±SD	Mean±SD
Intimacy	Pre-test	99.09±8.59	95.26±11.41	100.13±13.52
	Post-test	122.60±10.69	109.80±12.77	99.14±13.07
Emotional empathy	Pre-test	41.13±6.35	37.73±5.18	44.20±7.16
	Post-test	56.26±7.70	49.06±7.91	42.33±8.76

Table 3. ANCOVA results for intimacy and emotional empathy

Variable	SS	df	MS	F	P	η ²
Intimacy	3940.95	2	1970.48	8.37	0.001	0.30
Emotional empathy	1514.54	2	757.27	8.94	0.001	0.31

Table 4. Bonferroni post-hoc test for paired comparison of the intimacy and emotional empathy

Variable	Group	Mean difference	SE	P
Intimacy	EFCT - Control	22.94	5.70	0.001
	SFCT - Control	10.66	4.72	0.032
	EFCT - SFCT	13.95	5.74	0.019
Emotional empathy	EFCT - Control	13.74	3.42	0.001
	SFCT - Control	6.73	3.05	0.037
	EFCT - SFCT	10.16	3.45	0.005

Discussion

The present research aimed to assess and compare the efficacy of EFCT and SFCT in enhancing intimacy and emotional empathy among couples facing marital discord. The findings indicated that EFCT and SFCT produced substantial enhancements in intimacy and emotional empathy among couples experiencing marital conflict during the post-test evaluation, compared to the control group. Furthermore, a comparative examination of the two therapeutic approaches disclosed statistically significant variations in their impact on alterations in intimacy and emotional empathy, with EFCT demonstrating a more pronounced effect on the assessed variables. A comprehensive review of the literature revealed a paucity of studies directly comparing the efficacy of EFCT and SFCT on the variables investigated in the current research. Nonetheless, studies examining each approach in isolation have consistently demonstrated their effectiveness in enhancing intimacy and empathy. For instance, Abusaidi et al. [17] documented the positive impact of SFCT on emotional empathy. Similarly, Kula et al. [26] reported significant improvements in emotional empathy following EFCT. Asvadi et al. [27] further substantiated the efficacy of EFCT in fostering intimacy and forgiveness. Ghari Saadati et al. [28] found that SFCT effectively increased positive emotional regulation strategies and intimacy, while reducing negative emotional regulation among individuals experiencing emotional failure. Moreover, Ghochani et al. [29] explored the effects of EFCT on resilience, emotional empathy, and experiential avoidance in married individuals, concluding that

EFCT is a valuable therapeutic modality for enhancing emotional empathy.

The EFCT is a therapeutic intervention designed to specifically address the identification, comprehension, and regulation of negative emotions within relational contexts. The mechanisms by which EFCT influences intimacy and emotional empathy are complex and encompass the facilitation of the identification of maladaptive thought patterns that contribute to anger and conflict, such as overgeneralization, personalization, and selective attention to negative information [20]. Additionally, EFCT aids couples in understanding the emotional origins of their interpersonal conflicts through the exploration of underlying emotional antecedents. Moreover, it equips couples with skills to modify their emotional responses, including relaxation techniques, stress management strategies, and effective communication skills, thereby modifying emotional reactivity. A primary objective of EFCT is to foster improved communication between partners, enabling them to respond more effectively to each other's emotional needs and mitigate conflict escalation, thus enhancing relational communication [30]. Furthermore, EFCT promotes the development of empathy, enabling couples to gain deeper insight into each other's emotional experiences and perspectives, thereby enhancing communication and preventing misunderstandings, which cultivates empathic understanding.

The EFCT is a therapeutic modality that prioritizes the identification and processing of affective experiences. The impact of EFCT on intimacy is realized through several key mechanisms. Participants develop the capacity to recognize their

emotional states and discern the communicative function of these feelings, a process known as emotion identification. EFCT facilitates the non-judgmental acceptance of emotional experiences, thereby mitigating the tendency towards suppression, which is emotional acceptance. This approach provides individuals with tools to process and ascribe meaning to their affective responses effectively, a process termed emotion processing [2]. Enhanced emotional awareness enables participants to transform dysfunctional emotional patterns and cultivate healthier modes of emotional expression, thus modifying maladaptive emotional patterns. Improved emotional comprehension fosters more effective communication and strengthens relational bonds, enhancing interpersonal relationships. Ultimately, EFCT empowers individuals to achieve greater emotional regulation and cultivate a more robust emotional well-being. This therapeutic process endeavors to equip individuals with the skills necessary to regulate their affective states, thereby fostering a sense of security, support, and comfort in their interpersonal interactions [10]. Through the acquisition of emotional self-regulation, participants learn novel interactional strategies, which, in turn, elicit modified responses from their partners.

Moreover, EFCT distinguishes itself from traditional couple therapies by focusing on emotional processes rather than skill acquisition. It recognizes that heightened emotions during conflict hinder the application of learned skills. EFCT's initial phase involves assessing interactional patterns and resolving disagreements. The middle phase focuses on building new, resilient relational dynamics through collaboration. Therapeutic gains are solidified in the later stages [20]. Couples learn to address conflicts, articulate obscured emotions like distrust, and form deeper bonds through compassionate discussion. EFCT's final phase empowers couples to identify and regulate conflict-inducing patterns independently. Success is measured by the ability to apply learned interactional changes outside the therapeutic setting, ensuring lasting relational improvement.

EFCT facilitates the development of emotional responsiveness and sensitivity between partners through structured dialogue, a critical factor in fostering a romantic relational dynamic. Utilizing the "accessibility" technique, couples are guided to articulate their needs and desires in a clear, non-confrontational manner, enabling them to identify the root causes of their interpersonal difficulties [12]. This process alleviates feelings of hopelessness and provides clear signals of relational desire. Through response training, couples learn to validate

and respond to each other's emotional states, aligning with their partner's needs to understand underlying fears and relational requirements. Couples are encouraged to acknowledge and prioritize emotional cues, demonstrating attentiveness and providing comfort. These emotional responses typically induce affective regulation and physiological relaxation, enhancing relational intimacy. Commitment is reinforced through the cultivation of mutual valuation and relational stability, contributing to the effectiveness of the emotion-focused approach in improving intimacy. EFCT, an attachment-based, in-depth intervention, prioritizes emotional safety to amplify positive and attenuate negative effects [15]. Given the strong correlation between conflict and emotion, a model that integrates emotional processes is more effective in reconstructing conflict dynamics, focusing on personal growth, and mitigating security-driven internal conflicts in interpersonal relationships.

Conversely, SFCT emphasizes the identification and amplification of relational strengths and solutions, shifting the focus from problems to effective strategies. However, the limited efficacy of SFCT in enhancing intimacy and emotional empathy in this study may be attributed to the restricted number of therapy sessions. Notably, post-test scores for intimacy and empathy showed improvement, suggesting that a more extended intervention period might have yielded more pronounced effects.

The present study, while employing a quasi-experimental design, was subject to several limitations. Firstly, the use of convenience sampling restricts the generalizability of the findings to the broader population of couples experiencing marital conflict, as the sample may not be representative. Secondly, the research relied solely on the Emotional Empathy Questionnaire and MINQ, potentially limiting the scope of understanding of the complex constructs of intimacy and empathy, and failing to capture other relevant relationship dynamics. Future research should address these limitations by employing random sampling techniques to enhance generalizability and incorporating additional validated instruments to measure a broader range of relationship dynamics, such as communication patterns or conflict resolution skills. Additionally, longitudinal studies could provide deeper insights into the long-term effects of EFCT and SFCT on marital outcomes, while exploring the impact of these therapies across diverse cultural and socioeconomic contexts could further enrich the understanding of their applicability.

Conclusions

The present work provides empirical evidence supporting the effectiveness of both EFCT and SFCT in improving intimacy and emotional empathy within couples experiencing marital discord. Both therapeutic interventions demonstrated statistically significant enhancements compared to the control group, underscoring their potential clinical applicability. Nevertheless, the observed statistically significant disparities between the two modalities suggest that EFCT elicited a greater effect size across the assessed variables. While both therapies are efficacious, EFCT may be particularly advantageous in cultivating deeper emotional connectivity and comprehension among distressed couples. These findings contribute to the expanding body of literature substantiating the effectiveness of couple-based interventions in addressing marital conflict and accentuate the potential benefits of EFCT in promoting intimacy and emotional empathy.

Ethical Considerations

Participants first read and completed a written informed consent form if they were willing to participate. The study protocol was approved (code: IR.IAU.ARAK.REC.1403.178) by the Ethics Committee of Islamic Azad University, Arak Branch.

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Authors' Contributions

All authors contributed to the drafting and revision of the manuscript and are accountable for its accuracy.

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Conflicts of Interest

The authors declare that they have no conflicts of interest.

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