



The Effectiveness of Problem-Focused Couple Therapy and Emotionally Focused Couple Therapy on Marital Burnout and Emotional Empathy in Couples with Marital Conflicts

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Abstract

Background and Objective: Marital conflicts, driven by poor communication, occupational stress, and global changes, contribute to family dysfunction, negative interactions, emotional detachment, and marital burnout with diminished emotional empathy. This study aimed to compare the effectiveness of emotionally focused couple therapy (EFT) and problem-focused couple therapy (PFCT) in reducing marital burnout and enhancing emotional empathy among couples with marital conflicts. **extensive**

Materials and Methods: A quasi-experimental design with pretest, posttest, and three-month follow-up assessments was employed, including a waiting-list control group. A total of 60 couples seeking services in Ahvaz, Iran, in 2025 and diagnosed with marital conflicts were selected through convenience sampling and randomly assigned to three groups (n = 20 each): EFT, PFCT, and control. Interventions consisted of eight 90-minute sessions delivered per standardized protocols. Data were collected using the Pines Marital Burnout Questionnaire and the Emotional Empathy Questionnaire and analyzed via repeated-measures analysis of variance (ANOVA) with Bonferroni post-hoc tests in SPSS software (version 27).

Results: Both EFT and PFCT significantly reduced marital burnout (large effect sizes, η^2 ranging from 0.70 to 0.79) and increased emotional empathy (large effect sizes, η^2 ranging from 0.52 to 0.72) relative to the control group ($P < 0.001$), with effects sustained at three-month follow-up. No significant differences emerged between the two interventions.

Conclusions: Both EFT and PFCT demonstrated comparable effectiveness in alleviating marital burnout and fostering emotional empathy in conflicted couples, offering flexible evidence-based options for clinical practice.

Keywords: Emotional empathy, Emotionally focused couple therapy (EFT), Marital burnout, Marital conflict, Problem-focused couple therapy (PFCT)

Background

The family unit serves as the primary social institution, forming the bedrock for the health and stability of any community [1]. However, in contemporary society, the rapid pace of global change, coupled with a pervasive lack of effective communication skills and mounting professional and economic pressures, has significantly impaired family functioning and led to a marked increase in marital conflicts [2]. Sustained negative interactions between spouses can erode marital satisfaction, foster emotional detachment, and contribute to couple burnout—a state of physical, emotional, and mental exhaustion stemming from chronic relational stress [3, 4].

Couple burnout refers to a state of physical, emotional, and cognitive exhaustion arising from chronic relational stress [5]. Drawing parallels from the occupational domain, Pines conceptualized this phenomenon as a triad comprising emotional exhaustion (feeling drained of emotional resources),

depersonalization (developing a cynical or detached attitude toward the partner), and a sense of reduced personal accomplishment within the relationship (feeling one's efforts are futile) [6]. This condition erodes marital satisfaction and intimacy, often preceding disillusionment and dissolution [7], with chronic unresolved conflict and poor communication identified as key predictors [8].

Emotional empathy is a critical, multi-faceted construct in successful intimate relationships, defined as the capacity to accurately perceive and appropriately respond to the emotional states of one's partner [9]. Functionally, it involves both the affective experience of resonating with the partner's emotion and the cognitive process of understanding the partner's perspective [10]. In marriage, emotional empathy facilitates positive communication, mutual validation, and conflict resolution; its deficiency exacerbates marital conflicts through cycles of misunderstanding and

emotional isolation [11]. Although diminished empathy often emerges as a consequence of couple burnout, low empathy can also reciprocally intensify relational distress and burnout, highlighting a bidirectional association [3]. Consequently, enhancing and restoring emotional empathy is a key objective for therapeutic models aimed at improving the enduring quality of a marital relationship [12].

Emotionally focused couple therapy (EFT) is a widely respected, evidence-based systemic intervention rooted in John Bowlby's attachment theory [13]. The primary therapeutic focus of EFT is on restructuring the emotional responses that organize the couple's relationship and interactional patterns. The core methodology involves identifying and modifying the destructive, self-perpetuating negative interactional cycle—often referred to as the "demon dialogue"—which maintains distress and emotional distance [14]. By focusing on accessing and articulating underlying, unmet attachment needs (such as for comfort, security, and closeness), EFT aims to create new emotional experiences and foster a more secure emotional bond [15]. Previous studies have supported the efficacy of EFT in significantly improving marital satisfaction, fostering profound intimacy, and reducing emotional distress across various clinical populations, demonstrating its power in facilitating emotional accessibility and responsiveness between partners [3, 16].

Problem-focused couple therapy (PFCT), which shares considerable practical overlap with solution-focused brief therapy (SFBT), represents a pragmatic and competency-based therapeutic model. This approach intentionally shifts the therapeutic lens away from the etiology of the problems and towards the construction of future solutions and the utilization of existing client strengths [17]. PFCT is predicated on the belief that small, incremental changes can initiate larger, positive systemic shifts [18]. In a couple setting, the therapist helps partners articulate a clear, detailed, and desirable vision of their future relationship, utilizing specific techniques, such as the 'miracle question' and 'scaling questions' to facilitate goal attainment [19]. Previous studies have affirmed its utility in reducing marital distress and couple burnout through enhanced communication and relationship quality [20, 21]; however, its primarily behavioral and future-oriented focus may offer less emphasis on processing deeper historical or attachment-related emotions compared to emotion-centered approaches.

Despite the established effectiveness of both EFT and PFCT in treating generalized marital distress, a

significant knowledge gap persists concerning their comparative efficacy when targeting specific, critical relational variables, such as couple burnout and emotional empathy. Given the fundamentally distinct theoretical frameworks—EFT's emphasis on deep emotional restructuring versus PFCT's focus on behavioral and pragmatic solutions—understanding which intervention yields superior or more sustainable outcomes on these key variables is essential. Such clarity is vital for refining evidence-based clinical guidelines and optimizing resource allocation within mental health services.

Objectives

The present study aimed to specifically compare the relative effectiveness of EFT and PFCT in reducing couple burnout and enhancing emotional empathy among couples experiencing marital conflicts.

Materials and Methods

The current research employed a quasi-experimental design utilizing a pretest, posttest, and a three-month follow-up assessment with a control group (waiting list design). The target population comprised all couples in Ahvaz, Iran, who sought psychological services at counseling centers and were diagnosed by therapists with marital conflicts based on clinical interviews confirming persistent negative interaction patterns, unresolved disputes, and scores above the established cut-off on standardized marital conflict and marital burnout screening measures during the research period in 2025. A convenience sample of 60 couples (120 individuals) who met the inclusion criteria was selected. Questionnaires were completed individually by each partner, and statistical analyses were conducted at the individual level ($n = 120$ participants) to account for non-independence within couples. These participants were then randomly assigned using a computer-generated random number sequence to one of three groups (2 experimental groups and 1 waiting-list control group), resulting in 20 couples in each group. The inclusion criteria included being between 25 and 45 years old, having at least a high school diploma, having at least two years of marital experience, and scoring above the cut-off point on the marital conflict and marital burnout questionnaires. The exclusion criteria included having concurrent individual psychological disorders (e.g., severe depression, psychosis), receiving any other form of psychological intervention during the study, or excessive absenteeism (more than two sessions).

Procedure and Intervention

Following the selection of the final sample, all 60

couples simultaneously completed the research instruments (pretest phase). The two experimental groups (EFT and PFCT) then began their respective therapeutic protocols. Both interventions were delivered by the same experienced couple therapist certified in EFT and trained in PFCT, with session adherence monitored through audio recordings reviewed against standardized protocol checklists to ensure treatment fidelity. Two distinct couple therapy protocols were administered, each consisting of eight 90-minute sessions conducted weekly (Table 1). The control group received no intervention and was placed on a waiting list, and

did not receive any intervention during this period. The use of a passive waiting-list control, while common in psychotherapy trials, represents a potential limitation as it lacks an attention placebo and may inflate expectancy effects. Immediately after the completion of the eight sessions of intervention, all three groups completed the questionnaires again (posttest phase). Finally, three months following the posttest, a final data collection was conducted with all groups (follow-up phase) to assess the sustained effects of the interventions.

Table 1. Summary of Emotionally Focused Couple Therapy (EFT) and Problem-Focused Couple Therapy (PFCT) Sessions

Session	EFT	PFCT
1-2	Assessment and cycle de-escalation: Establishing alliance, identifying the "demon dialogue" (negative interactional cycle), and recognizing the underlying emotions and attachment needs that drive the conflict.	Goal setting and solution identification: Establishing clear, specific, and measurable goals for the relationship; using the "miracle question" to envision the desired future state; and exploring exceptions (times when the problem was absent).
3-4	Accessing underlying emotions: Delving deeper into soft emotions (sadness, fear, loneliness) beneath defensive behaviors (anger, withdrawal), and having partners own their emotional experience.	Highlighting strengths and resources: Identifying and amplifying existing personal and relational strengths and resources (competency-based focus) to facilitate solutions.
5-6	Restructuring interactions (enactments): Creating new emotional experiences by having partners express their previously unexpressed needs and vulnerabilities directly to each other, fostering emotional engagement.	Scaling and behavioral tasks: Utilizing scaling questions to monitor progress and prescribing specific, small behavioral tasks to be practiced outside of sessions to initiate positive change.
7-8	Consolidation and integration: Creating new narratives of the relationship, confirming the secure attachment bond, and developing strategies for maintaining the positive changes achieved in the relationship.	Reinforcement and maintenance: Consolidating solutions, reinforcing the newly acquired skills and positive interactions, and discussing strategies to prevent relapse into old problem patterns.

Instruments

The Pines Marital Burnout Questionnaire is a 21-item unidimensional measure assessing physical, emotional, and mental exhaustion in marital relationships. The original scale demonstrated strong reliability (Cronbach's alpha ranging from 0.91 to 0.93) and construct validity through negative correlations with positive relationship qualities [22]. Items are rated on a 7-point Likert scale (1 = never to 7 = always), yielding a total score of 21–147, with higher scores reflecting greater burnout [22]. Persian validations report Cronbach's alpha of 0.84–0.90 [23]; internal consistency in the present sample was 0.85, indicating excellent reliability. The Emotional Empathy Questionnaire comprises 33 items rated on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree), producing a total score of 33–165, where higher values denote greater emotional empathy. The original scale exhibits robust reliability and validity as a measure of emotional empathy [24]. The scale encompasses seven subscales: Reactive empathy, expressive empathy, participatory empathy, affective responsiveness, emotional stability, empathy toward others, and control; 17 items are positively keyed, and 16 are reverse-scored [24]. Iranian studies report acceptable reliability ($\alpha = 0.89$) [25]; Cronbach's alpha in this study was 0.80, confirming adequate internal consistency.

Data Analysis

Data from pretest, posttest, and follow-up were analyzed using SPSS software (version 27). Repeated-measures analysis of variance (ANOVA) examined intervention effects (EFT, PFCT, control) across time; significant effects were probed with Bonferroni post-hoc tests.

Results

The sample included 60 couples (120 participants) from Ahvaz, Iran, with women averaging 32.6 years (SD = 4.7) and men 35.4 years (SD = 5.3). Most had been married 8–12 years (68%), held at least a high school diploma (52%), and reported middle socioeconomic status (71%). Groups showed no significant demographic differences at baseline ($P > 0.05$). All 120 participants completed the posttest and three-month follow-up assessments, resulting in no attrition. Descriptive data revealed comparable baseline levels of marital burnout (EFT: $M = 96.72$, $SD = 6.00$; PFCT: $M = 96.32$, $SD = 5.61$; control: $M = 97.15$, $SD = 5.41$) and emotional empathy (EFT: $M = 105.65$, $SD = 2.26$; PFCT: $M = 106.05$, $SD = 4.06$; control: $M = 105.82$, $SD = 2.82$) (Table 2). Post-intervention, both experimental groups showed reduced burnout and increased empathy, with gains maintained at follow-up, while the control group remained stable.

Table 2. Descriptive Statistics for Marital Burnout and Emotional Empathy Across Groups and Assessment Phases

Variable	Stage	EFT Group		PFCT Group		Control	
		Mean ± SD		Mean ± SD		Mean ± SD	
Marital burnout	Pretest	96.72 ± 6.00		96.32 ± 5.61		97.15 ± 5.41	
	Posttest	87.95 ± 6.15		87.20 ± 6.52		97.25 ± 5.33	
	Follow-up	88.17 ± 6.06		87.75 ± 6.55		97.22 ± 5.08	
Emotional empathy	Pretest	105.65 ± 2.26		106.05 ± 4.06		105.82 ± 2.82	
	Posttest	114.92 ± 5.52		116.22 ± 4.58		106.90 ± 2.85	
	Follow-up	114.82 ± 5.83		116.10 ± 4.36		107.15 ± 2.67	

Abbreviations: EFT, emotionally focused couple therapy; PFCT, problem-focused couple therapy. Preliminary analyses confirmed that data met the assumptions for repeated-measures ANOVA, and all analyses were conducted at the individual participant level (n = 120). Shapiro-Wilk tests indicated normality across all variables and time points ($P > 0.05$), Levene's test verified homogeneity of variances ($P > 0.05$), and Mauchly's test supported sphericity or applied Greenhouse-Geisser corrections where needed. Repeated-

measures ANOVA yielded significant time effects for marital burnout ($F = 462.50, P < 0.001, \eta^2 = 0.79$) and emotional empathy ($F = 275.93, P < 0.001, \eta^2 = 0.72$), alongside significant group \times time interactions (burnout: $F = 119.29, P < 0.001, \eta^2 = 0.70$; empathy: $F = 47.37, P < 0.001, \eta^2 = 0.52$) and main group effects (burnout: $F = 18.46, P < 0.001, \eta^2 = 0.22$; empathy: $F = 25.27, P < 0.001, \eta^2 = 0.34$), indicating large to very large effect sizes and differential change trajectories favoring the interventions (Table 3).

Table 3. Repeated-Measures Analysis of Variance (ANOVA) Results for Time, Group \times Time Interaction, and Group Effects on Marital Burnout and Emotional Empathy

Variable	Source	SS	df	MS	F	P	η^2
Marital burnout	Time	1351.34	1.20	1120.45	462.50	< 0.001	0.79
	Group \times Time	697.11	2.41	289.00	119.29	< 0.001	0.70
	Group	1709.11	2	854.56	18.46	< 0.001	0.22
Emotional empathy	Time	1874.61	1.12	1672.49	275.93	< 0.001	0.72
	Group \times Time	643.63	2.24	287.12	47.37	< 0.001	0.52
	Group	131.82	2	657.91	25.27	0.001	0.34

Bonferroni-adjusted pairwise comparisons confirmed significant pre-to-post reductions in marital burnout for EFT (MD = 8.77, $P < 0.001$) and PFCT (MD = 9.12, $P < 0.001$), sustained at follow-up (EFT: MD = 8.55, $P < 0.001$; PFCT: MD = 8.57, $P < 0.001$), with no significant post-to-

follow-up change. Similarly, emotional empathy improved significantly from pre-to-post (EFT: MD = 9.27, $P < 0.001$; PFCT: MD = 10.17, $P < 0.001$) and was maintained at follow-up, whereas the control group showed no meaningful changes (all $P > 0.05$) (Table 4).

Table 4. Bonferroni Post-hoc Comparisons of Within-Group Changes in Marital Burnout and Emotional Empathy Over Time

Variable	Time	EFT Group		PFCT Group		Control	
		Mean Difference	P	Mean Difference	P	Mean Difference	P
Marital burnout	Post-test and pretest	8.77	< 0.001	9.12	< 0.001	0.10	0.999
	Follow-up and pretest	8.55	< 0.001	8.57	< 0.001	0.08	0.999
	Follow-up and posttest	0.22	0.663	0.55	0.114	0.02	0.999
Emotional empathy	Post-test and pretest	9.27	< 0.001	10.17	< 0.001	1.07	0.352
	Follow-up and pretest	9.17	< 0.001	10.05	< 0.001	1.32	0.210
	Follow-up and posttest	0.10	0.999	0.12	0.999	0.25	0.664

Abbreviations: EFT, emotionally focused couple therapy; PFCT, problem-focused couple therapy.

Between-group Bonferroni tests revealed no pretest differences (all $P = 0.999$). At posttest and follow-up, both EFT and PFCT significantly outperformed the control on burnout (post: EFT-control MD = 9.20, $P < 0.001$; PFCT-control MD = 10.05, $P <$

0.001) and empathy (post: EFT-control MD = 8.02, $P < 0.001$; PFCT-control MD = 9.32, $P < 0.001$), with effects persisting at follow-up. No significant differences emerged between EFT and PFCT at any phase (all $P = 0.999$) (Table 5).

Table 5. Bonferroni Post-hoc between-group Comparisons for Marital Burnout and Emotional Empathy at Each Assessment Phase

Variable	Groups	Pretest		Posttest		Follow-up	
		Mean Difference	P	Mean Difference	P	Mean Difference	P
Marital burnout	EFT and PFCT	0.40	0.999	0.75	0.999	0.42	0.999
	EFT and control	0.42	0.999	9.20	< 0.001	9.05	< 0.001
	PFCT and control	0.82	0.999	10.05	< 0.001	9.47	< 0.001
Emotional empathy	EFT and PFCT	0.40	0.999	1.30	0.999	1.27	0.999
	EFT and control	0.17	0.999	8.02	< 0.001	7.67	< 0.001
	PFCT and control	0.23	0.999	9.32	< 0.001	8.95	< 0.001

Abbreviations: EFT, emotionally-focused couple therapy; PFCT, problem-focused couple therapy.

Discussion

The primary findings of this study confirmed the hypotheses regarding the clinical utility of couple therapy interventions in managing relationship distress. Specifically, the results demonstrated that both EFT and PFCT were significantly effective in reducing marital burnout and enhancing emotional empathy in couples experiencing marital conflicts, with effects sustained at the three-month follow-up, while the control group exhibited no significant changes in either variable. Crucially, no statistically significant differences were observed between the two distinct modalities across either of the dependent variables.

The significant reduction in marital burnout observed in both experimental groups aligns with the core mechanisms of effective couple intervention. Marital burnout is often rooted in the chronic stress and emotional exhaustion resulting from the sustained negative interaction cycle [5]. EFT effectively disrupts this cycle by fostering emotional accessibility, allowing partners to access and articulate their softer, vulnerable attachment needs [19]. This process shifts the focus from hostile defense mechanisms to mutual understanding, directly reducing emotional exhaustion. Furthermore, the effectiveness of PFCT in reducing burnout supports a competency-based view, suggesting that therapeutic success can also be achieved by rapidly shifting the couple's focus from entrenched problems to the construction of solutions and the utilization of existing relationship strengths [26]. This result is consistent with the findings of Pirmoradi et al. [21], who demonstrated that solution-focused interventions were successful in significantly decreasing couple burnout and improving the overall quality of marital relationships, as well as with earlier trials highlighting pragmatic approaches in alleviating relational exhaustion [20].

Similarly, the substantial increase in emotional empathy in the EFT and PFCT groups confirms the interventions' capacity to rebuild emotional connection. EFT explicitly targets empathy by guiding partners through structured enactments where they express their vulnerabilities and are encouraged to receive their partner's emotional communication [14]. This deep, attachment-level work inevitably enhances mutual validation and emotional responsiveness. While PFCT is more pragmatic, its focus on defining desired outcomes (e.g., "how will you notice your partner has validated you?") and identifying exceptions requires partners to step into each other's perspective, effectively enhancing basic empathic communication and validation skills [18]. This finding is reinforced by clinical research, such as the

work of Ghiasi et al. [27], which highlights the critical role of empathy as a mediating factor in promoting marital intimacy and relationship satisfaction, alongside studies underscoring empathy gains in both emotion-focused and solution-oriented frameworks [3, 12].

The finding that no significant difference was observed between the outcomes of EFT and PFCT is highly valuable for clinical practice. These two models operate from fundamentally different theoretical bases—EFT targeting primary emotions and attachment bonds, and PFCT targeting cognitive and behavioral change toward future solutions. The absence of significant differences suggests comparable effectiveness in this sample, though non-significance does not conclusively establish therapeutic equivalence; considerations of statistical power, confidence intervals, and effect sizes would be needed in future equivalence testing studies. This outcome may be explained by the common factors principle [10, 20], where shared elements such as the therapeutic alliance, the provision of hope, and the couple's structured attention to their relationship may account for the positive changes observed, regardless of the specific model employed.

Despite the robust quasi-experimental design, the study's findings should be interpreted cautiously due to the convenience sampling method used, which may limit the generalizability of results not only beyond the Ahvaz population but also given the sample's restricted age range (25–45 years), educational level (predominantly high school or higher), and middle socioeconomic status. Additionally, reliance solely on self-report instruments introduces the possibility of social desirability bias, which future studies could mitigate through assurances of confidentiality, anonymous responding, or supplementation with observational measures or partner ratings. Other suggestions for future research include employing randomized designs with active control conditions, larger and more diverse samples, longer follow-up periods, and statistical approaches to test therapeutic equivalence.

Conclusions

This research aimed to compare the efficacy of EFT and PFCT in mitigating marital burnout and fostering emotional empathy in conflicted couples. The results supported the effectiveness of both structured therapeutic modalities, leading to significant reductions in marital burnout and substantial increases in emotional empathy compared to the control group, with these beneficial effects maintained over a three-month follow-up period. The comparative analysis

indicated comparable outcomes between the two interventions, providing clinicians with flexible, evidence-based options for addressing emotional disconnection and exhaustion in diverse client populations.

Ethical Considerations

The research protocol received approval from the Ethics Committee at Bushehr University of Medical Sciences (Reference: IR.BPUMS.REC.1404.249). Participants provided written informed consent, were assured of voluntary participation and the right to withdraw at any time without consequence, and were guaranteed confidentiality of their data through anonymized storage and reporting.

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