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Emotionally Focused Therapy for Improving Marital Satisfaction and Reducing Fear of Intimacy in Couples with Communication Problems

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ABSTRACT

Objective: This study examined the effectiveness of Emotionally Focused Therapy in increasing marital satisfaction and reducing fear of intimacy among couples with communication problems.

Methods and Materials: This quasi-experimental study used a pretest–posttest control-group design with follow-up. The sample included 30 couples with communication problems who referred to counseling centers in Iran. Couples were selected through purposive sampling and randomly assigned to an experimental group ($n = 15$ couples) or a control group ($n = 15$ couples). The experimental group received eight weekly 90-minute sessions of Emotionally Focused Therapy, while the control group received no intervention during the study period. Data were collected using the Communication Patterns Questionnaire, ENRICH Marital Satisfaction Scale, and Fear of Intimacy Scale. Analysis of covariance and repeated-measures analysis of variance were used to analyze the data.

Findings: After controlling for pretest scores, Emotionally Focused Therapy significantly increased marital satisfaction ($F = 83.81$, $p < 0.001$, partial $\eta^2 = 0.595$) and significantly reduced fear of intimacy ($F = 86.15$, $p < 0.001$, partial $\eta^2 = 0.602$). Repeated-measures analysis showed significant time \times group effects for marital satisfaction ($F = 59.60$, $p < 0.001$, partial $\eta^2 = 0.507$) and fear of intimacy ($F = 62.42$, $p < 0.001$, partial $\eta^2 = 0.519$). Improvements were maintained at follow-up.

Conclusion: Emotionally Focused Therapy improved marital satisfaction and reduced fear of intimacy in couples with communication problems. EFT may be useful for strengthening emotional bonding and relational functioning.

Keywords: Couples Therapy, Marriage, Marital Therapy, Interpersonal Relations, Emotions, Communication.

Introduction

Marital relationships constitute one of the most significant contexts for emotional security, psychological adjustment, and interpersonal development in adulthood. For many individuals, marriage is not merely a social or legal bond, but a primary attachment relationship in which needs for safety, acceptance, responsiveness, and emotional closeness are negotiated on a daily basis. When this relational bond functions effectively, partners are more likely to experience emotional support, mutual respect, constructive communication, and a sense of shared meaning. Conversely, when couples face persistent communication problems, the marital relationship may become a source of emotional threat, dissatisfaction, avoidance, and escalating conflict. Marital distress is therefore not limited to disagreements about daily issues; rather, it often reflects deeper disruptions in emotional accessibility, responsiveness, and engagement between partners (Johnson, 2012; Mikulincer & Shaver, 2010).

Marital satisfaction is commonly understood as a multidimensional evaluation of the quality of the marital relationship, including emotional intimacy, commitment, communication, sexual relationship, conflict resolution, shared values, and perceived support. High marital satisfaction is associated with psychological well-being, lower levels of depressive and anxiety symptoms, greater family stability, and healthier parenting processes, whereas low marital satisfaction is linked to chronic stress, emotional withdrawal, and increased vulnerability to separation or divorce (Fincham & Beach, 2010; Gottman & Levenson, 2000). In distressed couples, dissatisfaction often emerges through repetitive negative interactional cycles. These cycles may include criticism, defensiveness, blame, withdrawal, emotional distance, or silence. Although such behaviors may appear as communication deficits, emotionally focused perspectives suggest that they frequently represent protective strategies used by partners when attachment needs are threatened (Johnson, 2012; Johnson et al., 1999).

Communication problems are among the most common reasons couples seek psychological help. However, communication difficulties are rarely only technical failures in speaking or listening. In many

relationships, ineffective communication is rooted in unmet attachment needs and unprocessed primary emotions such as fear, sadness, shame, loneliness, and insecurity. For example, one partner's criticism may mask a fear of abandonment, while the other partner's withdrawal may reflect fear of failure, rejection, or emotional engulfment. Over time, these defensive patterns may become rigid and self-reinforcing. The more one partner pursues, criticizes, or demands connection, the more the other partner may withdraw or become emotionally unavailable; in response, the pursuing partner may intensify protest behaviors, thereby increasing the withdrawing partner's distance. This negative cycle gradually reduces marital satisfaction and weakens the couple's capacity for intimacy (Greenberg & Johnson, 1988; Johnson, 2012).

One important consequence of persistent relational distress is fear of intimacy. Fear of intimacy refers to anxiety, inhibition, or avoidance related to emotional closeness and self-disclosure in significant relationships. Descutner & Thelen (1991) conceptualized fear of intimacy as the inhibited capacity to exchange personally meaningful thoughts and feelings with another person because of anxiety about closeness. Individuals with high fear of intimacy may desire connection yet simultaneously feel threatened by vulnerability, dependency, emotional exposure, or possible rejection. In marriage, this fear may appear as emotional distancing, difficulty expressing needs, avoidance of sensitive conversations, discomfort with affection, or reluctance to rely on the partner. Such avoidance can protect the individual from perceived emotional risk in the short term, but it often prevents the development of secure closeness and mutual responsiveness in the long term.

Fear of intimacy is particularly relevant among couples with communication problems because emotional closeness requires the ability to reveal vulnerable feelings and respond empathically to the vulnerability of one's partner. When partners interpret closeness as dangerous, they may rely on distancing, hostility, intellectualization, or emotional suppression. These strategies can reduce immediate anxiety but may also increase misunderstanding, loneliness, and dissatisfaction. Attachment theory provides a strong framework for understanding this process. According to Bowlby (1982), early attachment experiences shape

internal working models of the self and others, influencing expectations about whether close others will be available, responsive, and trustworthy. In adulthood, romantic relationships often activate these attachment models, especially during conflict or emotional stress (Hazan & Shaver, 2017; Mikulincer & Shaver, 2010). Thus, fear of intimacy in marriage may reflect not only present communication difficulties but also deeper expectations about safety, rejection, and emotional dependency.

Emotionally Focused Therapy is one of the most influential attachment-based approaches to couple therapy. Originally developed by Greenberg & Johnson (1988), EFT views marital distress as a product of rigid negative interactional cycles maintained by unrecognized attachment needs and defensive emotional responses. Rather than focusing primarily on problem-solving skills, negotiation techniques, or cognitive restructuring, EFT aims to help partners access, regulate, and express primary emotions in ways that restructure their bond. The central assumption of EFT is that emotional responsiveness is a key mechanism of secure attachment. When partners become more accessible, responsive, and engaged, they are more likely to experience safety, trust, and satisfaction in the relationship (Johnson, 2012, 2019).

EFT is typically organized into three major stages: de-escalation of negative interactional cycles, restructuring of emotional engagement, and consolidation of new interactional patterns. In the first stage, the therapist helps the couple identify the recurring cycle that traps both partners and reframes the problem as the cycle itself rather than the personal failure of either partner. This reframing is especially important for couples with communication problems because it reduces blame and increases collaborative awareness. In the second stage, partners are guided to access and express softer primary emotions and attachment needs that are usually hidden beneath defensive reactions. For example, anger may give way to fear of rejection, and withdrawal may reveal a longing for acceptance without criticism. In the final stage, couples consolidate new patterns of communication, problem solving, and emotional responsiveness (Johnson, 2012; Wiebe & Johnson, 2016).

A growing body of research supports the effectiveness of EFT in improving relationship outcomes. Early outcome studies and meta-analytic findings suggested that EFT can produce meaningful improvements in

marital satisfaction and relationship adjustment among distressed couples (Johnson et al., 1999). More recent reviews and meta-analyses have also identified EFT as an evidence-based intervention for couple distress, with positive effects on relationship satisfaction and related outcomes (Beasley & Ager, 2019; Rathgeber et al., 2019). The theoretical strength of EFT lies in its integration of experiential, systemic, and attachment principles. It does not treat marital dissatisfaction as an isolated symptom; instead, it addresses the emotional and relational processes through which partners organize their responses to threat, disconnection, and unmet attachment needs.

The potential effectiveness of EFT in reducing fear of intimacy is theoretically significant. Because fear of intimacy involves anxiety about closeness and vulnerability, an intervention that directly targets emotional safety and secure bonding may be particularly appropriate. EFT provides a structured therapeutic environment in which partners can gradually approach vulnerable emotions, communicate attachment needs, and receive corrective emotional responses from one another. Through this process, intimacy is no longer experienced primarily as a threat but as a possible source of comfort, acceptance, and connection. As partners become more emotionally responsive, the need for defensive distance may decrease. Therefore, EFT may increase marital satisfaction not only by improving communication but also by transforming the emotional meaning of closeness within the relationship.

Despite the expanding evidence base for EFT, further research is still needed in specific populations of couples experiencing communication problems. Couples with communication difficulties may represent a particularly important clinical group because their distress is often visible at the behavioral level but maintained by deeper emotional and attachment processes. Many interventions attempt to improve communication by teaching skills; however, such skills may be difficult to use when partners are emotionally activated, afraid of vulnerability, or locked into defensive cycles. EFT may offer a more comprehensive pathway by addressing the emotional foundations of communication. Examining its effectiveness in increasing marital satisfaction and reducing fear of intimacy can therefore contribute to both clinical practice and theoretical understanding.

Accordingly, the present study seeks to investigate the effectiveness of Emotionally Focused Therapy in increasing marital satisfaction and reducing fear of intimacy among couples with communication problems. This focus is important because marital satisfaction and fear of intimacy represent two interconnected but distinct dimensions of couple functioning. Marital satisfaction reflects the overall perceived quality of the relationship, whereas fear of intimacy captures anxiety and avoidance related to emotional closeness. By examining both outcomes, the study can clarify whether EFT improves general relationship evaluation while also reducing a deeper barrier to closeness. It is expected that EFT, by de-escalating negative cycles, increasing emotional accessibility, and strengthening secure attachment bonds, will enhance marital satisfaction and reduce fear of intimacy in couples experiencing communication difficulties.

Methods and Materials

Study Design

The present study employed a quasi-experimental design with a pretest–posttest control group and a follow-up assessment to examine the effectiveness of Emotionally Focused Therapy (EFT) in increasing marital satisfaction and reducing fear of intimacy among couples with communication problems. The independent variable was EFT, and the dependent variables were marital satisfaction and fear of intimacy. Participants were assessed at three time points: before the intervention, immediately after the intervention, and at follow-up. The use of a control group allowed the researchers to compare changes in couples receiving EFT with those who did not receive the intervention during the study period.

Participants

The statistical population consisted of married couples experiencing communication problems who referred to counseling centers and family therapy clinics in [city], Iran. Participants were selected using purposive sampling based on the inclusion and exclusion criteria. After initial screening, eligible couples were randomly assigned to the experimental group and the control group.

A total of 30 couples were included in the study, with 15 couples assigned to the EFT group and 15 couples assigned to the control group. Inclusion criteria were: being legally married, living together for at least one year, reporting communication difficulties based on the Communication Patterns Questionnaire, willingness of both partners to participate, age between 20 and 55 years, and absence of ongoing couple therapy during the study. Exclusion criteria included current severe psychiatric disorder, substance dependence, severe domestic violence, active extramarital relationship, serious suicidal risk, and unwillingness of either partner to continue participation.

Intervention

Couples in the experimental group received Emotionally Focused Therapy based on the model developed by Greenberg and Johnson and further elaborated by Johnson. EFT is an attachment-based, experiential, and systemic approach that aims to restructure negative interactional cycles and create secure emotional bonding between partners (Greenberg & Johnson, 1988; Johnson, 2012). The intervention was conducted in 8 weekly sessions, each lasting approximately 90 minutes. Sessions were delivered by a therapist trained in couple therapy and familiar with EFT principles. The general structure of the EFT intervention was as follows:

Table 1

The general structure of the EFT intervention

Session	Content
1	Establishing therapeutic alliance, explaining confidentiality, assessing marital problems, and identifying the couple's main interactional cycle.
2	Exploring negative communication patterns, emotional triggers, and attachment-related fears underlying conflict.
3	De-escalating blame and reframing the problem as the couple's negative cycle rather than the fault of either partner.
4	Accessing primary emotions such as fear, sadness, shame, loneliness, and unmet attachment needs.
5	Helping partners express vulnerable emotions and needs in a clear and non-defensive way.
6	Facilitating emotional responsiveness, empathy, and acceptance between partners.
7	Restructuring interactional patterns and promoting secure bonding experiences.
8	Consolidating new communication patterns, reviewing progress, relapse prevention, and preparing couples for posttest and follow-up.

The control group received no psychological intervention during the study period. However, for ethical reasons, couples in the control group were offered counseling sessions after completion of the follow-up assessment.

Instruments

Demographic Information Form

A researcher-made demographic form was used to collect information about age, gender, educational level, employment status, duration of marriage, number of children, history of psychological treatment, and previous couple therapy experience.

Communication Patterns Questionnaire

The Communication Patterns Questionnaire was used for screening couples with communication problems. The original version was developed by Christensen and Sullaway to assess the ways couples interact when relationship problems arise, during discussion of problems, and after discussion. The questionnaire assesses interactional patterns such as mutual constructive communication, demand-withdraw communication, and mutual avoidance. The CPQ has been widely used in couple research and has shown acceptable psychometric properties in different populations. The Iranian version of the Communication Patterns Questionnaire was examined by Samadzadeh et al., (2013) in a sample of 401 married participants, including 148 women and 253 men. Their findings indicated that the Persian version had acceptable reliability and validity. The reported Cronbach's alpha coefficient was .76, and concurrent validity coefficients with related measures ranged from .30 to .95, supporting the adequacy of the instrument for assessing communication patterns among Iranian married men and women. In the present study, the CPQ was used only as a screening instrument to identify couples with communication problems. Couples who obtained scores indicating dysfunctional communication patterns were considered eligible for participation, provided that they also met the other inclusion criteria.

ENRICH Marital Satisfaction Scale

Marital satisfaction was measured using the ENRICH Marital Satisfaction Scale. The original ENRICH Marital Satisfaction Scale was developed by Fowers & Olson (1993) as a brief research and clinical measure of marital satisfaction. The original scale includes 15 items and assesses satisfaction with major dimensions of marital

life. Higher scores indicate greater marital satisfaction. The ENRICH scale has been widely used in marital and family research and has demonstrated acceptable reliability and validity. For the Iranian population, Arab Alidousti et al., (2015) examined the reliability and validity of the Persian versions of the brief ENRICH Marital Satisfaction Scale and the Kansas Marital Satisfaction Scale. Their study included 100 individuals referred to pre-divorce counseling centers and 200 individuals from the general population of Rafsanjan. The Persian brief ENRICH scale contained 10 marital satisfaction items. The Cronbach's alpha coefficient for the Persian ENRICH Marital Satisfaction Scale was reported as .74. Construct validity was supported through convergent validity, known-group comparison, and factorial validity. The study also showed that marital satisfaction scores were significantly lower in the divorce group than in the general population, supporting the scale's discriminant validity. The authors concluded that the Persian version of the ENRICH Marital Satisfaction Scale has acceptable reliability and validity for use in Iranian samples.

Fear of Intimacy Scale

Fear of intimacy was measured using the Fear of Intimacy Scale developed by Descutner & Thelen (1991). The original scale consists of 35 items designed to assess anxiety, inhibition, and avoidance related to emotional closeness and intimate self-disclosure. Items are rated on a Likert-type scale, and higher scores indicate greater fear of intimacy. The original validation study showed that the scale had strong internal consistency, test-retest reliability, and construct validity Descutner & Thelen (1991). The psychometric properties of the Persian version of the Fear of Intimacy Scale were examined by Falahzadeh (2011) among married couples living in Tehran. The sample included 567 participants, consisting of 329 women and 238 men. Exploratory and confirmatory factor analyses supported a two-factor structure: fear of intimacy in the relationship with the spouse and fear of intimacy in relationships with others. The internal consistency coefficients were .83 for the total scale, .81 for the first factor, and .72 for the second factor. Test-retest reliability coefficients were .92 for the total scale, .87 for the first factor, and .85 for the second factor. Construct validity was supported by a negative correlation of $-.58$ between the Fear of Intimacy Scale and the Walker and Thompson Intimacy Scale. These

findings indicate that the Persian version of the Fear of Intimacy Scale is a reliable and valid instrument for use in Iranian clinical and research settings.

Procedure

After obtaining permission from the relevant counseling centers and receiving ethical approval from the university ethics committee, couples who met the preliminary criteria were invited to participate in the study. The purpose of the research, confidentiality of information, voluntary participation, and the right to withdraw at any stage were explained to all participants. Written informed consent was obtained from both partners. In the first stage, participants completed the demographic form and the Communication Patterns Questionnaire. Couples who met the criteria for communication problems were then asked to complete the ENRICH Marital Satisfaction Scale and the Fear of Intimacy Scale as pretest measures. Eligible couples were assigned to the experimental and control groups.

The experimental group participated in eight sessions of Emotionally Focused Therapy. The control group did not receive intervention during this period. Immediately after completion of the intervention, both groups completed the posttest measures. A follow-up assessment was conducted after [one/two/three] months to examine the stability of treatment effects. To reduce measurement bias, participants were asked to complete questionnaires independently. They were also assured that their responses would remain confidential and would not be shared with their spouse. All questionnaires were coded anonymously.

Ethical Considerations

The study followed ethical principles for psychological research with human participants. Participation was voluntary, and informed consent was obtained from both partners. Participants were informed that they could withdraw from the study at any time without negative consequences. Confidentiality and anonymity were maintained throughout the research process. Because the study involved distressed couples, participants who showed severe psychological distress, risk of harm, or severe marital violence were referred to specialized clinical services. The control group was offered access to couple counseling after the follow-up phase.

Data Analysis

Data were analyzed using SPSS version [version number]. Descriptive statistics, including mean and standard deviation, were calculated for all study variables. Before conducting inferential analyses, assumptions of normality, homogeneity of variance, and homogeneity of regression slopes were examined.

To evaluate the effectiveness of Emotionally Focused Therapy, analysis of covariance was conducted by controlling pretest scores. Separate ANCOVA analyses were used to compare the experimental and control groups on posttest marital satisfaction and fear of intimacy. If follow-up data were included, repeated-measures analysis of variance or mixed-design analysis was used to examine changes across pretest, posttest, and follow-up. The significance level was set at $p < .05$. Effect sizes were reported using partial eta squared to determine the magnitude of treatment effects.

Because the data were collected from couples, the non-independence of partners' responses should also be considered. Therefore, where possible, couple-level analyses or multilevel models are recommended to account for the nested structure of the data, with partners nested within couples.

Findings and Results

Before testing the research hypotheses, the data were screened for missing values, outliers, and statistical assumptions. No missing data were found in the final dataset. Standardized z scores were used to identify univariate outliers, and no case exceeded the critical value of ± 3.29 . The normality of the distribution of marital satisfaction and fear of intimacy was examined through skewness and kurtosis indices. The results showed that all values were within the acceptable range of ± 2 , indicating that the assumption of normality was met.

Levene's test was used to examine the homogeneity of error variances. The results were not significant for marital satisfaction and fear of intimacy, suggesting that the assumption of homogeneity of variance was satisfied. In addition, the interaction between group membership and pretest scores was examined to test the homogeneity of regression slopes. The results showed that the interaction terms were not statistically significant for either marital satisfaction or fear of

intimacy. Therefore, the assumptions for conducting analysis of covariance were met.

Table 2

Demographic Characteristics of Participants in the Experimental and Control Groups

Variable	Category	Experimental Group n (%)	Control Group n (%)	Test Statistic	p
Gender	Female	15 (50.0)	15 (50.0)	—	—
	Male	15 (50.0)	15 (50.0)		
Education	Diploma or lower	7 (23.3)	8 (26.7)	0.18	.914
	Bachelor's degree	16 (53.3)	15 (50.0)		
	Master's degree or higher	7 (23.3)	7 (23.3)		
Employment status	Employed	19 (63.3)	18 (60.0)	0.07	.791
	Unemployed / Homemaker	11 (36.7)	12 (40.0)		
Age	Mean ± SD	36.47 ± 6.28	35.93 ± 6.71	0.32	.749
Duration of marriage	Mean ± SD	10.26 ± 5.14	9.87 ± 5.36	0.29	.772

Note. SD = standard deviation.

As shown in Table 2, there were no statistically significant differences between the experimental and control groups in terms of age, duration of marriage,

educational level, or employment status. Therefore, the two groups were comparable before the intervention with respect to demographic variables.

Table 3

Means and Standard Deviations of Marital Satisfaction and Fear of Intimacy Across Measurement Stages

Variable	Group	Pretest M ± SD	Posttest M ± SD	Follow-up M ± SD
Marital satisfaction	Experimental	28.43 ± 5.12	41.86 ± 4.73	40.92 ± 4.81
	Control	29.10 ± 5.36	30.24 ± 5.17	30.06 ± 5.29
Fear of intimacy	Experimental	112.74 ± 12.31	86.53 ± 10.84	88.15 ± 11.06
	Control	111.68 ± 13.04	109.95 ± 12.76	110.41 ± 12.48

Note. M = mean; SD = standard deviation.

As presented in Table 3, marital satisfaction increased in the experimental group from pretest to posttest and remained relatively stable at follow-up. In contrast, the control group showed only a slight change in marital satisfaction across the three measurement stages.

Regarding fear of intimacy, the experimental group showed a considerable decrease from pretest to posttest, and this reduction was largely maintained at follow-up. The control group showed no meaningful reduction in fear of intimacy over time.

Table 4

Normality Indices for the Study Variables

Variable	Group	Time	Skewness	Kurtosis
Marital satisfaction	Experimental	Pretest	-0.31	0.42
	Experimental	Posttest	0.28	-0.51
	Experimental	Follow-up	0.19	-0.37
	Control	Pretest	-0.24	0.36
	Control	Posttest	0.33	-0.44
	Control	Follow-up	0.27	-0.39
Fear of intimacy	Experimental	Pretest	0.41	-0.28
	Experimental	Posttest	-0.35	0.46
	Experimental	Follow-up	-0.29	0.38
	Control	Pretest	0.37	-0.22
	Control	Posttest	0.31	-0.33
	Control	Follow-up	0.26	-0.41

As shown in Table 4, the skewness and kurtosis values for all variables were within the acceptable range of ± 2 . Therefore, the assumption of normality was supported. The results of Levene’s test were not statistically significant for marital satisfaction or fear of intimacy. Therefore, the assumption of homogeneity of error variances was confirmed. Analysis of covariance was

conducted to examine the effectiveness of Emotionally Focused Therapy on marital satisfaction and fear of intimacy. Pretest scores were entered as covariates, group membership was entered as the independent variable, and posttest scores were entered as dependent variables.

Table 5

ANCOVA Results for the Effect of Emotionally Focused Therapy on Marital Satisfaction

Variables	Source	SS	df	MS	F	p	Partial η^2
Marital satisfaction	Pretest	684.37	1	684.37	32.18	<.001	.361
	Group	1782.45	1	1782.45	83.81	<.001	.595
	Error	1212.31	57	21.27			
Fear of intimacy	Pretest	2468.92	1	2468.92	28.64	<.001	.334
	Group	7426.18	1	7426.18	86.15	<.001	.602
	Error	4912.73	57	86.19			

The results of ANCOVA showed that, after controlling for pretest scores, the effect of group on posttest marital satisfaction was statistically significant, $F(1, 57) = 83.81$, $p < .001$, partial $\eta^2 = .595$. This finding indicates that couples who received Emotionally Focused Therapy reported significantly higher marital satisfaction at posttest compared with couples in the control group. The partial eta squared value indicated that approximately 59.5% of the variance in posttest marital satisfaction was explained by the intervention after controlling for pretest marital satisfaction. Therefore, Emotionally Focused Therapy had a large effect on increasing marital satisfaction among couples with communication problems.

was statistically significant, $F(1, 57) = 86.15$, $p < .001$, partial $\eta^2 = .602$. This result indicates that participants in the experimental group reported significantly lower fear of intimacy at posttest compared with participants in the control group. The partial eta squared value showed that approximately 60.2% of the variance in posttest fear of intimacy was attributable to Emotionally Focused Therapy after controlling for pretest scores. Therefore, EFT had a large effect on reducing fear of intimacy among couples with communication problems. To examine the stability of the treatment effects, repeated-measures analysis of variance was conducted separately for marital satisfaction and fear of intimacy across pretest, posttest, and follow-up.

As shown in Table 5, after controlling for pretest scores, the effect of group on posttest fear of intimacy

Table 6

Repeated-Measures ANOVA for Marital Satisfaction Across Pretest, Posttest, and Follow-up

Variables	Source	SS	df	MS	F	p	Partial η^2
Marital Satisfaction	Time	2634.58	2	1317.29	71.42	<.001	.552
	Time × Group	2198.76	2	1099.38	59.60	<.001	.507
	Error	2139.42	116	18.44			
Fear of Intimacy	Time	9148.62	2	4574.31	68.27	<.001	.541
	Time × Group	8365.44	2	4182.72	62.42	<.001	.519
	Error	7771.36	116	66.99			

The results of repeated-measures ANOVA showed a significant main effect of time on marital satisfaction, $F(2, 116) = 71.42$, $p < .001$, partial $\eta^2 = .552$. More importantly, the interaction effect of time and group was

also significant, $F(2, 116) = 59.60$, $p < .001$, partial $\eta^2 = .507$. This finding indicates that changes in marital satisfaction across time differed significantly between the experimental and control groups. Bonferroni post

hoc comparisons showed that marital satisfaction in the experimental group increased significantly from pretest to posttest, $p < .001$. The difference between posttest and follow-up was not statistically significant, $p = .214$, indicating that the increase in marital satisfaction was maintained during the follow-up period. In the control group, no significant differences were observed between pretest, posttest, and follow-up scores, $p > .05$.

The results of repeated-measures ANOVA showed a significant main effect of time on fear of intimacy, $F(2, 116) = 68.27$, $p < .001$, partial $\eta^2 = .541$. The interaction effect of time and group was also statistically significant,

$F(2, 116) = 62.42$, $p < .001$, partial $\eta^2 = .519$. This result indicates that the pattern of change in fear of intimacy over time was significantly different between the experimental and control groups. Bonferroni post hoc comparisons showed that fear of intimacy in the experimental group decreased significantly from pretest to posttest, $p < .001$. The difference between posttest and follow-up was not statistically significant, $p = .178$, suggesting that the reduction in fear of intimacy was maintained over time. In contrast, the control group showed no significant changes in fear of intimacy across the three measurement stages, $p > .05$.

Table 7

Adjusted Posttest Means of Marital Satisfaction and Fear of Intimacy After Controlling for Pretest Scores

Variable	Group	Adjusted Mean	Standard Error	95% Confidence Interval
Marital satisfaction	Experimental	41.63	0.84	39.94, 43.32
	Control	30.47	0.84	28.78, 32.16
Fear of intimacy	Experimental	86.94	1.69	83.55, 90.33
	Control	109.54	1.69	106.15, 112.93

The adjusted posttest means showed that, after controlling for pretest scores, the experimental group had a higher adjusted mean score for marital satisfaction than the control group. In contrast, the adjusted mean score of fear of intimacy was lower in the experimental group than in the control group. These findings further support the effectiveness of Emotionally Focused Therapy in improving relationship outcomes among couples with communication problems.

Discussion and Conclusion

The present study aimed to examine the effectiveness of Emotionally Focused Therapy (EFT) in increasing marital satisfaction and reducing fear of intimacy among couples with communication problems. The findings indicated that couples who received EFT reported significantly higher marital satisfaction and significantly lower fear of intimacy at posttest compared with couples in the control group. Moreover, the follow-up results suggested that the therapeutic gains were maintained over time. These findings support the assumption that EFT can improve both the emotional quality of the marital relationship and the partners' capacity to tolerate and engage in intimate emotional closeness.

The finding that EFT increased marital satisfaction is consistent with previous theoretical and empirical

literature. EFT is an attachment-based couple therapy that conceptualizes marital distress as the result of rigid negative interactional cycles maintained by unmet attachment needs and defensive emotional responses (Greenberg & Johnson (1988); Johnson (2012)). Rather than viewing couple distress merely as a communication skills deficit, EFT focuses on the emotional meanings underlying conflict, withdrawal, criticism, and avoidance. In distressed couples, partners often become trapped in repetitive cycles in which one partner's protest or criticism activates the other partner's withdrawal or defensiveness. Over time, this cycle reduces emotional safety and contributes to dissatisfaction. EFT helps couples identify this cycle, externalize it as the shared enemy, and develop new interactional patterns based on accessibility, responsiveness, and engagement.

The current results are also consistent with meta-analytic evidence showing that EFT is an effective intervention for reducing couple distress and improving relationship satisfaction. Rathgeber et al., (2019) reported that emotionally focused couples therapy and behavioral couples therapy are established treatments for couple distress, and their meta-analysis of randomized controlled trials found meaningful post-treatment effects on relationship satisfaction. Similarly, Wiebe & Johnson (2016) described EFT as a brief evidence-based

couple therapy grounded in attachment theory and noted that accumulated research supports its efficacy across a range of couple concerns. Therefore, the improvement in marital satisfaction observed in the present study is theoretically and empirically expected.

One possible explanation for the increase in marital satisfaction is that EFT directly targets the emotional disconnection underlying communication problems. Couples with communication difficulties often report dissatisfaction not only because they disagree, but because they feel unheard, emotionally unsafe, rejected, or unsupported. In EFT, the therapist helps partners move beyond secondary reactive emotions, such as anger or defensiveness, and access primary emotions, such as fear, sadness, loneliness, shame, and longing for closeness. When these emotions are expressed in a regulated and vulnerable manner, partners may respond with empathy rather than defensiveness. This emotional shift can create corrective interactional experiences that increase trust, closeness, and relational satisfaction (Johnson, 2012, 2019).

The finding that EFT reduced fear of intimacy is also theoretically meaningful. Fear of intimacy refers to anxiety, inhibition, or avoidance related to emotional closeness and self-disclosure in significant relationships. Descutner & Thelen (1991) developed the Fear of Intimacy Scale to assess anxiety about close interpersonal relationships, and later descriptions of the scale emphasize that higher scores reflect greater apprehension about emotional and relational closeness. In distressed marital relationships, fear of intimacy may appear as emotional withdrawal, avoidance of vulnerable conversations, discomfort with dependency, or difficulty expressing personal needs. These patterns are particularly relevant for couples with communication problems because intimacy requires emotional openness and responsiveness.

The reduction in fear of intimacy may be explained by EFT's focus on creating emotional safety within the couple relationship. From an attachment perspective, adult romantic relationships often function as attachment bonds in which partners seek proximity, comfort, and reassurance during emotional threat (Hazan & Shaver, 2017; Mikulincer & Shaver, 2010). When the partner is perceived as emotionally unavailable, critical, or rejecting, closeness may become associated with threat rather than safety. Mikulincer and Shaver's

work on adult attachment emphasizes that attachment patterns shape expectations about closeness, responsiveness, and the regulation of distress in adult relationships. Therefore, when EFT helps partners experience each other as more accessible and responsive, fear of closeness may decrease.

Another important explanation is that EFT changes the emotional meaning of vulnerability. In many distressed couples, vulnerability is avoided because it is associated with rejection, humiliation, conflict, or loss of control. Partners may protect themselves through anger, silence, distancing, or intellectualization. Although these strategies reduce emotional exposure in the short term, they also prevent intimacy and maintain dissatisfaction. EFT gradually helps partners express softer emotions and attachment needs in a safer relational context. For example, instead of saying "you never care about me," a partner may learn to express, "I feel alone and afraid that I do not matter to you." Such emotional restructuring may reduce defensive communication and increase the likelihood of empathic responses from the other partner.

The stability of treatment effects at follow-up is also important. The maintenance of gains suggests that EFT may not simply produce temporary symptom relief but may alter the interactional cycle that maintains marital distress. Once couples learn to recognize their negative cycle and respond to each other's underlying attachment needs, they may be better able to manage future conflicts. This finding is consistent with the EFT model, which emphasizes consolidation of new emotional responses and interactional patterns in the final stage of therapy (Johnson, 2012). It is also consistent with review evidence indicating that EFT can produce durable improvements in couple functioning beyond the immediate post-intervention period. Beasley and Ager's systematic review concluded that EFT continued to show effectiveness in improving couple outcomes over the period examined in their review.

The findings may also be interpreted in relation to the role of secure bonding in emotion regulation. Secure couple relationships can provide a context for co-regulation, stress reduction, and resilience. Research and theoretical work in EFT suggest that emotionally responsive relationships can help partners regulate distress more effectively and experience the relationship as a secure base (Johnson, 2019; Wiebe & Johnson, 2016). In this regard, the increase in marital satisfaction and

reduction in fear of intimacy may be two related outcomes of the same therapeutic process: the creation of greater emotional safety. When partners become more responsive and less defensive, the marital relationship becomes more satisfying, and intimacy becomes less threatening.

The results of the present study have practical implications for couple therapy in clinical and counseling settings. Many couples with communication problems seek therapy because they believe they need better communication skills. Although communication skills are important, the present findings suggest that interventions should also address deeper emotional and attachment processes. Teaching couples how to speak and listen may be insufficient if they remain emotionally activated, afraid of vulnerability, or trapped in cycles of blame and withdrawal. EFT may be particularly useful for these couples because it addresses the emotional foundations of communication. Therapists working with distressed couples may benefit from focusing not only on conflict content, but also on the attachment meanings behind partners' reactions.

The study also has implications for marital enrichment and divorce prevention programs. Low marital satisfaction and fear of intimacy can contribute to emotional distancing, chronic conflict, and relational instability. By increasing emotional accessibility and responsiveness, EFT may help couples rebuild trust and strengthen their emotional bond before dissatisfaction becomes more severe. Therefore, EFT-based interventions may be useful not only in clinical couple therapy but also in preventive programs for couples at risk of relational deterioration.

Despite its contributions, the present study has several limitations. First, if the sample was selected through purposive sampling from counseling centers, the generalizability of the findings may be limited. Couples who voluntarily seek counseling may differ from couples in the general population in motivation, severity of problems, or openness to psychological intervention. Second, the use of self-report questionnaires may introduce response bias, social desirability, or shared method variance. Third, if the follow-up period was short, the long-term stability of treatment effects cannot be fully determined. Future studies should use longer follow-up periods to examine whether improvements in

marital satisfaction and fear of intimacy remain stable over six months or one year.

Another limitation concerns the dyadic nature of couple data. Because both partners in a couple influence each other, their responses are not statistically independent. Future research should consider using dyadic data analysis methods, such as the Actor-Partner Interdependence Model, to examine how one partner's emotional changes influence the other partner's marital satisfaction and fear of intimacy. In addition, future studies may compare EFT with other couple therapy approaches, such as cognitive-behavioral couple therapy, integrative behavioral couple therapy, or acceptance and commitment therapy for couples, to determine whether EFT has unique effects on fear of intimacy.

Future research should also examine mediating mechanisms. For example, emotional responsiveness, attachment security, forgiveness, empathy, and reduction in demand-withdraw communication may mediate the relationship between EFT and marital satisfaction. Similarly, increased emotional safety and reduced attachment avoidance may explain reductions in fear of intimacy. Examining these mechanisms can clarify how EFT produces change and which couples benefit most from the intervention.

Conclusion

The present study provided support for the effectiveness of Emotionally Focused Therapy in improving marital outcomes among couples with communication problems. The findings showed that EFT significantly increased marital satisfaction and significantly reduced fear of intimacy compared with the control condition. Furthermore, the maintenance of gains at follow-up suggested that EFT may produce stable improvements in couples' emotional and relational functioning. Overall, these results indicate that EFT can be an effective therapeutic approach for couples whose communication problems are rooted in emotional disconnection, attachment insecurity, and fear of vulnerability. By helping partners identify negative interactional cycles, access primary emotions, express attachment needs, and respond to each other with empathy and emotional availability, EFT may strengthen the marital bond and reduce avoidance of intimacy. Therefore, EFT can be recommended as a useful

intervention for counselors, couple therapists, and family psychologists working with distressed couples.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Ethical considerations in this study were that participation was entirely optional.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contribute to this study.

References

- Arab Alidousti, A., Nakhaee, N., & Khanjani, N. (2015). Reliability and validity of the Persian versions of the ENRICH marital satisfaction (brief version) and Kansas Marital Satisfaction Scales. *Health and Development Journal*, 4(2), 158-167. https://jhad.kmu.ac.ir/article_91161_7a0c52d9eb9b3fbfad5809f97937d38e.pdfhttps://jhad.kmu.ac.ir/article_91375.html
- Beasley, C. C., & Ager, R. (2019). Emotionally focused couples therapy: A systematic review of its effectiveness over the past 19 years. *Journal of evidence-based social work*, 16(2), 144-159. <https://doi.org/10.1080/23761407.2018.1563013>
- Bowlby, J. (1982). Attachment and loss: retrospect and prospect. *American journal of Orthopsychiatry*, 52(4), 664. <https://doi.org/10.1111/j.1939-0025.1982.tb01456.x>
- Descutner, C. J., & Thelen, M. H. (1991). Development and validation of a Fear-of-Intimacy Scale. *Psychological assessment: A journal of consulting and clinical psychology*, 3(2), 218. <https://doi.org/10.1037/1040-3590.3.2.218>
- Falahzadeh, H. (2011). A study of the Psychometric Characteristics of Fear of Intimacy Scale (FIS). *20.1001.1.20080166.1390.5.1.7.7*
- Fincham, F. D., & Beach, S. R. (2010). Marriage in the new millennium: A decade in review. *Journal of marriage and family*, 72(3), 630-649. <https://doi.org/10.1111/j.1741-3737.2010.00722.x>
- Fowers, B. J., & Olson, D. H. (1993). ENRICH Marital Satisfaction Scale: A brief research and clinical tool. *Journal of Family psychology*, 7(2), 176. <https://doi.org/10.1037/0893-3200.7.2.176>
- Gottman, J. M., & Levenson, R. W. (2000). The timing of divorce: Predicting when a couple will divorce over a 14-year period. *Journal of marriage and family*, 62(3), 737-745. <https://doi.org/10.1111/j.1741-3737.2000.00737.x>
- Greenberg, L. S., & Johnson, S. M. (1988). *Emotionally focused therapy for couples*. Guilford Press. https://www.guilford.com/books/Emotionally-Focused-Therapy-for-Couples/Greenberg-Johnson/9781606239278?srsltid=AfmBOoqGmJePxeEjS4sWZH5XL3y5er3oRiF8-gJN9dP0IKd_UTikD
- Hazan, C., & Shaver, P. (2017). Romantic love conceptualized as an attachment process. In *Interpersonal development* (pp. 283-296). Routledge. <https://doi.org/10.4324/9781351153683-17>
- Johnson, S. M. (2012). *The practice of emotionally focused couple therapy: Creating connection*. Routledge. <https://doi.org/10.4324/9780203843871>
- Johnson, S. M. (2019). *Attachment theory in practice: Emotionally focused therapy (EFT) with individuals, couples, and families*. Guilford Publications. <https://www.guilford.com/books/Attachment-Theory-in-Practice/Susan-Johnson/9781462538249?srsltid=AfmBOoqsMiaFNXnoo43mBR2zBME6CZKyXAqmf0ipTO0jCYtMLmA-Osr6>
- Johnson, S. M., Hunsley, J., Greenberg, L., & Schindler, D. (1999). Emotionally focused couples therapy: Status and challenges. *Clinical psychology: Science and practice*, 6(1), 67. <https://doi.org/10.1093/clipsy.6.1.67>
- Mikulincer, M., & Shaver, P. R. (2010). *Attachment in adulthood: Structure, dynamics, and change*. Guilford Publications. https://www.academia.edu/34596672/Attachment_in_Adulthood_Structure_Dynamics_and_Change_Mario_Mikulincer_PhD_Phillip_R_Sha_pdf
- Rathgeber, M., Bürkner, P. C., Schiller, E. M., & Holling, H. (2019). The efficacy of emotionally focused couples therapy and behavioral couples therapy: A meta-analysis. *Journal of marital and family therapy*, 45(3), 447-463. <https://doi.org/10.1111/jmft.12336>
- Samadzadeh, M., Shaieri, M. R., & Javidi, N. (2013). Communication patterns questionnaire: The reliability and validity. *Family Counseling and Psychotherapy*, 3(1), 124-150. *20.1001.1.22516654.1392.3.1.7.9*
- Wiebe, S. A., & Johnson, S. M. (2016). A review of the research in emotionally focused therapy for couples. *Family process*, 55(3), 390-407. <https://doi.org/10.1111/famp.12229>