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The effectiveness of Couple Emotion-Focused Therapy on alexithymia and marital disaffection in working women with marital conflicts

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ABSTRACT

The present study aimed to determine the effectiveness of Emotionally Focused Couple Therapy on alexithymia and marital disaffection in working women experiencing marital conflicts. This research was applied in terms of purpose and used a semi-experimental method with a pre-test, post-test, and follow-up design, including a control group. The statistical population consisted of all working women with marital conflicts who were referred to counseling centers in Tehran in 2024. The sample included 30 participants who were randomly selected and homogenized by age into two groups: intervention and control. Participants completed the Toronto Alexithymia Scale by Bagby et al. (1994) and the Marital Disaffection Scale by Kayser (1996) during the pre-test, post-test, and follow-up phases. Couple Emotion-Focused Therapy was conducted according to Johnson's protocol (2019) over 12 weekly sessions, each lasting 90 minutes. Data were analyzed using repeated measures ANOVA with significance levels set at 0.05 and 0.01, employing SPSS-22 software. The results showed that Couple Emotion-Focused Therapy significantly reduced alexithymia ($P=0.001$). The interaction effect of time and group also resulted in a significant decrease in alexithymia ($P = 0.001$) compared to the control group. Additionally, the therapy significantly reduced marital disaffection ($P=0.001$), with the time*group interaction showing a significant decrease in marital dissatisfaction ($P=0.001$) relative to controls. Overall, the findings indicate that Couple Emotion-Focused Therapy targeting emotional alexithymia and marital disaffection is effective for working women with marital conflicts.

Introduction

One of the most significant challenges in marital life is marital burnout—a condition that arises from a mismatch in communication styles, compatibility, and belief systems (Jafari et al., 2021). Marital burnout is closely associated with how couples communicate, resolve conflicts, and use interpersonal skills; those who are more adept in these areas tend to experience less burnout (Nejatian et al., 2021). It develops gradually as a cumulative process that can erode emotional bonds between partners over time. Burnout experienced by one partner can easily affect the other, perpetuating a continuous negative cycle within the relationship. The consequences include unmet emotional needs, disrupted intimacy, heightened stress, feelings of failure, disappointment, anger, marital conflicts, and sexual difficulties (Haqparast et al., 2023).

The role of the personality trait alexithymia in marital difficulties has been widely discussed in psychological research (Esmaili Anamagh et al., 2024). Individuals with alexithymia have difficulty



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identifying and describing emotions and often display a particular cognitive style (Bagby et al., 2020), ineffective emotion regulation strategies (Sruti et al., 2020), limited empathy (Senkar & Aktas, 2019), impulsivity, and a rigid, detached attitude in social interactions (Texeira, 2018). These characteristics frequently lead to interpersonal challenges within couples. Furthermore, alexithymia can contribute to issues such as fear of intimacy in romantic relationships (Mohindro, 2022). The ability to recognize, behavior, as well as for adapting effectively to various social contexts. Consequently, difficulties in relationships (Simonsen et al., 2020).

Emotion-Focused Therapy (EFT) is a psychotherapeutic approach emphasizing the role of emotions in them express these feelings in safe, supportive, and caring ways. Processing emotions in a secure context fosters healthier interaction patterns, reduces emotional turmoil, builds trust, and ultimately enhances relationship satisfaction. EFT is a structured, short-term, empirically grounded model that focuses on emotion and attachment as the foundations of marital stability (Johnson, 2019). It can be applied both in individual and family settings (Stavrianopoulos et al., 2014). The central assumption of EFT is that partners become trapped in a negative cycle fueled by unexpressed vulnerable emotions and unmet attachment needs—leading one partner to become critical and aggressive, while the other withdraws and avoids engagement (Zittingaglou-Sidam, 2019).

EFT focuses on how couples experience and organize their interactions into repeating emotional cycles. Emotions are viewed as the primary organizing force of relational distress and its resolution. They regulate attachment behaviors, motivate individuals to respond to others, and communicate needs and desires. The interactional patterns that couples create are sustained by their inner emotional realities and regulating and utilizing emotions effectively are considered key to marital satisfaction and conflict resolution. Grounded in attachment theory and informed by humanistic and systemic principles, EFT aims to strengthen relationship functioning by fostering secure emotional bonds (Greenman et al., 2024).

Consistent with these principles, Nouri and Iranmanesh (2022) found that EFT using the Hold Me Tight method improved secure and ambivalent/anxious attachment styles and enhanced sexual intimacy among couples. Similarly, Pourabbas Vafa et al. (2022) demonstrated that both Emotion-Focused Schema Therapy and EFT effectively reduced marital burnout in women experiencing emotional divorce.

Building a cohesive family requires education and therapeutic interventions that address relational difficulties. Despite growing attention to marital burnout, significant gaps remain in identifying effective interventions to alleviate this condition and its consequences (Sedaghat & Afraei, 2012). Although EFT has been widely supported in international research, few studies have examined its effectiveness in Iran. A review of the literature reveals limited evidence on the impact of EFT on alexithymia, marital burnout, and emotional blackmail in women—both domestically and internationally—highlighting the need for further investigation. Therefore, based on previous findings and theoretical foundations, the present study seeks to examine the effectiveness of Emotion-Focused Couple Therapy in reducing emotional alexithymia, marital burnout, and emotional blackmail among women experiencing marital conflict.

Research Method

This applied study employed a semi-experimental design with pre-test, post-test, and follow-up measures, incorporating a control group. The statistical population consisted of all working women with marital conflicts who were referred to counseling centers in Tehran in 2024. A convenience sampling method was used to select 30 participants, who were then randomly allocated to intervention and control groups, with age matched to ensure group homogeneity.

Inclusion criteria encompassed a documented initial complaint of marital conflict in the clinical record, a spousal age gap ranging from 3 to 10 years, and participant age between 25 and 45 years. Exclusion criteria included concurrent receipt of multiple therapeutic interventions, use of psychotropic or chronic disease medications, presence of chronic physical illnesses, incomplete questionnaire data, and withdrawal or refusal to continue participation.

Research Instruments

Toronto Alexithymia Scale (TAS-20): The Toronto Alexithymia Scale, initially developed by Taylor (1986) and subsequently revised by Bagby et al. (1994), is a psychometric instrument consisting of 20 items that evaluate three latent constructs: Difficulty Identifying Feelings (DIF; items 1, 3, 6, 7, 9, 13, 14), Difficulty Describing Feelings (DDF; items 2, 4, 11, 12, 17), and Externally Oriented Thinking (EOT; items 5, 8, 10, 15, 16, 18, 19, 20). The scale employs a 6-point Likert response format ranging from 1 (strongly disagree) to 6 (strongly agree), with reverse scoring applied to items 4, 5, 10, 18, and 19 (Parker et al., 2003). Psychometric evaluations by Besharat (2008) demonstrated satisfactory internal consistency (Cronbach's alpha = 0.86).

Marital Burnout Scale: Kaiser's (1996) Marital Burnout Scale is a multidimensional measure comprising 21 items rated on a 4-point Likert scale from 1 (not at all true of me) to 4 (completely true of me). The validity is evidenced by significant inverse correlations with the Perceived Marital Happiness Scale ($r = -0.56$) and the Marital Intimacy Scale ($r = -0.86$). Sadati et al. (2014) further corroborated the convergent validity of the scale, reporting a moderate correlation ($r = 0.54$) with the Marital Burnout Inventory and the Marital Satisfaction Scale.

Table 1- Emotion-focused couple therapy protocol according to Johnson's protocol.

Meeting	Summary of intervention content
First session	Selecting a situation, goal, and providing emotional education; recognizing emotions and arousing situations through teaching the differences in the functioning of different types of emotions, information about the different dimensions of emotion, and the short-term and long-term effects of emotions.
Second session	A discussion was held between the members regarding the assessment of the level of vulnerability and emotional skills of the members and the function of emotions in the human adaptation process and their benefits, the role of emotions in establishing relationships with others and influencing them, as well as organizing and motivating human behavior, and examples of their real experiences were presented.
Third session	Creating a change in the situation that provokes emotion and preventing social isolation and avoidance, teaching problem-solving strategies, teaching interpersonal skills of conversation, expressing oneself, and resolving conflict.
Fourth session	Shifting attention and stopping rumination and worrying, and finally training attention.
Fifth session	Changing cognitive appraisals and identifying false appraisals and their effects on emotional states
Sixth session	Modifying the target response and changing the behavioral and physiological consequences of emotion to identify the extent and method of using the inhibition strategy and examining its emotional consequences, exposure, training in expressing emotion, modifying behavior through changing environmental reinforcers, and training in emotional discharge, relaxation, and reversal.
Seventh session	Re-evaluating and removing barriers to application, assessing the extent to which individual and group goals have been achieved, applying learned skills in natural environments outside of the session, examining and removing barriers to completing assignments.
Eighth session	Investigating couples' interpersonal problems and what actions they take to express emotions in stressful situations. Identifying negative interaction cycles and creating conditions for spouses to reveal their negative interaction cycles. Assessing the couple's relationship and attachment bond.
Tenth session	Reframing the problem of labeling underlying emotions and attachment needs, emphasizing the client's ability to express emotions and demonstrate attachment behaviors to their spouse, and informing couples about the impact of their lessons and defense structures on cognitive and emotional processes.
Eleventh session	Encourage identification of rejected needs and aspects of self that have been denied. Draw couples' attention to the way they interact with each other and reflect on interaction patterns.
Twelfth session	Creating new non-reactive situations between couples and ending old interaction patterns, clarifying the interaction pattern and reminding them of attachment needs

Execution method

The research was conducted as follows. After obtaining approval for the research proposal, a recruitment announcement was disseminated through distribution centers. Subsequently, potential participants were contacted, and their willingness to participate in the study was confirmed. Upon receiving verbal informed consent, participants completed an online demographic questionnaire. Based on their responses, inclusion and exclusion criteria were applied, resulting in the selection of 30 eligible participants.

Following random assignment into intervention and control groups, baseline assessments were conducted using the study instruments as a pre-test. The intervention group participated in weekly 90-minute online Emotion-Focused Couple Therapy sessions, while the control group did not receive any treatment during this period. Upon completion of the intervention phase, both groups completed the post-test questionnaires, followed by a one-month follow-up assessment.

To comply with ethical standards, participants in the control group were offered the opportunity to take part in the intervention after the study concluded.

Descriptive statistics, including means and standard deviations, were used to summarize demographic characteristics. For inferential analysis, a repeated-measures analysis of variance (ANOVA) was conducted using SPSS version 22 to test the study hypotheses and compare the dependent variables across pre-test, post-test, and follow-up assessments.

Findings

In the emotion-focused therapy group, 2 people (13.33%) were in the 25-30 age group, 3 people (20.00%) were in the 31-35 age group, 3 people (20.00%) were in the 36-40 age group, and 7 people (46.67%) were in the 41-45 age group. In the control group, 3 people (20.00%) were in the 25-30 age group, 2 people (13.33%) were in the 31-35 age group, 2 people (13.33%) were in the 36-40 age group, and 8 people (46.67%) were in the 41-45 age group. It should be noted that the mean \pm standard deviation of age in the emotion-focused therapy group was 6.01 ± 38.80 and the control group was 6.51 ± 37.60 . There was no significant difference in age between the three groups ($P=0.604$).

Table 2- Mean, standard deviation, and Shapiro-Wilks statistic for the alexithymia variable.

Variable	Status	Group	Mean	Sd
Alexithymia	Pre-test	Excitement-oriented	58.60	1.95
		Control	59.78	1.77
	Post-test	Excitement-oriented	48.13	2.79
		Control	59.20	1.69
	Follow-up	Excitement-oriented	45.93	3.23
		Control	59.00	2.00
Marital boredom	Pre-test	Excitement-oriented	76.93	1.03
		Control	75.93	0.96
	Post-test	Excitement-oriented	72.73	0.94
		Control	75.72	0.88
	Follow-up	Excitement-oriented	70.53	0.87
		Control	76.13	1.18

Table 2 shows that the average variables differed between the pre-test and post-test for the experimental group.

Table 3- Results of repeated measures analysis of variance in explaining the effect of independent variables on the variable of emotional alexithymia.

Variable	Sum of squares	df	Mean squares	F	Sig	κ^2

Alexithymia	Group effect	1529.34	1	1529.34	104.70	0.001	0.789
	Effect of time	664.15	1.77	374.67	441.83	0.001	0.940
	Interaction	710.42	1.77	400.776	472.61	0.001	0.944

Table 3 showed that emotion-focused therapy had a reducing effect on emotional alexithymia ($P=0.001$). The effect of time caused a reduction in emotional alexithymia ($P=0.001$) compared to the pre-test stage. The interaction effect of time*groups caused a reduction in emotional alexithymia ($P=0.001$) compared to the control group.

Table 4 - Results of repeated measures analysis of variance in explaining the effect of independent variables on the marital burnout variable.

	Variable	Sum of squares	df	Mean squares	F	Sig	κ^2
Alexithymia	Group effect	291.60	1	291.60	145.45	0.001	0.839
	Effect of time	132.20	1.44	91.45	140.92	0.001	0.834
	Interaction	148.20	1.44	102.51	157.98	0.001	0.849

Table 4 showed that emotion-focused therapy had a reducing effect on marital burnout ($P=0.001$). The effect of time caused a reduction in marital burnout ($P=0.001$) compared to the pre-test stage. The interaction effect of time*groups caused a reduction in marital burnout ($P=0.001$) compared to the control group.

Discussion and Conclusion

The present study aimed to examine the effectiveness of Emotion-Focused Couple Therapy (EFCT) on emotional alexithymia and marital burnout among employed women experiencing marital conflict. The findings demonstrated that EFCT significantly reduced both emotional alexithymia and marital burnout in the participants. These findings are consistent with the results reported by Nouri and Iranmanesh (2022) and Pourabbas Vafa et al. (2022).

The observed effect of EFCT on emotional alexithymia can be explained by the theoretical foundation of this therapeutic model, which emphasizes that emotional experiences play a central role in organizing emotional experiences. EFCT focuses on awareness, regulation, and the development of a balanced and secure emotional state. One of its core principles is that unresolved attachment needs—particularly those related to emotional safety and relational satisfaction—underlie many marital conflicts. Accordingly, EFCT targets maladaptive interactional cycles that stem from unmet emotional needs and attachment insecurities.

The therapy promotes secure attachment through mutual care, responsiveness, and emotional attunement. Distressed couples often suppress vulnerable emotions and adopt rigid, repetitive interactional patterns as defense mechanisms, which eventually intensify emotional distance. EFCT helps partners identify and express core emotions within a safe therapeutic environment, reshaping these maladaptive patterns and fostering healthier emotional engagement. Therapists facilitate this process by reframing problems, encouraging active emotional participation, and guiding couples toward constructing new communication patterns that promote emotional safety and secure bonding.

With respect to marital burnout, EFCT operates on the premise that emotional disconnection and persistent avoidance or hostility are major contributors to burnout in intimate relationships. By helping partners uncover and express suppressed, vulnerable emotions within an atmosphere of empathy and acceptance, EFCT enables emotional reconnection and mutual understanding. As couples learn to process and respond to emotions constructively, they develop new interactional patterns that reduce emotional distress and enhance intimacy, satisfaction, and relational harmony (Sayadi et al., 2017).

Because emotions are at the core of all close relationships, they must be addressed directly in therapy. EFCT accomplishes this by positioning emotional awareness and responsiveness as the primary mechanisms of change. Through exploration of unresolved emotional experiences, reconstruction of attachment bonds, and enhancement of emotional accessibility, EFCT helps couples build secure emotional connections. Consequently, EFCT reduces marital burnout by improving emotional intimacy, communication, commitment, and affective expression. The findings of this study suggest that EFCT enhances relationship functioning by resolving emotional dysregulation, fostering emotional awareness, and strengthening secure attachment bonds—factors that directly contribute to lower levels of marital burnout.

One of the main limitations of this study was the restriction of the sample to women residing in Tehran, which limits the generalizability of the results to broader populations. Future research is recommended to replicate these findings across diverse cultural and geographical contexts, including male participants and couples from other urban and rural regions. Additionally, longitudinal designs could further confirm the long-term effects of EFCT on emotional alexithymia and marital burnout.

Given the demonstrated effectiveness of EFCT in alleviating marital burnout, family therapists and counselors are encouraged to incorporate EFCT-based interventions into their clinical practice. Training in EFCT principles may enhance therapeutic efficacy for professionals working with couples, thereby promoting marital adjustment, emotional well-being, and relationship satisfaction.

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