

Research Paper

Integrative Couple Therapy on Improving Marital Satisfaction and Marital Intimacy in Incompatible Couples: An Experimental Study

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Article info:**Received:** 13 Nov 2024**Accepted:** 24 Nov 2024**Available Online:** 01 Jan 2025**ABSTRACT**

Objective: The present study examined the effectiveness of integrative couple therapy (ICT) in improving marital satisfaction and intimacy in incompatible couples.

Methods: The current research method was a quasi-experimental pre-test and post-test with an experimental and control group. The statistical population of the present study included all couples with marital discord which were referred to the counseling centers of Tabriz City, Iran in, 2023-2024. Among them, a sample of 40 couples with incompatible statuses was selected using the convenience sampling method and according to the inclusion and exclusion criteria. They were randomly selected and assigned to the ICT group (n=20) and control group (n=20). Data collection tools included the Bagarozzi marital intimacy questionnaire, Enrich marital satisfaction questionnaire, and ICT package. Univariate and multivariate variance analysis methods were used to check the hypotheses.

Results: The results showed that ICT improves the components of marital satisfaction and the components of marital intimacy, and this difference was significant at the $P < 0.01$ level.

Conclusion: Based on the obtained results, we conclude that ICT helps couples show their emotions, and in this way, they can change the rules that prevent them from establishing emotional relationships.

Keywords:Integrative couple therapy,
Marital satisfaction, Marital
intimacy, Incompatible couples*** Corresponding Author:**

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Highlights

- Integrative couple therapy (ICT) improves the components of marital satisfaction and the components of marital intimacy.
- ICT assists couples in expressing their emotions, enabling them to alter the norms that hinder the development of emotional relationships.

Plain Language Summary

This study examines how ICT can help improve relationship satisfaction and intimacy for couples who are struggling in their marriages. Researchers worked with 40 couples in Tabriz City who were experiencing relationship problems. Half of the couples received integrative couple therapy, while the other half did not (this group was used for comparison). The therapy focused on helping couples express their emotions and break patterns that hindered their emotional connection. The results showed that couples who received ICT experienced significant improvements in both marital satisfaction and intimacy. The therapy helped them build stronger emotional relationships and improve their overall relationship. These results suggest that integrative couple therapy is a practical approach for couples facing marital challenges.

Introduction

Incompatible couples often experience various adverse outcomes due to their inability to adopt a shared perspective when facing marital problems. Incompatibility stems from adopting a self-centered viewpoint without considering the partner's perspective, which impacts marital satisfaction and intimacy (Ali et al., 2022; Li et al., 2019). Intimacy in a marital relationship is an interactive process centered on understanding, empathy, and appreciation of the partner's unique worldview and is considered a fundamental human need. When intimacy is lost, a vital link in the marital bond is broken. Intimacy reflects the interaction between spouses, and its absence or decline signals marital distress. Enhancing marital intimacy can help improve couples' relationships (Kamali et al., 2020; Wagner et al., 2019).

Reduced intimacy is part of the process of marital disillusionment, which has adverse consequences for overall health. Conversely, intimacy between couples leads to greater marital satisfaction and strengthens their ability to handle relationship challenges and changes (Farhadi et al., 2020; Javadi et al., 2019). Distressed and incompatible couples express less intimacy, closeness, and affection toward one another. This lack of intimacy is one of the key motivators behind infidelity, as individuals seek to re-experience personal and sexual intimacy. Another critical factor closely related to intimacy in family dynamics is marital satisfaction, defined as the state in which both partners feel happiness and fulfillment

most of the time (Lee et al., 2021). Satisfying relationships are characterized by mutual interests, care, meeting each other's needs, acceptance and understanding. The relationship with one's spouse forms the core of a person's emotional and social life and marital dissatisfaction can damage the couple's ability to establish fulfilling relationships outside the family. Therefore, for a successful and lasting marriage, couples should acquire the necessary skills through available training and interventions (Ariapooran & Raziani, 2019).

Several approaches, such as integrative behavioral therapy, exist to address issues related to marital intimacy and satisfaction. This approach offers specific therapeutic and educational methods to enhance intimacy and marital satisfaction based on its explanation of intimate relationships (Wile, 2019). Some researchers argue that couple therapy should move beyond existing treatments toward exploring integrative therapeutic approaches (Snyder & Balderrama-Durbin, 2012). While some meta-analyses (Reiter, 2017; Snyder et al., 2006) confirm that various therapies yield statistically and clinically significant outcomes for marital distress, other studies show that many couples either fail to benefit or worsen over time. Only about 50% of treated couples significantly improve relationship satisfaction (Reiter, 2017). Based on such results, support grows for integrative approaches to couple therapy, where couples may benefit more from strategies that incorporate innovations from multiple theoretical models addressing various marital issues. In the past decade, there has been a shift toward integration in intervention models. Integrative

couple therapy, drawn from cognitive-behavioral theory, forgiveness in interpersonal relationships, insight-oriented theory, and the response-to-injury theory, has been developed for couples facing marital challenges (Barraca & Polanski, 2021). This approach simultaneously addresses interpersonal and intrapersonal factors, emphasizing that successful marriages require accepting unchangeable aspects and changing the changeable, a realistic assumption at the core of integrative couple therapy (ICT) (Gordon, 2023; Gurman, 2008).

In a study conducted by Gordon et al. (2023), six couples, including one partner who had committed infidelity, underwent integrative therapy. The results showed a significant reduction in anger, revenge, and avoidance of interaction with the spouse post-treatment. Moreover, their study demonstrated that both integrative and emotion-focused therapy can enhance marital intimacy, with emotion-focused therapy having a more significant impact on emotional and communicative aspects than integrative therapy.

Given the rise in marital conflicts and divorce rates in recent years, along with the existing research gap on the effectiveness of this approach, this study was conducted to examine the effectiveness of ICT in improving intimacy and marital satisfaction among incompatible couples.

Materials and Methods

This study employed a quasi-experimental, pre-test, and post-test design with one experimental group and a control group. The design allows for assessing the effectiveness of the intervention (integrative couple therapy) by comparing pre-and post-treatment outcomes while controlling for potential confounding variables. A pre-test was administered before the intervention to establish baseline measures of marital satisfaction and intimacy, followed by a post-test after the intervention period to assess any changes. The experimental group received the intervention, while the control group did not receive any treatment, allowing for a comparison between the two groups. In this regard, the experimental group (integrative couple therapy) comprised 20 couples who underwent the ICT intervention (Table 1). Couples in the experimental group participated in 16 therapy sessions over 8 weeks, each lasting approximately 45 minutes (Table 2). Also, the control group included 20 couples who did not receive the intervention during the study period. Instead, they were placed on a waiting list and informed that they would receive therapy after the study was completed.

The target population included couples with marital discord referred to professional counseling centers in Tabriz City, Iran, during 2023-2024. These couples were identified through four counseling centers in the city, which provided a broad sample of individuals seeking assistance for marital difficulties. G*Power statistical software, version 3.1 determined the required sample size. To ensure adequate power for detecting significant effects, we set an effect size of 0.25 (a small to medium effect), a significance level (α) of 0.05, and a statistical power ($1-\beta$) of 0.91. Based on these parameters, the required sample size was calculated to be 40 participants divided equally into two groups. This power analysis indicated that the sample size was sufficient to detect a moderate effect with high confidence, minimizing the risk of type II errors.

The sample included 40 couples who were recruited from four counseling centers in Tabriz City. Couples were selected using convenience sampling based on their willingness to participate in the study and their eligibility according to the inclusion and exclusion criteria. Upon initial screening, the participants were randomly assigned to either the experimental (integrative couple therapy) or the control group. Random assignment was performed to ensure that each couple had an equal chance of being placed in either group, thereby controlling for potential selection biases. (Table 1) (Figure 1).

Inclusion criteria: The inclusion criteria included marital issues, such as dissatisfaction, diagnosed by a psychologist using the ENRICH test, no prior psychological treatments before participating in the study, if taking medication, maintaining a stable dosage throughout the study, a minimum education level of a high school diploma, between 5 to 15 years of shared marital experience, signing written consent to participate in the study, no diagnosis of schizophrenia spectrum disorders or substance abuse (as diagnosed by a psychiatrist).

Exclusion criteria: The exclusion criteria included irregular attendance in intervention sessions and separation during the intervention period.

Research instruments

Bagarozzi (2001) marital intimacy questionnaire (MINQ)

Bagarozzi developed MINQ. It consists of 40 questions and assesses eight dimensions of intimacy: Emotional intimacy, psychological intimacy, sexual intimacy, physical intimacy, spiritual intimacy, aesthetic intimacy,

Table 1. Baseline demographic variables

Variables	Maen±SD/No. (%)		P
	Intervention Group (ICT) (n=20)	Control Group (n=20)	
Age (y)	36.7±5.9	37.1±5.4	0.22
Social-economic status (SES)	Low	7(35)	0.25
	Moderate	11(55)	0.12
	Good	2(10)	0.14
Education	Diploma	8(40)	0.19
	Undergraduate	10(50)	0.27
	Graduate degree	2(10)	0.16
Duration of marriage (y)	5.7±2.3	6.1±3.1	0.15

ICT: Integrative couple therapy.

intellectual intimacy, and social intimacy. Respondents agree with the statements on a scale from 1 to 10. [Jaberi et al. \(2016\)](#) reported a Cronbach’s α reliability coefficient of 0.94 for the questionnaire, indicating high reliability. In the study by [Walker and Thompson \(1983\)](#), the reliability coefficients of the dimensions, measured using Cronbach’s α , ranged between 0.65 and 0.88.

[Jabari et al. \(2016\)](#) also reported convergent validity for this questionnaire by correlating it with the Walker and Thompson intimacy scale ([Khojasteh-Mehr, 2010](#)).

ENRICH marital satisfaction questionnaire

[Fowers and Olson \(1993\)](#) developed the ENRICH marital satisfaction questionnaire to assess problematic ar-

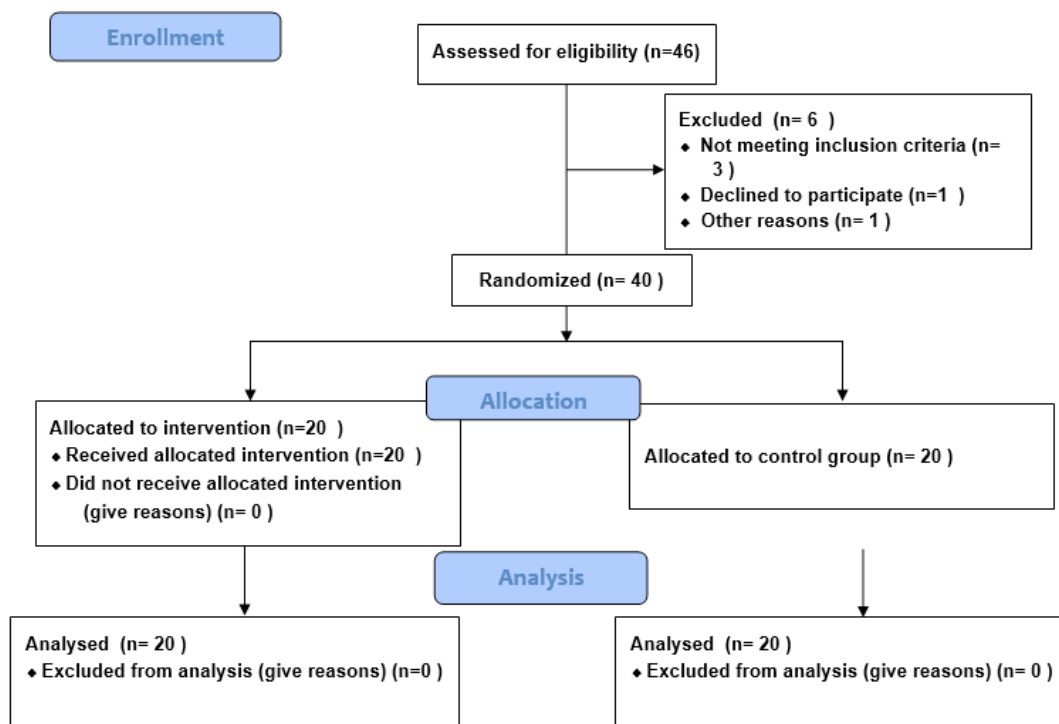


Figure 1. Flow chart of study

Table 2. Summary of ICT sessions (Gordon et al., 2023)

Sessions	Session Titles and Activities
1 st	Introduction, brief demographic information, presentation of the overview of couple therapy, and explanation of the principles of therapy sessions.
2 nd and 3 rd	Conducting individual sessions with the couples, explaining confidentiality principles, going beyond current issues based on the initial interview and assessment measures, addressing issues related to violence and commitment, reviewing the family history, and examining the relationship history.
4 th	Providing feedback, presenting an overview, formulating the problems, and identifying the issues and problematic areas.
5 th	Identify the strengths of the relationship, discuss the therapist's formulation and its alignment with the couple's perspective.
6 th and 7 th	Discussing interaction patterns and providing interventions to prevent, interrupt, redirect, or limit problematic interactions. Emotion-based interventions (empathetic attachment): Reformulating the couple's issues.
8 th	Encouraging couples to use acceptance techniques to help them emotionally distance themselves from their problems to some extent.
9 th and 10 th	Behavioral interventions, reenact interactions in the session, behavior exchange, and practice communication skills.
11 th and 12 th	Behavioral interventions (aimed at changing behavior): Reenacting interactions in the session, and practicing problem-solving skills.
13 th and 14 th	Interventions related to building tolerance: Practicing negative behaviors, listing self-care actions.
15 th and 16 th	Interventions related to building tolerance include role-playing negative behaviors in the home environment, increasing tolerance through self-reflection, summarizing, and assisting the couple in coping with stressors. Post-test administration.

eas, identify strengths, and improve marital relationships. The original version includes 115 questions, but Noury et al. (2017) developed a short form of 47 questions. The components include marital satisfaction, communication, personality issues, conflict resolution, leisure activities, financial management, sexual relations, egalitarian roles, religious orientation, marriage and children, and relationships with relatives and friends. The minimum and maximum scores are 47 and 235. The reliability of the original questionnaire, measured by Cronbach's α , was reported to be 0.92. Noury et al. reported a Cronbach's α 0.9 for the short form. Additionally, the test re-test reliability ranged from 0.65 to 0.94, and its discriminative power was reported to be 0.90 (Noury et al., 2017).

Research procedure

In this study, data were collected via library research and empirical methods. The research process was started by obtaining the necessary ethical approvals and institutional permissions. Expressly, approval was granted by the Ethics Committee of Tabriz University. This ethical clearance ensured that all research procedures adhered to ethical standards, particularly regarding participant safety, confidentiality, and informed consent. The study's objectives and procedures were communicated to all potential participants before participating in the research. Informed consent was obtained from each

participant in writing, ensuring that they understood the purpose of the study, the procedures involved, and their right to confidentiality and voluntary participation. The participants were assured that all personal and sensitive data collected during the study would be kept confidential and only used for research purposes. This issue was further emphasized by outlining the anonymity of their responses in any publications or reports derived from the study. Before the commencement of ICT, all experimental and control group participants completed two pre-test assessments to establish baseline measurements, MINQ, and marital satisfaction questionnaire. Couples in the experimental group began participating in ICT after completing the pre-test assessments. The ICT intervention involved structured therapeutic sessions to address communication issues, enhance emotional connection, and reduce conflict. The therapy consisted of weekly sessions over 8 weeks, each focusing on different aspects of marital relationships, including conflict resolution, emotional regulation, and intimacy-building exercises. Couples were encouraged to apply learned strategies within and outside the therapy sessions to foster meaningful changes in their relationship. The control group did not receive the ICT intervention during the study's intervention phase. Instead, they were placed on a waiting list and continued with their regular daily routines without any additional therapeutic input. This group was monitored for any natural changes in marital satisfaction over

Table 3. Mean±SD between studied variables

Variables	Mean±SD				
	ICT		Control		
	Pre-test	Post-test	Pre-test	Post-test	
Marital satisfaction	Personality issues	18.43±3.83	21.7±2.62	19.12±3.7	19.07±3.05
	Communication	17.63±4.1	22.25±4.8	20.41±3.06	19.91±3.1
	Conflict resolution	15.23±2.55	18.78±3.04	17.21±3.12	17.07±3.02
	Financial management	14.71±4.58	17.95±3.74	15.63±3.54	15.79±3.26
	Leisure activities	14.63±4.63	18.52±3.61	16.74±3.78	16.2±3.69
	Sexual relationship	15.47±3.49	19.26±3.24	14.91±3.54	15.1±3.72
	Children and marriage	15.69±3.77	18.78±3.35	17.1±4.14	16.93±4.03
	Family and friends	14.91±4.23	19.42±3.21	16.52±3.12	16.06±3.29
	Religious orientation	14.29±4.11	18.51±3.25	18.36±4.07	18.85±4.19
Marital intimacy	Emotional intimacy	36.41±5.52	39.11±4.85	35.31±5.32	35.91±5.57
	Psychological intimacy	31.23±5.1	34.91±4.31	30.13±4.1	31.01±5.09
	Intellectual intimacy	29.09±3.99	33.97±4.06	28.03±3.39	28.29±3.59
	Sexual intimacy	32.52±4.12	35.98±4.23	31.12±4.82	30.99±4.42
	Spiritual intimacy	28.42±3.41	32.09±4.36	34.22±3.11	34.72±3.01
	Aesthetic intimacy	30.54±4.21	31.23±4.06	31.44±4.2	31.54±4.07
	Social and recreational intimacy	33.39±4.74	37.05±3.79	32.19±4.04	32.3±4.14
	Physical intimacy	36.08±3.98	38.97±4.17	32.18±3.88	36.68±3.38

ICT: Integrative couple therapy.

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the study period. After the completion of the experimental phase, the control group was provided with the same ICT intervention, ensuring they had access to the therapeutic benefits after the study's conclusion. This waiting-list control design helped maintain ethical standards by providing the control group with the opportunity for intervention while also allowing the research to compare the effects of therapy against no therapy. Following the completion of the ICT intervention for the experimental group, and after the control group had received their treatment, both groups completed a post-test using the same instruments administered at the beginning of the study. The MINQ and marital satisfaction questionnaire were re-administered to assess any changes in the participants' marital intimacy and satisfaction. The post-test data were used to evaluate the effectiveness of the intervention, allowing for comparisons between pre- and post-test results to identify any significant improvements

or changes in relationship quality. Throughout the study, strict adherence to ethical principles was maintained. As mentioned, informed consent was obtained, and anonymizing participant data ensured confidentiality. Furthermore, to uphold the ethical integrity of the research, participants were reminded that their participation was voluntary and that they could withdraw from the study at any time without penalty. The control group was also offered the same therapeutic intervention after the study, ensuring fair treatment for all participants.

Statistical analysis

Descriptive statistics, such as calculating descriptive indices were used to analyze the data, and inferential statistics were employed to test the hypotheses. Covariance analysis (ANCOVA) was performed using SPSS version 26.

Table 4. Post hoc in marital and intimacy components between groups

	Variables	Group-I	Group-J	Mean Difference	P
Marital satisfaction	Personality issues	ICT	Control	4.442	0.01
	Communication	ICT	Control	4.219	0.01
	Conflict resolution	ICT	Control	2.941	0.01
	Financial management	ICT	Control	3.457	0.01
	Leisure activities	ICT	Control	2.864	0.01
	Sexual relationship	ICT	Control	4.995	0.01
	Children and marriage	ICT	Control	3.153	0.01
	Family and friends	ICT	Control	3.823	0.01
	Religious orientation	ICT	Control	4.736	0.01
Marital intimacy	Emotional intimacy	ICT	Control	7.647	0.01
	Psychological intimacy	ICT	Control	16.577	0.01
	Intellectual intimacy	ICT	Control	15.589	0.01
	Sexual intimacy	ICT	Control	18.729	0.01
	Spiritual intimacy	ICT	Control	11.8	0.01
	Aesthetic intimacy	ICT	Control	2.354	0.226
	Social and recreational intimacy	ICT	Control	5.056	0.01
	Physical intimacy	ICT	Control	16.191	0.01

ICT: Integrative couple therapy.

Results

Descriptive statistics (Mean±SD) were used to analyze the collected data, and inferential statistics (covariance analysis) to test the hypotheses. Table 3 presents the Mean±SD of the study variables (marital intimacy and marital satisfaction) among the study group (integrative therapy and control) at pre-test and post-test stages.

The homogeneity of covariance matrices and error variance assumptions were examined to test the assumptions of covariance analysis. Box's test was used to assess the homogeneity of covariance matrices, showing that the correlation between the dependent variables in the study groups was homogeneous because the calculated $F=0.76$ was not significant at $P<0.05$. Levene's test was applied to check the homogeneity of error variance. The results showed that the error variance of variables was homogeneous across the study groups because the calculated F values for marital intimacy variables in the pre-test and post-test stages were 0.72 and 0.93. For

marital satisfaction variables, they were 0.19 and 0.38, respectively, none of which were significant at $P<0.05$.

Considering the assumptions of covariance analysis, multivariate analysis of covariance (MANCOVA) was used to compare the study groups. MANOVA was used to determine differences between the groups, and the results showed that all tests (Wilks' Lambda, Pillai's trace, Roy's largest root, and Hotelling's trace) were significant at F and $P<0.05$ levels. This issue indicated significant differences in the mean scores of at least one component of marital satisfaction (personality issues, communication, conflict resolution, financial management, leisure activities, sexual relations, parenting, relationships with family and friends, and religious orientation) between the control and experimental groups. Specifically, Wilks' Lambda test showed significant differences with a value of 0.556 and $F=2.294$. ANCOVA was used to compare the effect of the independent variable on each dependent variable. It showed that after controlling for the effects of the pre-test on the post-test, statistically significant

differences were found among the groups in the post-test regarding marital intimacy, specifically emotional intimacy, sexual intimacy, physical intimacy, spiritual intimacy, and aesthetic intimacy at $P < 0.01$. Similarly, regarding marital satisfaction, significant differences were found in communication, conflict resolution, financial management, leisure activities, and religious orientation at $P < 0.01$.

The results indicated significant differences between the groups. Further investigation into which groups show these significant differences is provided in [Table 4](#). [Table 4](#) presents significant differences between the study groups, indicating that therapeutic approaches differ from the control group. ICT showed a significant impact on marital satisfaction components and marital intimacy components, all at $P < 0.01$.

Discussion

This study was conducted to examine the effectiveness of ICT in enhancing the components of marital satisfaction and intimacy in incompatible couples.

The present study found that ICT enhances marital satisfaction and intimacy in couples experiencing discord. These results are consistent with previous results ([Farabi et al., 2023](#); [Montesi et al., 2013](#); [Solat Petloo et al., 2022](#)). This outcome can be explained by the fact that ICT works to rebuild couples' relationships, increase security and secure behaviors, reduce marital conflicts and tensions, and decrease the desire to leave the relationship, ultimately improving their physical and psychological health. Furthermore, integrative behavioral couple therapy emphasizes improving and enriching relationships by addressing how couples express and meet their needs, including sexual fulfillment, which enhances mutual care and significantly impacts marital satisfaction ([Roddy et al., 2016](#)).

ICT is a form of behavior therapy based on contextual principles that help couples increase satisfaction and compatibility. This approach incorporates "emotional acceptance" techniques to address limitations in traditional behavioral couple therapy, focusing more on acceptance than behavior modification. The method leverages areas of conflict to increase marital satisfaction and reconstruct traditional behavior therapy around the idea that not all relationship aspects are changeable. Acceptance in these areas encourages couples to maintain intimacy despite unresolved issues ([Nezamalmolki et al., 2024](#)).

This result suggests that ICT teaches couples to improve their behaviors by enhancing feelings of security and support, availability, intimacy, communication skills, and developing a fulfilling sexual relationship. ICT works to rebuild couple relationships, increase secure behaviors, reduce marital conflicts, and decrease tendencies toward separation or divorce, promoting physical and psychological well-being ([Farabi et al., 2023](#)).

Given the emphasis on relationship improvement and fulfillment, ICT not only influences marital intimacy but also helps correct irrational beliefs and destructive cognitive errors in emotionally struggling couples. It reduces unnecessary grievances and fosters an appreciation of each other's positive behaviors, ultimately decreasing marital distress ([Spengler et al., 2024](#)).

The study also found that ICT increases marital intimacy. Issues that disrupt communication, such as emotional distress, attribution errors, or irrational beliefs, can be addressed through appropriate training. Effective communication skills can help couples develop suitable interpersonal behaviors and improve marital relations ([Cajanding, 2016](#)). ICT focus on behavioral elements, such as positive behavior reinforcement and discouraging inappropriate interactions, helps improve relationships ([Nielsen, 2024](#)). Negative attribution patterns, perceptual interferences, or neglect of positive behaviors often contribute to marital conflicts. By fostering an environment of clear communication and focusing on practical and unambiguous behaviors, couples can become emotionally closer. ICT also considers the communication differences between distressed and non-distressed couples ([Karimpour et al., 2025](#)). It guides them with suitable communication skills, such as mutual respect, social etiquette, and avoidance of cognitive errors, to strengthen verbal and non-verbal interactions. This therapy is widely successful in cases of marital distress, fear of intimacy, or when one partner is affected by a specific stressor ([Cajanding, 2016](#)). Thus, the study's result that ICT improves marital intimacy dimensions (emotional, psychological, intellectual, sexual, physical, spiritual, aesthetic, and social-recreational) in discordant couples is anticipated ([Zohdi et al., 2022](#); [Kordovani et al., 2024](#)).

One limitation of the present study is the lack of a follow-up phase, which is recommended for future research. Other limitations were also concerns about data disclosure and difficulty in expressing emotions during the intervention. To address the first issue, participants were reassured about the confidentiality of their information, and for the second, efforts were made to encourage their participation by building a warm and empathetic connection.

Conclusion

ICT helps couples gradually and consistently address long-standing issues and express their emotions, allowing them to overcome barriers to establishing emotional connections.

Ethical Considerations

Compliance with ethical guidelines

This study was approved by the Research Ethics Committee of [University of Tabriz](#), Tabriz, Iran (Code: IR.TABRIZU.RCE.1402.100). This article considers all ethical principles. The participants were informed about the research's purpose and implementation stages and assured about the confidentiality of their information.

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Authors' contributions

All authors equally contribute to preparing all parts of the research.

Conflict of interest

The authors declared no conflict of interest.

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