

Effect of Emotion-oriented Couple Therapy and Cognitive-Behavioral Couple Therapy on Marital Burnout. A comparative study

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Abstract

Evaluation of the effectiveness of couple therapy approaches, especially the emotion-oriented and cognitive-behavioral approach that is able to implement in a group and so far has provided evidence of the effectiveness of each alone, can play a significant role in preventing family and social harm and enormous costs on society. In addition, as previous researches show, few studies have examined the effectiveness of these two approaches on marital burnout compared to each other. The purpose of this research was to compare the effectiveness of emotion-focused couple therapy and cognitive-behavioral couple therapy on couples referred to Azarshahr psychology clinic in Kermanshah in 2016. This research was a semi-experimental with pre-test and post-test. In this study, 30 subjects were randomly assigned to two experimental groups. Marital burnout scale (CBM) was used for data collection. Data were analyzed using SPSS-21 statistical software. Statistical results showed that both methods were effective in reducing marital burnout ($P < 0.05$). The results of this comparison, in addition to benefiting the couples participating in this research, can be used in psychologists' medical decision-making, training in medical protocols at universities, developing media and cultural programs to promote mental health in the media. We discussed other practical implications.

Keywords: Emotion-oriented Couple Therapy, Cognitive-Behavioral Couple Therapy, Marital burnout, Mental Health

INTRODUCTION

The health and well-being of the society depend on the health and dynamism of the family system, and the health and excellence of the family system depend on the quality of the relationship between husband and wife. The primary mission of a couple is to achieve the highest goal of marriage, which is to achieve lasting peace. Marriage is the most natural response to a person's innate need for inner security and peace of mind. The husband and wife's peace of mind provides the most desirable foundation for the enhancement of existence and the flourishing of all abilities and attainment of self-development and happiness ^[1]. A family that does not meet the basic psychological needs of its members and is an inadequate environment for human well-being provides grounds for inappropriate growth and development of a variety of mental illnesses. If marriage and family life create unfavorable conditions for satisfying the psychological needs of couples, not only will mental health not be achieved, but it will have adverse and sometimes irreparable effects, such as neurological disorders, depression, and suicide ^[2].

The phenomenon of marital burnout is a type of physical, emotional, and mental exhaustion that results from the mismatch between expectations and reality in marital life ^[3]. Burnout is gradual; the love gradually extinguished and

degraded, and at worst, it means the overall breakup of marital relationships ^[3]. It begins with the imbalance between source and demand. An inconsistency between the expectations and ideals of individuals on the one hand and the realities on the other that results in stress. The result of this concern is fatigue and physical and mental burnout. Ignorance and lack of concern management will gradually change attitude and behavior and eventually result in burnout ^[4].

Cognitive-Behavioral Couple Therapy (CBCT) is a type of psychological services for couples whose interpersonal problems and barriers and their unconsciousness of

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How to cite this article: Ghasemi, F., Afshari Nia, K., Amiri, H. Effect of Emotion-oriented Couple Therapy and Cognitive-Behavioral Couple Therapy on Marital Burnout. A comparative study. Arch Pharma Pract 2020;11(S1):104-9.

appropriate behavioral practices have prevented their shared life satisfaction [5]. This approach emphasizes the interpersonal cognitions and behaviors that cause marital problems and how the couple's cognitive and behavioral interactions create these problems; it believes that one's performance is the result of a permanent interaction of these behaviors and social conditions. It also considers cognitive function (ability to think and select) to be effective [6]. Cognitive-behavioral therapy seeks to treat the client's thoughts and actions by affecting the client's conscious thinking pattern. The CBCT is based on three stages: it first deals with changing unrealistic expectations in relationships. It then corrects the incorrect assignments in communication in the second stage and in the third stage uses self-learning methods to reduce tensions. Couples' interactions have a specific pattern, and this pattern is cyclic. The effect of this pattern is that couples selectively interpret each other's behavior, causing the conflict to continue between them [7]. Nowadays, the application of the cognitive-behavioral approach in couple therapy has been confirmed [8-11].

One of the therapeutic interventions to reduce conflict and increase marital satisfaction is Emotion-oriented Couple Therapy (EFCT). This model is a combination of three systematic views, humanism (empiricism), and adult attachment theory, but it is a kind of theoretical integrationism. Emotion-focused couple therapy is a combination of the three approaches developed in the early 1980s by Johnson and Greenberg. Given the major role of emotions in attachment theory, this treatment points to the important role of emotions and emotional relations in organizing communication patterns and considers emotions as the agent of change [12]. Using the theory of adult attachment, this approach provides a coherent framework for understanding the nature of adult love [12]. From the attachment perspective, each couple enters into a current relationship with expectations and experiences from their past that play an important role in how they respond to their spouse [13]. Thus, couples' problems are not only due to a lack of communication skills but also due to resolving their early attachment experiences [14]. The main purpose of this approach, therefore, is to help couples identify and express each other's core needs and desires and attachment concerns. Thus, couples' insecurity of attachment is reduced and secure attachment between them is fostered [12]. The application of emotion-focused couple therapy approach has been confirmed in various studies [14-22].

The increasing divorce rate in Iran as a major indicator of marital dissatisfaction indicates the problem of marital relations in society. In addition, dissatisfaction with the emotional relationship can lead to mental and physical disorders, and eventually marital burnout. Of course, the end of this burnout is not always a divorce. Rather, burnout can rapidly lead to a person's mental divorce and exacerbation of behavioral disorders [23]. For this reason, evaluation of the effectiveness of couple therapy approaches, especially the emotion-oriented and cognitive-behavioral approach that is able to implement in a group and so far has provided evidence

of the effectiveness of each alone, can play a significant role in preventing family and social harm and enormous costs on society. In addition, as previous researches show, few studies have examined the effectiveness of these two approaches on marital burnout compared to each other. The results of this comparison, in addition to benefiting the couples participating in this research, can be used in psychologists' medical decision-making, training in medical protocols at universities, preparing and developing media and cultural programs to promote mental health in the media. When the therapist first encounters clients, it is his theoretical view that determines what he should look for and what he should pay more attention to and determine the main hypothesis of his treatment. Therefore, choosing an effective and desirable approach is important and studies in this field that examine the therapeutic approaches and their strengths and weaknesses are necessary. For this reason, there have been numerous researches around the world from different perspectives on couple therapy and reducing marital conflicts. Considering the above points, in this research we are trying to find out whether Emotion-oriented Couple Therapy and Cognitive-Behavioral Couple Therapy are effective on couple marital burnout.

METHODOLOGY

Research Design: This research is a quasi-experimental applied research. The research design of this study is to propose a pre-test, post-test without a control group. Because the couples had been referred to the Azarshahr Psychological Center in an emergency, they could not be assigned to the control group, so the results of the experimental groups were compared and the design was carried out without the control group. In this study, 30 subjects were randomly assigned to two experimental groups. After the pre-test, two interventions of cognitive-behavioral therapy and emotional-oriented behavior therapy were administered to the two groups and then the marital burnout post-test was completed by the participants again. The present research has an independent variable with two levels (Cognitive Behavioral Therapy and Emotion-oriented Behavior Therapy) and one dependent variable (marital burnout).

Participants: The statistical population of this research consisted of all women who referred to Azar Kermanshah Clinic from March 2018 to June 2018 because of marital conflicts and family conflicts. Couples lived in a home with their spouse during the visit and during the research. Couples with a history of severe addiction, prolonged and repeated imprisonment, abandonment or escape from the home, severe mental illness and with psychiatric symptoms and out-of-wedlock sexual intercourse as a complain of one of the couples or suffering from serious diseases medically diagnosed and without maintaining marital relationships were not included in the statistical population list of this study based on the evaluations made at the beginning of the referral. The sample size of the study was 30 people who were divided into two groups of 15 individuals. Sampling was at

convenience and randomized substitution was performed in two groups.

Tool: In this research, the marital burnout questionnaire was used to measure the dependent variable. The Marital Burnout Questionnaire (CBM, Paniz, 1996 quoted by Sarbanha, Zaharakar, Nazari, 2015) [24] has 21 items including 3 main components of physical exhaustion (eg, fatigue, lethargy and sleep disturbances), emotional exhaustion (depression, hopelessness, Trapping) and mental exhaustion (such as feelings of worthlessness, frustration, and anger at a spouse). All of these are answered on a seven-point scale. Level 1 represents the inexperience of the expression and Level 7 represents the high experience of the expression in question. **Validity and Reliability of the Tool:** Researches (CBM) provided internal consistency and high-reliability coefficient and satisfaction. Test-retest confidence coefficient - retest was 76% for a two-month period, and 66% for a four-month period. Internal consistency for most subjects was measured with an alpha constant coefficient between 0.91 up to 0.93 (Paniz, Translated by Shadab, 2002). In Iran too, Sarbanha, Zaharakar, and Nazari (2015) reported Alpha Cronbach of this questionnaire to be 0.83. In the present research, the Cronbach's alpha for this questionnaire was 0.89.

Intervention Description: For performing this research, the format and content of educational sessions were prepared based on two methods of cognitive-behavioral training and emotion-focused couple therapy training for groups. To accomplish this, we studied first the specialized texts related to each theory; we extract then a list of goals for each session and the necessary therapeutic interventions. The Session Process in EFT adopted from Johnson (2004). **Session One:** Establishing initial communication, setting goals, working method and a number of sessions, duration of each session, and session schedule. **Session 2: Problem Assessment and Relationship Therapy:** The therapist assesses the positive and negative cycles of interactions, insecurity, attachment, and needs. **Session 3: Identifying the negative interaction cycle.** **Session 4: Identifying the underlying and unexpressed emotions.** **Session 5: Reconfiguration:** The problem is redefined regarding the negative cycle, initial feelings and unfulfilled attachment need in a way that the cycle is seen as a key communication problem. **Session 6: Having Communication Fears.** The fifth step is more person-centered and is the most individual step in EFT. The therapist examines the intrinsic process of emotional attachment in detail. **Session 7: Extending Acceptance of Each Partner by Another Partner.** In step six, the therapist executes the above events for the other partner. The therapist emphasizes the reconfiguration of other hidden and vulnerable emotions created for comfort and communication. **Session 8: Facilitating the needs to re-construct interactions based on new cognitions.** **Session 9: Facilitating New Solutions to Previous and Next Problems:** Here, the therapist reviews the pair's achievements by highlighting the initial negative interaction cycle and replacing it with the new positive interaction cycle. **Session 10: Strengthening New Situations**

and the Attachment Behavior Cycle: he continues to reflect the behavior of each couple in the attachment condition for mutual acceptance and responsiveness. **Session 11: Follow-up of interventions and questions and answers of couple and therapist.** **Session 12: Summarizing Feedback and Expressing Emotion and Closing Discussion.** **Session 13: Post-test.**

Content of CBT Sessions: **First Session:** Establishing initial communication, expressing goals, working method and number of sessions, duration of each session, and session scheduling. **Session 2: Expressing Problems among Couple, Investigating Interaction and Conflicting, and Prioritizing Problems.** **Session 3: Behavior Analysis Skills Training (A-B-C), Identifying irrational thoughts and their impact on the problem.** **Session 4: Problem-solving training, cognitive problem-solving.** **Session 5: Providing information about behavior, unpleasant situations, and interpersonal skills and adaptation training.** **Session 6: Defining tension and stress immunization training, group discussion, and complementary activities.** **Session 7: Teaching decisiveness and daring, not telling and displaying inappropriate methods of decisiveness.** **Session 8: Cognitive restructuring by replacing logical thoughts with cognitive distortions, group discussion, and complementary activities.** **Session 9: Positive Approach to Problems and Discovering Strengths and Group Discussion and Supplementary Activities.** Self-control and cognitive control techniques. **Session 10: Empathy Training, Communication Skills, and being an active Listener and Group Discussion and Supplementary Activities.** **Session 11: Anger management skills, thoughts that cause anger.** **Session 12: Follow-up of interventions and questions and answers of couple and therapist.** **Session 13: Summarizing Feedback and Expressing Emotion and Closing Discussion and Post-Test.**

The number of treatment sessions for the research destination was 13 weekly sessions and the time required for each session was 55 to 70 minutes.

The Marital Burnout Questionnaire was completed by pre-test (at the first session of treatment) and post-test (at the end of the last session of treatment) by the participants of each group and the research data was gathered.

FINDINGS

After examining the assumptions of normal distribution and independence of the dispersions, a t-test was performed for dependent groups to examine the significance of pre-test and post-test mean differences between the two experimental groups (Cognitive Behavioral Couple therapy and Emotion-oriented Couple Therapy) for the dependent variable of marital burnout. T-test was also performed for Independent groups t-test to examine the significance of the differences in the post-test mean of marital burnout in the two experimental groups. The following table presents the results of two t-tests for dependent groups to examine the significance of pre-test and post-test mean differences in the experimental group under the intervention of emotion-focused couple therapy for the dependent variable of marital burnout.

Table 1: T-test for dependent groups (pre-test difference between two groups)

Group	Difference in pre-test & post-test	Mean difference	The difference in standard deviation	Mean standard error	t	Degree of freedom	significance
emotion-focused intervention	marital burnout	57.20	61.57	15.899	3.598	14	.003
cognitive behavioral intervention	marital burnout	67.33	58.31	15.056	4.472	14	.001

The results of the t-test for dependent groups for examining the significance of the difference in pre-test and post-test averages within the experimental group of emotion-focused intervention. Based on the results of Table 4-7, the mean difference of marital burnout for the 15 participating couples was 57.2 and as shown in the significance column of the table, the difference between pre-test and post-test of marital conflict is significant in the experimental group under the intervention of emotion-focused therapy. The eta squared was calculated to investigate the effect size of the difference ($\eta^2 = 0.48$). This means that 48% of the changes in marital

burnout variance is predictable by the emotion-focused intervention. On the other hand, the mean difference of marital burnout for the couples participating was 67.33 and the difference between pre-test and post-test of marital burnout is significant in the experimental group under cognitive-behavioral couple therapy intervention. Eta square was calculated to investigate the effect size of the difference ($\eta^2 = 0.58$). The results showed that 58% of the changes in marital conflict variance is predictable by an emotion-focused intervention.

Table 2: T-test for independent groups (difference in post-tests of marital burnout in the two groups)

Group	Score of post-test	Levin test	Mean Difference	The difference in standard deviation	t	Degree of freedom	significance
Intervention 1 & 2	marital burnout	0.81	9.86	21.91	28	0.45	0.65

Based on the results of Table 2, the difference in scores of the posttest of marital burnout in cognitive-behavioral couple therapy and emotional couple therapy is not significant. The findings of the research showed that cognitive-behavioral couple therapy and emotion-focused couple therapy significantly reduced marital burnout. However, there was no significant difference between the two interventions of cognitive-behavioral couple therapy and the emotion-oriented couple therapy.

DISCUSSION AND CONCLUSION

The main question of the present research was to compare the efficacy of emotion-focused couple therapy and cognitive-behavioral couple therapy on couples referred to Kermanshah Counseling Center. The results showed that after the intervention process, marital burnout in both experimental groups was significantly reduced, namely there is a significant difference between pre-test scores performed before training sessions and post-test scores performed at the last training session in both groups. One of the results of this research was that both emotion-focused couple therapy and cognitive-behavioral couple therapy were effective in reducing marital burnout. Concerning the efficacy of emotion-focused couple therapy, the findings of the present research are in line with the results of previous researches. [14-22]. Burnout is a result of prolonged involvement in situations that are emotionally full of demands. The process of change in Emotion-Oriented Couple Therapy shows that this treatment helps couples access and express the underlying and damaged primary emotions. Expressing vulnerable underlying emotions has the effect of breaking the faulty

cycle of interactions and deepening the intimacy of couples [12]. Driver and Gutman (2004) found that negative cycles, such as blaming complaints and defensive distance predicted continuous relationship destruction [25]. Such threatened emotional communication and the fear of loneliness and rejection that accompanies it is often a primary issue that drives couples to treatment. When couples enter treatment, they often experience significant emotional distress. Couples' insecurity about communication makes their needs not met. In the emotion-oriented couple therapy approach, the denied past feelings and needs become conscious. When one spouse expresses his or her hurt emotions and needs, the other spouse perceives his or her partner differently. This, in turn, leads to a change in the way s/he responds to his/her spouse. For example, when a man considers the reason for his withdrawal from the woman to be his inadequacy and fear, this may change the woman's view of his withdrawal. This revelation leads the woman to involve his feelings of inadequacy and fear rather than dismissing. This new perception of the woman leads him to respond with more support to the man, resulting in a healthier new relationship between the two [6]. Emotion-oriented couple therapy is used to reduce confusion in adulthood emotional relations and to reconstruct couples' interactive patterns. During treatment, small steps are taken towards a secure emotional engagement whereby couples can reassure each other and reduce their conflicts [26].

Concerning another research finding on the effectiveness of cognitive-behavioral couple therapy in reducing couples' burnout, the results are consistent with the results of some previous researches. [8-11, 27-30]. Marital burnout is the result of

a process of erosion in which the committed and motivated individuals lose their morale^[31]. Such situations usually arise because of the large difference between expectations and realities. The result of this inconsistency is stress. Cognitive-behavioral couple therapy first deals with changing unrealistic expectations in relationships. It then corrects inaccurate assignments in communication interactions in the second stage and in the third stage uses self-learning methods to reduce tensions. In addition, cognitive-behavioral couple therapy approach with problem-solving training, interpersonal skills training (adaptation, empathy, the skill of being active listener), stress immunization training, decisiveness training, and daring and cognitive restructuring through replacing cognitive distortions with rational thoughts and positive attitude has an important role in improving couple relationships and reducing marital burnout.

Another result of this research was that both Emotion-oriented Couple Therapy and Cognitive-Behavioral Couple Therapy were effective in reducing couples' burnout and there was no significant difference between Cognitive-Behavioral Couple Therapy and Emotion-oriented Couple Therapy. In marital relationships, stress arises because of the large difference between expectations and realities. Stress may be consciously or unconsciously observed or stay unconsciously for a long time. Then individual's emotional stress, exhaustion, and fatigue gradually begin and change his/her attitudes and behaviors over time, and at this point, the individual changes his/her attitudes about adultery and spouse life, which eventually results in burnout^[32]. For couples' treatment, cognitive-behavioral intervention focuses on cognition and emotion-oriented couple therapy. That is, cognitive-behavioral couple therapy helps couples to modify their expectations, misconceptions, and perceptions and emotion-oriented couple therapy by managing emotions and reducing emotional stress and fatigue. Given the effectiveness of both approaches, we suggest that a combination of these two approaches be used to treat marital problems.

Like other researches in the field of behavioral sciences, the present study has some limitations. Because the couples had referred to the Azarshahr Psychological Center in an emergency, they could not be assigned to the control group, so the results of the experimental groups were compared and the design was carried out without the control group. In addition, a random selection of participants in the present research was impossible and caution should be exercised in generalizing the results. On the other hand, we suggest that for follow-up of effectiveness of treatment a further measurement of marital burnout and follow-up sessions be carried out in further intervals. In addition, individual sessions are needed to increase the effectiveness of treatment. In semi-empirical researches, this results in a reduction in the control of the design and ultimately in the generalizability of the results.

Considering the beneficial effects of these two approaches and the need of society for centers to provide these training, we suggest that organizations such as well-being, counseling, and education deal with the need to establish healthy and effective relationships between couples and reduce conflicts. So in order to provide the ideal relationship between husband and wife, a safe and appropriate environment is established for the upbringing of children. We can use this approach also in pre-marital education because familiarity with the concepts of these two approaches can prevent many problems before the marriage begins.

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