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Investigating the effectiveness of cognitive-behavioral therapy on marital boredom in women with marital conflict

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Abstract

Introduction: This study investigated the effectiveness of Cognitive Behavioral Therapy (CBT) in reducing marital boredom and improving marital satisfaction in women with marital conflicts.

Materials and Methods: The statistical population included all the married women with marital conflicts referred to the counseling centers in Shiraz-Iran in 2023. Sixty participants were selected through convenient sampling and randomly assigned to experimental group and control group. The Couple Burnout Measurement (Pines, 1996) was used to assess marital boredom. The cognitive-behavior therapy of Gehart's (2012) intervention was delivered to experimental group in eight 60-minute weekly sessions. Data were analyzed using repeated measures to analyze variance.

Results: The results indicated a significant difference in the post-test and follow-up stages between the control group and CBT group ($P< 0.001$), indicating the effectiveness of cognitive behavioral therapy in improving marital boredom. The effectiveness of CBT therapy in improving marital burnout was 59.6% in the post-test and 69.2% in the follow-up stage, respectively. The results also showed a significant difference between the two groups in the post-test and follow-up stages, with differences of 26.3% and 37.1%, respectively, suggesting the effectiveness of cognitive-behavioral therapy.

Conclusion: The results of this study indicated that cognitive behavioral therapy can improve marital burnout among women. Family therapists can use these educational and therapeutic approaches to improve marital relationships in conflicted couples.

Keywords: Cognitive-behavioral therapy, Marital boredom, Marital conflict, Women

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Introduction

Marriage is a fundamental social institution that meets the individual's psychological, emotional, and social needs. However, certain obstacles and challenges in marriage can lead to marital conflict and divorce. Statistics show a rising trend in family divorce rates, domestically and globally (1-3). According to studies, marital distress has been identified as the most relevant form of emotional dissatisfaction and categorized as a subgroup of emotional disorders (4-6). Clinical studies indicate that conflict couples experience a significantly higher prevalence of emotional and psychological disorders, such as mood and anxiety issues, with rates being five to six times greater than those in couples without conflict (7). The prevalence of these simultaneous occurrences has made couples therapists more sensitive to early signs of conflict when developing treatment models (8).

According to Yilmaz et al. (9), couples who feel a sense of ineffectiveness and failure in their married life problems will continue in a chain reaction if they do not try to improve the situation. As the severity of the problems increases, the possibility of improvement becomes more difficult. One of the main problems that arises and increases due to the lack of resolution of marital conflicts is marital boredom resulting from the existing relationships. These researchers also recognized that boredom in married life is a physical, emotional, and psychological breakdown that results from a discrepancy between expectations (10). Burnout is a progressive phenomenon that seldom occurs abruptly. Feelings of intimacy and affection diminish over time, and the resulting feeling of boredom can ultimately contribute to the relationship breakdown. Boredom arises when couples realize that, despite their best efforts, this relationship has not given their lives much meaning. The accumulation of waning love pressure, coupled with an increasing feeling of tiredness, monotony, and minor complaints, contribute to the emergence of boredom (11).

The pervasive boredom and emergence of marital conflict can significantly affect the quality of marital life (12). Boredom leads to decreased happiness, life satisfaction, and self-esteem. Unresolved conflicts between spouses can increase psychological stress symptoms. Given the impact of conflict on marital communication, various therapeutic approaches have been proposed, including Cognitive Behavioral Therapy (CBT), systemic therapy, emotion-based therapy, and solution-focused therapy (13). CBT has emerged as a significant intervention to combat boredom and marital conflict, particularly among women. Research suggests that cognitive behavioral therapy can increase psychological resilience and improve the quality of marital relationships, thereby alleviating boredom and dissatisfaction (14). Forouzani's study highlights that cognitive behavioral therapy positively influences psychological resilience and marital relationship quality in conflicted couples, suggesting that such therapeutic interventions can effectively address the underlying issues contributing to marital boredom (15). Tavakoli and Mirghaemi's found that cognitive-behavioral group therapy significantly reduced anger and increased assertiveness in adolescents. The effect on assertiveness was significantly greater than that on anger (16).

A review of the theoretical framework and empirical findings highlighted the central role of cognitive behavioral therapy in addressing marital problems. A notable research gap, however, is the lack of research specifically related to the family context and marital issues. Therefore, the present study aimed to investigate the effectiveness of cognitive-behavioral therapy on marital boredom in women with marital conflict.

Methods and Materials

The study population included all the married women with marital conflict who referred to the counseling centers in Shiraz-Iran, in 2023. The sample size was calculated using the formula for comparing means. This calculation considered a confidence level of 30% and a test power of 31%. Based on previous studies (17,18), the minimum meaningful difference and the pooled standard deviation among the three groups were assumed to be 5.5 and 3.1, respectively. Also, according to Gall et al. (19), the number of 15 participants in experimental research is sufficient for each group, so a total of 60 participants were selected through the convenient sampling method and randomly assigned to experimental and control groups. Additionally, to account for the possibility of dropout in each group, 20 participants were added to the final sample size. Participants were selected based on the following inclusion

criteria: a score above the cutoff (73) on the Marital Boredom Scale, no prior participation in other psychotherapy or educational sessions, and willingness to participate in the intervention sessions. Exclusion criteria included missing more than two sessions, not completing homework, being under another treatment simultaneously with this intervention, and taking any particular medication. Participants were randomly assigned to the cognitive behavioral therapy (CBT) group and control group. The CBT intervention group received eight 60-minute CBT training sessions. Participants in the control group received no intervention.

Research instrument

A) Couple Burnout Measurement (CBM): It is a 21-item self-report instrument that includes three main subscales: physical exhaustion (characterized by feelings of tiredness, weakness, and difficulty sleeping), emotional exhaustion (including symptoms such as depression, disappointment, and feeling trapped) and mental exhaustion (including feelings of worthlessness, frustration, and anger towards the partner). This tool was developed by Pines (20). The questionnaire is rated using a seven-point Likert scale, with 1 indicating minimal experience (never) and 7 indicating high experience (always). The possible total score ranges from a minimum of 21 to a maximum of 147, with higher values indicating greater signs of burnout. Reliability assessment of the CBM scale revealed an internal consistency coefficient between 0.84 and 0.90 for all variables. In addition, the validity of the questionnaire was supported by identifying negative correlations with positive communication attributes such as conversation quality, emotional connection to the partner, sense of security, self-actualization, and meaning. Translated versions of the CBM have been used effectively in cross-cultural research in various cultural contexts (21). In a study conducted in Iran, Khalaj Asadi et al. reported a reliability coefficient of 0.76, determined using Cronbach's alpha after participants completed the questionnaire (22). In the current study, the internal consistency of the CBM was found to be 0.90, determined using the Cronbach alpha method.

Participants in the intervention group received eight 60-minute cognitive behavioral therapy sessions based on the intervention model developed by Gehart (15). Participants in the control group received no intervention. Written informed consent was obtained from all participants before the intervention began. Several ethical considerations were taken into account in conducting the research. The researchers obtained written informed consent from participants who agreed to participate. They informed participants about the research objectives, methodology, and any potential risks and benefits of their participation. The researchers ensured the confidentiality of participants' information. They have taken measures to protect participants' privacy and maintain their data's confidentiality.

Table 1. Content of cognitive-behavioral therapy sessions

Session	Session content
1	Introduction to the cognitive-behavioral model and intervention goals, general introduction to group cognitive therapy, setting goals and expectations, and administration of the pre-test
2	Role-playing, identifying patterns of reinforcement and punishment, increasing positive behavioral exchange and decreasing negative exchange
3	Dependency contracts, role reversal, assertiveness, behavioral experimentation and practice
4	Active listening, sending and receiving skills, identifying specific negative interactions, practicing effective communication
5	Downward arrow, identifying automatic thoughts and emotions, identifying schemas, cognitive processes
6	Explaining partner's behavior, identifying cognitive errors, attributional patterns, explaining unrealistic expectations
7	Problem-solving assessment and practice, activity planning (problem-solving skills), identifying and practicing conflict resolution methods (conflict resolution skills)
8	Summary and administration of the post-test

This research used several statistical methods to examine the collected data. Descriptive statistics were used to examine the subjects' descriptive characteristics and determine central and dispersion indices. In addition to descriptive statistics, inferential statistics were

also used. We tested the group differences in demographic variables using Levene's test for homogeneity of variances, compare group differences in dependent variables using multivariate within-group analysis of variance (MANOVA) test, and control for the effect of pre-test on the magnitude of dependent variables from analysis of covariance.

Results

Demographic findings are presented in Table 2. Table 3 shows the means and standard deviations of marital boredom for the three groups in the three stages.

According to Table 3, there was a decrease in mean scores for all dimensions of marital boredom (physical, emotional, and mental) in both the post-test and follow-up phases. A repeated measures ANOVA examines the mean differences between the three levels. However, certain assumptions must be met before this analysis can proceed. Table 4 shows the Levene's test for the homogeneity of variances for the marital boredom variable.

Table 2. Demographic Characteristics of the participants

Variable		Number	Percentage
Age	25-32 years	20	33.3%
	33-40 years	25	41.6%
	41-48 years	15	25%
Education	Diploma and associate degree	16	24.3%
	Bachelor's degree	33	50.5%
	Higher than master's degree	11	16.9%
Employment	Employed	43	71.4%
	Unemployed	17	28.6%
Marital status	Married	60	100%

Table 3. Descriptive statistics of variables scores by group and stage

Group	Dimension	Pre-test	Post-test	Follow-up
CBT	Physical fatigue	27.05	23.40	24.45
	Emotional fatigue	28.80	21.40	22.95
	Mental fatigue	29.50	23.40	23.40
	Marital boredom	85.35	69.60	69.75
Control	Physical fatigue	27.50	29.40	29.75
	Emotional fatigue	29.15	30.46	30.90
	Mental fatigue	29.45	31.44	31.95
	Marital boredom	86.10	77.60	92.60

Table 4. Levene's test for homogeneity of variances

Construct	F	df1	df2	P
Marital boredom	300.00	2	57	0.000

As shown in Table 4, Levene's assumption of homogeneity of variances between groups for the marital boredom variables was not rejected at the pre-test stage (P> 0.05), confirming this assumption. The significance value is greater than 0.05. The Mauchly test examines the assumption of sphericity or equality of covariances with total covariance. If the significance value in Mauchly's sphericity test is greater than 0.05, Mauchly's assumption test is usually used. If this assumption is not met, a conservative test such as Greenhouse-Geisser for repeated measures ANOVA is used. Based on the results in Table 5, there was a significant difference between the mean score of marital boredom in the three stages (P= 0.001). In addition, the means of these variables differed significantly between the groups (P= 0.001). The results showed that 49% of the individual differences in marital boredom could be attributed to the differences between the groups. Furthermore, the interaction between

the research stage and group membership was also significant (*P*= 0.001).

Table 5. Results of repeated measures ANOVA for marital boredom

Source	Sum of squares	df	Mean squares	F	P	Effect Size	Statistical Power
Research stages	816.044	2	408.022	105.173	0.001	0.649	1
Groups	8087.544	2	4043.772	8678.464	0.001	0.498	1
Interaction of groups with research stages	3735.022	2	933.756	240.688	0.001	0.894	1

Discussion

This study investigated the effectiveness of Cognitive Behavioral Therapy (CBT) on marital boredom in conflicted women. These results are consistent with previous studies of Araghian et al. (4), Tavakoli and Mirghaemi (16), Khalaj Asadi et al. (22), Frouzani et al. (15), Yilmaz et al.(9) and Saffarinia et al. (21). A study by Tavakoli and Mirghaemi indicated that patients with major depressive disorder and generalized anxiety disorder experienced significant symptom reduction of over 50% after undergoing 24 to 36 sessions of repetitive cognitive behavioral therapy within 5-6 weeks. This suggests that CBT is an effective treatment for alleviating symptoms associated with these disorders. CBT utilizes communication, conflict resolution, and problem-solving skills to help clients develop healthier behaviors and improve their relationships. CBT places a strong emphasis on challenging and changing negative or inaccurate thoughts and beliefs. It focuses on identifying and modifying cognitive distortions to promote healthier thinking patterns (16).

Forouzani's study showed that cognitive behavioral therapy significantly improved psychological resilience and marital relationship quality in couples experiencing marital conflict. It concludes that this therapy is effective in improving these aspects of troubled marriages (15). Marital boredom couples often experience dysfunctional interactions and behaviors that contribute to their relationship distress. These couples may struggle with conflict resolution, communication, problem-solving skills, defensive attitudes, and emotional disconnection and are at a higher risk of mental illness. However, cognitive behavioral therapy can be an effective intervention to address these issues and improve the well-being of couples (21).

Additionally, women who engaged in cognitive behavioral therapy often reported significant improvements in their mental outlook, which were closely linked to their perceptions of increased positivity and support from their spouses. This connection highlights the critical need to consider personal and relational factors in mental health interventions. To alleviate couples' distress, it is important to develop targeted interventions that promote health and well-being while providing resources for maintaining loving relationships. Such interventions should improve communication and problem-solving skills, promoting adjustment and increasing marital satisfaction. To achieve these goals, marital psychoeducation and social skills training, which are becoming increasingly important in individual and couple therapy, are well suited in the context of cognitive behavioral education and treatment (4).

CBT therapeutic intervention helps couples learn, reflect, and develop empathy. By applying CBT principles, partners can gain insight into how their behavior relates to their thoughts and emotional reactions, thereby contributing to the marital conflict. This goal is achieved primarily through the cognitive restructuring pattern. During cognitive restructuring, it is important to support individuals in identifying the emotions, thoughts, and behaviors associated with significant distress in specific contexts, while encouraging them to reflect on the pros and cons of their responses in each situation (4). Consequently, CBT training can act as a protective mechanism for relationships. The concept of relationship protection assumes that cognitive elements such as perceptions, expectations, assumptions, partner commitments, and thought patterns can significantly influence a person's behavior and reactions within a romantic relationship. By teaching these essential points that influence marital relationships, improvement in the functioning of couples in their marital

relationship and other positive changes cannot be ruled out (12).

In this study, role-playing was used as a technique for various purposes, including triggering automatic thoughts, recognizing schemas, and developing communication styles, empathetic responses, adaptive responses, and assertive behavior. Role-playing also helps change core beliefs and perceptions. Additionally, training communication and problem-solving skills during training sessions improved assertive communication. Therapists guide couples in identifying problematic topics, assign speaker and listener roles, and help speakers articulate their subjective experiences and feelings (11). In this study, participants were guided to articulate the pros and cons of their beliefs, identify the circumstances under which these thoughts arose, and develop strategies to correct them. After completing the therapeutic intervention, participants reported that the program promoted more rational cognitive processes and improved their ability to recognize and categorize their automatic thoughts, emotions, and expectations. They were encouraged to think about alternative, realistic solutions that helped reduce conflict and facilitate behavior change. It turns out that unhealthy relationships often lead to marital dissatisfaction and a reduced quality of life, primarily due to unrealistic expectations and perceptions. By addressing these root causes, positive changes can be achieved in conflict-ridden marital processes. After training, women reported an improved understanding of their cognitive biases and a better perspective on their partners. This research has several limitations. First, the limited sample size limits the applicability of the results to broader populations. Therefore, it is recommended that future studies be conducted with larger samples. Second, this research was conducted exclusively on women who experienced conflict and sought counseling services in Shiraz, Iran. Therefore, the results cannot be generalized to other cities, male partners in conflict situations, or other groups of women in conflict situations who do not use counseling services. Therefore, this research is proposed to be repeated with men and other groups of women experiencing conflict in other cities.

Conclusion

The results indicated that cognitive behavioral therapy can improve marital burnout among women. Family therapists can use these educational and therapeutic approaches to improve marital relationships in conflicted couples.

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Conflict of Interest

The authors reported no conflict of interest.

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Ethical Considerations

Participants in the control group received no intervention. Written informed consent was obtained from all participants before the intervention began. Several ethical considerations were taken into account in conducting the research. The researchers obtained written informed consent from participants who agreed to participate. They informed participants about the research objectives, methodology, and any potential risks and benefits of their participation. The researchers ensured the confidentiality of participants' information.

They have taken measures to protect participants' privacy and maintain their data's confidentiality. By ethical principles, the researchers also committed to offering the same intervention to the control group after completing the study.

This study was approved by the Research Ethics Committee of Islamic Azad University, Qeshm Branch.

Code of Ethics

IR.IAU.Q.REC.1402.080

Authors' Contributions

All authors involved in conceptualization, data collection, data analysis, drafting the manuscript, and revision.

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