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The effectiveness of emotionally focused couple therapy on marital burnout, dysfunctional attitudes, and self-handicapping of clients seeking divorce

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Abstract

Introduction: Regarding the increasing rate of divorce and the high level of marital burnout among divorce clients, the present study aims to assess the effectiveness of emotionally-focused couple therapy on marital burnout, dysfunctional attitudes, and self-handicapping in couples.

Materials and Methods: The statistical population included all couples applying for divorce who went to counseling centers in the 4th district of Mashhad-Iran, in the first quarter of 2023. Thirty-two couples were voluntarily selected using the convenient sampling method. Then, they divided randomly into two equal experimental and control groups. The experimental group received emotionally focused couple therapy in 8 sessions. The data was collected using the Dysfunctional Attitude Scale (DAS), the Marital Burnout Questionnaire, and the Self-Handicapping Scale (SHS). We analyzed the data using SPSS version 23 software, the descriptive and inferential statistics, and multivariate and univariate analysis of covariance tests.

Results: Based on the findings, the mean scores of the experimental group in marital burnout, dysfunctional attitudes, and self-handicapping were reduced significantly compared to the controls ($P < 0.05$).

Conclusion: According to the results, emotionally focused couple therapy has positive effects on marital burnout, dysfunctional attitudes, and self-handicapping in clients seeking divorce. So, this therapy is suggested for couples who experience marital problems and marital burnout.

Keywords: Divorce, Dysfunctional attitudes, Emotionally-focused couple therapy, Marital burnout, Self-handicapping

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Introduction

The increasing rate of divorce in developing countries (1), especially emotional divorce between couples (2,3), highlights the roles of emotional and psychological factors in marital

relationships. One of the involved factors in the emotional divorce phenomenon is marital burnout (4). Marital burnout refers to physical, mental, and emotional breakdown caused by an imbalance between expectations and the facts

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(5). While couples with less marital burnout have more ability to face their problems and have more resilience (6). In addition, non-realistic beliefs about marital relationships cause marital burnout and tendency to divorce (7). The conducted studies revealed that among the important factors in the pathological behaviors of couples are illogical thoughts and dysfunctional attitudes (8). Research shows dysfunctional attitudes are important factors in predicting marital conflicts in couples (9). On the other hand, self-esteem plays an important role in marital relationships. People with low self-esteem have low self-awareness and more anxious and avoidant behaviors (10). So, self-handicapping is related to psychological problems, including social anxiety, fear of failure, depression, perfectionism, shyness, and reasoning mechanisms (11,12).

Regarding the mentioned issues, couple therapy, which focuses on the emotional needs of couples, impacts marital relationships. Emotion-Focused Couple Therapy (EFCT) considers emotions and change factors very important. This method combines a systematic approach, humanism, and attachment theory, emphasizing the role of emotions and emotional relationships in organizing couples' communication patterns. This therapy believes that if couples cannot express and share their attachment needs, they will experience marital conflicts.

This therapy aims to examine the reprocessing of emotional-emotional reactions in couples' interactions, which lead to the development of secure attachment styles and different patterns of couples' interaction, couples' empathy, and the development of new interaction patterns. In emotion-focused couple therapy, couples engage in a process during therapy where they try to express their fears and attachment needs to develop a safer relationship. This leads to sustainable changes in couples' relationship satisfaction and achieving adaptive responses in situations (13-15).

Based on the evidence, EFCT is an effective intervention to improve marital satisfaction, emotion expression, resilience, and marital expectations in couples (16-18). So, regarding the mentioned issues and lack of studies in this field that assess the effectiveness of emotion-focused couple therapy on marital burnout, dysfunctional attitudes, and self-handicapping in couples, the present study aims to assess these variables in clients seeking divorce.

Materials and Methods

The statistical population of this research includes all couples applying for divorce who went to counseling centers in the 4th district of Mashhad-Iran, in the first quarter of 2023. Thirty-two couples were voluntarily selected by the convenient sampling method and divided randomly into two equal experimental and control groups. The sample size was calculated using a formula, and the same study was used (17). The inclusion criteria included having an age of 23-43 years and a lack of major psychiatric problems or addiction. The exclusion criteria included unwillingness to continue and incomplete questionnaires. Higher Institute of Hekmat Razavi of Mashhad approved the present study. All participants were selected voluntarily, and the researchers ensured their information would be confidential.

Research instruments

A) Dysfunctional Attitude Scale (DAS): This questionnaire, designed by Beck and Weissman (1978), has 26 questions designed to determine people's dysfunctional beliefs and attitudes. The scoring method of the questionnaire is a 7-item Likert scale from 1 (completely disagree) to 7 (completely agree), and the range of scores will be between 26 and 182; the higher the score, the greater the sign of vulnerability. Different studies have shown that the reliability of the pre-test, internal consistency, and concurrent validity are very favorable, and with Cronbach's alpha equal to 0.84 to 0.92, it has shown sufficient internal consistency (19,20). In the Iranian population, Adeli and Kiani reported that Cronbach's alpha equals 0.81 (21).

B) Marital Burnout Questionnaire: It was developed by Pines in 1996. This questionnaire is a self-assessment tool designed to measure the degree of marital distress among couples. It has 21 statements and three main subscales: physical fatigue, emotional fatigue, and mental fatigue. The scoring of this questionnaire is based on a seven-point Likert scale ranging from never (score 1) to always (score 7). Some questions are scored in reverse. The evaluation of the reliability coefficient of the questionnaire showed an internal similarity between variables, and the reliability of this questionnaire ranges from 0.84 to 0.90 (22). Ebadatpour et al. in Iran reported its Cronbach's alpha as 0.81 (23).

C) The Self-Handicapping Scale (SHS): This scale was developed and adapted by Jones and Rudwalt to measure self-handicapping. This

scale consists of 22 items. Answers to the questions are set on a 6-point Likert scale from 0 to 5. This tool was implemented by Heidari et al. on a sample of 650 undergraduate students from universities across Iran, and the construct validity of this scale was determined using the factor analysis method. The validity of the test in their study was equal to 0.79 (11).

The summary of the emotion-focused couple therapy protocol (24) is presented below:

The first session: Getting to know the members and expressing the logic; explaining and presenting an emotion-oriented approach; creating a therapeutic relationship; feeling safe, supported, understood, and accepted by the therapist on behalf of the members; discussion about marital boredom, dysfunctional attitudes and self-handicapping of receiving feedback and presenting assignments. The second session: Identifying interactions when these conflicting issues arise, summarizing the previous session and reviewing the assignments of the previous session, discussing negative interactions when these conflicting issues arise, receiving feedback, and presenting assignments. The third session: Evaluation of the unknown underlying emotions, summarizing the previous session and reviewing the assignments of the previous session, discussing the underlying emotions with negative interactions, receiving feedback, and presenting assignments. The fourth session: Reframing the problem by examining the cycle with underlying emotions and attachment needs, summarizing the previous session and reviewing the assignments of the previous session, reframing the problem, receiving feedback, and presenting assignments. The fifth session: Promoting the feeling of closeness with rejected emotional emotions, summarizing the previous session and reviewing the assignments of the previous session, promoting the feeling of closeness with rejected emotional emotions, receiving feedback, and presenting assignments.

The sixth session: Increasing the acceptance of each member from his/her spouse's experience, summarizing the previous session and reviewing the assignments of the previous session, receiving feedback, and presenting assignments. The seventh session: Facilitating the expression of needs and desires to reorganize interactions based on a new understanding of spouses and creating connecting events, summarizing the previous session and reviewing the assignments of the previous session, facilitating the expression of needs and desires, receiving feedback and presenting assignments. The eighth session: Facilitating the creation of new solutions for old problems and strengthening new situations and emotional and behavioral cycles, summarizing the previous session and reviewing the assignments of the previous session, facilitating the creation of new solutions for old problems and strengthening new situations, receiving feedback and giving assignments, having ceremonies to renew covenants. The data were analyzed using SPSS version 23 software, descriptive and inferential statistics, and multivariate and univariate analysis of covariance tests.

Results

In the present study, 32 cases were participated. The mean age of the experimental group was 3.75 years, and the mean age of the control group was 31.69 years. Regarding educational level, in the control group, 12.5% of the subjects have an under-diploma degree, 18.8% have a diploma, 31.3% have an associate's degree, 31.3% have a bachelor's degree, and 6.3% of the subjects have a master's degree. In the experimental group, 6.3% of the subjects had an undergraduate degree, 25% had a diploma, 18.8% had an associate's degree, 37.5% had a bachelor's degree, and 12.5% had a master's degree. Table 1 presents the descriptive statistics related to the variables.

Table 1. The descriptive statistics related to marital burnout, dysfunctional attitudes, and self-handicapping in divorce-seeking clients

Variable	Stage	Group	Mean	Standard deviation
Marital burnout	Pre-test	Control	125.87	26.56
		Experimental	140.00	26.14
Dysfunctional attitudes	Post-test	Control	147.50	26.01
		Experimental	50.13	28.40
	Pre-test	Control	72.02	8.71
		Experimental	70.13	8.55
Self-handicapping	Post-test	Control	54.75	8.86
		Experimental	51.31	6.42
	Pre-test	Control	57.12	13.12
		Experimental	54.16	12.61
	Post-test	Control	56.78	12.98
		Experimental	38.47	10.78

To assess the normality of the data, we used the Kolmogorov-Smirnov test. The results indicated a significance of more than 0.05, so we used the parametric test of covariance analysis. On the other hand, the value of skewness and elongation in all variables was between 2 and -2, which indicates the normality of the data. In addition, the results of Levene's

test showed the homogeneity of variances ($P > 0.05$). Because the significance level of interaction between groups and pre-tests in the dependent variables was more than 0.05 the slope of regression line was the same for all variables.

Table 2 presents multivariate tests of covariance analysis.

Table 2. Multivariate tests of covariance analysis

Test	Amount	F	Freedom degree of assumption	Freedom degree of error	P
Pillai's Trace	0.918	46.507	6	25	0.000
Wilks' Lambda	0.182	46.507	6	25	0.000
Hotelling's Trace	11.162	46.507	6	25	0.000
Roy's Largest Root	11.162	46.507	6	25	0.000

According to the value of the Wilkes Lambda test is 0.182 ($P = 0.000$), and the results of all four tests are less than 0.05, the difference between at least one dependent variable (marital burnout, dysfunctional attitudes, and self-handicapping) between the experimental and control groups. In other words, therapy

positively affected at least one of the dependent variables. To determine which of the dependent variables (marital burnout, dysfunctional attitudes, and self-handicapping) the effect of emotion-focused couple therapy had on, we used univariate covariance analysis (Tables 3 and 4).

Table 3. Summary of covariance analysis for the effect of emotion-focused couple therapy on marital burnout

Source of changes	SS	DF	MS	F	P	Effect size
The main effect of pre-test	587528.000	1	587528.000	791.888	0.000	0.963
The main effect of therapy	4608.000	1	4608.000	6.211	0.018	0.172
Error	22258.000	30	741.933			
Total	614394.000	32				
Corrected total	26866.000	31				

The results of the covariance analysis showed a significant difference between the mean scores of the control and experimental groups in marital burnout ($F = 6.211$, $P < 0.05$). The effect size was 0.172. Therefore, emotion-focused couple therapy was effective in

reducing marital burnout. The mean score of marital burnout of the experimental group (147.50) after adjusting the scores was higher than the control group (123.500), proving the effect of emotion-oriented couple therapy on marital burnout.

Table 4. Summary of covariance analysis for the effect of emotion-focused couple therapy on dysfunctional attitudes

Source of changes	SS	DF	MS	F	P	Effect size
The main effect of pre-test	127134.031	1	127134.031	2120.741	0.000	0.986
The main effect of therapy	2194.531	1	2194.531	36.607	0.000	0.350
Error	1798.438	30	59.948			
Total	131127.000	32				
Corrected total	3992.969	31				

The results of the covariance analysis showed a significant difference between the mean scores of the control and experimental groups in marital burnout ($F=36.607$, $P < 0.05$). The effect size was 0.350. Therefore, emotion-focused couple therapy is effective in addressing dysfunctional attitudes. The mean

score of the experimental group (71.31) after adjusting the scores was higher than the control group (54.75), proving the effect of therapy on dysfunctional attitudes. Table 5 presents the results of multivariate tests of covariance analysis related to self-handicapping.

Table 5. Multivariate tests of covariance analysis related to self-handicapping

Test	Amount	F	Freedom degree of assumption	Freedom degree of error	P
Pillai's Trace	0.790	25.333	4	27	0.000
Wilks' Lambda	0.210	25.333	4	27	0.000
Hotelling's Trace	3.753	25.333	4	27	0.000
Roy's Largest Root	3.753	25.333	4	27	0.000

The value of the Wilkes Lambda test was 0.210 ($P=0.000$), and the results of all four tests showed the significance level ($P=0.000$), the difference between at least one dependent variable (self-handicapping) of the experimental and control groups. In other words, emotion-focused couple therapy positively affected self-handicapping in the experimental group.

Discussion

The results of the present study indicated that emotion-focused couple therapy has positive effects on marital burnout, dysfunctional attitudes, and self-handicapping in clients seeking divorce. These findings suggest the effectiveness of this therapy on couples who confront severe marital conflicts. In this line, Mohammadi, Ejei, and Gholamali Lavasani assessed the effectiveness of an emotionally focused approach on marital burnout and the tendency for divorce in 20 couples who referred due to major marital conflicts. These couples were divided into experimental and control groups and fulfilled the Pines Couple Burnout Measure and the Divorce Tendency Scale of Roswelt, Jonson, and Moro (DTS). The results showed that emotionally focused couple therapy significantly reduced marital burnout in dimensions of emotional exhaustion, mental fatigue, and tendency to divorce (25). These findings are consistent with our result about the effectiveness of EFCT on marital burnout in couples seeking divorce, although we did not assess the dimensions of marital burnout separately. In terms of dysfunctional attitudes, Ashori and Parsi Nejad studied 30 couples who were clients of divorce and divided them into equal experimental and control groups. The

experimental group received nine ninety-minute sessions of EFCT twice a week. The participants completed the scales of Dysfunctional Attitudes and Sense of Coherence. Based on the findings, EFCT reduced dysfunctional attitudes and improved sense of coherence (26). These findings support our findings in terms of dysfunctional attitudes.

Regarding self-handicapping, low self-esteem destroys romantic and marital relationships (27,28). The evidence suggests that EFCT improves marital relationships among couples (29,30). According to the findings of the present study and other conducted studies about the effectiveness of EFCT on marital relationships, psychologists and family counselors can use this therapy on couples with marital conflicts and clients for divorce. The present study has some limitations, such as limited sampling to one city, the use of self-reported instruments, lack of cooperation of some psychological clinics, and lack of control of interfering factors such as the social and occupational status of the couples.

Conclusion

According to the results of the present study, emotion-focused couple therapy has positive effects on marital burnout, dysfunctional attitudes, and self-handicapping in clients seeking divorce.

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