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Comparison of the Effectiveness of Cognitive-Behavioral Therapy and Metaphor Therapy on Marital Burnout in Women with Marital Conflicts

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ABSTRACT

Objective: The purpose of this study was to compare the effectiveness of cognitive-behavioral therapy (CBT) and metaphor therapy on marital burnout in women with marital conflicts.

Methods: The research method was quasi-experimental with a pretest-posttest design, a control group, and a three-month follow-up period. The statistical population included women with marital conflicts who visited counseling centers in Shiraz in 2023. A total of 60 participants were selected voluntarily and randomly assigned to two experimental groups and one control group. The research instrument was the Marital Burnout Questionnaire (Pines, 1996, CBM). The educational interventions, based on the cognitive-behavioral approach (Gehart, 2012) and the metaphor-based approach (Coup, 2013), were conducted in eight 60-minute sessions for the two experimental groups. Data were analyzed using repeated-measures ANOVA.

Findings: The results indicated a significant difference in the posttest and follow-up stages between the control group and the CBT group (p < .001) and the metaphor therapy group (p < .001). The effectiveness of CBT and metaphor therapy in improving marital burnout was 59.6% and 29.7% in the posttest, and 69.2% and 34.8% in the follow-up stage, respectively. Additionally, the findings showed a significant difference between the two experimental groups in both the posttest and follow-up stages, with differences of 26.3% and 37.1%, respectively. **Conclusion:** Based on the findings, it can be concluded that both CBT and metaphor therapy lead to improvements in marital burnout among women. Family therapists can utilize these educational approaches to enhance marital relationships in couples experiencing conflicts.

Keywords: marital conflict, metaphor therapy, marital burnout.

Introduction

arriage, as the primary emotional and legal commitment to fulfill emotional and security needs, is one of the most fundamental decisions in an individual's life. However, certain obstacles and challenges in marriage can lead to marital conflicts and divorce (Javadi Koma et al., 2024). Statistics indicate an upward trend in divorce rates among families worldwide. Studies show that marital distress is the most related form of emotional dissatisfaction, classified as a subset of emotional disorders (Asayesh et al., 2024). Clinical investigations reveal that the prevalence of emotional and psychological disorders, such as mood and anxiety issues, is five to six times higher in conflicted couples than in ordinary couples (Hartas, 2024). This prevalence has prompted marriage therapists to develop treatment models and plans that are more sensitive to the early symptoms of conflict (Huerta et al., 2023).

According to research by Yilmaz et al. (2020), couples who experience inefficiency and dissatisfaction in their marital lives and do not seek improvement face a chain reaction of problems, making resolution increasingly difficult. One significant issue that arises and intensifies due to the inability to resolve marital conflicts is marital burnout resulting from these circumstances. These researchers also noted that burnout in marital life manifests as physical, emotional, and psychological exhaustion caused by unmet expectations (Yilmaz et al., 2020). Burnout is a gradual process and rarely occurs suddenly. Intimacy and love fade over time, leading to the collapse of the relationship. Burnout appears when couples realize that, despite their efforts, the relationship adds no meaningful value to their lives. The cumulative effects of psychological stress, growing fatigue, monotony, and accumulated resentment contribute to burnout (Safarpour et al., 2024).

This level of burnout and familial discord can also negatively impact the quality of marital life (Wikle et al., 2024), reducing happiness, life satisfaction, and self-esteem. Unresolved conflicts between couples can heighten psychological distress. As the inability to resolve conflicts results in the loss of intimacy, understanding conflict better and helping couples learn constructive management techniques are crucial. Given the impact of conflicts on couple communication, various therapeutic approaches, such as cognitive-behavioral therapy (CBT), systemic therapy, emotion-focused therapy, solution-focused therapy, and metaphor therapy, have been developed (Ansari et al., 2023; Gehart, 2012; Henrich et al., 2023; Huerta et al., 2023;

Joolani et al., 2023; Kopp, 2013; Omoboye et al., 2024; Safarpour et al., 2024; Shahreza et al., 2022; Sverre et al., 2023).

One effective treatment for couples' problem-solving is CBT. Over the past decade, CBT has emerged as an effective approach to addressing communication issues. Like individual therapy, CBT interventions for couples are designed to enhance problem-solving and communication skills by improving the capacity to evaluate and alter problematic cognitions. Listening attentively fosters better understanding and empathy between partners, helping to comprehend each other's behavior. Beck (1988) stated that couples' issues stem from cognitive distractions and errors, leading to anger and intense conflict (Tadros & Vlach, 2023).

On the other hand, metaphor therapy is a novel, analogy-based approach. A metaphor uses a word or phrase to describe an object or concept, creating a comparison with another, often clearer concept (Forgács & Pléh, 2022). According to Barnden (2020), metaphors, with their verbal and visual characteristics, enable effective processing and recall of information from long-term memory, conveying messages in a vivid and clear manner (Barnden, 2020). Metaphorical terms retrieve existing information from long-term memory, influencing information processing. Using metaphors facilitates quicker and more profound understanding of experiences (Rodgers, 2022).

In psychology and therapy, metaphors allow for presenting tangible and realistic interpretations through verbal communication. Metaphors are particularly useful for highlighting vulnerable aspects of psychological issues (Shahreza et al., 2022). Metaphors elegantly simplify complex concepts through imagery, teaching listeners or readers that everything has a structure, changes are possible within that structure, and there are often multiple perspectives. Metaphors act as bridges during discussions on unpleasant topics that clients may avoid. Using metaphors instead of direct therapeutic suggestions reduces client resistance to change, enhancing the effectiveness of interventions (Joolani et al., 2023).

The theoretical foundations and cited findings highlight the critical role of third-wave therapies, CBT, and metaphor therapy. However, there is a notable lack of research on family and marital issues, particularly focusing on the psychological needs of couples contemplating separation due to unresolved marital conflicts. Addressing the psychological needs of couples, especially women, fosters positive thinking and strengthens their belief in actively

shaping their destiny. It increases individual efforts to resolve interpersonal issues and improve relationships.

This study aims to answer the following question: Is there a difference between the effectiveness of CBT and metaphor therapy in improving marital burnout among conflicted women?

2. Methods

2.1. Study Design and Participants

The present study employed a quasi-experimental design with a pretest-posttest control group and a three-month follow-up period. The statistical population included women with marital conflicts who visited counseling centers in Shiraz. Out of all screened women, 60 participants with marital problems were selected voluntarily based on inclusion criteria, which included scoring above the cutoff point (73) on the Marital Burnout Questionnaire, not attending other psychotherapy or educational sessions, and willingness to participate in the sessions. Exclusion criteria included absence from more than two sessions, failure to complete homework assignments, and specific health conditions. Participants were randomly assigned to two experimental groups (cognitive-behavioral therapy [CBT] and metaphor therapy) and one control group.

The first experimental group participated in CBT sessions, and the second group participated in metaphor therapy sessions, with both interventions comprising eight 60-minute sessions. The control group did not receive any intervention. Ethical considerations were strictly followed, including:

- 1. Informing participants about the study's objectives and methodology before the research began.
- Ensuring confidentiality of participants' private information and using data exclusively for research purposes.
- Offering to interpret the study results for participants upon request.
- 4. Providing necessary guidance to participants in case of ambiguities.

Necessary permissions were obtained from the university and research department, and relevant letters of introduction were issued for conducting all procedures. Participants were selected voluntarily from the counseling centers in Shiraz, adhering to the inclusion criteria. Informed consent forms were signed by all participants before the interventions. An introductory session was held to explain the research objectives, importance, and procedure. Participants were

assured of the confidentiality of their data, and any publication of findings was based on their informed consent.

Therapeutic sessions were conducted weekly in a group format. To uphold ethical principles, the researcher committed to providing the intervention to the control group after the study concluded. The ethical considerations included verbal briefings about the study, confidentiality of all information, and coding participants' identities instead of recording their names.

2.2. Measures

2.2.1. Marital Burnout

This questionnaire, developed by Pines (1996), consists of 21 items divided into three main components: physical fatigue (items 1, 4, 7, 10, 13, 16, 19), emotional fatigue (items 2, 5, 8, 11, 14, 17, 20), and psychological fatigue (items 3, 6, 9, 12, 15, 18, 21). Responses are scored on a 7point Likert scale ranging from 1 (never) to 7 (always), with reverse scoring for four items (3, 6, 19, 20). Higher scores indicate greater burnout, with a maximum score of 147 and a minimum score of 21. Score interpretation is as follows: scores above 5 indicate an urgent need for help, 5 indicates a crisis, 4 indicates burnout, 3 indicates a risk of burnout, and scores of 2 or below suggest a good relationship. The reliability coefficient of the CBM demonstrated internal consistency with values ranging from .84 to .90. Its validity has been confirmed through negative correlations with positive relationship attributes, such as favorable perceptions of communication, conversation quality, feelings of security, self-actualization, purposefulness, emotional attraction to the spouse, and sexual relationship quality. Translated versions of this questionnaire have been successfully utilized in cross-cultural studies in Norway, Hungary, Mexico, Spain, Portugal, Finland, and Israel. In Iran, Safarinia and Moghadassi (2023) reported a Cronbach's alpha reliability coefficient of .88 for the entire questionnaire and values ranging from .81 to .91 for its subcomponents (Safariania & Moqaddasi, 2023).

2.3. Interventions

2.3.1. Cognitive-Behavioral Therapy

CBT focuses on identifying and modifying maladaptive thoughts, behaviors, and emotions. This intervention aims to improve marital satisfaction by enhancing communication, problem-solving, and emotional regulation. Each session builds on the previous one to guide participants through understanding cognitive-behavioral principles, practicing skills, and applying them in real-life contexts (Henrich et al., 2023; Joolani et al., 2023; Sverre et al., 2023).

Session 1: Participants are introduced to the CBT model and the goals of the intervention. The therapist explains the principles of group cognitive therapy, sets expectations, and establishes group norms. Pretest assessments are conducted to measure baseline marital burnout and other relevant variables.

Session 2: Through role-playing activities, participants learn to recognize patterns of reinforcement and punishment in their interactions. The session emphasizes increasing positive behavioral exchanges and reducing negative ones to enhance marital dynamics.

Session 3: Dependency contracts and role reversals are introduced to foster assertiveness and shared responsibility in the relationship. Participants practice behavioral experiments and are guided through exercises to build confidence in using these skills.

Session 4: Active listening skills are the focus, with participants practicing effective communication techniques as senders and receivers. Specific negative interactions are identified, and strategies for efficient communication are rehearsed.

Session 5: Using the downward arrow technique, participants identify automatic thoughts and the emotions linked to them. The session explores underlying schemas and cognitive processes that influence marital conflicts.

Session 6: Participants learn to interpret their partner's behaviors and identify cognitive distortions and attribution patterns. Unrealistic expectations are discussed, and strategies to align expectations with reality are developed.

Session 7: Problem-solving and conflict resolution skills are practiced through structured activities. Participants create plans for resolving conflicts and rehearse methods to address future challenges collaboratively.

Session 8: The intervention concludes with a summary of skills learned, reflections on progress, and the administration of posttest assessments. Participants are encouraged to continue applying the skills in their daily lives.

2.3.2. Metaphor Therapy

Metaphor therapy uses symbolic language and imagery to facilitate insight, emotional expression, and behavioral change. By engaging with metaphors, participants gain a deeper understanding of their experiences and explore new perspectives on their relationships. Each session addresses specific emotional and cognitive challenges, using metaphors to guide transformation (Barnden, 2020; Forgács & Pléh, 2022; Kopp, 2013; Omoboye et al., 2024; Shahreza et al., 2022).

Session 1: The session begins with rapport building, group assessment, and preparation. Participants set goals and familiarize themselves with each other. Cognitive patterns as causes of behavior are discussed, and pretest assessments are administered.

Session 2: The ABC formula is introduced through metaphors to illustrate the sequence of thoughts and motivations. Participants identify irrational beliefs and challenge them using metaphorical representations to promote cognitive flexibility.

Session 3: Participants explore the component of "self-worth and social value" using metaphors. New metaphors are created to transform mental meanings and foster a sense of personal and social value.

Session 4: The focus is on the "anger" component. Participants engage with metaphors to reinterpret and reshape their understanding of anger, creating new metaphors that facilitate emotional regulation.

Session 5: Participants work on the metaphor of "being lost in a vast desert," exploring feelings of confusion and helplessness. Through metaphor creation, they gain new insights and strategies for navigating these emotions.

Session 6: The theme of "being trapped in a dark tunnel" is addressed using metaphors. Participants are guided to reframe their perceptions and create empowering metaphors that provide hope and clarity.

Session 7: The metaphor of a "stormy sea" is used to represent emotional turbulence. Participants work to develop new metaphors that inspire resilience and adaptive coping strategies.

Session 8: The intervention concludes with a review of metaphorical insights and strategies for maintaining progress. Posttest assessments are conducted, and participants reflect on their journey, preparing to apply the learned techniques in their daily lives.

2.4. Data Analysis

Data analysis was performed using repeated-measures ANOVA with SPSS software version 26.

3. Findings and Results

The demographic findings revealed that 20 participants (33.3%) were aged 25-32 years, 25 participants (41.7%)

were aged 33-40 years, and 15 participants (25%) were aged 41-48 years. Regarding educational levels, 16 participants (32.6%) held high school diplomas or associate degrees, 33 participants (50.5%) held bachelor's degrees, and 11 participants (16.9%) held postgraduate degrees.

Additionally, 71.4% of the participants were employed, while 28.6% were unemployed.

The descriptive findings (mean and standard deviation) of the research constructs for the three groups at the three stages (pretest, posttest, and follow-up) are presented in Table 1.

 Table 1

 Descriptive Statistics of Marital Burnout Scores by Groups and Research Stages

Group	Dimension	Pretest Mean (SD)	Posttest Mean (SD)	Follow-Up Mean (SD)
CBT	Physical Fatigue	27.05 (5.28)	23.40 (5.12)	24.45 (5.06)
	Emotional Fatigue	28.80 (4.21)	22.95 (3.88)	22.55 (3.63)
	Psychological Fatigue	29.50 (3.37)	23.40 (3.48)	22.40 (3.21)
	Marital Burnout	85.35 (6.69)	69.75 (8.59)	69.40 (8.37)
Metaphor Therapy	Physical Fatigue	27.80 (3.69)	26.80 (3.70)	27.35 (3.81)
	Emotional Fatigue	29.80 (4.36)	26.60 (3.93)	27.10 (4.20)
	Psychological Fatigue	29.05 (3.25)	27.25 (3.44)	28.10 (3.50)
	Marital Burnout	86.65 (5.80)	80.65 (5.78)	82.55 (5.33)
Control	Physical Fatigue	27.50 (5.40)	29.75 (5.67)	30.10 (5.58)
	Emotional Fatigue	29.15 (3.46)	30.90 (3.85)	32.30 (3.57)
	Psychological Fatigue	29.45 (4.44)	31.95 (4.50)	32.65 (4.60)
	Marital Burnout	86.10 (6.77)	92.60 (8.21)	95.05 (7.44)

The descriptive statistics in Table 1 indicate that the mean scores for all dimensions of marital burnout (physical, emotional, and psychological fatigue) decreased in the posttest and follow-up stages. In the Marital Burnout Questionnaire, lower scores reflect better conditions, meaning reduced marital burnout.

To evaluate differences between means across the three stages, repeated-measures ANOVA was conducted, requiring certain assumptions, which are outlined below.

The null hypothesis that the distribution of scores for all dimensions of marital burnout is normal was upheld, as the sample distribution was consistent with the population, and skewness and kurtosis were incidental (all p-values > .05).

Levene's test confirmed the equality of variances for physical, emotional, and psychological fatigue in the pretest stage (p > .05). The homogeneity of variance assumption was thus met, and no constraints were imposed on the F-test.

 Table 2

 Results of Repeated-Measures ANOVA for Research Stages

Variable	Source	SS	df	MS	F	Sig.	Effect Size	Power
Physical Fatigue	Research Stage	23.31	2	11.658	22.337	.001	.370	1
	Groups	97.200	1	97.200	1.468	.233	.037	.219
	Interaction (Stage x Group)	66.350	2	23.317	63.562	.001	.626	1
Emotional Fatigue	Research Stage	19.717	2	9.858	7.357	.001	.162	.930
	Groups	261.075	1	261.075	6.040	.019	.137	.668
	Interaction (Stage x Group)	198.450	2	99.225	74.053	.001	.661	1
Psychological Fatigue	Research Stage	26.517	2	13.258	10.314	.001	.213	.984
	Groups	310.408	1	310.408	6.837	.013	.152	.772
	Interaction (Stage x Group)	119.117	2	59.558	46.330	.001	.549	1

The results in Table 2 indicate significant differences between mean scores for physical, emotional, and psychological fatigue across the three stages ($p \le .001$). Significant differences were also observed between the

experimental and control groups for these variables (p \leq .001), except for physical fatigue (p > .05). The effect sizes for emotional fatigue and psychological fatigue were 13.7% and 15.2%, respectively.

 Table 3

 Pairwise Comparisons of Mean Differences for Fatigue Dimensions Across Research Stages

Variable	Groups	Mean Difference	Std. Error	Sig.	Lower Bound (CI: 95%)	Upper Bound (CI: 95%)
Physical Fatigue	Pretest - Posttest	-0.625*	0.140	.001	-0.908	-0.342
	Pretest - Follow-Up	-1.075*	0.173	.001	-1.426	-0.724
	Posttest - Follow-Up	-0.450*	0.169	.011	-0.792	-0.108
Emotional Fatigue	Pretest - Posttest	0.750*	0.222	.002	0.275	1.175
	Pretest - Follow-Up	-0.225	0.291	.444	-0.814	0.364
	Posttest - Follow-Up	0.950*	0.259	.001	0.426	1.474
Psychological Fatigue	Pretest - Posttest	-0.350	0.249	.504	-0.974	0.274
	Pretest - Follow-Up	-1.125*	0.288	.001	-1.847	-0.403
	Posttest - Follow-Up	-0.775	0.219	.030	-1.323	-0.227

Pairwise comparisons in Table 3 revealed significant differences between pretest and posttest scores (p = .001) and between pretest and follow-up scores (p = .001) for physical fatigue. However, differences between posttest and follow-up scores were not significant (p > .001).

For emotional fatigue, significant differences were observed between pretest and posttest scores (p = .001) and between posttest and follow-up scores (p = .001), but not between pretest and follow-up scores (p = .444).

For psychological fatigue, significant differences were only found between pretest and follow-up scores (p = .001), with no significant differences in other comparisons (p > .01).

4. Discussion and Conclusion

The purpose of this study was to compare the effectiveness of cognitive-behavioral therapy (CBT) and metaphor therapy on marital burnout among women in conflictual marriages. The results indicated significant differences between the two experimental groups in both the posttest and follow-up stages. These findings align with the prior studies (Henrich et al., 2023; Safariania & Moqaddasi, 2023; Safarpour et al., 2024; Sverre et al., 2023).

Statistical analysis revealed that the more significant effects of CBT could be explained by the similarities it shares with metaphor therapy. Both therapies emphasize a strong therapeutic relationship and the role of cognition, albeit through different mechanisms. CBT emphasizes cognitive restructuring, focusing on the validity of thoughts, while metaphor therapy uses creative imagery to facilitate insight and emotional understanding. While both therapies aim to change behavior, they employ problem-solving, conflict resolution, and communication skills in distinct ways. In metaphor therapy sessions, couples are encouraged

to use analogies and storytelling to improve behavior (Omoboye et al., 2024).

Dissatisfied couples tend to engage in more maladaptive interactions and behaviors than those in happy relationships. Additionally, couples experiencing marital conflict often lack communication and problem-solving skills, exhibit defensive attitudes, become emotionally detached, and are more vulnerable to mental health issues. CBT enhances marital well-being by increasing mutual awareness and promoting cognitive and emotional health, which can reduce marital despair. Improved marital adjustment significantly reduces dissatisfaction, particularly among women (Safarpour et al., 2024). Women undergoing CBT report that positive changes in their thoughts, attitudes, and behaviors correlate with increased support and positivity from their spouses (Sverre et al., 2023).

To alleviate spousal distress, specific interventions are necessary to enhance health and well-being, fostering affectionate relationships and improving communication and problem-solving skills. Psychoeducational and marital social skills training sessions are effective in achieving these goals, particularly through CBT (Safariania & Moqaddasi, 2023). This therapeutic approach helps couples reflect, develop awareness, and cultivate empathy, enabling each partner to understand how their behavior relates to their thoughts and emotional responses, ultimately addressing marital discord through cognitive restructuring.

The cognitive restructuring process emphasizes identifying thoughts, emotions, and behaviors associated with significant distress in a specific context, helping couples weigh the pros and cons of different situations. As a protective mechanism for relationships, CBT focuses on cognitive phenomena such as perceptions, relationship expectations, assumptions, partner roles, and thought

patterns. By addressing these foundational aspects, CBT can improve marital functioning and foster positive changes.

Role-playing was employed in this study as a technique for various purposes, including eliciting automatic thoughts, identifying schemas, and developing communication styles, empathetic responses, adaptive reactions, and assertive behaviors. Role-playing also aids in modifying core beliefs and perceptions. Additionally, communication and problem-solving skills training during educational sessions improved assertive communication. Therapists guided couples to identify problematic topics, assigned sequential speaker and listener roles, and helped speakers articulate their subjective experiences and feelings (Henrich et al., 2023).

Furthermore, couples were taught to examine the origins of their distorted beliefs, assess their advantages and disadvantages, and identify when such thoughts emerged and how to reformulate them. At the end of the therapy, women reported that the intervention fostered more rational perceptions, helping them identify and label their automatic thoughts, feelings, and expectations. They were encouraged to consider alternative, realistic solutions, reducing conflicts and facilitating behavioral change. Unhealthy relationships often lead to marital dissatisfaction and lower life quality due to unrealistic expectations and perceptions. By addressing these root causes, positive changes in conflictual marital processes can be achieved. Women reported improved understanding of their cognitive distortions and better perspectives on their partners post-training.

The effectiveness of metaphor therapy lies in its unique features. Metaphors enhance memory retention, enabling clients to apply therapeutic concepts and strategies in real-life situations. Therapists aim to establish a meaningful connection with clients, delving into their emotions and achieving a profound therapeutic impact. Metaphor therapy addresses communication deficits by helping clients recognize and address their marital communication issues, fostering a realistic and problem-focused outlook.

Metaphor therapy posits that problematic narratives underlie individuals' challenges and emphasizes reconstructing these narratives to resolve psychological issues. By providing problem-based metaphors, metaphor therapy facilitates couples' understanding and resolution of marital issues, empowering them to generalize solutions in real-life contexts. The therapeutic process involves creating relatable mental experiences and framing abstract concepts in concrete, memorable terms, simplifying complex ideas, challenging erroneous beliefs, and fostering behavioral change.

Supporting these findings, Ansari et al. (2023) demonstrated that metaphor therapy stimulates curiosity, promotes exploratory behavior, and enhances autonomy in marital problem-solving (Ansari et al., 2023). Awareness of challenges and their underlying causes enables couples to independently address marital issues, improving their focus and engagement in marital dynamics.

5. Suggestions and Limitations

The study faced limitations, including a small sample size, which restricts the generalizability of the findings. Future research should involve larger sample sizes. Additionally, this study focused solely on women attending counseling centers in Shiraz, limiting its applicability to men, women not attending counseling centers, and individuals from other cities. Expanding this research to these groups and other locations is recommended.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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