Comparison of the Effectiveness of Narrative Therapy and Structural Couple Therapy on Marital Burnout and Negative Emotions in Couples with a Physically Disabled Spouse in Ahvaz

Razie. Fathalipouri[1] , Seyedeh Zahra. Alavi[1]* , Masoud. Shahbazi[2]

[1] Department of Counseling, Ahv.C., Islamic Azad University, Ahvaz, Iran
[2] Department of Counseling, MaS.C., Islamic Azad University, Masjed Soleiman, Iran

* Corresponding author email address: Zahra.alavi@iau.ac.ir

A r t i c l e   I n f o

A B S T R A C T

Objective: The objective of this study was to compare the effectiveness of narrative therapy and structural couple therapy in reducing marital burnout and negative emotional experiences among couples with a physically disabled spouse.

Methods and Materials: This quasi-experimental study employed a pretest–posttest control group design with a two-month follow-up period. The statistical population included all couples with a physically disabled spouse who were registered at the Welfare Organization of Ahvaz in 2025. Using purposive–voluntary sampling, 30 eligible couples were selected and randomly assigned to two experimental groups (narrative therapy and structural couple therapy) and one control group, each consisting of 10 couples. Both interventions were delivered in eight weekly 90-minute sessions, while the control group received no intervention. Data were collected using the Marital Burnout Questionnaire and the Emotional Expressiveness Questionnaire (negative emotions subscale). Statistical analysis was conducted using repeated measures analysis of variance and Bonferroni post-hoc tests with SPSS version 22.

Findings: Inferential analysis revealed significant main effects of time and group as well as significant time-by-group interactions for both marital burnout and negative emotions (p < 0.001). Bonferroni post-hoc comparisons indicated that both experimental groups showed significant reductions from pretest to posttest and from pretest to follow-up (p < 0.001), whereas the control group demonstrated no significant changes. No significant differences were found between the narrative therapy and structural couple therapy groups at posttest or follow-up, indicating comparable effectiveness of both interventions.

Conclusion: Both narrative therapy and structural couple therapy were highly effective in reducing marital burnout and negative emotional experiences among couples with a physically disabled spouse, and these therapeutic gains were maintained over time.

Keywords: *Narrative Therapy; Structural Couple Therapy; Marital Burnout; Negative Emotions; Physically Disabled Spouse; Couples Therapy*

1. Introduction

Marital relationships constitute one of the most fundamental and enduring social institutions, directly influencing individual well-being, psychological health, family stability, and societal cohesion. Contemporary research consistently demonstrates that the quality of marital relationships is a critical determinant of emotional adjustment, life satisfaction, and mental health across the lifespan (Hashemi et al., 2024; McCoy et al., 2017). However, modern couples increasingly encounter complex relational challenges arising from social change, economic pressure, evolving gender roles, and heightened emotional expectations within intimate partnerships (Atapour & Darbani, 2024; Kumar & Mukherjee, 2025). These challenges are often intensified when couples confront additional stressors such as chronic illness, trauma, disability, or social stigma, conditions that significantly compromise marital stability and emotional functioning (Khodabakhsh et al., 2024; Najjar Khodabakhsh et al., 2025).

Among the most severe relational outcomes of prolonged marital stress is marital burnout, a psychological condition characterized by emotional exhaustion, physical fatigue, and cognitive disengagement from the marital relationship (Fotouhi Benab, 2018; Najjar Khodabakhsh et al., 2025). Marital burnout emerges when couples experience persistent conflict, unmet emotional needs, and diminishing relational satisfaction over extended periods, eventually leading to emotional numbness, apathy, and withdrawal (Ghavibazou et al., 2020; Hashemi et al., 2024). Simultaneously, chronic marital distress fuels the escalation of negative emotional experiences, including anger, sadness, hopelessness, frustration, and emotional alienation, which further undermine relational stability and individual psychological health (Kwak & Seo, 2022; Mohammadi et al., 2022). Empirical findings indicate that marital burnout and negative emotions function in a mutually reinforcing cycle: as emotional distress increases, relational disengagement intensifies, thereby accelerating marital deterioration (Mami & Hosseini, 2019; McCoy et al., 2017).

The situation becomes even more precarious for couples in which one spouse has a physical disability. Physical disability introduces profound structural changes into the marital system, altering roles, responsibilities, economic functioning, intimacy patterns, and emotional regulation processes (Khodabakhsh et al., 2024; Najjar Khodabakhsh et al., 2025). Couples facing disability-related challenges frequently report heightened levels of emotional exhaustion, role overload, caregiving strain, diminished intimacy, and social isolation, all of which significantly elevate vulnerability to marital burnout and negative emotional states (F. Arab et al., 2025; M. R. Arab et al., 2025). These pressures are compounded by cultural expectations, inadequate social support systems, and limited access to specialized couple interventions within many communities, including urban regions of Iran such as Ahvaz (Atapour & Darbani, 2024; Delghandi & Namani, 2024). Consequently, there is an urgent need for evidence-based couple therapies that can effectively address the complex psychological and relational challenges experienced by couples living with disability.

Over the past two decades, narrative therapy has emerged as a powerful relational intervention grounded in social constructionist epistemology and postmodern psychotherapy. Narrative therapy conceptualizes psychological problems not as inherent traits of individuals but as socially constructed narratives that shape identity, emotional experience, and relational behavior (Ghavibazou et al., 2020; Kwak & Seo, 2022). By externalizing problems, deconstructing dominant problem-saturated stories, and facilitating the construction of alternative narratives, narrative therapy empowers couples to reconstruct meaning, restore agency, and enhance relational functioning (Balouchi, 2016; Boostani-Kashani et al., 2021). Numerous studies have documented the effectiveness of narrative therapy in improving marital satisfaction, communication patterns, emotional expression, resilience, intimacy, and marital adjustment across diverse populations (Baradari et al., 2024; Nameni & Shahabi, 2020; Shirashiani & Namani, 2017). Furthermore, narrative-based interventions have demonstrated particular efficacy in reducing marital burnout, emotional distress, and maladaptive relational schemas (Fotouhi Benab, 2018; Khodabakhsh et al., 2024; Najjar Khodabakhsh et al., 2025).

Parallel to narrative approaches, structural couple therapy, derived from Minuchin's structural family therapy model, offers a systemic framework for understanding and modifying dysfunctional interaction patterns within intimate relationships. Structural therapy focuses on reorganizing relational subsystems, strengthening boundaries, clarifying roles, and restructuring maladaptive communication processes (Delghandi & Namani, 2024; Gholami & Rafiei, 2024). By actively intervening in interactional sequences, structural couple therapy seeks to restore functional relational hierarchies, improve emotional regulation, and

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enhance cooperation between partners (Ansari et al., 2023; M. R. Arab et al., 2025). Empirical research has consistently supported the effectiveness of structural couple therapy in improving marital satisfaction, relational cohesion, sexual functioning, distress tolerance, and marital justice, particularly among couples experiencing chronic conflict and emotional disengagement (Ansari et al., 2023; F. Arab et al., 2025; M. R. Arab et al., 2025).

While both narrative therapy and structural couple therapy have demonstrated robust therapeutic outcomes, relatively few studies have directly compared their differential effectiveness on marital burnout and negative emotional states, especially within high-risk populations such as couples living with physical disability. Existing comparative studies have primarily examined outcomes such as marital satisfaction, intimacy, adjustment, conflict resolution, resilience, and emotional regulation in general populations (Golyan et al., 2025; Kianipour et al., 2018; Torkan et al., 2019). For instance, Torkan et al. reported that both emotion-focused and narrative couple therapies significantly reduced marital conflict, though through distinct emotional and cognitive mechanisms (Torkan et al., 2019). Similarly, Golyan et al. demonstrated that solution-focused narrative therapy produced substantial gains in resilience and marital intimacy among conflicted couples (Golyan et al., 2025). However, direct comparisons between narrative and structural approaches in the context of disability-affected marriages remain notably scarce.

Moreover, the cultural context of couple therapy plays a decisive role in shaping therapeutic effectiveness. Iranian couples navigate unique sociocultural, religious, and familial dynamics that influence relational expectations, emotional expression, gender roles, and help-seeking behavior (Atapour & Darbani, 2024; Hashemi et al., 2024). Interventions that fail to account for these cultural dimensions risk reduced efficacy and limited generalizability. Narrative therapy's emphasis on meaning-making and identity reconstruction aligns closely with culturally embedded value systems, while structural therapy's focus on family organization and role clarity resonates strongly with collectivist relational frameworks common within Iranian society (Atapour & Darbani, 2024; Delghandi & Namani, 2024). Consequently, comparative evaluation of these two therapeutic models within Iranian couples affected by disability offers substantial theoretical and clinical value.

In addition, recent scholarship has highlighted the importance of addressing emotional narratives and interactional structures simultaneously in the treatment of marital distress. Emotional experiences and relational structures interact dynamically: dysfunctional interaction patterns amplify emotional distress, while unresolved emotional narratives perpetuate maladaptive relational structures (Gholami & Rafiei, 2024; McCoy et al., 2017). Narrative therapy primarily targets emotional meaning systems and identity narratives, whereas structural therapy directly modifies interactional architecture and relational organization. A comparative investigation of these two approaches therefore offers a unique opportunity to clarify their relative and complementary mechanisms of change in complex marital contexts.

Given the psychological vulnerability of couples living with physical disability, the limited availability of specialized interventions in regions such as Ahvaz, and the absence of comparative studies examining narrative and structural approaches in this population, the present study addresses a critical gap in the literature. By systematically evaluating the impact of narrative therapy and structural couple therapy on marital burnout and negative emotional experiences, this research seeks to provide empirically grounded guidance for clinicians, policymakers, and mental health practitioners working with high-risk couples.

The aim of this study was to compare the effectiveness of narrative therapy and structural couple therapy in reducing marital burnout and negative emotions among couples with a physically disabled spouse in the city of Ahvaz.

2. Methods and Materials

2.1. Study Design and Participants

Inclusion criteria for participation were assessed by the researcher and consisted of willingness to participate in the study, minimum educational level of a high school diploma, age between 20 and 40 years, being in the first marriage, and the ability to attend weekly therapy sessions for eight consecutive weeks. Exclusion criteria included participation in any psychological interventions within the previous year, lack of cooperation or absence from one or more therapy sessions, presence of severe psychological or personality disorders, and substance abuse problems within the family. All participants provided informed consent prior to entering the study.

2.2. Measures

Marital Burnout was measured using the Marital Burnout Questionnaire developed by Pines in 1996. This instrument contains 21 items organized into three subscales: physical exhaustion, emotional exhaustion, and psychological exhaustion. Physical exhaustion includes items reflecting fatigue, lethargy, and sleep disturbances. Emotional exhaustion assesses feelings such as depression, hopelessness, and emotional entrapment. Psychological exhaustion evaluates experiences of worthlessness, frustration, and anger toward the spouse. All items are rated on a seven-point Likert scale ranging from 1 (never) to 7 (always). Total scores range from 21 to 147, with higher scores indicating greater levels of marital burnout. Previous cross-cultural research has demonstrated strong internal consistency for the questionnaire, with coefficients ranging from 0.84 to 0.90. Convergent validity has been confirmed through significant negative correlations with positive relationship characteristics, and the reported validity coefficient is 0.66. In Iranian samples, Naderi and colleagues reported a reliability coefficient of 0.86 in a sample of 240 participants and a significant correlation coefficient of -0.40 at the 0.001 significance level. In the present study, internal consistency reliability was assessed using Cronbach's alpha, yielding a coefficient of 0.82, indicating satisfactory reliability.

Negative Emotional Expression was assessed using the Emotional Expressiveness Questionnaire developed by King and Emmons in 1990. This scale contains 19 items and three subscales: positive emotional expression, intimacy expression, and negative emotional expression. In the current study, only the negative emotional expression subscale was used. The original response format is a seven-point Likert scale ranging from completely agree to completely disagree; however, for the purpose of facilitating comprehension, the scale was modified to a five-point format. Scoring follows a Likert procedure in which higher scores represent greater emotional expressiveness. Certain items are reverse-scored to control for response bias. Total scores range from 19 to 95. King and Emmons reported Cronbach's alpha coefficients of 0.70 for the total scale and 0.75, 0.79, and 0.93 for the positive, intimacy, and negative emotion subscales, respectively. In Iranian validation studies, Rafiei-Nia reported alpha coefficients of 0.90 for the total scale and 0.95, 0.59, and 0.98 for the three subscales, indicating strong internal consistency. In the present study,

Cronbach's alpha was calculated as 0.83, confirming acceptable reliability for the instrument.

2.3. Interventions

The narrative therapy intervention applied in the present study was derived from O'Hanlon's therapeutic model (2004) and was implemented for the first experimental group across eight weekly sessions, each lasting 90 minutes. The intervention began with establishing therapeutic rapport and clarifying the rules of the sessions, during which participants were guided to describe their dominant life stories and construct a coherent narrative of their marital experiences through written and visual tasks. Subsequent sessions focused on exploring problem-saturated stories, creating a shared therapeutic language for naming the problem, and encouraging clients to envision both positive and negative future scenarios of their marital life. The therapeutic process emphasized externalization and objectification of the problem by separating the problem from personal identity and relational roles through careful attention to clients' metaphors and language. Clients were encouraged to construct alternative meanings through metaphor creation, deconstruction of problem narratives, and re-labeling maladaptive interpretations of events. The therapist facilitated the identification of unique outcomes and exceptions by focusing on emotions, cognitions, and behaviors that contradicted the dominant problem narrative and expanding these into present-focused alternative stories. In later sessions, participants revisited unresolved traumatic experiences, shared personal stories with their spouses, and practiced communication skills such as effective speaking and active listening. The final session consolidated therapeutic gains through systematic rewriting of life narratives, reinforcement of alternative stories, evaluation of therapeutic outcomes, and resolution of remaining narrative inconsistencies, thereby promoting sustained relational change and emotional adjustment.

The structural couple therapy intervention was implemented for the second experimental group based on the model developed by Minuchin and colleagues (2013) and consisted of eight weekly sessions of 90 minutes each. The initial session introduced the goals, structure, and expectations of therapy, and couples were assigned reflective homework to clarify personal expectations regarding the therapeutic process. Subsequent sessions focused on educating couples about family subsystems, relational boundaries, and dominant interactional patterns,

enabling participants to recognize dysfunctional structures within their marital relationships. The therapist employed core structural techniques including joining, mirroring, and enactment to align with the couple's interactional system and facilitate observation of real-time relational processes. Through systematic restructuring, maladaptive patterns were identified and reorganized into healthier interaction sequences. Couples were guided to examine triangulation processes, reciprocal expectations, and cooperation strategies, while feedback from previous sessions was continuously integrated. Further sessions emphasized restructuring family–of–origin relationships, strengthening the marital subsystem, and clarifying boundaries between spousal and parental subsystems. Interventions also addressed relational quality, negotiation skills, alliance building, and mutual agreement-making. The final phase of treatment focused on financial management as a core structural component of marital stability, encouraging collaborative decision-making and reinforcing cooperative responsibility. Throughout the intervention, therapeutic tasks and homework assignments were used to consolidate behavioral changes and promote long-term relational restructuring.

2.4. Data Analysis

Data were analyzed using descriptive and inferential statistical methods. Descriptive statistics including means and standard deviations were computed to summarize participant characteristics and study variables. Inferential analyses were conducted using repeated measures analysis of variance in order to examine changes across pretest, posttest, and follow-up assessments and to compare the effectiveness of narrative therapy and structural couple therapy relative to the control group. The assumption of homogeneity of variances was tested using Levene's test prior to conducting the main analyses. All statistical analyses were performed using SPSS software version 22, and the level of statistical significance for all hypothesis tests was set at 0.05.

3.   Findings and Results

The final sample consisted of 60 individuals (30 couples) equally distributed across the narrative therapy group, the structural couple therapy group, and the control group, with 20 participants in each group. In the narrative therapy group, 35% of couples had been married for 1–3 years, 35% for 4–6 years, and 30% for more than 7 years; in the structural couple therapy group, 35% had been married for 1–3 years, 30% for 4–6 years, and 35% for more than 7 years; and in the control group, 30% of couples reported 1–3 years of marriage, 40% reported 4–6 years, and 30% reported more than 7 years. Regarding educational attainment, in the narrative therapy group 35% held a high school diploma, 40% an associate degree, and 20% a bachelor's degree; in the structural couple therapy group, 30% held a diploma, 30% an associate degree, and 40% a bachelor's degree; and in the control group, 30% had a diploma, 35% an associate degree, and 35% a bachelor's degree, indicating a relatively balanced distribution of marital duration and educational level across the three study groups.

Table 1

Descriptive Statistics of Study Variables Across Measurement Stages

Variable	Stage	Experimental Group 1 (Narrative Therapy)		Experimental Group 2 (Structural Couple Therapy)		Control Group	
		Mean	SD	Mean	SD	Mean	SD
Marital Burnout	Pretest	67.20	6.67	66.80	4.03	69.33	6.64
	Posttest	50.26	5.66	50.33	5.32	70.07	6.63
	Follow-up	50.67	5.83	50.67	4.82	70.27	6.92
Negative Emotions	Pretest	25.13	5.96	25.67	3.97	26.27	3.35
	Posttest	10.40	2.57	10.80	2.84	25.33	3.70
	Follow-up	10.33	2.51	10.47	2.85	25.07	3.54

The descriptive statistics presented in Table 1 indicate that prior to intervention, the three groups demonstrated comparable levels of marital burnout and negative emotions. At the pretest stage, mean marital burnout scores were high and similar across the narrative therapy group (M = 67.20, SD = 6.67), the structural couple therapy group (M = 66.80, SD = 4.03), and the control group (M = 69.33, SD = 6.64). Following the interventions, substantial reductions were

observed in both experimental groups at posttest, with mean marital burnout decreasing to 50.26 (SD = 5.66) in the narrative therapy group and 50.33 (SD = 5.32) in the structural couple therapy group, while the control group remained largely unchanged (M = 70.07, SD = 6.63). These improvements were maintained at the two-month follow-up, with both experimental groups showing stable burnout levels (narrative therapy: M = 50.67, SD = 5.83; structural therapy: M = 50.67, SD = 4.82), whereas the control group exhibited no meaningful change (M = 70.27, SD = 6.92). A similar pattern emerged for negative emotions: pretest means were comparable across groups, but both experimental groups experienced pronounced reductions at posttest (narrative therapy: M = 10.40, SD = 2.57; structural therapy: M = 10.80, SD = 2.84), with these gains persisting at follow-up, while the control group showed minimal change across all stages, indicating that both therapeutic interventions were associated with substantial and stable improvements in marital functioning and emotional regulation.

Prior to conducting the main inferential analyses, the statistical assumptions underlying repeated measures analysis of variance were carefully examined. The assumption of normality was assessed through inspection of skewness and kurtosis values as well as the Shapiro–Wilk test for each dependent variable at all measurement stages, and the results indicated that the distributions did not significantly deviate from normality. Homogeneity of variances between groups at the pretest stage was evaluated using Levene's test, which yielded non-significant results for both marital burnout and negative emotions, confirming equality of error variances across the three groups. The assumption of sphericity was examined using Mauchly's test; when minor violations were detected, Greenhouse–Geisser corrections were applied to adjust the degrees of freedom. In addition, visual inspection of residual plots supported the assumptions of linearity and homoscedasticity. Collectively, these diagnostic procedures confirmed that the data satisfied the necessary statistical assumptions, thereby justifying the application of repeated measures analysis of variance for hypothesis testing.

Table 2

Results of Mixed Repeated Measures ANOVA for Marital Burnout and Negative Emotions

Dependent Variable	Source of Variation	Sum of Squares	df	Mean Square	F	p-value	Effect Size (η^2)
Marital Burnout	Time	3810.97	1.42	2669.96	1494.34	0.001	0.97
	Time × Group	1637.91	2.85	573.75	321.12	0.001	0.93
	Between Groups	1981.91	2	990.95	10.45	0.001	0.33
Negative Emotions	Time	3386.05	1.73	1954.09	1975.20	0.001	0.97
	Time × Group	1377.94	3.46	397.60	401.89	0.001	0.95
	Between Groups	3260.85	2	1630.43	18.06	0.001	0.46

The results of the mixed repeated measures analysis of variance, summarized in Table 2, revealed statistically significant main effects of time, group, and their interaction for both dependent variables. For marital burnout, a highly significant main effect of time was observed (F = 1494.34, p < 0.001, η^2 = 0.97), indicating substantial changes across the pretest, posttest, and follow-up measurements. The interaction between time and group was also significant (F = 321.12, p < 0.001, η^2 = 0.93), demonstrating that the pattern of change over time differed significantly among the narrative therapy, structural couple therapy, and control groups. Furthermore, the between-groups effect was significant (F = 10.45, p < 0.001, η^2 = 0.33), confirming meaningful differences in marital burnout levels among the three groups. Similarly, for negative emotions, the main effect of time was highly significant (F = 1975.20, p < 0.001, η^2 = 0.97), as was the time-by-group interaction (F = 401.89, p < 0.001, η^2 = 0.95), indicating that the two therapeutic interventions produced differential and sustained reductions in negative emotions relative to the control condition. The significant between-groups effect (F = 18.06, p < 0.001, η^2 = 0.46) further supports the superior effectiveness of both therapeutic approaches compared to no intervention.

Table 3

Bonferroni Post-Hoc Comparisons of Measurement Stages by Group

Dependent Variable	Stage Comparison	Narrative Therapy (Exp. 1) Mean Difference	p-value	Structural Therapy (Exp. 2) Mean Difference	p-value	Control Group Mean Difference	p-value
Marital Burnout	Posttest – Pretest	17.06	0.001	16.53	0.001	0.73	0.39
	Follow-up – Pretest	16.46	0.001	15.86	0.001	0.93	0.16
	Follow-up – Posttest	0.60	0.26	0.66	0.23	0.20	1.00
Negative Emotions	Posttest – Pretest	14.73	0.001	15.86	0.001	0.93	0.33
	Follow-up – Pretest	14.80	0.001	16.20	0.001	1.20	0.10
	Follow-up – Posttest	0.07	1.00	0.34	0.66	0.26	0.97

The Bonferroni post-hoc comparisons presented in Table 3 reveal that both narrative therapy and structural couple therapy produced statistically significant reductions in marital burnout and negative emotions from pretest to posttest and from pretest to follow-up (all $p < 0.001$), while no significant changes were observed in the control group across any measurement stages. In both experimental groups, the magnitude of improvement remained stable between posttest and follow-up, as evidenced by non-significant differences for the follow-up–posttest comparisons, indicating maintenance of therapeutic gains over time. In contrast, the control group demonstrated no statistically meaningful changes across all stage comparisons for either dependent variable, confirming that the observed improvements were attributable to the therapeutic interventions rather than natural change or measurement effects.

Table 4

Bonferroni Post-Hoc Comparisons Between Groups at Each Measurement Stage

Dependent Variable	Group Comparison	Pretest Mean Difference	p-value	Posttest Mean Difference	p-value	Follow-up Mean Difference	p-value
Marital Burnout	Exp.1 vs Exp.2	0.40	1.00	0.93	1.00	1.00	1.00
	Exp.1 vs Control	2.13	0.81	14.20	0.001	13.40	0.001
	Exp.2 vs Control	2.53	0.57	13.26	0.001	12.40	0.001
Negative Emotions	Exp.1 vs Exp.2	0.53	1.00	0.60	1.00	0.86	1.00
	Exp.1 vs Control	1.13	1.00	14.93	0.001	14.73	0.001
	Exp.2 vs Control	0.60	1.00	15.53	0.001	15.60	0.001

The Bonferroni post-hoc comparisons between groups at each measurement stage, presented in Table 4, indicate that prior to intervention, no statistically significant differences existed among the three groups for either marital burnout or negative emotions, confirming baseline equivalence. At both posttest and follow-up, however, significant differences emerged between each experimental group and the control group for both dependent variables (all $p < 0.001$), demonstrating the substantial effectiveness of narrative therapy and structural couple therapy in reducing marital burnout and negative emotions. In contrast, no significant differences were observed between the two experimental groups at any stage, suggesting that both interventions were similarly effective in producing and maintaining therapeutic improvements over time.

4. Discussion

The present study aimed to compare the effectiveness of narrative therapy and structural couple therapy on marital burnout and negative emotions among couples with a physically disabled spouse in Ahvaz. The results demonstrated that both therapeutic interventions produced statistically significant and clinically meaningful reductions in marital burnout and negative emotional experiences from pretest to posttest, with these improvements remaining stable at the two-month follow-up. In contrast, the control

group exhibited no significant changes across the three measurement points. Moreover, the post-hoc comparisons revealed no significant difference between the two experimental groups at posttest or follow-up, indicating that narrative therapy and structural couple therapy were similarly effective in improving relational and emotional outcomes for this population.

The substantial reduction in marital burnout observed in both treatment groups is consistent with previous findings emphasizing the capacity of structured psychotherapeutic interventions to reverse emotional exhaustion, disengagement, and relational fatigue within distressed marriages (Fotouhi Benab, 2018; Khodabakhsh et al., 2024; Najjar Khodabakhsh et al., 2025). Marital burnout represents a chronic stress response to prolonged relational conflict and unmet emotional needs, a condition that is especially pronounced among couples coping with disability-related caregiving demands and role disruptions (M. R. Arab et al., 2025; Hashemi et al., 2024). The dramatic decrease in burnout levels following both interventions indicates that when couples are provided with systematic therapeutic frameworks for reorganizing meaning, communication, and relational structure, even deeply entrenched marital distress can be effectively alleviated.

The effectiveness of narrative therapy in reducing marital burnout can be understood through its central mechanisms of externalization, deconstruction of problem-saturated narratives, and reconstruction of alternative relational identities. Narrative therapy empowers couples to separate the problem from the person, thereby diminishing self-blame, emotional entrapment, and relational hopelessness (Boostani-Kashani et al., 2021; Ghavibazou et al., 2020). By reconstructing personal and relational meaning systems, couples gain renewed agency and emotional clarity, which directly counters the cognitive and emotional dimensions of burnout (Balouchi, 2016; Nameni & Shahabi, 2020). The present findings strongly align with prior research demonstrating that narrative-based interventions significantly improve marital satisfaction, emotional expression, resilience, and relational functioning among conflicted couples (Baradari et al., 2024; Golyan et al., 2025; Kianipour et al., 2018).

Similarly, the effectiveness of structural couple therapy in reducing marital burnout reflects its capacity to reorganize dysfunctional interaction patterns, clarify relational boundaries, and restore functional marital subsystems. Structural therapy directly intervenes in the relational architecture that maintains emotional distress, thereby producing rapid and sustained improvements in relational functioning (Delghandi & Namani, 2024; Gholami & Rafiei, 2024). For couples living with disability, where caregiving roles, dependency, and power dynamics often become distorted, structural interventions provide essential tools for restoring equilibrium, cooperation, and mutual support (F. Arab et al., 2025; M. R. Arab et al., 2025). The current results confirm earlier findings that structural couple therapy significantly enhances marital justice, cohesion, adaptability, sexual functioning, and distress tolerance in couples experiencing chronic relational strain (Ansari et al., 2023; F. Arab et al., 2025).

Beyond marital burnout, both interventions produced profound reductions in negative emotional experiences, including anger, sadness, frustration, and emotional alienation. This outcome is particularly noteworthy, as negative emotions function as both a cause and consequence of marital distress and play a pivotal role in the maintenance of dysfunctional relational cycles (McCoy et al., 2017; Mohammadi et al., 2022). The sharp decline in negative emotions following treatment underscores the central role of emotional regulation in marital recovery and supports the conceptualization of couple therapy as an emotionally corrective process.

Narrative therapy facilitates emotional regulation by transforming clients' emotional experiences through meaning-making and identity reconstruction. By articulating alternative narratives and revising personal interpretations of relational events, couples gain emotional distance from distressing experiences and develop more adaptive emotional responses (Kwak & Seo, 2022; Mami & Hosseini, 2019). This emotional transformation process is particularly beneficial for couples affected by disability, whose emotional burdens are often compounded by social stigma, isolation, and chronic stress (Khodabakhsh et al., 2024; Najjar Khodabakhsh et al., 2025). The present findings therefore corroborate earlier evidence indicating that narrative-based interventions significantly reduce emotional distress, loneliness, and emotional disengagement while strengthening marital intimacy and emotional connection (Mohammadi et al., 2022; Shirashiani & Namani, 2017).

Structural couple therapy, in turn, regulates negative emotions by altering the interactional sequences that perpetuate emotional escalation. By modifying communication patterns, strengthening boundaries, and restructuring dysfunctional alliances, structural therapy disrupts the emotional feedback loops that maintain conflict and distress (Delghandi & Namani, 2024; Gholami & Rafiei,

2024). This process enables couples to experience greater emotional safety, predictability, and mutual responsiveness, thereby reducing emotional volatility and enhancing relational stability (Ansari et al., 2023; M. R. Arab et al., 2025). The current findings extend this body of research by demonstrating the powerful emotional impact of structural therapy among couples facing disability-related challenges.

Importantly, the absence of significant differences between narrative therapy and structural couple therapy suggests that both approaches are equally effective in addressing marital burnout and negative emotions in this population. This convergence of outcomes, despite distinct theoretical foundations and intervention strategies, supports the growing consensus that effective couple therapy operates through multiple interacting mechanisms of change, including emotional transformation, cognitive reframing, relational restructuring, and enhanced communication (Gholami & Rafiei, 2024; McCoy et al., 2017). Narrative therapy primarily targets emotional meaning systems and identity narratives, whereas structural therapy modifies interactional architecture and relational organization. Yet both pathways ultimately converge on improved emotional regulation, relational coherence, and psychological well-being.

The cultural context of Ahvaz further underscores the significance of these findings. Iranian couples navigate complex sociocultural norms related to family roles, gender expectations, and emotional expression (Atapour & Darbani, 2024; Hashemi et al., 2024). Narrative therapy's emphasis on personal meaning and identity resonates deeply with culturally embedded value systems, while structural therapy's focus on family organization and boundary regulation aligns with collectivist relational traditions. The present results therefore highlight the cultural adaptability and clinical relevance of both therapeutic models within Iranian society.

5. Conclusion

Overall, this study contributes novel evidence to the literature by demonstrating that both narrative therapy and structural couple therapy are highly effective in reducing marital burnout and negative emotions among couples with a physically disabled spouse. By confirming the durability of these improvements at follow-up, the findings further underscore the long-term therapeutic value of these interventions for high-risk couples.

6. Limitations & Suggestions

Several limitations should be considered when interpreting the findings of this study. The sample size was relatively small and restricted to couples registered with the Welfare Organization in Ahvaz, which may limit the generalizability of the results to other populations or cultural contexts. The reliance on self-report instruments may also introduce response biases, including social desirability and subjective interpretation of questionnaire items. Additionally, the follow-up period was limited to two months, which restricts conclusions regarding the long-term sustainability of therapeutic gains. Finally, the study did not control for potentially influential variables such as severity of disability, duration of caregiving, or socioeconomic status, which may have affected treatment outcomes.

Future studies should employ larger and more diverse samples across multiple regions to enhance the generalizability of findings. Longitudinal designs with extended follow-up periods are recommended to examine the durability of treatment effects over time. Incorporating qualitative methods may also provide deeper insight into couples' lived experiences and the mechanisms underlying therapeutic change. Furthermore, future research should explore the differential effectiveness of these interventions across various types of disabilities and examine potential moderating variables such as cultural beliefs, family support systems, and caregiver burden.

Clinicians working with couples affected by physical disability should consider incorporating both narrative and structural therapeutic approaches into their practice, as both models demonstrate strong efficacy in reducing marital burnout and negative emotions. Mental health centers and welfare organizations are encouraged to implement structured couple therapy programs tailored to the unique needs of this population. Training programs for therapists should emphasize culturally responsive interventions that address emotional regulation, relational restructuring, and meaning-making processes. Expanding access to couple therapy services for families living with disability can significantly improve marital stability, emotional well-being, and overall family functioning.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

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

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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.

Declaration of Interest

The authors report no conflict of interest.

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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