KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 28 August 2023
Accepted 03 November 2023
Published online 20 December 2023

Journal of Assessment and Research in Applied Counseling

Volume 5, Issue 4, pp 104-112

E-ISSN: 3041-8518

Comparison of the Effectiveness of Transdiagnostic Treatment and Management of Burnout on Emotional Experience towards Spouse in Married Women

Zohreh. Ghodrati Isfahani[1], Seyed Hamid. Atashpour[2*], Zahra. Yousefi[3]

[1] Ph.D student in Counseling, Department of Psychology, Isfahan (Khorasgan) Branch, Islamic Azad University, Isfahan, Iran
[2] Associate Professor, Department of Psychology, Isfahan (Khorasgan) Branch, Islamic Azad University, Isfahan, Iran
[3] Assistant Professor, Department of Psychology, Isfahan (Khorasgan) Branch, Islamic Azad University, Isfahan, Iran

*** Corresponding author email address**: hamidatashpour@gmail.com

A r t i c l e I n f o

Article type:
Original Research

How to cite this article:
Ghodrati Isfahani, Z., Atashpour, S. H., & Yousefi, Z. (2023). Comparison of the Effectiveness of Transdiagnostic Treatment and Management of Burnout on Emotional Experience towards Spouse in Married Women. *Journal of Assessment and Research in Applied Counseling, 5*(4), 104-112.
http://dx.doi.org/10.61838/kman.jarac.5.4.12

A B S T R A C T

Objective: This research aimed to compare the effectiveness of transdiagnostic treatment and marital burnout management on the emotional experience towards the spouse in married women of Isfahan.

Materials and Methods: The present study was a quasi-experimental pre-test, post-test, follow-up design. The statistical population consisted of married women with a minimum of 10 years of marital life. Forty-eight individuals were selected through purposive sampling based on inclusion and exclusion criteria and randomly assigned to two experimental groups and one control group. While the control group received no training, the experimental groups each underwent 10 sessions of 90 minutes according to the respective protocols (Unified transdiagnostic Treatment by Barlow et al., (2010) and the Marital Burnout Management Training Package by the authors. All three groups filled out the Emotional Experience Towards Spouse Questionnaire in three stages: pre-test, post-test, and follow-up. Data were analyzed using descriptive statistics (mean and standard deviation) and inferential statistics (repeated measures analysis of variance and Bonferroni post-hoc test) with SPSS-25.

Findings: The results indicated that both transdiagnostic treatment and marital burnout management, as compared to the control group, significantly reduced overall negative emotional experience and increased positive emotional experience towards the spouse. However, in reducing negative emotional experience, transdiagnostic treatment was more effective.

Conclusion: Both transdiagnostic treatment and marital burnout management are effective in improving the emotional climate in marital relationships of women experiencing long-term marriages. They contribute significantly to reducing negative emotions and fostering positive emotional experiences towards the spouse. Transdiagnostic treatment, in particular, shows greater efficacy in diminishing negative emotional experiences, indicating its potential as a robust approach in marital interventions. These findings underscore the importance of applying targeted therapeutic approaches to enhance marital satisfaction and emotional well-being.

Keywords: *Emotional experience towards spouse, Transdiagnostic treatment, Married women, Marital burnout management.*

1. Introduction

Families, as the most crucial social institutions, are always exposed to various vulnerabilities, and the intimate relationships between spouses can be a strong shield against these harms, preserving family members (Mosadegh et al., 2023). Among these, the relationship of women with their spouses plays a significant role in the strength of the family, and neglecting this critical matter leads to burnout, domestic violence between couples, family breakdown, and ultimately an increase in social damages including divorce and more (Tajalli & Sabaghi Renani, 2021). Additionally, research indicates that women are more vulnerable to marital stressors than men and conflicts have a more negative impact on them (Parsakia et al., 2023), often experiencing more negative emotions.

Emotions are purposeful phenomena encompassing mental, biological, and social dimensions. Essentially, what causes arousal, purposefulness, and expressiveness in response to events is emotion. When an individual encounters an event, the emotion gets activated, leading the mind to respond through cognitive processes and the body through physiological processes (Zmaczyńska-Witek et al., 2019). The strongest source of emotional experience, particularly in the social and cultural dimensions of emotion, are others, and through cycles of imitation, feedback, and dissemination, individuals perceive each other's emotions. It's confirmed that women's emotional experience towards their husbands can significantly affect their marital relations (Wiebe et al., 2017).

In the family context, individuals experience some of the deepest emotions, including love, hate, anger, fear, sadness, and pleasure. Spouses' understanding of these intense emotions and their ability to discuss and manage them plays a vital role in their marital satisfaction. Individuals with positive emotional expression or experience establish more effective relationships, and by employing appropriate methods, they are better equipped to resolve conflicts and issues, show more empathy, and are more sensitive to their spouse's feelings, leading to greater marital satisfaction (Keshavarz-Afshar et al., 2015). Therefore, marital satisfaction is always connected with emotional experience in the family, such that higher positive emotional experience correlates with greater marital satisfaction, and if negative emotional experiences are high, marital conflict increases, and marital satisfaction decreases (Kolak & Volling, 2007).

Various methods have been used to improve familial constructs. One of these methods is the unified transdiagnostic treatment, innovated by Barlow and colleagues (Barlow et al., 2010). The transdiagnostic approach is essentially cognitive-behavioral therapy enhanced with emotion regulation to benefit from greater richness and enable clients to manage their negative emotions effectively with necessary skills (Abdi et al., 2013). Unified transdiagnostic treatment, based on cognitive-behavioral therapy focused on emotions and maladaptive emotion regulation strategies, is fundamentally about experiencing and responding to emotions (Ciesinski et al., 2022; Laposa et al., 2017). This treatment aims to identify and correct maladaptive emotions so that regulation of emotional experiences occurs adaptively (Timulak & Keogh, 2020), facilitating appropriate processing and consequently extinguishing disproportionate emotional responses to internal and external cues (Wilamowska et al., 2010). It's important to note that the transdiagnostic approach emphasizes both emotions and responses to emotions, encompassing all emotions, both positive and negative, as sometimes negative emotions arise from positive ones (Norton & Paulus, 2016). In other words, the focus in transdiagnostic treatment is full awareness of both positive and negative emotions and learning how to appropriately respond to emotions in different and significant situations (Samaeelvand et al., 2023). Clients learn a three-component model of thought, feeling, and behavior to better understand their emotions in various situations and, instead of surrendering or avoiding, more completely and appropriately experience their emotions (Santens et al., 2020). Thus, one of the fundamental skills in transdiagnostic treatment is the focused awareness of present emotions without personal judgment, and understanding other concepts of this treatment is not possible until this skill is fully learned. Additionally, the approach emphasizes the functional nature of emotions and their adaptability, making it easier for individuals to tolerate emotions. Therefore, individuals under transdiagnostic training experience an increased sense of coherence and cognitive awareness (Benjet et al., 2023; Bentley, 2017).

Another method for improving familial constructs is the management of marital burnout. Burnout is a behavioral-emotional-cognitive collection that arises following certain conditions and stages. These stages encompass pre-marriage, during marriage, and post-marriage phases and gradually manifest as chronic and unresolved conflicts between spouses, signifying an inability of the individual, their spouse, or unsuitable living conditions that lead thoughts, emotions, and behaviors towards distancing from

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

the spouse. However, not all individuals react the same in such situations, showing either maladaptive or adaptive responses (Falahati & Mohammadi, 2020; Pines, 1996). The maladaptive approach gradually guides the individual towards infidelity and separation, while the adaptive approach increases family preservation, hope, and optimism in the individual (Khosravi et al., 2021). In the theory of managing marital burnout, one of the causes during marriage leading to burnout is emotional dysregulation, such that the emotions at the time of marriage were not appropriate for such a significant and critical decision-making. Such individuals either experienced positive or negative over-excitement, or entirely lacked any positive or negative emotions, viewing marriage as a mechanical tool or machine, thereby the emotional experiences of this nature at the time of marriage caused them to even fail to make a proper evaluation of their future spouse (Shahabi & Sanagouye-Moharer, 2020; Yaarmohammadi Vasel et al., 2021). Moreover, an individual's emotional experience towards their spouse can cause marital burnout. The general axes in the method of managing marital burnout include: causes of burnout before and after marriage and awareness of maladaptive and adaptive solutions to reduce burnout. In this method, individuals are taught skills to increase their awareness towards improving their family relations and to make better decisions for continuing marital life. Additionally, by identifying positive and negative emotions and understanding the role of emotions in creating burnout, as well as realizing their own and their spouse's weaknesses and strengths, and increasing the overall acceptance of their and their spouse's personality with all its positive and negative traits, they discover ways to improve their mood and not solely rely on their spouse's relationship, and increase their healthy social connections (Pines, 1996; Rezvani Abdolabad & Manzari Tavakoli, 2021).

Given the significant role that women play in the stability and dynamism of the family, the relationship between couples, and with their children, as well as the numerous negative and irreplaceable experiences that can arise if emotional and emotional states of married women are neglected, serious problems can arise and ultimately have negative effects on them and their families, which will be much harder and costlier to resolve. Therefore, it is necessary to provide psychological assistance to these individuals. Despite the importance of the subject, to date, no research has investigated and compared the effectiveness of transdiagnostic methods and marital burnout management on the emotional experience towards the spouse in married women. Additionally, the results of this research can contribute to the improvement of family constructs, enrich the theoretical and research texts of dependent variables and educational-therapeutic methods of this research. Therefore, the current research seeks to find an answer to the question: Is there a significant difference in the effectiveness of transdiagnostic methods and marital burnout management training on the emotional experience towards the spouse in married women? And if so, which one of the treatments is more effective?

2. Methods and Materials

2.1. Study Design and Participants

Since selecting individuals to participate in such experiments is challenging, the selection and placement of individuals will be purposive and accessible, and the assignment of individuals to groups will be random. Therefore, this research is quasi-experimental in terms of method and applied in terms of purpose. The statistical population of the study includes married women from Isfahan, and the sample includes 48 married women who were selected purposively through voluntary sampling considering inclusion and exclusion criteria, and all individuals filled out the respective questionnaire. They were then randomly placed into 3 groups (two experimental and one control group). After obtaining the ethics code, each of the experimental groups underwent one of the respective protocols over 10 weekly sessions of 90 minutes. At the end of the training sessions, post-tests were conducted for both the experimental and control groups, and then again after 45 days as a follow-up. Inclusion criteria were: being married and having at least 10 years of marital life, literacy in reading and writing, no psychiatric disorders and substance or alcohol addiction, willingness to participate voluntarily in the research and express experiences. Exclusion criteria included: concurrent participation in individual, couple, or group counseling sessions, disrupting the order of group training, not doing group assignments, absence from more than one session, and unwillingness to participate in the research or withdrawal from the research.

2.2. Measures

2.2.1. Emotional Experience

The 41-item questionnaire of emotional experience towards the spouse was designed by Ghafranlo and Yousefi (2017). The questionnaire includes 2 factors of positive

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

emotional experience and negative emotional experience and covers the dimensions of anger, jealousy, joy, hope, sadness, anxiety, and fear, and is designed on a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5). Therefore, an individual's total score can vary between 41 to 205, and the higher subscale scores indicate that the individual's positive or negative emotional experience towards their spouse is greater (Tajalli & Sabaghi Renani, 2021).

2.3. Interventions

2.3.1. Unified Transdiagnostic Treatment

Transdiagnostic sessions derived from the Unified Transdiagnostic Treatment Sessions by Barlow et al. (2010) are presented in Table 1:

Table 1

*Unified Transdiagnostic Sessions (*Barlow et al., 2010*)*

Session	Objective
First	Establish therapeutic alliance, pre-test assessment, acquaint members with different emotions, emotional disorders, and general principles of transdiagnostic treatment
Second	Develop emotional awareness and familiarize with the functional nature of emotions/ Teach the three-component model of emotional experiences
Third	Identify and track emotional experiences/ Monitor emotional experiences/ Introduce the OAC of emotions/ Introduce the concept of learned emotional responses/ Understand what emotional experience is and its role in life satisfaction
Fourth	Teach awareness of emotions and present-focused awareness/ Learn to observe experiences and non-judgmental emotional awareness
Fifth	Teach cognitive assessment, introduce thought traps and their impact on emotional experiences, and recognize ways to escape thought traps
Sixth	Teach the concept of emotional avoidance and its impact on emotional experiences/ Introduce strategies of emotional avoidance and identify thought traps involved in emotional avoidance, identify underlying beliefs of avoidance
Seventh	Introduce emotion-based behaviors/ Teach how EDBs impact emotional experiences and identify and respond to EDBs
Eighth	Teach understanding of bodily sensations and confront them/ Teach induction of symptoms/ Teach alternative ways instead of avoiding emotional experience
Ninth	Practice and repetition of identifying emotions, coping styles, cognitive assessment, identifying thought traps, and their role in emotional experiences/ Emotional experience and its role in life satisfaction
Tenth	Review and summarize the content and conclusion/ Post-test assessment

2.3.2. Marital Burnout Management Training

Marital burnout management training derived from the training package by the authors is presented in Table 2:

Table 2

Marital Burnout Management Training Sessions

Session	Objective
First	Establish therapeutic alliance, pre-test assessment, women recognize and understand different negative emotions and become familiar with two types of negative emotions: cold and hot
Second	Explain burnout as an emotion to women and state the pros and cons of maintaining it. Explain the effects of burnout on both the individual and familial dimensions to the clients
Third	Identify their and their spouse's strengths and weaknesses
Fourth	Decide their commitment to marital life, women should be able to fairly balance their own strengths and weaknesses with their spouse's. Acquaintance with emotional experience and its role in life satisfaction
Fifth	Women realize the effect of their own flaws on creating their spouse's shortcomings and be able to formulate a burnout formula combining their own and their spouse's flaws
Sixth	After women realize their contribution to the current burnout experience, learn how to reduce burnout and help them plan for the flourishing and improvement of their emotions
Seventh	Women learn in which conditions their spouse's negative states are exacerbated, as well as which of their passive or active reactions can intensify their spouse's negative traits. Teach women methods to reduce the problem
Eighth	Practice "recording spouse's pleasing behaviors at home". Women realize how their behavioral changes can improve their relationship with their spouse, as well as find the impact of behavioral changes on themselves
Ninth	Identify the needs of women that if unmet lead to burnout from their spouse. Teach women methods to adjust needs. Teach women ways to improve conversation.
Tenth	Review, summarize the content and conclusion/ Post-test assessment

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

2.4. Data Analysis

Data were analyzed using descriptive statistics (mean and standard deviation) and inferential statistics (repeated measures analysis of variance and Bonferroni post-hoc test) with SPSS-25.

3. Findings and Results

The descriptive findings showed that the participating women were in the age range of 26 to 65 years. The majority of participants were in the 36-45 years age group, and the fewest were in the 56-65 years age group. In terms of education, in all three groups, most had a diploma level of education. In the transdiagnostic treatment and control groups, most individuals had been married between 10-19 years. In the burnout training group, most individuals had been married for 20-29 years. The fewest individuals in the transdiagnostic treatment and control groups had been married for 40-49 years, while in the burnout training group, this period was 30-39 years.

Continuing with the results of the Shapiro-Wilk test (regarding the normal distribution of variables), the Levene's test (equality of variances among groups), the Box's M test related to the equality of variance-covariance matrices, and Mauchly's test in the sphere of sphericity for the variable of emotional experience and its components are presented.

The results of the Shapiro-Wilk test indicated that for the positive emotional experience component, at all three stages of the test, the distribution was normal ($p>0.05$). For the negative emotional experience and the total emotional experience components, at all three stages of the test, the distribution was not normal ($p<0.05$). The equality of error variance for all three components at all three stages of the test was established ($p<0.05$). The equality of variance-covariance matrices (through the Box's M test) was not established ($p>0.05$). Also, Mauchly's test for the positive and negative emotional experience components and for the total emotional experience was significant ($p<0.05$), meaning that the sphericity assumption for this variable has not been met. In cases where the assumption of sphericity is not met, the Greenhouse-Geisser correction can be used in the final analysis tables. Table 3 presents the means and standard deviations of the pre-test, post-test, and follow-up stages of the emotional experience variable components in the research groups.

Table 3

Mean and Standard Deviation of Emotional Experience Variable and Its Components in Research Groups at Three Time Stages

Variable	Time	Transdiagnostic Treatment		Burnout Management Training		Control	
		Mean	SD	Mean	SD	Mean	SD
Positive Emotional Experience	Pre-test	39.875	5.149	40.125	3.931	40.000	5.228
	Post-test	55.125	1.857	50.187	5.394	40.625	5.737
	Follow-up	55.250	1.983	50.437	5.202	40.562	5.692
Negative Emotional Experience	Pre-test	67.000	16.577	67.562	17.742	67.9375	15.584
	Post-test	27.125	7.219	46.562	10.714	68.062	16.356
	Follow-up	27.187	6.978	47.125	10.645	68.562	16.309
Total Emotional Experience	Pre-test	106.875	16.333	107.687	17.992	107.937	13.997
	Post-test	82.250	7.724	96.75	10.573	108.687	13.841
	Follow-up	82.437	7.510	97.562	11.764	109.125	14.217

As seen in Table 3, for the overall emotional experience variable and its components, there were changes in the post-test and follow-up stages in the treatment groups compared to the control group. Data of repeated measures analysis of variance for the emotional experience variable and its components are presented in Table 4.

Table 4

Data of Repeated Measures Analysis of Variance (Repeated Measures) for Emotional Experience and Its Components

Variable	Source of Effect	SS	DF	MS	F	p	Eta-Squared	Power
Positive Emotional Experience	Within-group							
	Time	3026.760	1.224	1472.764	260.631	<0.001	0.813	1.000
	Time×Group Interaction	1201.115	3.672	327.090	34.476	<0.001	0.633	1.000
	Error (Time)	696.792	73.442	9.488				
	Between-group							

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

	Group	2348.807	3	782.936	10.962	<0.001	0.354	0.999
	Error	4285.396	60	71.423				
Negative Emotional Experience	Within-group							
	Time	16320.010	1.007	16208.693	156.874	<0.001	0.723	1.000
	Time×Group Interaction	8668.031	3.021	2869.636	27.773	<0.001	0.581	1.000
	Error (Time)	6241.958	60.412	103.323				
	Between-group							
	Group	18492.391	3	6164.130	10.613	<0.001	0.347	0.998
	Error	34849.104	60	580.818				
Total Emotional Experience	Within-group							
	Time	5296.594	1.031	5139.421	48.719	<0.001	0.448	1.000
	Time×Group Interaction	3487.698	3.092	1128.068	10.693	<0.001	0.348	0.999
	Error (Time)	6523.042	61.835	105.491				
	Between-group							
	Group	7881.521	3	2627.174	4.599	0.006	0.187	0.869
	Error	34273.958	60	571.233				

Given the violation of the sphericity assumption and according to Table 4, for the positive emotional experience section, the within-group effect, the time factor (F=260.631, df=1.224, p<0.01), and the interaction of time and group (F=34.476, df=3.672, p<0.01) indicate that for positive emotional experience, there is a significant difference over time and interaction of time with group (three research groups) (p<0.01). The eta-squared for the time factor is 0.813, and for the interaction of time with group, it is 0.633, and the test power for both is 1. This finding indicates that 81.3% and 63.3% of the difference in positive emotional experience, respectively, are related to the application of the independent variable (one of the treatment methods in the research) and are confirmed with 100% power. For the negative emotional experience, the within-group effect, the time factor (F=156.874, df=1.007, p<0.01), and the interaction of time and group (F=27.773, df=3.021, p<0.01) indicate that for the negative emotional experience component, there is a significant difference over time and interaction of time with group (three research groups). The eta-squared for the time factor is 0.723, and for the interaction of time with group, it is 0.581, and the test power for both is 1. This finding indicates that 72.3% and 58.1% of the difference in adaptability are related to the application of the independent variable (one of the treatment methods in the research) and are confirmed with 100% power. For the total emotional experience, the within-group effect, the time factor (F=48.719, df=1.031, p<0.01), and the interaction of time and group (F=10.693, df=3.092, p<0.01) indicate that for the interaction of time with group (three research groups) there is no significant difference (p>0.01). The eta-squared for the time factor is 0.448, and for the interaction of time with group, it is 0.348, and the test power is respectively 1 and 0.999. This finding indicates that 44.8% and 34.8% of the difference in the total emotional experience are related to the application of the independent variable (one of the treatment methods in the research) and are confirmed with 100% power. Also, as seen in Table 4 in the between-group effect section, for the positive (F=10.962), negative (F=10.613), and total emotional experience (F=4.599) components in the group factor, there is a significant difference (p<0.01). This means that the performed analysis of variance has shown a significant difference between the experimental groups (three treatment groups) and the control group. Due to the significant interaction of time with the group, the emotional experience and its components, for possible pairwise differences between the experimental and control groups, a Bonferroni post-hoc test was performed, which is presented in Table 5 at three stages of pre and post-test and follow-up.

Table 5

Bonferroni Post-hoc Test Data for Pairwise Comparison of Research Groups in Emotional Experience and Its Components

Variable	Row	Base Group	Comparison Group	Mean Difference	Standard Error	p
Time	1	Pre-test	Post-test	-8.359	0.488	<0.001
	2	Pre-test	Follow-up	-8.484	0.516	<0.001
	3	Post-test	Follow-up	-0.125	0.195	1.000
Positive Emotional Experience	4	Transdiagnostic Treatment	Burnout Management	3.167	1.725	0.428
	5	Transdiagnostic Treatment	Control	-9.688	1.725	<0.001
	6	Burnout Management	Control	-6.521	1.725	0.002

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

Time	1	Pre-test	Post-test	-19.750	1.562	<0.001
	2	Pre-test	Follow-up	-19.359	1.562	<0.001
	3	Post-test	Follow-up	-0.391	0.106	0.001
Negative Emotional Experience	4	Transdiagnostic Treatment	Burnout Management	-13.313	4.919	0.053
	5	Transdiagnostic Treatment	Control	-27.750	4.919	<0.001
	6	Burnout Management	Control	-14.438	4.919	0.028
Time	1	Pre-test	Post-test	-11.391	1.590	<0.001
	2	Pre-test	Follow-up	-10.875	1.587	<0.001
	3	Post-test	Follow-up	-0.516	0.226	0.079
Total Emotional Experience	4	Transdiagnostic Treatment	Burnout Management	-10.146	4.879	0.251
	5	Transdiagnostic Treatment	Control	-18.063	4.879	0.003
	6	Burnout Management	Control	-7.917	4.879	0.659

As seen in Table 5, for the components of positive and negative emotional experience, there is a significant difference between pre-test and post-test and between post-test and follow-up ($p<0.01$). For negative emotions, there is also a significant difference between the post-test and follow-up ($p<0.01$). The difference between both treatment groups and the control group is significant ($p<0.01$ or $p<0.05$), meaning that both treatments have led to an increase in positive emotional experience and a decrease in negative emotional experience. Also, for the overall emotional experience, there is a significant difference between pre-test and post-test and between post-test and follow-up ($p<0.01$). However, there is no significant difference ($p>0.05$) between the treatment groups. Only the difference between the transdiagnostic treatment and the control group is significant; therefore, Hypothesis One, based on the existence of a difference between the effectiveness of transdiagnostic treatment and marital burnout management on the emotional experience towards the spouse in married women, is confirmed in such a way that there was no significant difference between the effectiveness of various treatments on the total emotional experience, but in increasing positive emotional experience and decreasing negative emotional experience towards the spouse in married women, the different training methods had significant differences. In other words, both transdiagnostic and marital burnout management treatments compared to the control group have approximately equally reduced the total emotional experience and increased the positive emotional experience, but the transdiagnostic treatment had a more significant effect in reducing negative emotional experience.

4. Discussion and Conclusion

The present research was conducted to compare the effectiveness of transdiagnostic treatment and marital burnout management on the emotional experience towards the spouse in married women. The results showed that both transdiagnostic and marital burnout management treatments compared to the control group have approximately equally reduced the total emotional experience and increased the positive emotional experience, but the transdiagnostic treatment had a more significant effect in reducing negative emotional experience. In explaining the effectiveness of transdiagnostic treatment on the emotional experience towards the spouse, it can be said that in transdiagnostic treatment, individuals confront their emotional experiences and during the emotional disclosure process, they identify and feel their emotions, which breaks down their avoidances and exposes the individual to deep negative emotions and feelings they hold, although initially painful due to the revival of negative memories and causing a decline in mood, in the long term these experiences become normalized and absorbed positively, and positive feelings replace negative emotions (Ahmadi Tahoor Soltani et al., 2010). Also, since transdiagnostic treatment is cognitive-behavioral therapy with added emotion regulation to benefit from greater richness and enables clients to manage their negative emotions effectively (Abdi et al., 2013), by addressing cognitive errors and their impact on creating maladaptive emotions, then replacing maladaptive behaviors with adaptive behaviors will have an impact on the kind of emotional experience towards the spouse; thus, it's conceivable that transdiagnostic treatment can affect the emotional experience towards the spouse and increase positive experiences and decrease negative ones. The effectiveness of transdiagnostic treatment on the emotional experience towards the spouse in this study is consistent with various studies that suggest the effectiveness of transdiagnostic treatment on emotional disorders (Abdi et al., 2013; Barlow et al., 2010; Bentley, 2017; Farchione et al., 2012; Laposa et al., 2017; Norton & Paulus, 2016; Wilamowska et al., 2010).

In explaining the effectiveness of burnout management training on the emotional experience towards the spouse, it

JARAC Assessment and Research in Applied Counseling E-ISSN: 3041-8518

can be said that emotion and emotional experience are intertwined with the stressful lives of humans, and managing it plays a very important role in their adaptation and survival. The most important task in the method of marital burnout management is that by increasing emotional awareness, identifying negative emotions, and controlling them, and teaching techniques to create positive emotions, it reduces anxiety (Ahmadi Tahoor Soltani et al., 2010). In other words, by focusing on positive emotions, emotional reconstruction, and teaching emotion regulation skills, and focusing on emotions, it helps to increase the self-regulation of the client and thus changes and corrects negative emotions and the type of emotional experience; therefore, it's plausible that marital burnout management can affect the emotional experience towards the spouse and increase positive emotional experiences and decrease negative ones. Moreover, burnout management training focuses on the fact that marital burnout is not an event that only has roots in the relationship between husband and wife but its formation goes back to before marriage (Olson, 2000; Rector et al., 2014), deterring married women from solely seeking the cause of their distress and dissatisfaction in their post-marriage life and relationships, and directing them to consider events before and during marriage as well. In addition, by focusing on adaptive solutions and paying attention to the existing capacities of their life and utilizing them, it increases their enthusiasm for life, thus causing constructive and positive changes in their emotional experience towards their spouse. Another point is that one of the factors causing burnout is that family boundaries are rigid and inflexible, which will damage intimacy and commitment in the family (Keshavarz-Afshar et al., 2015) and ultimately increases the likelihood that the individual will think about extramarital relationships or desire to create relationships outside the framework of their marriage. In the burnout management method, individuals are trained to reduce the rigid boundaries between spouses and act more flexibly. They learn to improve communication skills with their spouse, increase awareness, and perform exercises that transform their relationship from a state of dependency to one of individual and healthy independence side by side, thus making the spouses closer and the boundaries between them more flexible. In the burnout management method, individuals are taught a set of skills that contribute to their psychological richness and improve their relationship with their spouse, receive more positive feedback, and experience fewer communication problems and marital conflicts, thereby reducing family anxiety and negative emotions (Fahimi & Taghvaei, 2022; Falahati & Mohammadi, 2020; Yaarmohammadi Vasel et al., 2021; Zarenezhad et al., 2019); thus, it's conceivable that burnout management training can increase positive emotional experience and decrease negative emotional experience towards the spouse. No research was found that examines the compatibility or incompatibility of this with the current research.

5. Limitations & Suggestions

The study was conducted on a specific population, which might limit the generalizability of the results. Future studies should consider a larger and more diverse sample to enhance the applicability of the findings across different populations. The time frame of the study might limit the understanding of the long-term effects of the treatments. A longitudinal approach could provide more insight into the enduring impacts of the interventions. Moreover, Comparing the effectiveness of the treatments used in this study with other therapeutic interventions can provide a more comprehensive understanding of their relative strengths and weaknesses. Future research should aim to understand the underlying mechanisms through which the treatments exert their effects, contributing to the refinement and effectiveness of therapeutic interventions.

The findings of the study should be integrated into clinical practice cautiously, considering the specific contexts and needs of individuals. Mental health professionals might use the insights from this study to better tailor their approaches when dealing with marital burnout and emotional experiences, ensuring that interventions are culturally and contextually appropriate. Finally, Therapists, counselors, and other mental health professionals should receive training on the latest research findings related to marital burnout and emotional experiences. This includes understanding the efficacy of various treatment approaches, cultural considerations, and the importance of personalized care.

Acknowledgments

We would like to express our appreciation and gratitude to all those who cooperated in carrying out this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. For the conduct of this research, an ethics code (IR.IAU.KHUISF.REC.1402.028) was obtained from the Department of Psychology of Islamic Azad University, Khorasgan branch.

Authors' Contributions

All authors equally contributed to this study.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

References

Abdi, R., BakhshiPour, A., Mahmoudalilou, M., & Farnam, A. (2013). Efficacy evaluation of unified transdiagnostic treatment on reduction of symptoms severity in women with generalized anxiety disorder [Research]. *Journal of Research in Behavioural Sciences*, *11*(5), 375-390. http://rbs.mui.ac.ir/article-1-331-en.html

Ahmadi Tahoor Soltani, M., Ramezani, V., Abdollahi, M. H., Najafi, M., & Rabiei, M. (2010). The Effectiveness of Emotional Disclosure (Written and Verbal) on Symptoms of Depression, Anxiety and Stress in Students. *Journal of Clinical Psychology*, *2*(4), 51-59. https://doi.org/10.22075/jcp.2017.2038

Barlow, D. H., Ellard, K. K., Fairholme, C. P., Farchione, T. J., Boisseau, C. L., Allen, L. B., & Ehrenreich-May, J. T. (2010). *Unified Protocol for Transdiagnostic Treatment of Emotional Disorders: Workbook*. Oxford University Press. https://doi.org/10.1093/med:psych/9780199772674.001.0001

Benjet, C., Zainal, N. H., Albor, Y., Alvis-Barranco, L., Carrasco-Tapias, N., Contreras-Ibáñez, C. C., Cudris-Torres, L., de la Peña, F. R., González, N., Guerrero-López, J. B., Gutierrez-Garcia, R. A., Jiménez-Peréz, A. L., Medina-Mora, M. E., Patiño, P., Cuijpers, P., Gildea, S. M., Kazdin, A. E., Kennedy, C. J., Luedtke, A., . . . Kessler, R. C. (2023). A Precision Treatment Model for Internet-Delivered Cognitive Behavioral Therapy for Anxiety and Depression Among University Students: A Secondary Analysis of a Randomized Clinical Trial. *JAMA Psychiatry*, *80*(8), 768-777. https://doi.org/10.1001/jamapsychiatry.2023.1675

Bentley, K. H. (2017). Applying the Unified Protocol Transdiagnostic Treatment to Nonsuicidal Self-Injury and Co-Occurring Emotional Disorders: A Case Illustration. *Journal of Clinical Psychology*, *73*(5), 547-558. https://doi.org/10.1002/jclp.22452

Ciesinski, N. K., Sorgi-Wilson, K. M., Cheung, J. C., Chen, E. Y., & McCloskey, M. S. (2022). The effect of dialectical behavior therapy on anger and aggressive behavior: A systematic review with meta-analysis. *Behaviour Research and Therapy*, *154*, 104122. https://doi.org/10.1016/j.brat.2022.104122

Fahimi, M., & Taghvaei, D. (2022). Predicting marital adjustment based on marital justice and marital burnout [Original Research]. *Journal of Assessment and Research in Applied Counseling*, *4*(1), 1-12. https://doi.org/10.52547/jarac.4.2.1

Falahati, F., & Mohammadi, M. (2020). Prediction of marital burnout based on automatic negative thoughts and alexithymia among couples. *Journal of Midwifery and Reproductive Health*, *8*(2), 2211-2219. https://doi.org/10.22038/JMRH.2020.43917.1522

Farchione, T. J., Fairholme, C. P., Ellard, K. K., Boisseau, C. L., Thompson-Hollands, J., Carl, J. R., Gallagher, M. W., & Barlow, D. H. (2012). Unified Protocol for Transdiagnostic Treatment of Emotional Disorders: A Randomized Controlled Trial. *Behavior therapy*, *43*(3), 666-678. https://doi.org/10.1016/j.beth.2012.01.001

Keshavarz-Afshar, H., Abdini, F., Ghahvehchi, F., Asadi, M., & jahanbakhshi, Z. (2015). The role emotional expressiveness and demographic factors in predicting marital satisfaction among women [Research]. *Family Pathology*, *1*(1), 59-66. http://fpcej.ir/article-1-106-en.html

Khosravi, J., Moradi, O., Ahmadian, H., & Yoosefi, N. (2021). The Causal Model of Emotional Divorce Trend Based on Self-Differentiation through Marital Affliction Mediation. *Quarterly Journal of Woman and Society*, *12*(46), 159-172. https://doi.org/10.30495/jzvj.2021.24337.3168

Kolak, A. M., & Volling, B. L. (2007). Parental Expressiveness as a Moderator of Coparenting and Marital Relationship Quality*. *Family Relations*, *56*(5), 467-478. https://doi.org/10.1111/j.1741-3729.2007.00474.x

Laposa, J. M., Mancuso, E., Abraham, G., & Loli-Dano, L. (2017). Unified Protocol Transdiagnostic Treatment in Group Format:A Preliminary Investigation With Anxious Individuals. *Behavior Modification*, *41*(2), 253-268. https://doi.org/10.1177/0145445516667664

Mosadegh, H., Darbani, S. A., & Parsakia, K. (2023). The mediating role of sexual satisfaction in the relationship between personality traits and emotional divorce in men. *Journal of Applied Family Therapy*, *4*(4), 191-202. https://www.aftj.ir/article_184086.html?lang=en

Norton, P. J., & Paulus, D. J. (2016). Toward a Unified Treatment for Emotional Disorders: Update on the Science and Practice. *Behavior therapy*, *47*(6), 854-868. https://doi.org/10.1016/j.beth.2015.07.002

Olson, D. H. (2000). Circumplex Model of Marital and Family Systems. *Journal of Family Therapy*, *22*(2), 144-167. https://doi.org/10.1111/1467-6427.00144

Parsakia, K., Rostami, M., & Saadati, S. M. (2023). The Relationship between Emotional Intelligence and Marital Conflicts Using Actor-Partner Interdependence Model. *Journal of Psychosociological Research in Family and Culture*, *1*(1), 23-28. https://journals.kmanpub.com/index.php/jprfc/article/view/521

Pines, A. (1996). Couple burnout: Causes and cures. https://psycnet.apa.org/record/1996-98548-000

Rector, N. A., Man, V., & Lerman, B. (2014). The Expanding Cognitive-Behavioural Therapy Treatment Umbrella for the Anxiety Disorders: Disorder-Specific and Transdiagnostic Approaches. *The Canadian Journal of Psychiatry*, *59*(6), 301-309. https://doi.org/10.1177/070674371405900603

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

Rezvani Abdolabad, F., & Manzari Tavakoli, V. (2021). The Effectiveness of Glaser Reality Therapy on Couple Burnout and Marital Infidelity among Couples Admitted to Counseling Centers. *Community Health Journal*, *15*(2), 21-28. https://doi.org/10.22123/CHJ.2021.206062.1374

Samaeelvand, N., Sadeghi, M., & Ghadampour, E. (2023). Comparison of Effectiveness of Integrated Models of Attachment Narrative Therapy and Unified Transdiagnostic on Cognitive Emotion Regulation Strategies in Distressed Couples. *Family Counseling and Psychotherapy*, *13*(1), 37-74. https://doi.org/10.22034/fcp.2023.62339

Santens, E., Claes, L., Dierckx, E., & Dom, G. (2020). Effortful control–A transdiagnostic dimension underlying internalizing and externalizing psychopathology. *Neuropsychobiology*, *79*(4-5), 255-269. https://doi.org/10.1159/000506134

Shahabi, S., & Sanagouye-Moharer, G. (2020). The Effectiveness of Emotional Focused Couple Therapy on Marital Burnout and Attitudes toward Infidelity of Couples. file:///C:/Users/maryam/Downloads/fkarimi,+Journal+manager,+23086.Binder1.pdf

Tajalli, G., & Sabaghi Renani, S. (2021). Predicting triangulation based on the dimensions of family adaptability, coherence, personality characteristics of oneself and spouse, along with emotional experiences of the spouse among married women [Research]. *Shenakht Journal of Psychology and Psychiatry*, *8*(1), 1-14. https://doi.org/10.32598/shenakht.8.1.1

Timulak, L., & Keogh, D. (2020). Emotion-focused therapy: A transdiagnostic formulation. *Journal of Contemporary Psychotherapy*, *50*(1), 1-13. https://doi.org/https://doi.org/10.1007/s10879-019-09426-7

Wiebe, S. A., Johnson, S. M., Lafontaine, M. F., Burgess Moser, M., Dalgleish, T. L., & Tasca, G. A. (2017). Two-year follow-up outcomes in emotionally focused couple therapy: An investigation of relationship satisfaction and attachment trajectories. *Journal of marital and family therapy*, *43*(2), 227-244. https://doi.org/https://doi.org/10.1111/jmft.12206

Wilamowska, Z. A., Thompson-Hollands, J., Fairholme, C. P., Ellard, K. K., Farchione, T. J., & Barlow, D. H. (2010). Conceptual background, development, and preliminary data from the unified protocol for transdiagnostic treatment of emotional disorders. *Depression and Anxiety*, *27*(10), 882-890. https://doi.org/https://doi.org/10.1002/da.20735

Yaarmohammadi Vasel, M., Mehrabi Pour, M., & Zoghipaidar, M. R. (2021). Prediction of Marital Burnout based on Types of Love Schemas and Marital Goal Orientations. *Journal of Modern Psychological Researches*, *16*(62), 90-108. https://dorl.net/dor/20.1001.1.27173852.1400.16.62.7.2

Zarenezhad, H., Hoseyni, S. M., & Rahmati, A. (2019). Relationships between sexual assertiveness and sexual dissatisfaction with couple burnout through the mediating role of marital conflict. *Family Counseling and Psychotherapy*, *9*(1), 197-216. https://www.sid.ir/paper/201769/en

Zmaczyńska-Witek, B., Komborska, M., & Rogowska, A. (2019). Emotional intelligence and marital communication among married couples at different stages of marriage. *Hellenic Journal of Psychology*, *16*(3), 288-312. https://doi.org/10.26262/hjp.v16i3.7900

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518