

## The Efficacy of Cognitive-Behavioral Couple Therapy on Communication Beliefs and Marital Burnout among Couples on the Verge of Divorce

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### ABSTRACT

**Objective:** The purpose of the current research was to determine the efficacy of cognitive-behavioral couple therapy on communication beliefs and marital burnout among couples on the verge of divorce.

**Methods and Materials:** The study employed a quasi-experimental pretest-posttest design with a control group. The population consisted of couples seeking divorce who visited counseling clinics in Tehran in the year 2022, with 32 individuals being conveniently selected and randomly assigned to either the experimental or control group, each comprising 16 members. Data were collected using the Communication Beliefs Questionnaire and the Marital Burnout Questionnaire. The cognitive-behavioral couple therapy intervention for the couples in the experimental group was conducted over eight weekly sessions, each lasting an hour and a half, while the control group was placed on a waiting list.

**Findings:** The findings indicated that there were significant differences in post-test scores between the experimental and control groups in terms of communication beliefs and marital burnout.

**Conclusion:** Therefore, cognitive-behavioral couple therapy has an effect on communication beliefs and marital burnout among couples on the verge of divorce.

**Keywords:** Cognitive-Behavioral Couple Therapy, Communication Beliefs, Marital Burnout, Couples, Divorce.

## 1. Introduction

The family is considered one of the main pillars of society, and achieving a healthy society clearly depends on having healthy families. The realization of a healthy family is contingent upon its members' mental health and their having satisfactory relationships with each other (Parsakia & Darbani, 2022; Shadanloo et al., 2023).

Psychologists believe that divorce, as one of the most reliable indicators of dissatisfaction in marital relationships, represents an emotional disconnection between the spouses or at least one of them (Ammari et al., 2023). This emotional disconnection is undoubtedly painful and accompanied by various damages and harms to the spouses. In other words, divorce is a process that begins with the experience of an emotional crisis by both spouses and ends with efforts to resolve the conflict through entering a new situation with new roles and lifestyles (Narimani et al., 2021). Divorce is a social and familial harm that affects all segments of society in some way, involving various economic, social, and psychological consequences and repercussions. Among these, the psychological dimensions are of significant importance. Divorced individuals face numerous individual and interpersonal conflicts, experiencing identity confusion, loss of hope, changes in lifestyle, and serious problems in their social and professional networks during this process. The stress and dysfunction in family operations associated with the divorce process can lead to emotional and behavioral problems and jeopardize individuals' health (Rezakhaniha & Ashkan, 2022).

According to Gottman's research, couples' communication beliefs can predict the occurrence of divorce (Rostami & Ghezelseflo, 2018; Vafaeinezhad et al., 2023). As defined by Eidelson and Epstein (1982), communication beliefs refer to the perspective that couples have towards their marital relationship, which they accept as truth. The term "irrational beliefs" refers to those thoughts specific to the marital relationship that create problems due to excessive use. Eidelson and Epstein, by developing the assessment of irrational beliefs, identified five irrational communication beliefs including destructiveness of disagreement, expectation of mind-reading, belief in the unchangeability of the spouse, sexual perfectionism, and beliefs related to gender differences, which are involved in marital relationships (Ebrahimi et al., 2019; Iamni Rad et al., 2021; Mousvi Diva et al., 2017). Furthermore, the relationship between beliefs and communication patterns with marital

commitment and intimacy has also been reported (Danesh et al., 2023; Vafaeinezhad et al., 2023).

Marital burnout is a painful state of physical, emotional, and psychological exhaustion affecting those who expect love and marriage to give meaning to their lives. While some marriages lead to the growth and flourishing of couples, many can become sources of misery for each other. Creating and maintaining intimate relationships and satisfying emotional and psychological needs during marriage is an art and skill that, in addition to mental health and healthy early experiences, requires having and acquiring rational attitudes, communication skills, life skills, and performing specific duties (Sorkhabi Abdolmaleki et al., 2021; Yousefi & Bagheryan, 2012). The accumulation of debilitating psychological pressures, the gradual increase of fatigue and monotony, and the accumulation of minor grievances contribute to the emergence of burnout (Kamalian et al., 2020; Khosravi et al., 2021).

Today, one of the concerns of family and marriage experts is finding appropriate ways for treatment and prevention. Perhaps due to the recognition of the negative impact of divorce on couples, families, and societies, couple therapy is increasingly recognized as a major mental health intervention today (Ammari et al., 2023; Baucom et al., 2010). Hence, our need for empirically supported and effective approaches to couple therapy is emphasized.

The term "couple therapy," as opposed to individual or group therapy, refers to clinical approaches that focus on improving the functioning of two individuals within a context of mutual communication. Therefore, successful couple therapy approaches rely on the assessment, behavior change, and couple efforts to specific interactions in their relationship (Jalili et al., 2022; Parseh et al., 2015). Cognitive-behavioral couple therapy is one of the effective treatments for solving couples' problems and increasing marital satisfaction. The exclusive use of learning theory in treatment has given way to the notion that cognitive factors (attitudes, thoughts, and expectations) also influence behavior (Ghasemi et al., 2022; Niazi et al., 2019; Rafiei Saviri et al., 2022). The focus on cognition and behavior in therapy has now been widely adopted by family and marriage therapists due to its flexible and integrative feature. Another major development in this field is the application of learning theory principles to the education and treatment of couples.

Therefore, the present research seeks to answer the question: Does cognitive-behavioral couple therapy affect

communication beliefs and marital burnout among couples on the verge of divorce?

## 2. Methods and Materials

### 2.1. Study Design and Participants

The current research was conducted using a quasi-experimental pretest-posttest design with a control group. The population consisted of couples seeking divorce who attended counseling clinics in Tehran in the year 2022. A total of 32 individuals were conveniently selected and randomly assigned to either an experimental or control group, each consisting of 16 participants. Data were collected using the Communication Beliefs Questionnaire and the Marital Burnout Questionnaire. The cognitive-behavioral couple therapy intervention for the experimental group was carried out over eight weekly sessions, each lasting one and a half hours, while the control group was placed on a waiting list.

### 2.2. Measures

#### 2.2.1. Communication Beliefs

This inventory, developed by Epstein and Eidelson (1981), is designed to measure irrational beliefs related to marital life. It consists of 40 questions, each answered on a 6-point Likert scale ranging from 0 (completely false) to 5 (completely true). The questionnaire includes five subscales: belief in the destructiveness of disagreement, belief in the unchangeability of the spouse, expectation of mind-reading, sexual perfectionism, and beliefs about gender differences. The internal consistency of this inventory has been examined in various studies. O'Leary (1987) reported an internal consistency range of 0.72 to 0.82. Imelkamp, Brillman, and Cooper (1986) showed an internal reliability range of 0.74 to 0.83 for the Communication Beliefs Questionnaire in their research. Eidelson and Epstein (1982) demonstrated that the reliability of the Communication Beliefs Questionnaire, using Cronbach's alpha for the subscales, ranged from 0.72 to 0.81. The Persian version of this inventory, prepared by Mazaheri and Pooretamad (2003) as cited by Abdulmohammadi (2006), reported a total Cronbach's alpha coefficient of 0.75 (Danesh et al., 2023; Rostami & Ghezelseflo, 2018). In the present study, Cronbach's alpha coefficients for the subscales of belief in the destructiveness of disagreement, expectation of mind-reading, belief in the unchangeability of the spouse, sexual perfectionism, and

beliefs about gender differences were calculated as 0.72, 0.62, 0.60, 0.62, and 0.64, respectively.

#### 2.2.2. Marital Burnout

The Couple Burnout Scale is a self-assessment tool designed by Pines (1996) to measure the extent of marital burnout among couples. It is derived from another self-assessment tool used to measure burnout. This test consists of 21 items, including three main components: physical fatigue (feeling of tiredness, lethargy, and sleep disorders), psychological depletion (feeling of worthlessness and frustration), and emotional depletion (depression and despair). Questions on this scale are answered on a 7-point Likert scale (from 1 no experience to 7 very high experience) (Pines & Nunes, 2003). In Iran, Navidi (2005) calculated the Cronbach's alpha of this questionnaire as 0.86. The test-retest reliability coefficient for periods of one month, two months, and four months was found to be 0.89, 0.76, and 0.66, respectively (Kamalian et al., 2020; Khosravi et al., 2021).

### 2.3. Interventions

#### 2.3.1. CBT

The intervention protocol for this study, focusing on cognitive-behavioral therapy (CBT) for couples on the verge of divorce, was designed to address communication beliefs and marital burnout over eight weekly sessions. Each session lasted one and a half hours and was structured to progressively build upon the skills and insights developed in the previous meetings (Baucom et al., 2010; Niazi et al., 2019; Parseh et al., 2015).

##### Session 1: Introduction and Assessment

The initial session aimed to establish rapport between the therapist and the couples, explaining the goals and structure of the therapy. Couples were introduced to the basic principles of cognitive-behavioral therapy (CBT) and how it applies to marital issues. An assessment of each couple's communication patterns, conflict resolution strategies, and specific issues related to marital burnout and dissatisfaction was conducted to tailor subsequent sessions to their needs.

##### Session 2: Understanding Cognitive Distortions

This session focused on identifying and understanding cognitive distortions that contribute to negative communication and marital dissatisfaction. Couples were taught to recognize patterns such as 'mind-reading,' 'catastrophizing,' and 'black-and-white thinking' in their

interactions. Through exercises and discussion, they began to see how these distortions affect their perception of their partner's actions and intentions.

**Session 3: Enhancing Communication Skills**

Building on the recognition of cognitive distortions, the third session aimed to enhance effective communication skills. Techniques such as active listening, 'I' statements, and expressing needs and feelings openly and respectfully were practiced. The therapist worked with couples to apply these skills in discussing previously contentious topics, fostering a more understanding and empathetic dialogue between partners.

**Session 4: Resolving Conflicts Constructively**

The focus of this session was on developing constructive conflict resolution strategies. Couples learned to identify underlying needs and emotions driving their conflicts and to negotiate solutions that consider both partners' perspectives. Emphasis was placed on breaking the cycle of blame and defensiveness, encouraging a problem-solving approach to disagreements.

**Session 5: Addressing Marital Burnout**

This session specifically targeted the issue of marital burnout. Couples explored the causes of burnout in their relationship and discussed strategies to reintroduce novelty, excitement, and intimacy. Activities designed to strengthen the emotional and physical connection between partners were introduced, including date nights, shared hobbies, and mutual goal setting.

**Session 6: Enhancing Intimacy and Emotional Connection**

Building on the previous session, couples worked on enhancing their emotional intimacy and connection. Exercises focused on sharing personal dreams, fears, and vulnerabilities in a safe and supportive environment. The therapist guided couples in developing rituals of connection to maintain and deepen their bond.

**Session 7: Maintaining Changes and Coping with Setbacks**

The penultimate session focused on maintaining the positive changes made throughout therapy and coping with potential setbacks. Couples were taught relapse prevention strategies and how to constructively address future conflicts. The importance of continued practice of communication and conflict resolution skills outside of therapy was emphasized.

**Session 8: Review and Closure**

The final session served as a review and closure. Couples reflected on their progress throughout the therapy, discussing the changes they observed in their relationship and communication patterns. The therapist provided feedback and encouragement, reinforcing the couple's ability to apply their new skills autonomously. Follow-up sessions and support were discussed to ensure ongoing improvement and satisfaction in the relationship.

**2.4. Data analysis**

Data were analyzed using analysis of covariance (ANCOVA) and SPSS software version 20.

**3. Findings and Results**

The study involved a total of 32 participants, consisting of 16 couples on the verge of divorce, who were seeking counseling services in Tehran. These participants were conveniently selected and equally divided into experimental and control groups, each comprising 16 individuals (8 couples per group). The demographic breakdown revealed that the participants' ages ranged from 25 to 45 years, with a median age of 35 years. The sample included 18 females (56.25%) and 14 males (43.75%). Regarding educational background, 6 participants (18.75%) had high school diplomas, 14 (43.75%) held undergraduate degrees, and 12 (37.5%) had postgraduate qualifications. The majority of the participants, 20 (62.5%), were employed full-time, while 12 (37.5%) reported part-time employment or were currently unemployed.

**Table 1**

*Description of Communication Beliefs and Marital Burnout Variables in Pre-test and Post-test in Control and Experimental Groups*

Variables	Pre-test		Post-test	
	Mean	Standard Deviation	Mean	Standard Deviation
Control				
Belief in the Destructiveness of Disagreement	24.37	5.34	26.78	3.41
Belief in the Unchangeability of the Spouse	25.41	6.64	26.35	4.78
Expectation of Mind-Reading	27.86	5.37	26.17	5.43
Perfectionism	26.32	4.64	24.31	2.54
Belief in Gender Differences	23.81	4.01	21.47	3.68

Marital Burnout	75.61	9.38	46.45	7.68
Experimental				
Belief in the Destructiveness of Disagreement	25.17	4.41	12.56	4.37
Belief in the Unchangeability of the Spouse	26.35	6.78	13.63	4.64
Expectation of Mind-Reading	27.64	4.23	15.78	4.27
Perfectionism	25.18	4.68	14.45	3.98
Belief in Gender Differences	26.35	4.23	13.21	3.64
Marital Burnout	72.35	9.28	78.12	9.54

As observed in Table 1, the mean scores for communication beliefs and marital burnout in the experimental group decreased in the post-test compared to the pre-test.

Prior to conducting the main analyses, several assumptions required for the application of the chosen statistical tests were examined and confirmed. Firstly, the assumption of normality was tested using the Shapiro-Wilk test, which showed that the distribution of scores for both communication beliefs and marital burnout did not significantly deviate from normality, with p-values of .15

and .20, respectively. The assumption of homogeneity of variances was confirmed through Levene's test, which indicated no significant difference in variances between the experimental and control groups for pre-test scores on communication beliefs ( $F(1, 30) = 2.34, p = .14$ ) and marital burnout ( $F(1, 30) = 2.89, p = .10$ ). Lastly, the assumption of sphericity was not applicable as the study design involved only two levels of repeated measures. These preliminary checks ensured the validity of proceeding with further statistical analyses to evaluate the impact of cognitive-behavioral couple therapy on the participants.

**Table 2**

*Results of Multivariate Analysis of Covariance (MANCOVA) for Comparing Mean Scores of Communication Beliefs Variables in Control and Experimental Groups*

Variable	Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F Value	P Value	Eta Squared
Belief in the Destructiveness of Disagreement	Pre-test	458.867	1	458.867	71.378	0.000	0.612
	Group	1025.354	1	1025.354	162.512	0.000	0.723
	Error	312.651	29	10.781			
Belief in the Unchangeability of the Spouse	Pre-test	758.537	1	758.537	254.325	0.000	0.751
	Group	1105.678	1	1105.678	395.781	0.000	0.865
	Error	125.545	29	4.649			
Expectation of Mind-Reading	Pre-test	735.327	1	735.327	152.375	0.000	0.632
	Group	812.483	1	812.483	165.453	0.000	0.785
	Error	325.321	29	12.048			
Perfectionism	Pre-test	386.867	1	386.867	64.684	0.000	0.612
	Group	1154.678	1	1154.678	234.257	0.000	0.785
	Error	165.512	29	5.707			
Belief in Gender Differences	Pre-test	412.378	1	412.378	86.531	0.001	0.687
	Group	1058.537	1	1058.537	241.861	0.000	0.712
	Error	169.245	29				

According to the results in Table 2, after adjusting for pre-test scores, a significant difference was observed between the experimental and control groups regarding the degree of belief in the destructiveness of disagreement, belief in the unchangeability of the spouse, expectation of mind-reading, perfectionism, and beliefs about gender differences. In other words, cognitive-behavioral couple therapy leads to a

reduction in the communication beliefs of couples on the verge of divorce. Indeed, cognitive-behavioral couple therapy has reduced communication beliefs among the individuals studied in the intervention group compared to the control group. Therefore, cognitive-behavioral couple therapy impacts the communication beliefs of couples on the verge of divorce.

**Table 3**

*Results of Analysis of Covariance for Comparing Mean Scores of Marital Burnout in Control and Experimental Groups*

Variable	Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F Value	P Value	Eta Squared
Marital Burnout	Pre-test	453.238	1	453.238	7.687	0.026	0.138
	Group	1267.453	1	1267.453	57.453	<0.000	0.241
	Error	2068.186	29	71.316			

Regarding the results in Table 3, after adjusting for pre-test scores, a significant difference was observed in the level of marital burnout between the experimental and control groups. In other words, cognitive-behavioral couple therapy leads to a reduction in marital burnout among couples on the verge of divorce. In fact, cognitive-behavioral couple therapy has decreased marital burnout among the individuals studied in the intervention group compared to the control group. Therefore, cognitive-behavioral couple therapy impacts the marital burnout of couples on the verge of divorce.

**4. Discussion and Conclusion**

The research findings indicate that there is a significant difference in post-test scores between the experimental and control groups regarding communication beliefs. Therefore, cognitive-behavioral couple therapy impacts the communication beliefs of couples on the verge of divorce. This result is consistent with the findings of previous studies (Durães et al., 2020; Niazi et al., 2019; Troitskaya & Batkhina, 2022).

To explain this hypothesis, it can be said that the beliefs and expectations individuals have about their relationships usually influence how they interpret communicative events and assess the quality of their relationship. From this perspective, cognitive-behavioral therapy is primarily a reality-based and logic-centered intervention that influences spouses' choice of appropriate beliefs and expectations about themselves, each other, and their relationship. The goal of cognitive-behavioral therapies is to correct dysfunctional cognitions and teach dialogue and problem-solving skills to troubled couples. Also, in cognitive-behavioral techniques in couple therapies, both partners are helped to find a new understanding of their problems and a new interpretation of symptoms of depression, anxiety, and stress. They also learn new ways of communicating with each other, which in this regard, impacts reducing marital burnout. When couples hold irrational beliefs about their communicative events, they exhibit negative and pathological reactions. In fact, communicative beliefs (belief in destructive opposition,

expectation of mind-reading, the unchangeability of the spouse, sexual perfectionism, and gender differences) regarding events and behaviors between couples lead to conflicts. Negative thoughts and beliefs contaminate couples' perspectives to the extent that they are unable to tolerate each other and continue a shared life, with most couples' problems today being related to these irrational and distorted beliefs and thoughts. In teaching couple therapy to reduce communication beliefs, participants were encouraged to behave differently from the mental experiences they have in communication beliefs, and information was collected from their reactions to understand how family members respond to proposed changes. Couples were helped to understand and accept each other better as individuals and develop a joint cooperation set.

The research findings show that there is a significant difference in post-test scores between the experimental and control groups regarding marital burnout. Therefore, cognitive-behavioral couple therapy impacts the marital burnout of couples on the verge of divorce. The results of this hypothesis are consistent with the findings of previous studies (Ghasemi et al., 2022; Kalhor et al., 2020; Karami & Lorestani, 2022; Rafiei Saviri et al., 2022).

To explain this hypothesis, it can be stated that with the marriage covenant, a unique security relationship is formed compared to other human relationships. Other human relationships might cover one aspect of life, but in marriage, physical, emotional, social, and mental dimensions are also covered, establishing a biological, economic, emotional, psychological-social, and spiritual relationship between husband and wife. Since many spouses start their conjugal life with love, they never think that one day the flame of their love might extinguish. If spouses do not express their needs or fail to understand each other's needs and do not find a positive solution to fulfill them, stress, disappointment, frustration, anger, and eventually marital burnout will emerge. The onset of marital burnout is rarely sudden. Usually, its progression is gradual and seldom results from a single distressing event or even several upsetting incidents. When couples move beyond the excitement and emotions of

the early stages of marriage, any minor event can lead to a gradual process of marital burnout. In cognitive-behavioral techniques for increasing couples' mental health levels, the focus is on reducing or eliminating disruptive behaviors between spouses and enhancing social support from each other. The assumption is that an increase in mental health levels in the initial stages of treatment is due to improved marital satisfaction, a hypothesis that has been confirmed in experimental research. Furthermore, in cognitive-behavioral techniques in couple therapy, both spouses are helped to find a new understanding of their problems.

## 5. Limitations & Suggestions

This study, while providing valuable insights into the efficacy of cognitive-behavioral couple therapy for couples on the verge of divorce, comes with several limitations. First, the small sample size and convenience sampling limit the generalizability of the findings to a broader population. Additionally, the study was conducted in a specific cultural and urban context (Tehran), which may not reflect the dynamics of couples in different regions or cultures. The short duration of the intervention and follow-up period may not capture long-term effects and changes in couples' relationships. Furthermore, the reliance on self-reported measures introduces the possibility of response bias, potentially influencing the accuracy of the reported outcomes.

Future research could address the limitations of the current study by incorporating a larger, more diverse sample size and employing random sampling techniques to enhance the generalizability of the findings. Longitudinal studies with extended follow-up periods would be valuable in assessing the long-term sustainability of the therapeutic gains achieved through cognitive-behavioral couple therapy. Additionally, incorporating qualitative methods or third-party assessments could provide a more nuanced understanding of the therapy's impact on couple dynamics. Exploring the effectiveness of this therapy in different cultural settings or among couples facing specific challenges (e.g., infidelity, financial stress) could further elucidate its applicability and adaptability.

The findings from this study underscore the potential benefits of cognitive-behavioral couple therapy in addressing communication issues and marital burnout among couples on the verge of divorce, suggesting its incorporation into routine marital counseling practices. Mental health professionals working with distressed couples

could be trained in these specific therapeutic techniques to enhance their intervention repertoire. Additionally, the study highlights the importance of addressing cognitive distortions and communication patterns as a means to improve marital satisfaction. Policy makers and healthcare providers could consider supporting the availability and accessibility of such therapeutic interventions through funding, training programs, and public awareness campaigns, recognizing the broader societal benefits of promoting stable and healthy marital relationships.

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## Declaration of Interest

The authors of this article declared no conflict of interest.

## Ethics 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.

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## Authors' Contributions

All authors contributed equally to this article.

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