

## Original Article

# The effectiveness of cognitive behavioral couple therapy on love and marital burnout in couples with marital conflict

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### Abstract

The aim of this study was to investigate the effectiveness of cognitive behavioral couple therapy on love and marital burnout in couples with marital conflict. This study was quasi-experimental with pre-posttest design with a control group. The population of this study included all couples with marital conflict referring to counseling and psychology clinics in Tehran in 2018. The sample in this study was 40 couples with marital conflict referring to two counseling and psychology clinics of Tehran in 2018 who were selected by availability sampling and were divided into two experimental and control groups (20 for each group). Dyadic Adjustment Scale Couple Burnout Measure and Sternberg Love Questionnaire were used for data collection. Multivariate analysis of covariance (MANCOVA) was used for data analysis using SPSS-22 software. The results showed that cognitive-behavioral couple therapy had a significant effect on love and marital burnout ( $p < .001$ ). Based on these results, it can be said that dysfunctional cognitions of couples and emotions caused by negative cognitions lead to ineffective behaviors and marital conflict. Therefore, cognitive-behavioral couple therapy can reduce ineffective behaviors in couples by targeting people's cognitions and emotions, leading to increased love and reduced marital burnout.

### Keywords

Marital conflict, love, marital burnout, cognitive-behavioral couple therapy.

Received: 2022/02/02

Accepted: 2022/02/21

Available Online: 2022/03/03

## Introduction

Marital conflict arises when couples are unable to successfully resolve their issues. This turbulence is due to their different and similar patterns and their initial motivations and needs. Couples may experience problematic differences such as the need for intimacy versus the need for independence. Such differences can be problematic with the passage of time as couples try to adapting to life changes (Worrell, 2015).

It is clear that marital burnout does not occur quickly and without cause. Gorkin (2009) suggest that marital burnout between couples is a gradual process that occurs over time and after enduring stress, tension, and unfulfilled needs, as well as due to a set of irrational expectations from the spouse and marital life. The results of various studies have also emphasized the prominent role of marital conflict in the occurrence of marital burnout (Mohsenzadeh, Nazarei & Arefei, 2011; Birditt, Brown, Orbuch & McIlvane, 2010). In this regard, Barry,

Lawrence & Langer (2008) showed in their research that marital conflict has an effective role in accelerating the burnout process by limit the possibility of intimate situations in relationships. Of course, as Lingren (2013) points out, Couples may start insult and humiliate each other after getting burnout of married life and even wishing death to each other. Thus, the relationship between marital burnout and marital conflict is reciprocal, so that intervention in each of them will affect the other. Love is another factor that has a significant relationship with marital conflict (Carandang & Guda, 2015; Huber, Navarro, Womble & Mumme, 2010). Love is one of the most effective factors on the satisfaction of couples and helps to Strengthening Families Foundation; so that some consider love as the basis of marital relationships (Acevedo & Aron, 2009). One of the basic aspects of love is intimacy. Patrick, Sells, Giordano, and Tollerud (2007) believes that Couples who are more intimate may have a greater ability to deal with problems, change their relationship, and thus greater marital satisfaction. Therefore, improving emotional relationships and marital

burnout is one of the important goals of treatment that can reduce marital conflict and increase marital satisfaction.

One of the most important relationships in people's lives that they expect to meet their psychological need to love and be loved is "love". There are several definitions of love. These definitions and descriptions have different names for love, but all are attempting to define the same construct. A more recent definition of romantic love informed by evolutionary theory has been proposed by [Fletcher, Simpson, Campbell & Overall \(2015\)](#). Rather than providing a discrete series of sentences, they propose a working definition of "romantic love" that is explained with reference to some of the psychological research on romantic love and by summarizing five distinct features of romantic love. These features are: (1) Romantic love is a powerful commitment device, composed of passion, intimacy, and caregiving; (2) Romantic love is universal and is associated with pair-bonding across cultures; (3) Romantic love automatically suppresses effort and attention given to alternative partners; (4) Romantic love has distinct emotional, behavioral, hormonal, and neuropsychological features; and (5) Successful pair-bonding predicts better health and survival across cultures for both adults and offspring ([fletcher et al., 2015](#)). Despite these attempts to define and describe romantic love, no single term or definition has been universally adopted in the literature. The psychological literature often uses the terms "romantic love," "love" and "passionate love" ([Sternberg and Sternberg, 2019](#)).

Psychologists describe love as a fundamental and positive emotion. Freud (1997) briefly defines mental health as "the ability to love and work." According to Maslow, the need for love represents not only a response to a deficiency, but that love is also a process motivated by the same impulses that lead to self-actualization ([Zewude, & Habtegiorgis, 2021](#)). The work of [Spitz \(1946\)](#) and [Bowlby \(1952\)](#) has tended to indicate that love is one of these basic psychological needs and its absence can lead to psychopathology ([Londero-Santos, Natividade, & Féres-Carneiro, 2021](#)). Sternberg's triangular theory of love (1986) proposes that love is composed of three distinct but interrelated components: intimacy, passion, and decision/commitment; thus, love as a psychological phenomenon has three components: behavior (intimacy), emotion (desire or passion) and cognition (commitment). Moreover, Love is a complex neurobiological phenomenon, relying on trust, belief, pleasure and reward activities within the brain, i.e., limbic processes ([Quintard, Jouffe, Hommel, & Bouquet, 2021](#)). Some findings ([Song, Zou, Kou, Liu, Yang, & et al, 2015](#)) showed that love has a stress-reducing and health-promoting potential and may activate areas known to relate to emotion, attention, motivation, and memory (i.e., limbic structures) and control the autonomic nervous system; that is reduce stress and improve immune system functions. Other studies have shown that love is an important predictor

of happiness, satisfaction, and positive emotions ([García-Fernández, 2021](#); [Hudson, Lucas, Donnellan, 2020](#)), facilitating reproduction ([Buss, 2019](#)), and provide a sense of security and reduce feelings of stress and anxiety ([Romney, Hahn-Holbrook, Norman, Moore, & Holt-Lunstad, 2019](#)).

Another effective aspect of married life is to pay attention to the differences between men and women; the greater similarity between two people when establishing a marital bond, the less conflict will occur between them. Because the incompatibility of couples can cause Dispute ([Pirnahad, Armanmehr, Hejazi, Moradi, Hooshmand & et al, 2017](#)). Many couples marriage based on love and never think that the flame of their love may be extinguished in the future. However, for many couples it fades over time ([Nejatian, Alami, Momeniyan, Noghabi, & Jafari, 2021](#)), and this is exactly when burnout begins. Marital Burnout is defined as physical, emotional and psychological frustration and results from inconsistency between the reality and the individuals' expectations ([Lingren, 2003](#)). Burnout in marital life has a gradual process and is development can cause the termination of the marital relation, and that's when the couple realizes that despite their constant efforts, this relation is no longer meaningful to them ([Raghibi, & Sanatnama, 2019](#)). The concept of marital burnout is not a static concept and most couples in their marital life experience minor changes in the level of satisfaction; and as a result, they always have to actively adapt to various and changeable physical, social and psychological aspects of their environment ([Pourmohseni Kolouri, Zohri, Atadokht, & Mowlaie, 2020](#)). [Kayser \(1993\)](#) believes that although all couples experience burnout in some way, many of them continue to live together in poor quality and forming an unstable marital life that is prone to breakup and will certainly be accompanied by a wealth of thoughts and ideas about separation ([Fallahian, & Mikaeli, 2019](#)).

One of the approaches to family and couple therapy that has received considerable attention from psychologists and counselors is cognitive behavioral couple therapy (CBCT). Cognitive-behavioral couple therapy (CBCT) provides a good fit for intervening with couples experiencing a wide variety of stressors originating within or outside their relationship. It focuses on the interplay among partners' cognitions, emotional responses and behavioral interactions. CBCT applies cognitive therapy methods for addressing partners' cognitions and emotional responses, as well as behavioral procedures for improving couple communication, problem-solving, and exchanges of pleasing rather than distressing actions. It is a systemic model in that it tracks interaction cycles in which partners continuously influence each other ([Epstein, & Zheng, 2017](#)).

The purpose of CBCT techniques is to help couples who have poor communication skills and suffer from problem-solving problems that affect the interaction process in their relationship. The most important topics in couple therapy are training for communication skills,

problem solving, conflict resolution, identifying and expressing emotions, expressing sexual feelings and problems, cognitive reconstruction, and acceptance and tolerance (Dugal, Bakhos, Bélanger & Godbout, 2018; Epstein & Zheng, 2017; Pentel, Baucom, Weber, Wojda, & Carrino, 2021; Yazar, & Tolan, 2021). Cognitive-behavioral couple therapy interventions have been effective in improving inappropriate communication (Baucom, Sevier, Eldridge, Doss & Christensen, 2011; Yalcin & Karahan, 2007) and solving marital problems (Ebadi, Pasha, Hafezi, & Eftekhar, 2018; Easton, Crane, & Mandel, 2018; Alizadeh, Turkestani, Oohadi, & Rezveh, 2019). CBCT may improve relationship satisfaction, promote psychological well-being, as well as reduce emotional and psychological violence (Hurless & Cottone, 2018). Other study showed that cognitive-behavioral couple therapy is effective on social and marital adjustment and skills (Durães, Khafif, Lotufo-Neto & Serafim, 2020). Ahmadi, Shahverdi, Rezaei, Bakhtiari, Sadeghi, & et al. (2019) also reported that cognitive-behavioral couple therapy is effective in improving mental health and reducing marital conflict.

Although marital burnout is one of the important causes and consequences of marital conflict and finally, it can lead to the breakup of relationships between couples and even divorce; so far, no research has investigated the effect of cognitive-behavioral therapies on marital burnout in conflicting couples. Evaluating the effectiveness of this treatment in reducing marital burnout and conflicts can play an important role in Saving the Institution of the Family and increasing health of this. Another variable that no research has examined so far is the role of cognitive-behavioral therapies in increasing couples' love and affection at each other. Although conflict between couples reduces aspects of love between couples and can affect intimacy, commitment, and sexuality, no study examines systematically the effect of cognitive-behavioral therapy on Different aspects of love in conflicting couples.

With regard to the above-mentioned points and research background about CBCT, this study seeks to answer the question: Does cognitive-behavioral couple therapy affect love and marital burnout in couples with marital conflict?

## Method

The method used in this study was quasi-experimental with pre-test-posttest design with a control group. The population of the present research included all couples with marital conflict, referring to two counseling and psychology clinics of Tehran in 2020. A convenience sampling was used to select participants from among literate individuals who married for one year or more and lived in Tehran at the time of the study. Among these individuals, 40 couples (80 persons) with marital conflict or troubled relationships based on Dyadic Adjustment Scale (their score on the

Spanier dyadic adjustment scale was one standard deviation below the mean) were selected and randomly assigned to two equal groups: 20 couples in the control group, and 20 couples in the experimental group (CBCT group). Inclusion criteria for this study included: having at least fifth grade elementary education, one year of marriage and living in Tehran city. Exclusion criteria also included non-cooperation with the couple therapist, absenteeism more than twice during the treatment session, and the occurrence of an adverse event such as death or a specific illness.

## Procedure

After the informed consent was obtained from the couples, the sample WAS selected from the couples with marital conflict by convenience sampling. The sample was divided into 2 groups (experimental and control groups) using random assignment. Before the intervention began, both groups completed the questionnaires and were assessed at pretest; then experimental group underwent 10 sessions (each session was 90 minutes) as cognitive-behavioral couple therapy as experimental condition. After sessions ended, the post-test was administered to all subjects in both groups. Group intervention sessions held once a week in the psychology and counseling clinic in a group context. After data was collected, the hypotheses of this study were tested by multivariate analysis of covariance (MANCOVA) using SPSS-22 software.

## Instrument

### *Dyadic Adjustment Scale (DAS):*

The DAS was created by Spanier in 1976 and measures global marital adjustment (Abedi, Darvari, Nadighara & Rostami, 2014). It is a 32-item scale to measure the quality of marital relations. The DAS includes the dimensions of marital satisfaction (10 items), mutual solidarity (5 items), mutual agreement (13 items), and expression of love (4 items). All items are scored on a 6-point Likert-type scale, ranging from 0 to 5, except for items 23 and 24, i.e. scored on a 5-point Likert-type scale, ranging from 0 to 4. The total score is between 0 to 151. The higher scores indicate better relationship. The total score of DAS with Cronbach's alpha of 0.96, has a significant internal consistency. The internal consistency of the subscales is between good to excellent: dyadic satisfaction = 0.94, dyadic cohesion = 0.81, dyadic consensus = 0.90, and affectional expression = 0.73 ( $P < 0.001$ ) (Spanier, 1976). Sharpley and Cross (1982) reported that the reliability of DAS was 0.96. In another study by Spanier, and Thompson (1982), the Cronbach's alpha coefficient was 0.91. In Iran, in the study of Molazadeh (2002), the reliability coefficient was 0.86 ( $P < 0.001$ ) and Cronbach's alpha was 0.89. Using concurrent implementation of DAS and Lock-Wallace Marital Adjustment Test (LWMAT), the validity coefficient for 76 couples similar to the sample couples was obtained to be 0.90. ( $P < 0.01$ ).

### Couple Burnout Measure (CBM):

Couple burnout measurement is a self-evaluation scale that was developed by Pines (1996) to assess marital burnout among married couples. It includes 21 items, evaluates an individual's physical, (for example, a sense of fatigue and sleep disorder) emotional, (for example feeling of depression, despair and falling in the trap) and mental (like feeling anger and frustration) exhaustion levels. In order to assess individuals' marital burnout levels, a seven-point frequency scales (1 never and 7 always) was answered based on self-report. A higher score on this scale is a sign of more burnout. The reliability coefficient of this scale has been calculated by the test-retest method in a one-month period equal to 0.76 and using the Cronbach's alpha method in the range between 0.91 to 0.93 (Pins, 1996). In a study conducted by Adib Rad and Adib Rad (2005), the test-retest reliabilities were 0.89, 0.76, and 0.66 for a one-, two-, and four-month period, respectively. Internal continuity was measured for the majority of subjects with an alpha coefficient which was in the range of 0.91 to 0.93 (Adib

Rad 7 Adib Rad, 2005). Correspondingly, the reliability coefficients using Cronbach's alpha in the studies by Bashir (2016) were 0.79.

### Sternberg's Triangular Love Scale (STLS):

Sternberg's Triangular Love Scale (STLS) has 45 items, of which 15 measure Intimacy, 15 Passion and 15 Decision/commitment. Each of these items is evaluated with a Likert type scale, where one point represents "not at all", 5 "moderately" and 9 "extremely". According to Sternberg's research, the correlation of subscales was 0.21 to 0.65 and the internal correlation of subscales was also high. The reliability coefficient for the whole test was 0.90 (Sternberg, 1997). Ghomrani and Sadat JafarTabatabayi (2006) reported the reliability of Sternberg's love triangle questionnaire by using Cronbach's alpha as 0.92. Also they reported validity using the correlation with the total score for the three components of intimacy, passion, and commitment to, respectively as 0.66, 0.92 and 0.77.

**Table 1.** A summary of the sessions

Session	Content of the sessions
Session 1	-Communicate and preparing to sessions. -Explain the method and goals of the sessions.
Session 2	-Identify unrealistic beliefs and expectations about intimacy. -Examining expectations, beliefs and fantasies about intimacy and marital relationships, showing the effect of destructive beliefs on feelings and behaviors
Session 3	-Correction of cognitive errors. -Elimination of misunderstandings caused by misunderstandings or different from each other and introduction of cognitive errors.
Session 4	-Identify attributional patterns and their effect on the relationship, explain goals and realistic expectations -Examining false attributions and unrealistic expectations, questioning false attributions and expectations, getting acquainted with mutual expectations and paying attention to each other's positive characteristics
Session 5	-Develop the ability to clear transmit and receive and effective thoughts, feelings and needs of each other - Assess problems related to the sender and receiver of the message, practice and train the skills of the sender and receiver of the message
Session 6	- Develop empathetic comprehension and listening skills - Assess couples' communication patterns and barriers, practice and teach effective communication skills
Session 7	- Increase positive behavioral exchanges -Recognize patterns of reinforcement and punishment of each couple, increase positive reinforcers and reduce punishment, understand and objectify behavior
Session 8	- Reduce problems and learn to solve problems - Examining existing problems and evaluating couples' problem-solving methods, training and practicing the steps of problem-solving methods
Session 9	- Reduce conflicts between couples - Study of couples' conflicts, study of conflict resolution patterns and its consequences, training and practice of conflict resolution methods
Session 10	Summarizing and performing post-test

## Results

The highest age range of couples in the group of cognitive-behavioral couple therapy was related to 30 years with 4 people, which included 12.5%. The highest age range of couples in the control group was 30 years with 5 people, which accounted for 15.6%. Among the couples in the experimental group, 12.5% had a diploma, 9.4% had a master's degree, 46.9% had a bachelor's degree and 31.3%

had a master's degree. Also, among the couples in the control group, 12.5% had a diploma, 9.4% had a master's degree, 37.5% had a bachelor's degree and 40.6% had a master's degree. Among the couples in the experimental group, 9.4% had no children, 21.9% had one child, and 18.8% had two children. Also, among the couples in the control group, 9.4% had no children, 25% had one child, and 15.6% had two children.

**Table 2.** Pre-test/post-test mean and standard deviation of Love and Marital burnout among groups under study

Dependent variable	Component	Experiment				Control			
		Pre-test		Post-test		Pre-test		Post-test	
		M	SD	M	SD	M	SD	M	SD
Love	Intimacy	55.33	8.41	101.71	6.38	56.56	6.25	54.06	6.60
	Passion	56.43	7.83	102.43	5.40	57.87	6.41	57.59	5.24
	Commitment	58.28	7.37	102.68	5.30	57.18	7.80	56.06	6.29
	Total	170.03	18.30	306.74	12.97	171.62	14.41	167.71	12.33
Marital burnout	Physical exhaustion	36.50	5.06	19.53	3.06	35.75	4.42	35.50	5.18
	Emotional exhaustion	39.28	3.85	20.75	3.18	38.31	3.73	38.15	3.53
	Mental exhaustion	38.34	3.39	20.25	4.11	37.43	3.76	37.62	3.41
	Total	114.12	7.67	60.53	7.36	111.50	8.86	111.28	8.93

As it can be seen in Table 2, the mean (and standard deviation) of the total pre-test score of love in the experimental group is 170.03 (and 18.30) and the overall score of the post-test of the experimental group in the love is 306.74 (and 12.97), respectively. Also, the mean (and standard deviation) of the total score of the control group in the pre-test in the love is 171.62 (and 14.41) and the total score of the post-test of the control group in the love is 167.167 (and 12.33).

In addition, the mean (and standard deviation) of the total score of the experimental group in the marital burnout test was 114.12 (and 7.67) and the total score of the post-test of the experimental group in the marital

burnout was 60.53 (and 7.36). Also, the mean (and standard deviation) of the total score of the control group in the control group in marital burnout is 111.50 (and 8.86) and the total score of the post-test of the control group in marital burnout is 111.28 (and 8.93).

As indicated in table 3, the results of Wilks' Lambda showed that the effect of group is significant on combination of love and marital burnout [ $P \leq 0.001$ ,  $F(51 \text{ and } 6) = 477.426$ , Wilks' Lambda = 0.017]. The use of multivariate analysis of covariance (MANCOVA) was proved by the above test. The results indicated that there is a significant difference at least between one of the variables related to the groups under study.

**Table 3.** The obtained data related to reliability of multivariate analysis of covariance (MANCOVA)

Variable	Effect	Value	Hypothesis df	Error df	F	Sig	Partial Eta Squared
Group	Pillai's Trace	0.983	6	51	477.426	$P \leq 0.001$	0.983
	Wilks' Lambda	0.017	6	51	477.426	$P \leq 0.001$	0.983
	Hotelling's Trace	56.168	6	51	477.426	$P \leq 0.001$	0.983
	Roy's Largest Root	56.168	6	51	477.426	$P \leq 0.001$	0.983

Before using parametric test of multivariate covariance analysis, for observing its hypotheses, we used Box and Levene's tests. Based on Box's test, which was significant for none of the research variables,

the condition of equality was correctly observed for variance/covariance matrices ( $P = 0.257$ ,  $F = 1.180$  and  $\text{Box} = 27.66$ ).

**Table 4.** Levene's Test of Equality of Error Variances

Variable	F	df1	df2	Sig
Intimacy	0.089	1	62	0.766
Passion	0.002	1	62	0.968
Commitment	1.056	1	62	0.308
Physical exhaustion	2.989	1	62	0.089
Emotional exhaustion	0.453	1	62	0.504
Mental exhaustion	0.121	1	62	0.729

As indicated in Table 4, based on Levene's test and its non-significance for all components, the condition of equality of intergroup variances has been observed;

therefore, the use of multivariate analysis of covariance is unobstructed.

**Table 4.** The results of multivariate covariance analysis (MANCOVA) for Love and Marital burnout in experimental and control groups

Dependent variable	Components	Ss	df	MS	F	Sig
Love	Intimacy	329964.191	1	329964.191	871.247	0.001
	Passion	29359.562	1	29359.562	110.946	0.001
	Commitment	32409.192	1	32409.192	942.761	0.001
Marital burnout	Physical exhaustion	3703.143	1	3703.143	201.122	0.001
	Emotional exhaustion	4598.774	1	4598.774	416.614	0.001
	Mental exhaustion	4587.174	1	4587.174	298.983	0.001

Based on Table 5 and after moderating pre-test scores, the results of post-test related to cognitive-behavioral couple therapy have significant impact on components of intimacy ( $P < 0.001$ ,  $F = 871.247$ ), passion ( $P < 0.001$ ,  $F = 110.946$ ), and commitment ( $P < 0.001$ ,  $F = 942.761$ ). Also, among the components of marital burnout a significant effect was obtained on physical exhaustion ( $P < 0.001$ ,  $F = 201.122$ ), mental exhaustion ( $P < 0.001$ ,  $F = 416.614$ ) and emotional exhaustion ( $P < 0.001$ ,  $F = 298.983$ ). Therefore, it can be concluded that in comparison to control group, cognitive behavioral couple therapy improved love and marital burnout of couples (experimental group) in the post-test phase.

## Discussion and Conclusion

The aim of this study was to investigate the effectiveness of cognitive-behavioral couple therapy on love and marital burnout in couples with marital conflict. The results showed that cognitive-behavioral couple therapy improves the level of love and reduces marital burnout of couples with marital conflict that is in line with the studies of [Pentel et al. \(2021\)](#), [Dugal et al. \(2018\)](#), [Hurlless and Cottone \(2018\)](#), [Ahmadi et al. \(2019\)](#), [Duraes et al. \(2020\)](#), [Yazar and Tolan \(2021\)](#), [Epstein and Zheng \(2017\)](#) showing the effectiveness of this treatment method.

The results of study indicated that training of cognitive behavioral skills could significantly have an effect on reducing burnout and this result is coordinated with results obtained from studies of [Rajani, Azizi, Naeemi, and Amiri \(2016\)](#) and [Shokrollahzadeh, Forouzesh and Hosseini \(2017\)](#). The main reason for the positive effect of cognitive behavioral family therapy on burnout might have been related to this point that family therapy through cognitive behavioral method have helped families to properly face problems with settlement of conflicts between family members through training of techniques such as problem solving skills, interpersonal coping skills, stress coping skills, assertiveness skills, training of cognitive restructuring techniques, positive thinking, communication skills and sympathy for family ([Rajani et al. 2016](#)). On the other hand, the results of various studies indicate that these problems and marital conflicts are associated with psychological problems, especially depression ([Cohen, O'Leary, & Foran, 2010](#); [Yazar & Tolan, 2021](#); [Fischer, Baucom, & Cohen, 2016](#); [Miller & et al., 2013](#); [Pourmohseni Kolouri & et al, 2020](#); [Parker, Tambling,](#)

[& Campbell, 2013](#); [Shayan & et al., 2018](#)). In fact, there is an explanation that marital conflicts gradually and over time lead both or one of the couple to depression or other psychopathology and marital burnout follows and CBCT can reduce burnout through improve other psychopathologies. In other words It can be said that cognitive-behavioral couple therapy not only directly affects the reduction of marital burnout, but also indirectly, that is, the reduction of cognitions related to psychopathology caused by the couple's relationship, which manifests itself in the form of depression ([Pentel & et al, 2021](#)) and etc. Can also be effective which can be shown to be depressing and can also be effective. It is worth noting that our study focused on important issues related to interventions in couples such as perceptions and expectations of the relationship, assumptions, partner tasks, marital social skills and couples' adjustment. To this end, by considering these key themes that are considered important in cognitive-behavioral couple therapy, couples learn to examine the roots of their distorted beliefs and articulate their advantages and disadvantages and identify when these thoughts are stimulated and how they can correct them. Therefore, by correcting cognitive distortions and increasing positive behaviors, the expectation of reducing marital burnout in this couple can be explained ([Quintard et al., 2021](#)). In fact, our findings show that the technique of identifying negative and distorted spontaneous thoughts helps couples identify cognitive biases in each other. This, in turn, leads them to develop the skills to reduce the behavioral consequences of these negative thoughts, which also contribute to marital burnout. These skills have been effective in reducing the severity and frequency of destructive marital behaviors ([Ebadi & et al., 2018](#)). Incompatible relationships can lead to marital conflict and poor quality of life due to unrealistic expectations and perceptions ([Kavitha, Rangan, & Nirmalan, 2014](#); [Yalcin, & Karahan, 2007](#)). Thus, by recognizing these thoughts, cognitive-behavioral couple therapy addresses the stimuli arising from these thoughts that affect ineffective and negative behaviors and feelings it promotes quality of life, marital satisfaction, high love and reduces marital burnout and promotes quality of life, marital satisfaction, high love and reduces marital burnout.

The results of the present study also showed cognitive behavioral couple therapy could significantly effect on increase of love and this result is coordinated with results obtained from studies of [Karimi and Khalatbari \(2017\)](#) and [Bagheri and Samsam Shariat \(2016\)](#). In

explaining this result, it must be said CBCT includes a range of interventions that focus on helping couples manage extreme and unregulated emotion, as well as helping them learn skills to more effectively identify and convey emotional experience as an important source of information about personal needs and values. This double emphasis on excitement is consistent with some of the Emotionally Focused Therapy (EFT) propositions from which the CBCT has extracted useful technical concepts and strategies. This increased focus on emotion is also consistent with recent work at CBT, where issues related to emotional deregulation are considered a major cause of psychopathology (Linehan, 1993), and this emphasis on the role of emotion can be seen as part of the effectiveness of the level of love between the couple is in conflict. To better understand how CBCT affects the increase in love, it is necessary to pay attention to one of the important elements of love, namely intimacy. Etemadi, Navabinezhad, Ahmadi, and Vali Elah (2006) showed that the application of techniques based on cognitive-behavioral theory increases the emotional and sexual intimacy of couples. The reasons for the effect of cognitive-behavioral therapy on increasing emotional and sexual intimacy is that this treatment, by increasing couples' communication skills, allows spouses to share and understand their positive and negative feelings with each other. Correcting cognitive errors also reduces the fear of expressing negative emotions and misconceptions and makes it easier for spouses to talk about their feelings. The degree of marital intimacy plays a decisive role (Hajimoradi, Nabizadh, & Narimani, 2021). Intimacy is the main motivation for forming a marital relationship and includes a degree of closeness and care that each couple feels and expresses towards each other (Friedman, 2000). Couples who experience higher levels of intimacy report significantly fewer burnout symptoms in their relationship (Lee, Kim, & Lee, 2021). Thus, cognitive-behavioral couple therapy reduces the environmental pressures on individuals by increasing the level of intimacy and prevents the overflow of conflicts between work and social environments into the family environment.

One of the limitations of this study was the use of availability sampling. Also, this study was performed on couples living in Tehran which makes it difficult to generalize the results to other areas and samples. Lack of follow-up period was also another limitation of this study. Therefore, it is suggested that similar studies be conducted in other geographical areas of Iran taking into account the follow-up period. Training of psychologists and counselors, especially couple therapists, on this type of intervention in counseling and psychology centers is another suggestion of this research. It should be noted that this type of intervention should be performed on different participants after gaining sufficient training and competence from the best therapists.

## Disclosure Statement

The authors of this article declare that there was no conflict of interest.

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