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Original Article

Comparing the effectiveness of the emotionally-focused couple therapy and the problem-centered systems therapy of the family on marital burnout in spouses of recovering addicts

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Article Info

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Abstract

Introduction: Marital burnout can be considered both an underlying factor for serious martial problems and a consequence of these problems. The present study was conducted to determine the effectiveness of the emotionally-focused couple therapy (EFCT) and the problem-centered systems therapy of the family (PCSTF) on marital burnout in spouses of recovering addicts.

Methods: The present quasi-experimental study was conducted on 27 eligible couples as volunteers. After conducting the pretest using the couple burnout measure, the participants were randomly assigned to three groups of 9, including a control group, an EFCT experimental group and a PCSTF experimental group. The study couples then individually attended 11 couple therapy sessions based on PCSTF and EFCT models. Posttests were ultimately conducted and the data collected were analyzed using ANCOVA.

Results: The results obtained indicated significant reductions in marital burnout in both the EFCT and the PCSTF models compared to in the control group, while the effects of the two models were not significantly different.

Conclusion: Although these two different therapeutic approaches address different dimensions of married life, both cause reductions in marital burnout. Integrating these treatment methods of marital burnout therefore seems to be effective.

Introduction

Most people hope their love will be eternal as they fall in love. This hope is so earnest that may make them ignore realities; however, later in the face of the realities of life and everyday problems, they find their dreamy love to have failed to give meaning to their life. It is this mismatch between expectations and realities that causes burnout [1]. Marital burnout is a gradual process emerging due to the long-term tolerance of pains, physical, emotional and psychological pressures and the loss of relationships, which causes a decline in one's power and usefulness [2]. Marital burnout involves multiple physical, emotional and psychological stages and dimensions [3]. The most important symptoms of physical burnout include feeling tired and drained, lowered immunity, severe sickness, frequent headaches, back pain, muscle pain and changes in appetite or sleep habits [4-5]. The most significant symptoms of emotional burnout include a sense of failure and self-doubt, feeling helpless and trapped, loss of motivation, feeling detached and alone in the world, increasing cynicism and decreased sense of accomplishment and satisfaction [5]. The most important symptoms of psychological burnout include withdrawing from responsibilities, isolating from others, procrastinating, using special substances, drugs or alcohol to cope with burnout and fatigue, feeling frustrated with others, skipping work or coming in late and being on the verge of evading duties [5]. Researchers believe that conflicts and abusive behaviors not only negatively affect couple relationships, but also increase the risk of drug abuse, anxiety disorders and health problems [6]. Research suggests higher and more severe marital burnout followed by reduced tolerance and increased stress in subjects with an addicted spouse, which in turn pave the way for addiction relapse [7-8]. According to family therapists, the family adaptation to a member's addiction to any type of drugs or alcohol is so rooted that the pressure caused by drug withdrawal may prevent them from adapting to new conditions. [9]. Studies have confirmed the effectiveness of the EFCT on reducing negative stresses in couples [10]. Helping to reduce marital burnout in women with addicted husbands therefore seems to play a key role in the successful drug withdrawal of men and coping with the associated changes. According to Pinez, Thuynsma and De Beer, burnout is multidimensional and requires multidimensional interventions for treatment. Combined and integrated approaches, which address marital

problems from different perspectives, thus seem more appropriate than single-dimensional methods. The present study was conducted to compare the effectiveness of the integrated and multidimensional models of the EFCT and the PCSTF on the treatment of marital burnout, although they differ in dimensions and intervention methods. The PCSTF is highly structured, multidimensional, system oriented and based on the McMaster approach and comprises a number of different integrated therapeutic methods and short interventions [11]. The EFCT is also an integrated approach based on the systemic humanistic (experiential) view and the adult attachment theory. Emotions play the most decisive role in forming distressing relational dramas in the EFCT [12], which is mainly based on recognizing attachment needs, identifying negative cycles of conflicts and improving negative interactional cycles [12-13]. Moreover, the PCSTF is mainly focused on evaluating the family function and using tools for accurately and objectively assessing the family function [11, 14-15]. The EFCT has been reported to be effective on reducing negative stresses in couple relationships [10]; however, its effects on burnout in women with their husband recovering from addiction are not addressed in literature. Furthermore, research suggests significant relationships between the family function as the core of PCSTF interventions and marital conflicts in couples on the verge of divorce [16]. The family function has also been reported to affect depression and anxiety [17]. Given the theoretical foundations and the results of the studies conducted, the two approaches of EFCT and PCSTF have been selected owing to their common integrated and combined nature on the one hand and their different types of integrity and elements of concern on the other hand, so as to specify the effective elements on burnout treatment. The present study therefore sought to answer two questions of whether these two models are effective on the treatment of marital burnout and which one is possibly more effective.

Materials and Methods

The present controlled quasi-experimental study was conducted using a pretest-posttest approach. The study voluntary sample initially comprised 30 couples, who volunteered to participate in the study through a public notice published in addiction rehab centers and some clinics associated with the health center in Sanandaj, Iran. The samples were randomly assigned to the control group and two intervention groups respectively receiving the PCSTF and the EFCT. Every couple then individually received the interventions as 11 sessions of couple therapy based on the EFCT (Table 1) and PCSTF (Table 2) models. A couple in each of the EFCT and PCSTF groups withdrew during the study. A woman in the control group committed suicide and another, whose burnout scores were diverted, was excluded. The data associated with 18 couples in experimental groups (N=9 in each group) and 8 in the control group were ultimately analyzed.

The inclusion criteria comprised a minimum education level of junior high school for both members of the couple, presenting martial conflicts, the woman being non-addicted and lacking in other noticeable and effective physical and psychological diseases. The exclusion criteria consisted of being absent from three consecutive treatment sessions, unwillingness to continue the treatment, i.e. failing to perform therapeutic assignments, a member of the couple being absent, the couple getting divorced or a member having died.

In order to observe ethical principles, the control group received, free of charge, 11 sessions of counseling services as similar to in the experimental groups.

Table 1. The EFCT protocol[1] adopted from Johnson [12]

Session No.	Session content
1. Orientation	Communicating with the couples and motivating them to follow the treatment
2. Therapeutic alliance	Creating therapeutic alliance and explaining the conflicting items based on attachment-oriented attempts
3. Identifying negative interactional cycles	Identifying, describing and clarifying negative interactional cycles along with their phenomenology
4. Achieving initial emotions	Achieving unknown emotions that make up the infrastructure of interactive patterns
5. Reframing the problem	The destructive cycle is reframed and introduced as the "common enemy" by considering the negative cycle, infrastructural emotions and attachment needs
6. Acquiring knowledge about emotions	Identifying the needs and aspects which are not owned by the person yet; integrating and combining these elements with communicational interactions
7. Accepting new experiences	Identifying, accepting and validating the needs and perceptions by couples
8. Facilitating the declaration of needs and requests	Facilitating the declaration of needs and requests to the spouse to help with the emotional reengagement, positive emotional engagements in the relationship and the emergence of strings of attachment as a result of new events
9. Facilitating the emergence of new solutions to the old problems	Given the secure and reliable atmosphere created, members of a couple tend to find new solutions and emotionally interact with each other
10. Reinforcing new positions and establishing new cycles	The therapist reviews and recalls the spouses' progression by highlighting positive and new interactional cycles and comparing them with old destructive cycles
11. Conclusion	Helping couples maintain the changes, generalize the interventions to normal life within recent weeks and review and investigate how to continue with the changes in normal life after completing the course

1- Protocols were adopted from the original references, translated and validated by three specialists in family counseling. The validity of the EFCT has been confirmed in several studies conducted by Iranian authors.

The data collection tools comprised the 21-item couple burnout measure, which is a self-assessment tool adopted from that developed by Pinez for measuring the degree marital burnout [1]. This scale consists of three main subscales that measure physical burnout including fatigue, lethargy and sleep disorders, emotional burnout including depression, despair and feeling trapped, and psychological burnout including feelings of worthlessness, frustration, and anger toward one's spouse. The items were scored on a seven-point Likert scale from 1 to 7, with 1 indicating not having experienced the situation (phrase) and 7 indicating having frequently experienced the situation. Moreover, items 3, 6, 19 and 20 were reverse scored. The total score calculated in the present study varies between 21 and 147; the higher the score the higher the level of burnout. The test-retest coefficient was calculated as 0.76 over one month and 0.66 over two months. The internal consistency of the test was also confirmed by calculating a Cronbach's alpha of 0.91-0.93 [1]. Navidi confirmed the reliability of this questionnaire in Iran using a Cronbach's alpha of 0.86. Another study conducted in Iran confirmed the validity of the tool and reported significant correlations between this scale and the ENRICH marital satisfaction scale (r=-0.40, P<0.01) [19].

Table 2. The PCSTF protocol adopted from Ryan et al. [9]

Session No.	Session content
1. Orientation	Introducing the intervention model based on dimensions of the family function
2. Assessment	Data collection using McMaster structured interview for the family function
3. Assessment	Evaluating the overall function of couples (clinical investigations of problem-solving, roles and interactions)
4. Assessment	Evaluating the function of couples (clinical investigation of responsiveness, affective involvement and behavior control
5. Making the contract	Prioritizing the problems, determining the expectations and signing the contract
6-10: Treatment	Developing and implementing the therapeutic strategies to change the identified problems based on assignments
	Given that the PCSTF is based on evaluating the family function, the interventions were focused on different dimensions of couple relationships, depending on the family function. The interventions were conducted based on evaluating the assignments of the previous session, investigating the cause of the success or failure in performing the assignments and presenting new assignments on all of the six dimensions based on the couple's priority
11. Conclusion	Summarizing the treatment procedure and briefing the couples on the necessity of later follow-ups after the interventions completion

Findings

This quasi-experimental study was conducted on 27 couples who were randomly assigned to three groups of nine couples.

One couple in the control group was however excluded owing to their burnout scores being diverted. Table 3 show the mean age of the women was 34.63 years in the control group, 32.89 years in the EFCT group and 31 years in the PCSTF group. The mean duration of marriage was 12.5 years in the control group, 11.9 years in the EFCT group and 8 years in the PCSTF group. The data were collected after providing the women with 11 sessions of counseling services.

Given the normality of the data, the homogeneity of variances and meeting the assumption of parallel lines, the data obtained were analyzed using ANCOVA. According to table 4, the posttest mean and standard deviation of marital burnout are lower than the corresponding figures in the pretest in all the study groups; nevertheless, the reduction is more significant in the experimental groups.

ANCOVA can be run as the normality assumption is met according to table 5.

Table 6 also confirms the assumption of equal

Table 3. The variations in some demographic information of the participants

Variable	Minimum	Maximum
Age	22 years	46 years
Duration of marriage	1 year	30 years
Number of children	0	3
Education level	Junior high school	MSc

Table 4. The mean score of marital burnout in the study groups

Group	Number of subjects		Mean		Standard Deviation	
	Pretest	Posttest	Pretest	Posttest	Pretest	Posttest
Control	8	8	95.12	84.37	24.25	11.73
PCSTF	9	9	93.44	64.44	27.76	14.03
EFCT	9	9	88.33	67.22	23.84	15.49

Table 5. The Kolmogorov-Smirnov test of the assumption of normality

Group	Mean	Standard Deviation	Kolmogorov-Smirnov	Pvalue
Control	95.12	24.25	0.510	0.957
EFCT	89.30	22.68	0.411	0.996
PCSTF	93.44	27.7	0.489	0.971

Table 6. The results of Levene's test for the pairwise comparison of pretest variance between the study groups

Groups	F	Df	P
Control*PCSTF	0.158	15	0.697
Control*EFCT	0.22	15	0.885
PCSTF*EFCT	0.286	16	0.6

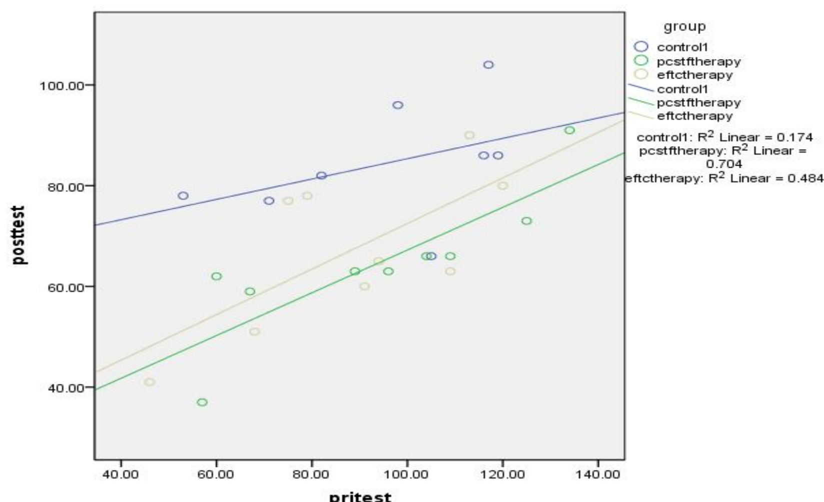

Diagram 1. The slope of the regression line

variance for the variable of burnout. Given a degree of freedom of 2 and 23, the F value obtained is not significant (P>0.05), suggesting that the assumption of homogeneity of variance is met.

The linear relationship suggested to be held among variables in diagram 1 confirms the linear relationship required for running ANCOVA.

According to table 7, the interaction between the group and the pretest is not significant. In other words, the data support the homogeneity of regression slopes (F=0.734 and P=0.439). Given that the assumptions are met, ANCOVA was run and the results are shown in table 8.

As table 8 suggests, the differences of the control group with the EFCT and PCSTF groups are significant after moderating the pretest scores of martial burnout (P<0.01 and $F_{(2,22)}$=7.68). The null hypothesis of the lack of differences among the study groups is therefore rejected and the study hypothesis of the effectiveness of the EFCT and PCSTF on marital burnout is approved. The follow-up test of LSD was used for the pairwise comparison of the groups (Table 9).

The results of the LSD test shown in table 9 indicate significant effects of the EFCT and the PCSTF on marital burnout compared to the control group (P<0.01). Although no significant differences were observed in the effectiveness of the two interventions on marital burnout (P=0.35), the differences in the means suggest higher reductions in the mean scores of marital burnout in the McMaster-based PCSTF group.

Table 7. The test for the homogeneity of regression slopes

Reference	Sum of squares	Degree of freedom	Mean square	F	P
Pretest	1860.95	1	1860.65	16.52	0.001
Group*pretest	165.21	2	82.61	0.732	0.439
Error	2251.97	20	112.59		

Table 8. The results of ANCOVA for comparing the effects on marital burnout in the study groups

Reference	Sum of squares	Degree of freedom	Mean square	F	P	Eta
The pretest effect	2042.46	1	2042.46	18.58	<0.05	0.45
The group effect	1687.63	2	843.81	7.68	0.003	0.41
Error	2417.19	22	109.87			

Table 9. The follow-up test of LSD for comparing the study groups in terms of marital burnout

Group	Difference in means	Standard Error	P
Control-PCSTF	19.30	5.09	0.001
Control-EFCT	14.63	5.12	0.009
EFCT-PCSTF	4.67	4.96	0.35

Discussion

The results obtained indicated that the EFCT is effective on reducing marital burnout in women with their husband recovering from addiction, since the method is based on identifying and organizing emotional experiences in intimate relationships and on identifying, changing and ultimately replacing negative cycles of conflicts with the positive cycles [13], which is consistent with other studies that confirmed the effectiveness of the EFCT on reducing negative stresses in couple relationships [10] and increasing marital intimacy [20]. Research also suggests that the EFCT can help increase marital intimacy [20]. Intimate relationships thus seem to provide a secure context in which couples identify and comprehend the relationship of their underlying sensation with the turmoil present in

current relationships [12-13]. During the treatment, the subjects' healthy need for secure attachment to their spouse is confirmed as an attachment body and a reproduction of childhood [21]. They will then find how to generate and follow negative cycles of conflict to achieve secure attachment as a healthy need. Women with an addicted husband, who feel severely unsecure owing to their special experiences, will ultimately get to know their healthy attachment needs and achieve the feeling of security through reversing negative cycles of conflict and replacing them with positive cycles of conflict. By providing security, which is at odds with despair in marital burnout, the EFCT can return hopefulness to the married life of couples, whose one member is addicted [1], and help reduce marital burnout.

The effectiveness of the PCSTF on reducing marital burnout obtained in the present study is consistent with the studies suggesting higher effectiveness of the PCSTF on depressed patients compared to pharmacotherapy [22]. The studies conducted on the role of the family function in predicting Iranian couples' intimacy and agreement indicate that the better the family function, the less the marital conflict [16]. Research suggests that non-addicts face more problems in all dimensions of the family function [23]. Given its focus on the accurate evaluation of the family function, behavioral interventions based on a systemic framework, improving different dimensions of couples and family function including problem solving, communications, roles, emotional responsiveness, affective involvement and behavior control [9, 14-15], the PCSTF helps improve the function of families with an addicted member. The PCSTF can therefore improve the family function of addicted couples through structuring their unstructured married life, and in turn reducing maternal conflicts, returning hopefulness, as the antidote to boredom, to couples' life and thereby paving the way for overcoming burnout [1].

The results of the present research did not suggest significantly differences between the two models of the EFCT and the PCSTF in terms of treating marital burnout, which is consistent with the results indicating a lack of difference in the effectiveness of the integrated couple therapy and the EFCT on depression [24] and those suggesting a lack of difference between the EFCT and the combination couple therapy in reducing anxiety and improving couples' intimacy [25]. Although different therapeutic models address different dimensions of the family function and relations, they all seem to somehow help overcome the problem and improve the family function. The present study found the PCSTF to help increase hopefulness and reduce martial burnout by managing external situations and structural changes and improving the family function. Moreover, the EFCT seems to help couples acquire new perceptions of their healthy need for secure attachment, identify negative cycles of conflict and replace them with positive cycles of conflict and therefore reinforce their hopefulness and overcome marital burnout.

Conclusion

Given the results obtained in the present study and in literature, any types of counseling interventions and couple therapy are effective on reducing marital burnout although they address different dimensions of marital life. Given the effectiveness of both models, a combined model seems to significantly affect the reduction in marital burnout, which, however, necessitates spending long durations of interventions.

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