

Comparison of the Effectiveness of Resilient Dialectical Behavior Therapy and Dialectical Behavior Therapy on Sense of Coherence and Marital Interactions in Women with Marital Burnout

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ABSTRACT

Objective: The present study aimed to compare the effectiveness of a combined package of Resilient Dialectical Behavior Therapy and Dialectical Behavior Therapy on the sense of coherence and marital interactions in women with marital burnout.

Methods: The present study was a quasi-experimental design with a pre-test, post-test, and follow-up with a control group. The statistical population included all women aged 25 to 50 years with marital burnout who responded to the call posted in cultural centers in the city of Isfahan in the spring of 2022 and were contacted and received a moderate score based on the marital burnout questionnaire. A total of 45 individuals from the mentioned population were selected purposefully and randomly assigned to two experimental groups and one control group (15 individuals each). The experimental groups underwent nine 60-minute sessions of the combined package of Resilient Dialectical Behavior Therapy and Dialectical Behavior Therapy, while the control group received no treatment during this period. Data were collected using Antonovsky's Sense of Coherence Questionnaire (1993) and Gottman's Marital Interactions Questionnaire (1999) and analyzed using repeated measures ANOVA and Bonferroni post hoc test, with SPSS version 23.

Findings: The results showed that both interventions significantly affected the sense of coherence and marital interactions in women with marital burnout ($p < 0.05$). However, in terms of the effectiveness of the two therapeutic methods, the combined package of Resilient Dialectical Behavior Therapy was more effective ($p < 0.05$).

Conclusion: The results indicated that the combined package of Resilient Dialectical Behavior Therapy could be utilized to enhance the sense of coherence and marital interactions.

Keywords: *Marital Interactions; Dialectical Behavior Therapy; Resilient Dialectical Behavior Therapy; Sense of Coherence; Marital Burnout*

1. Introduction

The family is a social and cultural system that, alongside all its characteristics, has rules and roles, serving as a refuge for meeting psychological and emotional needs. Marital relationships give this context its special meaning (Ghezelseflo et al., 2023). The marital relationship is a unique human relationship that cannot be compared to any other interpersonal relationship. One of the outcomes of family dynamics that manifests in the relationship between couples and threatens the foundation of the family is marital burnout (Park & Park, 2019). Marital burnout is an erosive process characterized by a gradual decrease in emotional attachment, including reduced attention to the spouse, feelings of alienation, indifference, and disinterest towards the spouse, leading to feelings of hurt, restlessness, and disconnection for one or both spouses (Esmaeeli Far et al., 2019; Feizabadi et al., 2016). Marital burnout is identified by three components: physical exhaustion, psychological fatigue, and emotional exhaustion. Family experts' research indicates that the prevalence of marital burnout is more significant today than in the past, with 20% of couples experiencing it at any time (Liu et al., 2023). Studies show that marital burnout causes psychological and emotional problems (Ghorbani et al., 2017). Additionally, it affects family health, reduces couples' functionality (Esmaeeli Far et al., 2019), contributes to depression and divorce, and leads to suicidal thoughts, reduced commitment, and marital infidelity (Jafarimanesh et al., 2021). Marital burnout results in hopelessness, depression, hatred, and frustration in life, causing emotional and psychological alienation from the spouse (Liu et al., 2023). It also leads to demotivation and boredom, resulting in poor family system functioning (Amini & Karami Nejad, 2021). Burnout transforms positive energy into fatigue, participation and commitment into cynicism, and efficiency into inefficiency (Golparvar & Parsakia, 2023; Migina et al., 2023). Overall, marital burnout is a determinant of family health (Ghorbani et al., 2017) and indicates a lifeless and tired state in couples' lives (Gohari et al., 2015). Over time, some couples gradually face conflicts, challenges, and tensions that make compromise and sacrifice seem tedious, resulting in marital burnout (Feizabadi et al., 2016). Research also shows that marital conflicts and disputes reduce couples' sense of cohesion,

consequently decreasing their sense of coherence (Rai et al., 2018; Yalniczca-Yildirim & Cenkseven-Önder, 2023).

Sense of coherence is a personal orientation towards life that, as an internal resource, enhances physical and psychological health (Rai et al., 2018). It represents a pervasive and enduring feeling of trust and dynamism in life and external situations, leading to the formation of beliefs and a more organized and comprehensible perception of internal and external stimuli (Antonovsky, 1993). The sense of coherence creates a generalized resistance resource that moderates the effects of stress on health by providing beneficial and effective methods for dealing with stressors, enabling individuals to exhibit greater resilience to life's stresses (Kase et al., 2019). Individuals with a high sense of coherence tend to use problem-focused strategies flexibly and skillfully, performing better under stressful situations and resolving tensions (Liu et al., 2022). Research indicates that a high sense of coherence is associated with adaptation and coping in stressful situations and troubled marital relationships, leading to happiness and reduced depression, distress, and anxiety. Marital conflicts reduce couples' sense of coherence (Moen et al., 2019). The sense of coherence also correlates with satisfaction (Ochiai et al., 2011) and quality of life (Moons & Norekvål, 2006). Yalniczca-Yildirim et al. (2022) found a positive relationship between the sense of coherence, hope, mental well-being, life satisfaction, and positive affect (Yalniczca-Yildirim & Cenkseven-Önder, 2023). Thomson et al. (2022) showed that a low sense of coherence is associated with psychosomatic illnesses, cancer, and increased relationship conflicts, leading to neuroticism (Thomson et al., 2022). When an individual's sense of coherence decreases, they feel unable to cope with challenges and manage situations, potentially resorting to ineffective coping strategies. These problematic strategies manifest in couple interactions, leading to more destructive behavioral patterns and increased marital turmoil (Thomson et al., 2022).

Marital interactions play a crucial role in marital relationship studies. Positive and negative emotions shape marital interactions, and for stable marital relationships, positive interactions must outnumber negative ones by five to one (Gottman, 1999; Gottman, 2014). Marital interactions balance stability and dynamism, requiring predictability and stability to create a sense of security in the relationship

(Gottman, 1999). Marital interactions are classified into three styles: affirmative, conflict-avoidant, and chaotic. In the affirmative style, both parties agree and solve problems calmly. In the conflict-avoidant style, couples agree to disagree and avoid conflicts, seeing the disregard of differences as a solution. Finally, the chaotic interaction style involves frequent arguments, leading to marital erosion and reduced happiness. Many counselors believe that conflict-avoidant and chaotic marital relationships are pathological (Gottman, 2014). Kayser (1996) believes that negative emotions in marital life reduce emotional attachment between spouses, causing disinterest and indifference, with negative emotions becoming dominant and initial enthusiasm giving way to marital burnout (Kayser, 1996). According to Whisman & Collazos (2023), marital interactions likely contribute to marital burnout due to negative emotions like anger, muttering, emotional withdrawal, arousal, and annoyance, leading to anxiety, rejection, and mistrust in marital life (Whisman & Collazos, 2023). Given the negative consequences of marital burnout, psychological interventions to improve these variables in marital life can prevent negative outcomes like divorce and family breakdown. Various treatments have been used for women with marital burnout (Amidisimakani et al., 2018; Amini & Karami Nejad, 2021; Asadi et al., 2022; Feizabadi et al., 2016; Jafarimanesh et al., 2021; Soodani et al., 2013; Tanbakouchian et al., 2021). Among these treatments, dialectical behavior therapy (DBT) and the integrated approach of Resilient Dialectical Behavior Therapy (R-DBT) were selected for their novelty and suitability for women with marital burnout.

Dialectical behavior therapy combines cognitive-behavioral interventions, which are change-oriented, with Eastern philosophical techniques focused on mindfulness (Teimory et al., 2018). Marsha Linehan (1993) developed DBT, stating that patients' arousal levels are higher than average, they react emotionally to minor stimuli, and it takes a long time to return to baseline, with close individuals invalidating their emotional experiences, leading to severe emotional responses over time. Linehan's model combines acceptance and change (Gottlieb et al., 2022). DBT integrates supportive, cognitive, and behavioral therapies into a stable treatment (Schreiber & Cawood, 2023). DBT aims to reduce the emotional suffering of individuals with emotional problems, recognizing that emotional pain is a natural reaction to life's issues and becomes emotional distress when individuals refuse to accept it or blame others (McKay et al., 2007; McKay et al., 2019). DBT introduces

four core skills: distress tolerance, mindfulness, emotion regulation, and effective communication, helping individuals achieve emotional self-control and balance, and change their lives (Van Dijk, 2013). Research shows that DBT improves chronic emotional disorders and enhances individuals' ability to cope with stressful and upsetting situations without compromising mental health (Gottlieb et al., 2022). Studies indicate that DBT effectively treats depression (Tabatabayi et al., 2021), bipolar and anxiety disorders (Gottlieb et al., 2022), emotional divorce and marital conflicts (Teimory et al., 2018). Besides DBT, a new intervention, Resilience-Based Interventions (RBI), plays a crucial role in family development and mental health.

Resilience is a phenomenon predicting the capacity for growth in the face of known individual and social challenges, defined as the ability to recover from grief and adverse conditions (Darbani & Parsakia, 2023; Golparvar & Parsakia, 2023). Resilience involves resistance to stress, temporary management, and adaptation to difficult situations (Cook & Stewart, 2023). Resilience interventions, part of positive psychology, maximize mental potential and increase individuals' adaptability to stress, maintaining emotional stability and preventing mental health issues (Zhang et al., 2022). Resilience helps individuals cope with psychological problems like depression, anxiety, and anger, protecting them from harm (Tofighi et al., 2018). Research shows that resilience impacts mental health, marital adjustment, psychological adjustment, attributional styles, and quality of life (Cook & Stewart, 2023; Tanbakouchian et al., 2021; Tofighi et al., 2018; Zhang et al., 2022). Resilience affects self-esteem reconstruction, spirituality, hope, optimism, problem-solving skills, empathy, emotion management, happiness, and emotional recognition, leading to physical talent development and well-being. In the family domain, resilience seeks better reactions to events like arguments during fights, helping couples adapt to life conditions and feel empowered during difficult times (Walsh, 2016). The integrated approach of Resilient Dialectical Behavior Therapy focuses on spirituality, cognitive and mental processes, communication skills, emotion management, and present-moment focus, incorporating strengths and commonalities of both therapies. Given the high prevalence of marital burnout among women and its role as a leading cause of emotional and legal divorce, using novel methods is crucial and promising. Ignoring the psychological and emotional needs of women with marital burnout leads to increased burnout among women. Various research experiences show that using new and combined

approaches can enhance each other and have a greater impact on the family domain (Lang et al., 2018). Comparative research can identify each method's strengths and weaknesses and determine the most suitable treatment for women with marital burnout. Addressing the knowledge gap on the potential impact of Resilient Dialectical Behavior Therapy on various variables in women with marital burnout, including sense of coherence and marital interactions, creating alternative therapies, and expanding integrated frameworks for future researchers, underscores the significance and necessity of this study. Additionally, documenting the evidence and effectiveness of Resilient Dialectical Behavior Therapy will pave the way for its expansion and use alongside other therapies and necessary training. According to the researcher's review, no study has compared the effectiveness of the two approaches on the sense of coherence and marital interactions. Therefore, based on research findings and literature, this study aimed to compare the effectiveness of Dialectical Behavior Therapy and the combined package of Resilient Dialectical Behavior Therapy on the sense of coherence and marital interactions in women with marital burnout, to answer the question: "Is there a significant difference in the effectiveness of the combined package of Resilient Dialectical Behavior Therapy compared to Dialectical Behavior Therapy on the sense of coherence and marital interactions?"

2. Methods

2.1. Study design and Participant

This study employed a quasi-experimental design with pre-test, post-test, and two-month follow-up phases, along with a control group. The statistical population included all women aged 25 to 50 years with marital burnout who responded to calls posted in cultural centers in Isfahan during the spring of 2022 and contacted the researchers, scoring moderate on the marital burnout questionnaire. The sample consisted of 45 women meeting the inclusion criteria, randomly assigned to two experimental groups (Resilient Dialectical Behavior Therapy and Dialectical Behavior Therapy) and one control group. Inclusion criteria included informed consent, willingness to participate and continue in treatment, age between 25 and 50 years, marital burnout score between 63 and 105, marital life experience of more than three years, and not participating in other psychological courses simultaneously. Exclusion criteria included withdrawal from participation, being on the verge of divorce, three consecutive or non-consecutive absences,

and undergoing other psychiatric or psychological treatments.

Participants were randomly assigned to two experimental groups and one control group (15 participants each) and completed the Sense of Coherence and Marital Interactions questionnaires. One experimental group received nine 60-minute sessions of Resilient Dialectical Behavior Therapy, and the other received nine 60-minute sessions of Dialectical Behavior Therapy. The control group received no training. After the post-test, participants in all groups completed the questionnaires again, and after two months, they completed the questionnaires for a follow-up. To adhere to ethical standards, the control group received similar treatment sessions after the study.

2.2. Measures

2.2.1. Sense of Coherence

The short form of the Sense of Coherence Scale, designed by Antonovsky in 1993, measures successful coping with life pressures. This questionnaire contains 29 items across three dimensions: comprehensibility (11 items), manageability (10 items), and meaningfulness (7 items). Scoring is based on a 7-point Likert scale ranging from 1 to 7, with 13 items (1, 4, 5, 6, 7, 11, 13, 14, 16, 20, 23, 25, 27) reverse-scored. The minimum and maximum possible scores range from 29 to 203, with lower scores indicating a lower sense of coherence and higher scores indicating a higher sense of coherence. This questionnaire has shown high content validity and construct validity through factor analysis in 26 studies. The Cronbach's alpha for internal consistency ranges from 0.82 to 0.95. Abolghasemi, Zahed, and Narimani (2009) reported a Cronbach's alpha of 0.87 for this scale. Test-retest correlation showed significant stability (0.54) over two years. A systematic review of 412 scientific articles and 69 doctoral theses confirmed the reliability, validity, and cross-cultural applicability of the 29-item and 13-item questionnaires. Eriksson and Lindstrom reported Cronbach's alphas between 0.70 and 0.95 in 124 studies (Abolghasemi, 2009; Yosefi, 2011).

2.2.2. Marital Interactions

Designed by Gottman (1999) to measure the stability of marital interactions, this questionnaire contains 20 items answered as yes or no. Scoring is 0 or 1 for yes or no answers, respectively, with a score range of 0 to 20. Higher scores indicate higher stability of marital interactions, while

lower scores indicate lower stability. Content validity was confirmed by consultation with counseling professors. In Iran, content validity was also confirmed by counseling professors, and Cronbach's alpha for internal consistency was 0.87 (Esmaeeli Far et al., 2019). Boroujeni (2010) also reported a Cronbach's alpha of 0.87 for internal consistency.

2.2.3. Marital Burnout

Designed by Pines (1996) to measure marital burnout, this questionnaire contains 21 items and three components: physical exhaustion, emotional exhaustion, and psychological exhaustion. Scoring is based on a 7-point Likert scale ranging from 1 to 7 (never, rarely, sometimes, often, usually, always), with higher scores indicating greater burnout. The maximum possible score is 147, and the minimum is 21. Scores above 5 indicate an immediate need for help, a score of 5 indicates a crisis, a score of 4 indicates burnout, and scores of 3 or less indicate a good relationship. This questionnaire has acceptable validity and reliability. Internal consistency was measured with a Cronbach's alpha between 0.91 and 0.93. CBM reliability was confirmed by negative correlations with positive communication characteristics. Reliability and validity have been confirmed in various studies, with a Cronbach's alpha of 0.86 reported in 240 cases. Adib Rad and Adib Rad (2004) reported test-retest reliability of 0.89 over one month, 0.76 over two months, and 0.66 over four months. Internal consistency for most subjects was measured with a Cronbach's alpha between 0.91 and 0.93 (Esmaeeli Far et al., 2019).

2.3. Interventions

2.3.1. Resilient Dialectical Behavior Therapy

This study used the combined package of Resilient Dialectical Behavior Therapy by the researchers.

Session 1: This session targets the improvement of supportive and emotional behaviors in the context of marital burnout. Participants will be introduced to techniques for enhancing empathy, active listening, and emotional validation to strengthen the emotional bond and support system within the marital relationship.

Session 2: The focus of this session is on addressing and managing negative behavioral outbursts resulting from marital burnout. Participants will learn strategies to identify triggers, regulate their emotional responses, and implement behavioral changes to reduce negative interactions and promote positive behavior.

Session 3: This session aims to treat stress-inducing interactions within the context of marital burnout. Participants will be guided through conflict resolution techniques, communication skills training, and methods to reduce tension and enhance cooperation in their marital interactions.

Session 4: The goal of this session is to address behavioral and interpersonal anxiety and ineffective interactions related to marital burnout. Techniques for anxiety management, relaxation exercises, and interpersonal effectiveness will be introduced to help participants handle stress and improve their interactions.

Session 5: This session focuses on treating problematic scattered thoughts arising from marital burnout. Cognitive restructuring techniques will be employed to help participants identify, challenge, and modify dysfunctional thoughts, promoting a more coherent and positive mindset.

Session 6: The objective of this session is to address dysfunctional cognitive processing during experiences related to marital burnout. Participants will learn cognitive-behavioral strategies to enhance their cognitive flexibility, reduce cognitive distortions, and improve problem-solving skills.

Session 7: This session continues to address dysfunctional cognitive issues within the context of marital burnout. Participants will further practice and refine cognitive-behavioral techniques, with a focus on sustaining cognitive improvements and applying them in various situations.

Session 8: The focus of this session is on treating autonomous internal reactions related to marital burnout. Participants will explore mindfulness practices, emotion regulation skills, and self-compassion exercises to develop a more balanced and resilient internal state.

Session 9: The final session addresses scattered bodily reactions related to marital burnout, along with a summary and review of the techniques and skills covered in previous sessions. Participants will consolidate their learning, discuss their progress, and create a maintenance plan to sustain the benefits of the therapy.

2.3.2. Dialectical Behavior Therapy

This study used a Dialectical Behavior Therapy package based on Linehan's (1993) DBT (Linehan, 1993).

Session 1: This initial session introduces participants to the goals, structure, and expectations of the therapy, including the number of sessions, session duration, and the

importance of regular attendance. Participants will introduce themselves, learn about Dialectical Behavior Therapy (DBT) and mindfulness, and complete a pre-test.

Session 2: Participants will be introduced to new coping thoughts and affirming self-talk, as well as new coping strategies. They will be given assignments to practice these strategies before the next session.

Session 3: This session focuses on distress tolerance and crisis survival strategies, including distraction from self-harm behaviors, distraction through counting and thoughts, routine tasks, enjoyable activities, leaving the situation, and self-soothing using the five senses. Anger and emotions will be discussed, and participants will receive assignments for the next session.

Session 4: Participants will learn about the three states of mind: wise mind, emotional mind, and reasonable mind. They will be given assignments to practice identifying and using these states of mind.

Session 5: The session will cover being present in the moment and mindful awareness in daily life and interactions with others. Participants will learn effective task completion skills and receive assignments for the next session.

Session 6: Participants will learn to describe emotions and overcome barriers to healthy emotions. They will also be introduced to cognitive defusion techniques and receive assignments to practice these skills.

Session 7: This session focuses on balancing thoughts and emotions, identifying self-harm behaviors, and increasing positive emotions. Participants will receive assignments to continue practicing these skills.

Session 8: Participants will learn passive behavior strategies in response to aggressive behaviors, identify their desires versus their spouse's desires, and practice assertive thinking. They will receive assignments to apply these strategies in their daily life.

Session 9: The final session will cover assertive drafts and saying no, assertive listening and barriers to listening, and negotiation skills. Participants will receive assignments to practice these skills and integrate them into their interactions.

2.4. Data Analysis

Data were analyzed using repeated measures ANOVA with SPSS version 23.

3. Findings and Results

The findings showed that the mean age in the Dialectical Behavior Therapy group was 40.27 years, in the Resilient Dialectical Behavior Therapy group was 39.52 years, and in the control group was 41.93 years. The results of the ANOVA test indicated that the mean age in the research sample did not significantly differ among the three groups ($p > 0.05$). According to the chi-square test, there were no significant differences in the indices of education, employment status, duration of marriage, and the number of children among the three groups ($p > 0.05$). Therefore, demographic variables served as control variables in the study.

Table 1

Descriptive Indices of Sense of Coherence and Marital Interactions Scores by Group in Three Research Stages

Variable	Group	Pre-test Mean (SD)	Post-test Mean (SD)	Follow-up Mean (SD)
Sense of Coherence	Dialectical Behavior Therapy	109.73 (4.23)	131.40 (5.80)	122.53 (7.30)
	Resilient Dialectical Behavior Therapy	110.33 (5.52)	129.07 (3.47)	128.33 (4.39)
	Control	109.07 (4.80)	107.93 (4.83)	108.47 (4.59)
Marital Interactions	Dialectical Behavior Therapy	4.93 (3.86)	13.67 (5.61)	12.56 (2.35)
	Resilient Dialectical Behavior Therapy	5.67 (2.56)	13.27 (3.19)	16.16 (1.92)
	Control	5.27 (1.63)	5.53 (2.75)	4.10 (2.63)

As shown in Table 1, the mean scores of sense of coherence and marital interactions increased more in the intervention groups compared to the control group in the post-test and follow-up stages.

The Shapiro-Wilk test results for checking the normality of data distribution showed that the null hypothesis of normal distribution of scores in the research variables remained in all three stages of pre-test, post-test, and follow-

up in both groups (all significance levels are greater than 0.05). The Levene's test for equality of variances in the groups in the research variables in all three stages of pre-test, post-test, and follow-up was confirmed (significance level greater than 0.05). The assumption of homogeneity of covariances was confirmed for all research variables using the Mauchly's test ($p > 0.05$). Therefore, the hypotheses of the study were tested using the test with the assumption of

sphericity. The results of between-subjects and within-subjects comparisons for the research variables are presented in Table 2.

Table 2

Results of Between-Subjects and Within-Subjects Effects Analysis in Research Variables

Variable	Effect	Source	Sum of Squares	df	Mean Square	F	Sig.	Effect Size	Power
Sense of Coherence	Between-subjects	Group	5434.08	2	2718.54	35.31	0.001	0.627	1.000
		Error	3233.33	42	76.98				
	Within-subjects	Time	4226.859	2	213.43	82.26	0.001	0.662	1.000
		Time × Group	2719.67	4	679.919	26.47	0.001	0.558	1.000
Marital Interactions	Between-subjects	Group	1146.859	2	573.43	50.37	0.001	0.706	1.000
		Error	478.178	42	11.38				
	Within-subjects	Time	939.27	2	469.63	53.53	0.001	0.56	1.000
		Time × Group	639.007	4	159.75	18.21	0.001	0.464	1.000

Based on the findings in Table 2, the between-subjects main effect of group was significant for both sense of coherence and marital interactions ($p < 0.05$). In other words, the mean scores of sense of coherence and marital interactions significantly differed among the experimental (Dialectical Behavior Therapy and Resilient Dialectical Behavior Therapy) and control groups ($p < 0.05$). The within-subjects main effect of time was also significant for both variables ($p < 0.001$). Additionally, the interactive

effect of time and group was significant for both variables ($p < 0.001$), indicating that the differences in sense of coherence and marital interactions scores across the three research stages were significant in the two groups ($p < 0.001$).

The results of the Bonferroni post-hoc test to examine the differences between the research groups in the post-test and follow-up stages are presented in Table 3.

Table 3

Bonferroni Post-Hoc Test for Pairwise Comparison of Mean Scores of Sense of Coherence and Marital Interactions in Research Groups in Post-Test and Follow-Up Stages

Variable	Stage	Group 1	Group 2	Mean Difference	Std. Error	Sig.	Effect Size
Sense of Coherence	Post-test	Control	Dialectical Behavior Therapy	23.47	2.79	0.001	0.628
		Control	Resilient Dialectical Behavior Therapy	21.13	2.79	0.001	0.578
		Dialectical Behavior Therapy	Resilient Dialectical Behavior Therapy	-2.33	2.79	0.407	0.016
	Follow-up	Control	Dialectical Behavior Therapy	14.07	2.48	0.001	0.433
		Control	Resilient Dialectical Behavior Therapy	19.89	2.48	0.001	0.604
		Dialectical Behavior Therapy	Resilient Dialectical Behavior Therapy	5.80	2.48	0.020	0.115
Marital Interactions	Post-test	Control	Dialectical Behavior Therapy	8.13	1.47	0.001	0.418
		Dialectical Behavior Therapy	Resilient Dialectical Behavior Therapy	7.73	1.47	0.001	0.394
		Control	Resilient Dialectical Behavior Therapy	0.40	1.47	0.788	0.002
	Follow-up	Control	Dialectical Behavior Therapy	8.47	0.77	0.001	0.742
		Dialectical Behavior Therapy	Resilient Dialectical Behavior Therapy	12.06	0.77	0.001	0.854
		Control	Resilient Dialectical Behavior Therapy	3.60	0.77	0.010	0.342

As seen, in the post-test and follow-up stages, there were significant differences in the mean scores of sense of coherence and marital interactions between the control group and the Dialectical Behavior Therapy group ($p < 0.001$), and the Resilient Dialectical Behavior Therapy group ($p < 0.001$). In comparing therapeutic methods in the

post-test stage, the results showed that there were no significant differences between Dialectical Behavior Therapy and the Resilient Dialectical Behavior Therapy. However, in the follow-up stage, the difference between the two therapies was significant ($p < 0.001$).

Table 4

Results of Bonferroni Post-Hoc Test for Comparison of Mean Scores of Sense of Coherence and Marital Interactions in Research Stages for Each Intervention Group

Variable	Group	Stage 1	Stage 2	Mean Difference	Sig.	Group	Stage 1	Stage 2	Mean Difference	Sig.
Sense of Coherence	Dialectical Behavior Therapy	Pre-test	Post-test	-21.66	0.001	Resilient Dialectical Behavior Therapy	Pre-test	Post-test	18.73	0.001
		Pre-test	Follow-up	-12.80	0.001		Pre-test	Follow-up	-18.00	0.001
		Post-test	Follow-up	8.87	0.014		Post-test	Follow-up	0.733	0.997
Marital Interactions	Dialectical Behavior Therapy	Pre-test	Post-test	-8.73	0.001	Resilient Dialectical Behavior Therapy	Pre-test	Post-test	-7.60	0.001
		Post-test	Follow-up	-7.63	0.001		Pre-test	Follow-up	-10.50	0.001
		Pre-test	Follow-up	1.10	0.995		Post-test	Follow-up	-2.90	0.028

As observed, the differences in the mean scores of sense of coherence and marital interactions in the Dialectical Behavior Therapy group were significant between the pre-test and post-test stages and between the post-test and follow-up stages ($p < 0.05$). However, in this group, while the differences in the mean scores of sense of coherence between the post-test and follow-up stages were significant, the differences in the mean scores of marital interactions were not significant ($p > 0.05$). In the Resilient Dialectical Behavior Therapy group, the differences in the mean scores of sense of coherence and marital interactions between the post-test and pre-test stages and between the pre-test and follow-up stages were significant ($p < 0.05$). In this group, while the differences in the mean scores of marital interactions between the post-test and follow-up stages were significant, the differences in the mean scores of sense of coherence were not significant ($p > 0.05$). In summary, both therapies (Dialectical Behavior Therapy and Resilient Dialectical Behavior Therapy) significantly increased marital interactions and sense of coherence in the post-test stage, with no significant differences between the two groups at this stage. However, in the follow-up stage, Dialectical Behavior Therapy showed stability in marital interactions, whereas Resilient Dialectical Behavior

Therapy showed an increase in marital interactions and was more effective at this stage. Additionally, in the follow-up stage, Resilient Dialectical Behavior Therapy showed stability in sense of coherence, while the effectiveness of Dialectical Behavior Therapy decreased, making Resilient Dialectical Behavior Therapy more effective in increasing sense of coherence in the follow-up.

4. Discussion and Conclusion

This study aimed to compare the effectiveness of Dialectical Behavior Therapy and Resilient Dialectical Behavior Therapy on sense of coherence and marital interactions in women with marital burnout. The results showed that both therapies significantly increased sense of coherence and marital interactions in women with marital burnout, and the effects persisted in the follow-up stage. The Bonferroni post-hoc test indicated that the Resilient Dialectical Behavior Therapy was more effective than Dialectical Behavior Therapy.

Although no previous study specifically matched the topic of this research due to the novelty of the Resilient Dialectical Behavior Therapy, the findings align with the prior studies conducted (DeCou et al., 2019; Gottlieb et al.,

2022; Lang et al., 2018; Pou, 2019; Schreiber & Cawood, 2023; Teimory et al., 2018).

In explaining the greater effectiveness of the Resilient Dialectical Behavior Therapy on sense of coherence in women with marital burnout, it can be said that this integrated package combines Dialectical Behavior Therapy, which shows how an emotion, thought, or behavior can lead to either improvement or deterioration of a process. Dialectical Behavior Therapy demonstrates these two poles and their consequences to clients and, through mindfulness training, emotional regulation skills, and distress tolerance, helps them manage conflicts and turn them into opportunities for better understanding (DeCou et al., 2019). Based on Dialectical Behavior Therapy, teaching fundamental acceptance helps individuals understand that life involves problems and challenges, which must be accepted in some form (Lang et al., 2018). Thus, the integrated package, with its distress tolerance skills, can reduce psychological harm. Additionally, the resilience component of the package instills a belief in one's abilities and an optimistic life philosophy, helping individuals bridge the gap between their strengths and limitations. This fosters a sense of self-efficacy and the courage to act, enabling individuals to recognize their strengths and resources (Watts & Garza, 2008). Therefore, resilience training in this package increases empathy, leading to higher quality of life and better relationships. Flexibility aids in better problem-solving and understanding situations. Individuals with a positive life evaluation experience more tranquility (Pou, 2019). Participation in the therapy sessions helps women with marital burnout accept their problems and face them rationally, increasing their sense of coherence through empathy. Furthermore, the intervention allows women to confront their problems from a distance, feeling equipped with skills to maintain enjoyable relationships despite challenges, thereby increasing sense of coherence. This, in turn, enhances self-efficacy, stress management, and decision-making abilities, reducing marital burnout. Therefore, the integrated package, focusing on the relationship with thoughts and feelings and reducing suffering for women dealing with marital issues, proves more effective than Dialectical Behavior Therapy alone.

The greater effectiveness of the Resilient Dialectical Behavior Therapy on marital interactions can be attributed to its inclusion of four fundamental skills of Dialectical Behavior Therapy: distress tolerance, mindfulness, emotion regulation, and effective communication (Van Dijk, 2013). The effective communication skill aims to express beliefs,

needs, and problem-solving without disrupting interpersonal relationships, promoting respectful interactions (McKay et al., 2007; McKay et al., 2019). The package also includes resilience intervention teachings, creating a protective environment where family members actively participate with high physical and emotional security and mental health, minimizing risks to family growth and health (Pou, 2019). Resilient individuals can plan to develop conversation, assertiveness, listening, and respect for others' feelings and opinions. Resilience protects against stress, moderating its negative effects on marital life (Darbani & Parsakia, 2023). Thus, the structured nature of Dialectical Behavior Therapy combined with acceptance and change techniques helps women with marital burnout accept their emotional problems, facilitating changes. The integration of mindfulness exercises with behavioral practices allows these women to accept and tolerate their emotional states without judgment, promoting interpersonal relationship growth and improving marital interactions. Resilience aids women in becoming more adaptable and cohesive during difficult times, enhancing their interactions. This integrated approach, focusing on thoughts, emotions, and behaviors, addressing cognitive flexibility, better coping strategies, and resilience, proves more effective than Dialectical Behavior Therapy alone.

5. Suggestions and Limitations

Overall, the results of this study showed that Resilient Dialectical Behavior Therapy was more effective than Dialectical Behavior Therapy in improving sense of coherence and marital interactions in women with marital burnout. This therapy can be used to enhance the sense of coherence and marital interactions in women with marital burnout. The results can be beneficial for counselors, psychologists, family therapists, and organizations dealing with individuals experiencing marital burnout. The study had limitations, as it was conducted in one city and only included women with marital burnout, making it non-generalizable to other cities and groups. Therefore, it is recommended that this study be conducted in other regions and with different groups. It is also suggested to repeat this study with a more suitable sample size in a full experimental design with a double-blind approach.

Authors' Contributions

Authors contributed equally to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. This study was conducted as part of a doctoral dissertation in counseling. The present study is derived from a doctoral dissertation in counseling with ethical code IR.IAU.KHUISF.REC.1401.137 from Islamic Azad University, Khorasgan Branch. We thank all participants and everyone who assisted in this study.

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