


Testing the Impacts of Rational-Emotive Couple Intervention in a Sample of Parents Seeking Divorce

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Abstract

Marital burnout has not been extensively studied despite its huge consequences on family wellbeing and quality of family life. This study, using randomised-controlled trial, tested the impact of rational-emotive couple intervention on marital burnout in a sample of parents seeking a divorce. A total of 67 parents who participated during the rational-emotive couple intervention (RECI) were assessed using the marital burnout scale, Beck depression inventory, and parent rational and irrational beliefs scale. Crosstabulation, multivariate test analysis, and bivariate analysis were used to analyse the data collected. Results show a significant reduction of marital burnout in RECI group participants, and significant improvement was maintained at the follow-up stage. The result of the group and gender interaction effect shows no significant interaction effect of group and gender on participants' marital burnout at Time two and Time 3, respectively. The results indicate that a decrease in parents' irrational beliefs accounts for marital burnout among couples seeking a divorce. Marital burnout is positively associated with depression among couples seeking a divorce. This study concludes that the RECI is an effective intervention that reduces marital burnout which is a direct consequence of irrational beliefs which later metamorphose into depressive symptoms.

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Keywords

rational-emotive couple intervention, marital burnout, divorce, depression, parents, rational and irrational beliefs

Introduction

Improving the quality of psychological well-being of couples is very important as it adds value to how they think, behave and act. Thinking logically will help to improve their communication skills, and accept their differences, weaknesses, and strengths. Partners who misinterpreted information tend to seek divorce and this seems to have increased the rates of divorce across nations.

Reports and statistics on the rate of divorce in Nigeria indicate that 4100 couples have declared interest to divorce their spouses in recent times (Ochogwu, 2021). The current rates are so alarming that marriages are currently in disarray and being dissolved (Ochogwu, 2021). In addition, rising divorce rates in Africa, the United States, and European countries have been recognized as worsening in recent years. Within the last four to 6 years, over 40–50% of couples reported having dissolved their marriages (Centers for Disease Control and Prevention, 2016). One may wonder why people make the choice to divorce when it is often described as one of the most stressful events in adulthood (Mather et al., 2014). Besides, divorce has been linked to increased psychological disturbances (Monden, et al., 2015).

One of the psychological disturbances or mental health problems is burnout. Burnout is a public health problem described as a combination of protracted stress and psychologically demanding situations (Pines & Aronson, 1988), with enduring adverse effects on mental and physical health (Borritz, et al 2006). Traditionally, burnout defines workers' exhaustible experiences (Maslach et al., 1996), but today it is used to apply to marriage (Koutsimani et al., 2019) to demonstrate stressful exposure that leads to fatigue and unable to cope (Nazari, et al., 2018). Burnout is applied to marital relationships considering that its dimensions focus on emotional and psychological factors, which is also very important in marriage. Despite the important place of burnout in a marital relationship (Pamuk & Durmus, 2015), no study seems to have investigated the role of psychological intervention on marital burnout and divorce among divorcees.

Marital burnout is a prolonged increase of fatigue, exhaustion, and inability to manage emotional pains and distress in a marital context (Sirin & Deniz, 2016). Marital burnout is one of the psychological disturbances that couples experience; thus, it requires that they find a psychological measure of reducing or preventing it (Sirin & Deniz, 2016). It is caused by prolonged marital conflict, increased domestic violence, anger, and poor affection (Huston, 2009). Some couples seek divorce when they lose feelings for each other and their spouses appear unattractive (Malakh-Pines et al., 2010). Once any of the spouses is dissatisfied with their partner, the person may experience burnout in the marriage. Other issues have been identified to be responsible

for marital burnout such as reduced intimacy between spouses, unrealistic expectations (Pines, 2002), negative labeling (Beck et al., 2010), and stress overload (Sirin, Deniz, 2016). If the stressors in the marital relationship like conflict, violent sexual behaviours, reduced romantic bond, and poor marital quality are scaled higher, it creates marital burnout (Huston, 2009).

The sociodemographic profile of a couple in a spousal relationship could influence whether they experience marital burnout or not. Sociodemographic factors are regarded as potential moderators, and these include childbearing patterns, gender, educational qualification, and age (Nejatian et al., 2021). Studies in the past showed that child-rearing patterns could cause poor quality of marriage relationships as well as factors such as emotional and mental exhaustion (Allendorf & Ghimire, 2013; Sendil & Korkut, 2012). This explains that families with a higher number of children could significantly experience higher marital burnout levels, and vice versa (Pamuk & Durmus, 2015). These findings may not be generalized across cultures; and based on this, we argue that the Nigerian case is not certain until it is tested using a different research approach.

Furthermore, research literature demonstrates that marital burnout could vary according to gender. Some studies showed that women experience burnout more in their marriages compared to men (Capri & Gökçakan, 2013; Pamuk and Durmus, 2015). However, many empirical studies in the literature showed that women suffer the painful experience of marital burnout more than men (Pines et al., 2011; Pamuk & Durmus, 2015).

Given that marital burnout impacts negatively psychological and family well-being, couples could seek coping measures or strategies that can help them manage the situation (Ferri et al., 2015). One of the interventions suggested to help couples reduce stressful situations in their marriage is cognitive-behavioural approach (Ghasemi et al., 2020). To reduce marital burnout in persons who have declared an interest in divorcing their partners, we propose that rational-emotive couple intervention could help. The basis for creating a rational-emotive couple intervention is to see how the application and adaptation of the philosophies of rational emotive behaviour therapy (REBT) could help marital burnout in couples.

Rational-emotive couple intervention (RECI) is an extension of REBT that aims to dispute and deal with couples' erroneous thoughts, behaviours, and emotions that promote marital burnout. The present intervention (RECI) adapted the principles of REBT; however, it specifically addressed how marital burnout emerges due to negative perceptions about marriage. RECI assumes that an unsatisfactory marital relationship does cause marital burnout but unrealistic expectations in relationships. Ghasemi et al. (2020) argue that the inability to dispute irrational beliefs such as demandingness and low frustration tolerance decreases quality relationships. RECI proposes that distorted communication is a major cause of marital dysfunction especially when it is misinterpreted. This is because human emotion is reflected in behaviours and could influence relationship patterns (Tobias, 2014).

Hypothetically, couples may think to themselves, it is awful seeing my partner condemning everything I do! And possibly the most damaging, “This is terrible, I can’t bear it! This will be the end of the marriage. Thinking that the end of the marital relationship should not have happened is a demand that is illogical.

On the other hand, we can think more logically. Even though we may still feel intense grief over the loss, we may lessen how much it disturbs us. I’m not advocating that we strive to make lemonade out of lemons. I propose that we approach the loss more logically. This way of thinking will include acknowledging that the other person is a fallible human being who is capable of both good and evil deeds, the fact that we can all experience relational hurt, and practical expectations for how this loss will pan out. One will experience sadness, yet sadness is a normal negative feeling that may or may not last. Depending on how much one invested in the relationship, there will likely be a grieving time before the person is maybe able to move on. Thoughts like, “While I would have rather that the relationship carried on, I can stand that it has ended and it is worth it to do so,” or “I can stand that it has ended and it is worth it to do so,” would probably make one feel better and lead to actions that will help one move on. Even though the loss may have been unexpected and difficult to accept, an unhealthy negative emotional state does not have to follow (Tobias, 2014).

In the context of this study, priority was given to rational emotive behavior therapy (REBT) because of the perspectives about couple relationships. According to the REBT, a good relationship is one that gives the people involved long-term hedonistic fulfillment or pleasure. This concept reflects a fundamental assumption of rational-emotive therapy, namely, that hedonistic principles govern human behavior. According to this point of view, the idea contends that people are driven to engage in relationships that promise or deliver hedonistic fulfillment and are compelled to remain in those that do so over the long (DiGiuseppe & Zee, 1986). The assumption posits that a relationship should be flexible intentionally and therefore couples that apply absolutism as their standard in relationships are vulnerable to emotional distress and burnout. Indeed, that is the crux of REBT assists individuals to alter such absolutistic perceptions as it increases emotional and behavioral (DiGiuseppe & Zee, 1986).

More importantly, the priority given to REBT in this study over other intervention strategies is based on various advantages REBT has over them (systems theory, purely behavioral couples therapy, and traditional marital counseling. Other strategies do not give priority to how cognition plays a part in relationship problems (DiGiuseppe & Zee, 1986). According to Ellis (1978), “Disturbed marriage and family relationships stem less from what happens within the family than from the perspectives and views that these members have of these incidents.” This statement reflects RET’s overarching theory of human disturbance: The Rational-Emotive Theory asserts that disturbance can be linked to an individual’s irrational cognitive processes and the interaction of disturbed cognition with related processes in the domains of sensing, feeling, and behavior, regardless of whether it manifests most obviously as an intrapersonal problem, interpersonal problem, or both (Ellis, 1978). REBT believes that the cognitions, emotions, and behaviours of the couples in the system serve as mechanisms but

do not contribute to somehow arising mysteriously from the system itself. Because of these irrational beliefs about the people, events, or expected reinforcement contingencies in the system, an individual may behave—and continue to behave—in accordance with some dysfunctional marital or family pattern. Such beliefs result in disturbing emotions and decreased behavioral flexibility.

In contrast to other couple interventions, REBT suggest the individual is the major and fundamental and should be referred to as a client who also deserves the total attention of a therapist (Ellis, 1962; Walen et al., 1980). Other couple interventions focused on conceptualizing the dyad, the system, or the relationship itself as the focal unit of intervention. This discrepancy reflects both pragmatic and also philosophical issues pertinent to how couples therapy is conducted (DiGiuseppe & Zee, 1986).

The current study was motivated due to exclusion of predictors of treatment outcomes in some past studies on couple intervention. There is a severe lack of literature on potential modifiers of cognitive treatment interventions (David-Ferdon & Kaslow, 2008; Stikkelbroek et al., 2020; Weisz et al., 2006). A thorough assessment of randomized or controlled research on psychological disturbances (e.g., depression, burnout, distress) found that only a small number of studies that began between 2000 and 2013 looked at predictors and moderators, and the findings provided inconsistent information about moderators (Nilsen et al., 2013). The social, demographic, interpersonal, and intrapersonal factors of participants may have predictive effects on treatment outcomes (Curry et al., 2006), especially if trial assessment targets cognitive, feelings, and behaviours, The need to investigate what and how the psychological intervention is moderated by potential factors was also recommended by Atkins et al. (2005) and Baucom et al. (2009).

Issues involving process findings and mechanism of change in randomized control studies are drawing serious attention as this seemingly lacking in past studies (See Ede et al., 2020a). Sevier et al. (2008) advocated for more investigations on the mechanisms of change, which is research on the factors that might be directly impacted by treatment and result in increases in relationship satisfaction, and studies on in-session behavior by therapists and clients. Each of these variables, according to process research, improved over the course of therapy, and the improvement will be due to increased satisfaction. Despite the significant impact that burnout plays in marriages (Pamuk & Durmus, 2015), it appears that no study has looked into how psychological interventions affect marital burnout and divorce among divorcees. Given that cognitive-behavioural strategy helps to improve the quality of family life (Ede et al., 2022; Uzodinma et al., 2022) and alters the disbelief responsible for unhealthy relationships (Ghasemi et al., 2020). Therefore, this study investigated the impact of rational-emotive couple intervention on marital burnout amongst divorced parents. To achieve this, the following five hypotheses were formulated, (1) there will be a significant reduction of marital burnout in couples exposed to the proposed intervention at the time 1 stage. (2) There will be a significant reduction of marital burnout in couples exposed to the proposed intervention at the time 2, stage. (3) There will be a significant reduction of marital burnout in couples exposed to the proposed intervention at the time 3 stage. (4)

There will be significant interaction between time and group at time 2 and (5) Depressive symptoms and gender have a significant moderating effect on the outcome of the treatment. We intend to achieve these stated hypotheses considering the limited research on marital burnout and lacuna in cognitive therapy. Also, to achieve a long-term psychological change in couples seeking a divorce using rational emotive couple intervention.

Method

Participants

A total of 67 parents who have applied to divorce orally accepted to participate in this study. The invitation was sent out through the social welfare units of some selected Local Governments in Enugu State, Nigeria. The participants' sociodemographic profile is outlined in [Table 1](#).

Primary Measurement

The Marital Burnout Scale ([Ashi et al., 2018](#)) is a self-report and a 28-item scale that is aimed at assessing marital burnout among couples. The scale consists of three subscales such as emotional disturbance (15 items), mental disturbance (7 items), and lack of emotional bonding (6 items). Sample items include (a) I find it difficult to show positive emotions to my spouse. (b) My relationship makes me feel emotionally drained. (c) I feel frustrated by my marriage. The response rates were categorized into 5-point Likert options, that is, strongly disagree=1 to strongly agree=5, indicating that the higher the score, the greater the severity of the marital burnout. The summed scores range from a low of 28 to a high of 140. The internal consistency of the scale is α 0.98.

Secondary Measurements

Beck Depressive Inventory (BDI) was developed to assess the symptomatic occurrence of depression. BDI was created by [Beck et al. \(1961\)](#) who crafted 21 symptoms of depression as items for patients to rate themselves. Samples of the symptoms include a) I am sad all the time and I can't snap out of it, b) I am dissatisfied or bored with everything, c) I feel I am a complete failure as a person, d) My appetite is much worse now. The guideline instructs responders to use it to demonstrate recent symptom experience, i.e., within the first 7 days. BDI is guided by 4-Likert response scale ranging from 1= 0–9 = minimal to 4= 30–63 = severe. This implies that the higher the score, the higher degree of the severity of depressive symptoms ([Beck et al., 1961](#)). For example, if a person scores 30 and above, it means that the individual has a high degree of depressive symptoms. A previous Nigerian study conducted using parent populations reported good reliability (0.89) of the scale (BDI) ([Ede, Okeke, & Obiweluzo, 2022](#)).

Table 1. Rational-Emotive Couple Intervention Manual for Marital Burnout.

Time frame	Session	Topics	Objectives	Activities	Techniques
2hours	1	Creating cognitive alliance	To create a friendly psychological environment for the treatment	The therapist introduces the topic, names, and other identifiers	Cognitive rapport
2hours	2	Marriage and challenges	To explain the meaning of marriage and identify possible challenges	Helping participants understand the meaning of marriage and issues that could lead to breakdown of the marriage Types of marriage and ways to identify challenges facing marriage	Interpretation Restatement, and mood monitoring
2hours	3	Divorce	To explain the meaning of divorce and the relationship between marriage and divorce	Explaining the meaning of divorce to the participants Helping them to identify factors that lead to divorce Discussing how some issues in marriage could lead to divorce	Mood monitoring
2hours	4	Marital/couple burnout	To explain the concept of marital burnout and the symptoms	Meaning of marital burnout Explanation of physical and psychological signs and symptoms of marital burnout Teaching the participants how to identify it	Mood monitoring, Cognitive relaxation

(continued)

Table I. (continued)

Time frame	Session	Topics	Objectives	Activities	Techniques
2hours	5	Burnout list	To expose them to burnout lists of problems	Exposition of marital burnout list Using it to engage the participants in home exercise	Hypnosis, Cognitive disputation
2hours	6	Identification of irrational beliefs in marriage	To identify irrational beliefs among couples	Familiarizing participants with REBT education. The therapist assists the participants to identify their irrational beliefs in marriage Give examples Analyze the examples using demandingness, awfulizing, low frustration tolerance, and poor evaluation. Assignment	Hypnosis, Cognitive disputation, motivational enhancement and interviewing
2hours	7	Sources of irrational beliefs in marriage	To uncover how irrational beliefs in marriage set in	The therapist and participants list possible sources of irrational beliefs in marriage How men promote irrational beliefs in marriage How women promote irrational beliefs in marriage How children/ relatives promote irrational beliefs in marriage	Mood monitoring, Home exercise, Rational-emotive imagery skills

(continued)

Table I. (continued)

Time frame	Session	Topics	Objectives	Activities	Techniques
2hours	8	Consequences of irrational beliefs in marriage	To expose consequences of irrational beliefs in marriage	Teaching them the consequences of irrational beliefs such as psychological, economical, and social aspects	Home exercise, Biofeedback
2hours	9	Experiences of marital beliefs	To narrate individual experiences of marital	The participants narrate their experiences. They describe their mood and perceptions about the present situation	Cognitive disputation
2hours	10	Dealing with irrational beliefs in marriage	To deal with irrational beliefs in marriage	Dealing with irrational beliefs in marriage	Cognitive disputation, Behavioural disputation
2hours	11	Dealing with irrational beliefs continued	Dealing with irrational beliefs continue	Dealing with irrational beliefs in marriage	Relapse prevention Problem solving skill unconditional self-acceptance
2hours	12	Relationship between irrational beliefs and burnout	To understand the relationship between irrational beliefs and burnout	Understanding the relationship between irrational beliefs and burnout in marriage	Relapse prevention motivational enhancement and interviewing
2hours	13	Disputing irrational beliefs that lead to burnout	To dispute irrational beliefs that lead to burnout	Teaching them how to manage symptoms of marital burnout. Educating them on how to dispute negative feelings that could trigger marital burnout	Problem, Solving skill, Relapse prevention mood monitoring
—	14	Termination	—	The treatment is terminated	Closure

The Parent Rational and Irrational Beliefs Scale (P-RIBS) is a 24-item measure of parental rational and irrational belief processes adopted from [Gavita, et al. \(2011\)](#). Three examples of the items of the scale include (1) If I am not a good parent, it doesn't mean that I am a worthless person. (2) It is unpleasant and unfortunate to be a bad parent, but it is not terrible. (3) I can stand to be a bad parent. Each item was scored on a five-point Likert Scale: Strongly Disagree (5), Disagree (4), Undecided (3), Agree (2), and Strong Agree (1). In scoring the P-RIBS, we followed the guidelines by [Gavita et al. \(2011\)](#). The overall reliability ($\alpha = .73$) of the scale demonstrated that it was good enough. The researchers found a good internal consistency (Cronbach's Alpha) of 0.77 for P-RIBS using the current sample. A measure of beliefs, thoughts, and assumptions about marital burnout is very important to assess if the marital burnout of the parents was attributed to irrational beliefs. The outcome of the assessment tool (P-RIBS) was correlated with outputs from the marital burnout scale.

Procedures: Rational-Emotive Couple Intervention

The rational-emotive couple intervention (RECI) is a psychosocial treatment manual that seeks the reduction of marital burnout. We developed this unique intervention which has major components including timeframe, objectives, techniques, topics, and treatment sessions. RECI is categorized into four inter-session such as education, disputation, and reinforcement/motivational interviewing phases (see [Turner & Barker, 2014](#)). This study was conducted in Enugu State in the Southeast region of Nigeria. Before this study took off, we had obtained permission from the Research and Ethics committee of the Faculty of Education, University of Nigeria. Also, the participants gave informed consent and agreed to participate in the research. Thereafter, the researchers sought the current psychological condition (level of burnout) using the dependent measure. Those parents that submitted informed consent were assigned into different groups (intervention and Treatment as Usual groups). In sum, 34 parents were assigned to the intervention group, and 33 parents were assigned to the treatment as usual (TAU). In doing this, we adopted a random allocation sequence This mechanism enhances randomization using sequentially numbered containers, describing steps taken to conceal the sequence until interventions were assigned Participants in the intervention group received the rational-emotive couple intervention (RECI). Our rational-emotive couple intervention was a 14-week mediation comprising 14 sessions and a 2-hours per session treatment programme. The objective was to reduce the degree of marital burnout in couples with the intention to divorce. The RECI lasted for 3 months and 2 weeks and was implemented by therapists hired for this purpose. Those in the control group continued to receive Treatment as Usual (TAU) which they were already familiar with, especially when they had marital problems. TAU was guided by a similar treatment plan in terms of time and activities. But it varies with the former (intervention group) as it focused on a different objective, which was to reduce domestic violence.

Table 2. Demographic Characteristics of the Participants Based On Groups.

	RECI Group n (%)	TAU Group n (%)	Statistic χ^2	Sig
Gender				
Male	6 (18.8)	26 (81.3)	25.091	0.001
Female	28 (80.0)	7 (20.0)		
Number of children				
1 to 4 children	16 (50.0)	16 (50.0)	0.014	0.907
5-8 children	18 (51.4)	17 (48.6)		
Educational qualification				
NCE	5 (38.5)	8 (61.5)	2.712	0.438
Bachelor's degree	19 (59.4)	13 (40.6)		
Master's degree	6 (54.5)	6 (45.5)		
PhD	4 (36.4)	7 (63.6)		
Age				
Below 35 Years	20 (57.1)	15 (42.9)	4.482	0.106
36-50 Years	12 (54.5)	10 (45.5)		
51 Years and above	2 (20.0)	8 (80.0)		

Note. RECI= Rational emotive couple intervention, TAU=Treatment as usual, n= Number of participants, %=Percentage, χ^2 =Chi-square, sig=Associated probability, NCE=Nigeria Certificate in Education.

Interestingly, the participation of those in the RECI group was 100%, and this led to no dropouts being recorded. In addition, the participants did not record any adverse effects due to the intervention. As the treatment ended, the participants across the groups were assessed at Time two by the researchers using the dependent measures. After ascertaining the level of change recorded, the participants returned for a follow-up meeting. This took place 3 months after the treatment was terminated. Following the follow-up, which was given to the RECI group only, the participants from the two groups completed the same measure for the third time. In this double-blinded trial, the researchers ensured that the data analysts and participants were blinded. This promoted data concealment and reduced sampling bias during the randomization and admission of subjects and data analyses. During the post-treatment meetings, the RECI manual was briefly revised as shown in [Table 2](#).

Detailed information regarding the session activities is contained in [Table 2](#). [Table 2](#) below demonstrates the details of the manual.

Treatment As Usual (TAU)

The participants in TAU were equally received at the same time as their counterparts in different venues. They were invited to a social welfare venue where their counsellors attended to them. It was a 14-week group session with 2 hours of instruction every

week. TAU's goal, on the other hand, was to counsel people on domestic violence using the methods and procedures they were already accustomed to. TAU included assessment periods.

Data Analysis

The data collected at Time 1, Time 2, and Time three for this study were statistically analyzed using SPSS. Precisely, a multivariate test analysis of variance was used to test the effect of the intervention on the dependent variable. To test the size of the effect, the data were further subjected to the partial eta squared statistical method. Also, cross-tabulation and bivariate analysis were used to report on the demographic characteristics of the participants and correlations of the secondary data, respectively.

Results

Table 2 shows that the RECI group comprised six males (19.8%) and 28 (80.0%) females, and the TAU control group comprised 26 males (81.3%) and 7 (20.0%) females. From the analyses of results, it can be seen that a significant gender difference was observed among the participants ($\chi^2=25.091$, $p=0.001$). With reference to the number of children, 16 (50.0%) participants in the treatment group have between one to four children, and 18 (51.4%) participants have five to eight children. For the TAU control group, 16 (50.0%) participants have one to four children, 17 (48.6%) participants have five to eight children. From the analyses of results, there is no significant difference in the number of children observed among the participants ($\chi^2=0.014$, $p=0.907$). Regarding educational qualification, in the treatment group, five participants (38.5%) hold NCE qualifications, 19 (59.4%) hold bachelor's degrees, 6 (54.5%) hold master's degrees, and 4 (36.4%) hold PhD degrees. In the control group, eight participants (61.5%) hold NCE qualifications, 13 (40.6%) hold bachelor's degrees, 6 (45.5%) hold master's degrees, and 7 (63.6%) hold PhD degrees. No significant difference in educational qualification was observed among the participants ($\chi^2=2.712$, $p=0.438$). In terms of the age of the parents, in the treatment group, 20 participants (57.1%) were below 35 years, 12 (54.5%) were within the age range of 36–50 years, and 2 (20.0%) were 51 years and above. In the TAU control group, 15 participants (42.9%) were below 35 years, 10 (45.5%) were within the range of 36–50 years, and 8 (80.0%) were 51 years and above. No significant difference in age was observed among the participants ($\chi^2=4.482$, $p=0.106$).

Primary Outcomes

The result in Table 3 indicates the results of the RECI given to participants in the treatment group and TAU (control condition) at the initial time, time 2, and time 3. The initial evaluation shows no significant difference in the marital burnout scores of the participants in the RECI group and TAU, $F(1, 66) = 0.717$, $p=0.400$, $\eta_p^2 = 0.011$.

Table 3. Multivariate Test Analysis of RECI on Marital Burnout.

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig	Partial Eta Squared
Corrected model	MBSPRE	37.920 ^a	2	18.960	.438	.647	.014
	MBSPOST	20410.684 ^b	2	10205.342	151.855	.000	.826
	MBSTIME3	18645.289 ^c	2	9322.644	157.397	.000	.831
Intercept	MBSPRE	15152.936	1	15152.936	350.234	.000	.845
	MBSPOST	1297.196	1	1297.196	19.302	.000	.232
	MBSTIME3	1323.410	1	1323.410	22.344	.000	.259
Group	MBSPRE	31.017	1	31.017	.717	.400	.011
	MBSPOST	12163.926	1	12163.926	180.999	.000	.739
	MBSTIME3	11154.124	1	11154.124	188.319	.000	.746
Gender	MBSPRE	1.769	1	1.769	.041	.840	.001
	MBSPOST	18.748	1	18.748	.279	.599	.004
	MBSTIME3	14.613	1	14.613	.247	.621	.004
Error	MBSPRE	2768.969	64	43.265	—		
	MBSPOST	4301.090	64	67.205			
	MBSTIME3	3790.724	64	59.230			
Total	MBSPRE	773915.298	67	—			
	MBSPOST	445792.545	67				
	MBSTIME3	426567.116	67				
Corrected total	MBSPRE	2806.888	66				
	MBSPOST	24711.774	66				
	MBSTIME3	22436.013	66				

^aR Squared = .014 (Adjusted R Squared = -.017).

^bb. R Squared = .826 (Adjusted R Squared = .821).

^cc. R Squared = .831 (Adjusted R Squared = .826).

However, the post-treatment results show a significant reduction of marital burnout in RECI group participants, $F(1, 66) = 180.999, p = .001, \eta_p^2 = 0.739$. A greater and significant improvement in the level of marital burnout among participants in the RECI group at the follow-up stage, $F(1, 66) = 188.319, p = .001, \eta_p^2 = .746$. Therefore, the value (0.739) of the effect size at the post-treatment and follow-up test implies that the RECI accounted for a 73% improvement in the quality of life of the participants.

The result shows no significant influence of group and gender on participants' marital burnout as measured by MBS, $F(1, 66) = 0.279, p = 0.599$; $F(1, 66) = 0.247, p = 0.621$ at Time two and Time 3, respectively; indicating that RECI is an effective couple intervention that reduces marital burnout across gender.

Secondary Outcomes

We included the secondary outcomes to see if marital burnout is caused by parents' irrational beliefs, which appear to lead to psychological disturbances like depression.

Table 4 shows the results of the correlation between marital burnout and depression. This result shows that at initial assessments (Time 1), marital burnout is positively associated with depression among couples seeking a divorce as measured by MBS and BDI, $r=0.047$, $p=0.704$. This implies that marital burnout leads to an increase in depressive symptoms in couples. At post-treatment and follow-up tests, the outcomes of the measurements show a positive and significant association between marital burnout and depression as measured by MBS and BDI, $r=0.894^{**}$, $p=0.001$; $r=0.893^{**}$, $p=0.001$.

Table 5 shows the results of the correlation between marital burnout and parental irrational beliefs. This result shows that at initial assessments (Time 1), parental irrational beliefs are positively and significantly associated with marital burnout among couples seeking divorce as measured by MBS and P-RIBS, $r=0.933^{**}$, $p = 0.001$. This means that parental irrational beliefs account for marital burnout in couples. The outcomes of the measurements show a positive and significant association between parental irrational beliefs and marital burnout as measured by MBS and P-RIBS, $r = 0.996^{**}$, $p = 0.001$; $r = 0.997^{**}$, $p = 0.001$ at post-treatment and follow-up test respectively. The results indicate that a decrease in parents' irrational beliefs accounts for marital burnout among couples seeking a divorce.

Discussion

The worrisome psychological state of couples seeking divorce demanded this study to investigate the impacts of rational emotive couple intervention on marital burnout in a Nigerian sample of couples seeking a divorce. At the pretest level, the initial outcome showed no significant difference in the responses of participants in the RECI group to the marital burnout measure. On the other hand, the post-treatment results show a significant reduction of marital burnout in RECI group participants, and a significant improvement was maintained at the follow-up test. The main impact of RECI is considerably significant considering the negative consequences of marital burnout. This intervention has shown to be effective in reducing burnout associated with erroneous perceptions of marital circumstances. This is in line with a previous treatment that reduced couple burnout (Zarei et al., 2013). Importantly, the unique thing is that the two studies used Ellis' principles in mitigating the high degree of couples' burnout. A similar result was found that cognitive-behavioural techniques reduced marital burnout (Ghasemi et al., 2020). As in earlier studies, the rational-emotive technique is an emotion-focused intervention; therefore, a favorable outcome is possible. As a result, because marital burnout is an emotional issue, it may be reduced greatly. Significant research has also indicated that cognitive-behavioral interventions centered on couple relationships reduce marital burnout (Nazari et al., 2011; Nooranipour, 2008; Veshki et al., 2012). The advancement of cognitive-behavioural approaches in treating mental health problems such as depression (Ede et al., 2019, 2022; Ezegbe et al., 2018; Ugwuanyi et al., 2022), parenting stress (Ede et al., 2020b), and post-traumatic depression (Ede, Okeke, & Chukwu, 2021) is currently gaining attention in contemporary

Table 4. A Bivariate Analysis of the Association Between Marital Burnout and Depression.

	MBSPRE	MBSPOST	MBSTIME3	BDITIME1	BDITIME2	BDITIME3
MBSPRE	Pearson correlation	.203	.197	.047	.125	.125
	Sig. (2-Tailed)	.100	.111	.704	.314	.314
	N	67	67	67	67	67
MBSPOST	Pearson correlation	—	.999 ^a	.294 ^b	.894 ^a	.894 ^a
	Sig. (2-Tailed)	—	.000	.016	.000	.000
	N	—	67	67	67	67
MBSTIME3	Pearson correlation	—	—	.294 ^b	.893 ^a	.893 ^a
	Sig. (2-Tailed)	—	—	.016	.000	.000
	N	—	—	67	67	67
BDITIME1	Pearson correlation	—	—	—	.327 ^a	.327 ^a
	Sig. (2-Tailed)	—	—	—	.007	.007
	N	—	—	—	67	67
BDITIME2	Pearson correlation	—	—	—	—	1.000 ^a
	Sig. (2-Tailed)	—	—	—	—	.000
	N	—	—	—	—	67
BDITIME3	Pearson correlation	—	—	—	—	—
	Sig. (2-Tailed)	—	—	—	—	—
	N	—	—	—	—	—

^aCorrelation is significant at the 0.01 level (2-tailed).

^bCorrelation is significant at the 0.05 level (2-tailed).

African settings. These findings demonstrate that applying Ellis' assumptions, miscommunications, and maladaptive behaviours in marital relationships might be corrected and transformed. Ellis' assumptions, in other words, refute unreasonable ideas attributed to marital interactions (Ghasemi et al., 2020). By implication, the major therapeutic roles of rational emotive couple therapy are to change poor evaluation, low frustration tolerance in marriage, misinterpretations in marital communication, and poor assumptions related to emotion. As the outcome of this study is consistent with past studies, it further implies that a rational emotive couple technique assists couples to cope with emotional and behavioural problems linked to marital burnout.

Furthermore, the results of the group and gender interaction effect show that there is no significant interaction effect of group and gender on marital burnout at post-test and follow-up test levels. This indicates that the impact of RECI in reducing marital burnout is not due to gender. That is to say, the sex of the participants does not affect the observed change or improvement accountable by RECI. This agrees with a past study that gender does not have a significant factor when participants were exposed to cognitive-behavioural interventions (Ede, et al., 2021).

This result of the present study also showed that at initial assessments (Time 1), marital burnout is positively associated with depression among couples seeking a divorce, implying that marital burnout leads to an increase in depressive symptoms in couples. At post-treatment and follow-up tests, the outcomes of the measurements show a positive and significant association between marital burnout and depression. This is consistent with Freudenberger (1974) who revealed that individuals experiencing burnout are vulnerable to depressive symptoms. Other research has established a link between burnout and depression, as did the current study (Bianchi et al., 2013, 2015b; Bianchi & Laurent, 2015; Glass & McKnight, 1996). Equally, a systematic review of burnout demonstrated that the emotional dimension of burnout has a strong positive relationship with depressive symptoms (Ahola et al., 2014; Bianchi et al., 2013; Bianchi, et al., 2015a; Takai et al., 2009). Several researchers have claimed that because studies have identified a continuous medium to high association between the two notions, this could indicate an overlap and that burnout is a component of depression rather than an unique psychological phenomena (Bianchi et al., 2015b). Previous studies also confirm that burnout and depression share similar characteristics and consequences (Bianchi et al., 2018a). Another review also showed that burnout and depression are regularly related (Kaschka et al., 2011; Panagiota et al., 2019).

This result of our study equally showed that at initial assessments (Time 1), parental irrational beliefs are positively and significantly associated with marital burnout among couples seeking divorce as measured by MBS and P-RIBS, $r=0.933^{**}$, $p=0.001$. This means that parental irrational beliefs account for marital burnout in couples. The outcomes of the measurements show a positive and significant association between parental irrational beliefs and marital burnout as measured by MBS and P-RIBS, $r = 0.996^{**}$, $p = 0.001$; $r = 0.997^{**}$, $p = 0.001$ at post-treatment and follow-up test, respectively. The results indicate that a decrease in parents' irrational beliefs accounts for marital burnout among couples seeking a divorce. This is also in line with research

Table 5. A bivariate Analysis of the Association Between Marital Burnout and Parents' Irrational Beliefs.

		MBSPRE	MBSPOST	MBSTIME3	PRIBSTIME1	PRIBSTIME2	PRIBSTIME3
MBSPRE	Pearson correlation	1	.203	.197	.933 ^a	.201	.189
	Sig. (2-Tailed)	—	.100	.111	.000	.104	.126
	N	—	67	67	67	67	67
MBSPOST	Pearson correlation	—	1	.999 ^a	.219	.996 ^a	.998 ^a
	Sig. (2-Tailed)	—	—	.000	.075	.000	.000
	N	—	—	67	67	67	67
MBSTIME3	Pearson correlation	—	—	1	.212	.997 ^a	.998 ^a
	Sig. (2-Tailed)	—	—	—	.085	.000	.000
	N	—	—	—	67	67	67
PRIBSTIME1	Pearson correlation	—	—	—	1	.221	.205
	Sig. (2-Tailed)	—	—	—	—	.073	.095
	N	—	—	—	—	67	67
PRIBSTIME2	Pearson correlation	—	—	—	—	1	.996 ^a
	Sig. (2-Tailed)	—	—	—	—	—	.000
	N	—	—	—	—	—	67
PRIBSTIME3	Pearson correlation	—	—	—	—	—	1
	Sig. (2-Tailed)	—	—	—	—	—	—
	N	—	—	—	—	—	67

^aCorrelation is significant at the 0.01 level (2-tailed).

by Azkhosh and Askard (2007) which shows that there is a significant relationship between illogical beliefs and marital burnout. This backs up previous research that found that illogical beliefs have a role in the prevalence of marital burnout, as the two psychological categories have a strong link. (Balevre, 2001). Once the beliefs are negatively skewed, the couples could form dysfunctional behaviours that lead to marital burnout (Kebritchi & Mohammadkhani, 2016). In the same Koolaee et al. (2010) reported a positive correlation between marital burnout and irrational beliefs among female parents seeking a divorce.

The findings of this study contributed to building additional knowledge about burnout and depressive symptoms (Atkins et al., 2005; Baucom, et al., 2009) linked to the reason most couples seek divorce in their marital relationships. Similarly, this result of the current study collaborated with past studies on the need for researching predictors of couple intervention (see Amoke et al., 2020). Thus, the absence of literature describing the therapeutic benefits of cognitive intervention for divorcing spouses is a significant contribution. It's interesting to note that this study has addressed the important gap.

This study has also filled in significant theoretical gaps by demonstrating in practice how RECI may be used to resolve cognitively oriented couple relationship issues. The current outcome provided empirical evidence for RECI's philosophies (Ellis, 1962; Walen et al., 1980). As a result, this work has advanced REBT intervention delivery and evaluation in underdeveloped nations like Nigeria.

Regarding the significance of the findings in improving the quality of psychological well-being of couples, we argue that the specific population that participated in this study and the general community audience would largely benefit from the findings. The findings would add value to the larger community because every person irrespective of age, group, race, gender, and affiliation belongs to a family unit. Our position is that if every marriage seeks a divorce, it will lead to chaos in families. By this, the practice of REBT will contribute extensively to the restoration of couples intending to divorce. More couples could also benefit from REBT practice via marriage seminars and workshops. In doing this, a larger community audience would learn how to avoid awfulizing, demandingness, and frustration intolerance.

Conclusions

RECI is an effective intervention that minimizes marital burnout among parents seeking a divorce in Enugu State, Nigeria. It is also discovered that marital burnout is caused by illogical ideas, which eventually manifest as depressive symptoms.

The findings of this study have far-reaching implications for practitioners in clinical and non-clinical settings. This study calls for more application of REBT interventions to continue to reduce clinical and non-clinical problems. More especially, practitioners should take these principles to rural locations where there are also records of divorce.

Some people seek divorce because they have false beliefs about their partners. These individuals may not have had the opportunity to meet counsellors such as rational-emotive therapists, couple therapists, and other professionals. As a result, this research concludes that if clinicians and non-clinicians accept Ellis' principles, the prevalence of irrational views in society will plummet. The reduction will lead to a decrease in marital burnout and depressive symptoms. Clinical settings, such as hospitals and medical centers, should use rational-emotive techniques in addition to medical procedures. Along the same line, family/marriage counsellors in welfare units, churches, worship centers, and other settings are urged to use REBT and RECI principles in their work with clients.

Limitations

There are some drawbacks to this study. The inability to use a wider population of respondents seeking divorce and those who are divorced is one of the limitations. In addition, the sample size was a threat to external validity, the sampling of participants was one of the most significant challenges to validity to take into account. A study's generalizability increases its external validity, balancing the validity threat (Frankfort-Nachmias & Nachmias, 2008). The gender of participants was not adequately distributed considering that out of 34 parents only six were males while 28 were females in the treatment group. A similar imbalance was repeated in the control group by assigning 26 male and seven female parents to the treatment as usual (TAU). Though, it was not preempted by the research team. This was the outcome of the randomization process. We also acknowledge that the process and sample size have these flaws. Therefore, we encourage caution in interpreting and generalizing the findings of this study to a larger audience. This should be done bearing in mind the small sample size and context of Nigeria. The participants, on the other hand, were the only ones who volunteered to take part in the study. Second, adding qualitative measurements like observation and focus groups would have given the study's findings more weight.

Strengths/Contributions

Despite its flaws, this study offers certain advantages. First, it contributes to knowledge by initiating and generating logical emotive coup intervention, which is a method of assisting couples in strengthening their marriages and avoiding divorce. The findings have bridged the gaps in the literature as mentioned in the introduction and literature review sections. As noted earlier, the present study has contributed to building additional knowledge about the burnout and depressive symptoms linked to the reason most couples seek divorce in their marital relationships. Intriguingly, the current study has altered the narrative and limited publications on interventions for psychological distress in underdeveloped countries like Nigeria (see Amoke et al., 2020). It is a great contribution that there is no literature that documented the therapeutic roles of cognitive

intervention on couples seeking a divorce. Interestingly, the serious gap has been addressed in this study. Secondly, the existing empirical gaps on the couple intervention and predictive effect and how other approaches neglected the vital role of cognition have received serious attention and contributions in this study. Secondary measures were employed in this study to show predictors of marital burnout and a putative psychological correlate of marital burnout. Thirdly, this study has also done justice to considerable theoretical gaps by practically showing that couple relationship problems are cognitive-oriented and could be sorted out using RECI. The current result empirically supported the propositions of REBT. Therefore, this study has contributed to advancing the delivery, and assessment of REBT interventions in developing countries like Nigeria. Fourthly, it is always recommended for a study of this kind to monitor the integrity check of treatment implementations. In pursuance of this, we ensured that external assessors were sent to the treatment venues to assess the process of implementation of the treatment as planned by the researchers.

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References

- Ahola, K., Hakonen, J., Perhoniemi, R., & Mutanen, P. (2014). Relationship between burnout and depressive symptoms: A study using the person-centred approach. *Burnout Research, 1*(1), 29–37. <https://doi.org/10.1016/j.burn.2014.03.003>
- Allendorf, K., & Ghimire, D. (2013). Determinants of marital quality in an arranged marriage society. *Social Science Research, 42*(1), 59–70. <https://doi.org/10.1016/j.ssresearch.2012.09.002>
- Amoke, C. V., Ede, M. O., Nwokeoma, B. N., Onah, S. O., Ikechukwu-Iloмуanya, A. B., Albi-Paraocha, F. C., Nweke, M. L., Amoke, C. V., Amadi, K. C., Aloh, H. E., Anyaegbunam,

- E. N., Nwajiuba, C. A., Onwuama, O. P., Ede, K. R., Ononaiwu, A. I., & Nweze, T. (2020). Effects of group cognitive-behavioral therapy on psychological distress of awaiting trial prison inmates. *Medicine*, *99*, 17-e18034.
- Ashi, M., Bhawana, A., & Tejinder, K. (2018). Development of marital burnout scale. *IAHRW International Journal of Social Sciences Review*, *6*(6), 1068–1074.
- Atkins, D. C., Berns, S. B., George, W., Doss, B., Gattis, K., & Christensen, A. (2005). Prediction of response to treatment in a randomized clinical trial of marital therapy. *Journal of Consulting and Clinical Psychology*, *73*(5), 893–903, <https://doi.org/10.1037/0022-006x.73.5.893>
- Azkhosh, M., & Askard, A. (2007). Measuring the illogical beliefs in marital relationships, the standardisation of the relational beliefs questionnaire. *Iranian Psychologist's Journal*, *14*, 137–154.
- Balevre, P. (2001). Professional nursing burnout and irrational thinking. *Journal for nurses in staff development. JNSD: official journal of the National Nursing Staff Development Organization*, *17*(5), 264–271. <https://doi.org/10.1097/00124645-200109000-00012>
- Baucom, B. R., Atkins, D. C., Simpson, L. E., & Christensen, A. (2009). Prediction of response to treatment in a randomized clinical trial of couple therapy: A 2-year follow-up. *Journal of Consulting and Clinical Psychology*, *77*(1), 160–173, <https://doi.org/10.1037/a0014405>
- Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry*, *4*(6), 561–571, <https://doi.org/10.1001/archpsyc.1961.01710120031004>
- Beck, J., Brand, S., Hatzinger, M., Harbaugh, A., Ruch, W., & Holsboer-Trachsler, E. (2010). Associations between satisfaction with life, burnout-related emotional and physical exhaustion, and sleep complaints. *The World Journal of Biological Psychiatry*, *11*(5), 744–754, <https://doi.org/10.3109/15622971003624205>
- Bianchi, R., Boffy, C., Hingray, C., Truchot, D., & Laurent, E. (2013). Comparative symptomatology of burnout and depression. *Journal of Health Psychology* *18*(6), 782–787. doi: <https://doi.org/10.1177/1359105313481079>
- Bianchi, R., & Laurent, E. (2015). Emotional information processing in depression and burnout: An eye-tracking study. *Eur. Arch. Psychiatry Clin. Neurosci* *265*(1), 27–34. doi: <https://doi.org/10.1007/s00406-014-0549-x>
- Bianchi, R., Laurent, E., Schonfeld, I. S., Bietti, L. M., & Mayor, E. (2018a). Memory bias toward emotional information in burnout and depression. *Journal of Health Psychology*, *25*(10-11), 1567–1575. <https://doi.org/10.1177/1359105318765621>
- Bianchi, R., Schonfeld, I. S., & Laurent, E. (2015a). Burnout-depression overlap: A review. *Clinical psychology review*, *36*, 28–41. <https://doi.org/10.1016/j.cpr.2015.01.004>
- Bianchi, R., Schonfeld, I. S., & Laurent, E. (2015b). Is burnout separable from depression in cluster analysis? A longitudinal study. *Soc. Psychiatry Psychiatr. Epidemiol* *50*(6), 1005–1011. <https://doi.org/10.1007/s00127-014-0996-8>
- Borritz, M., Rugulies, R., Christensen, K. B., Villadsen, E., & Kristensen, T. S. (2006). Burnout as a predictor of self-reported sickness absence among human service workers: Prospective findings from three year follow up of the PUMA study. *Occupational and Environmental Medicine*, *63*(2), 98–106, <https://doi.org/10.1136/oem.2004.019364>

- Capri, B., & Gökçakan, Z. (2013). The variables predicting couple burnout. *Elementary Education Online*, 12(2), 561–574.
- Centers for Disease Control and Prevention. (2016). *Provisional number of marriages and marriage rate: United States, 2000–2016*. Retrieved from https://www.cdc.gov/nchs/data/dvs/national_marriage_divorce_rates_00-16.pdf
- Curry, J., Rohde, P., Simons, A., Silva, S., Vitiello, B., Kratochvil, C., Reinecke, M., Feeny, N., Wells, K., Pathak, S., Weller, E., Rosenberg, D., Kennard, B., Robins, M., Ginsburg, G., March, J., & Team, TADS (2006). Predictors and moderators of acute outcome in the Treatment for Adolescents with Depression Study (TADS). *Journal of the American Academy of Child and Adolescent Psychiatry*, 45(12), 1427–1439. <https://doi.org/10.1097/01.chi.0000240838.78984.e2>
- David-Ferdon, C., & Kaslow, N. J. (2008). Evidence-based psychosocial treatments for child and adolescent depression. *Journal of Clinical Child and Adolescent Psychology*, 37(1), 62–104.
- DiGiuseppe, R., & Zee, C. (1986). A rational-emotive theory of marital dysfunction and marital therapy. *Journal of Rational-Emotive Therapy*, 4(1), 22–37. <https://doi.org/10.1007/bf01073478>
- Ede, M. O., Adene, F. M., Okeke, C. I., Mezieobi, D. I., Isiwu, E. N., & Abdullahi, Y. (2021). The effect of rational emotive behaviour therapy on post-traumatic depression in flood victims. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 40(1), 124–143. <https://doi.org/10.1007/s10942-021-00401-7>
- Ede, M. O., Anyanwu, J. I., Onuigbo, L. N., Ifelunni, C. O., Alabi-Oparaocha, F. C., Okenyi, E. C., Agu, M. A., Ugwuanyi, L. T., Ugwuanyi, C., Eseadi, C., Awoke, N. N., Nweze, T., Victor-, & Aigbodion, V. (2020b). Rational emotive family health therapy for reducing parenting stress in families of children with autism spectrum disorders: A group randomized control study. *Journal of Rational-Emotive & Cognitive- Behavior Therapy*, 38(2), 243–271. <https://doi.org/10.1007/s10942-020-00342-7>
- Ede, M. O., Igbo, J. N., Eseadi, C., Ede, K. R., Ezegbe, B. N., Ede, A. O., Ezurike, C., Onwuka, G. T., & Ali, R. B. (2019). Effect of group cognitive behavioural therapy on depressive symptoms in a sample of college adolescents in Nigeria.
- Ede, M. O., Okeke, C. I., Chinweuba, N. H., Onah, S. O., & Nwakpadolu, G. M. (2022). Testing the efficacy of family health-model of REBT on family values and quality of family life among parents of children with visual impairment. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 40(2), 252–277. <https://doi.org/10.1007/s10942-021-00409-z>
- Ede, M. O., Okeke, C. I., & Chukwu, C. L. (2021a). Assessing the efficacy of rational emotive behavior intervention for visually impaired upper basic school children with negative self-belief/personal value system. *Journal of Rational-Emotive & Cognitive-Behavior* 40(3), 452–473. <https://doi.org/10.1007/s10942-021-00419-x>
- Ede, M. O., Omeje, C. J., Ncheke, D. C., Agah, J. J., Chinweuba, N. H., & Amoke, C. V. (2020a). Assessment of the effectiveness of group cognitive behavioural therapy in reducing pathological gambling. *Journal of Gambling Studies*, 36(4), 1325–1339. <https://doi.org/10.1007/s10899-020-09981-y>
- Ellis, A. (1962). *Reason and emotion in psychotherapy*. Lyle Stuart.

- Ellis, A. (1978). Family therapy: A phenomenological and active directive approach. *Journal of Marriage and Family Counseling*, 4(2), 43–50. <https://doi.org/10.1111/j.1752-0606.1978.tb00511.x>
- Ezegbe, B. N., Ede, M. O., Eseadi, C., Nwaubani, O. O., Akaneme, I. N., Aye, E. N., Ede, K. R., Omeje, J. C., Ezurike, C., Onyishi, C. N., Ali, R. B., Eze, N. M., Omeje, G. N., Ofuebe, J., & Ugwu, U. (2018). Effect of music therapy combined with cognitive restructuring therapy on emotional distress in a sample of Nigerian married couples. *Medicine*, 97(34), e11637. <https://doi.org/10.1097/md.00000000000011637>.
- Ferri, P., Guerra, E., Marcheselli, L., Cunico, L., & Di Lorenzo, R. (2015). Empathy and burnout: An analytic cross-sectional study among nurses and nursing students. *Acta Bio-Medica: Atenei Parmensis*, 86(Suppl 2), 104–115.
- Frankfort-Nachmias, C., & Nachmias, D. (2008). *Research methods in the social sciences* (7th ed.). New York, NY: Worth.
- Freudenberger, H. J. (1974). Staff burn-out. *Journal of Social Issues* 30(1), 159–165. <https://doi.org/10.1111/j.1540-4560.1974.tb00706.x>
- Gavita, O. A., David, D., DiGiuseppe, R., & DelVecchio, T. (2011). The development and validation of the parent rational and irrational beliefs scale. *Procedia - Social and Behavioral Sciences*, 30, 2305–2311. <https://doi.org/10.1016/j.sbspro.2011.10.449>
- Ghasemi, F., Nia, K. K., & Amiri, H. (2020). Effect of emotion-oriented couple therapy and cognitive-behavioral couple therapy on marital burnout. A comparative study. *Archives of Pharmacy Practice*, 11(S1), 104–109.
- Glass, D., & McKnight, J. (1996). Perceived control, depressive symptomatology, and professional burnout: A review of the evidence. *Psychology Health*, 11(1), 23–48. doi: <https://doi.org/10.1080/08870449608401975>
- Huston, T., (2009). What's love got to do with it? Why some marriages succeed and others fail. *Personal Relationships*, 16(3), 301–327. <https://doi.org/10.1111/j.1475-6811.2009.01225.x>
- Kaschka, W., P., Korczak, D., & Broich, K. (2011). Burnout: A fashionable diagnosis. *Deutsches Ärzteblatt International*, 108(46), 781–787. <https://doi.org/10.3238/arztebl.2011.0781>
- Kebritchi, A., & Mohammadkhani, S. (2016). The role of marital burnout and early maladaptive schemas in marital satisfaction between young couples. *International Journal of Medical Research & Health Sciences*, 5(12), 239–246.
- Koolae, A. K., Adibrad, N., & Sedgh Poor (2010). The Comparison of relationship beliefs and couples burnout in women who apply for divorce and women who want to continue their marital life. *Iranian journal of psychiatry*, 5(1), 35–39.
- Koutsimani, P., Montgomery, A., & Georganta, K. (2019). The relationship between burnout, depression, and anxiety: A systematic review and meta-analysis. *Frontiers in Psychology*, 10, 284. <https://doi.org/10.3389/fpsyg.2019.00284>
- Malakh-Pines, A., & Uluengin, M. Y.. (2010). Aşık olmak; sevgililerimizi neye göre seçeriz?: İletişim; Maslach, C., Jackson, S., & Leiter, M. (1996). *MBI: Maslach burnout inventory: CPP*. Incorporated Sunnyvale (CA).
- Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). *Maslach Burnout Inventory Manual* (3rd ed.). Mountain View, CA: CPP, Inc.

- Mather, L., Blom, V., & Svedberg, P. (2014). Stressful and traumatic life events are associated with burnout—a cross-sectional twin study. *International Journal of Behavioral Medicine, 21*(6), 899–907. <https://doi.org/10.1007/s12529-013-9381-3>
- Monden, C. W. S., Metsä-Simola, N., Saarioja, S., & Martikainen, P. (2015). Divorce and subsequent increase in uptake of antidepressant medication: A Finnish registry-based study on couple versus individual effects. *BMC Public Health, 15*(158), 1–9. <https://doi.org/10.1186/s12889-015-1508-9>
- Nazari, M., Basiri, F., Kaveh, M. H., & Ghaem, H. (2018). Investigating the effect of Fordyce happiness cognitive-behavioral training on perceived stress and happiness in pregnant females: Applying the self-efficacy theory. <https://doi.org/10.5812/ircmj.59284>
- Nazari, V., Mohammadkhani, P., & Dolatshahi, B. (2011). Comparing the effectiveness of enriched behavioral cognitive couple therapy and combinational-behavioral therapy on increasing marital satisfaction. *Modern Psychological Research, 6*(22), 149–175.
- Nejatian, M., Alami, A., Momeniyan, V., Noghabi, A. D., & Jafari, A. (2021). Investigating the status of marital burnout and related factors in married women referred to health centers. *BMC Women's Health, 21*(1), 1–9. <https://doi.org/10.1186/s12905-021-01172-0>
- Nilsen, W., Karevold, E., Røysamb, E., Gustavson, K., & Mathiesen, K. S. (2013). Social Skills and Depressive Symptoms across Adolescence: Social Support as a Mediator in Girls versus Boys. *Journal of Adolescence, 36*, 11–20. <https://doi.org/10.1016/j.adolescence.2012.08.005>
- Nooranipour, R. (2008). The effect of cognitive-behavioral couples training on marital satisfaction of students in dorms of Tehran University. *News and Research, 4*(14), 25–40.
- Ochogwu, S., (2021). *Alarming rate of divorce in Abuja, other states traced to use of Kayan Mata.*
- Pamuk, M., & Durmus, E. (2015). Investigation of burnout in marriage. *Journal of Human Sciences, 12*(1), 162–177. <https://doi.org/10.14687/ijhs.v12i1.3002>
- Panagiota, K., Anthony, M., & Katerina, G. (2019). The relationship between burnout, depression, and anxiety: A systematic review and meta-analysis. *Frontiers in Psychology, 10*, 284. <https://doi.org/10.3389/fpsyg.2019.00284>, Retrieved from <https://www.frontiersin.org/article/10.3389/fpsyg.2019.00284>
- Pines, A. (2002). Teacher burnout: A psychodynamic existential perspective. *Teachers and Teaching, 8*(2), 121–140. <https://doi.org/10.1080/13540600220127331>
- Pines, A., & Aronson, E. (1988). *Career burnout: Causes and cures.* New York, USA: Free Press.
- Pines, A. M., Neal, M. B., Hammer, L. B., & Ickson, T. (2011). Job burnout and couple burnout in dual-earner couples in the sandwiched generation. *Social Psychology Quarterly, 74*(4), 361–386. <https://doi.org/10.1177/0190272511422452>
- Sendil, G., & Korkut, Y. (2012). Evli çiftlerdeki çift uyumu ve evlilik çatışmasının demografik özellikler açısından incelenmesi. *Psikoloji Çalışmaları Dergisi, 28*, 15–34.
- Sevier, M., Eldridge, K., Jones, J., Doss, B., & Christensen, A. (2008). Observed communication and associations with satisfaction during traditional and integrative behavioral couple therapy. *Behavior Therapy, 39*(2), 137–150. <https://doi.org/10.1016/j.beth.2007.06.001>
- Sirin, H. D., & Deniz, M. (2016). The effect of the family training program on married women's couple-burnout levels, educational sciences. *Theory and Practice, 16*(5), 1563–1585.

- Stikkelbroek, Y., Vink, G., NautaBottelier, M. H., Vet, L. J. J., Lont, C. M., van Baar, & Bodden, D. H. M. (2020). Effectiveness and moderators of individual cognitive behavioral therapy versus treatment as usual in clinically depressed adolescents: a randomized controlled trial. *Scientific reports*, *10*, 14815. <https://doi.org/10.1038/s41598-020-71160-1>
- Takai, M., Takahashi, M., Iwamitsu, Y., Ando, N., Okazaki, S., Nakajima, K., Oishi, S., & Miyaoka, H. (2009). The experience of burnout among home caregivers of patients with dementia: Relations to depression and quality of life. *Arch. Gerontology Geriatr* *49*(1), e1–e5, <https://doi.org/10.1016/j.archger.2008.07.002>
- Tobias, K. (2014). *Love and loss*.
- Turner, M. J., & Barker, J. B. (2014). Using rational emotive behavior therapy with athletes. *Sport Psychology*, *28*(1) 75–90. <https://doi.org/10.1123/tsp.2013-0012>
- Ugwuanyi, L. T., Ede, M. O., Agbigwe, I. B., Onuorah, A. R., Amaeze, F. E., Edeh, N. C., Aye, E. N., Ezeh, N. E., Ubah, J. C., Onah, S. O., Chukwu, L., Ogidi, C. I., Nzewuji, U. A., Efang, O. A., Ozoemena, L. C., Egwim, C. E., & Adene, F. M. (2022). Effect of rational emotive behaviour therapy on depressive symptoms in a sample of parents of children with intellectual disability. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*. <https://doi.org/10.1007/s10942-022-00454-2>
- Uzodinma, U. E., Ede, M. O., Dike, I. C., Onah, N. G., Obiweluzo, P. E., Onwurah, C. N., Onuorah, A. R., Ejiofor, J. N., Ugwu, C. I., Amoke, C. V., Onah, S. O., Diara, B. C., Okwor, C. O., Aneke, O. A., Ngwoke, A. N., Ezema, L. C., Ifelunni, C. O., Nwachukwu, U. C., Oforka, T. O., & Ilchukwu, L. C. (2022). Improving quality of family life among Christian parents of children with low vision in Nsukka catholic diocese using rational emotive family health therapy. *Medicine*, *101*(25), e27340. <https://doi.org/10.1097/MD.00000000000027340>
- Veshki, S. K., Botlani, S., Shahsiah, M., & Sharifi, E. (2012). The effect of sex education on marital quality improvement in couples of Qom. *Interdisciplinary Journal Of Contemporary Research In Business*, *4*(7), 134–147.
- Walen, S. R., DiGiuseppe, R. A., & Wessler, R. L. (1980). *A practitioner's guide to rational-emotive therapy*. New York: Oxford University Press.
- Weisz, J. R., McCarty, C. A., & Valeri, S. M. (2006). Effects of psychotherapy for depression in children and adolescents: a meta-analysis. *Psychological bulletin*, *132*(1), 132–149. <https://doi.org/10.1037/0033-2909.132.1.132>
- Zarei, E., Sadeghifard, M., Adli, M., & Taiebi Soogh, M. (2013). The effectiveness of Ellis couple therapy training (the rational-emotional-behavioral approach) on reducing the marital Repulsion. *Journal of Life Science and Biomedicine*, *3*(3), 229–232.

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