

# The Effectiveness of Cognitive-Behavioral Family Therapy in Addressing Dyadic Perfectionism and Anxiety in Couples Experiencing Marital Conflict

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## Abstract

**Introduction:** Marital conflict is often linked with anxiety, and perfectionism within couples (Dyadic Perfectionism) can worsen it. This study aimed to investigate the effectiveness of Cognitive-Behavioral Family Therapy (CBFT) in addressing both dyadic perfectionism and anxiety among couples experiencing marital conflict.

**Method:** A quasi-experimental pre-test-post-test with a 45-day follow-up was employed. The population consisted of all couples seeking divorce in Ahvaz, Iran, aged between 20 and 45, who visited psychological centers in 2023. For this purpose, a convenient sample of 30 participants was selected. Participants completed the Dyadic Almost Perfect Scale (DAPS) and Beck Anxiety Inventory (BAI) at pre-test, post-test, and follow-up assessments. The couples in the experimental group received 12 weekly 60-minute CBFT sessions. Data analysis was conducted using repeated-measures analysis of variance (ANOVA) in the SPSS-27 software.

**Results:** Findings demonstrated a significant difference ( $P < 0.001$ ) between pre-test and post-test scores for the dyadic perfectionism (discrepancy) subscale. Similar significant differences were found between the pre-test and both post-test and follow-up scores for the dyadic perfectionism (high standards) subscale and anxiety ( $P < 0.001$ ).

**Conclusion:** According to the findings, it can be stated that CBFT demonstrates promise as an effective intervention for addressing dyadic perfectionism and anxiety in couples experiencing marital conflict.

**Keywords:** Perfectionism, Anxiety, Cognitive Behavioral Therapy, Family Conflict

## Introduction

Families characterized by a healthy and constructive environment and parents with secure attachment styles are less likely to necessitate therapeutic interventions. However, as the value of any phenomenon is intrinsically linked to the challenges associated with its maintenance, the history of family problems is as old as the history of this institution [1]. Over time, some couples encounter communication difficulties and marital conflicts arising from various factors, including differences in values, expectations, and communication styles; unresolved emotional wounds from the past; financial strain; infidelity; and the challenges of balancing work and family life [2]. These conflicts can manifest in diverse ways, such as depression in one or both partners, disruptive behavior in children, spousal abuse, verbal and physical altercations between partners, and ultimately, divorce [3]. Marital conflicts can lead to increased interactions between couples and their relatives, gradually eroding the bond between the spouses [4]. The prevalence of marital conflicts varies across different cultures and regions. While specific data on the prevalence of these problems

among couples in Iran and abroad may be limited, studies have consistently shown that marital conflict is a common issue worldwide. Factors such as cultural norms, socioeconomic conditions, and individual differences can influence the rates and types of marital conflicts experienced in different populations [5].

Setting high standards for oneself and others is associated with levels of incompatibility in relationships and plays a significant role in marital problems [6]. When an individual imposes perfectionistic standards on others, it is referred to as dyadic perfectionism or relational perfectionism [7]. In dyadic perfectionism, one partner holds perfectionistic views of their spouse, characterized by high expectations that are perceived as unattainable [8]. Dyadic perfectionism can lead to various problems, including disruption in marital relationships, hostile interpersonal behaviors, decreased intimacy, and conflict [9]. In these situations, high dyadic perfectionism in couples is associated with anxiety [10]. Anxiety is a fundamental emotion that encompasses emotional components, sensory perceptions, and cognitive appraisals [11]. As one of the most common psychiatric symptoms, anxiety is a psychological state characterized by apprehensive expectations and fear. Individuals with high anxiety levels and a general state of anxiety often experience excessive worries [12], leading to avoidance of potential threats motivated by reducing negative emotions. Severe anxiety can impair executive function processing efficiency and result in a decline in learning and academic performance [13].

The rising rates of divorce and marital dissatisfaction on one hand, and the couples' demand for marital enrichment and improvement on the other hand, highlights the need for specialized interventions and training in this area [14]. Consequently, various therapeutic approaches have been proposed to address the problems of families and couples seeking divorce. One of the therapeutic approaches that plays a significant role in this regard is Cognitive-Behavioral Family Therapy (CBFT) [15]. In this therapeutic approach, an individual's perception of their family and the interaction patterns among family members are considered cognitive elements. The individual's and their family's problems form the core of the treatment process [16]. During the process of CBFT, distorted beliefs held by family members that lead to negative emotions, maladaptive behaviors, and dysfunctional interactions are identified and modified [17]. Family members learn appropriate interactions based on realistic and rational beliefs. They are also taught effective behaviors that promote positive interactions among family members.

CBFT was selected for this study due to its demonstrated effectiveness in addressing marital conflict and related psychological issues. CBFT is an active and comprehensive approach that emphasizes the active involvement of each family member in the treatment process. The family therapist, by employing learning, cognitive, and behavioral principles, teaches the family how to develop and strengthen desirable behaviors [18]. In line with this, Nazari et al. [19] demonstrated the effectiveness of group

cognitive-behavioral therapy in reducing perfectionism among medical students. Sefidari et al. [20] found in a study that family therapy is effective for chronic anxiety and differentiation in patients with psychosomatic disorders. Fynn et al. [21] showed in a survey that cognitive-behavioral therapy is effective in improving individuals with intellectual disabilities and anxiety. Duraes et al. [22] found in a study that CBFT is effective in reducing symptoms of depression and anxiety, increasing marital adjustment, and marital social skills. Wittenborn and Holtrop [23] found in a study that family-centered couple therapy interventions are effective in improving family functioning and anxiety among couples experiencing marital conflict.

Given the multifaceted complexities of marital conflict and divorce, psychologists and couple therapists have actively sought effective treatment interventions. However, the long-term efficacy of existing research remains underappreciated, and CBFT has not yet been applied to address dyadic perfectionism and anxiety in couples experiencing marital conflict. Consequently, this study is deemed highly warranted. In alignment with the aforementioned considerations, this research aimed to investigate the effectiveness of CBFT in reducing dyadic perfectionism and anxiety among couples experiencing marital conflict.

## Method

The present study was a quasi-experimental design with a pretest-posttest with a 45-day follow-up. The population included all couples with marital conflict and seeking divorce who visited psychological centers in 2023. A sample of 30 participants was selected using a convenience sampling method. A priori power analysis was conducted using G\*Power software to ensure adequate statistical power to detect a medium effect size ( $f=0.69$ ). Employing an alpha level of 0.05 and a desired power of 0.95, the analysis determined a required sample size of 30 participants. Inclusion criteria included scoring above the mean on the Dyadic Almost Perfect Scale (DAPS) and Beck Anxiety Inventory (BAI) questionnaires; age between 20 and 45 years; consent to participate in the study; and not currently undergoing any other psychological treatment. Exclusion criteria included divorce and missing more than two intervention sessions.

The study was conducted between February and June 2023. After obtaining research permits and corresponding with counseling centers in Ahvaz, the researchers visited these centers. Lists of couples experiencing marital conflict were obtained, and participants were contacted to provide information about the research and its procedures. They were then invited to attend in-person sessions to participate in interviews and complete research questionnaires. Informed consent was obtained from participants who met the inclusion criteria and were willing to participate in the study, assuring them that their responses would remain confidential. Subsequently, CBFT

sessions were conducted by the first author, who had previously completed specialized courses and workshops. CBFT was provided to couples in 12 weekly 60-minute sessions. A summary of the CBFT sessions has been

presented in Table 1 [24]. A post-test assessment was conducted at the end of the final CBFT session using the research questionnaires. A follow-up evaluation was conducted after 45 days.

Table 1. A Summary of the CBFT Sessions

Sessions	Summary
1	The therapist introduces themselves and the CBFT approach, outlining the goals and structure of therapy. Ground rules are established to create a safe and supportive environment for therapy, such as confidentiality, respect, and active participation. Pretest measures of anxiety and dyadic perfectionism are administered to assess baseline levels and track progress over time.
2	Clients are encouraged to openly express their feelings and perceptions regarding family dynamics and relationship issues. The therapist facilitates a discussion to identify specific problems and challenges faced within the family unit. Visual representations, such as genograms or family diagrams, can be used to illustrate family relationships and patterns of interaction.
3	Clients engage in a cognitive review of identified problems, examining the thoughts, beliefs, and assumptions that contribute to their distress. The therapist guides clients in identifying both positive and negative aspects of their lives and relationships. Clients are taught problem-solving skills, including defining problems, brainstorming solutions, evaluating options, and implementing
4	Clients learn effective communication techniques to enhance understanding, empathy, and conflict resolution within their relationships. The therapist demonstrates and teaches active listening skills, emphasizing nonverbal cues, paraphrasing, and summarizing. Clients practice assertive communication strategies to express their needs, set boundaries, and defend their rights while respecting others.
5	Clients learn to recognize signs and triggers of stress in their daily lives. The therapist introduces and teaches relaxation techniques, such as deep breathing, progressive muscle relaxation, and mindfulness exercises. Clients develop personalized stress management plans, incorporating relaxation techniques and healthy coping strategies.
6	The therapist explains the concept of assertiveness and its importance in healthy relationships. Clients practice assertive communication techniques, including expressing "I" statements, standing up for their rights, and negotiating effectively. Role-playing exercises are used to simulate real-life situations and practice assertive communication skills in a safe environment.
7	Clients are encouraged to identify, express, and validate their emotions, both positive and negative. The therapist guides clients in challenging and modifying negative or distorted thoughts that contribute to distress. Clients learn thought-challenging techniques, such as questioning the evidence for negative thoughts, considering alternative perspectives, and reappraising situations.
8	The therapist facilitates a discussion about the meaning and purpose of life, relationships, and experiences. Clients explore their personal values, goals, and aspirations, considering their alignment with their current relationships. The therapist introduces and encourages positive thinking strategies, such as gratitude journaling, focusing on strengths, and seeking out positive experiences.
9	Clients practice empathy skills, learning to understand and share the feelings and perspectives of others. Communication exercises are used to enhance active listening, empathy, and effective expression of emotions. Clients share stories about personal challenges and evaluate their emotional responses, applying empathy skills.
10	The therapist encourages clients to appreciate, accept, and respect the unique qualities and perspectives of others. Clients explore the potential meaning and growth opportunities that can arise from challenging experiences. The therapist introduces and teaches anger management techniques, such as identifying anger triggers, using relaxation methods, and expressing anger in healthy ways.
11	The therapist reviews key concepts and skills learned throughout the CBFT sessions. Clients reflect on how they have applied CBFT skills in their daily lives and relationships. Any lingering concerns or challenges are addressed, and additional strategies are provided if needed.
12	Posttest and conclusion

The tools used in this study were as follows:

**Dyadic Almost Perfect Scale (DAPS):** The Dyadic Almost Perfect Scale (DAPS) is a 26-item self-report measure developed by Shea and Rice [25] to assess dyadic perfectionism. The instrument used in this study included two subscales: discrepancy and high standards. Questionnaire items are rated on a 7-point Likert scale (1-7). Higher scores on the discrepancy and high standards subscales indicate maladaptive dyadic perfectionism. The Persian versions of the discrepancy and high standards subscales demonstrated acceptable internal consistency, with Cronbach's alpha coefficients of 0.77 and 0.80, respectively [26]. These findings suggest that the Persian versions of these subscales are reliable measures of dyadic perfectionism. In the present study, Cronbach's alpha was used to determine the reliability of the discrepancy and high standards subscales and the overall scale, yielding values of 0.81, 0.83, and 0.850, respectively.

**The Beck Anxiety Inventory (BAI):** The Beck Anxiety Inventory (BAI) is a 21-item self-report measure developed by Beck et al. [27] to assess the severity of anxiety symptoms experienced in the past week. Each item is rated on a 4-point Likert scale ranging from "0= not at all" to "4= severely," with a possible total score range of 0-63. Higher scores indicate greater levels of anxiety. The BDI exhibited high internal consistency, with a Cronbach's alpha coefficient of 0.92 [27], signifying its reliability as a measure of depressive symptoms. Likewise, the BAI has demonstrated favorable internal consistency, with Hossein Kaviani and Mousavi [28] reporting a Cronbach's alpha of 0.82. In the present study, Cronbach's alpha coefficient was 0.89 for the questionnaire

The normality of the data was assessed using skewness and kurtosis tests, while Levene's test was employed to verify the homogeneity of variance across the groups. Repeated-measures analysis of variance (ANOVA) was conducted to examine the effects of CBFT on dyadic perfectionism and anxiety. Bonferroni post-hoc tests were used to identify specific pairwise differences between the pre-test, post-test, and follow-up assessments.

## Results

The sample consisted of 15 (50.0%) males and 15 (50.0%) females. Seventeen participants (56.67%) had a high school education, while 13 participants (43.33%) held a

university degree. Among the males, eight (53.33%) were employed in government jobs, and seven (46.67%) were self-employed. Among the females, six (40.0%) were employed, and nine (60.0%) were homemakers. In terms of age distribution, 43.3% (n=13) of the participants were in the 20-32 age group and 56.7% (n=17) were in the 33-46 age group. The mean age was 25.12±5.70 years for women and 34.57±7.45 years for men. Next, the means and Standard Deviations (SD) of the dyadic perfectionism and anxiety variables at the pretest, posttest, and follow-up stages have been presented in Table 2.

Prior to conducting the repeated-measures ANOVA, its assumptions were examined. First, the absence of influential outliers in the research variables was confirmed using the skewness and kurtosis tests. Consistent with the assumptions, the normality of the data distribution was confirmed. Additionally, Levene's test was used to assess the homogeneity of variance assumption, yielding non-significant results for dyadic perfectionism (discrepancy) subscale (F=0.51, P=0.527), dyadic perfectionism (high standards) subscale (F=0.37, P=0.546), and anxiety (F=0.91, P=0.083). Subsequently, repeated-measures ANOVA was employed to determine the impact of CBFT on dyadic perfectionism and anxiety in the couples. According to Table 3, the effect of CBFT was significant for all dyadic perfectionism variables (discrepancy and high standards subscales) and anxiety (P<0.001).

To further examine the differences between the pre-test, post-test, and follow-up stages for the aforementioned variables, the Bonferroni post hoc test was employed. The results have been presented in Table 4. The results revealed a significant difference between pre-test and post-test scores for the dyadic perfectionism (discrepancy) subscale (P<0.001). This indicates that CBFT was effective in reducing scores on this measure. Additionally, the significant difference between pre-test and follow-up scores (P<0.001) suggests that CBFT had a sustained effect on reducing dyadic perfectionism (discrepancy). Similarly, significant differences were found between pre-test and post-test scores, as well as pre-test and follow-up scores, for the dyadic perfectionism (high standards) subscale and anxiety (P<0.001). These findings provide further evidence for the effectiveness and sustained effects of CBFT in reducing dyadic perfectionism (high standards) and anxiety levels.

**Table 2.** Means and SD of Dyadic Perfectionism and Anxiety Variables at the Pretest, Posttest, and Follow-up Stages

Variables	Pre-test	Post-test	Follow-up
	Mean ± SD	Mean ± SD	Mean ± SD
Dyadic perfectionism (discrepancy)	80.47 ± 4.76	48.60 ± 5.59	50.03 ± 4.03
Dyadic perfectionism (high standards)	34.63 ± 3.28	19.77 ± 2.66	20.03 ± 3.03
Anxiety	44.62 ± 1.95	24.76 ± 3.65	25.10 ± 3.14

**Table 3.** Results of Repeated-Measures ANOVA for Within-group Effects

Variables	SS	df	MS	F	P	η <sup>2</sup>
Dyadic perfectionism (discrepancy)	19437.20	2	9718.60	382.30	0.001	0.99
Dyadic perfectionism (high standards)	4342.40	2	2171.20	243.02	0.001	0.99
Anxiety	7763.40	1.44	5382.05	417.03	0.001	0.99

**Table 4.** Results of Bonferroni Post-hoc Test for Within-group Effects in the CBFT Group

Scales	Phase A	Phase B	Mean difference (A-B)	SE	P
Dyadic perfectionism (discrepancy)	Pre-test	Post-test	31.83	1.27	0.001
		Follow-up	30.43	1.26	0.001
	Post-test	Follow-up	-1.43	1.36	0.301
Dyadic perfectionism (high standards)	Pre-test	Post-test	14.86	0.72	0.001
		Follow-up	14.60	0.87	0.001
	Post-test	Follow-up	-0.27	0.71	0.712
Anxiety	Pre-test	Post-test	19.86	0.74	0.001
		Follow-up	19.53	0.57	0.001
	Post-test	Follow-up	-0.33	0.99	0.739

## Discussion

The present study aimed to investigate the effectiveness of CBFT in reducing dyadic perfectionism and anxiety in couples experiencing marital conflict. The first finding revealed that CBFT significantly improved dyadic perfectionism at both post-test and follow-up stages. This finding aligns with the results of Nazari et al. [19], who demonstrated the efficacy of GBCT in enhancing perfectionism among university students. Moreover, Siahpooshm et al. [24] demonstrated that CBFT improved general health and marital satisfaction in families with children experiencing intellectual disabilities. To explain this finding, dyadic perfectionism can be conceptualized as unrealistic expectations and high standards placed upon one's partner, potentially leading to significant relationship conflicts. CBFT can exert a substantial influence on dyadic perfectionism by examining and modifying maladaptive thought and behavioral patterns within couple interactions, thereby contributing to improved relationships and reduced marital distress [19]. A core tenet of CBFT involves assisting individuals in identifying and altering distorted thoughts and beliefs. In the context of couples, this may entail recognizing and modifying dysfunctional beliefs that contribute to conflict and dyadic perfectionism. Such beliefs may encompass unrealistic expectations of one's partner, a need for control, or feelings of inadequacy within the relationship. CBFT prioritizes the development of effective communication skills [15]. Couples learn to communicate assertively without escalating conflicts, utilizing active listening techniques, expressing their feelings and needs constructively, and respecting their partner's opinions and emotions. A fundamental aspect of CBFT is empowering couples in problem-solving and decision-making [21]. This can mitigate conflict and dyadic perfectionism as couples learn to resolve issues and make decisions collaboratively and rationally. Moreover, CBFT assists couples in acquiring stress management and emotion regulation skills. This can alleviate intense emotional reactions and dyadic perfectionism in the face of conflict, enabling couples to manage their emotions effectively and avoid inappropriate responses. CBFT also fosters empathy and mutual respect within the relationship [16]. This can reduce dyadic perfectionism and enhance cooperation and mutual understanding, as couples learn to respect and respond to each other's needs and feelings. Furthermore, CBFT equips couples with the ability to anticipate and prevent conflicts. This can mitigate dyadic perfectionism as couples learn to manage conflicts

effectively and prevent their escalation [19]. Collectively, these benefits can lead to a reduction in dyadic perfectionism and an improvement in the overall quality of the couple's relationship.

Consistent with the findings of Sefidari et al. [20], and Fynn et al. [21], the present study revealed that CBFT significantly reduced anxiety in couples experiencing marital conflict at both post-test and follow-up stages. This finding highlights the potential of CBFT in alleviating anxiety among couples seeking divorce. Anxiety in these couples often stems from ongoing conflicts, unrealistic expectations, and concerns about the future of the relationship and their children [22]. By addressing maladaptive thought and behavioral patterns, CBFT can empower couples to cope more effectively with these challenges. A key component of CBFT involves identifying dysfunctional thoughts and cognitive distortions that contribute to anxiety [20]. In conflictual situations, couples often engage in negative and exaggerated thoughts such as "My spouse will never change" or "This relationship will only get worse." By recognizing and challenging these thoughts, couples learn to replace them with more rational and realistic perspectives, such as "My spouse can change" or "We can work together to solve our problems [16]." CBFT also emphasizes the development of communication skills. By acquiring effective communication techniques, couples can express their feelings and needs directly and respectfully, rather than resorting to aggression or avoidance [21]. These skills can lead to reduced conflict and consequently, diminished anxiety. Active listening and empathy towards one's partner further contribute to a sense of being heard and understood, fostering feelings of security and reducing anxiety [15].

Couples learn to focus on finding mutually agreeable solutions rather than dwelling on problems. This process can reduce negative emotions and anxiety associated with conflicts, as couples gain a sense of control and ability to manage their challenges. These skills also empower couples to make more rational decisions, potentially alleviating future-oriented concerns related to divorce. Additionally, CBFT promotes the importance of strengthening social support and connections with others [23]. Couples learn to utilize the support of family, friends, and support groups. Such support can provide a sense of security and reduce feelings of loneliness and anxiety [17]. Overall, CBFT can effectively reduce anxiety in couples seeking divorce by addressing maladaptive thought and behavioral patterns, enhancing communication and

problem-solving skills, promoting stress and emotional management, and strengthening social support. CBFT empowers couples with the tools to improve and strengthen their relationship [19].

The present study, like any research effort, faced some limitations. First, the generalizability of the findings is restricted to couples seeking divorce in Ahvaz, Iran. Further research is required to determine if these results hold true for couples in other cities and with different cultural backgrounds. Second, the study did not control for the specific type of conflict each couple experienced. This lack of control may have introduced confounding variables that could have influenced the results. Third, the sample size of 30 participants, while adequate for power analysis, may be relatively small, potentially limiting the generalizability of the findings. Fourth, the convenience sampling method used may have introduced selection bias, as participants were recruited from a specific population (couples seeking divorce). Fifth, the study relied on self-report measures, which may be subject to social desirability bias and other reporting biases. Finally, while the study included a follow-up assessment, a longer follow-up period would have provided more comprehensive information about the long-term effects of CBFT.

## Conclusion

The present study yielded encouraging findings regarding the effectiveness of CBFT in reducing dyadic perfectionism and anxiety among couples experiencing marital conflict. Significant reductions were observed in dyadic perfectionism (discrepancy) scores between the pre-test and post-test, suggesting that CBFT effectively addressed unrealistic expectations and high standards placed upon partners. This positive effect was sustained at follow-up, highlighting the long-term benefits of CBFT in promoting healthier relationship dynamics. Similarly, significant reductions in anxiety were observed between the pre-test and both the post-test and follow-up stages. This suggests that CBFT effectively equipped couples with skills to manage conflict, regulate emotions, and foster a more secure and supportive relationship environment, ultimately leading to reduced anxiety. Overall, the findings provide strong evidence for the efficacy of CBFT in improving relationship functioning and well-being among couples experiencing marital distress.

## Conflict of Interest

The authors declare no conflicts of interest.

## Ethical Approval

The study was approved by the Ethics Committee of Islamic Azad University, Ahvaz branch (code: IR.IAU.AHVAZ.REC.1403.168).

## Declaration of Generative AI and AI-Assisted Technologies:

The authors declare that no generative AI or AI-assisted technologies were used in the creation of this work.

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