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The effect of group cognitive-behavioral counseling on optimism and self-esteem of women during the 1st month of marriage that referring to marriage counseling center

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Abstract:

BACKGROUND: Quality of relationship marital status affects all aspects of family functioning, including sustainability of cohabit living, supporting children, and happiness of couples. This study was conducted to examine the effect of group cognitive-behavioral counseling on optimism and self-esteem of women during the 1st month of marriage that referring to marriage counseling center.

MATERIALS AND METHODS: A semi-experimental study was designed by a test, posttest, and follow-up. Participants consisted of 30 women admitted to premarriage counseling center of Farsan city in 2018 with using purposive sampling by random numbers' table into experimental and control groups. The experimental group participated in eight consecutive 2-h group counseling sessions. Data collection tools were demographic questionnaire, Rosenberg's Self-Esteem Scale, and optimism designed by Mir Ahmadi (reliability and validity are calculated and was 0.96) and completed in three rounds. Women's self-esteem retested was done after 1 month. Data were analyzed with independent *t*-test and repeated measures ANOVA (significance level <0.005). Quantitative variables were analyzed using the Kolmogorov–Smirnov test.

RESULTS: There were no significant differences between optimism scores in the experimental (M = 150.47, standard deviation [SD] = 22.07) and control groups (M = 149.2, SD = 21.54) prior to intervention ($P = 0.875$). The mean optimism score was significantly different in intervention (M = 169.33, SD = 17.01) and control (M = 147.2, SD = 22.22) groups immediately after counseling ($P = 0.005$) and 1 month after counseling ($P = 0.002$, M = 171.08, SD = 17.98). The mean self-esteem scores were statistically significant in both groups immediately after counseling ($P = 0.023$, I: M = 37.06, SD = 8.69, C: M = 31.4, SD = 4.83) and 1 month after counseling ($P = 0.028$, I: M = 34.73, SD = 4.93, C: M = 30.06, SD = 4.8).

CONCLUSION: Cognitive-behavioral counseling enhances women's optimism by emphasizing the training of communication and conflict resolution skills, which leads to positive attitude and life satisfaction. Therefore, using cognitive-behavioral counseling in marriage counseling sessions can improve couples' relationships.

Keywords:

Cognitive behavioral, counseling, optimism, self-esteem

Introduction

Premarital training has created a new approach to preventing dissatisfaction

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with married life. This training is based on the concept that couples can learn how to make a successful and lasting marriage.[1] The theoretical framework of pre-marriage counseling programs is rooted in the basics of prevention science. Providing insight and awareness to prevent personal and interpersonal disorders is one of the basic goals of prevention science. In this regard, the significance of marriage counseling is determined in such a way that couples engage in constructive engagement before their problems become more serious.[2] More than a decade has passed since the start of the marriage counseling program in Iran; however, despite the changing conditions and needs, the quality of the program has not changed over time, and the standards of premarriage counseling have not yet been defined.[3] According to a study of the pre-marriage educational needs of couples the needs of education both groups of men and women was in the three areas of reproductive health, marital relationships, and legal rules. Regarding marital and family relationships, the first three priorities among the women were education related to how to resolve disputes with the spouse's family, how to resolve disagreements with the spouse, and training on the duties, roles, and rights of the man in the family.[1] aim of premarital training In Iran, is raising to the couples' knowledge of Islamic ethics, rules and mutual rights, family planning, mental health promotion, and disease prevention.[1] Studies showed the need for learning the skills necessary to communicate effectively, especially for women. Halford *et al*. encouraged counselors to coordinate the content of the counseling program based on the characteristics of couples and their specific needs.[2] Nonetheless, divorce rates are rising in the country. According to statistics, 174.578 separations were registered in 2017, with the highest incidence of divorce related to the first 3 years of life, especially the 1st year of marriage.[2,4] Such figures are only part of the problems affecting the Iranian families since many families tolerate failure and frustration without a formal divorce recorded in statistics.[5] Beak *et al*. believe that therapists could help people with their efforts to rebuild thoughts to counteract psychological stress.[6] Counseling helps people improve their skills for a lasting and positive relationship with their spouses and families.[5] The results of a study by McKeown on the effect of counseling on unhappily married couples showed that due to counseling, 78% of men and 81% of women refused to divorce and lived together; similarly, 30% of men and 25% of women stated that they were very happy about their relationships.[7]

One of the most widely used counseling methods is cognitive-behavioral therapy (CBT).[8] Cognitive counseling supports the idea that affects beliefs, attitudes and perceptions, intensity, and range of emotions. Thus, by changing general understanding, feelings and actions, innate beliefs, and inferior thoughts are changed.[9] The base of CBT is that inappropriate thoughts lead to inappropriate behavior, and individuals must learn new ways of thinking.[6] Cognitive-behavioral counseling is mostly based on the learning theory. Therapists with behavioral orientation have added communication and problem-solving skills to cognitive-behavioral counseling. Cognitive-therapeutic counseling has proven that husband and wife can be more humble by doing a modest rehearsal of mind, avoiding negative outcomes, examining their mental understandings, and considering other interpretations for what their partner is doing.[4] As marital satisfaction depends on some personality traits such as optimism and self-esteem, it may be possible to find the results affecting the promotion of family relationships.

Optimism or positive thinking is the tendency to adopt the most hopeful perspective and refers to an emotional and cognitive prognosis concerning that good things are more important than bad things,[10] which depends on how someone evaluates and anticipates the outcomes and results of life.[11] By affecting the person's emotions and feelings, optimism leads to a positive attitude, life satisfaction and also life span.[12-14] In addition to individual effects, optimism plays a significant role in social and family relationships.[15,16] Amani *et al*. studied 24 married women presenting to the Relief Committee Counseling Center. The results showed that group-based acceptance and commitment therapy reduced marital distress and marital conflicts and increased the women's optimism on the posttest and during follow-up ($P < 0.05$).[17]

One of the personality variables connected to optimism is self-esteem. Indeed, self-esteem is a way which individuals evaluate themselves[18] and has an undeniable effect on personality traits like accountability, tolerance, autonomy. On the other hand it[19] is one of the most important and essential needs of a healthy and well-developed person.[19] When people have a positive assessment of their character and lead their beliefs toward positive thinking, they can overcome their problems and apply suitable solutions in their relationships.[20] Self-esteem is a combination of feedback and beliefs that individuals show in their relationships with the outside world;[19,21] also, in the Vakilian study, the results showed that the self-esteem score of nulliparous pregnant women significantly changed after 2 weeks of cognitive-behavioral counseling compared to baseline.[22]

Given the divorce rate in Iran and the structure of this counseling process, it appears that the needs of couples are not fully met, and there is a need for counseling at the beginning of the married life when the base of the family is formed. Women have a special status in the society. They form half of the population and play a major role

in marriage as mothers. All the above indicate the need for continued marriage counseling at the beginning of married life; we tried to take steps to empower women through counseling during the 1st month of marriage based on important personality constructs such as optimism and self-esteem since improved health would improve the relationships. This study was conducted to examine the effect of group CBT on upgrade of optimism and self-esteem of women who used marriage counseling esteem. Therefore, this study was conducted to examine the effect of group cognitive-behavioral counseling on optimism of women to the marriage counseling center of Farsan in 2018.

Materials and Methods

This semi-experimental study with a pretest, posttest, and 1-month follow-up design was conducted in Farsan city in 2018. The study population included all women who presented to Farsan Marriage Counseling Center.

According to the researcher's pilot and a similar study,[9] a power of 80%, a confidence level of 95%, and a minimum difference of 5 points between the mean scores of the two groups, 13 samples were required for participation in each group. Taking into account a 10% loss to follow-up, the sample size increased to 15 in each group. Therefore, 30 women who presented to the marriage counseling center and met the inclusion criteria were selected according to the following formula:

$$n = \frac{2s^2 p\left[z_1 - \alpha / 2 + z_1 - \beta\right]^2}{\mu^2 \mathrm{d}} \quad s^2 \mathrm{p} = \frac{s^2{}_1 + s^2{}_2}{2}$$

The sample size was calculated based on similar studies and taking into account $\alpha = 0.05$, $\beta^{-1} = 0.8$ and 95% confidence level, S22 = standard deviation (SD) in groups (before) = 5.86, S22 = SD in groups (after) = 0.2, $\mu 2 = 4$.

The inclusion criteria included informed consent, Iranian nationality, persons who are cohabiting at the beginning and have come to this center for routine premarital counseling, persons who have access to the center, ability to read and write, age 20–40 years) that includes the age range of people who are getting married(, and first-time marriage. Exclusion criteria were the use of drugs, psychotropic substances, and alcoholic beverages, use of drugs for mental disorders or a history of mental illnesses like severe depression, and severe or disabling physical or mental illnesses based on person responses that may prevent the individual from participation in the program. Criteria for loss to follow-up included reluctance to continue cooperation, absence in more than two consultation sessions, and major stress and unexpected accidents at each stage of the project (the death of a close relative or any event that poses severe mental harm).

After obtaining clearance and the necessary introduction letter, the researcher visited the Farsan Marriage Counseling Center for sampling every Saturday and Tuesday. Farsan Marriage Counseling Center is a government health center that is a comprehensive center for holding mandatory premarital counseling classes. According to national guidelines, all couples are required to hold a 2-h premarital counseling session at approved centers. In the present study, a number of women were selected as an intervention group to attend group classes with the behavioral methodology to measure the impact of these sessions on their self-esteem and optimism.

The data collection tools were a demographic questionnaire, the Rosenberg's[23] Self-Esteem Scale (1965), and an optimism scale designed by Mir Ahmadi (2007).[24]

The optimism scale was developed and validated in 2007 by Mirahmadi *et al*.[23] and used in their thesis. This questionnaire uses 50 questions in three subscales to measure three different aspects: optimism toward self (17 questions), optimism toward others (17 questions), and optimism toward the world (16 questions). The questions are answered in a 5-point Likert scale from 0 to 4 (very high, high, somehow, low, and very low). The total score is calculated by summing up the scores of the questions. Items 14, 23, 32, 35, and 48 are scored in a reverse order. Higher scores indicate more optimism. The total score ranges from 0 to 200. According to the explanations given in this thesis, the content validity of this questionnaire was approved by five experts. The Cronbach's alpha method was used to estimate the internal consistency questionnaire and the validity coefficient of the test was 96%. To determine the validity of the questions, the correlation of each question with the total score of the test was calculated. The concurrent validity of the questionnaire was calculated using correlation with Life Orientation Test, which was significant at 0.001.[23] The researcher allowed the research team to use this questionnaire. A Cronbach's alpha coefficient of 93% confirmed the reliability of this questionnaire in our study.

The Rosenberg Self-Esteem Scale (1965) is a standard measure of the total self-esteem and personal value. This scale has 10 general statements for measuring the degree of life satisfaction and the feeling of goodness about self. Each proposition of this questionnaire consists of a four-dimensional scale from totally agree (a score of 1) to completely disagree (a score of 4) for questions 1 through 5. Items 6–10 are scored inversely. The total score for the scores for 10 questions was obtained, with a

minimum score of 10 and a maximum of 40 representing maximum self-esteem. Rosenberg (1965) investigated the relationship between individual and collective self-esteem in a sample of 82 students with $r = 34\%$ and $P > 0.01$. The Cronbach's alpha coefficient of the scale was 93% in a study of female students with test–retest reliability of $r = 85\%$, ($P > 0.01$).[23]

In Iran, reliability and validity of this scale were measured using the internal consistency coefficient, test–retest reliability, and content validity by Rajabi and Bohlol (2007).[25] In doing so, 129 students were selected randomly from all the 1st year students residing in student dormitories of Shahid Chamran University. The participants completed the Rosenberg Self-Esteem Scale. The reliability of the Rosenberg Self-Esteem Scale was assessed by Cronbach's alpha and split test. In this study, the principal axis factorization method was first used for factor analysis of the Rosenberg Self-Esteem Scale; then, the mile rotation (Promax) method was used to identify the underlying factor (s) that form the basis of the scale. The Rosenberg Self-Esteem Scale was found to be a two-dimensional instrument (self-efficacy and self-satisfaction) that explained 53.83% of the variance in the scale. The results of internal consistency were 0.84 for all students, 0.87 for male students, and 0.80 for female students. The correlation coefficient between each scale item and the total female score was 0.56–0.72 ($P < 0.001$ for all). To evaluate the validity of the Rosenberg Self-esteem Scale, the Obsessive-Compulsive Death Scale was used. The correlation coefficient between the Rosenberg Self-Esteem Scale and Obsessive-Compulsive Death was on −0.34 in 121 students, −0.44 in 66 male students, and −0.27 in 43 female students ($P < 0.001$ for all).[26]

A Cronbach's alpha coefficient of 83% confirmed the reliability of this questionnaire in our study.

The desired sample size was achieved in 2 months. After a full explanation of all the stages of the process and the conditions for participation including the right to leave the study at any time, purposive sampling (30 people) was done and volunteers who met the inclusion criteria and had informed consent forms signed by their spouses of were selected. All samples wrote down their cell phone numbers in the consent form.

After purposive sampling, the samples were assigned to experimental (15) and control groups (15), using a random number table. It should be noted that during this time, all participants started their married lives together.

After randomly dividing the samples, the results were informed through SMS. Then, a meeting was held in the premarriage center and both groups completed demographic information, self-esteem, and optimism questionnaires. The counseling sessions for the experimental group consisted of eight consecutive 2-h counseling sessions per week, which were held every Tuesday, and all participants participated in the sessions then posttest was done and the participants were followed up for 1 month. All couples started their married lives during counseling sessions. Counseling sessions were held free of charge. Counseling sessions were held in groups using the cognitive-behavioral methodology. These sessions were conducted by a trained midwife (researcher). It should be noted that a clinical psychologist was present at the meetings and closely monitored the work process. The place of classes was in the Farsan premarriage center. To reduce travel costs, classes were held once a week. It should be noted that none of the research samples expressed any particular concern regarding transportation. To better inform, a group was formed in cyberspace. The purpose of creating a group in cyberspace was to coordinate the training of each session, place educational files. To present the topics, we used the lecture method , group discussion, rules such as timely presence, confidentiality, and homework. Furthermore, according to the rules of the sessions, if a person was absent, she would be excluded from the study, which fortunately, with repeated follow-ups and information that took place in cyberspace, all the people enthusiastically attended all the meetings. To facilitate questions and answers, each of the participants in the research was given small sheets to write down possible questions; this action was intended to solve possible problems in expressing questions and problems. The control group continued routine premarriage counseling. The protocol of the counseling sessions was designed according to the Goldenberg's "Family Therapy: An Overview". This book explains the basics of family psychology and its undeniable impact and is a review of the theories and techniques of psychotherapy.[23] During this time, the control group did not receive any counseling services beyond routine premarriage counseling services [Table 1].

The day before the next meeting, the class hours and the assignments given in the previous session were reminded to the samples by texting. During each session, besides reviewing the assignments given in the previous session, questions were asked about the extent of the women's progress, they were asked to make the changes experienced in the stated areas, and their questions were answered. Homework assignments of each level were presented if the assignments of the previous level were performed acceptably; otherwise, the contents of the previous session were reviewed and practiced. Catering was done at the end of each meeting.

Table 1: Intervention program

Meetings	Issue	Explanation
Session 1	Communication and creating preparedness	Familiarity with couples' communication status (cognitive, communicative, behavioral, and conflict solving methods – conceptualization of couple relationships based on cognitive-behavioral view)
Session 2	Cognitive agents	Identifying the beliefs and expectations of women about intimacy and marital relationships – showing the influence of beliefs on feelings and behaviors
Session 3	Cognitive agents	Identifying women's documentary patterns and their impact on relationships – explaining realistic goals and directives about self, spouse, and intimate relationships
Session 4	Communication skills	Assessing message sender and receiver bugs – effective communication skills training – examining gender and personality differences in communication
Session 5	Behavioral skills	Understanding women's empowerment and punishment – increasing positive behavioral exchanges and strengthening them – reducing negative and punitive exchanges
Session 6	Problem-solving skills	Bug assessment and problem-solving skills – practice and learn problem-solving skills
Session 7	Conflict resolution skills	Conflict resolution and conflict resolution styles – learning and practicing conflict resolution methods – a survey of the passive-aggressive pattern
Session 8	Evaluation and conclusion	Evaluating the improvement in women's intimate relationships and optimism – summarization and conclusion

After the last session, all participants completed the questionnaires once more. The follow-up session was done 1 month later for both groups. Then, the study and control groups completed the questionnaire simultaneously.

To observe research ethics, after the completion of the study, three consultation sessions were held for the control group and a summary of the content of the sessions was provided to the control group as a training booklet. The data were analyzed using SPSS, version 16 (IBM, SPSS Inc, Chicago, Illinois, USA). Descriptive statistics were used to present and describe the data and chart, table, percentage, mean, and SD, and inferential statistics (repeated measure and independent *t*-test) were used for analyzing and finding relationships. Quantitative variables were analyzed using the Kolmogorov–Smirnov test. Data had a normal distribution, so parametric tests (repeated measure) were used to analyze the data. The significance level of the tests was set at 0.05. This study was done with the University Ethics Committee (IR.SSU.REC.1396.66) approval and registering on the clinical trial site at IRCT20170625034756N2.

Results

In this study, 30 women presenting to a premarriage counseling center were examined in control (15 participants) and experimental (15 participants) groups. No cases were excluded from the study.

The mean age of participants was 26.5 (SD = 6.15) in the experimental group and 24 (SD = 2.79) years in the control group ($P = 0.128$). The education level of 53.33% of the samples was high school diploma and 46.66% had an academic education. The frequency distribution of demographic variables was not statistically significant between the two groups [Table 2].

Repeated measures ANOVA showed a significant difference in the score of optimism in the experimental group at baseline, immediately after counseling, and 1 month after counseling ($F = 11.4$, $P = 0.003$). *Post hoc* test showed a significant difference in this score between baseline and immediately after counseling ($P = 0.005$) and 1 month after counseling ($P \leq 0.003$), whereas there was no significant difference between immediately after counseling and 1 month after counseling ($P = 0.307$). In contrast, there was no significant difference in control group ($F = 0.118$, $P = 0.746$) during this time [Table 3].

Independent *t*-test showed no significant differences in the score of optimism between the experimental and control groups before the intervention ($P = 0.875$). However, there was a significant difference between the scores of the experimental and control groups at immediately after counseling ($P = 0.005$) and 1 month after counseling ($P = 0.002$). In the experimental group, the mean and SD of the optimism score increased from 150.47 ± 22.7 before the intervention to 169.33 ± 17.01 and 171.8 ± 17.98 after the intervention and follow-up, respectively [Table 3], suggesting the positive effect of cognitive-behavioral counseling on optimism [Table 3].

In the experimental group, repeated measures ANOVA test showed a significant difference in the scores of self-esteem between baseline, immediately after counseling, and 1 month after counseling ($F = 4.27$, $P = 0.045$). *Post hoc* test showed a significant difference in this score between baseline and immediately after counseling ($P \leq 0.025$) and 1 month after counseling ($P \leq 0.003$), whereas there was no significant difference between immediately after counseling and 1 month after counseling ($P = 0.284$). In addition, there was a significant difference between baseline, immediately after counseling, and 1 month after counseling in the control group, but the score reduced as the time passes ($P = 0.032$) [Table 4].

Table 2: Demographic characteristics of the women receiving counseling and control group

Variables	Experimental group *n*=15, *n* (%)	Control group *n*=15, *n* (%)	*P**
Age average (SD)	26.5 (6.15)	24 (2.79)	0.128
Education			
High school diploma	8 (53.33)	6 (50)	0.496
Subdiploma, academic	7 (46.66)	9 (60)	
Occupation			
Housewife	13 (86.66)	11 (73.33)	0.361
Occupation	2 (13.33)	4 (26.66)	
Spouse's job			
Employee	5 (33.33)	3 (20)	0.409
Self-employed	10 (66.66)	12 (80)	
Marriage type			
With relatives	4 (26.66)	6 (40)	0.439
With others	11 (73.33)	9 (60)	
Tendency to marry			
Yes	14 (93.33)	11 (73.33)	0.142
No	1 (6.66)	4 (26.66)	

*χ^2. SD: Standard deviation

Table 3: Comparison of mean and standard deviation of optimism scores before and after intervention, in two groups

Optimism	Mean±SD			Df, **	*F*	*P**
	Before intervention	After intervention	Follow-up			
Experimental group	150.47±22.07	169.33±17.01	171.8±17.98	1.31	11.4	0.003
Control group	149.2±21.54	147.2±22.22	145±22.32	1.03	0.118	0.746
*P***	0.875	0.005	0.002			
F	0.066	0.129	0.000			

*Repeated measures ANOVA, **Independent *t*-test. DF: Degree of freedom, SD: Standard deviation

Table 4: Comparison of mean and standard deviation of self-esteem scores before and after intervention, in two groups

Self-esteem	Mean±SD			Df, **	*F*	*P**
	Before intervention	After intervention	Follow-up			
Experimental group	31.33±4.45	37.06±8.69	34.73±4.93	1.28	4.27	0.045
Control group	32.26±4.58	31.4±4.83	30.6±4.8	2	3.91	0.032
P (independent *t*-test)	0.576	0.023	0.028			
F	0.281	0.256	0			

*Repeated measures ANOVA, **Independent *t*-test. DF: Degree of freedom, SD: Standard deviation

Independent *t*-test showed no significant difference in the self-esteem score between the experimental and control groups before the intervention ($P = 0.576$). However, the difference in the self-esteem score between the intervention and control groups was statistically significant ($P = 0.023$) immediately after counseling. The mean and SD of self-esteem scores increased from 31.33 ± 4.45 before the intervention to 37.06 ± 8.69 after the intervention in the experimental group. Moreover, there was a statistically significant difference in the follow-up score (1 month after the intervention) between the control and experimental groups ($P = 0.028$) [Table 4].

According to Table 4, the mean score of self-esteem in the postintervention phase was higher than the score in the follow-up period (one after intervention).

In the control group, the mean score of self-esteem decreased on follow-up assessment (1 month after the intervention) compared to previous assessments (before and immediately after the intervention) (mean 30.6, $P = 0.032$) [Table 4].

Discussion

The results showed the effectiveness of cognitive-behavioral counseling on optimism and self-esteem in women. Counseling immediately after marriage was associated with an increase in the women's optimism. The results of our study were consistent with the findings of studies by Amir Soleimani,[9] Salzberger,[24] and Isanejad,[27] which found that cognitive-behavioral counseling had a positive effect on the optimism of different groups including women, men,

students, teachers, and professional athletes. Geschwind showed that intervention with CBT in depress patient has good results and increases their optimism.[28] Amir Soleimani's studies[9] showed the effectiveness of cognitive-behavioral therapy on the optimism score in female students compared to the control group. Cognitive-behavioral therapy leads to a slight increase in positive psychology. Similarly, the current study showed these effects on women starting their married life. In a study by Poursardar *et al*.,[29] the results of the hierarchical multiple regression method showed the significant intermediate role of mental health in the relationship between optimism and life satisfaction ($P > 0.001$). The positive effects of optimism on mental health can result in improved life satisfaction.[29] Spouses who have a positive attitude toward themselves and others are less likely to be depressed and report greater marital happiness than those who have a negative attitude toward themselves.[9]

Optimism is one of the personality traits that affects people's mental and physical health and plays an important role in coping with life stressors.[30] Moreover, according to the findings of this study, the women's self-esteem increased after attending cognitive-behavioral counseling sessions, including communicative, behavioral, and problem-solving skills training, which was consistent with studies performed by Emami,[31] Moradi,[32] and Vakilian and Ghanbari.[33] Furthermore, Sahranavrd[34] showed that intervention with CBT in women increased self-efficacy and decreased anxiety. In Terp's study, self-esteem was significantly increased after 10 weeks of intervention with CBT on nursing students.[35] Ordaz *et al*. by examining the effect of this technique on employees aged 40–60, they showed that this technique can be used as a successful technique in increasing people's self-confidence along with other methods.[36]

Studies showed that women with higher self-esteem are more satisfied with life;[37] moreover, marital relationships positively and significantly predict the life satisfaction in women, and self-esteem has a significant relationship with life satisfaction and positive affections. In other words, women with higher self-esteem also experience more positive emotions. People with high self-esteem focus on their positive competencies and respond to events in a way that maintains a positive sense of self-worth. As positive emotions increase, women are more likely to be satisfied with their lives;[38] consequently, they will have better marital relations[37,39] It seems that there is a relation between one's perceptions of himself/herself, his/her confidence, feeling positive, positive view of himself/herself, and his/her world, and being realistic.[40]

One of the important points in this study is the necessity of paying attention to women in the beginning of married life and the importance of counseling that has been ignored in Iran. One of the limitations of this study was that counseling was for women only. Conducting similar studies in couples can provide more valuable results regarding the possible effects of counseling sessions on conflict resolution. Limitations of the present study included low sample size and short follow-up time. Due to the fact that the present study was conducted in a small city, according to the researcher pilot, the number of clients in the center was small. Therefore, it is suggested in future studies to evaluate the effectiveness of such a method in larger sample sizes and with longer follow-up periods to evaluate the stability of the adopted method.

Conclusion

The results show that cognitive-behavioral counseling increases the women's optimism and self-esteem at the beginning of married life. It was also found that premarital counseling alone is not enough, and officials must take steps to facilitate the access of newlyweds to counseling services to continue counseling. Therefore, using cognitive-behavioral counseling in marriage counseling sessions can improve couples' relationships.

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Conflicts of interest

There are no conflicts of interest.

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