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Comparison of the Effectiveness of Therapist-Assisted Couple Therapy and Emotion-Focused Couple Therapy on Psychological Well-Being, Negotiation Enhancement, and Aggression Reduction in Women Victims of Spousal Violence

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A B S T R A C T

Objective: This research aimed to compare the effectiveness of therapist-assisted couple therapy and emotion-focused couple therapy on psychological well-being, negotiation enhancement, and aggression reduction in women victims of spousal violence.

Methods: The study was applied, field-based, and quasi-experimental, employing a pre-test, post-test design with a control group. The sample consisted of couples attending counseling and psychotherapy centers in Qom during the second half of 2021. Out of these, 45 couples were randomly assigned after entry criteria control into three groups: emotion-focused treatment group (15 couples), therapist-assisted treatment group (15 couples), and a control group (15 couples). The research tools included the Strauss et al. (1979) Conflict Tactics Scales and the Ryff (1989) Psychological Well-Being Scales, which were administered to the female victims in three phases: pre-test, post-test, and follow-up. The emotion-focused group received Johnson's (2003) training package over nine sessions, and the therapist-assisted group received Aghayousefi et al.'s (2020) training package over eight sessions. The control group received no intervention. Data were analyzed using repeated measures ANOVA and SPSS software version 26.

Findings: Results showed that both emotion-focused and therapist-assisted couple therapies significantly reduced aggression ($F = 90.30$, $p < .001$), increased negotiation ($F = 64.47$, $p < .001$), and enhanced psychological well-being ($F = 103.81$, $p < .001$) in the female victims of spousal violence, with these effects maintained at follow-up. However, the emotion-focused therapy package was more successful in improving psychological well-being, negotiation, and reducing aggression than the therapist-assisted therapy package.

Conclusion: The findings suggest that both emotion-focused and therapist-assisted couple therapies are effective interventions for resolving conflicts and improving psychological well-being.

Keywords: *Couple therapy, emotion-focused therapy, aggression, negotiation, psychological well-being, violence.*

1. Introduction

Addressing "domestic violence," given its physical complications, psychological effects, and associated mortality, is recognized as a global public health priority (Gulati & Kelly, 2020). Violence against women has historically existed in various forms and types across societies, with this social harm intensifying in some (Darvishnia et al., 2023). Violence against women is any act of gender-based violence that leads to physical or psychological harm, causes distress to women, or leads to forced deprivation and restriction of individual or social freedom. The most common type of violence against women is that perpetrated by a partner, referred to as domestic violence or intimate partner violence (Aslani et al., 2020; Gulati & Kelly, 2020).

According to World Health Organization statistics, a woman is attacked or abused every 18 seconds. These statistics also indicate that in the United States, 30 to 35 percent of American women experience physical abuse from their husbands. Similarly, according to the latest statistics released by the head of the Social Emergency Organization of the Welfare Organization regarding violence against women in Iran in 2018, 49 percent of Iranian women have experienced physical and physical abuse, and 26 percent emotional-psychological and verbal abuse (Saeidi et al., 2020; Slabbert, 2017).

On the other hand, emotions play a very high role in conflicts and spousal violence in the living environment (Gillpatrick, 2008). In this context, Susan Johnson and Greenberg introduced the approach of emotion-focused couple therapy in 1980, where individuals' emotional experiences are identified and, ultimately, through reprocessing and reorganizing, interaction patterns that lead to couples' distress in marital relationships are improved (Goldman & Greenberg, 1992; Ziaolhagh et al., 2012). This therapeutic system, by creating constructive interactions among couples and identifying secure attachment patterns, leads to greater satisfaction and intimacy, focuses on changing attachment behaviors as a tool for improving troubled relationships, and ultimately helps couples achieve hidden emotions and facilitate positive interactions that increase trust and control negative emotions (Parham, 2022). Imani rad et al. (2021) in their research found that emotion-focused couple therapy can be used effectively and efficiently by therapists to increase forgiveness and reduce dysfunctional beliefs among couples (Iamni rad et al., 2021).

Another psychological intervention known to be beneficial in improving psychological functioning is "therapist-assisted coping" (Aghayousefi et al., 2020), which, despite being beneficial, has not been studied for its impact on couples. The basis of the therapist-assisted coping technique rests on the research of Lazarus and Folkman, who presented a new theory in the field of emotion. In this theory, coping is considered a significant moderating variable in the relationship between stress and outcomes such as anxiety and depression. Therefore, if an individual's coping efforts are effective, efficient, and adaptive, the stress will be less pressing, and the individual's reaction will also be towards reducing negative outcomes (Aghayousefi et al., 2020). The "therapist-assisted coping" method is used both as a treatment for psychological patients and patients with physical consequences of stress and as a method for teaching effective coping skills (Aghayousefi et al., 2020). Saadat Momeni and colleagues (2020) in a study comparing the effectiveness of therapist-assisted coping and cognitive-behavioral therapy reported the impact of therapist-assisted coping and cognitive-behavioral therapy on cognitive safety indices and psychological well-being (Saadat Momeni et al., 2020).

Another cognitive function is "psychological well-being." Well-being refers to an individual's satisfaction with life, intellectual cultural conditions, goals, expectations, and concerns based on which they live (Hooshmand Kang Sofla et al., 2020; Khanjani et al., 2014). Psychological well-being reflects the quality of life experienced and indicates optimal psychological functioning and experience from one's own life (Asghariebrahimabad & Mamizade, 2018; Hooshmand Kang Sofla et al., 2020; Valladares Kahn et al., 2015). Individuals with high levels of psychological well-being generally experience more positive emotions and have a positive evaluation of events that occur throughout their lives (Asghariebrahimabad & Mamizade, 2018; Siffert & Schwarz, 2011), usually benefiting from sufficient emotional growth and positive psychological functioning (Siffert & Schwarz, 2011; Valladares Kahn et al., 2015).

Moreover, another variable that can be effective in resolving marital conflicts and increasing adaptability is the skill of "negotiation." Negotiation is a process in which two or more people (groups), despite having different decisions, strive to reach an agreement (Morhed & Griffin, 2005). Multiple studies have indicated a significant relationship between negotiation and the reduction of marital conflicts (Hassannejad et al., 2017; Larson, 2001; Saunders et al., 2003; Straus et al., 1996). It should be noted that conflicts

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and disagreements in any marital relationship are natural and unavoidable. Research has shown that if couples can manage differences positively and have the ability to resolve them, the presence of differences is not harmful (Shinta et al., 2021).

The current research seeks to compare the effectiveness of therapist-assisted couple therapy and emotion-focused couple therapy on psychological well-being, negotiation enhancement, and aggression reduction in women victims of spousal violence. Therefore, the research question of this study is whether there is a difference in the effectiveness of therapist-assisted couple therapy and emotion-focused couple therapy on psychological well-being, negotiation enhancement, and aggression reduction in women victims of spousal violence?

2. Methods

2.1. Study design and Participant

This study was applied in nature, field-based, and used a semi-experimental research method with a pre-test, post-test design incorporating a control group. The population of this study included all couples visiting counseling and psychotherapy centers in Qom during the year 2021. In experimental research (causal or intervention studies), typically smaller sample sizes are used. In this study, couples were selected via convenience sampling based on clinical interviews (with violence and spouse abuse as the primary complaints) and were assigned to three groups (two experimental and one control group). The sampling method was purposive. For experimental research, the sample size under controlled conditions is typically at least 20 persons per group, thus in this study, 45 couples were divided into 15 couples per group for each of the two experimental groups and the control group.

Inclusion and Exclusion Criteria: The inclusion criteria were informed consent of the participants to participate in the study, being married, having significant aggression between the couples, clinical interviews from the samples, and diagnosis of domestic violence against women by the therapist. Exclusion criteria included illness or death of the samples, lack of willingness and inadequate cooperation of one or both partners, two consecutive unexcused absences, and receiving pharmacotherapy alongside psychotherapy.

This study involved three groups of participants, consisting of two experimental groups with 15 couples each and one control group with 15 couples, all of whom included women victims of violence. After selecting individuals, an introductory session was held with members to discuss the research, its objectives, and outcomes, and assurances were given regarding the safety of the treatment process. After obtaining consent for participation and cooperation in this research, the participants were invited. Women in these groups were assessed three times (pre-test, post-test, and follow-up) using standard tools. The design was structured such that the pre-test was first administered to the female members of the experimental and control groups. Then, the couples in the experimental groups were exposed to the independent variables (therapist-assisted couple therapy and emotion-focused couple therapy). However, the control group was not exposed to these variables (the control group is of the waitlist type, meaning that after the study concludes, members of the control group also benefit from one of the interventions). In the end, these two groups were subjected to a post-test. Two months after the post-test, to assess the durability of the treatment, the groups were evaluated again to determine the impact of the intervention during the follow-up phase.

2.2. Measures

2.2.1. Psychological Well-Being

This questionnaire was designed by Ryff in 1989 and revised in 2002 at the University of Wisconsin. This version includes 18 questions covering six factors: Autonomy (3 questions), Mastery over Environment (3 questions), Personal Growth (3 questions), Positive Relations with Others (3 questions), Purpose in Life (3 questions), and Self-Acceptance (3 questions). In the research by Khanjani et al. (2014), the internal consistency of this scale for the six factors ranged from .51 to .76, and the overall scale reliability was .71. The validity of this scale was investigated by examining its correlation with Seligman's Positive Psychotherapy Inventory, the Lovibond Depression, Stress, and Anxiety Scale, and was reported to be relatively high (Khanjani et al., 2014). In the current study, the content validity of the questionnaire was satisfactory based on the opinions of several professors and experts, and the reliability of the questionnaire based on Cronbach's alpha coefficient was .77.

2.2.2. Conflict Tactics

This questionnaire was created by Straus et al. in 1979 and revised in 1990 and 1996. This scale assesses physical and psychological violence between couples over the past 12

months (Straus et al., 1996). The latest version of this scale is a multidimensional concept of violence and conflict resolution strategies, consisting of five dimensions: Negotiation (6 items), Psychological Aggression (8 items), Physical Violence (12 items), Sexual Coercion (7 items), and Injury (6 items). This questionnaire was translated by Panaghi et al. in 2011, with 13 items omitted, and the revised questionnaire with 52 questions includes Negotiation (6 items), Psychological Violence (8 items), and Physical Violence (12 items) which was used in this study. This questionnaire includes two tests with repeated items. Half of the items describe aggressive acts (aggressor form) and the other half measure actions of the spouse in response to aggressive behavior (victim form), assessing physical and psychological violence between couples over the past 12 months. Various studies have provided evidence of the reliability and validity of this test in different countries and cultures (Panaghi et al., 2011). In the current study, the content validity of the questionnaire was satisfactory based on the opinions of several professors and experts, and the reliability of the questionnaire based on Cronbach's alpha coefficient for Negotiation, Psychological Violence, and Physical Violence was .83, .78, and .91, respectively.

2.3. Interventions

2.3.1. Emotion-Focused Therapy

This protocol was developed by Susan Johnson in 2012 and is used for teaching how to manage and regulate emotions. The various stages of emotion regulation training in this study were implemented in nine 120-minute sessions in a group format (Johnson, 2012).

The initial session involves administering the pre-test, establishing a therapeutic relationship, introducing general therapy rules, assessing motivation for participation, providing a definition of emotions and their application, and evaluating the nature of the problem and the relationship. The session sets the stage for setting therapy goals and expectations.

Session 2: This session is dedicated to identifying negative interaction cycles and creating conditions for couples to reveal their own negative cycles. The relationship and attachment bonds between partners are evaluated, and obstacles to attachment are discussed. Couples are introduced to the principles of emotion-focused therapy and the role of emotions in interpersonal interactions, leading to the reconstruction of interactions and increasing spouses' flexibility in reaching a therapeutic agreement.

Session 3: Focus shifts to accessing unrecognized emotions that underlie interaction situations. The session emphasizes emotions, attachment needs, and fears, providing a safe communicative space for couples. The facilitation of partner interactions, validation of attachment experiences, needs, and desires, and exploration of secondary emotions that manifest in the interaction cycle are highlighted to access underlying and unrecognized emotions.

Session 4: Reframing the problem in terms of underlying emotions and attachment needs, this session emphasizes the client's ability to express emotions and demonstrate attachment behaviors toward their spouse. It increases awareness of the impact of fear and defense mechanisms on cognitive and emotional processes and aligns the therapist's and couple's understanding of the cycle in the context of attachment.

Session 5: Encourages the identification of rejected needs and aspects of self that have been denied. It draws couples' attention to how they interact with each other and reflects on their interaction patterns with respect and empathy. The session involves expressing attachment needs and recognizing denied needs, enhancing the acceptance of corrective experiences.

Session 6: Aims to make individuals aware of underlying emotions and clarify each spouse's role in the relationship. It focuses on accepting each other's experiences and exploring new ways of interaction, tracking recognized emotions, highlighting, and re-describing attachment needs, emphasizing their health and normality.

Session 7: Facilitates the expression of needs and desires and creates emotional engagement. It develops early emotional experiences in the context of attachment, recognizing needs and inner attachments, and fosters new attachments with a secure bond between spouses.

Session 8: Develops new interactive situations between couples and ends old interaction patterns. This session clarifies interaction patterns; it serves as a reminder of attachment needs.

Session 9: Strengthens the changes that have occurred during treatment, highlights differences between current interactions and old patterns, and forms relationships based on a secure bond such that discussions about problems and the search for solutions do not harm them. It includes discussions on positive and negative views about the experimental design, evaluates changes, and administers the post-test.

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2.3.2. *Therapist-Assisted Coping Therapy*

This protocol was developed by Aghayousefi et al. in 2020, and the various stages of coping methods training in this study were conducted in eight 120-minute sessions in a group format (Aghayousefi et al., 2020).

Session 1: Discusses psychological stress and its effects on the mind and body, differentiating between acute and chronic stress, with group members sharing examples of each. An overview of primary and secondary evaluations of personality traits and lifestyle factors that facilitate stress is provided.

Session 2: Introduces appropriate and inappropriate methods of coping with stress. It details the psychological and physical effects of stress on each group member, emphasizing personalized stress responses.

Session 3: Group members describe and evaluate their weekly stress reactions and coping methods. Each member explores the impact of specific coping strategies on stressful events, with discussions on better coping methods for future situations.

Session 4: Group members discuss their evaluations, comparing impromptu and more appropriate responses to stress. Members rate the threatening nature of events on a scale from 1 to 10 and discuss it among themselves, becoming aware of common coping methods as indicated by the coping questionnaire.

Session 5: Group members discuss their weekly coping methods and the emotions experienced from stressful events. Obstacles to task completion are reviewed and addressed.

Sessions 6 & 7: Members explain their action forms, evaluating weekly stressful events and coping methods based on the scores they have assigned to situations and their emotions. Obstacles to task completion are reviewed and addressed again, ensuring consistency in evaluations and understanding.

Session 8: Evaluates achievement of individual and group goals, application of learned skills in natural settings outside the session, and reviews and addresses obstacles to task completion, reinforcing the integration of skills into daily life.

2.4. *Data Analysis*

Data analysis in this study was performed using SPSS software version 26 and descriptive and inferential statistical methods such as repeated measures ANOVA.

3. Findings and Results

Table 1 presents the descriptive statistics for the mean and standard deviation of aggression scores, categorized by the control group, emotion-focused therapy group, and therapist-assisted coping therapy group across three assessment stages (pre-test, post-test, and follow-up).

Table 1

Descriptive Statistics of Aggression, Negotiation, and Psychological Well-being Scores at Three Measurement Stages by Group

Variable	Group	Count	Mean	Standard Deviation
Aggression				
Pre-test	Emotion-focused	15	99.6	6.23
	Coping therapy	15	98.8	6.78
	Control	15	98.3	6.82
Post-test	Emotion-focused	15	64.07	1.98
	Coping therapy	15	70.67	3.28
	Control	15	98.20	6.63
Follow-up	Emotion-focused	15	65.00	2.29
	Coping therapy	15	70.93	3.88
	Control	15	98.47	7.09
Negotiation				
Pre-test	Emotion-focused	15	19.53	1.50
	Coping therapy	15	19.00	1.51
	Control	15	19.27	1.28
Post-test	Emotion-focused	15	28.80	2.73
	Coping therapy	15	23.33	1.54
	Control	15	19.40	1.40
Follow-up	Emotion-focused	15	28.27	2.76
	Coping therapy	15	23.20	1.61
	Control	15	19.33	1.58
Psychological Well-being				

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Pre-test	Emotion-focused	15	53.13	2.77
	Coping therapy	15	53.27	2.89
	Control	15	52.80	2.54
Post-test	Emotion-focused	15	69.67	2.25
	Coping therapy	15	64.00	1.77
	Control	15	53.87	2.10
Follow-up	Emotion-focused	15	68.33	2.05
	Coping therapy	15	63.40	2.06
	Control	15	53.67	2.49

As seen in Table 1, the control group's mean scores show little change from pre-test to post-test and follow-up. However, for the aggression variable in the experimental groups, there is a reduction in scores from pre-test to post-test and follow-up. For the variables of negotiation and psychological well-being, there is an observed increase in scores from pre-test to post-test and follow-up. The reduction or increase in scores is more pronounced in the emotion-focused therapy group compared to the therapist-assisted coping therapy group.

To conduct a mixed ANOVA, the assumptions of the test were first examined. Due to the random replacement of subjects into three groups—mindfulness, emotional intelligence, and the control group—the condition of independence of scores was met in the current study. The Kolmogorov-Smirnov test to check the normality of the distribution of pre-test scores showed that the level of significance of the statistic calculated for all variables was greater than 0.05, hence the assumption of normal distribution of scores was accepted. To check for the equality of means of the experimental and control groups at the pre-test stage, the results of the one-way ANOVA showed that there were no significant differences between the pre-test means of the studied groups (emotion-focused, coping-based, and control) in the variables of aggression, negotiation, and psychological well-being. The Levene's test was used to check the homogeneity of variances, and the results showed that the Levene statistic for the variables of aggression, negotiation, and psychological well-being was not significant, thus confirming the homogeneity of variances. Furthermore, the homogeneity of the variance-covariance matrices was tested with Box's M test. The significance of M Box showed that the condition of homogeneity of variance-covariance matrix for the variable of aggression, across different levels of independent variables, does not hold. This heterogeneity indicates that the Pillai's trace effect should be reported, where the F value obtained for time (pre-test, post-test, and follow-up) and for the interaction of time and group in the multivariate test of the Pillai's trace effect for the aggression variable is significant ($p < 0.05$). In other words, the effect of time and the interaction of time and group on the dependent variables is significant, and the necessary condition for conducting mixed ANOVA is present. The assumption of equality of covariances between the aggression variable was evaluated with Mauchly's test of sphericity, the results of which showed the establishment of this condition ($p < 0.01$).

Table 2

Results of Between-Group Effects for Variables

Variable	Source	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance Level	Eta Squared (η^2)
Aggression	Intercept	972996.45	1	972996.45	14022.47	.001	.99
	Group Membership	12531.57	2	6265.78	90.30	.001	.81
	Error	2914.31	42	69.38			
Negotiation	Intercept	66755.58	1	66755.58	9833.83	.001	.99
	Group Membership	875.30	2	437.65	64.47	.001	.75
	Error	285.11	42	6.78			
Psychological Well-being	Intercept	471934.14	1	471934.14	3992.18	.001	.99
	Group Membership	2452.72	2	1226.36	103.81	.001	.83
	Error	496.13	42	11.81			

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As shown in Table 2, the between-group effect is significant, meaning there is a significant difference between participants in the experimental and control groups concerning the variable of aggression ($p < .05$). Additionally, the eta squared value indicates that 81.1% of the variance in aggression scores, 75.4% of the variance in negotiation scores, and 83.2% of the variance in psychological well-being scores can be explained by the therapy groups.

Since the sample sizes in the three groups under study were equal and the assumption of homogeneity of variances was also valid, the Bonferroni post-hoc test was used to compare aggression among the groups, the results of which are shown in Table 8.

Table 3

Bonferroni Post-Hoc Test Results for Comparing Mean Aggression Scores Among the Study Groups

Variable	Group I	Group J	Mean Difference (I-J)	Standard Deviation	Significance Level
Aggression	Control	Emotion-focused Therapy	22.11	1.75	.001
		Coping Therapy	18.20	1.75	.001
Negotiation	Control	Emotion-focused Therapy	-6.20	0.54	.001
		Coping Therapy	-2.51	0.54	.001
Psychological Well-being	Control	Emotion-focused Therapy	-10.26	0.72	.001
		Coping Therapy	-6.77	0.72	.001

According to the results in Table 3, there are significant differences in aggression, negotiation, and psychological well-being between the experimental and control groups ($p < .001$). In all three variables, the difference in scores between the control group and the emotion-focused therapy group is greater than that with the coping therapy group, suggesting that emotion-focused therapy has more effectiveness compared to the coping therapy group.

4. Discussion and Conclusion

The present study aimed to compare the effectiveness of therapist-assisted couple therapy and emotion-focused couple therapy on psychological well-being, enhancing negotiation, and reducing aggression in women victims of spousal violence. The findings indicate that both emotion-focused and therapist-assisted couple therapies differently impact reducing aggression stemming from marital conflicts, increasing negotiation, and enhancing psychological well-being. These therapies have helped couples constructively and effectively interact instead of avoiding conflict resolution, allowing them to spend more time together through joint activities and use conscious dialogue in their relationships, leading to interactions filled with more affection and intimacy. These findings are consistent with those of Aslani and colleagues (2019), which demonstrated that domestic violence couple therapy reduced violence against women (Aslani et al., 2020). Moreover, the findings of Valladares Kahn et al. (2015) showed that couple therapy significantly impacts reducing aggression and enhancing the psychological well-being and relationships between couples (Valladares Kahn et al., 2015). These results are also in line with other prior findings (Beasley & Ager, 2019; Ganz et al., 2022; Hassannejad et al., 2017; Rathgeber et al., 2019; Saemi et al., 2020; Sheydanfar et al., 2020).

The impact of emotion-focused couple therapy on resolving conflicts and enhancing psychological well-being can be explained based on the perspectives many researchers (Beasley & Ager, 2019; Ganz et al., 2022; Ghedin et al., 2017; Goldman & Greenberg, 1992; Walker et al., 1996). Emotion-focused couple therapy, due to its structured nature and having a phased treatment plan, has shown greater effectiveness compared to other approaches and significantly reduces the likelihood of relapse. This therapeutic method focuses on attachment issues, enabling significant positive outcomes in couple therapy. This therapy initially assesses communication styles and, once defenses are revealed, clarifies this style for the individual and outlines its consequences, allowing individuals to recognize and improve the suppressed and undisclosed emotions perpetuating negative communication cycles (Rathgeber et al., 2019; Walker et al., 1996; Ziaolhagh et al., 2012). In fact, emotion-focused couple therapy, by creating constructive interactions among couples and identifying secure attachment patterns, leads to greater satisfaction and intimacy, focusing on changing attachment behaviors as a tool for improving troubled relationships, ultimately aiding couples in accessing hidden emotions and facilitating positive interactions that increase trust and control of negative emotions (Markazi et al., 2021; Parham, 2022).

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The emotion-focused approach, by utilizing techniques from other couple therapy approaches such as structural couple therapy (attachment-adjustment tracking, cycle reinterpretation), client-centered therapy (therapeutic alliance, unconditional positive self-disclosure, empathy), Gestalt therapy, solution-focused therapy (highlighting communicative strengths and individual capabilities), and systemic and attachment theory approaches, enhances couples' communicative activity. In the emotion-focused approach, couples learn to understand the effects of unconscious factors on their relationships and protect their marital life from these detrimental effects (Beasley & Ager, 2019; Ganz et al., 2022).

On the other hand, the present findings regarding the impact of therapist-assisted coping therapy on reducing aggression resulting from marital conflicts, increasing negotiation, and enhancing psychological well-being align with prior studies (Aghayousefi et al., 2020; Darvishnia et al., 2023; Saadat Momeni et al., 2020). This effectiveness can be explained by the direct action couples take in this therapeutic approach to change stress-inducing factors; in this type of coping, couples first plan to change the problem and then act accordingly. They resist or fight to change stress factors and also try other actions to reduce stress, utilizing internalization and non-expression of feelings, which ultimately leads to reduced conflicts and aggression (Aghayousefi et al., 2020).

The direct effect of components of therapist-assisted coping in managing displeasing and crisis conditions is significant. Also, learning coping enhancement methods for couples provides effective solutions at the onset of problems, thereby increasing satisfaction and reducing marital conflicts. Mastery of anger management skills makes families more resistant to challenges and adverse situations and increases their ability to resolve stressful events (Saadat Momeni et al., 2020). In the coping therapy strategy, coping serves as a significant moderating variable between stress and outcomes such as anxiety and depression; thus, if coping efforts are effective, efficient, and adaptive, stress becomes less burdensome, and the individual's reaction also tends toward reducing negative outcomes (Saadat Momeni et al., 2020). Thus, psychological well-being is the result of selecting and using effective coping strategies appropriate for change and stress, and it also fosters a healthy psychological environment that facilitates correct perception and evaluation of stressful situations for choosing effective coping solutions (Aghayousefi et al., 2020; Darvishnia et al., 2023).

5. Suggestions and Limitations

Given the increase in marital incompatibilities and their significant impact on the physical and mental health of couples and the health of the next generation, the necessity of employing couple therapy with various methods such as emotion-focused and therapist-assisted coping approaches as a means to ensure community mental health is emphasized. Moreover, given the greater effectiveness of the emotion-focused couple therapy approach, it is recommended that family counselors and couple therapists learn and apply its practical techniques in counseling centers and clinical environments to resolve marital conflicts. The current results indicate effectiveness in experimental conditions; therefore, caution should be exercised in generalizing them to non-experimental conditions. Future research should explore different mechanisms and mediators based on the relationship between marital conflicts and functional outcomes.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

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

Transparency Statement

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

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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