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Effectiveness of Integrative Systemic-Psychodynamic-Behavioral Couples Therapy on Marital Quality of Life in Dysfunctional Couples Referred to Counseling Centers

Somayeh. Pourmeydani[1*], Mahnaz. Mehrabizadeh Honarmand[2], Seyyed Esmaiel. Hashemi[2], Zabihollah. Abbaspour[3]

[1] PhD in Psychology, Department of Psychology, Faculty of Education and Psychology, Shahid Chamran University of Ahvaz, Ahvaz, Iran
[2] Professor, Department of Psychology, Faculty of Education and Psychology, Shahid Chamran University of Ahvaz, Ahvaz, Iran
[3] Assistant Professor of Counseling, Department of Counseling, Faculty of Education and Psychology, Shahid Chamran University of Ahvaz, Ahvaz, Iran

*** Corresponding author email address**: spourmeidani@gmail.com

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A B S T R A C T

Objective: The aim of this study was to evaluate the effectiveness of integrative systemic-psychodynamic-behavioral couples therapy on marital quality of life in dysfunctional couples referred to counseling centers in Ahvaz.

Methods: The research design was a single-case experimental design. The study population included all dysfunctional couples who visited counseling centers in Ahvaz in 2019. A convenience sampling method was used, selecting three couples with low marital quality of life, who then received integrative systemic-psychodynamic-behavioral couples therapy over 12 sessions, each lasting 1.5 hours. The Perceived Marital Quality Dimensions Questionnaire (Fletcher et al., 2000) was used in this study. To analyze the data, visual analysis, the stability index, and the percentage of improvement were used.

Findings: The results showed that the stability index during both the treatment and follow-up phases was significant. The overall percentage of improvement also indicated that the effectiveness of integrative systemic-psychodynamic-behavioral therapy on marital quality of life in dysfunctional couples, based on Blanchard's classification, fell within the "slight improvement" category during both the treatment and follow-up phases, which generally suggested the success of the intervention in improving marital quality of life in dysfunctional couples.

Conclusion: Based on the findings, it can be concluded that integrative systemic-psychodynamic-behavioral couples therapy can lead to an improvement in marital quality of life.

Keywords: *Psychodynamic, Integrative Couples Therapy, Systemic, Behavioral, Marital Quality of Life.*

1. Introduction

One of the well-known benefits of marriage is its potential to enhance psychological health and reduce cognitive disorders and dementia (Liu et al., 2020). However, not every marriage is necessarily better than remaining single (Liu & Waite, 2014). Individuals who are dissatisfied and distressed in their marriages tend to exhibit poorer health behaviors, such as increased alcohol and drug consumption, reduced quantity and quality of sleep, nutritional problems, and less physical activity (Yoon et al., 2022). Despite the advantages of marriage, much of the research and theoretical literature has focused more on factors that harm marriages rather than on those that contribute to marital success (Skerrett & Fergus, 2015), which negatively affects marital quality of life. Marital quality of life is defined as the overall feelings of happiness and satisfaction that spouses experience in their shared life (Ashkinazi et al., 2024; Yang et al., 2023). Family researchers argue that it is not possible to consider one marriage better than another without taking marital quality of life into account. Marital quality of life is defined as spouses' evaluation of their marital relationship, including satisfaction, happiness, stress, and conflict (Viegas et al., 2023; Whisman & Collazos, 2023), and it has important positive outcomes, such as psychological well-being, physical health, and reduced rates of heart disease and mortality (Bulanda et al., 2016; Yoon et al., 2022). Positive marital quality of life refers to positive interaction, happiness, and marital satisfaction, while negative marital quality of life indicates marital instability, disagreement, and marital problems (Siti Nurraihan et al., 2015). When spouses perceive significant benefits in the relationship, their marital quality of life improves (Boerner et al., 2014).

In order to improve outcomes in couples therapy, it is essential to understand the challenges and barriers that make intimate relationships difficult. These challenges can be categorized into three main groups: 1) personal challenges due to problematic expectations, 2) "nature of individuals" and immaturity, and 3) interpersonal challenges involving inevitable differences and incompatibilities that require conflict resolution between spouses, as well as external challenges (stress-inducing factors). These categories are not entirely separate, as they overlap and affect each other. For example, some unrealistic expectations about marriage can reflect emotional immaturity, which limits an individual's ability to manage conflict (Nielsen, 2016, 2017a, 2017b). Recurrent cycles of unproductive marital conflicts are one of the primary causes of psychological distress, physical harm, and violent deaths, and often serve as a major motivation for starting marital therapy (Feldman, 1979).

The combined approach to couples therapy addresses challenges in defining relationship problems between spouses by utilizing systemic therapy to address the relationship dynamics, psychodynamic therapy to explore avoidance and emotions, and behavioral therapy to correct maladaptive behaviors and ultimately strengthen constructive communication (Nielsen, 2016).

Couples often believe that the maladaptive behaviors they engage in during negative periods are their only options. Research into the childhood roots of these behaviors can quickly address such beliefs. These behaviors are understandable as coping mechanisms learned during childhood (Nielsen, 2017a, 2017b).

Many therapists view marital problems and couples therapy from a psychodynamic perspective, believing that childhood experiences and later life events shape intimate relationships and personality structures, including the formation of expectations, motivations, and coping strategies. Core issues and concerns are often hidden in self-defense mechanisms and may manifest indirectly, through random thoughts or words (free associations), in dreams, symbolic behavior, and in patterns of interaction with others (transference). Healing therapy combines increasing self-awareness (insight) with experiencing more positive ways of relating to others (Nielsen, 2016, 2017a, 2017b). The superficial eruption of issues (money, sexual issues, children) is fueled by underlying forces, such as control, commitment, and acceptance (Markman et al., 2001).

From a systemic perspective, when couples lose the ability to see each other as individuals, they conclude that resolving conflicts is impossible, and this process worsens. They often realize they are stuck in such a cycle but do not understand why and feel there is no way out. Each person wants the last word to avoid feeling humiliated or defeated (Gottman, 2011). After identifying the dysfunctional cyclical process as the cause of their distress, couples typically feel more hopeful. They also feel hopeful when they are shown how to cope with this destructive systemic behavior by meeting each other's fundamental needs (Shaddock, 2000).

Many maladaptive behaviors create an initial feeling, even if the intended goal is not achieved, and thus can be considered "counterproductive processes," which Rorbeg (2014) defines as follows: A counterproductive process occurs when continuous efforts to solve a problem result in

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maintaining or worsening the issue. For example, a couple's request to eat, drink, or smoke less may lead to the partner engaging in more of those behaviors (a counterproductive cycle), or concealing negative feelings may lead to increased anxiety for the partner (a protected counterproductive cycle). It is important to ensure that everyone has an opportunity to speak, that couples listen to each other, and that there are methods for mutual decision-making. Teaching communication skills to couples in distress can be helpful (Dimidjian et al., 2008). When couples respect the rules, they ensure that both have an opportunity to speak, that both are committed to listening, and that both know how to work toward resolving conflicts (Nielsen, 2016). Understanding a partner's situation from their perspective and accurately empathizing leads to a reduction in physical and psychological aggression between spouses (Cohen et al., 2015).

According to the findings of Pourmeydani et al. (2020), integrative systemic-psychodynamic-behavioral couples therapy led to an increase in reflective listening style and a reduction in reactive style in dysfunctional couples, with reflective listening serving as a factor in improving marital quality of life (Pourmeydani et al., 2020). Additionally, Khajeh, Farhadi, and Aghaei (2023) showed that the implementation of integrative couples therapy improved marital quality of life, offering a potential solution for improving relationships and reducing divorce rates (Khajeh et al., 2022). In a comparison of the effectiveness of the McMaster functional model and the Gottman cognitive-systemic model in marital conflicts and emotional divorce, Naseri et al. (2024) found that the systemic approach could reduce conflicts and emotional divorce between couples (Naseri et al., 2023).

Examining marital quality and satisfaction is important for public health and mental well-being, considering its impact on an individual's daily functioning (Song & Kim, 2023). In societies where marriage is institutionalized, marital dissatisfaction or low-quality marriages can have significant consequences for health and well-being, affecting relationships with others and leading to social exclusion and isolation (Kim & Kwon, 2023, 2024). High marital quality of life contributes to the continuity of marriage, creating feelings of satisfaction and happiness, and preventing divorce. Therefore, the aim of this study was to evaluate the effectiveness of integrative systemic-psychodynamic-behavioral couples therapy on marital quality of life in dysfunctional couples.

2. Methods

2.1. Study Design and Participants

The research design was a single-case experimental design, specifically a multiple-baseline experimental design. This design is recognized as a suitable research tool for practical applications in determining the effectiveness of therapeutic and intervention models (Hayes, Barlow, & Nelson-Gray, 1999, as cited in Peterson et al., 2009). In this study, participants simultaneously entered the baseline phase and were randomly assigned to either a two-week or three-week waiting period during the baseline phase before entering the 12-session intervention phase. This was followed by three follow-up assessments conducted every three weeks. The study population consisted of dysfunctional couples referred to counseling centers in Ahvaz, with convenience sampling used to select participants. Initially, the Marital Quality of Life Questionnaire was administered to couples, and three couples with scores one standard deviation below the mean were randomly selected. The inclusion criteria required participants to be between 20 and 40 years old, to have been married for at least two years, to have no physical or psychological illnesses (as determined through clinical interviews), and to express willingness to participate in the therapeutic sessions. Exclusion criteria included the presence of clinical disorders or substance abuse.

Following sample selection, over a three-week baseline phase, the three participating couples completed the research instruments. Beginning in the fourth week, each couple started the therapeutic intervention with a one-session interval between couples. Assessments were conducted during sessions 3, 6, 9, and 12. Additionally, three follow-up assessments (every three weeks) were conducted after completing the intervention for all couples. Each therapy session included evaluating the assignments from the previous session, reviewing results or reasons for non-completion of the assignments, and providing new assignments based on the session's discussions.

2.2. Measures

2.2.1. Marital Quality

This questionnaire was developed by Fletcher, Simpson, and Thomas (2000). It is a brief and valid instrument comprising 18 items measuring dimensions such as satisfaction, commitment, intimacy, trust, sexual passion,

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and love, with each dimension assessed through three items. Responses are rated on a seven-point Likert scale, ranging from "never" (1) to "completely" (7). Prax, Holmes, and Buhler (2007) reported an overall Cronbach's alpha of 0.78, with subscale reliability coefficients of 0.81, 0.78, 0.91, 0.71, 0.89, and 0.78, respectively (Fletcher et al., 2000). The face and content validity of the questionnaire were confirmed by Panahi and Fatehizadeh (2014), and the Cronbach's alpha for the questionnaire was reported as 0.95 (Panahi & Fatehizadeh, 2014). In the study by Dargahi, Mohsenzadeh, and Zehrakar (2015), the Cronbach's alpha for the entire questionnaire was 0.76 (Dargahi et al., 2015). Niknam and Reikhtegar Boroujnei (2021) also reported an overall Cronbach's alpha of 0.95 (Niknam & Rikhtegar Boroujeni, 2021), while Khajeh et al. (2022) reported 0.87. In this study, the Cronbach's alpha for the questionnaire was calculated as 0.88 (Khajeh et al., 2022).

2.3. Intervention

2.3.1. Integrative Systemic-Psychodynamic-Behavioral Couples Therapy

The integrative systemic-psychodynamic-behavioral approach to couples therapy, as proposed by Nielsen (2016), was used in this study (Nielsen, 2016).

Session 1: The initial session focuses on establishing a therapeutic relationship between the couple and the therapist. It includes discussing the couple's conflicts and issues across different domains, exploring the nature of their problems, and understanding the history of their relationship. Emphasis is placed on assessing the level of responsibility and commitment each partner attributes to themselves in creating and maintaining the issues. The session introduces the couples to the therapeutic guidelines, such as openly sharing thoughts and feelings, actively participating in therapy assignments, providing feedback, and engaging in self-reflection and discussion of personal experiences.

Session 2: This session identifies negative interaction cycles and dysfunctional communication patterns within the couple. Couples are introduced to positive and negative feedback loops, the starting points of these cycles, and how they perpetuate dysfunction. Metaphors are used to describe the relationship as a whole, helping couples better understand the dynamics of maladaptive cycles and their impact on their partnership.

Session 3: The focus shifts to changing negative interaction cycles by fostering shared power and moving away from blame, criticism, and complaints. Couples are guided toward active collaboration and building an ideal relationship. This session involves the completion of questionnaires to assess progress and reflect on the evolving dynamics within the relationship.

Sessions 4 and 5: Underlying fears, such as fears of intimacy, abandonment, rejection, unworthiness, shame, jealousy, guilt, being controlled, or losing emotional control, are explored. The therapist works with the couple to identify and address these fears, helping them develop strategies to overcome emotional barriers that inhibit closeness and mutual understanding.

Sessions 6 and 7: These sessions focus on identifying unmet desires, aspirations, and needs, such as the desire for shared activities, emotional connection, being acknowledged by one's partner, closeness with a companion in life, and the need for empathy, independence, and occasional solitude. Strategies are developed to meet these needs and strengthen the emotional bond between partners. Questionnaires are again used to track progress and insights gained.

Session 8: The therapist helps the couple recognize and address transference and defensive mechanisms that influence their interactions. Techniques to manage these behaviors and replace them with healthier responses are introduced, enabling the couple to break free from past patterns that hinder their relationship.

Session 9: Communication skills training is provided, emphasizing the distinction between empathetic and critical listening. Couples practice these skills during complex conversations to enhance mutual understanding and reduce misunderstandings. Progress is tracked using questionnaires.

Session 10: Emotional regulation techniques are introduced, including identifying and labeling emotions, relaxation training, shifting attention, and managing emotions and situational triggers effectively. These tools help couples handle emotional intensity in a constructive manner.

Session 11: Problem-solving and negotiation skills are taught to help couples address and resolve conflicts collaboratively. The session focuses on practical methods for identifying shared goals and reaching mutually satisfying resolutions to disagreements.

Session 12: The final session focuses on engaging in enjoyable and fun activities together, fostering playfulness and shared joy. The couple reflects on their therapeutic journey, consolidates their learnings, and completes final

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questionnaires to evaluate their progress and set goals for maintaining positive changes in the future.

2.4. Data Analysis

For data analysis, visual analysis (graphical chart interpretation), the Reliable Change Index, and the percentage of improvement were employed.

3. Findings and Results

In this study, all three participating couples were aged between 30 and 40 years. One couple had one child, while the other two were childless. Additionally, two couples had traditional marriages, and one couple had a modern marriage.

Table 1 and Figure 1 present the marital quality of life scores for the three women in the dysfunctional couples during the baseline, intervention, and follow-up phases.

Table 1

Changes in Marital Quality of Life Scores for Women Across Phases of the Integrative Therapy

Phases	Woman 1	Woman 2	Woman 3
Baseline			
Baseline 1	73	69	68
Baseline 2	72	69	67
Baseline 3	73	68	66
Baseline Average	72.66	68.66	67
Intervention			
Session 3	82	79	75
Session 6	90	88	81
Session 9	98	97	95
Session 12	107	104	110
Intervention Avg.	94.25	92	90.25
Reliable Change Index (Intervention)	45.93	49.65	49.46
Improvement Percentage (Intervention)	29.71%	33.99%	34.7%
Follow-Up			
Follow-Up 1	105	105	112
Follow-Up 2	105	104	109
Follow-Up 3	107	105	111
Follow-Up Avg.	105.66	104.66	110.66
Reliable Change Index (Follow-Up)	70.21	76.59	92.89
Improvement Percentage (Follow-Up)	45.41%	52.43%	65.16%
Overall Improvement Percentage (Follow-Up)		54.33%	

The scores show that during the baseline phase, the average scores for the three women were 67, 68.66, and 72.66, respectively. By the end of the intervention, their scores increased significantly, with averages of 94.25, 92, and 90.25. The Reliable Change Index (RCI) during the intervention was statistically significant at $p < .05$ for all participants. The percentage of improvement for the first woman after the intervention was 29.71%, increasing to 45.41% following the follow-up phase. The second woman showed a 33.99% improvement after the intervention and 52.43% after follow-up. For the third woman, improvement percentages were 34.7% after intervention and 65.16% after follow-up. The overall percentage of improvement was 32.8% after intervention and 54.33% after follow-up, categorizing the intervention as "slight improvement" during the treatment phase and "successful treatment" during the follow-up phase, based on Blanchard's classification. This indicates the effectiveness of the integrative systemic-psychodynamic-behavioral intervention in improving marital quality of life for these dysfunctional couples.

Figure 1 illustrates the trajectory of changes in marital quality of life scores for the women during the baseline, intervention, and follow-up phases. The figure demonstrates a clear increase in the scores during the intervention and follow-up phases compared to the baseline phase.

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Figure 1

Changes in Marital Quality of Life Scores for Women Across Phases of the Integrative Therapy

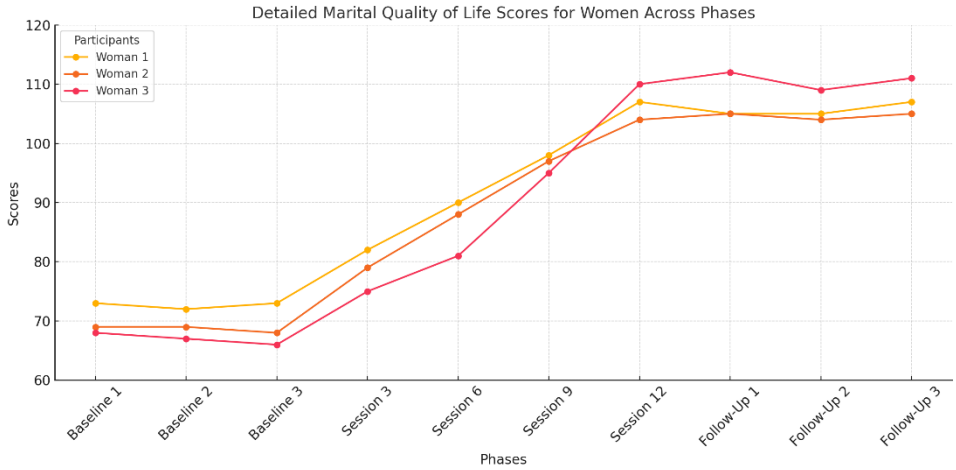

Table 2 and Figure 2 present the marital quality of life scores for the three men in the dysfunctional couples during the baseline, intervention, and follow-up phases.

Table 2

Changes in Marital Quality of Life Scores for Men Across Phases of the Integrative Therapy

Phases	Man 1	Man 2	Man 3
Baseline			
Baseline 1	65	67	68
Baseline 2	65	66	69
Baseline 3	65	68	69
Baseline Average	65	67	68
Intervention			
Session 3	68	75	79
Session 6	79	84	86
Session 9	97	100	95
Session 12	102	103	109
Intervention Avg.	86.5	90.5	92.25
Reliable Change Index (Intervention)	45.74	35.07	34.35
Improvement Percentage (Intervention)	33.07%	33.99%	34.7%
Follow-Up			
Follow-Up 1	104	103	108
Follow-Up 2	103	103	108
Follow-Up 3	104	105	108
Follow-Up Avg.	103.66	103.66	108
Reliable Change Index (Follow-Up)	82.25	78	83.7
Improvement Percentage (Follow-Up)	59.47%	54.71%	57.29%
Overall Improvement Percentage (Follow-Up)		57.15%	

For the men, the baseline phase averages were 65, 67, and 68, respectively. By the end of the intervention phase, their scores significantly increased to averages of 86.5, 90.5, and 92.25. The RCI during the intervention was statistically significant at $p < .05$ for all participants. The percentage of improvement for the first man after intervention was 33.07%, increasing to 59.47% after follow-up. The second man showed 33.99% improvement after intervention and 54.71% after follow-up. The third man showed improvements of 34.7% after intervention and 57.29% after follow-up. Overall, the percentage of improvement was 33.92% after intervention and 57.15% after follow-up. These results also place the intervention in the "slight improvement" category during treatment and the "successful

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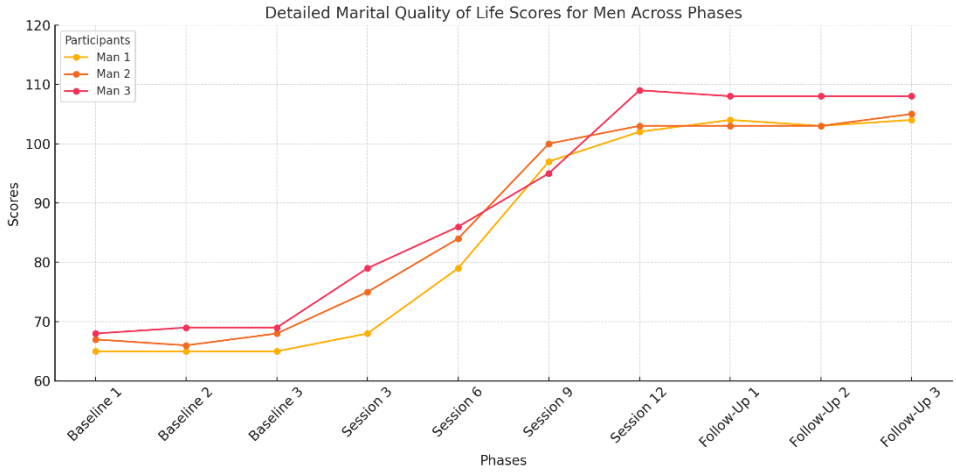
treatment" category during follow-up, as per Blanchard's classification.

Figure 2 illustrates the changes in marital quality of life scores for the men during the baseline, intervention, and follow-up phases, showing consistent improvement across all phases.

Figure 2

Changes in Marital Quality of Life Scores for Men Across Phases of the Integrative Therapy



In conclusion, the findings demonstrate that the integrative systemic-psychodynamic-behavioral therapy was effective in improving marital quality of life for both men and women in dysfunctional couples. The intervention's impact transitioned from slight improvement during treatment to successful treatment during the follow-up phase. This underscores the potential of the integrative therapy model as a viable intervention for enhancing marital quality of life.

4. Discussion and Conclusion

The purpose of this study was to examine the effectiveness of integrative systemic-psychodynamic-behavioral couples therapy on marital quality of life in dysfunctional couples. The findings indicated that integrative couples therapy could enhance marital quality of life in dysfunctional couples. These results align with the findings (Pourmeydani et al., 2020). In the integrative couples therapy model, concepts derived from psychoanalytic theory and social learning are integrated within the framework of family systems (Feldman, 1979). Psychoanalytic approaches emphasize that abnormal and maladaptive behaviors become meaningful when viewed through the lens of critical and often unconscious human motives, fears, and defenses. These approaches focus on shared human concerns and conflicts related to trust, dependency, autonomy, shame, guilt, honesty, intimacy, identity, and self-esteem (Nielsen, 2017a, 2017b). Stressful and pathological changes in couples' relationships can be psychodynamically explained by the unconscious collusion between partners (Akın et al., 2022).

One recognized factor influencing marital quality of life is alexithymia (Ashouri et al., 2023). Alexithymia reduces marital quality and intimacy by impairing emotional processing and regulation. This inability decreases an individual's capacity for empathy, leading to indifference and disengagement in relationships, thereby creating numerous marital problems. As the intrapsychic and interpersonal dynamics of marital life are explored in the psychodynamic approach, spouses become more aware of their desires, fears, and defenses, as well as those of their partner. This increased understanding fosters empathy and trust, which are essential components of lasting intimacy. Throughout therapy, behavioral and intrapsychic focuses are alternated and combined. The overall process of change in successful couples therapy involves mutually reinforcing modifications in behavioral and intrapsychic dynamics. As destructive behaviors decrease, opportunities for intrapsychic exploration increase. This process reduces intimacy-related anxiety in both partners, enhances empathy and trust, increases the frequency and duration of intimate behaviors, and decreases the frequency and destructiveness of conflictual behaviors. Ultimately, a new equilibrium is established, where genuine intimacy and constructive

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conflict resolution contribute to the ongoing growth of each spouse and the marital system (Feldman, 1979).

Psychodynamic interventions aim not only to reduce conflict and empower problem-solving but also to facilitate empathy, intimacy, self-esteem, and love. Couples learn to trust each other by honestly expressing their emotions and balancing the existential conflict between meeting their own needs and fulfilling their partner's needs (Nielsen, 2017b). As Salahshouri and Atashpour (2021) demonstrated, marital intelligence training influences marital quality of life (Salahshouri & Atashpour, 2021). This training includes components such as empathy development and the adjustment of shared emotional, sexual, behavioral, and cognitive patterns. Empathy is crucial for successful interpersonal functioning and emotional responsiveness, helping couples reduce interpersonal problems and improve marital quality by sharing emotional states, receiving regular interpersonal feedback, and understanding each other's feelings.

Another important aspect addressed in integrative systemic-psychodynamic-behavioral couples therapy is the process between partners. Negative processes predict poor marital outcomes and interfere with problem-solving. Systemic theories emphasize how negative interactions between partners can reinforce initial conditions (partially independent of individual psychology) and pose structural challenges, such as the equitable distribution of power in a dyadic policy (Nielsen, 2017a). Systemic interventions aim to alter negative interaction cycles, labeling them as the adversary. This focus often improves these cycles. It operates through three interconnected methods: assigning a diagnostic label to the ambiguous marital issue (systemic problem), defining and decoding the problem, and externalizing it as a common enemy that both partners can attack together. White (2007) referred to this as "externalized dialogue." (White, 2007).

Mechanisms sustaining repetitive, unproductive conflict cycles include reinforcement and negative feedback. Reinforcement refers to the process by which the consequences of an action increase the likelihood of its recurrence under similar conditions (Kanfer & Phillips, 1970). In the intimacy-conflict cycle, reinforcement applies notably to conflict-provoking and conciliatory behaviors, with anxiety reduction as the primary reinforcer. Conflict-provoking behaviors reduce intimacy-related anxiety, while conciliatory behaviors reduce conflict-related anxiety. These reinforcement contingencies maintain high probabilities of future conflict-provoking and conciliatory behaviors. Negative feedback, on the other hand, neutralizes deviations from system calibration limits through explicit or implicit communication to halt deviant behavior (Watzlawick et al., 1967). In the intimacy-conflict cycle, major deviations occur when intimacy or conflict exceeds acceptable limits. Conflict-provoking behaviors act as implicit signals to stop intimacy, while conciliatory behaviors signal to halt conflict. Negative feedback maintains both intimacy and conflict within tacitly agreed-upon boundaries, although these limits may shift over time. As this occurs, the potential for a destructive positive feedback loop or "runaway" increases, potentially leading to the dissolution of the marriage or physical harm to one or both spouses (Feldman, 1979).

The primary therapeutic implication of the intimacy-conflict model is that repetitive, unproductive marital conflict is a multidimensional phenomenon, and the treatment of conflicted couples should involve understanding both the interpersonal and intrapsychic aspects of this process. Once this understanding is achieved, a variety of therapeutic strategies and techniques can be employed to promote constructive change. Initial therapeutic interventions often focus on improving communication, particularly in conflict management. Techniques such as behavioral rehearsal, modeling, and contracting are effective for this purpose. The main objectives in this phase are to reduce the likelihood of destructive "runaways" and to create a space for exploring each partner's intimacy-related anxieties. A detailed history of each spouse's family of origin is obtained as soon as possible and serves as a foundation for examining transitional links between the current marital system and the families of origin. As therapy progresses, dreams of both spouses become vital tools for uncovering the nature of unconscious transference (Feldman, 1979).

Behavioral approaches supplement systemic and psychodynamic issues by addressing interpersonal skill deficits. Communication skills are taught to address maladaptive speaking and listening patterns, emotion regulation skills are developed to manage emotional overwhelm, and problem-solving and negotiation skills are introduced for resolving specific conflicts (Nielsen, 2016). Behavioral couples therapy has been shown to facilitate behavioral change and acceptance (Kalai & Eldridge, 2021). During therapy sessions, couples are guided toward acceptance, which involves stepping back from attempts to change the partner. Acceptance is fostered by contextualizing the partner's behavior within their personal history.

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5. Suggestions and Limitations

A limitation of this study is its use of a case study method, necessitating caution when generalizing findings to other populations. Since this was the first use of integrative systemic-psychodynamic-behavioral therapy in Iran, future research is recommended to apply the intervention to other marital variables, such as satisfaction and compatibility, and diverse populations. Family counselors and couples therapists are encouraged to incorporate this integrative approach. Workshops on identifying negative interaction cycles, effective dialogue skills, and recognizing defensive mechanisms may improve couples' relationships.

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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