



Comparing the Effectiveness of Mindfulness-Based Cognitive Behavioral Therapy and Reality Therapy on Self-Differentiation in Couples Seeking Divorce

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ABSTRACT

Objective: The current research aimed to compare the effectiveness of mindfulness-based cognitive-behavioral therapy and reality therapy on self-differentiation in couples seeking divorce.

Methods and Materials: This study was a quasi-experimental type with a pre-test, post-test, and follow-up design including a control group. The statistical population consisted of all couples seeking divorce referred by the judiciary to the psychoanalytic center of Jolfa city from spring to winter of 2022. The sample included 45 individuals who were selected using inclusion and exclusion criteria through purposive sampling. After selecting the sample members, the selected individuals were randomly (via lottery) placed into three groups of 15. After sampling, two experimental groups and one control group received group mindfulness-based cognitive-behavioral therapy in 8 sessions of 90 minutes (weekly) and group reality therapy in 8 sessions of 90 minutes (weekly), respectively, while the control group did not receive any treatment. Data were collected using the Self-Differentiation Questionnaire (DCI-SF) and analyzed using mixed ANOVA and Bonferroni post-hoc test with the help of SPSS-24.

Findings: The findings indicated that there is a significant difference between the overall mean of self-differentiation in the two groups of mindfulness-based cognitive-behavioral therapy and reality therapy, with mindfulness-based cognitive-behavioral therapy having a greater impact on self-differentiation ($P < 0.05$).

Conclusion: Based on the results, both mindfulness-based cognitive-behavioral therapy and reality therapy are effective in improving self-differentiation in couples seeking divorce. It can be concluded that mindfulness-based cognitive-behavioral therapy is preferable over reality therapy.

Keywords: Mindfulness-based cognitive-behavioral therapy, Reality therapy, Self-differentiation, Divorce.

1. Introduction

Family is regarded as one of the most significant social institutions, founded on the basis of marriage. Indeed, marriage has been a crucial issue in human society, and the initial roots of the relationship between humans and the development of this concept are formed within the realm of the family (Cheng et al., 2019). The foundation of a family is built on the marital covenant between a woman and a man to experience a life of peace and happiness together. However, unfortunately, the statistics of divorce indicate that couples in today's societies face many complex issues in establishing and maintaining intimate and friendly relations (Saadati & Parsakia, 2023), and while feeling helpless in finding effective solutions, they choose separation as the only way out of this deadlock. A brief look at global statistics further emphasizes the seriousness of the increasing divorce rates. For example, according to the National Health Statistics Reports in the United States in 2019, 2.7 percent of every 6 marriages ended in divorce. In fact, in the USA, there are 277 divorces happening every hour. Also, according to the World Population Review based on United Nations statistics from 2011 to the present, Russia has experienced the highest divorce rate, with 4.8 divorces per 1000 people. According to the National Civil Registration Organization, while in the spring of 2019, the recorded divorces increased by 15% compared to before, in the spring of 2020, this figure was accompanied by a 37% increase, meaning more than double the previous rate (Boccia et al., 2021; Sands et al., 2017).

Considering divorce as a widespread phenomenon in the global society, it can be concluded that humanity has never been far from the risk of family dissolution and its adverse effects. From the perspective of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, disruptive disorders in intimate relationships with a spouse have the capability of causing significant medical and psychological detrimental effects on the parties involved, which is considered in the section of communication problems requiring clinical attention. Longitudinal studies by the Epidemiology and Health Monitoring Group at the Robert Koch Institute in Germany from 1996 to 2018 have shown that parental separation has negative effects on health-risk behaviors in adolescents (Mauz et al., 2019). Therefore, it seems necessary that, alongside other investigations in this field, the examination of effective strategies such as therapeutic interventions on factors related to this phenomenon for correction and change is given

attention. Self-differentiation is one of the important resources of this capability, meaning the individual's ability to think correctly about emotional subjects and a capacity leading to the distinction of feelings from thinking and maintaining autonomy in the emotional space of the family (Parsakia et al., 2023). Differentiation forms the theoretical basis of Bowen's theory, considering this factor as an essential component of communicative adaptability, indicating that the higher the differentiation or the ability to distinguish between emotional and rational processes, the higher the communicative ability. Therefore, it seems that high differentiation is associated with marital satisfaction (Skowron & Friedlander, 1998; Skowron & Schmitt, 2003). Considering the relationship of these factors with the quality of marital satisfaction, the importance of effective methods in enhancing these characteristics becomes more apparent, and the need to investigate these solutions becomes especially important.

The cognitive-behavioral therapy approach is considered one of the most effective methods of family therapy, and the mindfulness-based technique derived from this approach is also among the methods that can help improve the relationships of couples seeking divorce. This method was first utilized by Segal, Williams, and Teasdale and is a combination of the cognitive therapy aspects of Beck, Rush, Shaw, and Emery (1979). While cognitive-behavioral therapy focuses on the impact of thoughts on feelings and behavior, specifically on the content of thought, and strives to reinforce effective ways of thinking and behavior; mindfulness-based cognitive therapy includes a combination of specific behavioral, cognitive, and metacognitive strategies used to focus the attention process, preventing factors that create negative mood, negative thought, and inclination to worrying responses, ultimately leading to the development of new perspectives and formation of pleasant thoughts and emotions (Segal et al., 2018). In general, mindfulness is derived from cognitive-behavioral therapies and is considered one of the most important techniques of this approach. Indeed, mindfulness is characterized by a special attention to the present moment in a specific manner that is non-judgmental and purposeful. Mindfulness is a way of being and understanding accompanied by an awareness of internal feelings and a broad experience that assists in various domains of problems (J, 2003; Jafari & Shahabi, 2017). It is noteworthy that in this method, much attention is paid to intrapersonal issues, interpersonal relationships, and reciprocal reactions among individuals, including solutions proposed for solving interpersonal problems such as mutual

empathy among couples, expression of feelings in an environment of self and mutual acceptance, management of stressful emotions, problem-solving, positive outlook, and creating a complementary relationship and autonomy (Chan et al., 2021; Charoensukmongkol, 2014). Various studies on the impact of cognitive-behavioral therapy with an emphasis on mindfulness on different characteristics of spouses collectively indicate the effectiveness of this therapeutic method (Grills et al., 2015; Keyghobadi et al., 2020; Sachse et al., 2011; Tang et al., 2019).

Another approach that has been examined and confirmed for its effects on marital compatibility is reality therapy. This method, presented by William Glasser, emphasizes that psychological problems stem from the perception that external forces control the individual, thereby attributing responsibility for these problems to those external sources. However, if the individual is aware of their ability to choose their situation and accepts responsibility for it, they will naturally make more effort to improve their condition. This therapeutic approach, which is part of cognitive therapies, helps individuals examine their needs, values, and ways to fulfill them, and by accepting their influential role in controlling behavior along with effective planning, act to satisfy them (Wubbolding, 2013; Wubbolding et al., 2017). Additionally, evidence shows that reality therapy has a positive effect on self-efficacy and the sense of competence (Oji et al., 2020). In conclusion, considering the aforementioned points, the aim of the present research is to compare the effectiveness of mindfulness-based cognitive-behavioral therapy with reality therapy on the differentiation of couples seeking divorce, and attempts to answer the question of whether a therapeutic method like reality therapy and mindfulness-based cognitive-behavioral therapy have different effects on the differentiation component and how these two approaches compare in terms of efficacy.

2. Methods and Materials

2.1. Study Design and Participants

The present research was a semi-experimental study with a pre-test, post-test, and follow-up design including a control group. The statistical population consisted of all couples seeking divorce due to incompatibilities and marital disputes, who had filed for divorce and registered in the "Decision System" from spring to winter 2022 and were referred by the judiciary to the Divorce Intervention Center (Psychoanalysis) in Jolfa city and had their cases filed. For the selection of the sample, after obtaining the necessary

permissions from the university, 45 individuals were selected from among all couples seeking divorce due to incompatibilities and marital disputes who had attended the Psychoanalysis Clinic, using inclusion and exclusion criteria and through purposive sampling. After selecting the sample members, the selected individuals were randomly (by lottery) divided into three groups of 15. After sampling, two experimental groups and one control group were subjected to group mindfulness-based cognitive-behavioral therapy in 8 sessions of 90 minutes (weekly) and group reality therapy in 8 sessions of 90 minutes (weekly), respectively, while the control group did not receive any treatment. Inclusion criteria included being aged between 18 to 50 years and having a high school diploma, while exclusion criteria included being in a state of engagement or separation, displaying signs of substance misuse, exhibiting signs of psychosis, receiving other therapeutic interventions such as pharmacotherapy or other psychological approaches concurrently, and absence from more than three sessions of therapy. Participants in the experimental and control groups completed the self-differentiation questionnaire at the pre- and post-test stages. The assessment was performed by a collaborator who was not aware of the research process and had no information about the experimental and control groups. Ethical considerations in the research included voluntary and optional participation of individuals, explanation of rights and responsibilities of the parties, confidentiality of information obtained during the research execution, and free withdrawal from the research.

2.2. Measures

2.2.1. Self-Differentiation

This questionnaire was developed by Skowron and Friedlander (1998) with 43 items in four subscales: emotional reactivity, "I" position, emotional cutoff, and fusion with others; and was later revised by Skowron & Smith (2003). The self-differentiation questionnaire by Skowron and Friedlander is used to measure the self-differentiation variable, in which the authors modified the fusion with others subscale for the purpose of validity and reliability. The revised questionnaire contains 46 items and includes four subscales: emotional reactivity, "I" position, emotional cutoff, and fusion with others. The short form of the Self-Differentiation Questionnaire (DCI-SF) was designed by Drake and Murdock (2015) based on this 46-item form in 4 subscales and consists of 20 questions. The Cronbach's alpha obtained in this research indicates the

validity of this questionnaire, except for the fusion with others subscale before confirmatory factor analysis in this study, which showed a total Cronbach's alpha of .90, and the Cronbach's alpha for the other subscales were: emotional reactivity .86, "I" position .79, emotional cutoff .83, and fusion with others .73. Additionally, Alikai and Nazari (2008), citing Bhattacharyya (2001), stated that the internal reliability of this questionnaire by Cronbach's alpha method for the entire differentiation questionnaire was .81 and for the subscales: emotional reactivity .81, "I" position .69, emotional cutoff .65, and for fusion with others .60. The concurrent criterion validity of the questionnaire was examined through its relationship with depression, state anxiety, trait anxiety, stress, and self-esteem, showing that the construct of differentiation positively correlates with self-esteem and negatively with depression, state anxiety, trait anxiety, and stress. Convergent validity also showed a significant positive relationship between the subscales of the short form of the self-differentiation questionnaire and the Self-Differentiation Level Scale. A positive relationship between the score of each subscale and the total score was also observed (Huang et al., 2018; Parsakia et al., 2023).

2.3. Interventions

2.3.1. Mindfulness-Based Cognitive-Behavioral Therapy

First Session: Introduction and auto-direction; presenting the program and a brief description of the 8 sessions, group members getting acquainted with each other and the counselor, setting goals and group rules, introduction to the concepts of mindfulness-based cognitive therapy, and explanation about auto-direction and raisin meditation, awareness of dysfunctional thoughts, body scan practice for 6 consecutive days (Segal et al., 2018).

Second Session: Confronting obstacles, reviewing the previous session's homework at the beginning of each session. Identifying practice barriers and offering mindfulness program solutions for them and practicing mindfulness meditation of breathing, discussion about the difference between thoughts and feelings, practicing seated meditation, reducing the significance of negative thoughts, 10-15 minute seated meditation practice.

Third Session: Presence of mind or the technique of mindful breathing, 10-15 minutes of breathing with presence of mind, teaching inhalation and exhalation techniques accompanied by calmness without thinking about anything else, and teaching the technique of watching the breath, developing the ability to pay attention to each other's

sensations and thoughts, and increasing compassion, recording daily thoughts in a 5-column exercise, 7-minute "seeing or hearing" practice.

Fourth Session: Execution of the segmented mindfulness technique, seated meditation (awareness of breathing, sound, body, and thoughts) reviewing awareness of pleasant and unpleasant events on feelings, thoughts, and body sensations, focusing on the present, reducing marital conflicts, recording daily thoughts in a 7-column exercise, breathing exercises and executing a home practice of body relaxation.

Fifth Session: Permission/presence (acceptance of thoughts and feelings), mindful yoga, discussion on seeing thoughts differently or alternative thoughts, seated meditation (sound and thoughts), inclination towards establishing communication and increasing intimacy and empathy, guided meditation of at least 40 minutes.

Sixth Session: Thoughts are not facts, sleep hygiene, breathing with presence of mind for 10-15 minutes, reducing emotional disturbances and increasing mutual understanding, creating a list of pleasurable activities.

Seventh Session: How can I take care of myself in the best possible way? Seated meditation and awareness of everything that comes into consciousness at the moment. Presenting an exercise to create a list of pleasant and unpleasant life events, experiencing awareness and acceptance without judgment (non-selective), muscle relaxation and increasing realism, writing about daily negative and positive experiences without judging them.

Eighth Session: Acceptance and change (using what you have learned so far), body scan meditation, three-minute breathing space exercise, discussion on ways to deal with obstacles to meditation, raising questions about the entire sessions, such as whether participants have met their expectations? Do they want to continue these meditation practices? Have their coping skills improved? Receiving feedback from participants and conducting post-tests, preparing for the conclusion of sessions and end of intervention, awareness of feelings, wishing actions and negative emotions, and application of mindfulness, practicing all effective techniques.

2.3.2. Reality Therapy

First Session: Introduction of members and establishing a connection between members and the therapist. Group members getting acquainted with each other, establishing an emotional relationship between members and the therapist,

discussing goals and group rules, an initial introduction to Glasser's reality therapy theory (Wubbolding, 2013; Wubbolding et al., 2017).

Second Session: Exploring the concept of communication with others and getting acquainted with the characteristics of effective communication. Expressing happiness by the therapist with the goal of establishing communication, teaching reality therapy concepts based on Glasser's theory, introducing the why and how of our behavior issuance, explaining differences and similarities between humans, and presenting basic human needs according to Glasser (lecture method teaching with group discussion).

Third Session: Familiarity with the meaning and concept of decision-making; the importance of decision-making and the stages of decision-making. Introduction to general behavior and acquainting group members with the 4 components of general behavior (thought, action, feeling, and physiology) and for familiarizing group members with the behavior car example and how the four general behaviors are placed in this behavior car were explained to them, also role-playing was used to illustrate issues (brainstorming and lecture method with participation).

Fourth Session: The importance of communication and its role in satisfaction, self-worth, and meeting basic needs. Familiarity, introduction, and explanation of the quadruple conflicts (occur among the four general behaviors) and providing examples of marital conflicts (creative processing teaching method).

Fifth Session: Alternating behaviors leading to failure with satisfying behaviors, emphasizing living in the present. Introducing destructive and constructive behaviors in relationships and teaching living in the present and how one can re-frame their quality world (concretization teaching method).

Sixth Session: Familiarization with the dimensions of behavior from Glasser's perspective, the role of the individual in controlling behavior. Understanding basic human needs according to reality therapy principles (participative teaching method, using group discussion).

Seventh Session: Listing of basic needs, with the effort of members and the help of the therapist, examining the importance of meeting these needs (participative teaching method, using group discussion).

Eighth Session: How to maintain the changes achieved and perform post-tests. Methods to sustain and enhance changes, reviewing previous sessions and evaluating the progress of women seeking divorce, and creating the necessary commitment to apply the learnings for creating a better life and relationships. The methods for sustaining and enhancing changes, reviewing previous sessions, and evaluating the progress of women seeking divorce aim to prepare them for applying what they have learned towards improving their life and relationships.

2.4. *Data analysis*

Data were analyzed using mixed ANOVA and Bonferroni post-hoc test with the help of SPSS version 24.

3. **Findings and Results**

The chi-square analysis results from comparing the three groups on variables of education and age were not statistically significant ($p > 0.05$), indicating that the three groups were matched in terms of education and age. Subsequently, the mean and standard deviation of self-differentiation scores at the pre-test, post-test, and follow-up stages in the experimental and control groups are reported (Table 1).

Table 1

Mean and Standard Deviation of Self-Differentiation by Measurement Stage in Groups

Dependent Variable	Group	Mean	Standard Deviation
Self-Differentiation	Pre-test		
	Control Group	42.18	6.98
	Reality Therapy	43.77	8.09
Self-Differentiation	Post-test		
	Control Group	42.74	5.63
	Reality Therapy	65.60	8.66
Self-Differentiation	Follow-up		
	Control Group	42.11	8.93
	Reality Therapy	63.83	7.06
	Mindfulness-Based Treatment	43.18	7.19
	Mindfulness-Based Treatment	85.13	7.83
	Mindfulness-Based Treatment	83.83	7.75

As observed, the mean in the two experimental groups at the post-test stage shows an increase in the self-differentiation scale compared to the pre-test. Also, based on

Table 2, it can be seen that the greatest change in mean occurred in the mindfulness-based therapy group.

Table 2

Mixed ANOVA Test for Self-Differentiation with Greenhouse-Geisser Correction

Variable	Factor	SS	df	MS	F	Sig	Eta Coefficient
Self-Differentiation	Within-Subjects	19408.50	1.78	10876.79	857.57	0.001	0.97
	Interaction Test*Group	2073.47	1.78	1162.00	91.62	0.001	0.77
	Between-Group	3790.81	1.00	3790.81	23.82	0.001	0.46

The results of Table 2 indicate that the calculated F value for the within-group factor of stages (pre-test, post-test, and follow-up) was significant at the 0.05 level for self-differentiation ($p < 0.05$). Therefore, there is a significant

difference between the mean scores of self-differentiation at the three stages of pre-test, post-test, and follow-up. The Bonferroni post-hoc test results were calculated to examine the differences between the means at the therapeutic stages.

Table 3

Pairwise Comparison of Mean Differences Between Mindfulness-Based Cognitive-Behavioral Therapy and Reality Therapy Groups at Three Research Stages for Self-Differentiation

Variable	Stage	Mean Difference	Standard Error	Significance Level
Self-Differentiation	Pre-test	0.59	2.72	0.99
	Post-test	-19.53	2.73	0.001
	Follow-up	-20.00	2.91	0.001

The results of Table 3 show that the difference between the post-test and follow-up stages in the mindfulness-based cognitive-behavioral therapy and reality therapy groups is significant ($p < 0.01$), but at the pre-test stage, the difference between the mindfulness-based cognitive-behavioral therapy and reality therapy groups is not significant ($p > 0.01$). Considering the results of Table 3 regarding the interaction of stage and group factors, the calculated F value for the effect of stages (pre-test, post-test, and follow-up) between the two groups of mindfulness-based cognitive-behavioral therapy and reality therapy was significant at the 0.05 level for self-differentiation ($p < 0.01$).

results of previous research (Chan et al., 2021; Charoensukmongkol, 2014; Grills et al., 2015; Jafari & Shahabi, 2017; Keyghobadi et al., 2020; Oji et al., 2020; Sachse et al., 2011; Segal et al., 2018; Tang et al., 2019; Wubbolding, 2013; Wubbolding et al., 2017).

In explaining the current findings, it can be said that in mindfulness-based cognitive-behavioral therapy, individuals accept experiences as separate elements from themselves, as a transient state, and as a subject for change. Therefore, instead of exploring the subject or cognitively or behaviorally avoiding the experience, which both would be painful, they accept these experiences like other neutral experiences without emotional charge, and ultimately internalize them. This leads to acceptance of oneself as separate from others and individual experiences, resulting in increased self-differentiation. This therapy teaches skills that allow individuals to become more aware of their thoughts about themselves and others without any judgment, and also to consider positive thoughts as a reflection of their reality in their relationships instead of negative ones, viewing them merely as transient mental events (Grills et al., 2015; Jafari & Shahabi, 2017; Segal et al., 2018). This reduces the fear of negative evaluations in their relationships with others. When an individual, in addition to being fully aware of and

4. Discussion and Conclusion

The current research aimed to compare the effectiveness of mindfulness-based cognitive-behavioral therapy and reality therapy on the self-differentiation of couples seeking divorce. The results showed that there is a significant difference between the overall mean of self-differentiation in the two groups of mindfulness-based cognitive-behavioral therapy and reality therapy, with mindfulness-based cognitive-behavioral therapy having a greater impact on self-differentiation. These findings are consistent with the

accepting their thoughts and feelings without judgment, finds themselves in a state of calm and focus, they gain the ability to control thoughts, anxiety, and emotions and see themselves as independent and distinct from others, which ultimately leads to increased self-differentiation. Acquiring this ability makes the individual feel more in control over all aspects of their life and relationships, and instead of responding with automatic negative reactions in challenging life situations and distinguishing themselves from others, they respond with more control, calm, and awareness, and better handle the problems in their relationships.

Furthermore, through mindfulness practices, individuals are encouraged to pay deliberate attention to the present moment without evaluating, judging, or suppressing the content of what is experienced. Individuals learn to allow private internal experiences (thoughts and feelings) to come and go, simply sitting with them and paying attention to them as they exist in the moment. The goal of mindfulness practices is to expand individuals' behavioral repertoire and increase their flexibility. Mindfulness practices are connected with all processes of flexibility. Mindfulness aims to create a loving, kind, friendly, and accepting awareness of the individual's experience in the moment, regardless of what that experience may be (Segal et al., 2018; Tang et al., 2019). Therefore, all mindfulness practices in the long term strengthen the ability of individuals to distinguish themselves from their feelings, leading towards differentiation and creating distinction of internal emotions from thinking and maintaining autonomy in the emotional space of the family.

Based on the results obtained, both mindfulness-based cognitive-behavioral therapy and reality therapy are effective in improving self-differentiation in couples seeking divorce. It can be said that mindfulness-based cognitive-behavioral therapy has a higher efficacy on the component of self-differentiation compared to reality therapy. The cognitive-behavioral therapy approach based on mindfulness focuses on liberating individuals to free themselves from judgment and labeling that are associated with painful emotions and is used with psychological flexibility. It emphasizes reducing these psychological emotions and improves the individual's perception of their abilities, especially in emotional and emotional areas in stressful situations, thus improving the quality and variety of a person's relationship with themselves, their family, and their environment. As a result, this change and acceptance lead to an improvement in the quality of life and emotional and cognitive satisfaction of the individual. The findings of

the current study indicate the effectiveness of both treatments on the variables under investigation.

5. Limitations & Suggestions

This study, while providing valuable insights, is not without limitations. Firstly, the sample size was relatively small, which may limit the generalizability of the findings to a broader population. Secondly, the study relied on self-reported measures for assessing self-differentiation, which might introduce bias or inaccuracies in reporting personal experiences and changes. Lastly, the study's design did not account for long-term follow-up assessments, which are crucial for evaluating the enduring effects of the interventions. Addressing these limitations in future research could provide a more comprehensive understanding of the effectiveness and applicability of these therapeutic approaches.

Future research should consider expanding the sample size to enhance the generalizability of the findings and include a more diverse demographic to explore the interventions' effectiveness across different populations. Additionally, implementing longitudinal studies with extended follow-up periods could provide valuable insights into the long-term effects and stability of treatment gains. Incorporating objective measures or third-party assessments alongside self-reported data could also offer a more nuanced understanding of the interventions' impacts. Exploring the integration of these therapies with other therapeutic modalities or technology-based interventions might further elucidate their potential in comprehensive treatment plans.

The findings from this study suggest several clinical implications for practitioners. For individuals struggling with emotional regulation and self-differentiation, integrating mindfulness practices within cognitive-behavioral therapy could offer an effective treatment strategy, fostering self-awareness and acceptance. Reality Therapy could be particularly beneficial for those seeking to improve their decision-making and enhance personal responsibility in relationships. Clinicians are encouraged to tailor these interventions to the specific needs of their clients, considering the unique challenges and goals of each individual. Additionally, ongoing training and development in these therapeutic approaches can enhance clinicians' skills, ensuring they are equipped to provide the most effective and compassionate care.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics Considerations

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

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors contributed equally to this article.

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