



The effectiveness of emotion-focused couple therapy on coping strategies and internalized shame in nurses with marital conflicts

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Background and Aim: Family is the first and most important social institution, and a healthy society depends on having a healthy couple who strive to achieve their goals with a suitable level of marital satisfaction. The present study aimed to determine the effectiveness of emotion-oriented couple therapy on coping strategies and internalized shame in nurses with marital conflicts. **Methods:** The current research method is a quasi-experimental one with a pre-test-post-test design and a one-month follow-up with the control group. The statistical population included all nurses working in Imam Sajjad State Hospital in Ramsar City in 2020. Among these, 30 couples (90 people) were selected by the non-random sampling method available and replaced in the experimental group (emotion-oriented couple therapy) and a control group in a simple random manner (15 couples in each group). Then, 10 sessions of 90 minutes (2 sessions per week) of emotion-oriented couple therapy (Johnson, 2017) were conducted in experimental groups. Data were collected using the internalized shame and coping strategies questionnaire. The data was analyzed using SPSS-24 software and through the analysis of variance test with repeated measurements. **Results:** The research results showed that emotion-oriented couple therapy is effective on coping strategies ($P < 0.001$) and internalized shame ($P < 0.001$) in nurses with marital conflicts. **Conclusion:** Considering the effectiveness of emotion-oriented couple therapy in nurses with marital conflicts, it is suggested that therapists use this therapeutic and educational approach.



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Introduction

The family is the first and most important social institution, and a healthy society depends on a healthy family and a healthy couple who strive to achieve their goals with an appropriate level of marital satisfaction (Cheung et al., 2020). The family system is among the most important social systems; Therefore, the need to establish and maintain close ties and relationships with others is considered the basic and fundamental human motivation (Mousavi et al., 2019) and the need to establish and maintain close ties and relationships with others is considered as the basic and fundamental human motivation; As a result, marriage and forming a family not only helps to provide and satisfy emotional, psychological and sexual needs, etc. but it is considered a focus for the growth and upbringing of healthy and developed generations (Pariseos et al., 2019). What is important in marriage is marriage satisfaction and marital compatibility (Pirmoradi et al., 2022).

Also, among other factors that can play a role in the quality of marital relationships of nurses with marital conflicts are coping strategies; Coping strategies are a set of individual efforts to change, interpret, and correct a stressful situation in order to reduce the suffering caused by that situation, which is generally classified into two groups: 1) problem-oriented and 2) emotion-oriented (Zhou et al., 2019). In other words, coping strategies are cognitive-behavioral measures used by a person to manage his desires in stressful and difficult situations (Farmezzi et al., 2020). The goal of problem-oriented strategies is to change the situation of pressure, and the goal of emotion-oriented strategies is to adjust the emotional responses of the person to the situation, and the person's belief in this situation is that the situation will not change (Skaalvic, 2018). In other words, people who use the problem-oriented coping method analyze the problem and look for a solution to solve the different components of the problem, while the use of the emotion-oriented coping strategy is often accompanied by suppression, avoidance, and isolation. The results of Toluronlek's research (2014) showed that there is no significant difference in the causes of marital conflict between couples based on the level of education and length of marriage. As a result of the inevitability of conflicts in any form of

marriage; Therefore, to prevent or manage the crisis, it will largely depend on the mutual understanding of the couples involved, and other factors that can play a role in the quality of life of nurses with marital conflicts include internalized shame; Shame is aware of one's most important emotions, which has a significant impact on a person's sense of self, well-being, and vulnerability to psychological and personality disorders (Matos et al., 2015). Self-aware emotions are emotions in which the self plays a central role and are associated with self-evaluation. The feeling of shame is an extremely painful emotion that is associated with shrinking, humiliation, worthlessness and incapacity, and in which there is an inward-directed hostility (Saeedi et al., 2013). It has been defined based on depressive feelings such as hopelessness, stupidity, and the desire to avoid being around others for fear of rejection, although there is no consensus on the definition of shame; But they often consider two components for it. In the first component (internal shame), attention is focused on oneself and the person feels and evaluates himself as incompetent, defective or bad (Gilbert, 2007). The second component (external shame) is related to thoughts and feelings about how a person looks in the minds of others. In this type of shame, the person's focus is on what is going on in the minds of others about him (Lewis, 2003). The results of Tangi et al.'s research (2015) concluded that the talent of shame has a direct relationship with the arousal of anger, pessimism and negative events and indirect expression of hostility, and these feelings are represented in relationships and marriage. Couples therapy is an efficient method to solve couples' problems and ensure their mental health, and in general, the goal of couples therapy is to help couples maintain their relationship and prevent problematic, critical and conflict-provoking relationships along with creating intimacy and greater satisfaction in being together. In this way, couple therapists provide opportunities to promote intimacy and improve relationships (Goran Swadekahi & Gurbannejad, 2017).

Another effective treatment that can play a role in nurses with marital conflicts is emotion-focused couple therapy (EFCT), which is a short-term integrated approach that essentially includes client-centered therapeutic approaches, Gestalt therapy, and cognitive principles.

(Nameni et al., 2017). Emotion-focused couples therapy focuses on how couples experience their relationships and organize their interactions in patterns and cycles. In this way, it is stated that the excitement of the main actor is the communication chaos and its change. It is emotion that organizes attachment-style behaviors and our motivations to respond to others and communicate our needs and desires. In this method, it is assumed that the interactive situations chosen by couples are maintained by the individual experiences of each of them and the path that organizes their interactions by their inner psychological realities and habitual movements in their interactive dance (Shidan Fard et al., 2017).

In relation to the effectiveness of couple therapy in general, emotion-oriented couple therapy in particular, on the quality of married life, various studies have been published inside and outside the country, each of which has addressed aspects of this research field. Many researches have shown that such psychological interventions have reduced conflict and increased marital satisfaction. The findings of the meta-analysis showed that emotional therapy has a promising and convincing effect size. The recovery rate of the studied couples who suffered from marital disturbances was reported to be 70-73% and this recovery occurred between 10 and 12 treatment sessions. Evidence revealed that emotion-oriented therapy has proven its competence in competition with all the approaches examined so far (Badihi Zeraati and Mousavi, 2016). Johnson (2008) states that in this approach, among different emotions, six main emotions, which are happiness, surprise, shame, fear, anger and feeling sad, are considered. In this approach, emotion is considered as a complex construction of schema concepts, which forms a basis for the perception of new experience and the creation of meaning; Therefore, given that emotion is considered as a process, it seems useful to accept it as a sequence, string and sequence (Johnson, 2012). The results of Bagheri et al.'s research (2019) showed that emotion-oriented couple therapy significantly reduced boredom and inappropriate marital expectations in couples with marital conflicts.

According to the mentioned cases, the main problem of this research was to determine the effectiveness of emotion-oriented couple

therapy on coping strategies and internalized shame in nurses with marital conflicts in the selected society. Therefore, the aim of the present study was to determine the effectiveness of emotion-oriented couple therapy on coping strategies and internalized shame in nurses with marital conflicts.

Method

The method of the current research was quasi-experimental with a pre-test-post-test design and a one-month follow-up with the control group. The statistical population included all nurses working in Imam Sajjad State Hospital of Ramsar city in 2020. Among these, 30 couples (90 people) were selected using the available non-random sampling method and replaced in the experimental group (emotion-oriented couples therapy) and a control group in a simple random manner (15 couples in each group). The criteria for entering the research include nurses working in Ramsar Hospital; ability to attend 10 training sessions; having marital conflicts; absence of mental disorders and acute illness; Not receiving psychological and drug treatments in recent months. The criteria for withdrawing from the research include unwillingness and consent to participate in the research; Experience of participating in individual and group treatment programs at the same time as conducting research; It was the inability to attend 10 training sessions.

Materials

1. Coping Strategies Questionnaire: The Lazarus Strategies Questionnaire was created based on the list of coping strategies by Lazarus and Fleckman in 1980 and was revised in 1985. Coping strategies are a set of cognitive and behavioral efforts of a person that are used to interpret and correct a stressful situation. It leads to the reduction of suffering and assesses a wide range of thoughts and actions that people use when faced with internal or external stressful situations. Components and questions related to each component include direct coping: a person uses cognitive skills to solve problems by using an efficient problem-oriented coping style (questions 6-7-17-28-34-46). The scoring of the questionnaire is according to the Likert scale and according to the table below. If the calculated score is between 0 and 66, the sign of the use of coping style in the person is low. If the calculated score is between 66 and 110, it is a sign of the use of moderate coping style. If the calculated score is 110 or above, it is a sign of the high level of coping style in the person. Validity and reliability of the questionnaire: The Lazarus questionnaire has been standardized in Iran on a sample of 750 middle-aged couples and a sample of 763 second and third high school students. To check the reliability, Cronbach's alpha coefficient ranges from 0.61 to 0.79. The

validity of the questionnaire has been reported by favorable professors.

2. Internalized shame questionnaire: The internalized shame scale was prepared by Cook in 1993, which includes 30 items and two subscales of shyness and self-esteem. The response to each item of this scale is in the form of a 5-point Likert scale (never = 0, very little = 1, sometimes = 2, often = 3, always = 4). High scores in this scale indicate worthlessness, incompetence, feelings of inferiority, emptiness and loneliness. A low score indicates high self-confidence. Cook (1993) reported the

Cronbach's alpha reliability coefficient of the shyness and self-esteem subscales of the internalized shame scale as 0.94 and 0.90, respectively. Rajabi and Abbasi (2011) reported Cronbach's alpha reliability coefficients of internalized shame scale as 0.90 in the whole sample, 0.89 in men and 0.91 in women.

3. Emotion-oriented couple therapy: The intervention group of emotion-oriented couple therapy received 10 sessions of 90 minutes (two sessions per week). The description of the sessions is presented in Table 1.

Table 1. Purpose and content of emotion-focused couple therapy intervention by session

Session	Goal	Content
1	Introduction, description of meeting rules and introduction to emotion-oriented couple therapy	Getting to know the therapist with the participants and providing the necessary explanations about the meetings, how and when they are held, examining marital conflicts and how to deal with them, understanding attachment and barriers to creating attachment safety, and being aware of intra-personal and interpersonal emotional conflict.
2	Familiarity with marital commitment	Finding out about emotional, psychological and sexual extramarital relationships and its role in marital relationships
3	Understanding communication patterns and social interactions	Teaching communication patterns, recognizing attachment insecurity and the role of couples' self-disclosure in marital relationships
4	Rebuilding the marital bond	Teaching emotional responses, expanding the emotional experience of couples in relation to their spouses, accepting their own and their spouse's emotional responses and evaluating and adjusting them.
5	Deepening the emotional involvement of couples based on attachment	Recognizing attachment needs, improving emotional connection with spouse through emotional experiences and improving the state of emotional interaction
6	Expanding yourself in relation to others	Accepting one's communication skills and patterns and improving them and learning the methods of interaction and communication with others, especially with one's spouse
7	Behavioral activation	Recognizing and reconstructing interactions, interpreting events and conflicts, and clarifying expectations and demands from the spouse
8	Discover new solutions	Discovering new solutions for old arguments and problems, teaching problem solving, changing the harmful behavior of the spouse, and overcoming obstacles and problems in married life.
9	Using therapeutic achievements in daily life	Training couples in order to implement techniques in the everyday environment, use sincere emotional conflict in joint life, use interactive constructive patterns and try to promote attachment safety.
10	Conclusion	Summarizing and reviewing past meetings and trying to maintain and continue constructive changes

Implementation

Ethical considerations in this research were such that participation in this research was completely voluntary. Before starting the project, the participants were familiarized with the specifications of the project and its regulations. People's attitudes

and opinions were respected. The members of the experimental and control groups were allowed to withdraw from the research at any stage. In addition, if interested, the control group members could receive the intervention performed for the experimental group in similar treatment sessions

after the completion of the project. All documents, questionnaires and confidential records were only available to the executives. Written informed consent was obtained from all volunteers. In the descriptive analysis of the data, the statistical indices related to each of the research variables were calculated. The inferential statistics section used analysis of variance with repeated measurements and SPSS-22 software.

Results

The mean (standard deviation) age of the experimental group participants was 34.5 (9.7) and the control group was 36.1 (8.6). In terms of gender, 28 (93.3%) were female nurses and 2 (7.7%) were male nurses. Most of the participants in this research (40%) had been living together for one to two years. In terms of education, most of the participants (60%) had diploma and post-diploma degrees.

Table 2. Statistical indexes of variables in three groups of pre-test, post-test and follow-up stages

Test	Group		N	Mean	SD
Pre-test	ECT	Coping strategies	15	105/67	22/49
		internalized shame	15	82/38	19/59
	Control	Coping strategies	15	103/44	22/54
		internalized shame	15	96/95	33/13
Post-test	ECT	Coping strategies	15	119/41	25/48
		internalized shame	15	75/88	12/88
	Control	Coping strategies	15	102/06	22/25
		internalized shame	15	95/12	31/75
Follow-up	ECT	Coping strategies	15	120/03	26/84
		internalized shame	15	72/51	10/79
	Control	Coping strategies	15	103/64	22/79
		internalized shame	15	95/38	31/55

Table 2 shows the statistical indicators of the research variables in the three stages of pre-test,

post-test and follow-up.

Table 3. The results of the normal distribution of scores and homogeneity of variances test

Variable	Group	K-S			Levene's test			Mauchly		
		Df	Statistics	Sig.	Df	Statistics	Sig.	Statistics	W	Sig.
Coping strategies	Exp.	15	0/618	0/84	28	2/391	0/133	3/16	0/84	0/47
	Control	15	0/736	0/65						
internalized shame	Exp.	15	0/742	0/64	28	1/070	0/221	2/18	0/89	0/36
	Control	15	0/809	0/52						

The results of the analysis of variance of repeated measurement of several variables among the studied groups in the variables of coping strategies and internal shame showed that the effect between the subject (group) is significant. This effect means that at least one of the groups differs from each other in at least one

of the variables of coping strategies and internal shame. The within-subject effect (time) was also significant for the research variables, which means that there was a change in at least one of the average variables during the time from pre-test to follow-up.

Table 4. Variance analysis with repeated measures to compare pre-test, post-test and follow-up coping strategies and internal shame in experimental and control groups.

Variable	Source	SS	Df	MS	F	Sig.	Eta ²
Coping strategies	Time	230/46	1/43	160/14	79/16	0/0001	0/73
	Group*Time	150/02	1/43	104/24	51/53	0/0001	0/64
	Group	418/17	1	418/17	75/86	0/001	0/69
internalized shame	Time	87/62	2	43/81	164/78	0/0001	0/85
	Group*Time	37/48	2	18/74	70/50	0/0001	0/71
	Group	113/61	1	113/61	65/25	0/001	0/63

The results of Table 4 show that the analysis of variance is significant for the intra-group (time) and inter-group factors. These results mean that considering the group effect, the time effect

alone is significant. Also, the interaction of group and time is significant. Bonferroni's post hoc test was also used for pairwise comparison of groups.

Table 5. Bonferroni post hoc test results within the group of emotion-oriented couple therapy training in the dimensions of coping strategies and inner shame in the experimental group

Variable	Stage		Mean diff	Std Err.	Sig
Coping strategies	Pre-test	Post-test	-1/96	1/25	0/002
		Follow-up	-2/86	1/25	0/012
	Post-test	Follow-up	-4/92	1/22	0/061
internalized shame	Pre-test	Post-test	1/96	1/25	0/002
		Follow-up	-0/90	1/31	0/029
	Post-test	Follow-up	-2/96	1/29	0/029

The changes of the experimental group over time in Table 5 showed that the dimensions of coping strategies and internal shame in the experimental group were significant in the post-test compared to the pre-test ($P < 0.001$). A significant difference was observed in the follow-up phase compared to the pre-test ($P < 0.001$). However, no significant difference was observed in the follow-up compared to the post-test ($p < 0.01$).

Conclusion

The aim of this research was to determine the effectiveness of emotion-oriented couple therapy on coping strategies and internalized shame in nurses with marital conflicts. The findings showed that emotion-oriented couple therapy has an effect on coping strategies in nurses with marital conflicts. As the results of the research showed, there was a significant difference in terms of the amount of coping strategies between the couples who had received the emotion-oriented treatment intervention and the couples who had not received the treatment.

In such a way that the problem-oriented coping strategies increased and the amount of emotion-oriented and ineffective coping strategies of the couples who underwent the intervention of emotion-oriented couple therapy decreased significantly. The findings showed that emotion-oriented couple therapy has an effect on reducing internalized shame in nurses with marital conflicts, which is in line with the findings of Hojjatkah and Mesbah (2016), Ebrahimi Tazekand (2018).

In explaining the findings, it can be said that the emotion-oriented and ineffective coping strategy is actually incompatible secondary emotions that each couple shows in the interaction cycle, and in the cycles of secondary emotional responses, they experience feelings such as anger, hostility, revenge, or excessive guilt. Secondary emotional responses also appear in emotional coping strategies, such as badmouthing one's spouse in his presence or absence and trying to get emotional support from others (Simpson et al., 1992), denial or

turning to religion as extreme compensation. It is also possible in ineffective coping strategies - including avoidance coping such as focusing on emotion, mental non-involvement, behavioral non-involvement and ineffective coping such as the use of medication, wishful thinking and superstitious thinking, which are used to change the source of pressure or improve the feelings caused by the stressful situation. Sometimes they lead to aggravation of the situation or worsening of emotional conditions (Carver et al., 1989). Knowing the attachment styles of people in emotion-oriented couple therapy can help therapists to assess the level and patterns of spouses' security and also to examine the problems that occur for vulnerable couples separately in each couple. In the investigation of attachment styles, emotion plays the first role in showing communication confusion and changing this confusion. Emotion organizes attachment behaviors. In the next stage, the therapist's interventions are designed and applied in the specific context of the couple's attachment. At the simplest level, the couple's behavioral performance is shown to maintain or exacerbate insecurity and, as a result, dissatisfaction. With the answers given by the therapist to reduce the anxiety and emotional processing of each spouse, a model is created for the spouse in the face of emotional stress, and the controlling communication cycle is explained as the common enemy of the couple, and the couple is helped to be more efficient support seekers and supporters. For example, the couple is helped to increase their positive behaviors such as empathy and credit and reduce their negative behaviors such as criticism and neglect. On the other hand, determine their needs for support, and what they would like to receive from their spouses (Ebrahimi Tashekand et al., 2018). The more spouses can see their own and their spouse's attachment interests, the more they can express these interests and the more they can empathize with their spouse's attachment interests. When couples find these experiences in session, they can be helped to understand how they can cultivate these safe experiences in other areas. Therefore, each of the couples, according to the trust and security they feel in the relationship, takes action to face the problems from the point of view of the problem-oriented coping strategy. They can show the necessary self-restraint in preventing

disturbing activities and using active coping strategies, planned coping and seeking instrumental social support. Emotion-oriented couple therapy allows couples with marital conflicts to find new solutions to old issues and problems and to adopt new, more flexible positions towards each other, which leads to availability and responsiveness and emotional participation of couples according to the interactive cycle of couples.

In explaining the findings, it can be said that shame is considered one of the most important self-conscious emotions that has significant effects on a person's sense of self, well-being and vulnerability to personality and relationships between couples. Shame is an extremely painful emotion that is accompanied by shrinking, shrinking, worthlessness, or inability, and in this feeling there is an inward-directed hostility; Therefore, a person comes to believe that he is inferior or unlovable, and all these factors will have significant negative effects on family life and couples' relationships (Hojjat Khah & Mesbah, 2016).

The results of this study, while creating a clear and practical perspective for counselors and psychotherapists, especially family therapists, can be an effective guide for building self-esteem. In addition, it can reduce the feeling of internal shame and reveal and correct inconsistencies in the way couples send messages to each other, their communication patterns, and in general, human growth and, subsequently, the reduction of marital conflicts. In explaining that emotion-oriented couple therapy reduces marital conflicts, it can be said that emotion-oriented couple therapy solves their problems by focusing on the emotional relationship of couples; Therefore, it is possible to resolve marital conflicts and internalized shame in couples that arise based on emotional problems, miscommunication and insecure attachment of couples to each other with the help of emotion-oriented couple therapy. These cases can be explained by the effectiveness of this approach in increasing the agreement of couples and reducing their marital conflicts with each other. The explanation of the findings is that couples without marital conflicts tend to show more negative and vulnerable communication such as criticism, humiliation, blaming and anger when their spouse tries to solve a problem. They express the lowest level

of empathy. This type of negative relationship reduces the use of positive problem-solving skills such as encouragement and open discussion, and after failure in the conflict between couples, a feeling of internal shame is formed in them; Therefore, through solving the emotional problems of the couple, identifying unexpressed and suppressed emotions and identifying the emotional and emotional needs of the spouse, emotion-oriented couple therapy improves the interactions of the couple and, of course, increases the amount of affection expressed in couples with marital conflicts. Emotion-oriented couple therapy, relying on the correct and appropriate release of emotions, stabilizing the couple's attachment style, and reducing the couple's emotional, emotional, and anxiety problems, increases their physical and mental health, including the reduction of internalized shame among couples. In emotion-oriented couple therapy, people learn to understand their spouse's feelings and emotions, talk to him about their own positive and negative emotions and emotions, and be a good listener for their spouse. Correcting these seemingly simple cases is a very important step in mutual understanding between couples and understanding the internalized shame and improving communication and marital compatibility. On the other hand, communication and mutual understanding of couples is a very important factor in the spirit and mental, physical and psychological health of couples (Najafi et al., 2014). Therefore, couples' problems are not only due to lack of skills, but also due to the resolution of their early attachment experiences. Therefore, the main goal of this approach is to help couples identify and express each other's main needs and desires and attachment concerns; Therefore, in emotion-oriented couple therapy, the couple's attachment insecurities are reduced and secure attachment is cultivated between them.

Considering that this research was conducted only among nurses; Therefore, it is necessary to act with caution in generalizing the results. Because different results may be presented in another society. The participants voluntarily participated in the experiment in the initial selection; Therefore, the results may have been affected by the effect of social desirability. Considering that the research was conducted on the community of nurses, it is suggested to conduct it in other communities and compare

the results with the results of this research. Considering that the current research is a quantitative research, it is suggested to conduct a qualitative research (grounded theory based on semi-structured interviews and using a qualitative questionnaire and asking experts' opinions) in the next research. It is suggested to therapists, when they encounter couples with marital conflicts, in order to resolve couples' conflicts and reduce marital burnout, they should first identify communication schemas and how they are formed, and couples' attachment needs, identify cognitive and emotional barriers. Therefore, in this context, they can use the approach of couple therapy based on schema and act and emotion-oriented couple therapy, which was investigated in this research, as an effective and efficient treatment method along with other psychological approaches.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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