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Comparison of the Effectiveness of Bowenian Systemic Therapy and Minuchin's Structural Therapy on Family Cohesion and Marital Commitment in Conflictual Couples in Mashhad

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The present study aimed to compare the effectiveness of Bowenian systemic therapy and Minuchin's structural therapy on family cohesion and marital commitment among couples experiencing marital conflict. The research method was quasi-experimental with a pretest-posttest design, including a control group and a one-month follow-up. The statistical population consisted of all conflictual couples who referred to counseling centers (Dr. Hekmabadi, Lifestyle, Farhikhtagan, Rah-e Sabz, and Rasa) in the city of Mashhad during the summer of 2024 (July to September 2024). Using convenience sampling, 90 couples were selected as the sample and were randomly assigned to two experimental groups and one control group (30 participants in each group). Data were collected using the Family Organizational Cohesion Questionnaire developed by Fisher et al. (1992) and the Marital Commitment Questionnaire by Adams and Jones (1997). One week after administering the pretest to all three groups, the first experimental group received Bowenian systemic therapy, the second experimental group received Minuchin's structural therapy, and the control group received no intervention. Subsequently, the posttest was administered to all groups. To examine between-group differences, a multivariate repeated-measures analysis of variance (MANOVA) was conducted, considering the within-subject factor (time: test) and the between-subject factor (group membership). The results indicated that both Bowenian systemic therapy and Minuchin's structural therapy were effective in improving family cohesion and marital commitment in conflictual couples. Another finding showed that there was a statistically significant difference between the effectiveness of Bowenian systemic therapy and Minuchin's structural therapy on family cohesion only in the dimension of participation and cooperation; however, no statistically significant difference was observed between the two therapies with respect to marital commitment. Based on the study findings, Bowenian systemic therapy and Minuchin's structural therapy were both effective in enhancing family cohesion and marital commitment among couples experiencing marital conflict.

Keywords: Bowenian systemic therapy, Minuchin's structural therapy, family cohesion, marital commitment

1. Introduction

Marital relationships constitute one of the most central and complex interpersonal systems in adult life, exerting profound influence on individual psychological health, family functioning, and broader social stability. Contemporary research consistently demonstrates that the quality of marital interaction significantly predicts emotional well-being, life satisfaction, resilience, and long-term relational outcomes (Cohen & Strong, 2024; Krämer et al., 2025). However, marital conflict remains a prevalent and destabilizing phenomenon worldwide, often leading to emotional disengagement, psychological distress, impaired parenting, and increased risk of divorce (Liu & Vazsonyi, 2024; Shita & Zeleke, 2024). In this context, identifying effective therapeutic interventions capable of enhancing core relational constructs—particularly family cohesion and marital commitment—has become a major priority in clinical psychology and family therapy research (Dallos & Draper, 2024; Goldenberg & Goldenberg, 2023).

Family cohesion refers to the emotional bonding, cooperation, mutual support, and clarity of roles within the family system. High levels of cohesion function as a protective factor against stress, trauma, and psychopathology, whereas low cohesion is associated with emotional isolation, maladaptive coping, and relational instability (Daniels & Bryan, 2021; Lian et al., 2023). Meta-analytic evidence confirms that stronger family cohesion is associated with lower depression and better psychological adjustment across the lifespan (Yuewen et al., 2024). Moreover, family cohesion exerts indirect effects on marital satisfaction and individual self-esteem, mediated by psychological security and emotional regulation capacities (Knapp et al., 2024; Namani et al., 2025). In parallel, marital commitment—conceptualized as the enduring intention to maintain a relationship over time—plays a decisive role in relational stability, conflict resolution, and resilience under stress (Adams & Jones, 1997; Hou et al., 2019). Commitment is not merely an emotional attachment but an integrative construct shaped by cognitive, emotional, moral, and social dimensions of partnership (Lioe, 2023; Tang & Curran, 2013).

A substantial body of research indicates that marital conflict significantly erodes both cohesion and commitment. Persistent conflict is associated with deteriorating communication patterns, emotional withdrawal, reduced intimacy, and heightened risk of infidelity and divorce (Navabinejad et al., 2023; Stieglitz et al., 2012). Moreover,

marital conflict extends its detrimental impact across generations, contributing to adolescent maladjustment, delinquency, low self-esteem, and impaired future relationship functioning (Kadhim et al., 2025; Maya et al., 2024; Nazir et al., 2021; Roper et al., 2020). Consequently, the development of effective couple and family interventions is essential not only for improving marital functioning but also for safeguarding long-term psychological and social health (Clyde et al., 2020; Poulton, 2023).

Among the most influential systemic approaches in family therapy are Bowen's Family Systems Therapy and Minuchin's Structural Family Therapy, both of which conceptualize marital problems as manifestations of broader relational patterns rather than isolated individual deficits (Minuchin, 2023; Winok, 2019). Bowenian theory emphasizes differentiation of self, emotional triangles, intergenerational transmission, and emotional regulation as core mechanisms underlying relational functioning (Calatrava et al., 2022; Harrison, 2023; White et al., 2025). Empirical findings indicate that enhancing self-differentiation leads to improved communication, reduced emotional reactivity, increased forgiveness, and greater relational stability (Bakhipour, 2025; Rameshi Hadi et al., 2024). Structural family therapy, by contrast, focuses on reorganizing family subsystems, strengthening boundaries, and modifying dysfunctional interaction patterns to restore relational balance and functionality (Fishman, 2022; Minuchin, 2018). Recent studies demonstrate the effectiveness of Minuchin's model in reducing triangulation, improving communication boundaries, and enhancing marital equity in conflictual couples (Ansari et al., 2023; Arab et al., 2025; Asayesh et al., 2024; Sabzevari et al., 2023; Sohn et al., 2024).

Despite the extensive empirical support for both therapeutic models, direct comparative investigations examining their relative impact on family cohesion and marital commitment remain limited. While Bowenian interventions primarily operate through emotional differentiation and intergenerational insight, structural interventions produce change by modifying present interactional structures and boundaries (Dallos & Draper, 2024; Goldenberg & Goldenberg, 2023). Both approaches appear theoretically well-suited to address core processes underlying marital conflict, including dysfunctional communication, emotional dysregulation, maladaptive conflict resolution, and impaired intimacy (Kordi et al., 2017; Lavaf & Shokri, 2021; Matin et al., 2023; Mehrpouya et al., 2021; Mesbah & Sadri Damirchi, 2023). However, the

degree to which these distinct mechanisms differentially influence cohesion and commitment remains insufficiently clarified in the literature.

Cultural context further underscores the importance of this inquiry. Social norms, religious values, and family structures shape relational expectations and therapeutic responsiveness, particularly in collectivistic societies where family cohesion and marital stability carry heightened cultural significance (Aman et al., 2021; John et al., 2017). In such contexts, interventions that effectively strengthen relational bonds and long-term commitment may exert especially powerful preventive and restorative effects on both family systems and community well-being (Lal & Glebova, 2025; Shirin Kam et al., 2025; Siegel, 2020; Svirin et al., 2019).

Given the rising prevalence of marital conflict and divorce globally (Krämer et al., 2025; Shita & Zeleke, 2024), the demonstrated psychological and intergenerational consequences of dysfunctional marital relationships (Kadhim et al., 2025; Liu & Vazsonyi, 2024), and the critical roles of family cohesion and marital commitment in sustaining healthy relationships (Adams & Jones, 1997; Yuewen et al., 2024), systematic evaluation of leading therapeutic models is both scientifically necessary and clinically urgent.

Therefore, the present study aimed to compare the effectiveness of Bowenian systemic therapy and Minuchin's structural therapy on family cohesion and marital commitment among conflictual couples.

2. Methods and Materials

2.1. Study Design and Participants

The present study was applied in terms of purpose and quasi-experimental in terms of research design, employing a pretest–posttest format with a control group and follow-up. In addition, one month after the administration of the posttest, a follow-up assessment was conducted for all three groups. The statistical population of the study consisted of all conflictual couples who referred to counseling centers in the city of Mashhad during the summer of 2024 (July to September 2024), including Dr. Hekmabadi, Lifestyle, Farhikhtagan, Rah-e Sabz, and Rasa centers. Considering that the intervention was conducted in a group therapy format, the sample size for each group was set at 30 participants (15 couples). From the target population, using convenience sampling and based on scores obtained from the Marital Conflict Questionnaire developed by Sanaei and

Barati (2003), 90 individuals with marital conflict who met the inclusion and exclusion criteria were selected as the research sample. These 90 participants were randomly assigned to three groups of 30 participants each (two experimental groups and one control group). In this design, Bowenian systemic therapy was administered as the independent variable to the first experimental group (Group A), Minuchin's structural therapy was administered to the second experimental group (Group B), and the control group (Group C) was placed on a waiting list and received no intervention.

Inclusion criteria: A diagnosis of marital conflict based on the assessment of the technical supervisor of the counseling center; minimum educational level of a high school diploma; minimum age of 18 years and maximum age of 48 years; minimum duration of marriage of 2 years; not participating simultaneously in other therapeutic programs (pharmacological or non-pharmacological) during the study period; provision of informed consent and voluntary participation in the study; absence of other clinical disorders (psychotic disorders and substance dependence).

Exclusion criteria: unwillingness to continue cooperation; participation in other therapeutic programs simultaneously with the present research project; absence from more than two treatment sessions of the present intervention.

2.2. Measures

Family Organizational Cohesion Questionnaire: This is a 13-item instrument developed by Fisher (1992) to assess the components of family cohesion, family cooperation and participation, clarity of family rules and expectations, and clarity of family leadership. Participants respond to each item on a six-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). In the study conducted by Farhadi et al. (2014), the content validity of the questionnaire was confirmed by experts and specialists in the field. Reliability, defined as the degree of stability of an instrument in measuring what it is intended to measure, refers to the extent to which the instrument yields consistent results under similar conditions (Sarmad et al., 2013). In the study by Farhadi et al. (2014), the reliability of the questionnaire, assessed using Cronbach's alpha, was reported to be above 0.70. In the present study, the reliability of this questionnaire was also confirmed using Cronbach's alpha, yielding a coefficient of 0.86.

Marital Commitment Questionnaire (Adams & Jones, 1997): This is a 44-item instrument developed by Adams and Jones (1997) to assess marital commitment. Participants indicate their agreement with each statement on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). In a study conducted by Adams and Jones (2000), the reliability of this questionnaire was reported as 0.89, and its content validity was confirmed. In Iran, Niazi (2019) reported the reliability of this questionnaire using the split-half method as 0.91. Shah-Siah et al. (2008) also confirmed the validity of this questionnaire and reported its reliability based on Cronbach's alpha as 0.85. Furthermore, in a study comparing marital commitment, sexual satisfaction, and life satisfaction among employed and housewife women conducted by Parviz Asgari et al. (2009), the reliability coefficient obtained through Cronbach's alpha was reported as 0.74. In the present study, the reliability of this questionnaire, assessed using Cronbach's alpha, was found to be 0.82.

2.3. Intervention

In the present study, Bowenian systemic therapy was implemented in eight weekly sessions of two hours each based on the framework presented by Goldenberg and Goldenberg (2005; Persian translation by Mehdirooz Firoozbakht). The intervention began with an introductory session focused on establishing therapeutic rapport, clarifying the presenting problem, identifying contributing factors, and exploring the impact of the problem on family functioning. The second session emphasized comprehensive family assessment through construction of the family genogram and examination of relational patterns. The third session introduced the core concept of differentiation of self, with therapeutic work directed toward helping participants distinguish thoughts from emotions and achieve psychological separation from the family of origin. The fourth session addressed emotional dependency and pathways for improving autonomy within relationships. The fifth session focused on triangulation processes and the emotional system of the nuclear family and their role in the development and maintenance of marital conflict. In the sixth session, the concepts of family projection and emotional cutoff were explored to enhance insight into

dysfunctional emotional processes. The seventh session examined sibling position and the multigenerational transmission process, highlighting intergenerational patterns of behavior. The final session involved systematic review of therapeutic content, consolidation of adaptive strategies, planning for maintenance of change, and administration of the posttest.

Structural family therapy was conducted in ten weekly sessions of two hours each, following the model described by Goldenberg and Goldenberg (2005). The first and second sessions focused on introducing the rationale and objectives of therapy, establishing session rules, clarifying the presenting problem, identifying client strengths and competencies, initiating reframing processes, assessing difficulties of all family members, and mapping the existing family structure with emphasis on subsystem boundaries. The third and fourth sessions intensified examination of dysfunctional marital interactions contributing to the conflict, identifying both precipitating and maintaining factors within the family system. The fifth and sixth sessions emphasized the influence of the family's historical structure, intergenerational patterns, boundary realignment, and strategic use of unbalancing techniques to modify rigid structures. The seventh and eighth sessions were dedicated to teaching change strategies, identifying modifiable interactional patterns, and implementing restructuring interventions through reframing, reinforcement of functional alliances, and repair of maladaptive boundaries. The ninth and tenth sessions addressed stabilization of marital and parental subsystems, establishment of appropriate boundaries between spousal and child subsystems, financial management within the family system, comprehensive review of prior sessions, and administration of the posttest.

2.4. Data analysis

For data analysis, descriptive statistics were first applied, followed by inferential statistics using repeated-measures analysis of variance (ANOVA) in SPSS version 26.

3. Findings and Results

First, the results of descriptive statistics are presented, followed by inferential statistics.

Table 1

Descriptive Indices of Family Cohesion by Test Phases and Group

Variables	Group	Pretest Mean	SD	Posttest Mean	SD	Follow-up Mean	SD
Total Score	Bowenian Systemic Therapy	24.57	0.76	44.43	0.98	42.60	0.81
	Minuchin Structural Therapy	27.37	0.83	45.30	0.95	44.23	0.92
	Control	26.47	1.03	28.30	0.84	28.30	1.08
Family Cohesion Level	Bowenian Systemic Therapy	9.20	0.58	15.80	0.61	14.87	0.57
	Minuchin Structural Therapy	10.30	0.58	17.03	0.57	16.47	0.47
	Control	10.43	0.63	11.60	0.82	11.90	0.85
Family Cooperation and Participation	Bowenian Systemic Therapy	7.80	0.45	14.10	0.67	13.50	0.62
	Minuchin Structural Therapy	8.73	0.48	14.20	0.64	14.00	0.50
	Control	7.87	0.57	8.23	0.48	8.63	0.46
Clarity of Rules and Expectations	Bowenian Systemic Therapy	3.70	0.26	7.33	0.29	7.83	0.31
	Minuchin Structural Therapy	3.93	0.28	7.50	0.32	7.07	0.31
	Control	4.10	0.26	4.13	0.26	3.80	0.23
Clarity of Family Leadership	Bowenian Systemic Therapy	3.87	0.28	7.20	0.29	6.40	0.33
	Minuchin Structural Therapy	4.40	0.22	6.57	0.32	6.70	0.30
	Control	4.07	0.27	4.33	0.24	3.97	0.26
Marital Commitment	Bowenian Systemic Therapy	97.33	6.22	114.80	6.16	107.33	5.67
	Minuchin Structural Therapy	95.40	4.53	121.70	6.99	121.40	5.18
	Control	94.87	5.62	87.30	4.69	85.70	4.77

The results presented in the above table indicate that in both the posttest and follow-up stages, participants in the Bowenian systemic therapy and Minuchin’s structural therapy groups obtained higher mean scores on all dimensions of family cohesion compared to the control group. Comparison of the means demonstrates that in both treatment groups, mean scores increased from pretest to posttest and were maintained at follow-up. However, from posttest to follow-up, the scores of participants in these groups did not show a substantial change.

The results of the above table indicate that in both the posttest and follow-up stages, participants in the Bowenian systemic therapy and Minuchin’s structural therapy groups achieved higher mean scores on marital commitment compared to the control group. Comparison of the means shows that in both treatment groups, mean scores increased from pretest to posttest and were sustained at follow-up. However, from posttest to follow-up, the scores of participants in these groups did not demonstrate a substantial change.

To test the research hypotheses, multivariate repeated-measures analysis of variance (MANOVA) was employed.

The Bonferroni post hoc test was also used to compare differences across test phases. Prior to conducting the analysis of variance, the assumptions were examined. The results of the Shapiro–Wilk test for normality indicated that the distribution of variables was normal across groups ($p > .05$). Levene’s test for homogeneity of variances at pretest, posttest, and follow-up demonstrated equality of variances among groups ($p > .05$). Box’s M test also indicated that the homogeneity of variance–covariance matrices was satisfied for the dimensions of family cohesion (Box’s $M = 118.43$, $F = 1.18$, $p > .05$) and marital commitment (Box’s $M = 94.51$, $F = 1.15$, $p > .05$). The assumption of sphericity was violated for the family cohesion variable ($p < .05$); therefore, the Greenhouse–Geisser correction was applied to estimate differences for this variable. However, the assumption of sphericity was met for the marital commitment variable ($p > .05$). Wilks’ Lambda test revealed that the effects of test phase by group membership and the interaction between test phase and group membership were statistically significant ($p < .05$). Subsequently, multivariate factorial repeated-measures analysis of variance was conducted. The results of the multivariate tests are presented in Table 2.

Table 2

Multivariate Test Results for Between-Group Differences in Family Cohesion and Marital Commitment

Constructs	Source of Variation	Wilks' Lambda	F	p	Partial Eta Squared
Family Cohesion	Test Phase	0.08	69.01	< .001	0.71
	Group Membership	0.88	1.75	.15	0.11
	Test Phase × Group Membership	0.94	0.86	.54	0.03
Marital Commitment	Test Phase	0.62	16.92	< .001	0.37
	Group Membership	0.62	16.92	< .001	0.37
	Test Phase × Group Membership	0.93	1.91	.15	0.06

The results presented in the table regarding family cohesion indicate that the Wilks' Lambda test for the effect of test phase is statistically significant ($p < .01$). However, the effects of group membership and the interaction between test phase and group membership are not statistically significant ($p > .05$). With respect to the marital commitment variable, the table shows that the Wilks' Lambda test for

both test phase and group membership is statistically significant ($p < .01$), whereas the interaction between test phase and group membership is not statistically significant ($p > .05$). The results of the repeated-measures analysis of variance for the dimensions of family cohesion and marital commitment are presented in Table 3.

Table 3

Between-Group Differences in the Dimensions of Family Cohesion and Marital Commitment

Variables	Source of Variation	Sum of Squares	df	Mean Square	F	p	Partial Eta Squared
Family Cohesion Level	Test Phase	1582.07	1.55	1014.89	337.63	< .001	.85
	Group Membership	27.56	1	27.56	3.29	.07	.05
	Test Phase × Group Membership	2.14	1.55	1.37	0.45	.58	.008
Family Cooperation and Participation	Test Phase	1155.70	1.81	636.02	61.78	< .001	.51
	Group Membership	13.69	1	13.69	4.66	.03	.07
	Test Phase × Group Membership	4.81	1.81	2.64	0.25	.75	.004
Clarity of Rules and Expectations	Test Phase	516.67	2	258.33	98.82	< .001	.63
	Group Membership	0.11	1	0.11	0.12	.72	.002
	Test Phase × Group Membership	4.74	2	2.37	0.90	.40	.01
Clarity of Family Leadership	Test Phase	273.10	2	136.55	50.14	< .001	.46
	Group Membership	0.03	1	0.03	0.03	.85	.001
	Test Phase × Group Membership	11.01	2	5.50	2.02	.13	.03
Marital Commitment	Test Phase	16359.21	2	8179.60	14.96	< .001	.20
	Group Membership	603.78	1	603.78	0.91	.34	.01
	Test Phase × Group Membership	1926.94	2	963.47	1.76	.17	.03

The results indicate that for the variables family cohesion and marital commitment, there is a statistically significant difference between the Bowenian systemic therapy group and the Minuchin structural therapy group across test phases ($p < .01$). With respect to group membership, a statistically significant difference is observed only in the variable family cooperation and participation ($p < .05$), whereas no

significant difference is observed for marital commitment ($p > .01$). Regarding the interaction effect of test phase × group membership, the effect size of Bowenian systemic therapy and Minuchin structural therapy on the dimensions of family cohesion ranges from .008 to .01, and for marital commitment it is .03.

The results of the Bonferroni post hoc test for comparing mean differences across test phases and groups are presented in Table 4.

Table 4

Bonferroni Post Hoc Test for Comparison of Means Across Test Phases

Variables	Groups	Pretest–Posttest Mean Difference	p	Pretest–Follow-up Mean Difference	p	Posttest–Follow-up Mean Difference	p
Family Cohesion Level	Bowenian Systemic Therapy	-6.50	< .001	-5.63	< .001	0.36	.13
	Minuchin Structural Therapy	-6.73	< .001	-6.16	< .001	0.56	.17
Family Cooperation and Participation	Bowenian Systemic Therapy	-5.83	< .001	-4.83	< .001	1.00	.76
	Minuchin Structural Therapy	-5.46	< .001	-5.26	< .001	0.20	1.00
Clarity of Rules and Expectations	Bowenian Systemic Therapy	-3.76	< .001	-3.90	< .001	-0.13	1.00
	Minuchin Structural Therapy	-3.56	< .001	-3.13	< .001	0.43	.85
Clarity of Family Leadership	Bowenian Systemic Therapy	-3.33	< .001	-2.60	< .001	0.73	.31
	Minuchin Structural Therapy	-2.16	< .001	-2.30	< .001	-0.13	1.00
Marital Commitment	Bowenian Systemic Therapy	-17.47	.012	-15.00	.02	7.46	.75
	Minuchin Structural Therapy	-26.30	< .001	-26.00	< .001	0.30	1.00

The results show that the variables family cohesion and marital commitment in both the Bowenian systemic therapy group and the Minuchin structural therapy group significantly increased from pretest to posttest and from pretest to follow-up ($p < .01$). In both groups, no statistically

significant changes were observed from posttest to follow-up ($p > .05$). Between-group comparisons at posttest and follow-up using the Bonferroni post hoc test are presented in Table 5.

Table 5

Comparison of Mean Family Cohesion and Marital Commitment Across Test Phases Between Bowenian Systemic Therapy and Minuchin Structural Therapy Groups

Variables	Reference Group vs. Comparison Group	Mean Difference	p
Family Cohesion Level	Bowenian vs. Minuchin	-1.35	.07
Family Cooperation and Participation	Bowenian vs. Minuchin	-0.95	.03
Clarity of Rules and Expectations	Bowenian vs. Minuchin	0.08	.72
Clarity of Family Leadership	Bowenian vs. Minuchin	-0.04	.85
Marital Commitment	Bowenian vs. Minuchin	-6.64	.34

The results indicate that, based on the two-group comparison, the mean difference between Bowenian systemic therapy and Minuchin structural therapy is statistically significant only for the variable of family cooperation and participation ($p < .05$), whereas no statistically significant differences were observed for the remaining variables ($p > .05$). Accordingly, the research

hypothesis suggesting a difference between the two intervention methods is supported.

4. Discussion

The present study examined and compared the effectiveness of Bowenian systemic therapy and Minuchin’s structural family therapy on family cohesion and marital commitment among conflictual couples. The findings

demonstrated that both interventions produced significant improvements in overall family cohesion and marital commitment from pretest to posttest and follow-up, with effects largely maintained over time. These results provide strong empirical support for the systemic conceptualization of marital distress and confirm the clinical utility of both therapeutic models in addressing core relational processes underlying couple conflict (Dallos & Draper, 2024; Goldenberg & Goldenberg, 2023; Winok, 2019).

Consistent with the results, extensive prior research has established family cohesion as a central protective factor in relational and psychological functioning. Families characterized by emotional bonding, mutual cooperation, and clear role organization demonstrate greater resilience, lower vulnerability to stress, and healthier emotional climates (Daniels & Bryan, 2021; Lian et al., 2023; Yuewen et al., 2024). The significant increases in cohesion observed in both treatment groups align closely with findings from Fu et al. showing that strengthened family boundaries and adaptability directly enhance marital satisfaction and emotional stability (Fu et al., 2023). Moreover, Namani et al. reported that family cohesion contributes to marital satisfaction through increased psychological security and emotional stability, mechanisms that appear highly compatible with the observed effects of both interventions (Namani et al., 2025).

The improvement in marital commitment across both intervention groups is equally meaningful. Marital commitment represents an integrative construct encompassing emotional attachment, moral obligation, long-term intention, and social investment (Adams & Jones, 1997; Tang & Curran, 2013). The present findings corroborate previous studies demonstrating that enhanced communication, emotional regulation, and relational trust significantly strengthen commitment and relationship maintenance behaviors (Hou et al., 2019; Lioe, 2023). Furthermore, Mesbah and Sadri Damirchi found that emotional maturity and communication patterns serve as central predictors of marital commitment, both of which are directly targeted by systemic and structural interventions (Mesbah & Sadri Damirchi, 2023).

Bowenian systemic therapy appears to have facilitated these outcomes primarily through improvements in self-differentiation, emotional regulation, and reduction of maladaptive emotional reactivity. Bowen's model emphasizes that higher differentiation enables individuals to balance emotional intimacy with personal autonomy, thereby reducing chronic anxiety and dysfunctional

interaction cycles (Calatrava et al., 2022; Harrison, 2023). Empirical evidence confirms that enhanced differentiation leads to improved communication, interpersonal forgiveness, and emotional stability among couples, consistent with the improvements observed in the present study (Bakhipour, 2025; Rameshi Hadi et al., 2024). The observed durability of treatment effects at follow-up further supports Bowen's assertion that systemic change rooted in emotional and intergenerational processes yields long-term relational transformation (White et al., 2025).

Minuchin's structural therapy, by contrast, exerts its therapeutic influence primarily through reorganization of family subsystems, boundary realignment, and modification of dysfunctional interaction patterns (Minuchin, 2018, 2023). The substantial gains in cohesion observed in the structural therapy group are consistent with prior research demonstrating the effectiveness of this model in improving communication boundaries, reducing triangulation, and strengthening marital alliances (Ansari et al., 2023; Arab et al., 2025; Asayesh et al., 2024; Sabzevari et al., 2023). Sohn et al. further reported that integrating structural techniques enhances relational stability even within complex family systems, reinforcing the generalizability of the present findings (Sohn et al., 2024).

Interestingly, the only statistically significant difference between the two treatments emerged in the dimension of family cooperation and participation, where structural therapy demonstrated superior effectiveness. This result is theoretically coherent with Minuchin's model, which places explicit emphasis on restructuring interactional sequences, activating underfunctioning subsystems, and promoting direct engagement among family members (Fishman, 2022). By contrast, Bowenian therapy, while highly effective in emotional regulation and differentiation, typically produces more gradual shifts in observable behavioral participation. Thus, the superiority of structural therapy in this specific dimension reflects its strong behavioral and interactional focus, whereas the two models appear equally powerful in enhancing broader emotional cohesion and marital commitment.

The absence of significant differences between the interventions in overall cohesion and commitment further underscores the robustness of systemic frameworks in marital therapy. Both approaches target fundamental relational mechanisms—emotional regulation, communication clarity, boundary management, and conflict resolution—that have been repeatedly linked to marital satisfaction and stability (Kordi et al., 2017; Lavaf & Shokri,

2021; Matin et al., 2023; Mehrpouya et al., 2021). Moreover, given the extensive evidence linking marital conflict to adverse psychological outcomes for spouses and children (Kadhim et al., 2025; Liu & Vazsonyi, 2024; Maya et al., 2024; Roper et al., 2020), the therapeutic gains observed in this study carry significant implications for intergenerational mental health and social well-being.

Cultural considerations further strengthen the relevance of these findings. In collectivistic and family-oriented societies, cohesion and marital stability serve not only personal but also social and cultural functions (Aman et al., 2021; John et al., 2017). Strengthening marital commitment and family cohesion therefore contributes to broader societal resilience, especially amid rising global stressors and increasing divorce rates (Krämer et al., 2025; Shita & Zeleke, 2024). The present results support calls for culturally responsive systemic interventions that integrate emotional, relational, and structural dimensions of family life (Cohen & Strong, 2024; Lal & Glebova, 2025; Poulton, 2023).

5. Conclusion

Collectively, the findings affirm that both Bowenian systemic therapy and Minuchin's structural therapy constitute powerful and empirically supported approaches for the treatment of marital conflict. While their mechanisms of change differ in emphasis—emotional differentiation versus structural reorganization—their convergent outcomes highlight the centrality of systemic processes in sustaining marital health, family cohesion, and long-term relational commitment.

Despite its contributions, the present study has several limitations. The use of convenience sampling limits generalizability of the findings. Reliance on self-report instruments may introduce response bias. The follow-up period was relatively short, restricting conclusions about long-term maintenance of change. Additionally, therapist variables and individual differences among couples were not formally controlled.

Future studies should employ randomized controlled designs with larger and more diverse samples. Longer follow-up periods are recommended to assess durability of therapeutic effects. Comparative research examining integrative or hybrid models combining Bowenian and structural components may further clarify optimal intervention strategies. Inclusion of observational and qualitative measures would deepen understanding of change processes within couples and families.

Clinicians should consider using both Bowenian and structural interventions as evidence-based options for couples experiencing conflict. Assessment of family interaction patterns may guide selection of the most appropriate approach. Training programs should incorporate both models to enhance therapeutic flexibility. Finally, systemic interventions should be adapted to cultural contexts to maximize engagement and treatment effectiveness.

Authors' Contributions

H.S.K. conceptualized the study, developed the research design, and supervised the implementation of the therapeutic interventions; M.G.M. contributed to the methodological framework, coordinated data collection, and assisted in interpretation of the results; B.G. performed the statistical analyses, drafted the initial manuscript, and managed revisions. All authors reviewed and approved the final version 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. The ethical approval for this study was obtained under the code IR.IAU.BOJNOURD.REC.1404.029.

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