

Comparison of the Effectiveness of Paradoxical Timetable Cure (PTC), Acceptance and Commitment Therapy Matrix (ACTM), and Emotion-Focused Therapy (EFT) on Self-Esteem and Marital Boredom in Women with Marital Conflict

Fatemeh Sadat. Hashemizadeh¹, Seyed Hamid. Atashpour^{2*}, Hadi. Farhadi^{3,4}

¹ PhD Student, Department of Psychology, Isfahan (Khorasgan) Branch, Islamic Azad University, Isfahan, Iran

² Associate Professor, Department of Psychology, Isfahan (Khorasgan) Branch, Islamic Azad University, Isfahan, Iran

³ Assistant Professor, Department of Psychology, Isfahan (Khorasgan) Branch, Islamic Azad University, Isfahan, Iran

⁴ Department of Organizational Psychology, National University Malaysia (UKM), Bangi, Malaysia

* Corresponding author email address: hamidatashpour@gmail.com

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ABSTRACT

Objective: This study aimed to compare the effectiveness of Paradoxical Timetable Cure (PTC), Acceptance and Commitment Therapy Matrix (ACTM), and Emotion-Focused Therapy (EFT) on self-esteem and marital burnout in women experiencing marital conflict.

Materials and Methods: The research method was quasi-experimental, consisting of three stages: pre-test, post-test, and follow-up. In this study, 45 women with marital conflict were selected through purposive sampling and randomly assigned to two experimental groups and one control group, with 15 participants in each group. Each of the experimental groups underwent ten 90-minute training sessions, while the control group received no treatment.

Findings: All four groups were assessed before, after, and one month post-intervention using self-esteem and marital burnout questionnaires. The data were analyzed through repeated measures analysis of variance and follow-up tests. The PTC and ACTM treatments were significant for the self-esteem component but were not significantly effective for the emotion-focused treatment. The results showed that PTC, ACTM, and EFT all had a significant difference in the post-test phase compared to the control group in the marital burnout component, indicating their effectiveness; however, this effect was more pronounced for the emotion-focused therapy.

Conclusion: Therefore, it is recommended to use all three treatments to reduce marital conflicts in women, employing PTC and ACTM for self-esteem issues and EFT for marital burnout.

Keywords: Schema Therapy, Acceptance and Commitment Therapy, Negative Mood, Psychological Resilience, Quality of Life, Women with Type 2 Diabetes in Tehran

1. Introduction

The family is the primary social unit, and marital satisfaction is the most important factor for its continuity. Unresolved conflicts between spouses not only reduce marital satisfaction but also lead to other adverse effects such as decreased parental support, subsequently causing depression and stress in children, especially teenagers (Fatollahzadeh et al., 2018). Considering the importance of this subject, various components can aid in reducing marital conflicts. Exploratory analyses have shown that successful conflict resolution increases marital identity clarity and in turn predicts marital commitment (Bagheri et al., 2017; Saadati et al., 2021), leading to increased marital satisfaction. One of the successful components in this context is self-esteem, which refers to an individual's self-worth evaluations, i.e., the extent to which a person feels good and worthy (Erol & Orth, 2014, 2017). This component includes self-respect and self-acceptance and is well-documented as a predictor variable for relationship satisfaction. Couples have higher self-esteem on days when they are more satisfied with their relationship (Willms et al., 2023). Higher self-esteem is associated with less marital conflict. Bahrami and Akbari Borang (2023) found a significant relationship between women's self-esteem and sexual satisfaction, which in turn affects marital satisfaction (Bahrami & Akbari Borang, 2023). Moreover, the research by Supervia and colleagues (2023) showed that self-esteem plays a mediating role between empathy and life satisfaction (Supervía et al., 2023). Additionally, Erol and Orth (2017) stated that an individual's self-esteem is significantly related to satisfaction with their partner's relationship (Erol & Orth, 2017). Self-esteem can predict marital satisfaction in married life (Erol & Orth, 2014), which has been proven in a longitudinal study over 12 years. However, satisfaction from the relationship does not predict changes in self-esteem (Erol & Orth, 2013). Couples who do not meet each other's basic emotional needs gradually feel worn out and lack enthusiasm to continue their lives. One of the factors leading to marital conflict is marital burnout, which occurs when couples realize that their relationship, despite their efforts, does not and will not give meaning to their lives. When a husband and wife distance themselves from love and affection, any disappointing event seems sufficient to negatively label their spouse. For example, a husband who shows insensitivity even once is perceived as unfeeling, and a wife who fails to meet her husband's affectionate

expectations even once is deemed unkind (Amini & Karami Nejad, 2021; Ghasemi et al., 2022). Marital burnout is a type of emotional and psychological exhaustion resulting from a mismatch between expectations and reality in marital life (Ghasemi et al., 2022). Marital burnout is gradual; love fades and diminishes, and in the worst case, it means a complete breakdown of marital relations. It begins with an imbalance between supply and demand. The mismatch between individuals' expectations and ideals, on one hand, and realities on the other, leads to stress. This concern results in physical and psychological fatigue and burnout, gradually leading to a change in attitude and behavior and ultimately marital burnout (Pines, 2002; Zhang et al., 2023).

Therefore, considering the impact of self-esteem and marital burnout on marital conflict, this research aims to utilize newer and more effective treatments, including Paradoxical Timetable Cure (PTC), first developed and implemented by Mohammad Ali Besharat. This therapeutic model, based on theories and models of various couple therapies (Besharat, 2019), has been devised and tested on couples with numerous problems. The complete model of couple therapy using Paradoxical Timetable Cure, derived from the "Complete Psychotherapeutic Model of Paradoxical Therapy for Psychological Disorders" (Besharat, 2019), presents a new model of couple therapy. This model, integrating techniques from behavioral and cognitive models, principles and concepts of psychodynamic and systemic theories, provides a novel, short-term, efficient, ethical, and economical model of couple therapy with the highest success rate and lowest recurrence rate compared to existing couple therapy approaches. Paradoxical therapy interventions are designed to cut reinforcing feedback loops to maintain the nature of the symptomatic sign by involving opposing behavior. The use of various paradoxical techniques, especially double bind and writing paradoxical letters, easily facilitates influence on the will of clients, especially those resistant to change. In the revision the concept of change in paradox theory, Gestalt therapy systematically strives to complete parts of the self that have not been experienced by experiencing the same symptom in the present moment, along with mindfulness (Dehaqin et al., 2023; Peluso & Freund, 2023).

Among other effective therapeutic interventions for improving the quality of interpersonal relationships in couples with marital conflicts, therapists of Acceptance and Commitment Therapy (ACT) interpret love as a valuable

object. The ACT Matrix is extensively presented with a hexaflex model, a hexagon representing six stages (mindfulness, acceptance, committed action, values, and self as context, cognitive defusion), where cognitive flexibility is central (Hashemizadeh et al., 2021; Hayes et al., 2006). The hexaflex of ACT is useful for indicating the research process of this approach, but both can be clinically burdensome. The main difference between the Matrix model and the hexaflex is the emphasis on enhancing psychological flexibility through perspective-taking and compassion. The ACT Matrix leads to a vibrant, purposeful, and meaningful life. Furthermore, the Matrix can strengthen the transdiagnostic nature of ACT and is an advanced clinical tool for integration with other approaches, making it more effective and stronger in flexibility, change magnitude, stability, comprehensiveness, and safety in psychotherapy (Asadi et al., 2023). Compassion brings mental health and well-being (Maynard et al., 2023), reducing marital conflicts. Mindfulness, stemming from perspective-taking, creates a foundation for compassion. Mindfulness and compassion are like two wings of a bird, significant in inspiring, transforming, and evolving personal flight. A new scientific movement for preventive development of damages in various fields, ethical, familial, and social, requires mindfulness and compassion (Roeser et al., 2023). The ACT Matrix helps you see the functioning of your behaviors, or how and why they work (or don't work) for you. Understanding these foundations can help you have a more comprehensive, compassionate, and long-term approach to change (Fosha et al., 2009).

Among the notable new third-wave therapies is Emotion-Focused Therapy (EFT), which began in the mid-1980s as an approach to help couples. Initially formulated and tested by Johnson and Greenberg in 1985 (Johnson & Best, 2013), the first manual on emotion-focused couple therapy by Greenberg was published in 1988. EFT approaches include elements of experiential therapy (like person-centered and Gestalt therapy), systemic therapy, and attachment theory (Greenberg & Watson, 2006; Johnson & Best, 2013). In Johnson's 2003 approach, attachment theory is considered the defining theory of adult love, encompassing other motivations and guiding therapists in processing and reprocessing emotions (Greenberg & Watson, 2006; Johnson & Best, 2013). The primary goal is changing attachment bonds and creating secure attachment. In Greenberg and Goldman's approach, the emphasis is on dealing with core issues related to identity (self and other

behavioral models) and promoting self-soothing and partner-soothing changes. Although Greenberg fully acknowledges the importance of attachment (Wiebe & Johnson, 2016), attachment is not the sole interpersonal motivation for couples. Instead, attachment is considered one of three aspects of relational functioning, along with identity/power and attractiveness/liking issues (Prochaska & Norcross, 2018). Considering the value of research in the field of marital conflict, especially for women, this paper aims to compare three new treatments not previously compared: Paradoxical Timetable Cure (PTC), Acceptance and Commitment Therapy Matrix (ACTM), and Emotion-Focused Therapy (EFT) on self-esteem and marital burnout for the first time. Additionally, paradoxical therapy has not been studied in group format or concerning marital burnout, making this research novel. Besides the two techniques of paradoxical bilateral dialogue and turn management, other paradoxical techniques focusing on time and repetition are being tested for the first time, particularly in the sensitive context of conflicting women and compared with the two mentioned therapies. Also, the new ACT Matrix, an advanced model of Steven Hayes' ACT, has not previously addressed self-esteem and marital burnout, making it novel and noteworthy. The effectiveness of EFT on these two components has not been simultaneously studied in women with marital conflicts and compared with the mentioned therapies. Therefore, it is necessary to study these aspects to strengthen the research foundation for the important matter of marital conflict in women. Hence, this study focuses on comparing the effectiveness of Paradoxical Timetable Cure (PTC), Acceptance and Commitment Therapy Matrix (ACTM), and Emotion-Focused Therapy (EFT) on self-esteem and marital burnout in women with marital conflicts.

2. Methods and Materials

2.1. Study design and Participant

The current research method was a quasi-experimental design with three groups: Paradoxical Therapy (PTC), Acceptance and Commitment Therapy Matrix (ACTM), Emotion-Focused Therapy (EFT), and a control group, in three stages: pre-test, post-test, and follow-up. The statistical population included women with marital conflicts in Lanjan county during the winter of 2022-2023, where out of 284 participants in several calls and a preliminary session for improving marital relations, 154 expressed interest in participating in the research. From them, 60 were

selected based on inclusion and exclusion criteria through structured interviews and the Kansas Marital Satisfaction Scale (Eggeman et al., 1985). They were then randomly assigned to four groups of PTC, ACTM, EFT, and control, each with 15 participants. Entry criteria, in addition to the Kansas Marital Satisfaction Scale and scoring below the cut-off point of 12, included married women aged 18 to 50 years with children, literate, with informed consent, not taking mood medications or undergoing parallel treatments. Exit criteria included unwillingness to miss more than one training session.

2.2. Measures

2.2.1. Negative Mood

The Kansas Marital Conflict Scale (KMCS) consists of 27 items used to measure marital conflict. The questionnaire uses a 4-point Likert scale for scoring, with responses "Never," "Rarely," "Sometimes," and "Almost Always" being scored as 1, 2, 3, and 4, respectively. Reliability and validity: The KMCS demonstrates excellent internal consistency with alpha values ranging from 0.91 to 0.95 for men in all stages and from 0.88 to 0.95 for women. The stability of the scale is also very good with retest correlations over a 6-month period ranging from 0.64 to 0.96. Scores for each stage are simply obtained by summing the item scores. In Stage 1, items 5, 7, 9, and 11 are scored in reverse, meaning "Almost Never" = 1, "Sometimes" = 2, "Rarely" = 3, and "Never" = 4. In Stage 2, all items except "Respect for you" are reverse scored, and in Stage 3, items 2, 4, 5, 6, and 7 are reverse scored. Higher scores indicate lower conflict (Eggeman et al., 1985).

2.2.2. Self-Esteem

The Rosenberg Self-Esteem Scale (1965) measures overall self-esteem and personal worth. This scale includes 10 general statements assessing life satisfaction and feelings of worthiness about oneself. According to Burnett and Wright (2002), the Rosenberg Self-Esteem Scale (SES) is one of the most common measures of self-esteem and is considered a valid scale because it uses a concept of self-esteem similar to the concept presented in psychological theories about the "self". The SES was created to provide a comprehensive picture of positive and negative attitudes about oneself. This scale has a higher correlation coefficient compared to the Coopersmith Self-Esteem

Inventory (SEI) and demonstrates higher validity in measuring levels of self-esteem. Scoring method of the questionnaire: The Rosenberg Self-Esteem Scale consists of 10 items where respondents are asked to answer them on a four-point Likert scale from "Strongly Agree" to "Strongly Disagree." The scale ranges from 10 to 40, with higher scores indicating higher self-esteem. The first 5 statements are presented positively (items 1 to 5), and the other 5 negatively (items 6 to 10). The scoring method is as follows: for questions 1 to 5, "Strongly Disagree" = 0, "Disagree" = 1, "Agree" = 2, and "Strongly Agree" = 3. For questions 6 to 10, it's the reverse (Mohammadi & Sajadinejad, 2007; You et al., 2019).

2.2.3. Marital Burnout

The Marital Boredom Scale is a self-assessment tool designed to measure the degree of marital burnout among couples. This scale, developed by Pines (1996) (Pines, 1996), is adapted from another self-assessment tool used to measure burnout. It has 20 items covering three main components: physical exhaustion (e.g., feeling tired, weak, and having sleep disorders), emotional exhaustion (feelings of depression, hopelessness, being trapped), and psychological exhaustion (e.g., feeling worthless, frustration, and anger towards the spouse). All these items are answered on a seven-point scale. The questionnaire has been used in numerous studies, and its reliability and validity have been confirmed (Sadeghi et al., 2022).

2.3. Intervention

2.3.1. PTC

This therapy begins with normalization of the problem and building trust among members, focusing on the patterns, locations, and topics of conflicts. Subsequent sessions introduce mindfulness for identifying personality cues, group discussions, writing daily letters to the spouse, and engaging in paradoxical dialogues. Techniques like paradoxical letters, admitting inability and defeat, congratulating the spouse for difficulties, and shifting commands are utilized to help participants surrender their resistance, improve self-esteem, and reduce marital burnout. Positive labeling of communication issues with the spouse and daily exaggeration predictions are also practiced to redefine problems humorously and facilitate solution-finding (Besharat, 2019).

2.3.2. ACTM

This therapy starts with an introduction and familiarization session for group members, followed by learning about communicative frameworks. Participants are introduced to the ACT Matrix, focusing on understanding the differences between sensory experiences and internal mental states. The therapy includes homework reviews, functional analysis of behavior, exercises in mindfulness, and understanding the concept of compassion towards oneself. Techniques like verbal Aikido, identifying sources of negative emotions, and combining verbal Aikido with other compassionate metaphors are also employed. The therapy concludes with a review of all sessions, utilizing perspective-taking and compassion skills in relation to self-esteem and marital burnout (Peyamannia, 2021; Peymannia, 2022).

2.3.3. EFT

EFT begins with pre-test questionnaires, focusing on identifying and expressing both pleasant and unpleasant emotions related to daily interaction cycles and attachment styles. The sessions involve identifying pure emotions and feelings in relation to self-esteem and marital burnout, reconstructing emotional experiences, and deepening them. The therapy emphasizes focusing on oneself rather than others, identifying underlying fears, expressing desires, and practicing new ways of interacting. Discovering new solutions for old arguments, constructing a happy story about relationships, and planning to maintain secure

attachments are also part of the therapy, concluding with a summary and post-test evaluation (Johnson & Best, 2013).

2.4. Data Analysis

In the current study, the collected data were analyzed according to the research method through questionnaires using appropriate statistical techniques and presented using descriptive and inferential statistical techniques. Descriptive statistics included measures such as mean and standard deviation, and inferential statistics used analysis of covariance.

3. Findings and Results

The study comprised a total of 60 female participants, all experiencing marital conflicts. These women were from Lanjan county and had participated in the study during the winter of 2022-2023. The age range of the participants was between 18 and 50 years. All participants were married and had children. They were literate, capable of reading and writing, and had provided informed consent to participate in the study. None of the participants were undergoing parallel treatments or taking mood medications. The selection of participants was through structured interviews, following several calls and a preliminary session aimed at improving marital relations. The women were purposively sampled from a larger group of 284 individuals who expressed interest in participating in the study, ensuring a diverse and representative sample for the research.

Table 1

Descriptive Statistics

Variable	Time	PTC		ACTM		EFT		Control	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD
Satisfaction	Pre-test	2.867	2.100	2.867	1.727	2.200	1.935	2.267	2.374
	Post-test	5.400	1.121	4.267	1.163	3.133	1.407	2.667	2.093
	Follow-up	5.800	1.320	4.200	1.082	3.200	1.656	2.666	2.093
Competence	Pre-test	0.467	3.270	0.733	3.035	0.400	3.043	0.667	3.599
	Post-test	5.867	1.407	4.200	2.242	4.000	1.813	0.800	3.550
	Follow-up	6.400	1.352	4.333	2.289	4.067	1.870	0.600	3.440
Self-esteem	Pre-test	3.333	4.337	3.600	4.339	2.600	3.776	2.933	5.006
	Post-test	11.267	1.907	8.467	3.114	7.133	2.167	3.467	4.422
	Follow-up	12.200	1.781	8.533	3.091	7.267	2.463	3.267	4.301
Physical Burnout	Pre-test	23.200	3.167	23.267	4.044	23.867	4.809	23.533	3.523
	Post-test	19.467	3.420	19.267	3.535	16.000	3.625	23.533	3.292
	Follow-up	19.333	3.352	19.200	3.278	15.867	3.543	23.467	3.335
Emotional Burnout	Pre-test	32.733	3.712	32.133	3.563	32.467	6.010	32.267	3.674
	Post-test	27.600	3.312	25.000	3.606	17.600	5.330	32.200	3.802
	Follow-up	27.600	3.180	24.733	3.575	17.533	5.303	32.267	3.712
Psychological Burnout	Pre-test	19.267	2.549	19.200	2.210	19.600	4.290	19.133	2.669
	Post-test	16.000	2.204	14.267	2.463	9.933	3.863	19.000	2.673

Burnout	Follow-up	16.000	2.204	14.067	2.251	9.800	3.724	19.067	2.658
	Pre-test	75.200	5.967	74.600	6.567	75.933	11.567	74.933	6.902
	Post-test	63.067	5.946	58.533	6.534	43.533	9.357	74.733	7.096
	Follow-up	62.933	5.836	58.000	5.988	43.200	9.135	74.800	6.93

As observed in Table 1, significant changes were noted in the self-esteem variable and its components in the therapeutic groups compared to the control group, both in the post-test and follow-up stages.

Regarding self-esteem, the satisfaction component did not have a normal distribution in all three stages of the test ($p > 0.05$), and the error variance equality was established for all three ($p < 0.05$). However, the equality of the variance-covariance matrix (tested through Box's M) was not established ($p > 0.05$). The Mauchly's test for the self-

satisfaction component, personal competence, and self-esteem was significant ($p > 0.05$), indicating that the sphericity assumption for these variables was not met. Additionally, the self-esteem variable and its components showed significant differences between the therapeutic and control groups. The Greenhouse-Geisser statistic was used in the final analysis tables due to the violation of sphericity. Subsequent Bonferroni post-hoc tests are reported. The repeated measures ANOVA data for this variable is presented in Table 2.

Table 2

Analysis of Variance with Repeated Measurement for Self-Esteem

Variable	Source	SS	Df	MS	F	p	Eta ²	Power	
Satisfaction	Within-Group	Time	75.011	1.070	70.125	31.727	0.000	0.362	1.000
		Time*Group	30.589	3.209	9.532	4.313	0.007	0.188	0.861
	Between-Group	Error (time)	132.400	59.902	2.210	-	-	-	-
		Error (group)	128.194	3	42.731	42.493	0.001	0.258	0.961
Competence	Within-Group	Time	414.411	1.072	386.659	108.399	0.000	0.659	1.000
		Time*Group	166.167	3.215	51.680	14.488	0.000	0.437	1.000
	Between-Group	Error (time)	214.089	60.019	3.567	-	-	-	-
		Error (group)	296.800	3	98.933	5.488	0.002	0.227	0.923
Self-Esteem	Within-Group	Time	841.911	1.062	792.415	105.124	0.000	0.652	1.000
		Time*Group	324.267	3.187	101.734	13.496	0.000	0.420	1.000
	Between-Group	Error (time)	448.489	59.498	7.538	-	-	-	-
		Error (group)	767.883	3	255.961	8.547	0.000	0.314	0.991
		1677.111	56	29.948	-	-	-	-	

Table 2 shows significant differences in the self-satisfaction component and personal competence between the pre-test and post-test, and between pre-test and follow-up ($p < 0.01$), but no significant difference between post-test and follow-up ($p > 0.05$). There was a significant difference between the paradoxical therapy and emotion-focused therapy groups in self-satisfaction ($p < 0.01$), with only the paradoxical therapy group differing significantly from the control group ($p < 0.01$). In personal competence, only the paradoxical therapy and control groups showed a significant difference ($p < 0.01$). For self-esteem, all three test stages showed significant differences ($p < 0.05$ or $p < 0.05$). There was a significant difference between

paradoxical therapy and emotion-focused therapy groups ($p < 0.05$). Both paradoxical therapy and Matrix ACT differed significantly from the control group ($p < 0.05$ or $p < 0.05$), indicating their effect on improving self-esteem. However, emotion-focused therapy had no significant impact on self-esteem ($p > 0.05$). Therefore, the first hypothesis regarding the difference in the effectiveness of paradoxical therapy with time contingency and Matrix ACT (acceptance and commitment therapy) and emotion-focused therapy on the self-esteem of women with marital conflicts is confirmed, with significant differences existing between the therapy groups.

Table 3

Bonferroni's Post-Hoc Test for Self-Esteem

Variable	Row	Group 1	Group 2	Mean diff.	SE	p
Time	1	Pre-test	Post-test	-1.317**	0.234	0.000
	2	Pre-test	Follow-up	-1.417**	0.246	0.000
	3	Post-test	Follow-up	-0.100	0.053	0.194
Satisfaction	4	PTC	ACTM	0.911	0.541	0.586
	5	PTC	EFT	1.844**	0.541	0.007
	6	ACTM	EFT	0.933	0.541	0.539
	7	PTC	Control	2.156**	0.541	0.001
	8	ACTM	Control	1.244	0.541	0.151
	9	EFT	Control	0.311	0.541	1.000
Time	1	Pre-test	Post-test	-3.150**	0.293	0.000
	2	Pre-test	Follow-up	-3.283**	0.317	0.000
	3	Post-test	Follow-up	-0.133	0.071	0.194
Competence	4	PTC	ACTM	1.156	0.895	1.000
	5	PTC	EFT	1.422	0.895	0.706
	6	ACTM	EFT	0.267	0.895	0.1000
	7	PTC	Control	3.556**	0.895	0.001
	8	ACTM	Control	2.400	0.895	0.058
	9	EFT	Control	2.133	0.895	0.123
Time	1	Pre-test	Post-test	-4.467**	0.435	0.000
	2	Pre-test	Follow-up	-4.700**	0.450	0.000
	3	Post-test	Follow-up	-0.233*	0.091	0.040
Self-Esteem	4	PTC	ACTM	2.067	1.154	0.472
	5	PTC	EFT	3.267*	1.154	0.039
	6	ACTM	EFT	1.200	1.154	1.000
	7	PTC	Control	5.711**	1.154	0.000
	8	ACTM	Control	3.644*	1.154	0.015
	9	EFT	Control	2.444	1.154	0.231

As indicated in Table 3, changes were observed in the marital burnout variable and its components in the therapeutic groups compared to the control group in both

the post-test and follow-up stages. The data for this variable from the repeated measures ANOVA is presented in Table 7.

Table 4

Analysis of Variance with Repeated Measurement for Marital Burnout

Variable	Source		SS	Df	MS	F	p	Eta ²	Power
Physical Burnout	Within-Group	Time	624.400	1.052	593.676	261.203	0.000	0.823	1.000
		Time*Group	312.400	3.155	99.009	43.562	0.000	0.700	1.000
		Error (time)	133.867	58.898	2.273	-	-	-	-
	Between-Group	Group	555.800	3	185.267	5.070	0.004	0.214	0.900
		Error (group)	2046.533	56	36.545	-	-	-	-
Emotional Burnout	Within-Group	Time	1867.911	1.054	1771.871	378.448	0.000	0.871	1.000
		Time*Group	1144.356	3.163	361.839	77.284	0.000	0.805	1.000
		Error (time)	276.400	59.035	4.682	-	-	-	-
	Between-Group	Group	2251.244	3	750.415	15.968	0.000	0.461	1.000
		Error (group)	2631.733	56	46.995	-	-	-	-
Psychological Burnout	Within-Group	Time	822.178	1.061	774.911	387.994	0.000	0.874	1.000
		Time*Group	485.822	3.183	152.631	76.421	0.000	0.804	1.000
		Error (time)	118.667	59.416	1.997	-	-	-	-
	Between-Group	Group	839.311	3	279.770	12.125	0.000	0.394	0.999
		Error (group)	1292.133	56	23.074	-	-	-	-
Burnout	Within-Group	Time	9385.644	1.045	8977.436	697.817	0.000	0.926	1.000
		Time*Group	5379.822	3.136	1715.279	133.329	0.000	0.877	1.000
		Error (time)	753.200	58.546	12.865	-	-	-	-
	Between-Group	Group	9835.244	3	3278.415	21.026	0.000	0.530	1.000
			Error (group)	8731.733	56	155.924	-	-	-

Given the violation of the sphericity assumption, Table 4 shows significant within-group effects for the time factor (F=261.203, df=1.052, p<0.01) and the interaction of time

and group (F=43.562, df=3.155, p<0.01) for the physical exhaustion component. This indicates significant differences over time and the interaction of time with the

group (research groups) in physical exhaustion ($p < 0.01$). The partial eta squared for the time factor was 0.823, and for the interaction of time and group was 0.700, with a test power of 1 for both. This finding suggests that 82.3% and 70% of the differences in physical exhaustion were due to the independent variable (one of the treatment methods in the study) with a 100% test power.

Similarly, significant effects were found for emotional exhaustion and psychological exhaustion, with high partial eta squared values and test power, indicating the significant impact of the independent variables. Additionally, significant between-group differences were observed for

physical exhaustion ($F = 5.070$, $df = 3$), emotional exhaustion ($F = 15.968$, $df = 3$), psychological exhaustion ($F = 12.125$, $df = 3$), and marital burnout ($F = 21.026$, $df = 3$) ($p < 0.01$). This means that the ANOVA showed significant differences between the research groups (three therapy groups) and the control group. Due to the significance of the interaction of time and group, the Bonferroni post-hoc test was conducted to potentially investigate the pairwise differences between the experimental and control groups, which is presented in the subsequent table for the three stages: pre-test, post-test, and follow-up.

Table 5

Bonferroni's Post-Hoc Test for Marital Burnout

Variable	Row	Group 1	Group 2	Mean diff.	SE	p
Time	1	Pre-test	Post-test	3.900**	0.236	0.000
	2	Pre-test	Follow-up	4.000**	0.249	0.000
	3	Post-test	Follow-up	0.100	0.047	0.110
Physical Burnout	4	PTC	ACTM	0.089	1.274	1.000
	5	PTC	EFT	2.089	1.274	0.641
	6	ACTM	EFT	2.000	1.274	0.733
	7	PTC	Control	-2.844	1.274	0.178
	8	ACTM	Control	-2.933	1.274	0.151
	9	EFT	Control	-4.933**	1.274	0.002
Time	1	Pre-test	Post-test	6.800**	0.352	0.000
	2	Pre-test	Follow-up	6.867**	0.344	0.000
	3	Post-test	Follow-up	0.067	0.066	0.958
Emotional Burnout	4	PTC	ACTM	2.022	1.445	1.000
	5	PTC	EFT	6.778**	1.445	0.000
	6	ACTM	EFT	4.756**	1.445	0.010
	7	PTC	Control	-2.933	1.445	0.283
	8	ACTM	Control	-4.956**	1.445	0.007
	9	EFT	Control	-9.711**	1.445	0.000
Time	1	Pre-test	Post-test	4.500**	0.229	0.000
	2	Pre-test	Follow-up	4.567**	0.226	0.000
	3	Post-test	Follow-up	0.067	0.046	0.455
Psychological Burnout	4	PTC	ACTM	1.244	1.013	1.000
	5	PTC	EFT	3.978**	1.013	0.001
	6	ACTM	EFT	2.733	1.013	0.055
	7	PTC	Control	-1.978	1.013	0.335
	8	ACTM	Control	-3.222*	1.013	0.014
	9	EFT	Control	-5.956**	1.013	0.000
Time	1	Pre-test	Post-test	15.200**	0.580	0.000
	2	Pre-test	Follow-up	15.433**	0.571	0.000
	3	Post-test	Follow-up	0.233	0.100	0.071
Burnout	4	PTC	ACTM	3.356	2.632	1.000
	5	PTC	EFT	12.844**	2.632	0.000
	6	ACTM	EFT	9.489**	2.632	0.004
	7	PTC	Control	-7.756*	2.632	0.028
	8	ACTM	Control	-11.111**	2.632	0.001
	9	EFT	Control	-20.600**	2.632	0.000

As shown in Table 5, significant differences were observed between the pre-test and post-test, and between the pre-test and follow-up in the components of physical fatigue, emotional exhaustion, psychological exhaustion,

and the marital burnout variable ($p < 0.01$). However, no significant difference was found between the post-test and follow-up ($p > 0.05$). For physical fatigue, there were no significant differences among the therapy groups ($p > 0.05$),

with only emotion-focused therapy showing a significant difference compared to the control group ($p < 0.01$). In emotional exhaustion, a significant difference was observed between emotion-focused therapy and the other two treatments ($p < 0.01$). Similarly, for psychological exhaustion, a significant difference was noted between emotion-focused therapy and Matrix ACT ($p < 0.01$). Also, the difference between Matrix ACT and emotion-focused therapy compared to the control group was significant ($p < 0.01$ or $p < 0.05$). In marital burnout, emotion-focused therapy differed significantly from the other two groups ($p < 0.01$), and all three therapy groups showed significant differences compared to the control group ($p < 0.01$ or $p < 0.05$), suggesting their effectiveness in reducing marital burnout, with emotion-focused therapy being more effective. Therefore, according to the data presented in Table 8, the second hypothesis regarding the difference in effectiveness of paradoxical therapy with time contingency, Matrix ACT (acceptance and commitment therapy), and emotion-focused therapy on the self-esteem of women with marital conflicts is confirmed, indicating significant differences among the three therapy groups.

4. Discussion and Conclusion

This study significantly contributes to understanding the efficacy of different therapeutic interventions in addressing marital conflicts and enhancing self-esteem. The findings highlight the effectiveness of Paradoxical Time Table Therapy, Acceptance and Commitment Therapy Matrix (ACT), and Emotion-Focused Therapy (EFT) in improving marital satisfaction and individual self-esteem. These therapies, with their distinct approaches, have shown promising results in reducing marital burnout and emotional exhaustion, thereby improving the overall quality of marital relationships.

The study's findings, integrating the insights from multiple sources, emphasize the multifaceted impact of various therapeutic approaches on marital conflicts and self-esteem. Ahmadi et al. (2020) and Ashraf-Sadat (1970) highlight the effectiveness of Paradoxical Time Table Therapy in managing obsessive-compulsive and familial disorders. These findings resonate with our study's implications on the efficacy of paradoxical interventions in marital contexts (Ahmadi et al., 2020; Ashraf-Sadat, 1970). Akrami et al. (2020) and Amini and Karami Nejad (2021) underscore the benefits of Acceptance/Commitment Training in enhancing emotional well-being and self-

compassion, aligning with our observations on Matrix ACT's impact on marital satisfaction and self-esteem (Akrami et al., 2020; Amini & Karami Nejad, 2021). Furthermore, the work of Al-Krenawi and Bell (2023), focusing on gender differences in psychological outcomes among Syrian refugees, provides a broader context for understanding our study's implications on diverse populations (Al-Krenawi & Bell, 2023).

The role of Emotion-Focused Therapy, as discussed by Beasley and Ager (2019) and Greenberg and Safran (1989), in addressing marital satisfaction mirrors our findings on its effectiveness in reducing marital burnout (Beasley & Ager, 2019; Greenberg & Safran, 1989). The notion of modifying adult attachment patterns in couples therapy, as suggested by Johnson and Best (2013), is particularly relevant to our study, considering the significant improvements in marital relationships post-therapy (Johnson & Best, 2013). Erol and Orth's (2013, 2014, 2017) exploration of self-esteem's role in relationship satisfaction further contextualizes our findings, underscoring the interplay between individual self-perceptions and marital dynamics (Erol & Orth, 2013, 2014, 2017).

Expanding on the previous discussion, the study's results are further supported by additional research in the field. For example, Baker & Berenbaum (2011) and Cummings & Davies (2010) have explored the dynamics of coping interventions and emotional security in relationships, which align with the observed efficacy of emotional-focused therapy in our study (Baker & Berenbaum, 2011; Cummings & Davies, 2010). Additionally, Corey (2017) and Coyle et al. (1994) provide foundational understanding of various psychotherapeutic approaches and their impact on self-esteem, further contextualizing our findings.

Research by Dong et al. (2022) and Ecker et al. (2015) indicated the interplay between marital conflict, emotional states, and therapy outcomes, complementing our observations on the effectiveness of paradoxical therapy and Matrix ACT (Dong et al., 2022; Ecker et al., 2015). Studies by Emery et al. (2021) and Fosha et al. (2009) delve into couple identity clarity and experiential therapy, resonating with our study's implications on marital satisfaction and self-esteem. This extended discussion underlines the multifaceted nature of marital therapy and its profound impact on relational dynamics and individual psychological health (Emery et al., 2021; Fosha et al., 2009).

5. Limitations and Suggestions

One limitation of this study is its reliance on self-reported measures, which might introduce bias or subjective interpretations. The sample size and demographic scope were limited, potentially affecting the generalizability of the findings. Additionally, the study's design did not account for long-term follow-up, which is crucial for assessing the sustained impact of these therapies on marital satisfaction and self-esteem.

Future research should consider larger and more diverse samples to enhance the generalizability of findings. Longitudinal studies are recommended to assess the long-term efficacy of these therapeutic interventions. Further, it would be beneficial to explore the specific mechanisms through which these therapies impact marital satisfaction and self-esteem, providing deeper insights into therapeutic processes.

In clinical practice, therapists should consider integrating these therapeutic approaches based on the specific needs and contexts of couples experiencing marital conflicts. Training programs for therapists could be developed to enhance their skills in these therapies. Moreover, awareness programs for couples could be beneficial, highlighting the importance of therapy in addressing marital issues and enhancing self-esteem.

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Declaration of Interest

The authors of this article declared no conflict of interest.

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Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. The ethical committee at the Biomedical Research Center of Islamic Azad University, Khorasgan Branch, reviewed and approved the present study with the ethical code IR.IAU.KHUISF.REC.1402.065.

Authors' Contributions

Fatemeh Sadat Hashemizadeh contributed to the conceptualization of the research, participant recruitment, data collection, and the implementation of Paradoxical Therapy with Time Contingency (PTC). Seyed Hamid Atashpour played a significant role in the design and implementation of Acceptance and Commitment Therapy Matrix (ACTM) and the analysis of its effectiveness. Zahra Mohseni Nasab provided support in participant recruitment, data collection, and the coordination of the study. All authors were involved in the review and editing of the manuscript and approved the final version for publication.

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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