






# The Effectiveness of Cognitive Behavioral Therapy on Marital Control and Emotional Regulation Difficulties in Married Women with Family Problems

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### ABSTRACT

**Objective:** The aim of the present study was to determine the effectiveness of Cognitive Behavioral Therapy (CBT) on marital control and emotional regulation difficulties in married women with family problems.

**Methods and Materials:** This research employed a quasi-experimental method with a pretest-posttest design and a control group. The statistical population of this study included married women with family problems who visited counseling centers in Tehran in 2022. Subsequently, 30 married women with family problems were selected through convenience sampling and were randomly assigned to the experimental group (15 participants) and the control group (15 participants). Data collection tools included questionnaires on marital control and emotional regulation difficulties. The experimental group underwent eight sessions (two sessions per week), with each session lasting two hours, while the control group did not receive any intervention. After the completion of the intervention period, both groups were re-evaluated (post-test). Data were analysed via SPSS-25 and analysis of covariance method.

**Findings:** The findings indicated that the mean scores of marital control and emotional regulation difficulties in the post-test of the experimental group were significantly different from those of the control group.

**Conclusion:** Therefore, it can be concluded that Cognitive Behavioral Therapy affects marital control and emotional regulation difficulties in married women with family problems.

**Keywords:** Cognitive Behavioral Therapy, marital control, emotional regulation difficulties, married women, family problems.

## 1. Introduction

Disagreement and family problems are inevitable in any intimate relationship, especially marital relationships. Although a shared relationship between spouses is unique, a certain degree of conflict among individuals seems necessary to maintain the dynamism of the couple against stagnation (Yousofnia Pasha et al., 2021). Lim (2013) believes that differences between spouses cannot remain unresolved. Based on this premise, conflict is an unwanted and involuntary aspect of all human interactions. Conflict includes behaviors such as the use of force and violence as a tactic to resolve conflicts that are inherently harmful. Family problems typically arise when couples exhibit varying degrees of independence and cohesion while collaborating and making joint decisions. These differences can be classified on a continuum from minimal conflict to complete conflict (Cornille et al., 1999; Deldade Moghadam & Bagheri, 2017; Hamilton, 2013).

One of the factors that can significantly impact unhealthy couple relationships is marital control. Controlling behaviors are actions where one attempts to influence the other party regarding the execution or non-execution of a particular behavior. Behavior control can directly or indirectly, in a motivational manner, affect behavior (Deldade Moghadam & Bagheri, 2017). In controlling behaviors, an individual tries to control their spouse through actions such as economic control, threatening control, control through intimidation, emotional control, and control through isolation (Abbasi Asil, 2014). Research also shows that controlling behaviors, including economic control, threatening control, control through intimidation, emotional control, and control through isolation, predict marital conflicts (Hamilton, 2013). Ultimately, control is one of the factors that plays a significant role in family relationships. Control is a particular type of torture that reduces the victim's autonomy and health over time. The victim constantly experiences turmoil and stress, even when the situation appears calm (Fontes, 2015). Given the aforementioned points, it can be concluded that increasing couples' awareness of these issues and enhancing their ability to resolve conflicts can prevent tensions that lead to marital disagreements.

Difficulty in emotional regulation is another variable that can contribute to marital conflicts. Difficulty in emotional regulation arises from the lack of adaptive emotional regulation strategies (such as reappraisal and problem-solving) combined with the use of maladaptive strategies

(such as emotion suppression) to regulate emotional responses (Babaei et al., 2020). Emotion regulation strategies, by regulating emotional states and reactions through modifying and improving cognitive beliefs, play a crucial role in physical and psychological health (Teymori et al., 2021). Difficulty in emotional regulation encompasses various dimensions, including difficulty in awareness and understanding of emotions, lack of emotion acceptance, difficulty in engaging in goal-directed behaviors, and avoiding impulsive behaviors during negative emotional experiences, and lack of evaluation of effective emotion regulation strategies (Azizi, 2018; Gross, 2002). There is considerable evidence that good emotion regulation is associated with good interpersonal functioning, while difficulty in emotion regulation is associated with various interpersonal problems (Azizi, 2018).

Cognitive Behavioral Therapy (CBT) uses both cognitive restructuring and behavioral interventions and techniques simultaneously to enhance the coping skills of couples with marital problems and conflicts (Epstein & Zheng, 2017). CBT emphasizes the effects of incompatible or dysfunctional beliefs or attitudes. In other words, an individual's emotional and behavioral responses to daily life events are a function of how these events are perceived and remembered, the explanations given for the causes of these events, and the ways these events impact personal perceptions and goal pursuits (Beck, 1995, 2020).

It seems that one of the psychological treatments that can effectively improve the psychological and emotional symptoms of married women with family problems is Cognitive Behavioral Therapy. CBT is a widely used psychotherapy in various fields to modify daily behavior (Hofmann et al., 2012).

Therefore, the present study seeks to answer the question of whether Cognitive Behavioral Therapy affects marital control and emotional regulation difficulties in married women with family problems.

## 2. Methods and Materials

### 2.1. Study design and Participant

The present study employed a quasi-experimental method with a pretest-posttest design and a control group. The statistical population of this study included married women with family problems who visited counseling centers in Tehran in 2022. Subsequently, 30 married women with family problems were selected through convenience sampling and were randomly assigned to the experimental

group (15 participants) and the control group (15 participants). Data collection tools included questionnaires on marital control and emotional regulation difficulties. The experimental group underwent eight sessions (two sessions per week), with each session lasting two hours, while the control group did not receive any intervention. After the completion of the intervention period, both groups were re-evaluated (post-test).

## 2.2. Measures

### 2.2.1. Marital Control

The Marital Control Scale, developed by Graham-Kevan and Archer (2005), aims to assess controlling behaviors. This tool consists of 24 items that examine the controlling behaviors of couples in marital life and is designed for individuals to report their own and their spouse's controlling behaviors. In this test, participants indicate the extent to which they and their spouse engage in each behavior on a 5-point Likert scale (0 to 4). The scale includes five components (considering items related to children, six components), encompassing critical control, threatening control, control through intimidation, emotional control, and control through isolation. Higher scores indicate greater use of controlling behaviors, and lower scores indicate less use. The reliability of this test has been reported as 0.66, 0.59, and 0.70, with satisfactory overall internal consistency. In Iran, the reliability coefficients obtained through split-half and Cronbach's alpha methods were 0.65 and 0.66, respectively. Internal consistency was also reported to be satisfactory (Abbasi Asil, 2014).

### 2.2.2. Difficulties in Emotion Regulation

This questionnaire was developed by Gratz and Roemer (2004) to assess difficulties in emotion regulation. It consists of 36 items and includes six components: non-acceptance of emotional responses, difficulty engaging in goal-directed behaviors, impulse control difficulties, lack of emotional awareness, limited access to emotion regulation strategies, and lack of emotional clarity. The items are rated on a 5-point Likert scale from 1 (strongly disagree; 0-10%) to 5 (strongly agree; 90-100%). Higher scores indicate greater difficulties in emotion regulation and vice versa. According to research findings, this questionnaire has high internal consistency, with an overall Cronbach's alpha of 0.93, and each of the six components has a Cronbach's alpha above 0.80. This questionnaire also shows a significant correlation

with the Acceptance and Action Questionnaire (Gratz & Roemer, 2004). The reliability of this questionnaire, based on Cronbach's alpha, was found to be 0.92 in the Iranian population (Shams et al., 2010). According to the results of Shams et al. (2010), all components of the Difficulties in Emotion Regulation Scale have a significant negative correlation with the Distress Tolerance Questionnaire, indicating the criterion and construct validity of this questionnaire (Azizi, 2018; Omidifar, 2016).

## 2.3. Intervention

### 2.3.1. Cognitive Behavioral Therapy

Session 1: Introduction to Cognitive Behavioral Therapy (CBT) and Establishing Rapport

In the first session, participants are introduced to the principles of Cognitive Behavioral Therapy (CBT). The therapist explains the relationship between thoughts, emotions, and behaviors, highlighting how maladaptive thoughts can influence emotional and behavioral responses. The session focuses on building rapport and trust with the participants, creating a safe space for them to express their feelings and concerns. Participants are encouraged to share their experiences and expectations from the therapy. Homework is assigned to track daily thoughts and emotions to identify patterns.

Session 2: Psychoeducation on Emotional Regulation

The second session delves into psychoeducation about emotional regulation. Participants learn about the importance of recognizing and understanding their emotions. The therapist introduces techniques such as mindfulness and deep breathing exercises to help participants become more aware of their emotional states. Practical exercises are conducted to practice these techniques. Homework involves practicing mindfulness exercises daily and noting any changes in emotional awareness.

Session 3: Identifying and Challenging Negative Thoughts

In this session, participants are guided to identify negative and irrational thoughts that contribute to their emotional and behavioral issues. The therapist introduces cognitive restructuring techniques, teaching participants how to challenge and reframe these thoughts into more positive and realistic ones. Role-playing exercises are used to practice these techniques in a supportive environment. Participants are given worksheets to continue identifying and challenging negative thoughts throughout the week.

#### Session 4: Developing Problem-Solving Skills

The focus of the fourth session is on enhancing problem-solving skills. Participants learn a structured approach to solving interpersonal and personal problems, including defining the problem, brainstorming possible solutions, evaluating the options, and implementing the best solution. Group activities and discussions help participants apply these steps to real-life scenarios. Homework involves applying the problem-solving steps to a specific issue they are currently facing.

#### Session 5: Communication Skills Training

Session five emphasizes the importance of effective communication in managing conflicts and maintaining healthy relationships. Participants are taught assertiveness training and active listening skills. The therapist demonstrates techniques for expressing needs and feelings clearly and respectfully. Participants practice these skills through role-playing exercises. They are encouraged to use these communication techniques in their daily interactions and report back on their experiences.

#### Session 6: Managing Stress and Anxiety

This session focuses on strategies for managing stress and anxiety. Participants learn about the physiological and psychological aspects of stress and anxiety and are introduced to relaxation techniques such as progressive muscle relaxation and guided imagery. The therapist guides participants through these exercises during the session. Homework involves practicing these relaxation techniques daily and noting their effectiveness.

#### Session 7: Enhancing Coping Strategies

In the seventh session, participants explore various coping strategies to handle emotional distress and

challenging situations. The therapist distinguishes between adaptive and maladaptive coping mechanisms and encourages the use of adaptive strategies such as seeking social support, engaging in physical activity, and using positive self-talk. Participants share their experiences with different coping strategies and discuss their effectiveness. Homework includes applying at least one new adaptive coping strategy to a current challenge.

#### Session 8: Review and Future Planning

The final session is dedicated to reviewing the progress made during the therapy and consolidating the skills learned. Participants reflect on their initial goals and evaluate their achievements. The therapist discusses ways to maintain the progress and prevent relapse, emphasizing the importance of ongoing practice and self-monitoring. Participants are encouraged to set future goals and create a plan for continued self-improvement. The session concludes with a discussion on the availability of follow-up support if needed (Beck, 1995, 2020).

### 2.4. Data Analysis

Data were analysed via SPSS-25 and analysis of covariance method.

## 3. Findings and Results

According to Table 1, the mean scores of the variables marital control and emotional regulation difficulties indicate that the scores in the post-test have decreased compared to the pre-test in the experimental group.

**Table 1**

*Description of Variables Marital Control and Difficulty in Emotion Regulation*

Variable	Number	Mean (Pre-Test)	SD (Pre-Test)	Mean (Post-Test)	SD (Post-Test)
Marital Control (Experimental)	30	30.85	4.35	17.45	3.31
Marital Control (Control)	30	29.76	4.24	28.69	4.29
Difficulty in Emotion Regulation (Experimental)	30	113.41	8.78	93.68	7.23
Difficulty in Emotion Regulation (Control)	30	109.14	8.86	111.54	8.29

The results of the Kolmogorov-Smirnov test showed that in all cases, the significance level was greater than 0.05. Therefore, there is no reason to reject the null hypothesis

based on the normality of the data. In other words, the distribution of the research data is normal, and parametric tests can be performed.

**Table 2***Results of Covariance Analysis for the Variable Marital Control*

Source	Variable	Sum of Squares	df	Mean Square	F	Significance Level	Effect Size
Group	Marital Control	627.58	1	627.58	8.963	0.054	0.178

Based on the findings in [Table 2](#) and the calculated significance level, the mean score of the respondents' opinions in the two groups can be stated with 95%

confidence that Cognitive Behavioral Therapy affects marital control in married women with family problems.

**Table 3***Results of Covariance Analysis for the Variable Difficulty in Emotion Regulation*

Source	Variable	Sum of Squares	df	Mean Square	F	Significance Level	Effect Size
Group	Difficulty in Emotion Regulation	475.395	1	475.395	11.148	0.062	0.189

Based on the findings in [Table 3](#) and the calculated significance level, the mean score of the respondents' opinions in the two groups can be stated with 95% confidence that Cognitive Behavioral Therapy affects the difficulties in emotion regulation in married women with family problems.

to recall positive feelings derived from behavioral differences, teaching them how to express and listen to each other's experiences and inner feelings, reframing issues by pointing out that behavioral differences are due to different learning histories, teaching the proper way to criticize each other, and more, help married women with family problems acquire skills that enhance and improve their status in terms of marital control and can be used in marital life. On the other hand, in this treatment, married women learned to enhance their cognitions, emotions, and reactions to their emotional states and in relation to their marital life. By viewing the bright side of matters and evaluating them realistically and positively due to their circumstances, their tolerance and flexibility in facing individual and marital challenges increased ([Beck, 1995](#); [OmidiFar, 2016](#)).

#### 4. Discussion and Conclusion

The findings showed that the mean scores of marital control in the post-test of the experimental group became significant compared to the control group. Therefore, it can be concluded that Cognitive Behavioral Therapy affects marital control in married women with family problems. The results of this study are consistent with the prior findings ([Babaei et al., 2020](#); [Beck, 2020](#); [Deldade Moghadam & Bagheri, 2017](#); [Diedrich et al., 2016](#); [Epstein & Zheng, 2017](#); [Gross, 2002](#); [Hofmann et al., 2012](#); [OmidiFar, 2016](#)).

The findings showed that the mean scores of difficulties in emotion regulation in the post-test of the experimental group became significant compared to the control group. Therefore, it can be concluded that Cognitive Behavioral Therapy affects difficulties in emotion regulation in married women with family problems. The results of this study are consistent with the prior findings ([Diedrich et al., 2016](#); [Epstein & Zheng, 2017](#); [Gross, 2002](#)).

The basic principle in Cognitive Behavioral Therapy in couple relationships is that the behavior of one family member leads to specific behaviors, cognitions, and emotions in other family members. Other family members then influence the cognitive and behavioral processes of the primary family members in what is known as a feedback loop. Accordingly, the most effective pathways for change are seen as those that directly alter dysfunctional thoughts and behavioral patterns in interactions through changes at both the individual and relationship levels. In this intervention, married individuals are encouraged to observe their interpretations of marital life events and learn skills to test the validity of these interpretations through gathering and processing information. Additionally, strategies such as suggesting ways to express inner experiences that might never have been expressed, encouraging married individuals

Cognitive Behavioral Therapy significantly aids clients in identifying, inhibiting behaviors, avoiding, activating behaviors, and coping. According to Beck's (1995) Cognitive Behavioral Theory, thoughts and feelings play an important and fundamental role in individuals' behavior. Therefore, during Cognitive Behavioral Therapy sessions, interventions are aimed at identifying and restructuring thoughts and feelings. This approach significantly helps women with tendencies towards extramarital relationships in restoring emotional functions and improving and modifying

their reactivity to these emotions. Additionally, the Cognitive Behavioral therapist discusses and examines the problem from three dimensions: cognitive, emotional, and behavioral. In the cognitive dimension, the therapist makes the individual aware of their irrationality and shows them how and why they came to that state. The relationship between dysfunctional beliefs and ideas with their emotional and affective problems and distress is also explained. According to Beck's (1995) Cognitive Behavioral Theory and practical principles, the therapist teaches the individual to recognize and accept the compulsions, obligations, and duties they believe in, and use them to solve their problems, all of which play a crucial role in improving emotion regulation (Beck, 1995, 2020).

## 5. Limitations and Suggestions

This study has several limitations. The sample size was relatively small and limited to married women with family problems who sought counseling services in Tehran, which may not be representative of the broader population. The use of convenience sampling could also introduce selection bias, and the lack of long-term follow-up means the durability of the Cognitive Behavioral Therapy (CBT) effects cannot be assessed. Additionally, the study relied on self-reported measures, which may be subject to response biases. These limitations suggest caution in generalizing the findings beyond the specific context of this research.

Future research should consider expanding the sample size and including diverse demographic groups to enhance the generalizability of the findings. Longitudinal studies with extended follow-up periods would be beneficial to examine the long-term effects and sustainability of CBT on marital control and emotional regulation difficulties. Researchers should also explore the impact of CBT on other related variables such as marital satisfaction and overall mental health. Employing a mixed-methods approach could provide deeper insights into the participants' experiences and the mechanisms through which CBT exerts its effects.

The findings of this study highlight the potential of Cognitive Behavioral Therapy as an effective intervention for addressing marital control and emotional regulation difficulties in married women with family problems.

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Clinicians and counselors should consider incorporating CBT techniques into their practice to help clients develop healthier coping strategies and improve their relationship dynamics. Additionally, training programs for therapists could emphasize the importance of addressing both cognitive and behavioral aspects in therapy to enhance treatment outcomes. Policymakers and healthcare providers might also consider supporting the implementation of CBT-based programs in community and clinical settings to provide accessible and effective mental health care for couples experiencing relational difficulties.

## Authors' Contributions

Authors contributed equally to this article.

## Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

## Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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## Declaration of Interest

The authors report no conflict of interest.

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## Ethical Considerations

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

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