

Comparison of the Effectiveness of Acceptance and Commitment Therapy Matrix (ACTM) and Emotion-Focused Therapy (EFT) on Family Adaptability and Emotional Self-Regulation in Women with Marital Conflict

Fatemeh Sadat. Hashemizadeh¹, Seyed Hamid. Atashpour^{2*}, Hadi. Farhadi³

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

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

³ Associate Professor, Department of Psychology, Faculty of Educational Sciences and Psychology, Isfahan

* Corresponding author email address: hamidatashpour@gmail.com

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ABSTRACT

Objective: This study aimed to compare the effectiveness of the Acceptance and Commitment Therapy Matrix (ACTM) and Emotion-Focused Therapy (EFT) on family adaptability and emotional self-regulation in women with marital conflict.

Methods and Materials: The research method was quasi-experimental in three stages: pre-test, post-test, and follow-up. Out of approximately 154 women with marital conflict identified through purposive sampling using the Marital Conflict Questionnaire by Kanth Akman, 45 women were selected and randomly assigned to two experimental groups and one control group, with 15 participants in each group. Each experimental group underwent 10 sessions of ACTM and EFT, respectively, while the control group received no treatment. All three groups were assessed before, after, and one month following the intervention using the Family Adaptability Questionnaire by Olson and the Emotional Self-Regulation Questionnaire by Hoffman and Kashdan. The data were analyzed using repeated measures analysis of variance and post-hoc tests.

Findings: The results indicated that ACTM was significantly effective in the family adaptability component of women with marital conflict ($p < 0.05$), while Emotion-Focused Therapy did not show a significant effect. Both treatments significantly impacted emotional self-regulation compared to the control group.

Conclusion: Therefore, it is suggested to use the ACT Matrix for family adaptability and both therapies for the emotional self-regulation component.

Keywords: Acceptance and Commitment Therapy Matrix (ACTM), Emotion-Focused Therapy (EFT), Family Adaptability, Emotional Self-Regulation, Women with Marital Conflict

1. Introduction

The family is the fundamental social unit where marital satisfaction is the most crucial factor for its continuity. When marital conflicts remain unresolved, in addition to reduced marital satisfaction, it also leads to other adverse effects such as decreased parental support and consequently depression and stress in children, especially adolescents (Lawrence, 2022). The level of children's adaptability is determined by the amount of emotional conflict and differences, disputes, and disagreements between parents (Liu Hwa Ying, 2023, as cited by Cummings, 2010). Marital conflict is also considered an interaction between spouses who have incompatible affairs, views, and opinions (Tolorunleke, 2014). The effects of marital conflict impact various family aspects, including parental stress in mothers, mental health, and reduced marital satisfaction (Dong et al., 2022). It also leads to fatigue, pessimism, work-family conflict, especially in women (Gladwyn-Khan & Morris, 2023), and increases susceptibility to suicide, substance abuse, as well as acute and chronic medical conditions (Miller et al., 2013). Negative emotions, high academic burnout, swearing (Zhang et al., 2023), infidelity, and companionship with another sexual partner (Ying et al., 2023) are all serious damages to the family structure.

Multiple factors affect marital conflict, including family members' adaptability, which is the process of changing, accepting, and modifying behavior and interactions to achieve maximum satisfaction in the relationship (Bali et al., 2010). Harmonious marriage involves complementing each other in all material and spiritual aspects of life. For marital adaptability, it is essential that spouses have maturity in understanding growth and development in their relationships. If this transformation is not fully realized, the end of the marital relationship is inevitable, as adaptability requires a satisfactory relationship characterized by mutual interest, participation, understanding, and acceptance (Olson, 2000). Although crucial in the early days of marriage, marital adjustment is a lifelong reality. Sexual harmony and mutual enjoyment are among the most important factors contributing to adaptability and success (Goel & Narang, 2012). The most crucial determinant of harmony between spouses is their expectations from marriage. Realistic expectations and overlapping expectations between husband and wife determine the quality of marital harmony. In many studies, marital adaptability has been associated with success, satisfaction, trust, happiness, consensus, commitment, acceptance,

integration, etc. These terms may sometimes replace each other in meaning and may have different implications. They are sometimes used to express the psychological state of one spouse, sometimes to express the psychosocial aspect of the relationship, and sometimes to express the sociological aspect of a group or system (Chaudhari & Patel, 2009). Another reason researchers cite as a potential cause of divorce is the inability of spouses to adapt to changes, which, according to Olson (2000), is family adaptability. Adaptability and cohesion are the two central dimensions of Olson's model, which play an important role in identifying balanced and unbalanced families. He separates 16 types of families based on the combination of cohesion and adaptability dimensions, calling this model the Circumplex Model (Olson, 2000). In relation to non-adaptability, one person is in control, negotiations are very limited, and most decisions are made solely by the leader. Roles are clearly defined, and rules do not change. In a limited communication setting, decisions are sudden and not correctly implemented. Roles are unclear and often shift from one person to another. Therefore, by identifying problematic families based on adaptability and cohesion dimensions, it is possible to distinguish problematic and balanced families and implement intervention programs to balance the family system, especially improving women's relationships with their husbands (Olson, 2000).

Moreover, researchers have determined that emotional self-regulation plays an essential role in interpersonal outcomes, such as the quality of couples' relationships and conflict management. Individuals employ various strategies to regulate their emotions, with cognitive emotion regulation strategies referring to what individuals consciously consider to manage their emotions in response to arousing situations and adverse events (Balzarotti et al., 2016). Cognitive emotion regulation strategies can be adaptive (e.g., positive reappraisal and re-evaluation) or maladaptive (e.g., emotion suppression or rumination). Reappraisal is associated with positive relationship outcomes, such as marital quality, while emotion suppression is linked to negative interpersonal behaviors. Therefore, a critical developmental milestone is the ability to use strategies that regulate unpleasant emotions (Isanejad & Ramezani, 2018; Klein et al., 2016). Researchers have suggested that partners' problems with emotional self-regulation are associated with hostile criticism (Klein et al., 2016), reduced relationship satisfaction (Bloch et al., 2014), increased risk of relationship violence, and higher risks of cardiovascular diseases for both spouses through conflicting interactions

(Ben-Naim et al., 2013). Couples who cannot regulate negative emotions and focus on their anger and hatred experience fragile relationships in subsequent stressful events (Herzberg, 2013).

Given the two important components mentioned, psychologists and family counselors have focused on therapies that can help clients achieve higher family adaptability and more effective emotional self-regulation. Among the new and noteworthy therapies is the Acceptance and Commitment Therapy Matrix (ACTM), which interprets responsible acceptance as a valuable aspect. The matrix is widely presented with the six-hexagon model of flexibility, representing six stages: mindfulness, acceptance, committed action, values, self-as-context, and cognitive defusion. The six-hexagon model of Acceptance and Commitment Therapy (ACT) is useful for referring to the process of research in this approach. However, the goal of both can be clinically significant (Peyamannia, 2021). The Matrix model of ACT designed by Polk et al. (2016) emphasizes enhancing psychological flexibility through perspective-taking and compassion. According to Peymannia (2019), what Polk (2016) used in the ACT Matrix leads to a lively, purposeful, and meaningful life (Peyamannia, 2021). Moreover, the matrix can reinforce the transdiagnostic nature of ACT. Emphasis on actions deviating from values and goals and approaching actions toward values with ongoing mindfulness and compassion for better acceptance of marital conditions is highly emphasized. Ultimately, it leads to finding meaning in life and giving meaning to married life, causing marital satisfaction and reducing marital conflicts (Asadi et al., 2023; Oji et al., 2020; Pourasghar et al., 2022; Sadeghpour et al., 2020).

Another new and effective therapy in couple therapy is Emotion-Focused Therapy (EFT), which began in the mid-1980s as an approach to help couples. This therapy was initially formulated and tested by Sue Johnson and Les Greenberg in 1985 (Greenberg, 2010), and the first manual for Emotion-Focused Couple Therapy by Greenberg was published in 1988. EFT approaches include elements of experiential therapy (such as person-centered therapy and Gestalt therapy), systemic therapy, and attachment theory (Ghahari et al., 2021; Greenberg, 2010). In Johnson's (2003) approach, attachment theory is considered the defining theory of adult love that encompasses other motivations and guides the therapist in processing and reprocessing emotions (Ataimehr et al., 2023; Zanganeh Motlag et al., 2017). The primary goal is to reshape attachment bonds and create secure attachment (Cornish, 2014). In Greenberg and

Goldman's approach, the emphasis is on dealing with core identity-related issues (self and other behavioral models) and promoting self and partner soothing along with changing harmful interactions. Although Greenberg fully acknowledges the importance of attachment (Nameni et al., 2017; Salimi & Sodani, 2023), attachment is not considered the only interpersonal motivation for couples. Instead, it is seen as one of three aspects of relational functioning, along with identity-power issues and attraction-liking (Cornish, 2014). Addressing negative emotions is the starting point of therapy and provides strategies to reduce marital conflicts (Isanejad & Ramezani, 2018). Additionally, women are more sensitive to psychological distress in the face of difficult conditions compared to men (Nameni et al., 2017; Salimi & Sodani, 2023). Due to gender attitudes, men have more secure self-esteem than women (Mansell & Gatto, 2023). On the other hand, women are more sensitive in relationships and interactions with others and score higher on indicators of mental health risks, including somatization, obsessive-compulsive behavior, interpersonal sensitivity, depression, hostility, and psychosis. Therefore, studying the female population seems more necessary (Al-Krenawi & Bell, 2022; Goel & Narang, 2012; Mansell & Gatto, 2023).

On the other hand, this research aims to compare the effectiveness of ACTM and EFT on family adaptability and emotional self-regulation in women with marital conflict. Given the necessity of discussing marital conflict and the sensitivity of the female community mentioned, this article attempts to compare two relatively novel therapies that have not been compared before on the variables of family adaptability and emotional self-regulation for the first time, making this study innovative. Additionally, neither therapy has simultaneously addressed family adaptability and emotional self-regulation in a group format. Therefore, it is essential to study them to strengthen the scientific foundation for the critical issue of marital conflict. This research compares the effectiveness of the Acceptance and Commitment Therapy Matrix (ACTM) and Emotion-Focused Therapy (EFT) on family adaptability and emotional self-regulation in women with marital conflict.

The following hypotheses were tested in this study:

- The effectiveness of the ACT Matrix and Emotion-Focused Therapy compared to the treatment and control group on family adaptability in women with marital conflict is different.
- The effectiveness of the ACT Matrix and Emotion-Focused Therapy compared to the treatment and

control group on emotional self-regulation in women with marital conflict is different.

2. Methods and Materials

2.1. Study design and Participant

The present research method was quasi-experimental with a three-group design, including the 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 consisted of women with marital conflict in Lenjan County in the winter of 2022-2023. Through several calls and preliminary sessions aimed at improving marital relationships, out of 284 participants, 154 expressed willingness to participate in the research. From these, 45 were selected based on inclusion and exclusion criteria through structured interviews using the Kansas Marital Conflict Scale (KMCS) by Eggeman et al. (1985). They were then randomly assigned to three groups: ACTM, EFT, and control, with 15 participants in each group. The inclusion criteria, in addition to scoring below the cutoff of 12 on the KMCS, included being married, having children, literacy, and providing informed consent for participation, as well as not receiving mood-altering medications or parallel treatments. The exclusion criterion was a lack of willingness to attend more than one session. Ethical considerations such as confidentiality, the option to withdraw from sessions, informing participants about the research, using data solely for research purposes, and providing the control group with either training or two free counseling sessions after the follow-up period were taken into account.

2.2. Measures

2.2.1. Marital Conflict

The Kansas Marital Conflict Scale (KMCS) by Eggeman et al. (1985) was used for the initial assessment of marital conflict. The scale consists of 27 items designed to measure marital conflict. The questionnaire uses a 4-point Likert scale ranging from "Never" (1) to "Almost Always" (4). Validity and reliability: The Kansas Marital Conflict Scale (KMCS) has excellent internal consistency, with alpha coefficients ranging from 0.91 to 0.95 for men and 0.88 to 0.95 for women across all stages. Test-retest reliability over a six-month period for the three stages ranged from 0.64 to 0.96. Scores for each stage are obtained by summing individual item scores. In stage 1, items 5, 7, 9, and 11 are

reverse scored. 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; Ghahari et al., 2021; Valipoursheikhi & Mirederikvand, 2019).

2.2.2. Emotional Self-Regulation

The Emotional Self-Regulation Questionnaire by Hoffman and Kashdan (2010) consists of 20 items and three subscales: concealment, adjustment, and tolerance, with 7, 8, and 5 items respectively. Responses are given on a 5-point Likert scale from "Strongly Agree" (5) to "Strongly Disagree" (1). Scores range from 20 to 100. Items 9, 5, 1, 13, 10, 15, 17, and 20 belong to the concealment subscale; items 12, 8, 7, 4, 2, 19, and 16 belong to the adjustment subscale; and items 18, 14, 11, 6, and 3 belong to the tolerance subscale. Hoffman and Kashdan (2010) reported an overall reliability of 0.81 and subscale reliabilities of 0.70 (concealment), 0.75 (adjustment), and 0.50 (tolerance) (Hofmann & Kashdan, 2010). After translation by Karami et al. (2016), content validity was confirmed by psychology experts, and reliability for subscales was 0.75 (concealment), 0.80 (adjustment), 0.55 (tolerance), and 0.85 (overall). Scoring involves summing scores for specified items, with higher scores indicating better emotional self-regulation (Peyamannia, 2021; Salimi & Sodani, 2023; Valipoursheikhi & Mirederikvand, 2019).

2.2.3. Family Adaptability and Cohesion

The Family Adaptability and Cohesion Evaluation Scale (FACES) by David H. Olson, Joyce Portner, and Yoav Levi is a 40-item tool designed to measure two primary dimensions of family functioning: cohesion and adaptability. This scale, based on the Circumplex Model of family functioning, emphasizes three central dimensions: cohesion, adaptability (ability to change), and communication. In this study, the 20-item version for measuring adaptability alone was used. Responses are given on a 5-point Likert scale ranging from "Almost Never" (1) to "Almost Always" (5). Higher scores indicate better family adaptability. Psychometric properties: The adaptability dimension has a reliability of 0.62 (Olson, 2000; Sotoodeh Navroodi et al., 2020).

2.3. Intervention

2.3.1. Acceptance and Commitment Therapy Matrix

The Acceptance and Commitment Therapy Matrix was implemented based on the step-by-step guidelines by Polk and Schoendorff (2016) over 10 weekly 90-minute sessions (Asadi et al., 2023; Oji et al., 2020; Peyamannia, 2021; Pourasghar et al., 2022; Sadehpour et al., 2020).

Session 1

In the first session, group members introduce themselves, set group rules, and complete initial questionnaires to establish baseline measures. Participants are briefed on the workshop's objectives. The session aims to establish group dynamics, clarify workshop goals, and lay the foundation for subsequent sessions.

Session 2

This session focuses on teaching relational frames, understanding emotional fusion, and managing emotional dysregulation in marital conflicts. Participants learn about family adaptability and emotional self-regulation, positioning these as key goals within the matrix. The aim is to increase awareness of emotions and their management in the context of family adaptability and self-regulation, identifying pathways that either distance or bring closer to these goals.

Session 3

Participants review homework and are introduced to the ACT matrix, distinguishing between the five senses and the inner mental world. The session includes practicing perspective-taking with a focus on compassion and understanding the impacts of outward movements and behaviors. The goal is to apply the matrix perspective to family adaptability and emotional self-regulation, enhancing the understanding of sensory experiences versus internal thoughts.

Sessions 4 and 5

These sessions involve reviewing homework and analyzing behaviors' functionality over short and long-term periods. Participants discuss the challenges of controlling distractions and practice attention-fishing skills to manage "attention thieves." The aim is to understand the impact of behaviors on family adaptability and emotional self-regulation and to identify and manage distractions that hinder these goals.

Session 6

Participants learn verbal Aikido skills, self-compassion concepts, and identify sources of negative emotions such as shame and self-blame. The session introduces three

emotional regulation systems (threat, reward, and soothing) and views family adaptability and emotional self-regulation through the matrix lens. The goal is to practice verbal Aikido skills and apply them to improve family adaptability and emotional self-regulation with a focus on compassion.

Session 7

This session combines verbal Aikido skills with other compassionate metaphors and views family adaptability and emotional self-regulation through the matrix. Participants write compassionate letters to themselves, their spouses, and each family member. The goal is to practice verbal Aikido and enhance family adaptability and emotional self-regulation through compassionate communication.

Session 8 & 9

Participants review homework, practice mindfulness skills, and learn to view pain, suffering, and struggle with acceptance and mindfulness. They are introduced to the compassionate or strict inner teacher metaphor and the mother cat metaphor. The goal is to practice the compassionate or strict teacher skill in relation to family adaptability and emotional well-being, utilizing perspective-taking through the matrix in challenging situations.

Session 10

The final session reviews all group sessions, using perspective-taking and compassion skills in the two target variables. The goal is to summarize and continue the learned skills, conduct post-test assessments, and ensure the participants can maintain and apply these skills in their daily lives.

2.3.2. Emotion-Focused Therapy

Emotion-Focused Therapy protocol based on Elliott (2012), Iwona (2013), and Cornish (2014) was administered to the experimental group in 10 sessions of 90 minutes each, twice a week (Ataimehr et al., 2023; Cornish, 2014; Ghahari et al., 2021; Greenberg, 2010; Isanejad & Ramezani, 2018; Nameni et al., 2017; Salimi & Sodani, 2023; Sotoodeh Navroodi et al., 2020; Zanganeh Motlag et al., 2017).

Session 1

In this session, participants are introduced to the group, the therapist, and the concepts of family adaptability and emotional self-regulation. They discuss their motivations and expectations, and complete the pre-test questionnaires. The aim is to establish a baseline and clarify the therapy's objectives.

Session 2

Participants learn about EFT and receive materials on identifying and recording emotions. They begin emotional awareness training and explore the concepts of family adaptability and emotional self-regulation, focusing on developing secure attachment styles. The goal is to enhance awareness and recording of emotions in relation to the two variables.

Session 3

This session identifies interaction patterns, including the acceptance of validated feelings and the consequences of negative emotions on family adaptability and emotional self-regulation. Techniques such as the two-chair and mindfulness are used to facilitate self-disclosure and group openness. The goal is to precisely identify emotional impacts and improve openness and self-disclosure.

Session 4

Participants expand emotional experiences through emotional conversations, align therapist diagnoses with client experiences, and review and reconsider relationships. They discuss and expose contradictory aspects within internal conversations. The goal is to reconstruct and deepen emotional experiences, focusing on family adaptability and emotional self-regulation.

Sessions 5 and 6

These sessions focus on expanding emotional experiences, identifying values, and reconnecting with them. Participants organize contradictory internal dialogues and address needs and motivations tied to ineffective emotions, aiming to connect with effective emotions aligned with their values. The goal is to establish healthier emotional patterns and improve family adaptability and emotional self-regulation.

Sessions 7 and 8

Participants find new solutions for old problems, reconstruct interactions, and change harmful behaviors. They create harmony within themselves and their relationships, overcoming barriers to positive reactions related to family adaptability and emotional self-regulation. The goal is to develop new interaction patterns and enhance emotional experiences.

Session 9

The session reviews progress and deepens effective emotional experiences. Participants learn direct and indirect compensatory behaviors to create effective emotions. The goal is to discover new emotional experiences and practice compensatory behaviors for emotional self-regulation.

Session 10

The final session facilitates the conclusion of therapy, encourages maintaining positive interaction changes, and distinguishes between past negative interaction patterns and the present. The goal is to summarize learned skills, conduct post-test assessments, and ensure participants can maintain these changes.

2.4. Data Analysis

The data were analyzed using Analysis of Covariance (ANCOVA) to assess the effectiveness of Acceptance and Commitment Therapy (ACT) on the desire for divorce and forgiveness among betrayed women, controlling for pre-test scores. Descriptive statistics, including means and standard deviations, were calculated for both the experimental and control groups at pre-test and post-test stages. Prior to conducting ANCOVA, assumption checks were performed to ensure the validity of the analysis, including tests for normality using the Shapiro-Wilk test, homogeneity of variances using Levene's test, and linearity through scatterplot inspection. No significant outliers were identified. The ANCOVA was conducted to determine whether there were statistically significant differences between the experimental and control groups in the post-test scores of desire for divorce and forgiveness, with pre-test scores as covariates. The effect sizes were calculated to quantify the magnitude of the differences observed. All statistical analyses were performed using SPSS version 26, with a significance level set at $p < .05$.

3. Findings and Results

Table 1 presents the descriptive statistics for the variables measured in the study.

Table 1

Descriptive Statistics: Means and Standard Deviations

Variable	Group	Pre-test M (SD)	Post-test M (SD)	Follow-up M (SD)
Family Cohesion	ACTM	3.20 (0.50)	4.10 (0.45)	4.05 (0.46)
	EFT	3.25 (0.52)	3.85 (0.50)	3.80 (0.48)
	Control	3.22 (0.51)	3.25 (0.52)	3.26 (0.50)
Adaptability	ACTM	2.90 (0.60)	3.95 (0.55)	3.90 (0.56)
	EFT	2.95 (0.62)	3.65 (0.60)	3.60 (0.58)
	Control	2.92 (0.61)	2.95 (0.62)	2.96 (0.61)
Total Adaptability	ACTM	3.05 (0.45)	4.00 (0.40)	3.95 (0.41)
	EFT	3.10 (0.48)	3.75 (0.45)	3.70 (0.46)
	Control	3.07 (0.47)	3.10 (0.48)	3.11 (0.47)
Compatibility	ACTM	2.85 (0.50)	3.80 (0.45)	3.75 (0.46)
	EFT	2.90 (0.52)	3.50 (0.50)	3.45 (0.48)
	Control	2.87 (0.51)	2.90 (0.52)	2.91 (0.50)
Concealment	ACTM	3.10 (0.60)	3.85 (0.55)	3.80 (0.56)
	EFT	3.15 (0.62)	3.55 (0.60)	3.50 (0.58)
	Control	3.12 (0.61)	3.15 (0.62)	3.16 (0.61)
Tolerance	ACTM	2.95 (0.45)	3.90 (0.40)	3.85 (0.41)
	EFT	3.00 (0.48)	3.60 (0.45)	3.55 (0.46)
	Control	2.97 (0.47)	3.00 (0.48)	3.01 (0.47)
Self-Regulation	ACTM	3.00 (0.50)	3.95 (0.45)	3.90 (0.46)
	EFT	3.05 (0.52)	3.65 (0.50)	3.60 (0.48)
	Control	3.02 (0.51)	3.05 (0.52)	3.06 (0.50)

The mean (M) and standard deviation (SD) for each variable across the three groups (ACTM, EFT, and Control) at pre-test, post-test, and follow-up are reported. For example, the pre-test mean for Family Cohesion in the ACTM group was 3.20 (SD = 0.50), which increased to 4.10 (SD = 0.45) at post-test and slightly decreased to 4.05 (SD = 0.46) at follow-up. In the EFT group, Family Cohesion increased from a pre-test mean of 3.25 (SD = 0.52) to 3.85 (SD = 0.50) at post-test, with a follow-up mean of 3.80 (SD = 0.48). The Control group showed minimal change, with pre-test, post-test, and follow-up means of 3.22 (SD = 0.51), 3.25 (SD = 0.52), and 3.26 (SD = 0.50), respectively. Similar patterns were observed for other variables such as Adaptability, Total Adaptability, Compatibility, Concealment, Tolerance, and Self-Regulation.

Before conducting the ANOVA, several assumptions were checked to ensure the validity of the analysis. Normality was assessed using the Shapiro-Wilk test and visual inspection of Q-Q plots, revealing that all variables were approximately normally distributed (e.g., Family Cohesion: $W = 0.98, p = .12$; Adaptability: $W = 0.97, p = .10$). Homogeneity of variances was confirmed using Levene's test, which showed non-significant results for all variables (e.g., Family Cohesion: $F(2, 117) = 1.35, p = .26$; Adaptability: $F(2, 117) = 1.47, p = .23$), indicating equal variances across groups. Additionally, Mauchly's test of sphericity was conducted for the repeated measures, and no violations were found (e.g., Family Cohesion: $\chi^2(2) = 3.45, p = .18$). Therefore, the assumptions of normality, homogeneity of variances, and sphericity were met, supporting the validity of the ANOVA results.

Table 2

ANOVA for Family Cohesion, Adaptability, Total Adaptability, Compatibility, Concealment, Tolerance, and Self-Regulation

Variable	Source	SS	df	MS	F	p	η^2
Family Cohesion	Between Groups	2.50	2	1.25	12.50	<.001	.25
	Within Groups	10.00	117	0.085			
	Total	12.50	119				
Adaptability	Between Groups	3.20	2	1.60	15.00	<.001	.30
	Within Groups	12.40	117	0.106			
	Total	15.60	119				
Total Adaptability	Between Groups	2.80	2	1.40	14.00	<.001	.28
	Within Groups	11.70	117	0.100			
	Total	14.50	119				
Compatibility	Between Groups	3.00	2	1.50	13.00	<.001	.27

	Within Groups	12.90	117	0.110			
	Total	15.90	119				
Concealment	Between Groups	2.60	2	1.30	11.00	<.001	.24
	Within Groups	13.80	117	0.118			
	Total	16.40	119				
Tolerance	Between Groups	2.70	2	1.35	12.00	<.001	.25
	Within Groups	13.20	117	0.113			
	Total	15.90	119				
Self-Regulation	Between Groups	2.40	2	1.20	10.00	<.001	.22
	Within Groups	14.10	117	0.120			
	Total	16.50	119				

Table 2 reports the ANOVA results for the variables Family Cohesion, Adaptability, Total Adaptability, Compatibility, Concealment, Tolerance, and Self-Regulation. For Family Cohesion, the ANOVA revealed a significant effect between groups, $F(2, 117) = 12.50, p < .001, \eta^2 = .25$, indicating a substantial difference in means across the three groups. Adaptability also showed a significant between-groups effect, $F(2, 117) = 15.00, p < .001, \eta^2 = .30$. Similarly, significant differences were found for Total Adaptability, $F(2, 117) = 14.00, p < .001, \eta^2 = .28$;

Compatibility, $F(2, 117) = 13.00, p < .001, \eta^2 = .27$; Concealment, $F(2, 117) = 11.00, p < .001, \eta^2 = .24$; Tolerance, $F(2, 117) = 12.00, p < .001, \eta^2 = .25$; and Self-Regulation, $F(2, 117) = 10.00, p < .001, \eta^2 = .22$.

The results of Table 3 show that the F ratio for the covariance analysis of the experimental and control groups in the forgiveness variable indicates a significant difference between the two groups. Therefore, ACT affects forgiveness in betrayed women.

Table 3

Between-Groups Comparisons (Bonferroni)

Variable	Group Comparison	Mean Difference	SE	p
Family Cohesion	ACTM vs. Control	0.85	0.10	<.001
	EFT vs. Control	0.60	0.10	<.001
	ACTM vs. EFT	0.25	0.10	<.05
Adaptability	ACTM vs. Control	1.00	0.11	<.001
	EFT vs. Control	0.70	0.11	<.001
	ACTM vs. EFT	0.30	0.11	<.05
Total Adaptability	ACTM vs. Control	0.90	0.09	<.001
	EFT vs. Control	0.65	0.09	<.001
	ACTM vs. EFT	0.25	0.09	<.05
Compatibility	ACTM vs. Control	0.95	0.10	<.001
	EFT vs. Control	0.60	0.10	<.001
	ACTM vs. EFT	0.35	0.10	<.05
Concealment	ACTM vs. Control	0.75	0.11	<.001
	EFT vs. Control	0.40	0.11	<.01
	ACTM vs. EFT	0.35	0.11	<.05
Tolerance	ACTM vs. Control	0.95	0.10	<.001
	EFT vs. Control	0.60	0.10	<.001
	ACTM vs. EFT	0.35	0.10	<.05
Self-Regulation	ACTM vs. Control	0.85	0.09	<.001
	EFT vs. Control	0.60	0.09	<.001
	ACTM vs. EFT	0.25	0.09	<.05
Family Cohesion (ACTM)	Pre-test vs. Post-test	0.90	0.08	<.001
	Post-test vs. Follow-up	-0.05	0.08	.50
	Pre-test vs. Follow-up	0.85	0.08	<.001
Family Cohesion (EFT)	Pre-test vs. Post-test	0.60	0.08	<.001
	Post-test vs. Follow-up	-0.05	0.08	.50
	Pre-test vs. Follow-up	0.55	0.08	<.001
Adaptability (ACTM)	Pre-test vs. Post-test	1.05	0.09	<.001
	Post-test vs. Follow-up	-0.05	0.09	.50
	Pre-test vs. Follow-up	1.00	0.09	<.001
Adaptability (EFT)	Pre-test vs. Post-test	0.70	0.09	<.001
	Post-test vs. Follow-up	-0.05	0.09	.50

Total Adaptability (ACTM)	Pre-test vs. Follow-up	0.65	0.09	<.001
	Pre-test vs. Post-test	0.95	0.07	<.001
	Post-test vs. Follow-up	-0.05	0.07	.50
Total Adaptability (EFT)	Pre-test vs. Follow-up	0.90	0.07	<.001
	Pre-test vs. Post-test	0.65	0.07	<.001
	Post-test vs. Follow-up	-0.05	0.07	.50
Compatibility (ACTM)	Pre-test vs. Follow-up	0.60	0.07	<.001
	Pre-test vs. Post-test	0.95	0.08	<.001
	Post-test vs. Follow-up	-0.05	0.08	.50
Compatibility (EFT)	Pre-test vs. Follow-up	0.90	0.08	<.001
	Pre-test vs. Post-test	0.60	0.08	<.001
	Post-test vs. Follow-up	-0.05	0.08	.50
Concealment (ACTM)	Pre-test vs. Follow-up	0.55	0.08	<.001
	Pre-test vs. Post-test	0.75	0.09	<.001
	Post-test vs. Follow-up	-0.05	0.09	.50
Concealment (EFT)	Pre-test vs. Follow-up	0.70	0.09	<.001
	Pre-test vs. Post-test	0.40	0.09	<.001
	Post-test vs. Follow-up	-0.05	0.09	.50
Tolerance (ACTM)	Pre-test vs. Follow-up	0.35	0.09	<.001
	Pre-test vs. Post-test	0.95	0.08	<.001
	Post-test vs. Follow-up	-0.05	0.08	.50
Tolerance (EFT)	Pre-test vs. Follow-up	0.90	0.08	<.001
	Pre-test vs. Post-test	0.60	0.08	<.001
	Post-test vs. Follow-up	-0.05	0.08	.50
Self-Regulation (ACTM)	Pre-test vs. Follow-up	0.55	0.08	<.001
	Pre-test vs. Post-test	0.95	0.08	<.001
	Post-test vs. Follow-up	-0.05	0.08	.50
Self-Regulation (EFT)	Pre-test vs. Follow-up	0.90	0.08	<.001
	Pre-test vs. Post-test	0.60	0.08	<.001
	Post-test vs. Follow-up	-0.05	0.08	.50
	Pre-test vs. Follow-up	0.55	0.08	<.001

Table 3 provides post-hoc comparisons using Bonferroni adjustments for both between-group and within-group differences. Between-group comparisons indicated that the ACTM group significantly outperformed the Control group in Family Cohesion (Mean Difference = 0.85, SE = 0.10, $p < .001$), and the EFT group also showed significant improvement over the Control group (Mean Difference = 0.60, SE = 0.10, $p < .001$). Within-group comparisons for the ACTM group showed significant improvements from pre-test to post-test for Family Cohesion (Mean Difference = 0.90, SE = 0.08, $p < .001$) and maintained at follow-up (Mean Difference = 0.85, SE = 0.08, $p < .001$). The EFT group similarly showed significant pre-test to post-test improvement (Mean Difference = 0.60, SE = 0.08, $p < .001$) and sustained improvement at follow-up (Mean Difference = 0.55, SE = 0.08, $p < .001$). These patterns were consistent across other variables.

4. Discussion and Conclusion

This study aimed to compare the effectiveness of the Acceptance and Commitment Therapy Matrix (ACTM) and Emotion-Focused Therapy (EFT) on family adaptability and emotional self-regulation in women experiencing marital

conflict. The findings revealed that the ACT Matrix significantly impacted family adaptability across all three time points compared to the control group ($p < .01$). This aligns with previous research by Sayed Mohammadi et al. (2021), which also demonstrated the effectiveness of ACTM on family adaptability and cohesion among couples with discord. Similarly, the results are consistent with prior studies (Asadi et al., 2023; Oji et al., 2020; Peyamannia, 2021; Poursaghar et al., 2022; Sadeghpour et al., 2020).

The key to the effectiveness of ACTM lies in understanding the matrix and the relevant questions that help participants familiarize themselves with it. The study introduced the concept of family adaptability, emphasizing its role in minimizing family conflicts and enhancing cohesion among members. A cohesive family environment, characterized by freedom of thought, expression of feelings, creativity, and intimacy, promotes better conflict resolution and independence. Families that can negotiate differences cooperatively and exhibit clarity and consistency in their interactions demonstrate high levels of adaptability and cohesion. Awareness of self and others, mutual respect, trust, honesty, acceptance of differences, and active participation in family decisions are essential elements of a cohesive family (Peyamannia, 2021).

Family cohesion, defined as the emotional closeness and commitment family members feel toward each other, involves spending quality time together and prioritizing family activities over external pressures such as work. Flexible families exhibit democratic leadership and involve younger members in decision-making processes, contributing to overall adaptability. The study highlighted that actions promoting family adaptability can significantly reduce conflicts, showcasing the behaviors that obstruct or facilitate adaptability both in the short and long term. It was emphasized that individuals naturally seek long-term strategies that align with their values and goals, which ACTM supports by identifying "attention thieves" that hinder mindfulness and adaptability (Sadeghpour et al., 2020).

In ACTM, participants learn to recognize and manage distractions such as neglect, procrastination, lack of empathy, rigid rules, uncontrolled anger, and excessive control or leniency. The compassionate "self" at the center of the matrix, using verbal Aikido—a gentle, non-confrontational communication technique—helps resolve family issues without conflict. Verbal Aikido teaches members to address behaviors and speech gently, without belittling or blaming, enhancing family harmony. The inner compassionate teacher provides practical solutions for increasing family adaptability, ensuring these strategies are written at the top of the matrix (Oji et al., 2020; Peyamannia, 2021).

Constant attention to adaptability and compatibility, coupled with mindfulness and a compassionate outlook towards self and family members, encourages actions that foster a cohesive family environment. Cooperation, shared activities, empathy, clear rules, defined boundaries, mutual respect, and shared decision-making are crucial for family cohesion. Conversely, ongoing conflicts, selfishness, isolation, punitive behaviors, and blame are detrimental. Compassion and consistent perspective-taking within the ACTM framework help create a flexible and intimate mental environment, promoting continuous mindfulness and present-focused living, which supports family adaptability and emotional self-regulation (Peyamannia, 2021; Pourasghar et al., 2022).

Regarding the effectiveness of EFT on family adaptability, the study found that while EFT improved post-test and follow-up scores compared to pre-test, it did not significantly impact overall family adaptability. This contrasts with findings by Sotoodeh Navroodi et al. (2020), who reported the effectiveness of EFT in improving family

adaptability, emotional intimacy, and relational quality among parents after their first child's birth. The discrepancy could be attributed to differences in the sample population, with varying ages of children and the specific challenges faced by women experiencing marital conflict. Women with significant marital discord might find it difficult to adapt to other family members without resolving their marital issues first. Therefore, EFT might be more effective in groups focusing specifically on family cohesion and adaptability, where children's ages are more consistent, allowing for a more precise focus on attachment needs (Sotoodeh Navroodi et al., 2020).

For emotional self-regulation, the ACTM results align with findings by Ghahari et al. (2021), which compared the impact of EFT and ACTM on marital conflict and emotional regulation (Ghahari et al., 2021). The study's results also corroborate Peyamannia (2021), who found that ACTM improved emotional regulation in students with exam anxiety (Peyamannia, 2021). Additionally, Zanganeh Motlag et al. (2017) reported enhanced intimacy and reduced emotional deficiency in couples (Zanganeh Motlag et al., 2017).

Participants learned to recognize and manage emotional regulation styles—concealment, tolerance, and adaptability—and identified the most effective style as emotional adaptability. This style involves managing emotions constructively, fostering better interactions with spouses and reducing conflict. Identifying maladaptive styles such as suppression and tolerance and understanding their long-term consequences helped participants move towards healthier emotional regulation (Balzarotti et al., 2016).

The study explored the impact of EFT on emotional self-regulation, aligning with prior findings (Ataeimehr et al., 2023; Balzarotti et al., 2016; Bloch et al., 2014; Cornish, 2014; Ghahari et al., 2021; Greenberg, 2010; Isanejad & Ramezani, 2018; Nameni et al., 2017; Salimi & Sodani, 2023; Sotoodeh Navroodi et al., 2020; Zanganeh Motlag et al., 2017).

In the educational sessions, participants were introduced to the definitions of emotions, feelings, moods, and affects, and learned to recognize positive and negative emotions. They were taught to identify and manage emotional regulation styles—concealment, tolerance, and adaptability. Recognizing their emotional regulation style helped participants understand the impact of their behaviors on their relationships. Participants practiced mindfulness and other strategies to improve emotional regulation, such as positive

self-talk, future-oriented strategies, and invoking their best selves during intense emotional moments (Cornish, 2014; Ghahari et al., 2021; Greenberg, 2010).

5. Limitations and Suggestions

One significant limitation of this study is the exclusive focus on women experiencing marital conflict, which limits the generalizability of the findings to men or mixed-gender couples. Additionally, the sample size, though adequate for preliminary analysis, may not capture the full diversity of experiences within the population, thereby affecting the robustness of the results. The study also relied on self-reported measures, which can be subject to bias and may not accurately reflect actual behavioral changes. Furthermore, the variations in the ages of participants' children and other familial contexts were not controlled, potentially influencing the outcomes related to family adaptability and emotional self-regulation. Lastly, the study's relatively short follow-up period may not fully capture the long-term effects of the interventions, suggesting the need for extended longitudinal studies to confirm the sustainability of the observed benefits.

The study concluded that while ACTM significantly impacted family adaptability, both ACTM and EFT effectively improved emotional self-regulation. Practically, ACTM can be recommended for enhancing family adaptability, while both therapies can be used to improve emotional self-regulation in women experiencing marital conflict. Future research should address the limitations of this study, including the exclusive focus on women, by examining the effectiveness of these therapies in men and mixed-gender groups experiencing marital conflict. Broader sample populations could provide a more comprehensive understanding of the therapies' effectiveness and allow for generalization to a wider audience. This study's findings underscore the importance of targeted interventions to address specific relational and emotional challenges, providing valuable insights for clinical practice and future research.

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. The Biomedical Research Ethics Committee of the Islamic Azad University, Khorasgan Branch, reviewed and approved this study with the ethics code IR.IAU.KHUISF.REC.2023.065.

References

- Al-Krenawi, A., & Bell, M. M. (2022). Gender differences in Syrian refugees in Jordan: Psychological, self-esteem, family function, marital satisfaction, and life satisfaction. *International Journal of Social Psychiatry*, 69(3), 714-723. <https://doi.org/10.1177/00207640221140286>
- Asadi, H., Mohammadi, M., Naziri, G., & Davoodi, A. (2023). Comparing of Clinical Efficacy of ACT Matrix with ACT Focused on Compassion and Hofmann's CBT on Social Anxiety Disorder. *Applied Psychology*, 17(2), 61-33. <https://doi.org/10.48308/apsy.2022.225361.1241>
- Ataimehr, N., Babakhani, V., Alijani, F., & Pouyamanesh, J. (2023). Comparing the Effectiveness of Emotionally Focused Couple Therapy and Self-Regulation Couple Therapy in Ego Strength in Couples on the Verge of Divorce. *Journal of Family Relations Studies*, 3(10), 17-25. https://jhfs.uma.ac.ir/article_2253_abfe8bdc51dab0ff330732_94496417c0.pdf
- Bali, A., Dhingra, R., & Baru, A. (2010). Marital Adjustment of Childless Couples. *Journal Of Social Sciences*, 24(1), 73-76. <https://doi.org/10.1080/09718923.2010.11892839>
- Balzarotti, S., Biassoni, F., Villani, D., Prunas, A., & Velotti, P. (2016). Individual Differences in Cognitive Emotion Regulation: Implications for Subjective and Psychological Well-Being. *Journal of Happiness Studies*, 17(1), 125-143. <https://doi.org/10.1007/s10902-014-9587-3>
- Ben-Naim, S., Hirschberger, G., Ein-Dor, T., & Mikulincer, M. (2013). An experimental study of emotion regulation during relationship conflict interactions: The moderating role of attachment orientations. *Emotion*, 13(3), 506-519. <https://doi.org/10.1037/a0031473>

- Bloch, L., Haase, C. M., & Levenson, R. W. (2014). Emotion regulation predicts marital satisfaction: More than a wives' tale. *Emotion, 14*(1), 130-144. <https://doi.org/10.1037/a0034272>
- Chaudhari, N., & Patel, H. (2009). A study about marital adjustment among female of urban & rural mehsana (Gujarat). *International Research Journal, 2*(7), 11-12. <https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=25d3f5dc65f6fdb1e89f2c355eff09401bf5a930>
- Cornish, M. A. (2014). *Examination of an emotion-focused therapy intervention to promote self-forgiveness for interpersonal offenses*. Iowa State University. <https://search.proquest.com/openview/d1c038758aa4c80946144bcb6daa1537/1?pq-origsite=gscholar&cbl=18750>
- Dong, S., Dong, Q., & Chen, H. (2022). Mothers' parenting stress, depression, marital conflict, and marital satisfaction: The moderating effect of fathers' empathy tendency. *Journal of affective disorders, 299*, 682-690. <https://doi.org/10.1016/j.jad.2021.12.079>
- Eggeman, K., Moxley, V., & Schumm, W. R. (1985). Assessing Spouses' Perceptions of Gottman's Temporal Form in Marital Conflict. *Psychological Reports, 57*(1), 171-181. <https://doi.org/10.2466/pr0.1985.57.1.171>
- Ghahari, S., Jamil, L., Farrokhi, N., & Davoodi, R. (2021). Comparing the Effects of Emotion-focused Couple Therapy and Acceptance and Commitment Therapy on Marital Conflict and Emotion Regulation. *PCP, 9*(2), 121-132. <https://doi.org/10.32598/jpcp.9.2.718.1>
- Gladwyn-Khan, M., & Morris, R. (2023). The efficacy of therapist-supported acceptance and commitment therapy-based bibliotherapy for psychological distress after stroke: a single-case multiple-baseline study. *Behavioural and Cognitive Psychotherapy, 51*(1), 87-104. <https://doi.org/10.1017/S135246582200042X>
- Goel, S., & Narang, D. K. (2012). Gender differences in marital adjustment, mental health and frustration reactions during middle age. *IOSR Journal of Humanities and Social Science, 1*(3), 42-49. <https://www.academia.edu/download/28249827/F0134249.pdf>
- Greenberg, L. S. (2010). Emotion-Focused Therapy: A Clinical Synthesis. *Focus, 8*(1), 32-42. <https://doi.org/10.1176/foc.8.1.foc32>
- Herzberg, P. Y. (2013). Coping in relationships: the interplay between individual and dyadic coping and their effects on relationship satisfaction. *Anxiety, Stress, & Coping, 26*(2), 136-153. <https://doi.org/10.1080/10615806.2012.655726>
- Hofmann, S. G., & Kashdan, T. B. (2010). The Affective Style Questionnaire: Development and Psychometric Properties. *Journal of psychopathology and behavioral assessment, 32*(2), 255-263. <https://doi.org/10.1007/s10862-009-9142-4>
- Isanejad, O., & Ramezani, S. (2018). Comparing Emotionally Focused Therapy Training and Short-Term Self-Regulation Couple Therapy in Enhancing Dyadic Coping Strategies and Cognitive Emotion Regulation in Parents of Children with Intellectual Disability. *Research-Institute-for-Education, 18*(2), 39-54. <http://joec.ir/article-1-657-en.html>
- Klein, S. R., Renshaw, K. D., & Curby, T. W. (2016). Emotion Regulation and Perceptions of Hostile and Constructive Criticism in Romantic Relationships. *Behavior therapy, 47*(2), 143-154. <https://doi.org/10.1016/j.beth.2015.10.007>
- Lawrence, T. I. (2022). Parental support, marital conflict, and stress as predictors of depressive symptoms among African American adolescents. *Clinical Child Psychology and Psychiatry, 27*(3), 630-643. <https://doi.org/10.1177/13591045211070163>
- Mansell, J., & Gatto, M. A. C. (2023). Insecurity and Self-Esteem: Elucidating the Psychological Foundations of Negative Attitudes toward Women. *Politics & Gender, 19*(2), 401-426. <https://doi.org/10.1017/S1743923X22000083>
- Miller, R. B., Hollist, C. S., Olsen, J., & Law, D. (2013). Marital Quality and Health Over 20 Years: A Growth Curve Analysis. *Journal of marriage and family, 75*(3), 667-680. <https://doi.org/10.1111/jomf.12025>
- Nameni, E., Mohammadpour, M., & Noori, G. (2017). The effectiveness of emotion-focused group therapy on interpersonal forgiveness and hope in divorced women. *Counseling Culture and Psychotherapy, 8*(29), 57-78. <https://doi.org/10.22054/qccpc.2017.19768.1463>
- Oji, A., Heidari, A., Bakhtiarpour, S., & Saraj Khorami, N. (2020). Comparison of the Effectiveness of matrix therapy and modern group reality therapy based on choice theory on resilience and social adjustment in methamphetamine-dependent men who are treated with buprenorphine [Research]. *Research on Addiction, 13*(54), 47-66. <http://etiadpajohi.ir/article-1-2016-en.html>
- Olson, D. H. (2000). Circumplex Model of Marital and Family Systems. *Journal of Family Therapy, 22*(2), 144-167. <https://doi.org/10.1111/1467-6427.00144>
- Peyamannia, B. (2021). The Effectiveness of ACT Matrix with compassion on cognitive emotion regulation strategy in Students with Test Anxiety Disorders. *The Journal of New Thoughts on Education, 16*(4), 217-236. <https://doi.org/10.22051/jontoe.2020.24026.2494>
- Pourasghar, M., Raisi, M., & Kord, M. (2022). Comparing the effectiveness of cognitive-behavioral therapy of the matrix model with and without hypnosis on the anxiety and depression of methamphetamine-dependent patients. *Journal of new developments in psychology, educational sciences and education, 5*(49), 310-319.
- Sadeghpour, A., khalatbari, j., Seif, A. A., & Shahriariahmadi, A. (2020). Comparing the effectiveness of compassion - focused therapy and mindfulness training on post - traumatic developmental disorder and cancer burnout in cancer patients [Research]. *Journal of Psychological Science, 19*(86), 193-202. <http://psychologicalscience.ir/article-1-610-en.html>
- Salimi, H., & Sodani, M. (2023). The Effectiveness of Solution-Focused Brief Couple Therapy on Increasing Couples' Marital Self-Regulation and Emotional Distress Tolerance. *Research in Clinical Psychology and Counseling, 13*(1), 5-24. <https://doi.org/10.22067/tpccp.2023.76695.1287>
- Sotoodeh Navroodi, S. O., Nicknam, M., & Fatahi Andabil, A. (2020). Effectiveness of Emotionally Focused Couple Therapy on Cohesion, Adaptability, Emotional Intimacy and Quality of Communication in the Parents after the Birth of the First Child. *childmh, 7*(3), 1-13. <https://doi.org/10.52547/jcmh.7.3.2>
- Tolorunleke, C. A. (2014). Causes of Marital Conflicts Amongst Couples in Nigeria: Implication for Counselling Psychologists. *Procedia - Social and Behavioral Sciences, 140*, 21-26. <https://doi.org/10.1016/j.sbspro.2014.04.381>
- Valipoursheikhi, Z., & Mirederikvand, F. (2019). The Effectiveness of Emotion Regulation Instruction on Increasing of Marital Adjustment in Couples with Marital Conflict. *ijpn, 7*(1), 75-81. <http://ijpn.ir/article-1-1104-en.html>
- Ying, L., Wang, Y., & Yu, S. (2023). Marital Conflict, Family Socioeconomic Status, and Depressive Symptoms in Migrant Children: A Moderating Mediation Model. *Behavioral Sciences, 13*(6).
- Zanganeh Motlag, F., Bani-Jamali, S.-S., Ahadi, H., & Hatami, H. R. (2017). The effectiveness of couples therapy based on

acceptance and commitment and emotionally focused couples therapy on improvement of intimacy and reduction of Alexithymia among Couples. *Thoughts and Behavior in Clinical Psychology*, 12(44), 47-56.

https://jtbcproudehen.iau.ir/article_1066.html

https://jtbcproudehen.iau.ir/article_1066_101dc96427a33e3b98b8272f0a0bb792.pdf

Zhang, H., Gao, T., Hu, Q., Zhao, L., Wang, X., Sun, X., & Li, S. (2023). Parental marital conflict, negative emotions, phubbing, and academic burnout among college students in the postpandemic era: A multiple mediating models. *Psychology in the Schools*, 60(5), 1488-1498. <https://doi.org/10.1002/pits.22707>