




## Comparison of the Effectiveness of Emotion Regulation-Based Therapy and Unified Transdiagnostic Treatment on Cognitive Insight in Women Engaged in Emotional Divorce with Early Marriage

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### ABSTRACT

**Objective:** The objective of this study was to compare the effectiveness of emotion regulation-based therapy and unified transdiagnostic therapy on cognitive insight in women engaged in emotional divorce with early marriage.

**Methods and Materials:** This quasi-experimental research employed a pre-test and post-test control group design. The sample consisted of 45 women involved in emotional divorce, diagnosed by psychologists at counseling centers in Shiraz, and were selected through convenience sampling. Participants were randomly assigned to three groups: one control group (n=15) and two experimental groups (n=30). The experimental groups received either emotion regulation-based therapy or unified transdiagnostic therapy. Data were collected using Beck's Cognitive Insight Questionnaire (BCIS) and analyzed using SPSS (version 26) through descriptive statistics and Multivariate Analysis of Covariance (MANCOVA).

**Findings:** The results indicated that both unified transdiagnostic therapy and emotion regulation-based therapy were effective in increasing cognitive insight in women engaged in emotional divorce with early marriage. The post-test scores showed significant improvement compared to the pre-test scores in the experimental groups, while the control group showed little change. The analysis revealed significant differences in cognitive insight components (self-reflectiveness and self-certainty) between the experimental and control groups. However, there was no significant difference in the effectiveness between the two therapeutic methods.

**Conclusion:** This study highlights the importance of employing these therapeutic approaches in counseling centers to improve cognitive insight and other psychological variables in women with early marriages.

**Keywords:** Emotion Regulation-Based Therapy, Unified Transdiagnostic Treatment, Cognitive Insight, Emotional Divorce, Early Marriage.

## 1. Introduction

Early marriage refers to the marital union of individuals under the age of 18, a phenomenon known as adolescent marriage. The reasons for these marriages can include adolescent love, family pressure, or religious and cultural reasons. Recently, the most common age combination recorded for marriage is between men aged 20-24 and women aged 15-19. Research indicates that couples who marry early are more prone to emotional divorce (Heydari et al., 2020). In emotional divorce, although the couple may continue to cohabit as a social group, their attraction and trust toward each other have dissipated. Bohannon considers emotional divorce the most critical stage in the divorce process, indicating a deteriorating marital relationship where feelings of alienation replace intimacy. In such situations, instead of supporting each other, the spouses act to harm, frustrate, and undermine each other's self-esteem, seeking reasons to blame and reject one another. Emotional divorce is experienced as a hateful choice between self-submission and self-loathing versus self-mastery, leading to sadness and hopelessness that drives the spouses to distress each other (Navabinejad et al., 2024; Salehpour et al., 2019).

Research on the causal and mediating conditions of emotional divorce shows that it is not a phenomenon arising from a single clear factor. Instead, a combination of factors, such as unmet emotional needs, male negligence, communication problems, incompatible thoughts and attitudes, lack of empathy and companionship, avoidance of humor in relationships, sexual issues, and others, collectively lead to emotional divorce. The process of emotional divorce among the studied women varied (Vatankhah et al., 2021).

A variable stemming from emotional divorce, also highlighted in early marriage studies, is negative cognitive insight, gradually leading individuals to withdraw from marital life. Therefore, it is considered an important variable for study. Research by Da Silva et al. (2016) shows that individuals with various psychological disorders may not have sufficient insight before taking action (Da Silva et al., 2016). Cognitive insight involves evaluating and correcting distorted beliefs and misinterpretations, relying on high-level cognitive processes sometimes called metacognition, such as the ability to separate oneself from misinterpretations and reassess them (Yousefi et al., 2013).

Individuals experiencing emotional divorce, who also endure psychological fatigue, may lose their insight for

unknown reasons before facing environmental stimuli, leading to actions like escaping the marital relationship or engaging in extramarital affairs without adequate insight into the consequences (Da Silva et al., 2016). However, it is evident that these individuals may feel profound remorse after their actions, experiencing stress and anxiety that severely impact their lives, possibly adopting strategies that exacerbate their stress.

Various treatments and interventions have been employed to improve marital life, but finding the most effective treatment remains crucial. In response to the limitations of cognitive-behavioral approaches, experts have proposed the unified transdiagnostic treatment approach, which uses a single treatment protocol (Barlow et al., 2010). Among the protocols within the integrated treatment approach, Barlow's Unified Protocol (UP) is particularly effective for treating emotional divorce (Barlow et al., 2018; Barlow et al., 2010). This approach, a transdiagnostic cognitive-behavioral therapy focusing on emotions, is specifically designed to treat emotional and mood disorders. It emphasizes the reception and response to individuals' emotional systems, addressing maladaptive efforts to regulate emotional experiences and facilitating the emotional processing process (Norton, 2022).

The unified transdiagnostic treatment approach identifies cognitive dysfunctions and emotional avoidance through metacognitive assessment, enhancing individuals' cognitive insight regarding these dysfunctions, thereby improving them within a functional framework (Wise et al., 2023). This treatment significantly improves mood and anxiety disorders by facilitating emotional recovery and response, reducing existing tensions, and preventing symptom escalation (Schaeuffele et al., 2022). Compared to classical cognitive-behavioral approaches, this approach has a more constructive impact on improving transdiagnostic symptoms in individuals with mood disorders, such as psychological fatigue and loneliness, and can be a fundamental approach for treating these issues (Timulak et al., 2022).

The unified transdiagnostic treatment approach identifies maladaptive emotional symptoms and teaches the process of rebuilding and confronting internal emotional perceptions, significantly reducing individuals' mental and psychological tensions and increasing their psychological security (Fujisato et al., 2021). Wise et al. (2023) emphasized in their research that one of the effective functions of the unified transdiagnostic treatment approach is to help individuals improve their ability to regulate internal emotions and confront maladaptive emotional roots, focusing on both

emotional and cognitive structures (Wise et al., 2023). Unstable cognitive structures and the presence of nonconstructive beliefs, common in early marriages, are primary factors in the onset and persistence of various issues. The unified transdiagnostic treatment approach focuses on correcting these beliefs, enhancing its effectiveness in various fields (Goudarzi et al., 2021), and is hoped to impact the present group.

Other therapies allow individuals experiencing emotional divorce to release negative emotions and heal their life wounds. Women involved in emotional divorce can learn the necessary skills to constructively deal with their life's damages during treatment. One therapeutic model that can effectively improve and treat emotional divorce trauma and reduce related problems is emotion regulation-based therapy (Ramezani et al., 2023). Emotion regulation-based therapy integrates components of acceptance and commitment therapy, dialectical behavior therapy, and cognitive-behavioral therapy, using five components: emotion awareness, mindful acceptance, value-based action, mindful coping, and exposure skills practice. It helps women involved in emotional divorce with early marriage to replace ineffective responses with tools allowing them to establish a new relationship with their emotions (Ghasemkhanloo et al., 2021). This therapy targets three transdiagnostic mechanisms: high distress intolerance, high emotional avoidance, and high rumination and worry, which play the most significant roles in emotional dysregulation (Mashhadi et al., 2022).

Overall, emotional efficacy refers to an individual's ability to effectively experience and respond to all emotions encountered in life and can change most individuals' beliefs based on context, replacing them with logical beliefs. Emotion regulation-based therapy conceptualizes low emotional efficacy as likely stemming from vulnerabilities or primary patterns of maladaptive behavioral responses to emotional pain or avoidance, reinforcing or maintaining psychological distress processes (Amiri et al., 2020). This therapy defines emotional dysregulation as a wide range of thoughts, feelings, bodily sensations, and behavioral tendencies that are contextually inappropriate. In line with the effectiveness of emotion regulation-based therapy, Imanizad et al. (2021) showed that emotionally focused couple therapy could effectively increase forgiveness and reduce couples' dysfunctional beliefs, thus improving marital relationships (Imanizad et al., 2022).

Given the explanations mentioned, it is essential to pay attention to the vulnerable group (women experiencing

emotional divorce), the absence of similar research, and the need to find the best type of intervention. The present study aims to answer whether there is a significant difference in the effectiveness of emotion regulation-based therapy and unified transdiagnostic treatment on cognitive insight in women involved in emotional divorce with early marriage.

## 2. Methods and Materials

### 2.1. Study design and Participant

This research is an applied study in terms of its goal and quasi-experimental with a pre-test and post-test control group design in terms of research method. The statistical population included all women with early marriages who referred to counseling centers in Shiraz in 2023 and faced marital problems. According to Delavar (2006), 15 participants per group can provide statistically valid results in semi-experimental research. Thus, the sample consisted of 45 women diagnosed with emotional divorce by psychologists at counseling centers in Shiraz (Segal, Afagh, and Avaye Mehr Counseling Centers). They were selected through convenience sampling and randomly assigned to three groups (one control group of 15 and two experimental groups of 15 each). One experimental group received emotion regulation-based therapy, the other received unified transdiagnostic treatment, and the control group received no training.

Participation criteria included living in Shiraz, marrying under 18, being married for at least three years, giving informed consent, and having no specific physical or psychological disorders (assessed through initial interviews). Exclusion criteria included incomplete responses to questions, unwillingness to participate, and simultaneous participation in other research or interventions.

First, the researcher obtained a letter from the Islamic Azad University of Qeshm addressed to the relevant counseling centers. Then, by attending the centers, 45 eligible individuals were selected through convenience sampling and randomly assigned to three groups (15 in the first experimental group, 15 in the second experimental group, and 15 in the control group). The first experimental group received emotion regulation-based therapy, the second experimental group received unified transdiagnostic treatment, and the control group received no intervention.

## 2.2. Measures

### 2.2.1. Cognitive Insight

The measurement tool was Beck's (2004) Cognitive Insight Scale (BCIS). This self-administered scale consists of 15 items rated on a 4-point Likert scale from 0 (strongly disagree) to 3 (strongly agree). It includes two sets of questions: the first set measures self-reflectiveness (realism and receptiveness to feedback), assessing patients' cognitions and aligning with the component named self-reflectiveness extracted from factor analysis studies of this scale. The second set of questions measures self-certainty, aligned with the factor or component of self-certainty from the scale's factor analysis studies. Cronbach's alpha was reported by Beck (2004) as 0.68 for the self-reflectiveness subscale and 0.70 for the self-certainty subscale. Najafi et al. (2015) reported Cronbach's alpha as 0.79 for the self-certainty subscale and 0.81 for the overall scale. The overall test validity for subscales and the total test was above 0.75, indicating acceptable reliability (Yousefi et al., 2013).

## 2.3. Intervention

### 2.3.1. Emotion Regulation-Based Therapy

This therapeutic protocol was designed by McKay and West (2016) and has been used and validated by many researchers within the Iranian context (Amiri et al., 2020; McKay & West, 2016).

#### Session 1: Awareness of Emotions

Objective: Establishing rapport and introducing the educational program, teaching the technique of observing emotions, and practicing emotional observation in oneself and others.

Content: The session involves establishing a therapeutic relationship and introducing the program. Participants are taught the technique of psychological observation to increase awareness of emotions. They practice observing their emotions and those of others.

#### Session 2: Identifying Ineffective Thoughts

Objective: Understanding brain function in the context of emotions and identifying ineffective thoughts, practicing the technique of surfing thoughts, and psychoeducation about emotional surfing and exposure.

Content: Participants learn about brain functions related to emotions, identify ineffective thoughts, and practice the technique of surfing on these thoughts. The session includes

psychoeducation on emotional surfing and exposure to manage emotions.

#### Session 3: Mindful Acceptance

Objective: Mindful acceptance and surfing on emotions using the metaphor of the monster on the bus, identifying the moment of choice (time between emotional arousal and response), and practicing mindful acceptance and emotional surfing.

Content: Participants learn the concept of mindful acceptance using the metaphor of the monster on the bus. They practice recognizing the moment of choice and surfing on their emotions mindfully.

#### Session 4: Value-Based Actions

Objective: Practicing mindful acceptance and introducing value-based actions, mindful coping through relaxation techniques (abdominal breathing, tension-free relaxation, controlled breathing, five senses exercise, and self-calming), and clarifying values.

Content: This session focuses on practicing mindful acceptance and introducing the concept of value-based actions. Participants engage in mindful coping exercises and clarify their personal values.

#### Session 5: Choosing Actions Based on Values

Objective: Practicing mindful acceptance and choosing actions based on values, emotional confrontation, and practicing emotional exposure.

Content: Participants continue to practice mindful acceptance and are encouraged to choose actions that align with their values. They engage in emotional confrontation and practice emotional exposure.

#### Session 6: Fundamental Acceptance

Objective: Teaching fundamental acceptance through exposure to emotions and replacing maladaptive coping thoughts with adaptive ones.

Content: This session focuses on practicing fundamental acceptance by exposing participants to their emotions and helping them replace maladaptive coping thoughts with more adaptive ones.

#### Session 7: Attention Shifting

Objective: Practicing mindful coping through attention shifting and visual exposure to real situations, shifting attention from distressing stimuli or emotions to behavior consistent with values, such as intimacy, which improves relationships and positively impacts emotional regulation. Reviewing sessions and conducting the post-test.

Content: Participants practice attention shifting and visual exposure to real-life situations. They learn to redirect

their attention from distressing stimuli to value-consistent behaviors.

#### Session 8: Summarizing and Post-Test

Objective: Receiving feedback and addressing issues, summarizing and evaluating sessions, expressing gratitude for participation, and conducting the post-test.

Content: The final session involves receiving feedback, addressing any issues, summarizing the therapy process, expressing gratitude, and conducting the post-test.

### 2.3.2. Unified Transdiagnostic Treatment

This therapeutic protocol was designed by Barlow et al. (2011) and has been used in the Iranian context by Zarei Faskhudi et al. (2021) in their research (Barlow et al., 2010; Zareie Faskhudi et al., 2021).

#### Session 1: Increasing Motivation for Treatment

Objective: Enhancing patients' readiness and motivation for behavioral change and strengthening self-efficacy through belief in their ability to achieve successful change.

Content: This session focuses on increasing patients' readiness and motivation for treatment. Participants work on strengthening their self-efficacy and belief in their ability to achieve the desired changes.

#### Session 2: Psychoeducation and Emotional Experience Exploration

Objective: Providing psychoeducation about the nature of emotions, key components of emotional experience, and the concept of learned responses.

Content: Participants receive psychoeducation on the nature of emotions, the main components of emotional experiences, and the concept of learned responses.

#### Session 3: Emotional Awareness Training

Objective: Identifying personal reactions to emotions and fostering non-judgmental, present-focused awareness in emotional experiences.

Content: Participants learn to identify their reactions to emotions and develop non-judgmental awareness focused on the present moment in their emotional experiences.

#### Session 4: Cognitive Assessment and Reassessment

Objective: Recognizing the role of maladaptive automatic evaluations in creating emotional experiences and identifying and correcting maladaptive thought patterns.

Content: Participants identify the role of maladaptive automatic evaluations in emotional experiences and learn methods to correct these thought patterns.

#### Session 5: Emotional Avoidance and Emotion-Driven Behaviors

Objective: Identifying emotional patterns and maladaptive behaviors driven by emotions, understanding how behaviors perpetuate distress, and working to change current emotional response patterns.

Content: Participants identify emotional patterns and maladaptive behaviors driven by emotions, understand the impact of these behaviors on distress, and work to change these response patterns.

#### Session 6: Awareness and Tolerance of Physical Sensations

Objective: Increasing awareness of the role of physical sensations accompanying emotional experiences.

Content: Participants learn to increase their awareness of the role of physical sensations associated with emotional experiences.

#### Session 7: Intrasituational and Contextual Emotional Exposure

Objective: Emphasizing internal and external emotional triggers, increasing tolerance for them, and learning new contextual responses.

Content: Participants focus on internal and external emotional triggers, work on increasing their tolerance for these triggers, and learn new contextual responses.

#### Session 8: Relapse Prevention

Objective: Reviewing therapeutic concepts and discussing treatment progress, anticipating potential problems and how to handle them, and encouraging the continuation of learned methods.

Content: The final session involves reviewing therapeutic concepts, discussing treatment progress, anticipating potential challenges, and encouraging the continued use of learned techniques.

### 2.4. Data Analysis

The data were analyzed using SPSS (version 26) through descriptive and inferential tests. Descriptive statistics such as mean and standard deviation were used to describe the research indicators, and inferential tests such as Analysis of Covariance (ANCOVA) were used to examine the research objectives.

## 3. Findings and Results

Table 1 presents descriptive statistics related to the mean and standard deviation of cognitive insight scores for the control group, unified transdiagnostic therapy group, and emotion regulation-based therapy group in two measurement stages (pre-test and post-test). As observed,

the mean scores in the pre-test and post-test stages show little change in the control group, but there is a significant

increase in the experimental groups' post-test scores compared to the pre-test scores.

**Table 1**

*Descriptive Statistics of Cognitive Insight Scores in Two Measurement Stages by Group*

Group	Variable	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD
Control	Self-reflectiveness	13.07	4.636	12.20	3.986
	Self-certainty	14.87	3.021	15.27	3.173
	Cognitive Insight	27.94	6.712	27.47	7.219
Unified Transdiagnostic Therapy	Self-reflectiveness	12.47	3.502	16.07	3.751
	Self-certainty	13.80	3.121	17.60	3.290
	Cognitive Insight	26.27	6.588	33.67	7.423
Emotion Regulation-Based Therapy	Self-reflectiveness	13.70	3.913	18.12	3.963
	Self-certainty	14.13	3.532	17.33	3.526
	Cognitive Insight	27.83	7.011	35.45	6.994

To compare the effectiveness of emotion regulation-based therapy and unified transdiagnostic therapy on cognitive insight in women engaged in emotional divorce with early marriage, Multivariate Analysis of Covariance (MANCOVA) was used. It is noteworthy that all

assumptions for ANCOVA were confirmed, and the use of this analysis was appropriate. To examine the differences between groups for each cognitive insight component, the test of between-subjects effects was used, and the results are presented below.

**Table 2**

*Test of Between-Subjects Effects for Comparison of Cognitive Insight Components in Experimental and Control Groups in Post-test*

Variable	Source	Sum of Squares	df	Mean Square	F	p	Effect Size
Self-reflectiveness	Between groups	216.648	2	108.324	19.716	0.001	0.496
	Error	219.774	40	5.494			
Self-certainty	Between groups	91.287	2	45.644	30.292	0.001	0.602
	Error	60.271	40	1.507			

Table 2 shows the results of the test of between-subjects effects for comparing the cognitive insight components in the experimental and control groups in the post-test stage. As indicated, the obtained F values for both components are significant at the 0.01 level ( $p < 0.01$ ). Therefore, the null hypothesis is rejected, and it is concluded that there is a significant difference between the mean scores of the

cognitive insight components in the control group, unified transdiagnostic therapy group, and emotion regulation-based therapy group in the post-test stage. To compare the therapeutic groups with each other and the control group, the Bonferroni post hoc test was used, and the results are presented below.

**Table 3**

*Results of Bonferroni Post Hoc Test*

Dependent Variable	Group	Group	Mean Difference	Standard Error	p
Self-reflectiveness	Control	Unified Transdiagnostic	-4.274	0.858	0.001
		Emotion Regulation-Based	-5.106	0.881	0.001
Self-certainty	Control	Unified Transdiagnostic	-0.832	0.870	1
		Emotion Regulation-Based	-3.345	0.449	0.001
	Unified Transdiagnostic	Unified Transdiagnostic	-2.618	0.461	0.001
		Emotion Regulation-Based	0.728	0.456	0.355

Based on the results of the Bonferroni post hoc test in Table 3, both the unified transdiagnostic therapy and emotion regulation-based therapy were effective in

increasing cognitive insight in women engaged in emotional divorce with early marriage. However, there was no

significant difference in the effectiveness between the two therapeutic methods.

#### 4. Discussion and Conclusion

Based on the results of the Bonferroni post hoc test, both unified transdiagnostic therapy and emotion regulation-based therapy were effective in increasing cognitive insight (self-reflectiveness, self-certainty) in women engaged in emotional divorce with early marriage. However, there was no significant difference in the effectiveness of these two approaches on the mentioned variable. This result partially aligns with the prior findings (Afarin Sadeghi et al., 2021; Allen et al., 2008; Amiri et al., 2020; Barlow et al., 2010; Fujisato et al., 2021; Ghasemkhanloo et al., 2021; Goudarzi et al., 2021; Mashhadi et al., 2022; McKay & West, 2016; Schaeuffele et al., 2022; Sharifi et al., 2020; Soleymani et al., 2020; Timulak et al., 2022; Zareie Faskhudi et al., 2021).

To explain the significant impact of emotion regulation-based therapy and unified transdiagnostic therapy on cognitive insight (self-reflectiveness, self-certainty) in women engaged in emotional divorce with early marriage and the lack of significant difference between the two approaches, the researcher uses experiential background and theoretical explanation. Both therapeutic approaches have a comprehensive focus on emotional and cognitive insight. Emotion regulation-based therapy is one of the emotion-focused therapies that, through creating emotional and cognitive insight, provides a basis for better functioning. During this therapeutic approach, individuals became aware of their positive and negative emotions and gained the ability to recognize these emotions in the moment. Recognizing primary and secondary emotions was the first step toward gaining insight into their existential dimensions. This insight, considered the first step in creating therapeutic changes, was a focus during emotion regulation-based therapy. Ebrahimi et al. (2021) emphasized that emotion regulation-based therapy plays a significant role in increasing emotional insight and insight into the cognitions behind emotional experiences. These researchers believe that individuals receiving emotion regulation-based therapy experience greater emotional and cognitive-emotional insight than others. After gaining insight into their inner emotions, the therapist guided the members to identify the thoughts behind these emotions. Some of these thoughts were ineffective, causing the emergence, intensification, and persistence of ineffective emotions. After identifying these ineffective thoughts, the therapist asked the members to

evaluate their alignment with reality (Ebrahimi et al., 2021). Following this evaluation, members realized the ineffectiveness of many of these thoughts and, with the therapist's help, engaged in cognitive restructuring to correct and replace these beliefs. The emotion regulation-based approach also focuses on deeply understanding fundamental values. This understanding, along with insight into inner emotions and deep beliefs, significantly enhances one's self-perception. Zarei and colleagues (2021) emphasized that understanding inner values and prioritizing them is another principle of increasing cognitive insight that is greatly facilitated during the implementation of emotion regulation-based therapy (Zareie Faskhudi et al., 2021). Overall, the role of emotion regulation-based therapy in improving members' cognitive insight is evident.

Unified transdiagnostic therapy, like emotion regulation-based therapy, plays an effective role in improving cognitive insight. During this therapeutic process in the present study, individuals first gained insight into their inner emotions and reactions. After deep understanding, the possibility of taking practical actions for change was also provided. Understanding inner emotions, their formation, and learning how to express them was the first dimension that facilitated individuals' cognitive insight into themselves, particularly in the emotional dimension. This therapeutic approach also focused on recognizing physical symptoms and core beliefs (Barlow et al., 2010; Fujisato et al., 2021). This focus enhanced individuals' awareness of the physical and cognitive dimensions. Soleymani et al. (2020) demonstrated that one outcome of implementing unified transdiagnostic therapy is increasing individual insight into oneself, providing a basis for making emotional, cognitive, and behavioral corrections (Soleymani et al., 2020).

In summary, both emotion regulation-based therapy and unified transdiagnostic therapy focus on enhancing emotional, cognitive, value-based, and communicative insight. Implementing these approaches in this study significantly increased cognitive insight in women engaged in emotional divorce with early marriage. This group gained insight into their primary and secondary emotions and, based on this insight and deep cognitive understanding, facilitated therapeutic changes. Both approaches focus on emotional, cognitive, and value-based insight, explaining their significant role in enhancing cognitive insight. However, there was no significant difference in the impact of these two approaches on the cognitive insight variable. The lack of difference between these two approaches is evident. Both approaches have a comprehensive focus on strengthening

cognitive and emotional insight, and the insight-oriented nature of both approaches is similar.

## 5. Limitations and Suggestions

The generalizability of a study's findings is influenced by various factors, one of which is the cultural context in which the research is conducted. This study was carried out in Shiraz, so generalizing the findings to other social contexts and cultural settings is limited.

The sample in this study only included women with early marriages, excluding other women (those without early marriages). Therefore, the findings are limited and can only be generalized to women with early marriages.

Moreover, the sample in this study focused solely on women with early marriages, excluding men with early marriages. Thus, the findings have gender limitations and can only be generalized to women with early marriages.

Based on the findings, the matters are suggested:

- Comparing the effectiveness of emotion regulation-based therapy and unified transdiagnostic therapy on cognitive insight in women engaged in emotional divorce with early marriage in other cities and cultural contexts.
- Comparing the effectiveness of emotion regulation-based therapy and unified transdiagnostic therapy on cognitive insight in men engaged in emotional divorce with early marriage.
- Investigating the effectiveness of emotion regulation-based therapy and unified transdiagnostic therapy on cognitive insight in both women and men engaged in emotional divorce with early marriage and comparing the results based on gender.
- Marriage and family counseling centers are encouraged to use emotion regulation-based therapy and unified transdiagnostic therapy to improve cognitive insight and other psychological variables in women engaged in emotional divorce, especially those with early marriages.
- Premarital counseling centers are advised to apply emotion regulation-based therapy and unified transdiagnostic therapy when dealing with couples under 18 years old. These approaches can significantly prevent issues such as cognitive fatigue, negative cognitive insight, feelings of loneliness, and tendencies towards infidelity, which can lead to marital breakdowns.

## 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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