

# Comparing the Effectiveness of Acceptance and Commitment Therapy Matrix (ACTM) and Emotion-Focus Therapy (EFT) on Marital Boredom and Differentiation in Women with Marital Conflict

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**ABSTRACT:** This research was conducted with the aim of comparing the effectiveness of emotion-focused therapy (EFT and Acceptance and Commitment Therapy Matrix (ACTM)) on marital burnout and differentiation of women with marital conflict. The research method was semi-experimental in three stages: pre-test, post-test and follow-up. 45 women with marital conflict were selected through purposive sampling, using the Kansas Egman Marital Conflict Scale, and were randomly assigned to two experimental groups and a control group, 15 people in each group. Then, the ACTM and EFT experimental groups were divided into ten groups. The training session and the control group did not receive treatment. All three groups were evaluated before, after and one month after the intervention with the Panis and Schmitt-Waskorn discrimination questionnaires. The data were analyzed by repeated measures analysis of variance and post hoc tests. The results of EFT and ACTM treatments in the components of marital despondency and differentiation in the pre-test and post-test stages were significant compared to the control group. Also, in addition to the effectiveness of the two treatments on both of the aforementioned components, the results showed that the matrix of ACT therapy in the differentiation component and emotion-oriented treatment They were a little more effective in the component of marital boredom.

**Keywords:** Acceptance and Commitment therapy Matrix ,Emotion-Focus Therapy (EFT), Marital Boredom, Differentiation, Women with Marital Conflict.

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## INTRODUCTION

Marital satisfaction is the most important factor for the continuity of the family as the primary social unit. When unresolved conflicts between spouses persist, it not only decreases marital satisfaction but also leads to other adverse effects such as reduced parental support, resulting in depression and stress in children, especially adolescents (Timothy A. Lawrence, 2022). Marital conflict is presumed to be an interaction between spouses with incompatible issues, perspectives, and opinions (Toluroleke, 2014). The effects of marital conflict affect various family aspects. Maternal parental stress, mental health, and decreased satisfaction with marriage (Parnell C. Siming Dong and colleagues, 2022), fatigue, pessimism, work-family conflict, especially in women (Guanqai Zeng, 2022), as well as susceptibility to suicide, substance abuse, and worsening of acute and chronic medical conditions are among the other consequences of marital conflict (Miller et al., 2013). Negative emotions, high academic fatigue, dissatisfaction (Han Zhang, 2022), infidelity, and sexual partners (Inchou Wang, 2022) are all serious damages inflicted on the family structure. Moreover,

women are more sensitive in relationships and interactions with others compared to men and are more prone to mental health risks such as somatic symptom disorders, obsessive-compulsive behavior, interpersonal sensitivity, depression, hostility, and psychosis, and they achieve higher scores (Alan L. Krino et al., 2023). Considering the importance of the topic, various components can help reduce marital conflicts. Exploratory analyses have shown that successful conflict resolution increases the clarity of the spouses' identities and predicts marital commitment (Lida M. Amri, 2022). One of the factors that follow marital conflict is marital distress, which occurs when couples realize that despite their efforts, their relationship lacks meaning. When spouses drift apart from love and affection, any negative event seems sufficient to label their spouse negatively. In such circumstances, even if a husband shows no sensitivity once, he is perceived as insensitive. If a woman fails to meet her husband's expectations of affection even once, she is considered unkind (Shahdi & Rezaei, 2017). Marital distress is a type of emotional and psychological fatigue resulting from the discrepancy between expectations and realities in marital life (Ghasemi, Afsharinyia, & Amiri, 2020). Marital distress is gradual; love gradually fades and declines and, in the worst case, signifies a complete breakdown of marital relationships. It begins with the imbalance between supply and demand, the inconsistency between individuals' expectations and ideals on the one hand, and realities on the other, leading to stress. The result of this concern is physical and mental fatigue, which gradually leads to changes in attitude and behavior and ultimately marital distress (Davernia et al., 2015). Differentiation is a fundamental concept in Bowen's family systems theory (1978), defined as the degree to which an individual can maintain a balance between emotional and intellectual functioning and intimacy and independence in relationships. At the interpersonal level, differentiation refers to the ability to maintain a balance between intimacy with others and their independence. A highly differentiated individual can be emotionally close to others without implying emotional fusion or identity loss. However, a person with weak differentiation strongly reacts to family commands, complies with them in a submissive manner, or conversely rebels against them (Mozas Alonso et al., 2022). Regarding couples, However, a person with weak differentiation reacts strongly to their family's commands, either becoming highly compliant with them or rebelling against them (Mozas Alonso, Oliver, & Brastgi, 2022). Regarding couples, numerous studies confirm that higher levels of differentiation predict higher levels of marital compatibility (Lampis, 2016; Lampis, Catudella, Bosoneara, & Scorrano, 2017), and lower emotional and marital distress (Declé, 2010). Additionally, findings suggest that differentiation predicts spouses' affection, intimacy, and satisfaction (Ferreira, Frankel, Narciso, & Novo, 2015). Furthermore, Scorrano's research (2000) demonstrated a positive relationship between the level of self-differentiation and the quality of relationships, indicating that differentiation predicts good marital relationship quality. In another study, Scorrano (2004) concluded that individuals have the ability to independently grow in intimate relationships and maintain their calm and comfort in deep relationships. Therefore, they do not experience emotional fusion or identity loss. In contrast, less differentiated individuals tend to merge with others, leading to separation from important people in their lives or emotional detachment, thus exhibiting anxious responses when faced with emotional intimacy. Additionally, Dehaye et al. (2021) affirmed the effectiveness of differentiation therapy on self-compassion and marital compatibility based on Bowen's family systems theory. Given the effectiveness of both components in marital distress and differentiation in marital conflict, the current research seeks new and more effective treatment methods, including emerging third-wave therapies, with a focus on Emotionally Focused Therapy (EFT). EFT, as an approach to assisting couples, began in the mid-1980s. EFT was formulated and tested by Sue Johnson and Les Greenberg in 1985 (Angus Lynne & Greenberg, 2011). The first couples' therapy manual focusing on emotions, authored by Greenberg, was published in 1988. EFT approaches include elements of experiential therapy (such as individual-focused therapy and Gestalt therapy), systemic therapy, and attachment theory (Greenberg, 2002, 2015). In Johnson's approach (2003), attachment theory is considered the primary theory of adult love, encompassing other motivations and guiding therapists in processing and reprocessing emotions. She sees the primary goal as changing attachment bonds and creating secure attachments. (Gerald Corey, 2015, 1977). In the Greenberg and Goldman approach, emphasis is placed on behavior related to identity issues (self and other behavioral models) and promoting self-soothing and changes in interactions. Furthermore, although they "fully endorse" the importance of attachment (Wadding & Corsini, 2013), attachment is not considered the sole motivation between couples. Instead, attachment is seen as one of three aspects of relational functioning, along with identity/power issues and attractiveness/liking (James Prochaska, 2014, Waiker 2015). Another treatment for improving interpersonal quality in couples is Acceptance and Commitment Therapy (ACT). Matrix Acceptance and Commitment Therapy extensively offers a six-sided flexible model, with each side indicating a six-stage process (mindful acceptance, committed action, values, and self as context) designed by Steven Hayes (2012). Cognitive flexibility is included in ACT's six-sided model. While a six-sided model of acceptance and commitment therapy can be useful for referring to the research process of this approach, although the goal of each can be clinically burdensome, the matrix model of acceptance and commitment therapy (Polk et al., 2016) designed by Steven Hayes primarily focuses on promoting psychological flexibility, but the main difference in the model.



**Figure 1. Diagram of Acceptance and Commitment Therapy Matrix**

The Matrix, with its six-sided model, emphasizes the promotion of cognitive flexibility from a perspective of mindfulness and compassion. According to Peyman Nia and Bahram (2018), what Polk (2016) employs in Matrix ACT leads to a vibrant, purposeful, and meaningful life. The presence of meaning reduces marital conflicts (Hashemizadeh et al., 2021). Valnet Marco and colleagues (2023) demonstrated the effectiveness of compassion-based therapy on emotional dysregulation and aggression in women with premenstrual syndrome, highlighting the importance of compassion in reducing aggression in women with this syndrome. In other words, it helps individuals cope with thoughts, emotions, and Unpleasant emotions can effectively be addressed through restructuring one's life story. Moreover, Matrix can enhance the nature of acceptance and commitment therapy. Emphasizing actions distancing from values and approaching actions towards values in this matrix, along with constant mindfulness and compassion for better acceptance of couples' conditions, is highly emphasized (Oegeloo and Matthew McKay, 2017, translated, p. 211 and p. 40). Ultimately, life's meaning is associated with positive life goals (Hashemizadeh et al., 2020a) and reducing marital conflicts (Hashemizadeh et al., 2020b). Given the significance of research in the field of marital conflict, especially for women, for the reasons mentioned in the study, this article attempts to compare two novel treatments that have not yet been compared together in terms of two variables: marital distress and differentiation for the first time. Furthermore, paradoxical treatment has not been investigated either in a group format or in terms of marital distress variables, and from this new perspective, it is a remarkable and novel research perspective. Moreover, since there is a more significant and meaningful relationship between women's mental health and physical illnesses compared to men's mental health and physical illnesses (Shafiee et al., 2013), the present study found it necessary to examine women's society. On the other hand, the effectiveness of emotion-focused therapy on these two components simultaneously in women with conflicts compared to Matrix therapy ACT has not been investigated. Therefore, it is necessary to study these issues in order to strengthen the research base for the important matter of marital conflict in women's society. Hence, in the present study, the effectiveness of emotion-focused therapy compared to Matrix acceptance and commitment therapy (ACTM) on marital distress and differentiation in women with marital conflicts will be investigated. Therefore, the present research has examined the effectiveness of emotion-focused therapy compared to Matrix acceptance and commitment therapy (ACTM) on marital distress and differentiation in women with marital conflicts. The following hypotheses were tested in this study:

- 1) The effectiveness of emotion-focused therapy with Matrix ACT is different from the treatment group and the control group on marital distress in women with marital conflicts.
- 2) The effectiveness of emotion-focused therapy with Matrix ACT is different from the treatment group and the control group on differentiation in women with marital conflicts.

## **RESEARCH METHODOLOGY**

The current research employed a quasi-experimental design with three groups, including Emotion-Focused Therapy (EFT), Matrix Acceptance and Commitment Therapy (ACT), and a control group, in three stages: pre-test, post-test, and follow-up. The statistical population consisted of women with marital conflicts in Langarud County during the winter of 2022-2023. Through several calls and preliminary sessions to improve marital relationships, out of 284 participants, 154 expressed willingness to participate in the research. Among them, 45 individuals were selected based on entry and exit criteria and through structured interviews using purposive sampling with the Kansas Marital Conflict Scale (KMCS) questionnaire (Egman et al., 1985). Then, they were randomly assigned to three groups: PTC, MACT, and the control group, with 15 participants in each group. Entry criteria, in addition to the Kansas Marital Conflict Scale questionnaire and obtaining a score below the cutoff of 12, included married women aged 25 to 45 with literate and consenting to participate in the research, not receiving mood-altering drugs or parallel therapies. Exit

criteria also included a reluctance to miss more than one session in the training sessions. Ethical considerations such as confidentiality, the right to withdraw from sessions, informing participants about the research, using data only for research purposes, and providing two free counseling sessions to the control group after the end of the follow-up period were taken into account

Ethics approval for the present study was obtained from the Ethics Committee of the Biomedical Research Center at Islamic Azad University, Khorasgan Branch, with the ethics code IR.IAU.KHUISF.REC.1402.065.

Implementation and Analysis Method: After random allocation of participants into two experimental groups and one control group, the experimental groups underwent ten 90-minute group sessions over approximately one and a half months, while the control group did not receive any treatment during this period. The data were analyzed using SPSS version 24 software. Descriptive and inferential statistics were used for data analysis.

**Assessment Tools:**

**1- Kansas Marital Conflict Scale (KMCS):**

The Kansas Marital Conflict Scale (KMCS), developed by Kansas Marital Conflict Scale (KMCS), Egmond and colleagues (1985), is used to initially measure marital conflict. Scoring: The Kansas Marital Conflict Scale (KMCS), developed by Egmond, Maxley, and Schem (1985), consists of 27 items used to assess marital conflict. The questionnaire is scored on a 4-point Likert scale, with scores of 1, 2, 3, and 4 corresponding to "never," "rarely," "sometimes," and "almost always," respectively. Validity and reliability: The KMCS demonstrates excellent internal consistency with alphas ranging from 0.91 to 0.95 for men across all stages and from 0.88 to 0.95 for women. Scale stability is also very good with test-retest correlations over a 6-month period ranging from 0.64 to 0.96 for three stages. Scores for each stage are obtained simply by summing the scores of individual items. In Stage 1, items 5, 7, 9, and 11 are reverse-scored, meaning "never" = 1, "sometimes" = 2, "rarely" = 3, and "never" = 4. In Stage 2, all items except "Respect for you" are reverse-scored, and in Stage 3, items 2, 4, 5, 6, and 7 are reverse-scored. Higher scores indicate lower levels of conflict.

**2- The Penn Inventory of Marital Discontent (PANIEZ):**

This questionnaire consists of 20 questions and aims to assess the dimensions of individuals' citizenship behavior (e.g., friendship type, duty, masculinity, politeness, and civility virtue). The Marital Discontent Scale is a self-assessment tool designed to measure the degree of marital discontent among couples. This scale is adapted from another self-assessment tool used to measure discontent. This scale was developed by Pennz (1996) (Penniez & Nance, 2003; Lais & Lais, 2001). This questionnaire has 20 items that cover three main aspects: physical fatigue (e.g., feeling tired, weakness, and sleep disturbances), emotional fatigue (e.g., feeling depressed, hopeless, and trapped), and mental fatigue (e.g., feeling worthless, frustrated, and angry at one's spouse). All items are rated on a seven-point scale. Level 1 indicates no experience of the statement, and level 7 indicates a high level of experience of the statement. The PANIEZ: 1996, translated by Shadab 1386, page 351. The response spectrum is Likert-type, where "never" = 1, "once in a while over a long period" = 2, "rarely" = 3, "sometimes" = 4, "usually" = 5, "often" = 6, and "always" = 7. To obtain the level of marital discontent, the following instructions are followed: Step 1: Add the scores of questions 18-17-16-15-14-13-12-11-10-9-8-7-5-4-2-1. Step 2: Add the scores given to questions 3, 6, 19, and 20 together. Step 3: Subtract the score from step 2 from 32. Step 4: Add the score from step 1 to the score from step 3. Step 5: Divide the number from step 4 by 21. The resulting number indicates the degree of marital discontent. It is worth noting that higher numbers indicate higher levels of discontent, and vice versa. The reliability coefficient of the marital discontent scale indicates internal consistency between variables in the range of 0.84 to 0.90 (Pennz, 2002). Internal continuity for most respondents was measured using the alpha constant, which ranged from 0.91 to 0.93 (Shadab Translation, 1381). In Iran, Navidi (1384) measured the Cronbach's alpha of this questionnaire for 240 samples, 120 nurses, and 120 teachers, which is reported as 0.86.

**3- Differentiation Questionnaire:**

This questionnaire is a 46-item tool designed by Skorn and Schmidt (2003) to measure individuals' differentiation. This questionnaire is scored on a 6-point Likert scale ranging from 1 (definitely not true about me) to 6 (definitely true about me). Each question is scored between 1 and 6, with option 1 receiving a score of 1 and option 6 receiving a score of 6. The maximum score for the questionnaire is 276. The Cronbach's alpha coefficient reported by Skorn and Friedlander (1998) for this questionnaire is 0.88. In the study by Skorn and Smith (2003), the overall reliability coefficient was found to be 0.92. This test has also been used in Iran by Eskian (1384). Eskian and Chengizi, Farhad (1387) also reported a reliability coefficient of 0.89 for this questionnaire in their study. The differentiation scale itself (consisting of 46 items and 4 subscales)

**Table 1. Summary Treatment protocol, Emotion-Focused Therapy protocol by Greenberg (2010) is used. The experimental group receives training in 10 sessions of 90 minutes each, twice a week.**

Sessions	Meeting process	Homework
First	General introduction to the participants - Introduction of the therapist - Review of their motivations and expectations from attending the class - Presentation of the rules - Providing definitions of emotion-focused therapy,	Filling out the research questionnaires in the pre-test phase.

<b>Sessions</b>	<b>Meeting process</b>	<b>Homework</b>
	marital distress, differentiation - Distribution of emotion awareness brochures.	
<b>Second</b>	Examining the task/recognizing attachment styles, understanding fears and suppressed emotions - fear of exposing flaws and shortcomings - identifying personal attachment traumas that impact current relationships - assessing their fear of revealing secrets/ suppressed emotions/ exposing flaws and shortcomings - understanding the detrimental association between attachment and marital dissatisfaction, differentiation.	Discovering one's own attachment style/registering personal feelings regarding marital dissatisfaction, everyday differentiation with attachment styles/ identifying fears and concerns/recognizing deep needs that trigger negative emotions.
<b>Third</b>	-Reviewing the assignment/opportunity to find the consequences resulting from one's attachment style. -Familiarizing oneself with the compassionate feelings towards inefficient negative emotions/discussing emotions that postpone improvement. -Exploring attachment insecurities and women's fears in relation to 6 variables. Practicing mindfulness and the two-chair technique/facilitating group openness and self-disclosure/continuing treatment continuity.	Identifying precise emotions, sentiments, and pure feelings that, when neglected, contribute to conflict (marital dissatisfaction, differentiation).
<b>Fourth</b>	Examining the task - clarifying key emotional responses - expanding emotional experience in relation to the spouse and manifesting new elements in the referral experience - accepting the negative cycle by the couple - delving deeper into women's emotional engagement based on attachment, including increasing the identification of attachment needs - deepening personal connection with the emotional experience in relation to marital dissatisfaction, differentiation - expressing and highlighting conflicting aspects of dialogue between different self-aspects, including self-blame, self-excuse, self-compassion detachment, and problem-solving responsibility.	-Illuminating emotional experiences and delving deeper into them in relation to marital dissatisfaction, differentiation / dialogue between different internal emotional aspects in relation to marital dissatisfaction, differentiation.
<b>Fifth and sixth</b>	-Reconnecting with values / Establishing consistency in internal conflicting aspects of dialogue - Attention to needs and motivations linked to ineffective emotions - Expressing remorse over negative experiences. Finding healthier ways to meet needs.	-Focusing on oneself rather than others - Identifying underlying fears and expressing desires and wishes - Self-acceptance and enhancing new ways of interacting with one's spouse considering marital dissatisfaction and differentiation.
<b>Seventh and Eighth</b>	-Reviewing the assignment - Compensating for damages and reconstructing interactions and changing events - Increased engagement of women in their interactions and paying attention to their positive and negative emotions, creating internal harmony regarding oneself and one's spouse in relation to marital dissatisfaction and differentiation - Finding a confident voice for appropriate solutions to meet needs, finding new solutions - Direct and indirect compensatory behaviors.	Identifying strengths and weaknesses and discovering new solutions for relationship exercises and emotional activation and reconstruction for marital dissatisfaction and differentiation - Attention to the consequences of forgiveness and pleading.
<b>Ninth</b>	Reviewing the assignment - utilizing therapeutic achievements in daily life, including engaging intimately with one's spouse, staying on the treatment path and not deviating from it, striving for harmony amid new family dynamics, identifying and supporting constructive interaction patterns, fostering secure attachment, regarding marital dissatisfaction and differentiation/direct and indirect compensatory behaviors.	-Writing a letter to oneself and engaging in dialogue with various inner voices, constructing a happy narrative about the relationship with oneself and one's spouse, considering marital dissatisfaction and differentiation. -Planning to maintain secure attachment.
<b>Tenth</b>	-Summarizing sessions - Facilitating session closure - Encouraging the retention of positive changes from compassionate emotional experiences and responsibility based on values - Identifying differences between past negative interaction patterns in initial sessions and now.	Summary and continuation of lessons learned and post-assessment.

**Table 2. Summary of Acceptance and Commitment Therapy (ACT) sessions based on the step-by-step matrix therapy approach by Polk and Schoendorff (2016), conducted over 10 sessions of 90 minutes each, twice a week.**

<b>Number of Sessions</b>	<b>Objectives of the meeting</b>	<b>Meeting process</b>
<b>First Session</b>	Session objectives in the form of assignments.	Members of the group getting acquainted with each other/introduction of group rules/filling out questionnaires/explanation by members of the workshop objectives.
<b>Second Session</b>	Attention and mindfulness towards one's emotions and how to deal with them in relation to marital dissatisfaction and differentiation. Attention and precision in understanding the definitions of two variables: adaptability and mental well-being, and finding ways to approach and distance oneself.	Familiarization with the ACT Matrix, defining and explaining the variables of marital dissatisfaction and differentiation, and placing them on the right side of the matrix as objectives - Mindfulness techniques.
<b>Third Session</b>	The exercise involves looking through the lens of the ACT Matrix in relation to the two variables: marital dissatisfaction and differentiation, considering the understanding of each of them along with the distinction between the five senses and the inner world of the mind.	Reviewing homework assignments: Familiarization with the ACT Matrix, understanding the difference between the five senses and the inner world of the mind, practicing perspective-taking with an emphasis on compassion, recognizing the effects of external actions, distancing and approaching behaviors, and getting acquainted with two personalities: positive and negative. Mindfulness techniques: Paying attention to the factors contributing to marital dissatisfaction and lack of differentiation.
<b>Fourth and Fifth Session</b>	Finding the effects of one's behavioral actions in relation to the two variables of marital dissatisfaction and differentiation in the short and long term according to the matrix, and identifying attention thief hooks in conflicts.	Reviewing homework assignments, analyzing the functional behavior in the long and short term. -Identifying challenges and difficulties in trying to control attention. -Distractions, practicing attention skills, and attention thief hook exercises .
<b>Sixth Session</b>	Verbal Aikido practice and its application for the 2 variables of marital dissatisfaction and differentiation, considering compassion.	-Introduction to verbal Aikido skill -Familiarization with the concept of self-compassion, identifying sources of negative emotions such as shame and self-blame, introducing three emotional regulation systems (threat system, reward system, and soothing system), examining 2 variables through the lens of the matrix, mindfulness techniques .
<b>Seventh Session</b>	Practicing verbal aikido skills - writing compassionate letters to yourself and your spouse and each family member (children) with regard to marital boredom and differentiation	Combining verbal Aikido skills with other compassionate metaphors (such as SpongeBob and Patrick, Pinocchio and the sly fox) to examine the 2 variables through the lens of the matrix and mindfulness techniques.
<b>Eighth Session</b>	Practicing the skill of being a compassionate or strict teacher in relation to the two variables of marital dissatisfaction and differentiation. Utilizing perspective-taking power exercises based on the Matrix in challenging situations, both in this place and time.	Reviewing homework assignments, practicing mindfulness skills, in this therapeutic process, the therapist helps women to approach the experience of pain, suffering, and conflict with acceptance and mindfulness. Introducing a compassionate or strict internal teacher, metaphorically represented by a mother cat, helps bring issues related to marital dissatisfaction and lack of differentiation to another place and time.
<b>Tenth Session</b>	Summary and follow-up to ensure the continuation of learning. Post-assessment.	Reviewing all group sessions using perspective-taking and compassion skills regarding the two target variables.

## FINDINGS

In this section, we examine the research findings corresponding to the research hypotheses.

**Hypothesis 1:** The effectiveness of emotion-focused therapy with the ACT matrix in comparison to therapy group and control group on marital boredom in women with marital conflict is significant difference.

**Table 3. Bonferroni post hoc test data for comparing the experimental groups pairwise in the marital distress variable**

Variable	Row	base group	Meaningful	comparison group	The difference of the averages	standard error	Meaningful
Time	1	pre-test	<b>0.000</b>	post-test	** <b>3.900</b>	<b>0.236</b>	<b>0.000</b>
	2	pre- test	<b>0.000</b>	follow	** <b>4.000</b>	<b>0.249</b>	<b>0.000</b>
	3	Post- test	0.110	follow	0.100	0.047	0.110
	4	Matrix Act	0.733	emotion-focused therapy	2.000	1.274	0.733
	5	Matrix Act	0.151	Control	-2.933	1.274	0.151
	6	emotion-focused therapy	<b>0.002</b>	Control	** <b>-4.933</b>	<b>1.274</b>	<b>0.002</b>
Time	1	pre- test	<b>0.000</b>	Follow-up	** <b>6.800</b>	<b>0.352</b>	<b>0.000</b>
	2	pre- test	<b>0.000</b>	follow	** <b>6.867</b>	<b>0.344</b>	<b>0.000</b>
	3	Post- test	0.958	emotion-focused therapy	0.067	0.066	0.958
	4	Matrix Act	<b>0.010</b>	Control	** <b>4.756</b>	<b>1.445</b>	<b>0.010</b>
	5	Matrix Act	<b>0.007</b>	Control	** <b>-4.956</b>	<b>1.445</b>	<b>0.007</b>
	6	emotion-focused therapy	<b>0.000</b>	post-test	** <b>-9.711</b>	<b>1.445</b>	<b>0.000</b>
Time	1	pre- test	<b>0.000</b>	follow	** <b>4.500</b>	<b>0.229</b>	<b>0.000</b>
	2	pre- test	<b>0.000</b>	follow	** <b>4.576</b>	<b>0.226</b>	<b>0.000</b>
	3	Post- test	0.455	emotion-focused therapy	0.067	0.046	0.455
	4	Matrix Act	0.055	Control	2.733	1.013	0.055
	5	Matrix Act	<b>0.014</b>	Control	* <b>-3.222</b>	<b>1.013</b>	<b>0.014</b>
	6	emotion-focused therapy	<b>0.000</b>	post-test	** <b>-5.956</b>	<b>1.013</b>	<b>0.000</b>
Time	1	pre-test	<b>0.000</b>	follow	** <b>15.200</b>	<b>0.580</b>	<b>0.000</b>
	2	pre-test	<b>0.000</b>	follow	** <b>15.433</b>	<b>0.571</b>	<b>0.000</b>
	3	post-test	<b>0.071</b>	emotion-focused therapy	0.233	0.100	<b>0.071</b>
	4	Matrix Act	<b>0.004</b>	Control	** <b>9.489</b>	<b>2.632</b>	<b>0.004</b>
	5	Matrix Act	<b>0.001</b>	Control	** <b>-11.111</b>	<b>2.632</b>	<b>0.001</b>
	6	emotion-focused therapy	<b>0.000</b>	post-test	** <b>-20.600</b>	<b>2.632</b>	<b>0.000</b>

As shown in Table 3, significant differences exist between pre-test and post-test and between pre-test and follow-up in the components of physical fatigue, emotional exhaustion, psychological burnout, and marital distress ( $p < 0.01$ ), but there is no significant difference between post-test and follow-up ( $p > 0.05$ ). In physical fatigue, the treatment groups do not differ significantly ( $p < 0.05$ ), and only emotion-focused therapy shows significant differences compared to the control group ( $p < 0.01$ ). There is a significant difference between emotion-focused therapy and the other two treatments in emotional exhaustion ( $p < 0.01$ ). Moreover, the difference between emotion-focused therapy and

acceptance and commitment therapy (ACT) with the control group is significant ( $p < 0.01$  or  $p < 0.05$ ). In psychological burnout, there is a significant difference between emotion-focused therapy and ACT ( $p < 0.01$ ), and also between ACT and the control group ( $p < 0.01$  or  $p < 0.05$ ). In marital distress, there is a significant difference between emotion-focused therapy and the other two groups ( $p < 0.01$ ), and also between both treatment groups and the control group ( $p < 0.01$  or  $p < 0.05$ ). This indicates that both treatments were effective in reducing marital distress, but emotion-focused therapy was more effective with significant differences ( $p < 0.01$  or  $p < 0.05$ ). Hence, based on the data presented in Tables 3 the first hypothesis regarding the differential effectiveness of emotion-focused therapy and ACT on marital distress in women with marital conflict is confirmed. There are significant differences both between the treatment groups and the control group and between the two treatment groups. This means that while both treatments are effective in reducing marital distress, emotion-focused therapy is more effective.

**Hypothesis 2:** The effectiveness of emotion-focused therapy compared to ACT and the control group on differentiation in women with marital conflict is different.

In Table 5, the data for the Shapiro-Wilk test (for the normal distribution of variables), Levene's test (for the equality of variances between groups), the Box's M test (for the equality of covariance matrices), and the Mauchly's test (for sphericity assumption) for the differentiation variable and its components are presented.

**Table 4. Bonferroni Follow-up Test Data for Pairwise Comparison of Research Groups in the Variable of Differentiation**

Variable	Row	base group	comparison group	The difference of the averages	standard error	Meaningful
Time	1	pre-test	Post-exam	<b>-10.800**</b>	<b>0.729</b>	<b>0.000</b>
	2	pre-test	follow	<b>-10.900**</b>	<b>0.735</b>	<b>0.000</b>
	3	post-test	follow	-0/100	0.087	0.767
Emotional reaction	4	Matrix Act	emotion-focused therapy	3.422	1.867	0.434
	5	Matrix Act	Control	<b>12.022**</b>	<b>1.868</b>	<b>0.000</b>
	6	emotion-focused therapy	Control	<b>8.600**</b>	<b>1.867</b>	<b>0.000</b>
Time	1	pre-test	Post-exam	<b>-6.050**</b>	<b>0.534</b>	<b>0.000</b>
	2	pre-test	follow	<b>-6.383**</b>	<b>0.574</b>	<b>0.000</b>
	3	post-test	follow	-0.333	0.184	0.228
My place	4	Matrix Act	emotion-focused therapy	5.200	2.596	0.300
	5	Matrix Act	Control	<b>9.400**</b>	<b>2.256</b>	<b>0.004</b>
	6	emotion-focused therapy	Control	-4.200	2.596	0.668
Time	1	pre-test	Post-exam	<b>-6.767**</b>	<b>0.579</b>	<b>0.000</b>
	2	pre-test	follow	<b>-6.717**</b>	<b>0.717</b>	<b>0.000</b>
	3	post-test	follow	0.050	0.364	1.000
Emotional breakdown	4	Matrix Act	emotion-focused therapy	<b>4.333**</b>	<b>1.904</b>	<b>0.000</b>
	5	Matrix Act	Control	<b>10.400**</b>	<b>1.903</b>	<b>0.000</b>
	6	emotion-focused therapy	Control	<b>6.067*</b>	<b>1.904</b>	<b>0.014</b>
Time	1	pre-test	Post-exam	<b>-12.300**</b>	<b>0.945</b>	<b>0.000</b>
	2	pre-test	follow	<b>-12.417**</b>	<b>0.937</b>	<b>0.000</b>



	3	post-test	follow	-0.117	0.060	0.172
Mixing with others	4	Matrix Act	emotion-focused therapy	<b>3.076</b>	<b>1.927</b>	<b>0.703</b>
	5	Matrix Act	Control	<b>12.733**</b>	<b>1.927</b>	<b>0.000</b>
	6	emotion-focused therapy	Control	<b>9.667**</b>	<b>1.927</b>	<b>0.000</b>
Time	1	pre-test	Post-exam	<b>-35.917**</b>	<b>1.668</b>	<b>0.000</b>
	2	pre-test	follow	<b>-35.917**</b>	<b>1.748</b>	<b>0.000</b>
	3	post-test	follow	<b>0.000</b>	0.652	1.000
Differentiation	4	Matrix Act	emotion-focused therapy	<b>16.689**</b>	<b>4.584</b>	<b>0.004</b>
	5	Matrix Act	Control	<b>44.556**</b>	<b>4.584</b>	<b>0.000</b>
	6	emotion-focused therapy	Control	<b>27.867**</b>	<b>4.584</b>	<b>0.000</b>

As shown in Table 4, there are significant differences between pre-test and post-test and between pre-test and follow-up in the emotional reaction components, including self-position, emotional rupture, blending with others, and differentiation between pre-test and post-test ( $p \leq 0.01$ ), but there is no significant difference between post-test and follow-up ( $p > 0.05$ ). Also, there is a significant difference between the two therapeutic groups and between both therapeutic groups and the control group in the emotional reaction component ( $p > 0.05$ ). In the self-position component, there is only a significant difference between the ACT Matrix and control ( $p > 0.01$ ), meaning that improvement in self-position played a role, but the difference with emotion-focused therapy is not significant. In the emotional rupture component, there is a significant difference between the ACT Matrix and emotion-focused therapy groups ( $p \leq 0.01$ ). Additionally, both the ACT Matrix and emotion-focused therapy groups have a significant difference with the control group ( $p > 0.05$ ), indicating the effectiveness of these therapies for this component. In the blending with others component, both therapeutic groups have a significant difference with the control group ( $p > 0.05$ ), indicating the effectiveness of these therapies for this component. Hence, based on the data presented in Tables 4 the second hypothesis regarding the differential effectiveness of emotion-focused therapy and ACT on Differentiation in women with marital conflict is confirmed. There are significant differences both between the treatment groups and the control group and between the two treatment groups. This means that while both treatments are effective on Differentiation, In the differentiation component, there is a significant difference between the ACT Matrix and emotion-focused therapy groups ( $p > 0.01$ ), and both therapeutic groups have a significant difference with the control group, indicating the effectiveness of both treatments for this component.

## DISCUSSION AND CONCLUSION

This study aimed to compare the effectiveness of Emotion-Focused Therapy (EFT) and Acceptance and Commitment Therapy (ACT) on marital dissatisfaction and differentiation in women with marital conflicts. Regarding emotion-focused therapy, the results of this research were significant for marital dissatisfaction, consistent with Turkan et al. (2019) on the impact of this therapy on marital conflicts, Hosseinzadeh et al. (2020) on couples' cognitive flexibility and distress tolerance, and Mastoureh et al. (2021) on the effectiveness of emotion-focused and compassion-focused therapy on the quality of marital life and marital conflict in women in Isfahan. Yosefi et al. (2022) investigated and compared the effectiveness of emotion-focused couples therapy and solution-focused therapy on fear of intimacy and sexual satisfaction of couples. Paimani et al. (2022) studied the cognitive-emotional regulation of students with exam anxiety. Furthermore, they examined the effectiveness of the Interpersonal Relationship Enhancement Package based on emotion-focused therapy and cognitive-behavioral marital counseling on marital attachment and commitment. Pavageau et al. (2021) focused on emotion-focused couple therapy in a systematic review of its effectiveness over the past 19 years. They extracted nine studies identified as randomized controlled trials from the primary systematic search and used them for analysis. These nine studies were used to evaluate the initial efficacy of emotion-focused therapy before and after treatment. Part of the meta-analysis evaluates whether emotion-focused therapy leads to sustainable improvement in follow-up or not. The results strongly indicate that emotion-focused therapeutic intervention not only improves marital satisfaction but also continues to improve marital satisfaction during follow-up. Feraibi et al. (2021)

showed that the initial visible change process in emotion-focused couple therapy (EFT) occurs when therapists help one of the partners access vulnerable emotions and needs and express them, receiving a caring response from the other partner. Zareei et al. (2019) studied the effectiveness of emotion-focused couple therapy on emotional abuse and cognitive emotion regulation in conflicted couples. Gholamzadeh et al. (2021) investigated the effectiveness of solution-focused and emotion-focused therapy on marital intimacy considering marital infidelity and trust. Aminikarami et al. (2021) examined the effectiveness of Acceptance and Commitment Therapy (ACT) on marital dissatisfaction and self-compassion in women covered by non-governmental organizations, coping with failure, and improving marital distress (Sahabi Bozaz, Gholamzadeh, & Mehrabizadeh Honarmand, 2019), distress tolerance (Faghihi & Kazemi, 2018), reducing fatigue and marital conflicts (Davarnia, Zahraei, Moayyeri, & Shakermi, 2016), and improving the status and satisfaction of marital and couples' cognitive flexibility (Mahmoudpour, Farahbakhsh, Hosseini, & Baloochzadeh, 2018) are consistent with the results of Varee and Johnson (2016), who focused on emotion-focused therapy for couples. The research results showed that since the development of emotion-focused therapy, research on its effectiveness in addressing a wide range of couple concerns has accumulated. Emotion-focused therapy, with classification guidelines as an evidence-based couple therapy, is compatible with or exceeds research on couple and family interventions.

In addition, researchers in emotion-focused therapy have examined the process of change and predictors of outcome in emotion-focused therapy. Greenberg and Johnson (2010) conducted a study on emotion-focused therapy in couples. The results of the study showed that emotion-focused couples therapy focuses on the emotional bond between a couple and on each individual's emotional experience, attachment tendencies, needs, fears, and their need for identity confirmation. Emotion-focused therapy aims to reveal how each partner's emotional response to events that lead to negative interaction patterns. These patterns emerge when partners express secondary emotions, often anger, instead of openly expressing their primary feelings and needs, such as attachment fears and basic attachment needs, shame from self-esteem injury, and the need for identity validation. Broken emotional bonds are improved by identifying negative interaction cycles dominant in the couple's interaction and changing them by expressing primary attachment and identity-related feelings.

Bahramipour et al. (2021) examined the effectiveness of emotion-focused couples therapy on emotional divorce in married women in Dezful city and found emotion-focused therapy to be effective in emotional divorce. Qureshi (2020) in his research titled "The effectiveness of emotion-focused approach on reducing conflicts" found results consistent with the findings of Avraamidou and colleagues (2021), as well as renters and colleagues (2021) regarding reducing marital conflicts and with the findings of Beasley and Agar (2019) regarding improving marital satisfaction. Webb and Johnson (2016) found a reduction in couples' anxieties, reduction in marital disturbances, Aminnasab et al. (2014) found emotional regulation and psychological well-being, as well as with the studies of Hosseinzadeh and colleagues (2020) on tolerance of distress, forgiveness, and couples' reconciliation, Bahramipour (2021) on emotional divorce in married women, tolerance of failure and improvement of marital disturbances (Sahabi Bazaz et al.), Zarbi and colleagues (2019) on tolerance of distress (Faghihi & Kazemi, 2018); reducing fatigue and marital conflicts, (Davarnia et al., 2016) and improving the status and satisfaction of marital life and cognitive flexibility of couples (Mahmoudpour et al., 2018) and Greenberg and Johnson (2010) regarding the emotional bond between a couple and the emotional experience of each individual, attachment tendencies, needs, fears, and their need for identity confirmation are consistent.

What was said in the emotion-focused therapy training session was as follows: Individuals, after recognizing their positive and negative emotions, their attachment style, and identifying the fears they have in relation to their spouse, then record the negative feelings they have towards their spouse to gain more accurate awareness of them and identify their interaction pattern based on negative emotions. And realize that this pattern is ineffective, and if factors that cause dissatisfaction, such as not showing interest in the feelings or interests of their life partner as before, lack of enthusiasm for thinking about the future and shared life goals, finding spending time with your spouse or children boring, preferring to spend time with friends or acquaintances for recreation, etc. When there are many such symptoms, dissatisfaction occurs, and they must understand what consequences it will have for them, find the consequences and limitations that prevent forgiveness of their spouse or useful actions from taking place, and make their minds aware of it. At this point, a strong emotional experience occurs, the foundation of which is the need for secure attachment and effective actions that save the individual from this painful emotional state that sometimes leads to excessive avoidance and long arguments. Then, the empathetic feelings are given to accept the feelings created in the individual, and the unfulfilled attachment needs are addressed. On the other hand, women investigate the short-term and long-term effects of dissatisfaction. However, since behavior change requires changing ineffective emotions that lead to negative interaction cycles, individuals begin targeted conversations with various and conflicting aspects through techniques such as chair and dialogue cards. Conversations with a self-serving aspect that makes it difficult to escape marital dissatisfaction, versus conversations with a responsible aspect that seeks to take action to change this situation. Also, conversations with a blaming and condemning aspect towards the spouse or oneself, which by constantly condemning the opposite party, does not want to get rid of this situation, or by humiliating and blaming oneself for making the wrong choice, etc. In contrast to a compassionate and liberating aspect of oneself that encourages the individual to break free from the cycle of incompatible interaction and forgive their spouse and themselves and spend their time and energy on constructive interaction, accept with compassion that every relationship can encounter problems. Solving problems in the right emotional conditions is important, and not behaving and feeling in accordance with their mutual expectations

and expectations in any other relationship, even with marriage to another person, is doomed to failure. After the conflicting aspects of emotional conflict are directed towards regulating the painful emotional experience, accompanied by responsibility and providing solutions, the members were asked to identify effective direct and indirect compensatory behaviors for solving direct and indirect compensatory behaviors, and then practice and repeat new changes and feelings corresponding to effective actions they take to form a useful interaction cycle that no longer feels physical fatigue, emotional exhaustion, mental exhaustion, and dissatisfaction. Any solution that reduces dissatisfaction is determined and considered as motivation for saving life from this situation, knowing what has caused the problem and which behavior has negatively affected the members is very important. Understanding this enables them to find appropriate solutions to the problems. When problems are identified and understood correctly, one or more solutions are found according to their own problems as direct and indirect compensatory behaviors, including: apologizing and forgiving, changing one's way of thinking about love and relationships, changing one's lifestyle, talking to the spouse about their needs and expectations, not being negative, trying to focus on positive aspects of married life and positive aspects of the spouse, never complaining about one's life, interacting with positive people, trying new things, exercising together, spending time with each other, watching movies or series together, watching a competition or cultural event, going to the cinema, going to the park, finding common hobbies, arranging a joint party, increasing cooperation with the spouse, and after intimate involvement, support was provided to the family members and the conversations were directed towards the interactive party that is potentially intimate and constructive. Focus was placed on the nature of the new responses, and the responses and new patterns were highlighted, and the cycle of relationships without dissatisfaction was redefined. Therapists encouraged members to strengthen the current situation with their spouse and reminded them of their ability to maintain and maintain positive relationships.

The results obtained for the treatment of marital dissatisfaction with various interventions, such as the effectiveness of group counseling based on acceptance and commitment therapy (ACT) on increasing psychological flexibility and marital intimacy (Neghavi, Asadpour, & Kesayi, 2019), the effectiveness of ACT-based group therapy on reducing anxiety and depression in couples experiencing emotional divorce (Jafari & Mohammadi Aria, 2016), and the comparison of the effectiveness of emotion-focused couples therapy and ACT-based couples therapy on marital depression (Jolazadeh Ismaeili, Goudarzi, & Asgari, 2021), as well as the effectiveness of ACT on maladaptive communication beliefs and marital adjustment in women (Haeiyi & Vakhvani Gholami, 2019), have shown significant differences.

Considering the findings of these studies, the effectiveness of acceptance and commitment therapy (ACT) on cognitive perspective levels, particularly marital cognitive perspective, in conflicted couples is greater than emotion-focused cognitive therapy. Various studies, such as those by Pimaniya (2021) on the effectiveness of the ACT matrix pattern on job burnout and organizational commitment, Bahram (2021) on the effectiveness of the acceptance and commitment matrix on cognitive emotion regulation in students with test anxiety, and Pavaji, Bakhtiarpour, Saraj Khormi, and Heydari (2021) on the efficacy of the matrix therapy on self-control and social adaptability of methamphetamine abusers compared to reality therapy, and Alilou (2021) on the effectiveness of compassionate acceptance and commitment matrix therapy on self-injurious behaviors and quality of life in students with borderline personality disorder symptoms, have all reported the effectiveness of matrix therapy.

Additionally, studies by Kavasian and Karimi Kambeiz (2016) on the effectiveness of ACT on marital satisfaction, Haiyi & Vakhvani Gholami (2019) on the effectiveness of ACT on maladaptive communication beliefs and marital adjustment in incompatible women, and Khanjani et al. (2017) on the comparison of cognitive-behavioral and commitment and acceptance therapies on marital conflict in Isfahan, as well as Sadeghi, Mohabbi, and Aliwand Vafa (2021) on the effectiveness of acceptance and commitment therapy on marital dissatisfaction, emotional neglect, and quality of life in women affected by marital infidelity, are consistent with the results of the present study.

Familiarity with the matrix and questions that help understand it better, followed by familiarity with the components of marital dissatisfaction and its symptoms, such as feeling no common ground with the spouse, finding it difficult to talk to the spouse about feelings and needs, often feeling irritated or upset towards the life partner, no longer being attracted to the spouse, lack of respect for each other, silence between spouses, and not knowing how to express remorse, can help. With the definition of marital dissatisfaction and familiarity with the matrix, we engage members in distancing and approaching actions to resolve conflicts through reducing marital dissatisfaction. We identify actions that reduce marital dissatisfaction and how they help reduce conflicts and address the traps that prevent individuals from reducing their marital dissatisfaction. We identify how these behaviors manifest in the short and long term and what impact they have on moving towards things we desire and the people we love, especially our spouse. It is then pointed out that no one is unaware of actions in the short term that prevent undesirable things from happening in their lives and seeks liberation. In fact, we are all looking for long-term solutions that allow us to benefit from their effects in moving towards the things or people we care about. Therefore, by identifying attention-stealing hooks that do not allow conscious minds to reduce marital dissatisfaction as a component that helps us move towards the things or people we desire, we keep these hooks identified and write them down at the bottom left of the matrix. In the center of the matrix (me), compassion and compassion exist, which ultimately leads to problem-solving without conflict and tension or creating tension. The compassionate and compassionate teacher offers solutions that lead to reduced dissatisfaction or lack of marital dissatisfaction, and encourages members to remain in the long-term beneficial actions that help resolve marital conflicts.

The actions we take that cause marital boredom			Effective measures that can be taken to eliminate marital boredom
1-.....			1-.....
2-.....			2-.....
3-.....			3-.....
Long term these measures	The mid-term effect of these measures	Short-term impact of actions	
Unmanaged thoughts and emotions that prevent moving towards solving conflicts and marital boredom			Moving towards solving marital conflicts by eliminating marital boredom

In the center of the matrix, there is always a very compassionate and caring presence (self) who earnestly wants to help oneself.

Regarding the results of emotion-focused therapy on differentiation, Asgari et al. (2022) demonstrated the effectiveness of emotion-focused couples therapy on differentiation and emotion regulation in women impacted by marital infidelity, according to Sarabandi et al. (2022), comparing the effectiveness of schema therapy and emotion-focused couples therapy on the differentiation of young couples, Hafez Shairbaf (2022) comparing the effectiveness of emotion-focused skill training based on HMT-LMG approach and Transactional Analysis (TA) on differentiation and parent-adolescent conflict resolution, Farshchian Yazdi et al. (2021) comparing the effectiveness of emotion-focused skill training and self-compassion on marital conflicts and self-differentiation of women affected by spousal infidelity, Sarabandi et al. (2020) comparing the effectiveness of schema therapy and emotion-focused couples therapy on self-differentiation of young couples, and the results of Yousefi (2011) on the effectiveness of Rational Emotive Behavior Therapy on the differentiation of divorcing couples were consistent with those of Jafari et al. (2018), demonstrating the effectiveness of emotion-focused group couples therapy on the differentiation of couples with marital conflicts. Given the strong research background, it can be said that emotion-focused therapy is effective in self-differentiation or differentiation of women with marital conflicts. The initial familiarity of individuals with their positive and negative emotions was addressed in the training sessions, followed by defining differentiation as reaching a level of emotional independence where one can make rational and autonomous decisions in emotional situations without being overwhelmed by the emotional atmosphere. Members were acquainted with its four components, and emotional reactivity, a state where emotions override one's reasoning and decisions are solely based on emotional reactions, was discussed. Self-positioning refers to having specific beliefs and convictions in life. Differentiated individuals have a strong sense of personal identity or self-positioning and do not change their behaviors and beliefs for the sake of others' approval. Emotional flight refers to children who engage in family distancing during the family differentiation process and typically employ various strategies to escape from unresolved emotional bonds within the family, such as physical distancing from the family or creating psychological barriers like not talking to a family member. Fusion with others is a hypothetical attachment style where on one end there is differentiation, and on the other end, fusion with others. Fused individuals strongly require validation and support from their surroundings, and their behaviors are influenced by the emotional system of the environment and reactions of others. Differentiation can occur as an intra-personal process where individuals fail to separate their feelings from their thoughts and instead get engulfed in emotions. On an interpersonal level, an undifferentiated person tends to either completely absorb others' emotions and move with the emotional atmosphere or, conversely, react against others. The next stage involved members becoming familiar with their attachment styles, identifying that individuals with anxious, avoidant, or ambivalent attachment styles cannot make rational decisions and effective solutions regarding interactional issues with their spouses due to fears associated with them. These fears undermine their relationship security and sometimes lead to multiple conflicts. Therefore, to have a secure attachment style, individuals must develop self-differentiation stemming from a strong independent identity and not foster emotions that lead to emotional detachment, multiple conflicts, or frequent anger towards their spouse. Members were then taught that their spouse's behaviors, speech, and emotions should not influence them to the extent that ineffective avoidant behaviors replace rational decisions and effective solutions. They then recorded negative feelings associated with separating their emotions from others during decision-making to gain a more accurate awareness and understand their interactional patterns based on negative emotions. They realized that this pattern is ineffective and the consequences of being emotionally dependent on others, understanding the limitations and constraints imposed by their emotions and feelings, and becoming aware of the emotional needs unmet in themselves. Members empathized with the short-term and long-term consequences of undifferentiation. However, since behavior change requires addressing ineffective emotions causing undifferentiation, individuals began targeted conversations using techniques such as chair work or specific worksheets with different aspects. A conversation between their excuse-making aspect, which wants to delegate decision-making responsibility by engaging in their spouse's emotions and feelings, depriving themselves of decision-making power, or by making excuses to remain in avoidance and emotional detachment situations to keep their spouse's emotions and behaviors at bay, and the aspect of responsibility acceptance. This engagement leads to difficulties in their differentiation. In contrast, conversations with the aspect of responsibility acceptance empower individuals. The individual who seeks actions for differentiation also engages in conversations with a condemning and self-condemning aspect of themselves that doesn't allow for differentiation and leads to self-destructive behavior. In contrast, another aspect of themselves, which is compassionate and liberating, highlights the

pleasant consequences of differentiation and having a strong and independent identity, prompting attention to the differences between differentiated and undifferentiated individuals. Undifferentiated individuals tend to either get stuck in futile interactional cycles or avoid conflicts altogether. After addressing conflicting emotional engagement towards emotional regulation coupled with responsibility, members were asked to identify direct compensatory behaviors (including clear examples from group members) and indirect compensatory behaviors effective for their differentiation (determining flexible and clear boundaries with their spouse, specifying a list of personal goals and ways to achieve them, the power of saying no to unreasonable demands from others that consume the individual's time and energy for better interaction with the family, strengthening the courage to accept responsibility for choices and decisions previously considered, and examining their consequences in marital conflicts). Then, the focus shifted towards members' sincere engagement with self-differentiation, emphasizing new strategies and corresponding emotions that foster secure attachment, highlighting new responses and patterns, and redefining the relationship cycle with the spouse by having the ability to separate emotional independence from logical and independent thinking and the effectiveness of a coherent identity. The therapist encourages members to strengthen their current status with more differentiation and ensures that reinforcing one's position in a way that doesn't become complacent under the spouse's emotions during conflicts and avoids using emotional avoidance and conflict evasion strategies can lead to making the right decision in conflict situations. With the help of self-differentiation towards personal and family goals and avoiding using emotional excuses to escape problem-solving responsibilities, members can confidently and responsibly resolve conflicts with a strong and cohesive position, leading to the effectiveness of both treatments in addressing marital dissatisfaction and women's differentiation in marital conflicts. Furthermore, the results of the Acceptance and Commitment Therapy (ACT) treatment in the component of differentiation are consistent with the findings of Akrami et al. (2020), indicating the effectiveness of commitment and acceptance-based training on self-differentiation and social well-being in women. The training based on commitment and acceptance resulted in increased emotional responsiveness, reduced emotional cutoff, and improved connectedness with others. Additionally, consistent with the results of Hasanzadeh et al. (2020), the effectiveness of commitment and acceptance therapy on self-differentiation and fear of disease progression in breast cancer patients is evident. Similarly, in line with Rabiei et al. (2023), the effectiveness of this treatment on self-differentiation and irrational beliefs in women with marital conflicts is highlighted, as well as the study by Mozaffari and Emani (2020), which found the effectiveness of acceptance and commitment-based therapy in self-differentiation and marital adjustment in women. In the subsequent educational sessions, after introducing the matrix and presenting the differentiation variable, we placed it in the matrix and analyzed the approaching and distancing actions for this variable. Then, clients became aware of the short-term and long-term effects of their distancing and approaching actions and realized that they are not ignorant of continuing the long-term consequences of undifferentiation. Clients are introduced to the matrix and asked if they noticed the approaching and distancing actions regarding differentiation. We then ask them to write them down in the matrix. We draw three columns in the upper part of the matrix, two columns on the left side of the vertical line, and one column on the right side. We ask clients to evaluate the three columns one by one based on their effectiveness in the short term, long term, and moving towards what is important to them. We confirm that distancing actions are not foolish and, in the short term, are effective. We draw the entrapment cycle on the horizontal line of the matrix, to the left of the center, and ask clients if their distancing actions were effective or if the issues they wrote on the bottom left of the matrix returned. We ask clients to identify and name specific entrapment cycles and then explain the actions related to introducing the hook to clients. We tell clients that we can learn how to identify hooks that hinder differentiation. The way to do this is to recognize the hooks, the activity we do after that, and understand that if we were not trapped, we would do this action, i.e., moving towards the goals and common values of marital life by reducing emotional reactivity that overrides emotions with logic and strengthening my position, which does not change my logical beliefs for the sake of satisfying my spouse. With emotional non-avoidance, we don't resort to anger or emotional distancing to assert our logical point of view. Instead, we respect the opinions of our spouse as a separate individual while also respecting our own values and beliefs. We encourage clients to engage in exercises related to identifying their own mental hooks and ask them to identify at least one of their own hooks and associated behaviors or thoughts that hinder differentiation. Then, through actions related to using verbal Aikido, which invites compassion and empathy to resolve their differentiation issues, we encourage self-awareness, boundary clarification, and management of anxiety resulting from potential intimacy or potential separation. There's no need to engage in battles of independence to prove oneself or to self-blame for one's differentiation needs not being met. While individuals may temporarily benefit from feeling less responsibility, in the long run, they are perceived as either disregarded individuals or as those who are incapable of handling personal challenges. In such cases, they appear passive, lacking in intellectual and emotional independence, and untrustworthy in crisis situations. We ask individuals to act as compassionate and caring educators to help them overcome differentiation problems with approaching actions that are effective in the short and long term. Differentiation prevents jeopardizing the core values and fundamental beliefs of spouses and involves learning to understand and support what is important to both individuals, which can quickly lead to conflict resolution. Maintaining attachment to someone who is undefined or ambiguous is impossible. If they don't express themselves clearly, they won't feel understood, and this is a two-way issue. Deep connection in differences requires empathy without losing one's own feelings. Being curious about who your spouse is rather than being alike deepens intimacy. Passionate sexual intimacy remains vibrant. One sure way to kill desire is to avoid engagement. Engagements and conflicts actually show the individuality of both parties and should not be feared. Mental hooks that hinder differentiation and prevent movement towards individuals or activities we desire include: fatigue from

submission, feelings of anger, resentment, sensitivity, awareness of lost or overlooked dreams, feelings of inadequacy, unused skills, talents, and creativity, questioning past decisions, withdrawing from engagement. All of these factors converge to create a sense of stagnation, the need for positioning, and doing things differently. Next, members are asked to envision themselves at a time when they have taken these actions, consider the benefits to themselves, and how they can resolve their marital conflicts by addressing the problem of emotional and intellectual dependence. Members learn that they are entering their own independent lives, reclaiming their lives through struggle and debate, or redefining themselves and starting a new chapter. This path is one of personal evolution and mental health. But it must be done correctly. During this differentiation, your relationships, especially with loved ones, should not suffer, and they should understand that independence and differentiation within the family nucleus will begin and be affirmed. Each person prepares a list of approaching and distancing actions regarding this component and assesses the obstacles in the short and long term, then finds attention-stealing hooks to achieve differentiation and constantly visualize their actions in situations that reinforce this component. They engage in conversations with two aspects of their personality, one with the differentiated self and the other with the undifferentiated part, which can familiarize them with their contrasting selves. By constantly encouraging clients to have a compassionate perspective on themselves and reflecting on their approaching actions, and recording the emotions that arise in their mental world, they are encouraged to practice, repeat, and consolidate these actions for their new interactive cycle with their spouse as someone who is important to them and differentiation as a valuable parameter for them.

The actions we do and don't let and don't let ourselves differentiate:		Effective measures that can be used to differentiate:
1-.....		1-.....
2-.....		2-.....
		3-.....
Long term these measures	The mid-term effect of these measures	Short-term impact of actions
Unmanaged thoughts and emotions that hinder movement towards a differentiate:		Moving towards conflict resolution with differentiation
1-.....		Thoughts and emotions that cause movement towards a differentiate:
2-.....		

At the Matrix Center, there is always a compassionate and caring presence (self) eager to help oneself.

**Summary of Results:** Both emotion-focused therapy and matrix ACT therapy and emotion-focused therapy were effective in reducing marital distress and differentiation among women with marital conflicts. Both treatments can be utilized effectively; however, for a stronger impact, it is better to use matrix ACT therapy for differentiation and emotion-focused therapy for marital distress.

**Practical Recommendations:** Despite the effectiveness of both treatments on differentiation among women with marital conflicts, it is recommended to use matrix ACT therapy for differentiation and emotion-focused therapy for marital distress in counseling and psychotherapy centers, educational centers for students, and for the general public and families. Additionally, it is suggested to use matrix ACT therapy instead of hexagonal therapy, which is the basis of the matrix, due to its richness and emphasis on compassion, continuous perspective-taking, and self-strengthening in therapy. Transitioning towards serving families with fewer conflicts becomes easier.

**Research Recommendations:** It is recommended to use this treatment for communities of men with marital conflicts as well as for couples together to determine if the results are consistent or if there are variations. Ultimately, a suitable summary of the most effective treatments can be determined.

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