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The Effectiveness of Systemic Family Therapy on Marital Conflicts and Marital Burnout of Couples

Malihe Dinmohammadpour[1], Solmaz Tavanaei[2], Elham Kabiri[3], Elnaz Hajiyousefi[4], Elaheh Beiki Ardekani[5], Mehran Mohebian[6]✉

1. Master of Islamic Psychology, Positive Psychology, Islamic Azad University, Department of Electronics, Tehran, Iran
2. Master of Clinical Psychology, Islamic Azad University, Nain Branch, Isfahan, Iran
3. Master of Clinical Psychology, Ardabil Islamic Azad University, Ardabil, Iran
4. PhD in clinical psychology, Roudehen Branch, Islamic Azad University, Roudehen, Iran
5. Master of General Psychology, Garmsar Branch, Islamic Azad University, Garmsar, Iran
6. MA in family Counseling, Ahvaz Branch, Islamic Azad University, Ahvaz, Iran, Corresponding Author email: mehran.mohebian@gmail.com

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ABSTRACT

Objective: Marital burnout is one of the factors related to the marital conflicts, so the present study was conducted with the aim of determining the effectiveness of systemic family therapy on marital conflicts and marital burnout in couples.

Methods: The ongoing study adopted a semi-experimental research design consisting of pre-test and post-test measurements with a control group. The target population for this investigation comprised married women seeking assistance at the counseling center in the second educational district of Baharestan in 2023. Following specific eligibility criteria, 30 married women were selected randomly and divided into two groups: 15 individuals in the control group and 15 individuals in the experimental group. The research instruments utilized were Sanai Zaker's Marital Conflict Questionnaire (2000) and the Couple Burnout Measure (CBM) (Pines, 1996).

Results: Data analysis involved the application of multivariate and univariate analysis of covariance to examine the hypotheses using SPSS version 22 software. The findings indicated that the implementation of family therapy proved to be efficacious in diminishing marital conflicts and burnout among married women.

Conclusions: In conclusion, systemic family therapy emerges as a viable intervention for couples experiencing conflict.

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Introduction

Marriage and family formation constitute a significant aspect of human life, contributing to personal growth, fulfillment of various needs, and overall mental well-being. Despite its crucial functions, the phenomenon of marriage must be consistently acknowledged. Conflict and discord are inherent components of marital relationships, as highlighted by Pirsaghi et al. (2015). Research indicates that lack of compatibility and marital disputes pose a substantial threat to family stability in contemporary societies, underscoring the need to address these issues attentively, as emphasized by Shamsipour et al. (2018). Conflict manifests as theoretical and practical disagreements between partners, which, if unresolved, can progressively disrupt communication patterns and ultimately lead to marital breakdown. Neglecting to address these conflicts may exacerbate them over time, impacting the longevity of the marital bond, as noted by Madigan et al. (2017).

Marital conflicts often stem from differences in needs, self-centered behaviors, and conflicting requests among partners (Roshanaei et al., 2021). Two primary forms of conflict exist within marital relationships: constructive conflict characterized by mutual respect, trust, and rational communication to resolve issues, and destructive conflict marked by criticism, blame, and power dynamics that erode marital intimacy and increase the risk of divorce (Shamsipour et al., 2018). Marital discord can strain relationships with extended family members and displace the spousal bond, potentially escalating conflicts and laying the groundwork for separation and divorce. Effective management and resolution of conflicts in a constructive manner can foster a strong and intimate connection between partners (Gesell et al., 2020). Conflicts have detrimental impacts on the mental, physical, and familial well-being of couples, often culminating in separation and divorce. Studies and clinical observations suggest that the rising divorce rates worldwide can be attributed to a pervasive prevalence of communication breakdowns, such as conflicts and disturbances within marriages (Hosokawa & Katsura, 2017; Matshidze & Nemutandani, 2016).

On the contrary, individuals embark on their matrimonial bond with optimistic attitudes and sentiments. However, as they come to realize that their partner's conduct does not align with their expectations, unfavorable emotions gradually surface within their relationship (Heshmati et al., 2022). Subsequently, the escalation of frustration and tension stemming from unmet interpersonal needs and desires distinctly attributes the sense of dissatisfaction to the spouse, ultimately leading to the erosion of affection and dedication, with marital distress supplanting the initial fervor and

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infatuation (Pines, 2000; Pokorska, 2016). The emergence of marital distress seldom occurs abruptly; instead, its progression is typically gradual and rarely stems from a singular unfortunate event or a few distressing incidents (Bakhtiyar et al., 2019). Marital distress ensues when a couple comprehends that despite their endeavors, their relationship lacks and will not confer significance to their lives. The accumulation of daily life's frustrations and tensions precipitates mental attrition, ultimately culminating in heartbreak, which manifests through physical, mental, and emotional manifestations (Banisi et al., 2017).

Various methodologies exist for enhancing psychological attributes, with one of the most efficacious approaches being Bowen's family therapy. This approach regards the family as a cohesive unit composed of interlinked relationships, positing that understanding the family necessitates an analysis through a multigenerational lens (Pezard et al., 2017)). Therapists within Bowen's family therapy approach contend that all family dysfunctions, including marital discord, stem from the inadequate management of anxiety within the family system, viewing marital conflicts as mechanisms through which couples regulate anxiety. Consequently, the primary objective of therapy revolves around mitigating anxiety by fostering awareness within the family system, enhancing differentiation levels, and emphasizing self-transformation over changing others. Bowen's therapy serves as a juncture between psychoanalytic and systemic doctrines, perceiving the entire family as an indivisible entity. Essentially, Bowen's family therapy approach entails the therapist's presence within the family unit without reacting to them, striving to empower the family and liberate them from their predicaments (Abdi Zarrin & Nikkhah Siruei, 2021). Consequently, within Bowen's approach, when marital issues arise, all family members receive education regarding the family system's dynamics and anxiety reduction, as altering one's relationship with the family stands as the sole remedy to their prevailing challenges, paving the way for individuals to achieve autonomy and exhibit reduced adverse reactions towards existing pressures (Goepfert et al., 2015).

If couples fail to resolve their conflicts, it may lead to the termination of their relationship and result in outcomes such as divorce and emotional detachment. As indicated by data from relevant authorities, the rate of divorce in our community is on the rise, nearing 40%. The adverse influence of spousal disputes on the caliber and durability of the partners' relationship underscores the significance of identifying the roots of such conflicts and implementing therapeutic interventions

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to mitigate them. Hence, the present research endeavor was carried out to assess the efficacy of systemic family therapy in addressing marital conflicts and emotional burnout among couples. The central inquiry revolves around the effectiveness of systemic family therapy in alleviating marital conflicts and emotional burnout.

Material and Methods

The contemporary study adopted a semi-experimental design of pre-test and post-test with a control group. The statistical population for this investigation comprised all married women seeking services at the counseling center in the second educational district of Baharestan in 2023. Following the access and exclusion criteria, 30 married women were randomly assigned into two groups, with 15 individuals in each experimental and control group. Data analysis involved the utilization of multivariate and univariate analysis of covariance to examine the hypotheses, facilitated by SPSS-22 software. The research instrument utilized was questionnaires.

Instruments

Marital Conflicts Questionnaire: The Marital Conflicts Questionnaire, developed by Sanai Zaker (2000), consists of 42 items designed to assess various dimensions of marital conflicts experienced by couples. These dimensions include reduced cooperation (items 3, 9, 19, 21, 27), decreased sexual intimacy (items 4, 10, 15, 28, 33), heightened emotional reactions (items 5, 11, 16, 22, 29, 34, 39, 41), increased involvement in child care (items 7, 18, 24, 36), enhanced relationships with one's relatives (items 12, 6, 17, 23, 30, 35), family, and friends (items 1, 19, 25, 37, 40, 42), as well as managing financial matters separately (items 2, 8, 13, 20, 26, 32, 38) on a 5-point Likert scale ranging from never (score of one) to always (score of five). Additionally, items 47, 45, 33, 30, 26, 14, 11, 3, and 54 are reverse scored. The total possible score on the questionnaire is 210, with a minimum score of 42. Higher scores on the questionnaire indicate increased conflict, while lower scores suggest a healthier relationship. The Marital Conflicts Questionnaire demonstrates robust content validity. Following the initial implementation phase and correlation analysis of each question with the entire questionnaire and its subscales, 13 out of the original 55 questions were eliminated (Sanai Zaker, 2000). Ansari-Shahidi et al. (2006) found that scores on all components of the Marital Conflicts Questionnaire ranged from 0.31 to 0.82, with a total marital conflict score of 0.1 showing significant correlation.

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Couple Burnout Measure (CBM): CBM was developed by Pines (2000) with the aim of assessing the level of burnout experienced within marital relationships. This scale comprises 21 self-reported questions focusing on three key components: physical exhaustion, emotional exhaustion, and psychological breakdown. Responses are provided on a seven-point scale, with level 1 indicating the absence of the stated experience and level 7 signifying a high degree of experience in the specified area. Higher scores on this scale are indicative of increased levels of burnout, with the total score ranging from 21 to 147 (Pines, 2000). Fatehi et al. (2021) conducted a study to evaluate the reliability of this scale, reporting a Cronbach's alpha coefficient of 0.86 based on 240 samples. Furthermore, using the retest method with intervals of one, two, and four months, reliability coefficients of 0.89, 0.76, and 0.66 were obtained.

Bowen's Systemic Family Therapy Protocol consists of a structured treatment plan comprising eight 60-minute sessions scheduled weekly. This therapeutic approach is grounded in Bowen et al. (2002) methodology, as outlined in the table 1.

Table 1. Summary of systemic family therapy sessions

Session	Content
1	Introducing the therapist and the group members in order to create a bond and solidarity between the members, stating the goals of holding training sessions to build trust in the group members and encouraging them to reveal the relationship and problems of the members, important and key concepts affecting these relationships, such as expectations, beliefs and opinions, ratio to others and getting to know Genogram and drawing that session
2	Begin to draw a genogram, identifying the beliefs about gender role expectations for each person individually that they inherited from their family of origin. Identifying triangulations and pathological triangles in each person's family.
3	Expressing one's expectations of intimate relationships in one's relationships, examining the effect of gender and personality differences on communication and providing recommendations for understanding and respecting personality differences by the researcher, examining people's views on jobs and activities outside the home.
4	Continue drawing the genogram and teaching the function of the emotional system, examining the order of birth and relationships with parents in order to find out the function of the emotional system of the main families and the effect of these fields on each person, examining the cultural and moral effects on people's relationships. Examining the effects and emotional incidents of psychosis and childhood emotional injuries; such as divorce, separation and the death of a close family member in order to investigate the extreme emotional attachment style and its effect on the current relationship. Cultivating the mental image with the aim of understanding the functioning of the emotional system.
5	Expressing and venting anger in a safe and constructive environment, reducing past resentments and healing emotional injuries in order to emotionally neutralize and prepare for a realistic examination of oneself and reasonable expectations from marriage. The process of separating thoughts from feelings.
6	Getting to know your spouse's deep needs and identifying annoying behaviors, getting to know and practicing the method of conscious conversation, getting to know the needs and injuries of yourself and your spouse.
7	Using my messages, simple and clear expression of wishes by the speaker, the message of listening skills and being receptive; A person should accept the thoughts and especially the feelings of another person without any judgment
8	Teaching conflict resolution skills, teaching problem solving skills and teaching integration and acceptance of one's wholeness.

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Results

Among the people present in the research, 15 people were in the control group and 15 people were in the experimental group. In table 2 the descriptive findings of research variables are reported.

Table 2. Descriptive findings of marital conflicts in two stages of measurement by group

Group	Variable	Pretest		Posttest	
		Mean	SD	Mean	SD
Control	Reduced cooperation	13.93	4.621	13.53	4.486
	Decreased sex	16.80	4.814	17.27	5.483
	Emotional reactions	23.87	3.067	23.47	3.204
	Obtaining child support	16.60	1.920	16.17	2.684
	Individual relationship with your relatives	17.82	1.555	17.52	1.807
	Reduction of family relationship with spouse's relatives	16.31	1.389	16.09	1.263
	Separating finances affairs	19.73	2.915	19.13	1.995
Experimental	Reduced cooperation	14.60	4.388	12.13	3.925
	Decreased sex	18.73	5.257	15.50	5.295
	Emotional reactions	24.27	3.674	21.93	3.283
	Obtaining child support	14.93	1.387	13.03	1.757
	Individual relationship with your relatives	18.82	1.543	17.36	1.950
	Reduction of family relationship with spouse's relatives	16.07	1.183	14.89	1.283
	Separating finances affairs	19.80	2.908	16.87	2.722

According to Table 2, in the control group, the average scores in the pre-test and post-test stages do not show much change, but in the experimental group, we see a greater decrease in the scores in the post-test than in the pre-test.

Table 3. Statistical description of marital burnout scores in two stages of measurement

Group	Variable	Pretest		Posttest	
		Mean	SD	Mean	SD
Control	Physical Burnout	15.50	3.098	15.97	3.173
	Affective Burnout	15.47	2.900	15.93	2.527
	Psychological Burnout	15.43	3.461	15.93	2.881
Experimental	Physical Burnout	15.03	3.039	9.20	3.290
	Affective Burnout	15.67	3.716	8.08	4.176
	Psychological Burnout	15.97	4.417	9.13	4.124

According to table 3, in the control group, the average scores in the pre-test and post-test stages do not show much change, but in the experimental group, we see a decrease in the scores in the post-test compared to the pre-test.

Multivariate analysis of covariance (MANCOVA) was used to investigate the effectiveness of systemic family therapy on marital conflicts of married women. The results of the Kolmogorov-

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Smirnov test to check the normality of the pre-test and post-test score distribution showed that the significance level of the calculated statistic for all variables is greater than 0.05, so the assumption of the normality of the score distribution is accepted.

Table 4. The results of multivariate analysis of covariance for the comparison of marital conflict in the experimental and control groups

Effect	Test	Value	F	Effect DF	Error DF	P
Group	Pillai's Trace	0.842	11.456	7	15	0.001
	Wilks'. Lambda	0.158	11.456	7	15	0.001
	Hotelling's Trace	5.346	11.456	7	15	0.001
	Roy's Largest Root	5.346	11.456	7	15	0.001

According to Table 4, the significance level of all four relevant multivariate statistics, namely Pillai's Trace, Wilks'. Lambda, Hotelling's Trace and Roy's Largest Root, is less than 0.01 ($p<0.01$). In this way, the statistical null hypothesis is rejected and it is determined that there is a significant difference between the marital conflict of the two experimental and control groups in the post-test. Based on this, it can be concluded that systemic family therapy has been effective on the marital conflict of married women. In order to investigate the difference between the two experimental and control groups in each of the marital conflict components, the between-subjects effects test was used and results of which are presented in table 5.

Table 5. Test of between-subject effects to compare the marital conflict components of the experimental and control groups in the post-test

Variable	Source	SS	DF	MS	F	P	Eta
Reduced cooperation	Between group	10.418	1	10.418	8.079	0.010	0.278
	Error	27.079	21	1.289			
Decreased sex	Between group	16.274	1	16.274	6.945	0.015	0.249
	Error	49.208	21	2.343			
Emotional reactions	Between group	14.165	1	14.165	5.496	0.029	0.207
	Error	54.127	21	2.577			
Obtaining child support	Between group	27.724	1	27.724	8.790	0.007	0.295
	Error	66.234	21	3.154			
Individual relationship with your relatives	Between group	3.908	1	3.908	4.863	0.039	0.188
	Error	16.878	21	0.804			
Reduction of family relationship with spouse's relatives	Between group	5.920	1	5.920	8.667	0.008	0.292
	Error	14.345	21	0.683			
Separating finances affairs	Between group	19.275	1	19.275	8.170	0.009	0.280
	Error	49.544	21	2.359			

According to the results presented in Table 5, the F value obtained for all components is significant ($p<0.05$); Therefore, the null hypothesis is rejected and the research hypothesis is confirmed.

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Considering the lower average scores of the experimental group in the post-test stage compared to the control group, it is concluded that systemic family therapy has been effective and has reduced the marital conflict components of married women.

Likewise, Multivariate Analysis of Covariance (MANCOVA) was used to investigate the effectiveness of systemic family therapy on women's marital burnout. The results of the Kolmogorov-Smirnov test to check the normality of the distribution of scores showed that the significance level of the calculated statistic for all variables is greater than 0.05, so the assumption of the normality of the distribution of scores is accepted.

Table 6. The results of multivariate covariance analysis for the comparison of marital burnout in the experimental and control groups

Effect	Test	Value	F	Effect DF	Error DF	P
Group	Pillai's Trace	0.722	7.361	6	17	0.001
	Wilks'. Lambda	0.278	7.361	6	17	0.001
	Hotelling's Trace	2.598	7.361	6	17	0.001
	Roy's Largest Root	2.598	7.361	6	17	0.001

According to Table 6, the significance level of all four relevant multivariate statistics, namely Pillai's Trace, Wilks'. Lambda, Hotelling's Trace and Roy's Largest Root, is less than 0.01 ($p<0.01$). In this way, the statistical null hypothesis is rejected and it is determined that there is a significant difference between the marital dissatisfaction of the two test and control groups in the post-test. Based on this, it can be concluded that systemic family therapy has been effective on marital burnout. In order to investigate the difference between the two experimental and control groups in each of the burnout components, the between-subjects test was used, the results of which are presented in table 7.

Table 7. Test of between-subjects effects to compare the marital burnout components of the experimental and control groups in the post-test

Variable	Source	SS	DF	MS	F	P	Eta
Physical Burnout	Between group	22.216	1	22.216	9.802	0.005	0.308
	Error	49.862	22	2.266			
Affective Burnout	Between group	18.910	1	18.910	13.507	0.001	0.380
	Error	30.801	22	1.400			
Psychological Burnout	Between group	11.925	1	11.925	9.367	0.006	0.299
	Error	28.007	22	1.273			

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In Table 7, considering the obtained F value is significant for all components ($p<0.05$); Therefore, the null hypothesis is rejected and the research hypothesis is confirmed. Considering the lower average scores of the experimental group in the post-test stage compared to the control group, it is concluded that systemic family therapy has been effective and has reduced women's marital burnout.

Discussion

Marital conflict plays a crucial role in the decline of marital discord, prompting the current investigation to assess the efficacy of systemic family therapy on marital conflicts and burnout among couples. The outcomes revealed a discernible disparity in pre-test and post-test scores between the intervention and control groups. The diminished mean scores in the experimental group post-test, in comparison to the control group, suggest the effectiveness of systemic family therapy in mitigating marital conflicts among women. These results align with prior research, such as Ghaffari et al. (2010) study, which demonstrated that Bowen's Family System therapy increased differentiation and improved the function of addicted persons and their families. Moreover, Yektatalab et al. (2017) investigation illustrated a notable distinction between the intervention and control cohorts in terms of the conflict scores and their respective subscales throughout the three designated study phases and cohorts. This investigation underscored the significance of implementing Bowen systemic family therapy by nurses to reduce marital conflicts. It is advisable to carry out comparable research endeavors with increased sample sizes and extended follow-up durations to further explore this subject matter. This implies that systemic therapy enhances individuals' self-awareness and comprehension of each other, expediting interpersonal processes, reducing coercion and dominant behaviors, and fostering transparent collaboration. Consequently, couples exhibit a more composed approach to situations, diminishing egocentric tendencies for personal gain, thereby prioritizing mutual perspectives and evading conflict.

The outcomes indicated a discernible distinction between the pre-test and post-test scores of the control group before and after the intervention. Considering the lower average scores of the experimental group in the post-test phase compared to the control group, it can be deduced that systemic family therapy is efficacious in diminishing depression within married women. These

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findings align with previous research in the field. For instance, Bagheri et al. (2024) findings indicated a notable disparity among the three cohorts concerning the aspects of marital closeness and familial operation. It can be inferred that interventions such as Bowen family systems therapy and integrated behavioral systems in couple therapy yield a substantial impact on these particular factors. This can be interpreted as systemic counseling fostering the cognitive growth of the afflicted couple, enabling them to reassess their interactions and embrace accountability for relational harm, shifting focus from conflict and blame on the cooperative problem-solving. Systemic counseling, including Bowen's approach, also facilitates emotional maturation in couples, fostering acceptance of partners' imperfections and adaptive responsiveness. Moreover, it nurtures a conducive setting for addressing individual needs, receiving constructive feedback from partners and skilled professionals to rectify conduct, while fostering expressions of love and commitment to shared life and partner.

An identified constraint in the present study pertains to its confinement to the specific sample population, cautioning against overgeneralizing the findings to other cohorts. Additionally, the absence of a follow-up period should be noted. Drawing from the research outcomes, it is recommended that systemic family therapy's efficacy in alleviating marital discord and distress be explored, especially within counseling services dedicated to resolving marital conflicts. Future investigations could delve into the comparative effectiveness of systemic family therapy alongside innovative modalities such as acceptance and commitment therapy.

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Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University. The patients/participants provided their written informed consent to participate in this study.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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