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Comparison of the Effectiveness of Paradox Timetable Cure (PTC), Acceptance and Commitment Therapy Matrix (ACTM), and Emotion-Focused Therapy (EFT) on Differentiation and Emotional Self-Regulation in Women with Marital Conflict

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A B S T R A C T

Objective: This study aimed to compare the effectiveness of Paradox Timetable Cure (PTC), Acceptance and Commitment Therapy Matrix (ACTM), and Emotion-Focused Therapy (EFT) on differentiation and emotional self-regulation in women experiencing marital conflicts.

Methods: The research employed a quasi-experimental design with pre-test, post-test, and follow-up stages. The study sample consisted of 60 women with marital conflicts, selected through purposive sampling from an initial group of 154. The participants were randomly assigned to four groups: PTC, MACT, EFT, and a control group, each containing 15 members. The intervention included ten 90-minute sessions for each therapy group, while the control group received no treatment. Data were collected using the Differentiation of Self Inventory and the Emotion Regulation Questionnaire. Repeated measures ANOVA and Bonferroni post hoc tests were used for data analysis.

Findings: The results indicated significant improvements in differentiation and emotional self-regulation across all three therapeutic approaches compared to the control group. ACTM and EFT were found to be slightly more effective than PTC in enhancing differentiation and emotional self-regulation (MACT and EFT p = .000, PTC p = .004 in differentiation; ACTM and EFT p = .000, PTC p = .001 in emotional self-regulation).

Conclusion: All three therapeutic approaches—PTC, MACT, and EFT—were effective in improving differentiation and emotional self-regulation in women with marital conflicts. However, ACTM and EFT demonstrated marginally higher effectiveness compared to PTC. These findings suggest the utility of these therapies in clinical settings for addressing marital conflicts.

Keywords: *Paradox Timetable Cure, Matrix Acceptance and Commitment Therapy, Emotion-Focused Therapy, Differentiation, Emotional Self-Regulation, Marital Conflict, Women's Mental Health.*

1. Introduction

Given that the most critical issue in family formation is the relationship between spouses, attention to conflict management is of utmost importance. Unresolved conflicts have adverse effects such as reduced parental support, leading to depression and stress in children, particularly adolescents (Zhang et al., 2023). The level of children's adjustment is determined by the amount of emotional conflict, disagreements, and arguments between parents (Tolorunleke, 2014; Wang & Zhao, 2022). Marital conflict is considered the interaction between spouses with incompatible affairs, views, and opinions (Miller et al., 2013; Tolorunleke, 2014). The effects of marital conflict impact various aspects of family life, including parental stress, mental health, and reduced marital satisfaction (Dong et al., 2022). Additionally, it leads to susceptibility to suicide, substance abuse, and acute and chronic medical conditions (Tolorunleke, 2014; Wang & Zhao, 2022). Negative emotions, academic burnout, verbal abuse (Zhang et al., 2023), infidelity, and association with other sexual partners (Wang & Zhao, 2022) are serious damages inflicted on the family. Exploratory analyses have shown that successful conflict resolution enhances the clarity of partners' identity, which in turn predicts marital commitment (Ghezelseflo et al., 2023) and increases marital satisfaction.

Given the importance of the subject, various components can help reduce marital conflicts, including differentiation, which is part of the emotional and cognitive system related to others. Differentiation is considered a healthy emotional distance. It is viewed as a state in which feelings are accepted, but decisions are more logical and independently made (Lam & Chan-So, 2015). Individuals who can separate themselves from emotional fusion with others and maintain an independent self are differentiated individuals. Differentiation involves emotional reactivity, the position of self, emotional cutoff, and fusion with others (Parsakia et al., 2023; Skowron, 2000; Skowron & Friedlander, 1998).

Another important component is emotional self-regulation, which focuses on individuals' efforts to influence their feelings, defined as temporally limited, situationally bound, and capacity (positive or negative). Emotional self-regulation refers to the processes by which individuals determine what emotions to have, when to have them, and how to experience and express them. It leads to effective coping with stressful events, increased self-efficacy, and reduced risky behaviors (McRae & Gross, 2020). Emotional self-regulation includes processes that affect how emotions are expressed, manifested in three emotional styles: concealment, adaptation, and tolerance (Dessaulles et al., 2003).

Using therapies that can effectively impact marital conflicts has always been a concern for psychologists and family counselors. Among these therapies is Paradox Timetable Cure (PTC), first developed and implemented by Mohammad Ali Basharat. This therapeutic model, based on various theories and models of couple therapy (Besharat & Naghipoor, 2019; Besharat, 2019), has been applied and tested on couples with multiple problems. The complete couple therapy model using paradoxical therapy with a timed program is derived from the "Complete Psychotherapy Model for Psychological Disorders" (Besharat & Naghipoor, 2019; Besharat, 2019). This model integrates behavioral, cognitive, psychodynamic, and systemic theories and techniques to offer a novel approach to couple therapy, providing a short-term, effective, ethical, and economical solution with the highest success rate and lowest relapse rate compared to existing couple therapy approaches. Paradoxical interventions aim to disrupt self-sustaining pathological symptoms by engaging in opposing behaviors. The use of diverse paradoxical techniques, especially double bind and paradoxical letters, facilitates penetration into clients' will, particularly those resistant to change. The mechanism of Paradox Timetable Cure includes:

- Instructionalization - Artificialization: The client, aided by tasks and instructions, becomes an executor, disrupting unconscious repetitive patterns.
- Disconnection of symptoms and conflicts, achieved by changing the meaning of symptoms through self-control.
- Consolidation of the self: This mechanism reinforces the self, leading to stability and reduced likelihood of conflict recurrence (Besharat, 2019).

Another effective therapeutic intervention to improve interpersonal relationships in couples with marital conflicts is Acceptance and Commitment Therapy (ACT). Love is interpreted as a valuable object in ACT. The Matrix ACT model extensively uses the six-dimensional flexibility model, encompassing six stages (mindfulness, acceptance, committed action, values, self-as-context, and cognitive defusion) (Peymannia, 2021). The six-dimensional ACT model indicates the process of this approach, even if the clinical burden is heavy. The Matrix ACT model, developed by Polk et al. (2016), emphasizes psychological flexibility through perspective-taking and compassion (Peymannia, 2021; Peymannia et al., 2018). According to Peymannia

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(2018), Polk's (2016) approach in Matrix ACT leads to a joyful, purposeful, and meaningful life. Valentino Marco et al. (2023) highlight the effectiveness of compassion-based therapy, helping individuals act effectively despite unpleasant thoughts, emotions, and feelings. Matrix ACT reinforces the transdiagnostic nature of ACT, serving as an advanced clinical tool integrating other approaches, especially compassion-based therapy, which enhances clinical effectiveness by providing stable, comprehensive, and safe flexibility (Peymannia, 2021). Compassion brings mental health and well-being (Peter J. et al., 2023), reducing marital conflicts. Continuous mindfulness stemming from perspective-taking creates a foundation for acquiring compassion. Mindfulness and compassion, two wings of a bird, significantly inspire, transform, and evolve personal growth. The new scientific movement for preventive development in various areas, including ethics, family, and society, requires mindfulness and compassion. Matrix ACT helps observe the function of behaviors, understanding how and why they work (or don't work), fostering a more comprehensive, compassionate, and long-term approach to change (Asadi et al., 2023; Lee et al., 2010; Peymannia, 2021; Peymannia et al., 2018).

Emotion-Focused Therapy (EFT) is one of the new third-wave therapies gaining attention. It began in the mid-1980s as an approach to helping couples. EFT was initially formulated and tested by Sue Johnson and Les Greenberg in 1985, with the first EFT couple therapy manual published in 1988. EFT approaches include elements of experiential therapy (like person-centered and Gestalt therapy), systemic therapy, and attachment theory (Greenberg, 2010). In Johnson's 2003 approach, attachment theory is considered a determinant of adult love, encompassing other motivations and guiding therapists in processing and reprocessing emotions. The primary goal is to transform attachment bonds and create secure attachment. However, Greenberg and Goldman's approach emphasizes addressing core issues related to identity (self and other models) and promoting self-soothing and partner interaction changes. Although Greenberg fully acknowledges the importance of attachment (Greenberg, 2010), attachment is not the only interpersonal motivation for couples. Instead, attachment is considered one of three relational functioning aspects, alongside identity/power and attraction/liking issues.

Women, compared to men, exhibit higher sensitivity in relationships and interactions, showing more signs of compromised mental health, such as somatic diseases, obsessive-compulsive behaviors, interpersonal sensitivity, depression, hostility, and psychosis, scoring higher (Valente et al., 2023). Women also show greater psychological distress in facing difficult situations and, due to gender attitudes, men have higher self-esteem than women (Mansell & Gatto, 2023). Women are more at risk of mental disorders and face greater vulnerability (Al-Krenawi & Bell, 2022; Mansell & Gatto, 2023; Valente et al., 2023). From this perspective, this study focused on the female population. This article aims to compare three new therapies, which have not been compared before, on the two variables of differentiation and emotional self-regulation for the first time. Additionally, group paradox therapy has not been previously examined, making this research novel. The emphasis on time in therapy was first introduced by the Iranian researcher Dr. Basharat, necessitating further research on marital conflict. The use of paradoxical therapy techniques, attention to time, and comparison with two other therapies in a more sensitive population of women with marital conflicts are noteworthy. The new Matrix ACT therapy, an enhanced model of Steven Hayes' ACT, has not addressed differentiation and emotional self-regulation in previous research, making it new and noteworthy. The effectiveness of EFT on these two variables simultaneously in women with conflicts and comparison with the other two therapies has not been examined before. Research on paradox therapy and Matrix ACT is less compared to EFT and draws on similar studies. Therefore, it is necessary to study these aspects to strengthen research on the critical issue of marital conflict in women. This study compares the effectiveness of Paradox Timetable Cure (PTC), Acceptance and Commitment Therapy Matrix (ACTM), and Emotion-Focused Therapy (EFT) on differentiation and emotional self-regulation in women with marital conflict.

2. Methods

2.1. Study design and Participant

The research method was quasi-experimental with a three-group design, including groups of Paradox Timetable Cure (PTC), Acceptance and Commitment Therapy Matrix (ACTM), Emotion-Focused Therapy (EFT), and a control group, in three stages: pre-test, post-test, and follow-up. The statistical population included women with marital conflict, identified through multiple calls and preliminary sessions to improve marital relationships. From 284 participants, 154 were identified using the Kansas Marital Conflict Scale (KMCS), with 60 randomly selected based on inclusion and exclusion criteria and purposive sampling. They were

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randomly assigned to four groups: PTC, ACTM, EFT, and control, with each group consisting of 15 members. Inclusion criteria included married women with children, literacy, informed consent, no mood-altering medication or parallel treatments, and a Kansas Marital Conflict score below the cutoff of 12. Exclusion criteria included unwillingness to miss more than one training session. Ethical considerations included confidentiality, voluntary withdrawal, informing participants about research findings, using data only for research purposes, and offering free counseling sessions to the control group after follow-up.

2.2. Measures

2.2.1. Marital Conflict

Kansas Marital Conflict Scale (KMCS) is a 27-item scale that developed by Eggeman et al. (1985) and measures marital conflict with a 4-point Likert scale (1=never, 2=rarely, 3=sometimes, 4=almost always). It has excellent internal consistency (alpha = 0.91 to 0.95 for men and 0.88 to 0.95 for women) and stability (test-retest correlations of 0.64 to 0.96 over six months). Higher scores indicate lower conflict. Its validity and reliability are widely confirmed (Dong et al., 2022; Eggeman et al., 1985; Eyni & Safdarian, 2020; Tolorunleke, 2014; Wang & Zhao, 2022; Zhang et al., 2023).

2.2.2. Differentiation of Self

Differentiation of Self Inventory (DSI) is a 46-item tool by Skowron and Friedlander (1998) that measures differentiation in individuals' relationships with their family of origin, rated on a 6-point Likert scale (1 = not at all true for me to 6 = very true for me). The scale includes subscales for emotional reactivity (11 items), I-position (11 items), emotional cutoff (12 items), and fusion with others (12 items), with higher scores indicating greater differentiation. The validity and reliability of this scale is confirmed by many researchers (Parsakia et al., 2023).

2.2.3. Emotion Regulation

Developed by Hofmann and Kashdan (2010), this is a 20-item scale that measures emotional regulation with three subscales: concealment (7 items), adjustment (8 items), and tolerance (5 items), rated on a 5-point Likert scale (1 = not at all true for me to 5 = very true for me). Scores range from 20 to 100. Several studies have confirmed its validity and reliability (Damavandian et al., 2022; McRae & Gross, 2020).

2.3. Interventions

2.3.1. Paradox Timetable Cure

This protocol, first validated by Basharat in 2019, is based on various theoretical models, including behavioral, cognitive, and psychodynamic approaches, incorporating techniques like repetitive tasks, exposure, and reframing. The treatment involves ten 90-minute sessions held twice a week (Besharat, 2019).

Session 1:

Welcome and introduction of the therapist and participants, including the duration of marriage, number of children, and employment status. Create a friendly and safe environment. Have participants sign an ethical commitment to confidentiality. Provide a brief overview of the therapy process and variables, followed by a pre-test. Normalize the issue and build trust among members. Discuss common conflict scenarios, locations, times, and topics to normalize conflicts.

Session 2:

Discuss the history and techniques of the therapy. Explain the rationale behind paradoxical therapy using appropriate examples. Encourage participants to present personal issues for group discussion. Focus on the three components of the personality triangle (ego, id, superego) as homework. Practice mindfulness to identify personality clues. Deepen members' understanding of each other and the history of paradoxical therapy.

Session 3:

Review homework and conduct behavioral analysis. Explain the therapy program and set treatment goals. Introduce the concepts of differentiation and emotional self-regulation. Implement the "Paradoxical Dual Dialogue Timetable" by scheduling three specific times a day for a paradoxical dialogue lasting 20-30 minutes. Emphasize humor in discussing issues to break repetitive cycles and reduce negative emotions.

Sessions 4 and 5:

Detail the execution of previously assigned tasks and discuss their outcomes from each family member's perspective, particularly the spouse. Introduce paradoxical techniques, such as paradoxical letters expressing weakness and defeat, and congratulating family members for problems. Continue the paradoxical dual dialogue and rotational management program, alternating control and

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command every other day to manage emotions and differentiate from the partner.

Sessions 6 and 7:

Conduct behavioral analysis and discuss the outcomes of previous tasks in the group. Estimate potential therapeutic changes and discuss the continuation of previous tasks. Reframe and redefine differentiation and emotional self-regulation. Assign tasks involving positive labeling of marital issues three times a day and reshaping the perception of spousal characteristics to strengthen emotional self-regulation.

Sessions 8 and 9:

Address potential problems and limitations in task execution for family members. Discuss outcomes from each participant's perspective and estimate therapeutic changes. Teach and practice the techniques of paradoxical forecasting and exaggeration. Schedule specific times for humor and conflict discussions daily for a week to reduce resistance and facilitate differentiation and emotional self-regulation.

Session 10:

Review previous sessions, summarize, and gather feedback. Conduct a post-test. Recap goals and techniques, address any remaining questions, and assess changes in differentiation and emotional self-regulation.

2.3.2. Acceptance and Commitment Therapy Matrix

Based on a step-by-step approach by Polk and Shoendorf (2016), this protocol involves ten 90-minute sessions held twice a week (Peymannia, 2021; Peymannia et al., 2018).

Session 1:

Introduction and acquaintance among group members. Explain group rules and fill out questionnaires. Brief participants on the workshop goals. Foster group cohesion and understanding of the rules.

Session 2:

Introduce the ACT Matrix, defining and explaining the variables of differentiation and emotional self-regulation, and place them on the right side of the matrix as essential goals for reducing marital conflict. Practice drawing and using the ACT Matrix, focusing on awareness of emotions and their handling.

Session 3:

Review homework and introduce the ACT Matrix, highlighting the difference between sensory and inner world experiences. Practice perspective-taking with an emphasis on compassion. Discuss the effects of external actions and how avoidance and approaching behaviors impact differentiation and emotional self-regulation. Introduce the concepts of the "good-natured" and "ill-natured" personalities.

Sessions 4 and 5:

Review homework and identify avoidance behaviors that provide short-term relief but trap individuals in cycles of distress, preventing progress towards differentiation and emotional self-regulation. Discuss the effects of these behaviors in the short and long term and identify attention-stealing hooks.

Session 6:

Introduce the skill of verbal aikido and the concept of self-compassion. Identify sources of negative emotions such as shame and self-criticism, and introduce the three emotional regulation systems (threat, reward, and soothing). Apply these concepts to the variables of differentiation and emotional self-regulation through verbal aikido practice.

Session 7:

Combine verbal aikido with other compassionate metaphors (e.g., SpongeBob and Patrick, Pinocchio and the sly fox). Continue practicing verbal aikido focusing on differentiation and emotional self-regulation.

Session 8:

Review homework, practice mindfulness skills, and help participants view pain, struggle, and conflict with acceptance and mindfulness. Introduce the concept of the compassionate teacher or strict inner critic. Use the "Mother Cat" metaphor to practice dealing with challenging situations with differentiation and emotional self-regulation.

Session 9:

Review homework, emphasizing giving oneself time and space to improve differentiation and emotional self-regulation by considering different times and places for better emotional regulation.

Session 10:

Review all sessions using perspective-taking and compassion skills related to differentiation and emotional self-regulation. Summarize and ensure the continuity of learned skills. Conduct a post-test and address any remaining questions about differentiation and emotional self-regulation.

2.3.3. Emotion-Focused Therapy

Based on summaries from Elliott (2012), Iwona (2013), and Cornish (2014), this protocol involves ten 90-minute sessions held twice a week (Elliott & Macdonald, 2021).

Session 1:

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General introduction to participants, introduction of the therapist, review of participants' motivations and expectations, and set group rules. Define the concepts of differentiation and emotional self-regulation. Fill out research questionnaires during the pre-test phase.

Session 2:

Provide education on therapy and distribute sheets to recognize various emotions and record emotional experiences. Begin emotional awareness and familiarize participants with differentiation and emotional self-regulation, helping them develop a secure attachment style. Encourage attention to pleasant and unpleasant emotions, identify attachment styles, and record emotions concerning differentiation and emotional self-regulation.

Session 3:

Identify interaction patterns, including acceptance of acknowledged feelings and consequences of negative emotions related to differentiation and emotional self-regulation. Facilitate group openness and self-disclosure. Use the two-chair technique and mindfulness.

Session 4:

Expand emotional experiences through emotional dialogues in relationships and introduce new elements into these experiences. Align therapist's diagnosis with clients, accept the negative cycle by clients, review and reconsider relationships, and reveal contrasting aspects of inner experiences. Use dialogues about inner experiences, including blaming, condemning, nurturing, releasing, responsible, and confident aspects.

Sessions 5 and 6:

Broaden emotional experiences, identify values, reconnect with them, organize contradictory inner dialogues, focus on needs and motivations linked to ineffective emotions, fulfill them appropriately, and connect to effective emotions aligned with values. Pay attention to confident and responsible emotional voices and express regret for ineffective negative emotions.

Sessions 7 and 8:

Find new solutions to old problems, including reconstructing interactions, changing harmful spouse behavior, creating harmony in self-perception and relationship, and altering interactions. Overcome obstacles to positive responses regarding differentiation and emotional self-regulation. Write a letter to oneself and engage in dialogues with various inner voices for an emotional journey and new emotional experiences.

Session 9:

Review progress, deepen effective emotional experiences, and learn compensatory behaviors (direct and indirect) to create efficient and beneficial emotions related to differentiation and emotional self-regulation.

Session 10:

Facilitate session closure, maintain changes in interactions for the future, identify differences between initial negative interaction patterns and current ones, and encourage the consolidation of effective emotional patterns. Summarize, continue learning, conduct a post-test, and address questions about differentiation and emotional self-regulation.

2.4. Data Analysis

Repeated measures ANOVA and Bonferroni post hoc tests were used for data analysis via SPSS-25.

3. Findings and Results

Hypothesis 1: The effectiveness of Paradox Timetable Cure compared with ACT Matrix and Emotion-Focused Therapy.

Table 1 presents the mean and standard deviation for the pre-test, post-test, and follow-up stages of the differentiation components in the research groups.

Table 1

Mean and Standard Deviation of Differentiation Variables and Their Components in Research Groups Across Three Time Periods

Variable	Time	Paradox Therapy	ACT Matrix	Emotion Therapy	Control
		M (SD)	M (SD)	M (SD)	M (SD)
Emotional Reactivity	Pre-test	31.200 (5.809)	30.667 (8.261)	32.133 (4.502)	32.000 (4.598)
	Post-test	41.400 (6.874)	50.667 (4.451)	45.000 (6.279)	32.133 (4.764)
	Follow-up	41.333 (6.683)	51.067 (4.496)	45.000 (6.279)	32.200 (4.843)
I Position	Pre-test	37.467 (6.232)	37.267 (7.488)	38.067 (7.769)	37.200 (7.551)
	Post-test	41.400 (5.889)	51.400 (6.566)	43.600 (5.877)	37.800 (9.458)
	Follow-up	41.467 (5.830)	52.400 (6.208)	43.800 (6.026)	37.867 (6.403)
Emotional Cutoff	Pre-test	31.267 (3.990)	32.200 (5.056)	33.800 (3.986)	31.867 (5.604)

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	Post-test	35.000 (8.036)	48.333 (4.170)	40.600 (4.896)	32.267 (5.561)
	Follow-up	35.067 (8.067)	47.533 (6.947)	40.667 (4.865)	32.733 (6.475)
Fusion with Others	Pre-test	30.133 (6.479)	29.200 (10.311)	31.067 (5.725)	30.933 (5.203)
	Post-test	42.000 (8.527)	51.333 (4.435)	45.800 (4.709)	31.400 (4.323)
	Follow-up	42.133 (8.526)	51.467 (4.406)	45.933 (4.876)	31.467 (4.340)
Differentiation	Pre-test	130.067 (15.890)	129.333 (17.028)	135.067 (15.737)	132.000 (14.000)
	Post-test	159.800 (14.848)	201.733 (7.968)	175.000 (12.473)	133.600 (13.799)
	Follow-up	160.000 (14.880)	202.467 (10.162)	173.400 (15.287)	134.267 (14.767)

As shown in Table 1, there were changes in the differentiation variable and its components in the research groups (three therapy groups) compared to the control group at the post-test and follow-up stages. The Shapiro-Wilk test results indicated that the Emotional Reactivity and Emotional Cutoff components did not follow a normal distribution in the pre-test stage ($p<.01$), but the equality of error variance ($p>.05$) was maintained for all three. The equality of variance-covariance matrix (via Box's test) ($p<.05$) was not maintained. The I Position component and the differentiation variable followed a normal distribution across all three stages. The equality of error variance ($p>.05$) was maintained for all three. The equality of the variance-covariance matrix (via Box's test) ($p<.05$) was not maintained. Fusion with Others followed a normal distribution across all three stages ($p>.05$), but the equality of error variance for the pre-test was not maintained ($p<.05$). The equality of the variance-covariance matrix (via Box's test) ($p<.05$) was not maintained. Additionally, the Mauchly's test was significant for Emotional Reactivity, I Position, Emotional Cutoff, and Fusion with Others and the differentiation variable ($p<.05$). This means the sphericity assumption was not met for these variables. In such cases, the Greenhouse-Geisser statistic can be used in the final analysis tables. The repeated measures ANOVA data for the differentiation variable and its components are presented in Table 2.

Table 2

Repeated Measures ANOVA Data for Differentiation and Its Components

Variable	Type of Effect	Source of Effect	Sum of Squares	df	Mean Square	F	Significance	Partial Eta Squared	Power
Emotional Reactivity	Within-Groups	Time	4709.200	1.021	4611.400	218.259	.000	.796	1.000
		Time × Group	2061.867	3.064	673.015	31.854	.000	.631	1.000
		Error (Time)	1208.267	57.188	21.128	-	-	-	-
	Between-Groups	Group	3487.333	3	1162.444	14.806	.000	.442	1.000
		Error	4396.533	56	78.510	-	-	-	-
I Position	Within-Groups	Time	1549.211	1.160	1335.319	119.484	.000	.681	1.000
		Time × Group	1078.700	3.481	309.923	27.732	.000	.598	1.000
		Error (Time)	726.089	64.970	11.176	-	-	-	-
	Between-Groups	Group	2136.667	3	712.222	4.697	.005	.201	.875
		Error	8490.578	56	151.617	-	-	-	-
Emotional Cutoff	Within-Groups	Time	1818.078	1.375	1322.173	92.729	.000	.623	1.000
		Time × Group	1276.633	4.125	309.472	21.704	.000	.538	1.000
		Error (Time)	1097.956	77.004	14.258	-	-	-	-
	Between-Groups	Group	2996.133	3	998.711	12.248	.000	.396	1.000
		Error	457.311	56	5.541	-	-	-	-
Fusion with Others	Within-Groups	Time	6109.544	1.006	6073.106	172.138	.000	.755	1.000
		Time × Group	2436.233	3.018	807.234	22.881	.000	.551	1.000
		Error (Time)	1987.556	56.336	35.280	-	-	-	-

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	Between-Groups	Group	3988.817	3	1329.606	15.917	.000	.460	1.000
		Error	4677.911	56	83.534	-	-	-	-
Differentiation	Within-Groups	Time	51600.278	1.229	42298.604	411.895	.000	.880	1.000
		Time × Group	25628.300	3.660	7002.813	68.192	.000	.785	1.000
		Error (Time)	7015.422	68.315	102.693	-	-	-	-
	Between-Groups	Group	47489.350	3	15829.783	33.478	.000	.642	1.000
		Error	26478.978	56	472.839	-	-	-	-

Given the violation of the assumption of sphericity, as seen in Table 2 in the section on emotional reactivity, within-group effects indicate significant differences over time (F = 218.259, df = 1.021, p < .01) and interaction between time and group (F = 31.854, df = 5.074, p < .01). The partial eta squared for the time factor is .796, and for the time × group interaction is .631, both with a power of 1.000. This shows that 79.36% and 63.1% of the variance in emotional reactivity can be attributed to the independent variable (one of the therapeutic methods used in the study) with 100% confidence.

For the I-Position, significant within-group effects were also found over time (F = 119.484, df = 1.160, p < .01) and interaction between time and group (F = 27.732, df = 3.481, p < .01). The partial eta squared for the time factor is .681, and for the time × group interaction is .598, both with a power of 1.000, indicating that 68.1% and 59.8% of the variance in the I-Position can be attributed to the independent variable with 100% confidence.

Regarding emotional cutoff, significant within-group effects were found over time (F = 92.729, df = 1.375, p < .01) and interaction between time and group (F = 21.704, df = 4.125, p < .01). The partial eta squared for the time factor is .623, and for the time × group interaction is .538, both with a power of 1.000, indicating that 62.3% and 53.8% of the variance in emotional cutoff can be attributed to the independent variable with 100% confidence.

For fusion with others, significant within-group effects were found over time (F = 172.138, df = 1.006, p < .01) and interaction between time and group (F = 22.881, df = 3.018, p < .01). The partial eta squared for the time factor is .755, and for the time × group interaction is .551, both with a power of 1.000, indicating that 75.5% and 55.1% of the variance in fusion with others can be attributed to the independent variable with 100% confidence.

For differentiation, significant within-group effects were found over time (F = 411.895, df = 1.229, p < .01) and interaction between time and group (F = 68.192, df = 3.660, p < .01). The partial eta squared for the time factor is .880, and for the time × group interaction is .785, both with a power of 1.000, indicating that 88% and 78.5% of the variance in differentiation can be attributed to the independent variable with 100% confidence.

Additionally, as observed in Table 2 in the section on between-group effects, the group factor shows significant differences in emotional reactivity (F = 14.806, df = 3, p < .01), I-Position (F = 4.697, df = 3, p < .01), emotional cutoff (F = 12.248, df = 3, p < .01), fusion with others (F = 15.917, df = 3, p < .01), and differentiation (F = 33.478, df = 3, p < .01). This means that the ANOVA analysis showed significant differences between the experimental groups (three therapeutic methods) and the control group in these components.

To further investigate the differences between the experimental groups and the control group, a Bonferroni post hoc test was conducted, as shown in Table 3.

Table 3

Bonferroni Post Hoc Test for Pairwise Comparisons in Differentiation

Variable	Baseline 1	Baseline 2	Mean Difference	Std. Error	p-value
Time	Pre-Test	Post-Test	-10.800	.729	.000
	Pre-Test	Follow-Up	-10.900	.735	.000
	Post-Test	Follow-Up	-.100	.087	.767
Emotional Reactivity	Paradox Timetable Cure	Matrix ACT	-6.156	1.868	.010
	Paradox Timetable Cure	Emotion-Focused	-2.733	1.868	.894
	Matrix ACT	Emotion-Focused	3.422	1.867	.434

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	Paradox Timetable Cure	Control	5.867	1.868	.016
	Matrix ACT	Control	12.022	1.868	.000
	Emotion-Focused	Control	8.600	1.867	.000
Time	Pre-Test	Post-Test	-6.050	.534	.000
	Pre-Test	Follow-Up	-6.383	.574	.000
	Post-Test	Follow-Up	-.333	.184	.228
I-Position	Paradox Timetable Cure	Matrix ACT	-6.911	2.596	.061
	Paradox Timetable Cure	Emotion-Focused	-1.711	2.596	1.000
	Matrix ACT	Emotion-Focused	5.200	2.596	.300
	Paradox Timetable Cure	Control	2.489	2.595	1.000
	Matrix ACT	Control	9.400	2.256	.004
	Emotion-Focused	Control	-4.200	2.596	.668
Time	Pre-Test	Post-Test	-6.767	.579	.000
	Pre-Test	Follow-Up	-6.717	.717	.000
	Post-Test	Follow-Up	.050	.364	1.000
Emotional Cutoff	Paradox Timetable Cure	Matrix ACT	-8.911	1.904	.000
	Paradox Timetable Cure	Emotion-Focused	-4.578	1.904	.117
	Matrix ACT	Emotion-Focused	4.333	1.904	.000
	Paradox Timetable Cure	Control	1.489	1.905	1.000
	Matrix ACT	Control	10.400	1.903	.000
	Emotion-Focused	Control	6.067	1.904	.014
Time	Pre-Test	Post-Test	-12.300	.945	.000
	Pre-Test	Follow-Up	-12.417	.937	.000
	Post-Test	Follow-Up	-.117	.060	.172
Fusion with Others	Paradox Timetable Cure	Matrix ACT	-5.911	1.927	.020
	Paradox Timetable Cure	Emotion-Focused	-2.844	1.927	.873
	Matrix ACT	Emotion-Focused	3.067	1.927	.703
	Paradox Timetable Cure	Control	6.822	1.927	.005
	Matrix ACT	Control	12.733	1.927	.000
	Emotion-Focused	Control	9.667	1.927	.000
Time	Pre-Test	Post-Test	-35.917	1.668	.000
	Pre-Test	Follow-Up	-35.917	1.748	.000
	Post-Test	Follow-Up	.000	.652	1.000
Differentiation	Paradox Timetable Cure	Matrix ACT	-27.889	4.584	.000
	Paradox Timetable Cure	Emotion-Focused	-11.200	4.584	.106
	Matrix ACT	Emotion-Focused	16.689	4.584	.004
	Paradox Timetable Cure	Control	16.667	4.584	.004
	Matrix ACT	Control	44.556	4.584	.000
	Emotion-Focused	Control	27.867	4.584	.000

As seen in Table 3, there are significant differences in the components of emotional reactivity, I-position, emotional cutoff, and fusion with others, as well as the differentiation variable, between the pre-test and post-test and between the pre-test and follow-up ($p \leq 0.01$). However, there is no significant difference between the post-test and follow-up ($p > 0.05$). Additionally, in the emotional reactivity component, there is a significant difference between the paradox therapy and Matrix ACT groups ($p \leq 0.01$), and there are significant differences between all three therapeutic groups and the control group ($p < 0.05$). In the I-position component, only the Matrix ACT group and the control group show a significant difference ($p < 0.01$), indicating an improvement in the I-position but not a significant difference from the other therapies. In the emotional cutoff component, there are significant differences between the Matrix ACT group and both the paradox therapy and emotion-focused therapy groups ($p \leq 0.01$). Additionally, both the Matrix ACT and emotion-focused therapy groups have significant differences with the control group ($p < 0.05$), indicating the effectiveness of these therapies for this component. In the fusion with others component, there is a significant difference between the paradox therapy and Matrix ACT groups ($p \leq 0.05$). Moreover, all three therapies show significant differences from the control group ($p < 0.05$), indicating the effectiveness of these therapies for this component. In the differentiation variable, there is a significant difference between the Matrix ACT group and both the paradox therapy and emotion-focused therapy groups ($p < 0.01$). All three therapeutic groups also show significant differences from the control group, indicating the effectiveness of all three therapies on the differentiation

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variable. Therefore, the first hypothesis, which proposed a difference in the effectiveness of paradox therapy with a timed program, Matrix ACT (acceptance and commitment therapy), and emotion-focused therapy on the differentiation of women with marital conflict, is confirmed. There are significant differences both between the therapeutic groups themselves and between the therapeutic groups and the control group.

Hypothesis 2: The effectiveness of Paradox Timetable Cure compared with ACT Matrix and Emotion-Focused Therapy.

Table 4 presents the mean and standard deviation for the pre-test, post-test, and follow-up stages of the emotional self-regulation components in the research groups.

Table 4

Mean and Standard Deviation of Emotional Self-Regulation Variables and Their Components in Research Groups Across Three Time Periods

Variable	Time	Paradox Therapy	ACT Matrix	Emotion Therapy	Control
		M (SD)	M (SD)	M (SD)	M (SD)
Adaptability	Pre-test	20.667 (4.304)	20.467 (3.998)	20.600 (3.906)	20.667 (4.435)
	Post-test	26.133 (4.291)	28.000 (3.722)	31.467 (1.246)	20.733 (4.652)
	Follow-up	26.333 (4.304)	28.200 (3.707)	31.800 (1.014)	20.933 (5.035)
Concealment	Pre-test	18.800 (2.455)	18.867 (3.523)	18.600 (3.112)	18.267 (2.404)
	Post-test	22.133 (3.091)	25.733 (2.374)	30.800 (2.042)	18.933 (2.631)
	Follow-up	22.400 (3.376)	26.200 (2.513)	31.133 (1.807)	19.067 (2.631)
Tolerance	Pre-test	12.067 (3.035)	12.200 (1.207)	12.267 (1.981)	12.267 (1.831)
	Post-test	13.467 (2.099)	15.000 (1.069)	18.200 (0.862)	12.267 (2.052)
	Follow-up	13.600 (2.261)	15.200 (1.014)	18.400 (0.910)	12.400 (2.293)
Self-Regulation	Pre-test	51.533 (3.720)	51.533 (6.105)	51.467 (7.050)	51.200 (5.422)
	Post-test	61.733 (4.464)	68.733 (4.464)	80.467 (2.475)	51.933 (5.750)
	Follow-up	62.333 (4.655)	69.600 (4.469)	81.333 (2.127)	52.400 (5.950)

As shown in Table 4, there were changes in the emotional self-regulation variable and its components in the research groups (three therapy groups) compared to the control group at the post-test and follow-up stages. The Shapiro-Wilk test results indicated that the Adaptability component followed a normal distribution in the pre-test stage ($p>.05$), but the equality of error variance ($p>.05$) was maintained only in the pre-test stage. The equality of the variance-covariance matrix (via Box's test) ($p<.05$) was not maintained. For Concealment, none of the three stages followed a normal distribution ($p<.05$), but the equality of error variance was maintained for all three stages ($p>.05$). The equality of the variance-covariance matrix (via Box's test) ($p>.05$) was maintained. For the Tolerance component, the pre-test stage did not follow a normal distribution ($p<.05$), and neither the equality of error variance nor the equality of the variance-covariance matrix (via Box's test) ($p<.05$) was maintained for all three stages. For the emotional self-regulation variable in the pre-test stage, the distribution was not normal ($p<.05$), and the equality of error variance was maintained only for the pre-test stage ($p>.05$). The equality of the variance-covariance matrix (via Box's test) ($p<.05$) was not maintained. Additionally, the Mauchly's test was significant for all components ($p<.05$). This means the sphericity assumption was not met for these variables. In such cases, the Greenhouse-Geisser statistic can be used in the final analysis tables.

Table 5

Repeated Measures ANOVA Data for Emotional Self-Regulation and Its Components

Variable	Type of Effect	Source of Effect	Sum of Squares	df	Mean Square	F	Significance	Partial Eta Squared	Power
Adaptability	Within-Groups	Time	1490.033	1.060	1406.136	261.774	.000	.824	1.000
		Time × Group	621.878	3.179	195.621	36.418	.000	.661	1.000
		Error (Time)	318.756	59.341	5.372	-	-	-	-
	Between-Groups	Group	1206.622	3	402.207	10.007	.000	.349	.997
		Error	2250.711	56	40.191	-	-	-	-

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Concealment	Within-Groups	Time	1402.978	1.098	1277.540	311.114	.000	.847	1.000
		Time × Group	759.156	3.295	230.427	56.115	.000	.750	1.000
		Error (Time)	252.533	61.498	4.106	-	-	-	-
	Between-Groups	Group	1620.444	3	540.148	30.840	.000	.623	1.000
		Error	980.800	56	17.514	-	-	-	-
Tolerance	Within-Groups	Time	274.711	1.162	236.436	225.790	.000	.801	1.000
		Time × Group	195.822	3.486	56.179	53.650	.000	.742	1.000
		Error (Time)	68.133	65.066	1.047	-	-	-	-
	Between-Groups	Group	405.444	3	135.148	15.096	.000	.447	1.000
		Error	501.333	56	8.952	-	-	-	-
Self-Regulation	Within-Groups	Time	8580.078	1.086	7899.215	679.931	.000	.924	1.000
		Time × Group	4319.922	3.259	1325.707	114.111	.000	.859	1.000
		Error (Time)	706.667	60.827	11.618	-	-	-	-
	Between-Groups	Group	8855.578	3	2951.859	50.469	.000	.730	1.000
		Error	3275.333	56	58.488	-	-	-	-

As shown in Table 5, for the Adaptability component, the within-group effect of time ($F(1.060, 59.341) = 261.774$, $p < .01$) and the interaction of time and group ($F(3.179, 59.341) = 36.418$, $p < .01$) indicated significant differences over time and the interaction between time and group (four research groups). The partial eta squared for the time factor was .824, and for the interaction of time and group was .661, with a power of 1. These findings indicate that for the time factor and the interaction of time and group, 82.4% and 66.1% of the variance in Adaptability were related to the independent variable's application (one of the therapy methods in the study), confirmed with 100% power. For the Concealment component, the time factor ($F(1.098, 61.498) = 311.114$, $p < .01$) and the interaction of time and group ($F(3.295, 61.498) = 56.115$, $p < .01$) indicated significant differences over time and the interaction between time and group (four research groups). The partial eta squared for the time factor was .847, and for the interaction of time and group was .750, with a power of 1. These findings indicate that for the time factor and the interaction of time and group, 84.7% and 75% of the variance in Concealment were related to the independent variable's application (one of the therapy methods in the study), confirmed with 100% power. For the Tolerance component, the time factor ($F(1.162, 65.066) = 225.790$, $p < .01$) and the interaction of time and group ($F(3.486, 65.066) = 53.650$, $p < .01$) indicated significant differences over time and the interaction between time and group (four research groups). The partial eta squared for the time factor was .801, and for the interaction of time and group was .742, with a power of 1. These findings indicate that for the time factor and the interaction of time and group, 80.1% and 74.2% of the variance in Tolerance were related to the independent variable's application (one of the therapy methods in the study), confirmed with 100% power. For the emotional self-regulation variable, the time factor ($F(1.086, 60.827) = 679.931$, $p < .01$) and the interaction of time and group ($F(3.259, 60.827) = 114.111$, $p < .01$) indicated significant differences over time and the interaction between time and group (four research groups). The partial eta squared for the time factor was .924, and for the interaction of time and group was .859, with a power of 1. These findings indicate that for the time factor and the interaction of time and group, 92.4% and 85.9% of the variance in emotional self-regulation were related to the independent variable's application (one of the therapy methods in the study), confirmed with 100% power.

Additionally, as observed in Table 5 for the between-group effect, the Adaptability component ($F(3, 56) = 10.007$, $p < .01$), Concealment ($F(3, 56) = 30.840$, $p < .01$), Tolerance ($F(3, 56) = 15.096$, $p < .01$), and emotional self-regulation ($F(3, 56) = 50.469$, $p < .01$) indicated significant differences between groups. This means that the performed ANOVA analysis showed significant differences between the experimental groups (three therapy groups) and the control group in these components.

To examine the potential differences between the experimental and control groups, the Bonferroni post hoc test was performed, as presented in Table 6 for the three stages of pre-test, post-test, and follow-up.

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Table 6

Bonferroni Post Hoc Test Data for Pairwise Comparison of Research Groups in Emotional Self-Regulation Variable

Variable	Baseline 1	Baseline 2	Mean Difference	Std. Error	p-value
Time	Pre-test	Post-test	-5.983	.372	.000
	Pre-test	Follow-up	-6.217	.375	.000
	Post-test	Follow-up	-2.233	.074	.008
Adaptability	Paradox Therapy	ACT Matrix	-1.178	1.337	1.000
	Paradox Therapy	Emotion Therapy	-3.578	1.337	.058
	ACT Matrix	Emotion Therapy	-2.400	1.337	.468
	Paradox Therapy	Control	3.600	1.337	.056
	ACT Matrix	Control	4.778	1.337	.004
	Emotion Therapy	Control	7.178	1.337	.000
Time	Pre-test	Post-test	-5.767	.332	.000
	Pre-test	Follow-up	-6.067	.329	.000
	Post-test	Follow-up	-0.300	.084	.002
Concealment	Paradox Therapy	ACT Matrix	-2.489	.882	.040
	Paradox Therapy	Emotion Therapy	-5.733	.882	.000
	ACT Matrix	Emotion Therapy	-3.244	.881	.003
	Paradox Therapy	Control	2.356	.882	.059
	ACT Matrix	Control	4.844	.882	.000
	Emotion Therapy	Control	3.244	.882	.003
Time	Pre-test	Post-test	-2.533	.170	.000
	Pre-test	Follow-up	-2.700	.170	.000
	Post-test	Follow-up	-0.167	.055	.012
Tolerance	Paradox Therapy	ACT Matrix	-1.089	.631	.539
	Paradox Therapy	Emotion Therapy	-3.244	.631	.000
	ACT Matrix	Emotion Therapy	-2.156	.631	.007
	Paradox Therapy	Control	0.733	.630	1.000
	ACT Matrix	Control	1.822	.630	.033
	Emotion Therapy	Control	3.978	.631	.000
Time	Pre-test	Post-test	-14.283	.558	.000
	Pre-test	Follow-up	-14.983	.549	.000
	Post-test	Follow-up	-0.700	.132	.000
Self-Regulation	Paradox Therapy	ACT Matrix	-4.756	1.612	.028
	Paradox Therapy	Emotion Therapy	-12.556	1.612	.000
	ACT Matrix	Emotion Therapy	-7.800	1.610	.000
	Paradox Therapy	Control	6.689	1.612	.001
	ACT Matrix	Control	11.444	1.610	.000
	Emotion Therapy	Control	19.244	1.612	.000

As shown in Table 6, for the Adaptability component, there was a significant difference across all three stages of the test ($p < .01$). There were no significant differences between any of the therapy groups ($p > .05$), but both the ACT Matrix and Emotion Therapy groups had significant differences compared to the control group ($p < .05$), indicating their effectiveness in improving Adaptability. For the Concealment component, there were significant differences across all three stages of the test ($p < .01$). Significant differences were found between all three therapy groups ($p < .05$), but there were no significant differences between the Paradox Therapy and the control group ($p > .05$), indicating that Paradox Therapy was not effective in improving Concealment. For the Tolerance component, there were significant differences across all three stages of the test ($p < .05$). There were significant differences between the Emotion Therapy group and the other two groups ($p < .05$). Paradox Therapy did not have significant differences compared to the control group ($p > .05$), indicating its ineffectiveness in improving Tolerance. However, both Emotion Therapy and the ACT Matrix groups had significant differences compared to the control group ($p < .05$), indicating their effectiveness in improving Tolerance. For the emotional self-regulation variable, there were significant differences across all three stages of the test ($p < .01$). There were significant differences between the therapy groups and the control group ($p < .01$ or $p < .05$). Therefore, Hypothesis 2, which states that there is a difference in the

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effectiveness of Paradox Timetable Cure, ACT Matrix (Acceptance and Commitment Therapy), and Emotion-Focused Therapy on the emotional self-regulation of women with marital conflict, is confirmed. There are significant differences between the therapy groups and the control group.

4. Discussion and Conclusion

This study aimed to compare the effectiveness of Paradox Timetable Cure (PTC), Acceptance and Commitment Therapy Matrix (ACTM), and Emotion-Focused Therapy (EFT) on differentiation and emotional self-regulation in women with marital conflicts.

The results of this research on the effectiveness of Paradox Timetable Cure (PTC) on differentiation are consistent with the prior findings that demonstrated how time-related paradoxical techniques (morning, afternoon, evening, etc.) can alleviate symptoms of stress, depression, and feelings of inadequacy in individuals lacking differentiation, who fear they cannot manage on their own. They showed how paradoxical techniques helped individuals and families who could not adopt separate and effective roles for improving their own and their family's well-being (Chitgarzadeh et al., 2023; Mohammadpour & Aslami, 2022; Peräkylä et al., 2023). This is also aligned with Basharat (2019), who discusses issues of couples that are resolved or significantly reduced with paradoxical therapy combined with a timetable, including cases where individuals experienced good self-differentiation and released emotions and feelings that caused problems in their marital lives (Besharat, 2019).

The results of the ACT Matrix on differentiation align can be explained by the power of ACTM to continuously move individuals towards values and goals, targeting differentiation as a value to reduce marital conflict through ongoing perspective-taking, mindfulness, compassion, and cognitive flexibility training. Identifying attention-stealing traps and short-term entrapment cycles as hindrances to differentiation goals helps individuals avoid them and maintain a clearer, more comprehensive perspective focused on differentiation (Asadi et al., 2023; Lee et al., 2010; Peymannia, 2021; Peymannia et al., 2018).

The results of EFT can be explained by recognizing one's positive and negative emotions, defining differentiation as achieving a level of emotional independence where one can make rational, autonomous decisions without being overwhelmed by the emotional environment. Individuals with differentiation require significant validation and support from others, and their behaviors are influenced by the emotional system of their environment and others' reactions. Differentiation can be a process occurring within the individual and in relationships between people. On the intrapersonal level, non-differentiation or fusion occurs when individuals do not separate their feelings from their thoughts, becoming overwhelmed by emotions (Asgari et al.; Timulak & McElvaney, 2016). Interpersonally, a non-differentiated person tends to either be fully absorbed by others' emotions or react against others.

Participants familiarized themselves with their attachment styles, revealing that individuals with anxious, avoidant, or ambivalent styles could not make rational decisions in dealing with marital issues due to their fears, affecting their relationship security and leading to multiple conflicts. Therefore, to develop a secure attachment style, they needed to form a strong independent identity that prevents them from being influenced by their spouse's behavior, fostering feelings that lead to emotional distancing or avoidance. Participants were trained that their spouse's behavior and emotions should not influence them to the extent that it delays rational decisions and effective solutions, identifying and addressing obstacles to differentiation.

The results of the Paradox Timetable Cure on emotional self-regulation, despite limited internal and external research, align with prior studies (Besharat & Naghipoor, 2019; Besharat, 2019; Chitgarzadeh et al., 2023; Mohammadpour & Aslami, 2022). Changes in message codes and interaction patterns among the three participants (husband, wife, and therapist), with reduced power struggles between the husband and therapist and the emergence of positive, powerful symmetrical behaviors in the wife with her partner, eliminating symmetrical, negative conflict patterns.

The results of ACTM on emotional self-regulation align with those of Ghorbankhah et al. (2021), who examined temperament and anxiety in children and self-compassion in parents (Ghorbanikhah et al., 2023); Peymannia (2021), who focused on cognitive emotion regulation in students with test anxiety (Peymannia, 2021); ACTM helped individuals recognize emotional self-regulation as a crucial value for maintaining marital relationships, teaching them effective actions, thoughts, and emotions that bring them closer to this goal. They also learned to identify and manage unproductive behaviors and emotions, understanding their short- and long-

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term consequences, and how they trap them in unhealthy, stressful interactions.

Finally, the results of EFT on emotional self-regulation align with prior studies (Asgari et al., 2022; Damavandian et al., 2022; Dessaulles et al., 2003; Elliott & Macdonald, 2021; Greenberg, 2010; McRae & Gross, 2020; Skowron & Friedlander, 1998; Timulak & McElvaney, 2016) and can be explained by recognizing and managing emotions effectively, considering their short- and long-term impacts on relationships, and engaging in contradictory emotional dialogues, such as dialogues between the responsible self and the blaming self, to deepen emotional experiences. Individuals learned to establish effective emotional self-regulation behaviors directly and indirectly, taking action to preserve marital relationships as a life value.

In summary, the results showed that all three therapies were effective on the components of differentiation and emotional self-regulation and can be used for women with marital conflicts. However, Matrix Acceptance and Commitment Therapy and Emotion-Focused Therapy were slightly more effective than Paradox Timetable Cure (PTC) in these two components (MACT and EFT $p = .000$, PTC $p = .004$ in differentiation; ACTM and EFT $p = .000$, PTC $p = .001$ in emotional self-regulation).

5. Suggestions and Limitations

This study has several limitations that should be acknowledged. First, the sample size was relatively small and may not be representative of the broader population of women experiencing marital conflict. Second, the study relied on self-reported measures, which may be subject to social desirability bias and inaccuracies in self-assessment. Third, the interventions were conducted over a limited period, and long-term effects were not assessed. Additionally, the study did not account for potential confounding variables such as socio-economic status, cultural differences, and prior therapy experiences, which could have influenced the outcomes. Finally, the lack of a standardized assessment tool for tracking the implementation and efficacy of paradoxical interventions may have affected the reliability of the results.

Future research should aim to address these limitations by including larger and more diverse samples to improve the generalizability of the findings. Longitudinal studies are recommended to evaluate the long-term effectiveness of the interventions. It would also be beneficial to incorporate objective measures and third-party assessments to complement self-reported data. Researchers should consider developing and validating standardized tools for assessing the implementation and impact of paradoxical interventions. Additionally, future studies should explore the role of potential moderating variables, such as socio-economic status and cultural background, to better understand the contextual factors that influence the effectiveness of these therapies. Finally, integrating qualitative methods could provide deeper insights into the personal experiences and perceived benefits of the participants, offering a more comprehensive understanding of the therapeutic processes involved.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

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

Transparency Statement

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

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. The Biomedical Research Ethics Committee at Islamic Azad University, Khorasgan branch, approved the study with the ethical code IR.IAU.KHUISF.REC.2023.065.

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