

# Effectiveness of Integrated Cognitive-Behavioral and Emotion-Focused Therapy on Psychological Hardiness, Financial Stress Tolerance, and Family Resilience in Conflicted Couples

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## ABSTRACT

The present study aimed to examine the effectiveness of integrated cognitive-behavioral and emotion-focused therapy on psychological hardiness, financial stress tolerance, and family resilience in conflicted couples. This study employed a quasi-experimental design with a pretest–posttest and follow-up structure, including an experimental group and a control group. The statistical population consisted of conflicted couples referring to counseling centers in Tehran, from which 60 couples (120 individuals) were selected through purposive sampling and randomly assigned to experimental and control groups (30 couples each). The experimental group participated in twelve 90-minute sessions of integrated cognitive-behavioral and emotion-focused therapy, while the control group received no intervention. Data were collected at three stages: pretest, posttest, and two-month follow-up. Measurement instruments included the Personal Views Survey for psychological hardiness, the Financial Anxiety Scale for financial stress tolerance, and the Family Resilience Assessment Scale. Data analysis was conducted using repeated measures analysis of variance (ANOVA) and Bonferroni post-hoc tests in SPSS-27 at a significance level of 0.05. The results of repeated measures ANOVA indicated significant main effects of time and group, as well as significant interaction effects of time × group for psychological hardiness, financial stress tolerance, and family resilience ( $p < 0.001$ ). The effect sizes for the interaction effects were large, indicating a substantial impact of the intervention on all dependent variables. Bonferroni post-hoc comparisons revealed significant differences between pretest and posttest, as well as pretest and follow-up stages ( $p < 0.001$ ), while no significant differences were observed between posttest and follow-up, suggesting the stability of treatment effects over time. The findings demonstrate that integrated cognitive-behavioral and emotion-focused therapy is an effective and sustainable intervention for enhancing psychological hardiness, improving tolerance to financial stress, and strengthening family resilience in conflicted couples, highlighting the value of combining cognitive and emotional approaches in couple therapy.

**Keywords:** Cognitive-Behavioral Therapy, Emotion-Focused Therapy, Psychological Hardiness, Financial Stress Tolerance, Family Resilience, Marital Conflict

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## Introduction

Marital relationships constitute one of the most fundamental social systems influencing individual well-being, psychological functioning, and family stability. In contemporary societies, couples are increasingly exposed to multifaceted stressors, including economic pressures, changing social roles, and emotional disconnection, which collectively contribute to heightened levels of marital conflict. Marital conflict, when persistent and unresolved, not only disrupts relational satisfaction but also undermines key psychological resources such as resilience, emotional regulation, and coping capacity. Empirical evidence suggests that conflicted couples often exhibit reduced psychological hardiness, impaired stress tolerance, and weakened family resilience, all of which can exacerbate maladaptive interaction patterns and increase the risk of relational dissolution (1, 2).

Among the various stressors affecting couples, financial stress has emerged as a particularly salient factor. Economic hardship and perceived financial instability are strongly associated with increased interpersonal tension, emotional distress, and decreased marital satisfaction. Financial stress does not operate merely as an external pressure but penetrates deeply into cognitive and emotional processes, shaping individuals' perceptions, coping strategies, and relational behaviors. Research has demonstrated that families with lower capacity to tolerate financial stress are more vulnerable to conflict escalation and reduced emotional cohesion, highlighting the importance of addressing both psychological and contextual dimensions of stress within therapeutic interventions (3, 4). Moreover, the interaction between financial strain and emotional dysregulation can create a cyclical pattern in which stress fuels conflict and conflict further intensifies stress, ultimately weakening the adaptive functioning of the family system.

Psychological hardiness is conceptualized as a personality construct encompassing commitment, control, and challenge, which enables individuals to effectively cope with stressful life events. Individuals with higher levels of hardiness tend to perceive stressors as manageable and meaningful, thereby maintaining better psychological adjustment under adverse conditions. In the context of marital relationships, psychological hardiness plays a critical role in buffering the negative effects of conflict and stress. Studies have consistently shown that therapeutic interventions, particularly cognitive-behavioral approaches, can significantly enhance psychological hardiness by modifying maladaptive cognitions and promoting adaptive coping strategies (5, 6). However, hardiness is not solely a cognitive construct; it is also intertwined with emotional processes, suggesting the need for integrative therapeutic approaches that address both domains.

Family resilience, defined as the capacity of a family system to withstand and rebound from adversity, is another key construct in understanding the dynamics of conflicted couples. Resilient families are characterized by effective communication, emotional support, flexibility, and shared meaning-making, all of which contribute to adaptive functioning in the face of stress. Research indicates that marital conflict can significantly erode family resilience, leading to fragmentation, emotional disengagement, and reduced problem-solving capacity. Conversely, interventions that strengthen emotional bonds and improve communication patterns have been shown to enhance family resilience and promote relational stability (7, 8). Thus, targeting family resilience within therapeutic frameworks is essential for achieving sustainable improvements in couple functioning.

Cognitive-behavioral therapy (CBT) has long been recognized as one of the most effective evidence-based approaches for addressing a wide range of psychological and relational problems. CBT operates on the

premise that dysfunctional cognitions and behaviors contribute to emotional distress and maladaptive interactions. In the context of couple therapy, CBT focuses on identifying and restructuring negative thought patterns, improving communication skills, and fostering constructive problem-solving. Numerous studies have demonstrated the effectiveness of CBT in enhancing psychological resilience, reducing emotional distress, and improving relational outcomes among couples experiencing conflict (9, 10). Despite its strengths, CBT has been criticized for its relatively limited focus on deep emotional processes and attachment-related dynamics, which are often central to marital conflict.

Emotion-focused therapy (EFT), in contrast, emphasizes the role of emotions in shaping interpersonal relationships and aims to restructure emotional experiences to foster secure attachment and relational intimacy. EFT posits that maladaptive emotional patterns, such as suppressed or misregulated emotions, underlie many forms of relational distress. Through techniques such as emotional awareness, expression, and validation, EFT helps individuals access primary emotions and transform negative interaction cycles into more adaptive patterns. Empirical findings support the effectiveness of EFT in improving marital satisfaction, enhancing emotional connection, and increasing resilience among couples (11, 12). Furthermore, EFT has been shown to positively influence psychological hardiness by facilitating emotional processing and reducing vulnerability to stress (13).

Given the complementary strengths of CBT and EFT, there has been growing interest in integrating these approaches to create more comprehensive and effective interventions. Integrated therapeutic models aim to address both cognitive and emotional dimensions of psychological functioning, thereby providing a more holistic framework for understanding and treating marital conflict. Research suggests that combining cognitive restructuring techniques with emotion-focused interventions can lead to more robust and enduring outcomes, as individuals not only change their thought patterns but also develop deeper emotional awareness and connection (14, 15). Such integrative approaches are particularly relevant for conflicted couples, where both maladaptive cognitions and dysfunctional emotional processes contribute to relational distress.

In addition to psychological and emotional factors, cultural and contextual variables play a significant role in shaping marital dynamics. In many societies, including Iran, family structure, cultural norms, and socioeconomic conditions influence how couples experience and manage conflict. The interplay between traditional values and modern challenges can create unique stressors that require culturally sensitive interventions. Studies conducted in similar contexts have highlighted the importance of tailoring therapeutic approaches to address specific cultural and familial dynamics, as well as the need to consider the broader social environment in which couples operate (16, 17). This underscores the necessity of developing intervention models that are both theoretically grounded and contextually relevant.

Despite the growing body of research on CBT, EFT, and their applications in couple therapy, there remains a relative paucity of studies examining the effectiveness of integrated approaches specifically targeting psychological hardiness, financial stress tolerance, and family resilience simultaneously. Most existing studies have focused on individual outcomes or single therapeutic modalities, leaving a gap in understanding the synergistic effects of combined interventions on multiple dimensions of couple functioning. Addressing this gap is particularly important in light of the complex and multifactorial nature of marital conflict, which necessitates comprehensive and multidimensional treatment strategies.

Furthermore, the increasing prevalence of financial stress in modern societies adds urgency to the need for interventions that enhance couples' capacity to cope with economic challenges. As financial stress continues to influence relational dynamics and psychological well-being, integrating stress management components into couple therapy becomes essential. By enhancing financial stress tolerance alongside psychological hardiness and family resilience, integrated therapeutic approaches can provide couples with the tools necessary to navigate both internal and external challenges more effectively.

In summary, the literature highlights the critical roles of psychological hardiness, financial stress tolerance, and family resilience in shaping the experiences of conflicted couples. While CBT and EFT have each demonstrated effectiveness in addressing aspects of these constructs, their integration offers a promising avenue for achieving more comprehensive and sustainable outcomes. Therefore, the aim of the present study was to investigate the effectiveness of integrated cognitive-behavioral and emotion-focused therapy on psychological hardiness, financial stress tolerance, and family resilience in conflicted couples.

## **Methods and Materials**

### *Study Design and Participants*

The present study was conducted using a quasi-experimental design with a pretest–posttest and follow-up structure, including an experimental group and a control group. The statistical population consisted of conflicted couples who had referred to counseling centers in Tehran. From this population, 60 couples (120 individuals) were selected using purposive sampling based on inclusion criteria such as experiencing marital conflict, willingness to participate in therapeutic sessions, and absence of severe psychiatric disorders requiring immediate clinical intervention. The participants were then randomly assigned to an experimental group (30 couples) and a control group (30 couples). The experimental group received an integrated intervention combining cognitive-behavioral therapy and emotion-focused therapy over twelve weekly sessions, each lasting approximately 90 minutes, while the control group received no intervention during the study period. Data were collected at three time points, including pretest, posttest, and a two-month follow-up, to evaluate the stability of treatment effects.

### *Data Collection*

Psychological hardiness was assessed using the Personal Views Survey (PVS) developed by Kobasa and colleagues in 1982, later revised by Maddi and Khoshaba. This instrument typically consists of 50 items measuring three core components of hardiness, including commitment, control, and challenge. Responses are recorded on a Likert-type scale ranging from strongly disagree to strongly agree, and higher scores indicate greater psychological hardiness. The instrument has demonstrated satisfactory psychometric properties in various studies, with reported Cronbach's alpha coefficients above 0.70 for the total scale and subscales, and its construct validity has been supported through factor analysis across different populations.

Financial stress tolerance was measured using the Financial Anxiety Scale developed by Archuleta, Dale, and Spann in 2013. This scale includes 7 items designed to assess individuals' emotional responses and tolerance toward financial stressors. Participants rate items on a 5-point Likert scale ranging from strongly disagree to strongly agree, with higher scores reflecting greater financial anxiety and lower tolerance for financial stress. The scale has shown strong internal consistency, with Cronbach's alpha values typically

exceeding 0.80, and its validity has been confirmed through convergent and discriminant validation in previous empirical studies.

Family resilience was evaluated using the Family Resilience Assessment Scale (FRAS) developed by Sixbey in 2005 based on Walsh's theoretical framework of family resilience. This instrument consists of 54 items encompassing multiple dimensions such as family communication and problem solving, utilization of social and economic resources, maintaining a positive outlook, family connectedness, and ability to make meaning of adversity. Responses are rated on a Likert scale, and higher scores indicate stronger family resilience. The FRAS has demonstrated robust reliability, with Cronbach's alpha coefficients reported above 0.85 for the total scale, and its factorial structure has been validated in diverse cultural contexts.

### *Intervention*

The intervention protocol consisted of a structured, integrative therapeutic program combining principles of cognitive-behavioral therapy (CBT) and emotion-focused therapy (EFT), delivered to the experimental group in twelve weekly sessions of approximately 90 minutes each in a group format for couples. The initial sessions focused on establishing therapeutic alliance, psychoeducation about marital conflict, emotional awareness, and the cognitive-emotional interplay underlying dysfunctional interaction patterns. In the middle phase, CBT techniques such as cognitive restructuring, identification of maladaptive beliefs, behavioral activation, communication skills training, and problem-solving strategies were systematically integrated with EFT interventions including emotion identification, validation, restructuring of primary and secondary emotions, and facilitation of secure emotional bonding between partners. Particular emphasis was placed on recognizing and modifying negative interaction cycles, enhancing emotional expression, and increasing empathy and responsiveness within the couple dynamic. In the final sessions, the focus shifted toward consolidation of learned skills, relapse prevention, strengthening adaptive coping strategies for financial stressors, and promoting resilience at both individual and family levels. Homework assignments were provided throughout the intervention to reinforce session content, including thought records, emotional awareness exercises, and structured communication practices, and participants' progress was continuously monitored to ensure adherence and therapeutic engagement.

### *Data Analysis*

Data analysis was conducted using SPSS version 27. Descriptive statistics, including means and standard deviations, were calculated to summarize the data. To examine the effectiveness of the intervention across time and between groups, repeated measures analysis of variance (ANOVA) was employed. Assumptions of normality, homogeneity of variances, and sphericity were assessed prior to inferential analysis, and appropriate corrections such as the Greenhouse-Geisser adjustment were applied when necessary. Additionally, Bonferroni post-hoc tests were used to identify significant pairwise differences between time points. Effect sizes were calculated using partial eta squared to determine the magnitude of observed effects. All statistical analyses were performed at a significance level of 0.05.

## Findings and Results

The demographic characteristics of the participants indicated that the mean age of individuals in the sample was 36.42 years ( $SD = 6.85$ ), with ages ranging from 25 to 52 years. The majority of participants had been married between 5 and 15 years, with an average marital duration of 9.73 years ( $SD = 4.12$ ). In terms of educational attainment, 28.3% of participants held a high school diploma, 46.7% had a bachelor's degree, and 25.0% possessed a postgraduate degree. Regarding employment status, 61.7% of men were employed full-time, while 54.2% of women were employed either part-time or full-time, and the remaining participants were homemakers or unemployed. No statistically significant differences were observed between the experimental and control groups in terms of age, marital duration, education level, or employment status, indicating that the groups were comparable at baseline.

**Table 1. Descriptive statistics (Mean and Standard Deviation) for study variables across groups and measurement stages**

Variable	Group	Pretest M (SD)	Posttest M (SD)	Follow-up M (SD)
Psychological Hardiness	Experimental	62.84 (7.21)	78.56 (6.48)	76.91 (6.72)
	Control	63.11 (7.05)	64.28 (6.89)	63.97 (7.02)
Financial Stress Tolerance	Experimental	18.76 (3.42)	26.93 (3.18)	25.88 (3.36)
	Control	19.02 (3.37)	19.64 (3.41)	19.31 (3.29)
Family Resilience	Experimental	121.53 (12.84)	148.72 (11.65)	145.36 (11.98)
	Control	122.18 (12.67)	124.03 (12.11)	123.57 (12.35)

As shown in Table 1, the descriptive statistics indicate that both the experimental and control groups were relatively similar at the pretest stage across all variables, confirming baseline equivalence. However, substantial changes were observed in the experimental group at posttest and follow-up stages. Specifically, psychological hardiness in the experimental group increased markedly from a pretest mean of 62.84 to 78.56 at posttest, with a slight decrease to 76.91 at follow-up, which still remained considerably higher than baseline. In contrast, the control group showed minimal changes over time. A similar pattern was observed for financial stress tolerance, where the experimental group demonstrated a notable increase from 18.76 at pretest to 26.93 at posttest, with a slight reduction at follow-up (25.88), while the control group exhibited negligible variation. For family resilience, the experimental group showed a significant increase from 121.53 at pretest to 148.72 at posttest, maintaining a high level at follow-up (145.36), whereas the control group remained relatively stable across all three measurement points. These descriptive findings suggest a strong positive effect of the integrated therapeutic intervention on all outcome variables.

**Table 2. Results of repeated measures ANOVA for psychological hardiness, financial stress tolerance, and family resilience**

Variable	Source	SS	df	MS	F	p	$\eta^2$
Psychological Hardiness	Time	2845.37	2	1422.68	41.76	0.001	0.42
	Group	1986.54	1	1986.54	36.28	0.001	0.38
	Time $\times$ Group	3154.22	2	1577.11	48.93	0.001	0.46
Financial Stress Tolerance	Time	1124.61	2	562.30	29.87	0.001	0.35
	Group	845.27	1	845.27	27.45	0.001	0.33
	Time $\times$ Group	1298.44	2	649.22	33.91	0.001	0.37
Family Resilience	Time	4721.86	2	2360.93	52.14	0.001	0.48
	Group	3389.75	1	3389.75	45.63	0.001	0.44
	Time $\times$ Group	5012.93	2	2506.46	56.87	0.001	0.50

The results of repeated measures ANOVA presented in Table 2 indicate that the main effect of time was statistically significant for all three variables, including psychological hardiness, financial stress tolerance, and family resilience ( $p < 0.001$ ), suggesting that changes occurred across the three measurement stages. The main effect of group was also significant for all variables ( $p < 0.001$ ), indicating overall differences between the experimental and control groups. Most importantly, the interaction effect of time and group was significant for all variables, demonstrating that the pattern of change over time differed significantly between the two groups. The effect sizes ( $\eta^2$ ) for the interaction effects were large, ranging from 0.37 to 0.50, indicating that a substantial proportion of variance in the dependent variables was attributable to the intervention. These findings confirm the effectiveness of the integrated cognitive-behavioral and emotion-focused therapy in improving psychological hardiness, enhancing tolerance of financial stress, and strengthening family resilience among conflicted couples.

**Table 3. Bonferroni post-hoc test results for pairwise comparisons across measurement stages in the experimental group**

Variable	Comparison	Mean Difference	Std. Error	p-value
Psychological Hardiness	Pretest–Posttest	-15.72	1.84	0.001
	Pretest–Follow-up	-14.07	1.91	0.001
	Posttest–Follow-up	1.65	1.43	0.248
Financial Stress Tolerance	Pretest–Posttest	-8.17	0.96	0.001
	Pretest–Follow-up	-7.12	1.02	0.001
	Posttest–Follow-up	1.05	0.88	0.219
Family Resilience	Pretest–Posttest	-27.19	2.74	0.001
	Pretest–Follow-up	-23.83	2.88	0.001
	Posttest–Follow-up	3.36	2.11	0.117

The Bonferroni post-hoc test results in Table 3 provide a more detailed understanding of the changes observed within the experimental group across measurement stages. The comparisons revealed that there were statistically significant improvements from pretest to posttest and from pretest to follow-up for all three variables ( $p < 0.001$ ), indicating that the intervention led to substantial increases in psychological hardiness, financial stress tolerance, and family resilience. However, the differences between posttest and follow-up were not statistically significant for any of the variables, suggesting that the improvements achieved during the intervention were largely maintained over the follow-up period without significant decline. These findings highlight not only the immediate effectiveness of the integrated therapeutic approach but also its relative durability over time, supporting its utility as a sustainable intervention for conflicted couples.

## Discussion and Conclusion

The findings of the present study demonstrated that the integrated cognitive-behavioral and emotion-focused therapy significantly improved psychological hardiness, financial stress tolerance, and family resilience in conflicted couples, and that these effects were sustained at the follow-up stage. The descriptive results indicated a marked increase in all three variables in the experimental group compared to the control group, while the inferential analyses confirmed significant main effects of time and group, as well as significant interaction effects between time and group. These results suggest that the observed changes were not merely due to the passage of time but were attributable to the intervention. The stability of outcomes at

follow-up further indicates that the therapeutic gains were relatively durable, reflecting the effectiveness of the integrative approach in producing lasting change in both individual and relational functioning.

The significant improvement in psychological hardiness observed in the experimental group can be explained through the combined mechanisms of cognitive restructuring and emotional processing embedded in the intervention. Cognitive-behavioral techniques likely contributed to modifying maladaptive beliefs related to control, helplessness, and perceived threat, thereby strengthening individuals' sense of mastery and commitment. At the same time, emotion-focused interventions facilitated deeper emotional awareness and expression, enabling participants to reinterpret stressful experiences as manageable and meaningful. These findings are consistent with previous research demonstrating the effectiveness of cognitive-behavioral therapy in enhancing psychological hardiness by altering dysfunctional cognitions and promoting adaptive coping strategies (5, 6). Similarly, studies on emotion-focused therapy have reported improvements in hardiness through emotional regulation and restructuring of affective experiences (13). The integration of these two approaches in the present study appears to have amplified their individual effects, resulting in a more comprehensive enhancement of hardiness among participants.

The results related to financial stress tolerance also provide important insights into the role of integrative therapeutic interventions in addressing economically driven marital distress. The experimental group exhibited a substantial increase in tolerance toward financial stress, suggesting that participants developed more adaptive cognitive appraisals and emotional responses to financial challenges. This improvement can be attributed to the dual focus of the intervention on cognitive reframing of financial stressors and emotional regulation of anxiety and frustration associated with economic hardship. These findings align with prior studies indicating that financial stress significantly influences relational functioning and psychological well-being, and that improving coping strategies can mitigate its negative effects (3, 4). Moreover, the results support the notion that enhancing individuals' capacity to tolerate financial stress reduces the likelihood of conflict escalation, thereby contributing to more stable and harmonious relationships.

Family resilience, as a systemic construct, showed the most pronounced improvement among the studied variables, highlighting the effectiveness of the intervention in strengthening relational dynamics and adaptive family functioning. The integrated therapy facilitated improvements in communication patterns, emotional bonding, and problem-solving skills, all of which are central components of family resilience. The significant interaction effects observed in the analysis indicate that these improvements were specifically associated with participation in the intervention. These findings are consistent with previous research demonstrating that both cognitive-behavioral and emotion-focused therapies can enhance resilience by promoting adaptive coping, emotional connection, and constructive interaction patterns within families (7, 8). Additionally, studies focusing on emotion-focused couple therapy have reported significant increases in resilience and emotional intimacy, further supporting the present results (11, 12). The integration of cognitive and emotional components likely contributed to a synergistic effect, enabling couples to not only manage stress more effectively but also strengthen their relational bonds.

Another important aspect of the findings is the sustainability of treatment effects, as evidenced by the non-significant differences between posttest and follow-up scores in the experimental group. This suggests that the skills and insights acquired during the intervention were internalized and continued to influence participants' behavior beyond the treatment period. The durability of outcomes can be attributed to the

emphasis on skill-building, emotional awareness, and behavioral practice throughout the intervention, as well as the use of homework assignments that reinforced learning. These findings are consistent with prior research indicating that interventions targeting both cognitive and emotional processes are more likely to produce lasting change compared to those focusing on a single domain (14, 15). The results also highlight the importance of addressing underlying emotional dynamics in addition to surface-level behaviors, as this facilitates deeper and more enduring transformation.

The present study also contributes to the broader literature by demonstrating the effectiveness of integrative therapeutic approaches in a culturally specific context. Considering the influence of sociocultural factors on marital relationships, the success of the intervention suggests that combining evidence-based techniques from different therapeutic models can be effectively adapted to diverse populations. Previous studies have emphasized the need for culturally sensitive interventions that account for contextual variables such as family structure, social expectations, and economic conditions (16, 17). The findings of this study support this perspective, indicating that integrative approaches can address the complex interplay of cognitive, emotional, and contextual factors that characterize marital conflict in such settings.

Furthermore, the results underscore the interconnected nature of psychological hardiness, financial stress tolerance, and family resilience. Improvements in one domain appear to have facilitated positive changes in others, suggesting the presence of reciprocal relationships among these constructs. For instance, increased hardiness may have enhanced individuals' ability to cope with financial stress, which in turn reduced conflict and strengthened family resilience. This interconnectedness highlights the importance of adopting a holistic approach to intervention, as targeting multiple dimensions simultaneously can lead to more comprehensive and effective outcomes. Previous research has similarly indicated that resilience and hardiness are closely linked to adaptive coping and emotional regulation, further supporting the integrative framework employed in this study (9, 18).

In addition, the findings provide empirical support for the theoretical assumption that marital conflict is not solely a function of external stressors but is also shaped by individuals' internal cognitive and emotional processes. By addressing both domains, the integrated intervention was able to disrupt maladaptive interaction cycles and promote more adaptive patterns of behavior. This is particularly relevant in the context of financial stress, where cognitive distortions and emotional reactivity often exacerbate conflict. The results are consistent with studies showing that economic stress can lead to increased relational tension and reduced well-being, but that these effects can be mitigated through effective coping strategies and emotional regulation (1, 2). Thus, the present study extends existing literature by demonstrating how integrative therapeutic approaches can effectively target these mechanisms.

Despite the strengths of the study, several limitations should be acknowledged. One limitation is the use of purposive sampling, which may limit the generalizability of the findings to other populations. Additionally, the reliance on self-report measures introduces the possibility of response bias, as participants may have provided socially desirable responses. The relatively short follow-up period also limits the ability to assess the long-term sustainability of treatment effects. Furthermore, the study did not control for potential confounding variables such as individual personality traits or external stressors that may have influenced the outcomes.

Future research is recommended to replicate the findings of the present study using larger and more diverse samples to enhance generalizability. Longitudinal studies with extended follow-up periods would provide valuable insights into the long-term effectiveness of integrative therapeutic approaches. Additionally, future studies could explore the relative contributions of cognitive-behavioral and emotion-focused components to determine which elements are most effective in producing change. Incorporating qualitative methods may also provide a deeper understanding of participants' experiences and the mechanisms underlying therapeutic outcomes.

From a practical perspective, the findings of this study suggest that therapists and counselors working with conflicted couples should consider adopting integrative approaches that address both cognitive and emotional dimensions of functioning. Training programs for mental health professionals could incorporate modules on combining cognitive-behavioral and emotion-focused techniques to enhance therapeutic effectiveness. Moreover, the inclusion of components targeting financial stress management within couple therapy programs may be particularly beneficial in contemporary contexts characterized by economic uncertainty. Finally, policymakers and mental health organizations may use these findings to design and implement intervention programs aimed at strengthening family resilience and reducing marital conflict at the community level.

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### **Authors' Contributions**

All authors equally contributed to this study.

### **Declaration of Interest**

The authors of this article declared no conflict of interest.

### **Ethical Considerations**

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

### **Transparency of Data**

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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