

# The Effectiveness of Marital Group Counseling on Happiness and Self-Compassion in Couples with Marital Conflict

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## ABSTRACT

This study aimed to investigate the effectiveness of systemic group marital counseling on enhancing self-compassion and happiness in couples experiencing marital conflict. The research employed a quasi-experimental design with a pre-test–post-test and two-month follow-up, including a control group. Thirty couples with diagnosed marital conflict were selected using convenience sampling from counseling centers in Tehran in 2024 and randomly assigned to experimental and control groups. The experimental group participated in eight 90-minute sessions of systemic group marital counseling based on family systems theory, while the control group received no intervention. Assessment tools included the Self-Compassion Scale (Neff, 2003) and the Oxford Happiness Questionnaire. Data analysis was conducted using SPSS-26, employing repeated measures ANOVA to examine intra-group and inter-group differences over time. The results indicated significant improvements in both self-compassion ( $p = .008$ ) and happiness ( $p = .024$ ) in the experimental group compared to the control group. Within-group analysis revealed that changes in self-compassion and happiness across the three phases (pre-test, post-test, follow-up) were statistically significant ( $p < .001$ ), with large effect sizes for both variables. The interaction effect between time and group was also significant ( $p < .001$ ), indicating that the intervention had a sustained impact over time. Systemic group marital counseling proved to be an effective intervention for improving self-compassion and happiness in couples facing marital conflict. The therapeutic emphasis on restructuring family dynamics, enhancing communication skills, and fostering emotional differentiation contributed to significant improvements in psychological and relational well-being. These results support the integration of structured group counseling approaches in clinical and community settings as a cost-effective and impactful modality for addressing marital distress.

**Keywords:** Systemic group counseling; marital conflict; self-compassion; happiness; couple therapy.

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## Introduction

Marital conflict is one of the most prevalent and destabilizing challenges faced by couples, affecting not only relationship quality but also individual mental health and overall life satisfaction. In contemporary societies, the rising rates of emotional detachment, unresolved interpersonal tensions, and psychological distress among married couples have prompted a growing body of research aimed at identifying effective therapeutic strategies to mitigate these relational difficulties and enhance marital well-being. The family, as the most fundamental social unit, is expected to provide a safe emotional environment. However, when communication breaks down and conflict remains unresolved, it can foster negative emotional states, including reduced happiness and diminished self-compassion, which in turn further deteriorate the marital bond. Research indicates that persistent conflict, if left untreated, can lead to emotional divorce and psychological symptoms such as anxiety, depression, and low self-worth (1, 2). These issues underscore the urgent need for systematic interventions targeting the emotional and psychological dimensions of couple relationships.

Among the wide spectrum of psychotherapeutic approaches to addressing marital distress, group-based interventions have emerged as particularly promising, given their potential to normalize experiences, promote peer learning, and foster collective emotional insight. Group marital counseling not only facilitates the sharing of experiences and mutual empathy but also provides structured opportunities to develop communication skills, emotional regulation strategies, and adaptive conflict resolution patterns. Several studies have emphasized the transformative power of structured group interventions in reducing relational dissatisfaction and promoting emotional closeness. For example, emotion-focused group couple therapy has been shown to significantly improve attachment security and marital happiness (3). Similarly, the combination of mindfulness-based techniques and verbal communication enhancement has resulted in higher levels of life satisfaction and happiness among couples facing interpersonal difficulties (4).

The conceptual grounding for group marital counseling can be traced to structural family therapy and systemic approaches, which view marital problems not as isolated symptoms but as the result of dysfunctional relational patterns and family subsystems. According to this view, the quality of spousal interaction is influenced by broader family dynamics, boundaries, coalitions, and communication styles, all of which can be explored and restructured through therapeutic processes. Interventions that aim to identify and modify maladaptive patterns within these subsystems are critical in restoring emotional balance and promoting relational resilience. The effectiveness of such systemic interventions has been corroborated in research emphasizing the role of family dynamics in the emotional functioning of couples and the importance of creating new interactional scripts to replace conflictual patterns (5, 6).

Self-compassion and happiness, the two central variables of this study, have received increasing attention in the literature on marital well-being. Self-compassion, defined as a kind and understanding attitude toward oneself in times of failure or distress, is particularly important for individuals in emotionally strained relationships. It buffers the effects of conflict-related stress and contributes to better emotion regulation and interpersonal functioning. Studies have demonstrated that couples with higher levels of self-compassion

are more likely to forgive, communicate effectively, and remain emotionally connected, even during periods of discord (7, 8). Furthermore, happiness—often conceptualized as a sense of psychological well-being and life satisfaction—is both an outcome and a catalyst of successful relationships. When couples are emotionally satisfied and feel secure within their relationship, they report greater happiness, which in turn enhances relationship stability and mutual support (9, 10).

The relevance of these constructs becomes even more salient when examined in the context of specific populations experiencing marital distress, such as couples at risk of emotional abuse or those coping with early marriage and psychosocial immaturity. In such contexts, targeted interventions—particularly those involving group processes—have been found to effectively increase emotional resilience, reduce internalized self-blame, and promote more adaptive forms of marital engagement (11, 12). Notably, happiness therapy and group reality therapy have been applied in community settings with considerable success, showing significant improvements in emotional well-being, marital communication, and relational satisfaction (13, 14). These findings underscore the value of structured group interventions that are both theoretically grounded and culturally responsive.

In light of the theoretical underpinnings and empirical support for group-based marital counseling, this study investigates the effectiveness of a systemic, structured group counseling intervention in enhancing happiness and self-compassion among couples with marital conflict. The intervention is designed based on a family systems framework and includes eight sessions aimed at restructuring dysfunctional communication patterns, clarifying family boundaries, addressing stressors, and promoting emotional differentiation. By emphasizing both intrapersonal (self-compassion) and interpersonal (marital happiness) outcomes, this approach seeks to address the multi-dimensional nature of marital conflict and offer a comprehensive path toward psychological and relational healing. Prior studies have demonstrated that such integrative interventions not only reduce conflict and increase emotional closeness but also help couples transition through life-cycle stages more effectively (15, 16).

Ultimately, the current research aims to fill an important gap in the existing literature by empirically validating a culturally adapted group counseling model that focuses on the enhancement of both emotional well-being and relational quality in conflicted couples.

## **Methods and Materials**

### *Study Design and Participants*

This study employed a quasi-experimental design with a pre-test–post-test and two-month follow-up, including a control group. The statistical population consisted of all couples experiencing marital conflict who visited counseling centers in Tehran in 2024. Using convenience sampling, 15 couples were selected for each group, resulting in 30 couples (a total of 60 individuals) who were randomly assigned to the experimental and control groups.

Inclusion criteria consisted of informed consent, a minimum educational level of high school diploma, commitment to attend all sessions, and not having received any psychological or marital counseling interventions within the past three months. Exclusion criteria included absence from more than two sessions, exacerbation of marital conflict or the emergence of severe psychological issues, and voluntary withdrawal from the study.

The intervention for the experimental group was implemented from April to June 2024, involving ten 90-minute sessions of marital group counseling. The control group did not receive any intervention. The two-month follow-up phase continued until the end of September 2024, with no participant attrition. All ethical principles, including confidentiality and voluntary withdrawal from the study, were observed. After the study concluded, free counseling services were offered to the control group.

### *Data Collection*

The Self-Compassion Scale (SCS), developed by Neff, is a 26-item self-report instrument comprising six subscales: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. This six-factor structure has been confirmed through factor analysis. The subscales of self-judgment, isolation, and over-identification are reverse-scored. The total self-compassion score is obtained by summing the relevant subscale scores (Neff, 2003). Validation studies have reported a Cronbach's alpha of 0.92 for the overall scale. The reliability coefficients for the subscales are as follows: self-kindness = 0.78, self-judgment = 0.77, common humanity = 0.80, isolation = 0.75, mindfulness = 0.75, and over-identification = 0.81. Additionally, the test-retest reliability for the total scale was reported as 0.93, and for the subscales ranged between 0.80 and 0.88 (Neff, 2003a; Neff, 2003b).

The Oxford Happiness Questionnaire (OHQ) consists of 28 items and measures an individual's level of happiness. Its theoretical basis is the definition of happiness proposed by Argyle and Crossland, which is widely used in happiness research. In one study, the Cronbach's alpha for this questionnaire was reported as 0.866. The Pearson correlation coefficients between the OHQ and the Beck Depression Inventory, and the extraversion and neuroticism subscales of the EPQ, were 0.649, 0.648, and 0.638, respectively, indicating good convergent and divergent validity. Factor analysis identified eight components—life satisfaction, self-esteem, well-being, active satisfaction, memory, and positive affect—with eigenvalues greater than 6, collectively explaining 48.1% of the total variance. The mean score for Iranian participants on this questionnaire was 42.61 ( $m = 38.1$ ), which differs from the findings of Argyle's original research. Hadinezhad and Zarei also examined the reliability, validity, and norming of the OHQ, reporting a Cronbach's alpha of 0.694 and a correlation coefficient of 0.619. In the present study, the Cronbach's alpha was estimated at 0.682.

### *Intervention*

The intervention protocol consisted of eight structured group counseling sessions based on a systemic marital framework. In the first session, participants were introduced to each other, shared personal issues and life stories, and were informed about the therapeutic process, structural therapy goals, and the benefits of group counseling. The second session focused on constructing a family map for each participant, identifying subsystems, coalitions, alliances, and communication patterns to hypothesize which areas of the family system were dysfunctional. The third session aimed to create or modify family subsystems by teaching environmental restructuring techniques within the household. The fourth session centered on boundary modification, teaching participants how to establish clear and functional boundaries based on their family maps. In the fifth session, sources of stress, coalition patterns, triangulations, diversions, and family responses to stressors were examined. The sixth session addressed communication reform by teaching

effective interaction skills, promoting differentiation from the family of origin, and encouraging participants to renegotiate ties with parents, siblings-in-law, and extended relatives while redefining past loyalties. The seventh session familiarized clients with the family life cycle, its challenges and tensions at various stages, and emphasized performing stage-specific tasks. Finally, the eighth session served as a termination phase, during which participants' current interaction patterns were observed, assigned tasks were reviewed, and participants were acknowledged and encouraged to apply the session insights to their everyday lives.

### Data analysis

SPSS version 26 was used for data analysis. The statistical method employed was two-way repeated measures analysis of variance. Fisher's exact test was used to examine the demographic characteristics of the participating couples. The normality assumption was tested using the Kolmogorov-Smirnov test, sphericity was assessed using Mauchly's test, and homogeneity of variances was evaluated using Levene's test. The significance level for all statistical tests was set at 0.05.

### Findings and Results

To examine and describe the data obtained from the sample under study, descriptive statistics (mean and standard deviation) related to the research variables in the study groups at the pre-test, post-test, and follow-up stages are reported in Table 1.

**Table 1. Demographic Characteristics of the Sample**

Variable	Group 1 (Men)	Group 2 (Women)	Total
Educational Level			
High school diploma or lower	4 (13.3%)	4 (13.3%)	8 (13.3%)
Completed high school	6 (20.0%)	6 (20.0%)	12 (20.0%)
Bachelor's degree	12 (40.0%)	12 (40.0%)	24 (40.0%)
Master's degree or higher	8 (26.7%)	8 (26.7%)	16 (26.7%)
Marriage duration (years)	11.00 (4.20)	10.40 (4.70)	10.70 (4.50)
Number of children	1.80 (0.80)	2.00 (1.00)	1.90 (0.90)
Employment Status			
Employed	24 (80.0%)	24 (80.0%)	48 (80.0%)
Unemployed	6 (20.0%)	6 (20.0%)	12 (20.0%)

Fisher's Exact Test,  $p < .05$ : significant difference.

As shown in Table 2, the descriptive indices of the two groups at the pre-test, post-test, and follow-up stages are presented. As can be seen, the mean scores of the experimental group improved from the pre-test to the follow-up stage. This improvement was reflected in increased scores on self-compassion and happiness, indicating the effect of the intervention on the mentioned variables. In contrast, the control group showed no significant changes during the same period.

**Table 2. Descriptive Statistics**

Variables	Group	Pre-test Mean $\pm$ SD	Post-test Mean $\pm$ SD	Follow-up Mean $\pm$ SD
Happiness	Experimental	40.56 $\pm$ 3.67	70.40 $\pm$ 3.70	71.40 $\pm$ 3.70
	Control	58.80 $\pm$ 2.16	58.48 $\pm$ 3.38	59.12 $\pm$ 3.19
Self-Compassion	Experimental	80.56 $\pm$ 3.67	105.40 $\pm$ 3.70	106.40 $\pm$ 3.70
	Control	86.80 $\pm$ 2.16	85.48 $\pm$ 3.38	85.12 $\pm$ 3.19

The results suggest that participation in marital group counseling significantly enhanced both happiness and self-compassion in the experimental group, whereas the control group remained relatively unchanged.

To analyze the data and examine the hypotheses concerning self-compassion and happiness, two-way repeated measures analysis of variance (ANOVA) was employed. Prior to conducting the repeated measures ANOVA, the relevant assumptions were tested. The results of the Kolmogorov-Smirnov test indicated that the distribution of the data was normal at the 95% confidence level ( $p > .05$ ). The Levene's test results yielded  $p$ -values greater than .05, confirming the assumption of homogeneity of variances between the two groups.

Mauchly's test of sphericity showed that the assumption of sphericity was met for the self-compassion variable ( $\chi^2 = 3.56$ ,  $p = .358$ ) and for happiness ( $\chi^2 = 16.05$ ,  $p = .055$ ). Therefore, the "Sphericity Assumed" condition was used. To evaluate the equality of covariance matrices, Box's M test was applied. The results confirmed this assumption for self-compassion (Box's  $M = 3.051$ ,  $F = 1.572$ ,  $p = .514$ ) and for happiness (Box's  $M = 4.179$ ,  $F = 3.260$ ,  $p = .508$ ).

The results of the between-subjects test indicated that the difference between the experimental and control groups in terms of mean self-compassion ( $p = .008$ ) and happiness ( $p = .024$ ) was statistically significant. The results of the within-subjects test (time effect) showed that the differences in mean self-compassion ( $p < .001$ ) and happiness ( $p < .001$ ) were also statistically significant. In other words, the differences in the mean scores of self-compassion and happiness across the three stages—pre-test, post-test, and follow-up—for the overall sample were significant, with changes of 67% and 78% respectively.

Moreover, the results in Table 3 indicate that the interaction effect between group and time on the variables of self-compassion and happiness was statistically significant ( $p < .001$ ). This finding suggests that the intervention led to increased mean scores in self-compassion and happiness during the post-test and follow-up stages in the experimental group compared to the control group.

The effect size (partial eta squared) for the sources of variance—between-subjects, within-subjects (time), and the interaction—for self-compassion was 77%, meaning that 77% of the changes in self-compassion scores can be explained by the combined effects of group, time, and their interaction. The effect size for happiness was 71%, indicating that 71% of the variance in happiness scores can similarly be attributed to these factors.

**Table 3. Results of Two-Way Repeated Measures ANOVA Explaining the Effect of the Independent Variable on Self-Compassion and Happiness**

Variable	Source of Variation	Sum of Squares	df	Mean Square	F	p-value	Effect Size ( $\eta^2$ )
Self-Compassion	Group	205.589	1	205.589	4.688	.033	.27
	Time	96.572	2	48.286	24.416	<.001	.67
	Group $\times$ Time	120.001	2	60.000	30.888	<.001	.71
Happiness	Group	98.822	1	98.822	15.703	.024	.204
	Time	92.822	2	46.411	36.997	<.001	.785
	Group $\times$ Time	132.022	2	66.011	18.206	<.001	.653

## Discussion and Conclusion

The findings of this study indicate that the structured group marital counseling intervention based on systemic principles was effective in significantly increasing both self-compassion and happiness among couples experiencing marital conflict. The results demonstrated statistically significant improvements in both variables across pre-test, post-test, and follow-up stages in the experimental group compared to the control group, while the control group showed no meaningful change. Specifically, the repeated measures ANOVA showed that the interaction effects of group and time were significant, confirming that the gains



observed were attributable to the intervention and not to external factors. The effect sizes for both variables were large, indicating not only statistical but also practical significance. This suggests that systemic group counseling, with its focus on restructuring family dynamics, communication patterns, and emotional awareness, has a powerful impact on couples' psychological and relational functioning.

These results are in alignment with a growing body of empirical evidence that supports the effectiveness of group-based therapeutic interventions for couples experiencing conflict. For instance, Abedi et al. demonstrated that group training in marital conflict resolution based on choice theory significantly increased emotional connection and hope in married women, reinforcing the notion that structured psychoeducational interventions can meaningfully enhance relational outcomes (1). Similarly, Kian et al. found that emotion-focused group therapy significantly improved both attachment security and marital happiness, which resonates with our finding regarding happiness as a key outcome of the intervention (3). The improvement in self-compassion also finds empirical support in the work of Beheshti and Sadat Mousavi, who showed that mindfulness-based group training positively influenced self-compassion in couples with high levels of conflict (17). The mechanisms underlying these changes likely include increased emotional regulation, enhanced interpersonal empathy, and the opportunity to reframe maladaptive relational beliefs through structured group reflection.

The group counseling model employed in this study integrated systemic mapping of family subsystems, emotional differentiation, and communication restructuring—components that have previously been shown to affect relational health. The significant changes observed in this study's participants can be explained by the systemic focus on modifying interactional patterns and fostering awareness of hidden alliances and boundaries. According to Atapour and Darbani, cultural tailoring and attention to systemic dynamics are crucial for effective couple therapy, as they enable couples to challenge entrenched patterns and build new relational scripts based on mutual respect and emotional closeness (6). Moreover, Ramadhina et al. emphasized the role of spiritual and relational alignment in promoting happiness among couples, especially in collectivist contexts where relational harmony contributes to individual well-being (12). The present study's results corroborate these insights, highlighting that systemic interventions addressing relational structure, communication, and emotional expression can yield sustainable improvements in both individual and relational outcomes.

Another essential dimension to consider is the emotional and developmental relevance of self-compassion in distressed couples. The observed increase in self-compassion suggests that the intervention helped participants develop more constructive internal dialogues, reduce self-judgment, and cope better with marital stress. These findings are consistent with Movahedrad et al., who found that strength-based counseling increased self-compassion and reduced infidelity tendencies in conflicted couples by fostering a sense of personal worth and emotional resilience (7). Likewise, Tajari et al. demonstrated that cognitive-behavioral couple therapy reduced self-criticism and enhanced self-compassion in divorce-seeking couples, which is consistent with the idea that therapeutic restructuring of cognitive patterns can positively impact emotional self-awareness (8). Our findings thus support the argument that effective couple interventions must not only address interpersonal dynamics but also support intrapersonal healing.

The increase in happiness observed in the experimental group can also be interpreted through the lens of emotion regulation and meaning-making, both of which are often cultivated in group therapy settings.

According to Pandya, mindfulness and emotional presence in long-distance marriages are strong predictors of happiness and satisfaction, even when couples are physically apart (10). In the present study, shared emotional experiences in the group sessions may have helped participants reconnect to a sense of relational meaning, thereby enhancing their subjective happiness. Additionally, Parham's research on emotionally focused couple therapy suggests that emotional attunement and mutual validation play a crucial role in fostering happiness and life satisfaction (9). These dynamics were likely facilitated in the structured sessions of this study, especially those emphasizing boundary-setting, stress management, and family life cycle transitions.

Furthermore, the durability of intervention effects, evidenced by sustained improvement in the follow-up stage, suggests that the participants were not only able to internalize the therapeutic content but also apply the learned skills in their daily interactions. This echoes the findings of Yoosefi, who showed that life skills training led to long-term gains in marital satisfaction and hopefulness by equipping couples with concrete tools for conflict resolution and communication (15). It is also worth noting that couples who develop effective stress response strategies—such as those addressed in session five of this study—are better able to navigate external challenges without jeopardizing their emotional connection. This supports the research by Ragheni and Soltanzadeh, who demonstrated that group-based acceptance and commitment therapy reduced marital conflict and improved happiness through improved self-efficacy and emotional flexibility (13).

Finally, the group format itself appears to have played a crucial role in the success of the intervention. The sense of shared experience, empathy from peers, and opportunities for observational learning may have enhanced both motivation and self-reflection among participants. As Vahidi et al. pointed out, relational satisfaction is strongly mediated by shared affect and mutual recognition, which can be effectively cultivated in supportive group environments (16). Similarly, Shahmoradi et al. highlighted the benefits of combined physical and verbal activation in group settings as a means of increasing happiness and marital satisfaction (4). In the current study, the safe and emotionally open environment of the group likely enabled participants to confront and reframe long-held grievances, develop compassion toward their partners, and reinforce positive relational narratives.

Despite the promising results, this study is not without limitations. First, the sample size was relatively small and limited to couples from counseling centers in Tehran, which may limit the generalizability of the findings. The cultural and socioeconomic homogeneity of the sample could also have influenced the results. Second, the study relied on self-report measures, which are subject to biases such as social desirability and self-perception errors. Third, the absence of a long-term follow-up beyond two months means that the durability of the intervention's effects over time remains uncertain. Finally, the intervention was not compared with other therapeutic modalities, such as individual therapy or different group formats, which could have provided a broader understanding of its relative effectiveness.

Future research should aim to replicate this study with larger, more diverse samples to enhance external validity. Longitudinal studies that include six-month and one-year follow-ups would provide valuable insights into the long-term stability of the intervention's effects. Additionally, comparative studies examining the efficacy of different therapeutic modalities—such as individual couple therapy, online interventions, or culturally tailored modules—could deepen our understanding of context-specific



therapeutic mechanisms. Researchers are also encouraged to include observational or behavioral measures alongside self-reports to capture more objective indicators of relational improvement. Exploring moderators such as gender roles, attachment styles, or prior trauma history could help identify which couples benefit most from group systemic counseling.

Practitioners are encouraged to incorporate systemic group counseling into their services for couples dealing with marital conflict, especially when resources are limited or when peer support is deemed beneficial. Emphasis should be placed on mapping family dynamics, restructuring communication patterns, and fostering self-compassion as a pathway to emotional resilience. Clinicians should also be mindful of the cultural and developmental context of their clients, tailoring interventions to align with the couple's values, relationship stage, and emotional readiness. Lastly, follow-up support through booster sessions or digital tools may help couples sustain gains and integrate skills into their everyday interactions.

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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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