

# Comparison of the Effectiveness of Emotion Management Strategies based on Schema Therapy and Emotionally Focused Couple Therapy on Improving Emotion Regulation of Young Couples with Marital Conflict

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## Abstract

**Introduction:** Couples' relationships always face many problems, and one of the things that increases the quality of marital relationships is emotion regulation. Therefore, the present study aimed to compare the effectiveness of emotion management strategies based on Schema Therapy (ST) and Emotion Focused Therapy (EFT) on improving emotion regulation in young couples with marital conflict.

**Method:** This quasi-experimental study was conducted on couples with marital conflict referring to Rasht counseling centers during the months of May, June and July 2022. 30 couples were selected by convenience sampling and randomly assigned to three groups: EFT, ST, and control. The two experimental groups each received 10 90-minute treatment sessions with one session held weekly for a total duration of 10 weeks, while the control group did not receive any therapeutic intervention. Furthermore, a follow-up phase was incorporated into the design. The Gross Emotion Regulation Questionnaire (ERQ) was used to collect data, and data analysis was performed using multivariate analysis of covariance tests in SPSS-24 software.

**Results:** Findings revealed that EFT was more effective than ST in improving couples' emotion regulation ( $P < 0.05$ ). However, the results of the post-hoc test at the follow-up stage showed that the mean difference was not statistically significant ( $P \leq 0.13$ ).

**Conclusion:** Both ST and EFT methods were effective in improving couples' emotional regulation in the post-test phase, and the effect of EFT was greater than that of ST. However, no significant difference was found between these two treatments in the follow-up phase, and their effects were shown to be the same in the long term. It is suggested that the treatment be followed up continuously from time to time for the therapeutic effect to last.

**Keywords:** Emotion Management Strategies, Schema Therapy, Emotion-Focused Couple Therapy, Emotion Regulation, Young Couples

## Introduction

The relationship between couples is the most intimate and at the same time the most challenging interpersonal relationship that affects couples emotionally. Conflict-provoking issues along with stressful events occur continuously in the couple's relationship and calls for different emotional responses (1). Conflicts between couples not only destabilize the

family system, but also affect the social emotional growth and compatibility of couples [2]. In addition, the inability to control and regulate emotions leads to marital problems [3]. Accordingly, it seems that emotion management strategies, which are to some extent influenced by the couple's attachment system, play a fundamental role in maintaining the health of couples and their relationship [4], and it is emotion management strategies that help individuals regulate their emotions and feelings [5]. Therefore, cognitive regulation of emotion is considered a basic principle in starting, evaluating and organizing adaptive behavior as well as preventing negative emotions and maladaptive behaviors [6]. On the other hand, emotional dysregulation is defined as the inability to respond flexibly to emotions and control their management [7]. The study of Extrema et al. [8], showed that training emotion regulation management strategies can significantly increase psychological well-being and marital satisfaction. People with more marital satisfaction experience more positive emotions and remember more positive events from their own and others' past and future [9]. Emotion regulation is a process that helps people manage and regulate their emotions well when faced with threatening and stressful challenges. therefore, they are less likely to be negatively affected by unpleasant emotions and experience a greater degree of mastery and control over their emotions [10]. Unregulated emotion is associated with prominent forms of psychological damage and it is said that the lack of emotion regulation can be a factor for risky behaviors [11]. Therefore, when the emotional space between couples becomes warm and positive based on couple therapy, they can create conditions in which to examine the problems between themselves and the family and try to adopt strategies to solve them better [12]. In fact, the possession of emotion regulation management skills and strategies by married people is associated with improved psychological performance and improved marital life satisfaction [13].

One of the effective methods of couple therapy in improving psychological characteristics is Schema Therapy (ST) based on Yang's theory. Schemas are structures that are formed based on reality or experience, and as mediators, they influence people's behavioral responses [14]. ST is a new and integrated method that is mainly based on the expansion of the concepts and methods of classical cognitive-behavioral therapy [15]. ST deals with the deepest level of cognition and targets primary maladaptive schemas, and by using cognitive, emotional, behavioral, and interpersonal strategies, helps clients overcome primary maladaptive schemas, which is a key concept in this approach. Furthermore, the primary goal of this treatment is to create psychological awareness and increase conscious control over schemas, and its ultimate goal is to improve the schemas and styles of the opposites [15].

This approach is the most common treatment for improving emotion regulation and marital satisfaction, and its emphasis is on the role of schemas and information processing system in creating mental

disorders, which are changed or adjusted during the treatment process with various techniques, including cognitive reconstruction [16]. Previous research have shown the effectiveness of this approach as a new and effective method for adjusting psychological needs [17], on emotional expression and emotional maturity of conflicting couples [18], improving marital conflicts [19], in order to control emotions and conflict resolution styles of couples [20].

Another effective and prominent approach in this field, which focuses on both behavior control and emotional control, and ultimately leads to couples' satisfaction with life, is Emotionally Focused Therapy (EFT). EFT was formulated by Greenberg and Johnson in the early 1980s based on systemic theory, humanistic and experimental therapy, and attachment theory [21]. This approach is always focused on emotional participation, reprocessing of experience and emotional corrective experiences rather than successive training to create skills or create insight in this regard [22]. In EFT, emotions have a central role in couple interactions and encourages people to talk about their emotions, discuss relevant issues in therapy sessions, and emphasizes the reconstruction of emotions in the form of secure attachment bonds between spouses. Emotional responses can lead to the satisfaction of the individual's needs, and as a result, the most basic goal of such therapy is to improve the individual's awareness of emotions [23]. Emotional experiences of people are identified, and by processing and reorganizing experiences, interaction patterns that cause couples' helplessness in marital relationships are removed and improved [24]. EFT, which is rooted in the attachment theory and social neuroscience, provides a clear road map for professionals and their clients in the path of potential challenges in romantic relationships [22] and through this treatment, couples are involved in a process where each of them tries to express their fears and attachment needs and cultivate a safer bond and relationship in the best possible way, which causes lasting changes in couples' relationship satisfaction and achieving adaptive responses in situations [25].

Wiebe and Johnson (2016), believe that Emotion-Focused Couple Therapy (EFCT) is more effective than other approaches due to its structure and having a step-by-step treatment plan for couples, and the likelihood of relapse is extremely low. Many research have shown the effectiveness and usefulness of this approach of regulation of interpersonal emotions in couples [26], improving couples' incompatible attachment styles [27], marital conflict and emotion regulation [28] and marital commitment [29].

Despite numerous studies on the effect of using treatment guidelines on couples' psychological characteristics, there are still many gaps in this field. Each study is limited to specific statistical populations and cannot be generalized to the entire population. Also, the method of implementing treatment guidelines may have different quality, which requires repeating these exercises and comparing their results to reach the final result. Conducting this study can lead to comprehensive and

interesting results by comparing two treatment guidelines simultaneously and in the same population. Also, considering that couples' emotion regulation plays an important role in family stability, planned treatment of ST and emotion-focused approach can be used to achieve this important goal. The goals of these two treatment models are, respectively; improving early maladaptive schemas and creating safe attachment patterns; ST emphasizes on correcting and changing early maladaptive schemas in couples with marital conflict, and EFT emphasizes on the method of creating adaptive attachments by accessing core emotions and rebuilding the underlying needs of self-supportive reactions in couples' relationships. Therefore, the research question is whether emotion management strategies based on ST and EFCT have an effect on improving emotion regulation in young couples with marital conflict, and in comparing the effectiveness of the two approaches, which of the emotion regulation strategies has a different effect?

## Method

The study utilized a semi-experimental research design, which integrated pre-test and post-test components to facilitate thorough comparisons across two experimental groups and one control group. Furthermore, a follow-up phase was incorporated into the design, enabling an extended assessment of the outcomes over time. This approach provided deeper insights into the sustainability and effectiveness of the interventions under investigation. The statistical population of this study comprised 273 couples experiencing difficulties and conflicts, who sought assistance at counseling centers in Rasht during May, June, and July of 2022. Participants were selected using a convenience sampling approach. Initially, a list of 18 counseling centers in Rasht specializing in couple's therapy under the supervision of the Welfare Office was obtained. Following coordination with the supervisors and upon receiving approval and an introduction letter, 10 centers were chosen for data collection. Subsequently, 118 couples experiencing conflict in Rasht, who met the predetermined inclusion criteria, were selected by the researcher via clinical interviews. Taking into account that quasi-experimental studies typically necessitate a minimum sample size of 15 participants per group [30], as supported by prior research, and considering past studies of a similar nature [31, 32], a total sample of 30 couples (equivalent to 60 individuals) was for this study.

The inclusion criteria comprised the following: difficulties in emotional regulation and communication within the relationship, possession of at least a diploma-level education, absence of diagnosed mental disorders, willingness to attend therapy sessions asynchronously as a couple, a marital duration ranging between two and ten years, an age range of 22 to 45 years, absence of significant physical separation, and no expressed intention to separate. The exclusion criteria

included remarriage, unwillingness to continue participation in the research, and missing more than two sessions.

The selected couples were randomly divided into three equal groups, each consisting of 10 couples (20 individuals). These interventions were conducted as group therapy over ten 90-minute sessions, with one session held weekly for a total duration of 10 weeks. The first group participated in ST following a 10-session protocol, the second group underwent EFCT based on a similar 10-session protocol, while the third group served as the control group and did not receive any therapeutic intervention. The data analysis process was conducted utilizing multivariate analysis of covariance (MANCOVA) tests, which were implemented through the SPSS-24 statistical software.

The tools used in this study were as follows:

**Gross Emotion Regulation Questionnaire (ERQ):** This questionnaire was developed by Gross and John in 2003 to measure emotion regulation strategies and has 10 questions. This questionnaire consists of two subscales: reappraisal, with six questions, and suppression, with four questions. Participants respond on a 7-point Likert scale from strongly disagree (with a score of 1) to strongly agree (with a score of 7). The range of scores on this scale is from 10 to 70. Questions 2, 4, 6, and 9 of the questionnaire measure the suppression dimension, and the remaining questions measure the reappraisal dimension. In the study by Gross and John (2003), the content validity of this questionnaire was confirmed by the internal consistency method and the reliability was obtained by re-testing it after three months, which was 0.79 for reappraisal, 0.73 for suppression, and 0.69 for the entire scale [33].

In Iran, in the original study by Azad et al. (2018), the reliability of the questionnaire for the two subscales of emotional inhibition and cognitive reappraisal and the total score of the questionnaire were calculated with Cronbach's alpha coefficient as 0.72, 0.74 and 0.76, respectively [34]. In this study, the reliability of this questionnaire was obtained by Cronbach's alpha for the reappraisal, suppression and total components as 0.70, 0.75 and 0.69, respectively. The validity of this questionnaire was reported by calculating the correlation coefficients of the cognitive reappraisal component with the positive emotions scale (0.24) and negative emotions scale (0.14) and the suppression component with the positive emotions scale (-0.15) and negative emotions scale (0.04)[35]. Also, Mohammadpour, in a previous study, researchers reported the validity of the aforementioned questionnaire through principal component analysis using Varimax rotation, correlation between two subscales ( $r = 0.13$ ) and desirable criterion validity [36].

**Schema Therapy:** These ST guidelines and techniques are based on the book *ST: A Guide for Professionals* by Yang et al., translated by Hamid Pour and Andoz (2022). After the pre-test, the experimental group received the following ST techniques during 10 weekly 90-minute sessions [15]:

**Table 1. The Summary of ST Sessions**

Session	Objectives of the session	Content	Techniques and assignments
First	Acquaintance and building a good relationship, stating the goal and formulating the client's problems	Creating motivation, reviewing the structure of the meetings, stating the rules and regulations of the group, the general goals of the treatment, establishing communication and initial assessment	A technique of focusing on personal and life history using schema questionnaires
Second	Examination of objective evidence	Defining and expressing the characteristics of ST, primary maladaptive schemas and their roots	Statement of objective evidence confirming or refuting schemas
Third	Teaching cognitive techniques and the introduction and performance of primary maladaptive schemas	Training such as schema validity test, introduction of schema domains and initial inconsistent schemas, explanation of schema functions	Schema Validity Test and evaluation of advantages and disadvantages of coping responses
Fourth	Strengthening the concept of a healthy adult, identifying unsatisfied emotional needs and training to release blocked emotions	Introducing incompatible coping styles and responses in everyday life, defining the concept of schema mentalities, creating preparation for measuring and changing schemas	The step of measuring incompatible schemas of teaching the schema model of the change phase
Fifth	Teaching healthy communication and imaginary conversation	Preparing for change, measuring schemas through questionnaires, providing feedback to identify more schemas	Experiential strategies for changing imaginary conversations
Sixth	Providing cognitive strategies for change	Teaching mental visualization of problematic situations and facing the most problematic ones	Using mental imagery techniques to create a direct connection between childhood memories and the patient's current life
Seventh	Relationship therapy training, relationship with important people in life and role playing	Establishing a dialogue between the healthy side and the schema aspect by patients and teaching them how to complete the schema registration form	Establishing a dialogue between the schema aspect and the healthy aspect
Eighth	Introducing experimental strategies for change	Learning to play the role of healthy behaviors and doing homework on new behavior patterns and imaginary conversations with mental images	Writing a letter to parents and having a borderline parent
Ninth	Breaking behavior patterns	Providing a solution to overcome the obstacles to changing behavior, determining the prioritization of behaviors to break the pattern, and preparing to break the behavior pattern	Behavioral pattern-breaking; replacing schema behavioral patterns with healthier coping styles
Tenth	Continuing to break the pattern of behavior, review the contents and practice the learned	Increasing motivation to change, training to practice healthy behaviors, training to overcome obstacles to change behavior and making important changes in life	Stimuli that trigger schemas: mental imagery, current distressing events, past memories

**Emotion-focused couple therapy:** Emotion-focused couple therapy sessions were conducted based on the Greenberg, Johnson, and Wiebe (2019) treatment plan and in 10 90-minute sessions once a week as follows [22]:

**Table 2. The Summary of the Program of Exciting Therapy Sessions**

Session	Objectives of the session	Content	Assignments
First	Evaluation and connection	Introduction and communication, problem evaluation, evaluation of expectations and concerns, conceptualization	Practicing key skills and communication, self-evaluation, giving and receiving feedback, paying attention to pleasant emotional states
Second	Continue to evaluate and identify the cycle of negative interactions and set general goals	problem and presentation of treatment logic and familiarization with the general rules of treatment, implementation of the pre-test	Identify the cycle of your interactions in different situations
Third	Strengthening connection and analysis and modification of emotions	Discovering problematic interactions and recognizing the cycle of negative interactions, evaluating attachment problems and barriers, creating a therapeutic agreement	Identifying your fears, practicing safe support and developing a safe bond, expressing specific emotions and feelings, re-experiencing interactions and expressing pure feelings.

Fourth	Intensification of emotional experience	Unlocking salient experiences of attachment, accepting underlying unacknowledged feelings, clarifying key emotional responses, client's acceptance of the interaction cycle	Sharing their coping behaviors with their spouses, encouraging clients to have emotional and emotional conflicts in their interactions at home
Fifth	Acceptance of feelings and identification	Expressing emotions, accepting emotions, deepening engagement with emotional experience, improving interaction methods	Making time to share
Sixth	Attachment needs, strengthening the interaction of group members	Reconstructing interactions and changing events, symbolizing desires, discovering new solutions to old problems	Behavior, thoughts and emotions with the partner
Seventh	Creating new interactive patterns of emotional possession	Sincere engagement of clients with their spouses, acceptance of new situations, making a happy story of the relationship	Discover your main emotions, complete the table
Eighth	Creating emotional conflicts, increasing the identification of attachment needs, facilitating the expression of needs and desires in sexual relationships	Emphasizing the importance of expressing sexual desires and needs, using the technique of tracking and reflecting members' encounters with their attachment styles	How the emotions and behaviors of couples affect each other
Ninth	Reconstruction of sexual and non-sexual interactions of spouse, promotion of new methods of interaction of couples	Directing and designing interactions between couples, replacing the cycle of positive interactions instead of negative, discovering new solutions for old problems.	Encouraging new adaptive responses between couples, supporting new and responsive behaviors, discussing strengths and weaknesses in therapy,
Tenth	Consolidation of the situation and new responses, support of constructive interactive patterns, conclusion of meetings	Summarizing and reviewing the contents of the meetings by the members, establishing interactive, intimate and constructive conversations, returning the changes to the members	Examining the achievements of each client during the treatment sessions, conducting the post-test

## Results

The purpose of the present study was to determine the effectiveness of ST and EFT in improving the regulation of emotions in young couples with marital conflict. Thirty couples (60 people) participated in this research, the average age of the control group was 34.67 years (with a standard deviation of 4.16), the average age of the ST group was 33.29 years (with a standard deviation of 4.08) and the average age of the group was equal to 32.14 years (with a standard deviation of 5.22). According to the descriptive statistics, the mean score of the experimental group's emotion regulation in the ST pre-test was 71.09 and, in the post-test, was 60.87. The same scale in the EFCT pre-test was 72.13, and was 65.47 in the post-test. In the pre-test, and post-test of the control group, it was 72. In the following, Inferential analysis was done and due to the use of pre-test and the presence of more than two groups in the research, covariance analysis and post-test were used.

Table 3 illustrates that the mean and SD of pre-test scores for emotion regulation in both the experimental and control groups exhibit slight variations. After the adjustment of scores, differences in the mean and standard deviation of post-test changes in emotion regulation between these groups became evident. To determine whether these differences are statistically significant and to investigate whether they result from the educational intervention, a MANCOVA analysis was conducted. This analysis employed Benferroni correction in conjunction with the K Matrix method for greater precision.

Prior to applying the parametric test for multivariate covariance analysis, the Box and Levin tests were conducted to verify its assumptions. The Box test results indicated no significant findings for any of the variables, confirming adherence to the condition of homogeneity in variance/covariance matrices. To further assess whether the covariance homogeneity between the experimental and control groups was upheld, the M-box test was performed. Based on the non-significant outcome ( $\text{Box} = 5.13$ ,  $F(6, 5680/30) = 0.76$ ,  $P \geq 0.61$ ), the assumption of equality in variance-covariance matrices was validated.

The multivariate distribution can be characterized as statistically normal. To assess whether the assumption of variance homogeneity between the two experimental and control groups was satisfied, Levin's test was conducted. The results indicated that the F statistic was not significant, thereby confirming equality of variances for the dependent variable. Consequently, the conditions necessary for performing the MANOVA test were met. Regarding the assumption of homogeneity, regression analyses revealed that the interaction between the independent variable and the pre-test scores was not statistically significant ( $P > 0.05$ ). This finding confirmed the homogeneity assumptions of regression. It can thus be inferred that the experimental and control groups demonstrated comparable levels of emotion regulation in the pre-test, and no significant difference was observed in the improvement of emotion regulation among young couples between these groups.

The findings presented in Table 4 indicate that prior to the initiation of the treatment (pre-test), no statistically

significant difference was observed between the groups ( $P \leq 0.29$ ). However, upon the completion of the treatment period, both ST and EFCT were found to have a significant impact on improving emotion regulation among couples, as evidenced by the statistical value  $F = 24.01, (41,1)$ , with a significance level of  $P < 0.01$ . To provide a more comprehensive analysis of this mean difference, the results of the multiple comparison test (K Matrix) have been included. Furthermore, during the follow-up phase, the efficacy of ST and EFCT in enhancing emotion regulation among couples remained significant and enduring, with statistical evidence recorded as  $F = 25.75, (41,1)$ ,  $P < 0.01$ . A detailed inspection of this mean difference has also been facilitated through the multiple comparison.

The findings presented in Table 5 indicate that the post hoc analysis comparing the mean effectiveness of ST and EFCT on couples' emotion

regulation demonstrates a statistically significant difference. Specifically, the mean difference (-4.31) with a standard deviation of 1.99 reaches significance at  $P \leq 0.05$ . Consequently, when examining the comparative effects of these two therapeutic approaches on emotion regulation, the evidence suggests a notable distinction in their efficacies. EFCT is shown to be more effective than ST in enhancing emotion regulation among couples. However, during the follow-up phase, the post hoc analysis comparing the same therapies reveals that the difference in the mean effectiveness (-2.59) with a standard deviation of 1.69 is not statistically significant. Thus, it can be inferred that, over time, no discernible difference emerges between ST and EFCT concerning their impact on couples' emotion regulation in the follow-up period.

**Table 3.** The Mean and SD of the Dependent Variable of Emotion Regulation in the Pre-test and Post-test of the Experimental and Control Groups

Groups	Statistical indicators	Pre-test	Post-test
ST	Mean	33.21	43.47
	Standard deviation	3.14	3.48
EFT	Mean	35.33	47.67
	Standard deviation	3.19	7.67
Control	Mean	33.17	34.33
	Standard deviation	3.69	4.30

**Table 4.** The Effectiveness of Schema Therapy and EFCT on Emotion Regulation of Couples in the Intervention and Follow-up Stage

Changes resources	DF	F	MS	P	Ss
Post - test	1	1.15	34.06	0.29	34.06
Effect Therapy (Pre-test)	2	24.01	713.56	0.001	1427.11
Error	41		29.72		1218.34
Therapeutic Effect (Follow-up)	2	25.75	549.09	0.001	1098.19
Error	41		21.32		874.19

**Table 5.** Comparing the Effectiveness of ST and EFCT on Emotion Regulation of Couples in Intervention and Follow-up Stages

Group	Follow-up stage	Standard Deviation / Follow-up stage	Mean Difference / Follow-up stage
EFT	ST	0.037 / 0.132	1.99 / 1.69
Control		0.001 / 0.001	1.99 / 1.69
ST	EFT	0.037 / 0.132	1.99 / 1.69
Control		0.001 / 0.001	2.01 / 1.70
ST	Control	0.001 / 0.001	1.99 / 1.69
EFT		0.001 / 0.001	2.01 / 1.70

### Discussion

The purpose of this research was to compare the effectiveness of emotion management strategies based on ST and EFCT on regulating the emotions of young couples with marital conflict. The findings of the study showed that the effectiveness of EFCT was more effective than ST in improving the average level of couples' emotion regulation from pre-test to post-test in participants and it showed that EFCT was more effective than ST on couples' emotion regulation and had a significant difference. In order to compare the results with the results of previous studies, no study comparing these two approaches on emotion regulation in young couples with conflict was found, but it is consistent with studies that showed that ST and EFCT are effective interventions, including the effects of EFCT and ST

on reducing couples' emotional alexithymia [37], sexual satisfaction and family functioning [38], increasing resilience to ambiguity and self-control in women with marital burnout [39], increasing secure attachment style and reducing avoidant and ambivalent attachment styles in couples with marital conflict [40], improving marital conflict and emotion regulation [28], and on the perception of rejection in women with borderline personality disorder [41], which is consistent with the results of the present study. However, no significant difference was observed in comparing the mean effectiveness of ST and EFCT on couples' emotion regulation in the follow-up phase, indicating that both approaches have the same long-term effect. The results of this study are consistent with the findings of a previous study [42]. Accordingly, in addition to

both treatments having an effect on the dependent variable, there was no significant difference between the effectiveness of both treatments.

In explaining this finding that both treatments were effective on the dependent variable, it can be said that teaching emotion regulation strategies based on ST was able to reduce interpersonal problems and emotional instability by using cognitive therapy, and in this way, revealed emotion regulation in each of the couples. In fact, ST was able to cope with life problems by replacing adaptive emotion management solutions and led to increased management and regulation of emotions in the individual [43]. Also, teaching cognitive strategies of ST helped couples to reorganize their emotional patterns to provide a basis for improving schemas [44] and to challenge cognitive beliefs that are tied to emotional and emotional beliefs according to empirical strategies, and through this, the individual can identify unmet emotional and emotional needs that have led to the formation of maladaptive schemas and impaired emotional regulation, and seek appropriate solutions. For people who have a negative view of themselves, their abilities, emotions, and feelings, ST is an effective and useful approach to regulating emotions and feelings. Finally, this approach increased the expression of positive emotions between couples, and this approach helped couples to feel responsible for their duties and help each other and play their roles in life correctly and with respect.

The EFCT approach was another approach that was used to improve couples' emotional regulation. In explaining the effectiveness of EFCT, it can be said that this approach is a combination of humanistic, attachment, and cognitive perspectives, and uses a wide variety of strategies such as recognition, focusing on emotions, emphasizing positive emotions, emotional reconstruction, finding solutions, and creating and establishing new meanings and good relationships in this approach. Given that most emotions are emotional, with training and using specific intervention methods, this approach can change and modify individuals' positive and negative emotions [45]. EFT creates attachment in couples, and with this attachment, couples have a close relationship with their spouse, self-disclose, and also react to their spouse's self-disclose. Attachment theory, which is one of the principles of the emotion-focused approach, increases the creation of attachment. This intimacy between family members, especially men and women, brings satisfaction to life and strengthens the family. The emotion-centered approach creates this feeling by paying attention to attachments and emotions and eliminating negative interaction cycles [46]. This approach was able to improve couples' relationships by solving their emotional problems, identifying unexpressed and suppressed emotions, correcting the couple's attachment relationship, and increasing intimacy through the correct solution to expressing emotions and identifying the spouse's emotional and emotional needs, which led to improved interactions between couples, followed by increased commitment, solidarity, and increased expression of affection, and consequently improved emotion regulation

in conflicting couples [47].

Therefore, acquiring emotion regulation skills and strategies can be sustainably effective in the relationship between couples and their marital satisfaction. If each couple's efforts to regulate emotions are successful, the couples will enjoy balanced emotional arousal in their relationship with each other, which leads to more effective adaptation and intimacy. The results of previous studies in the field of couples' therapy confirm the effectiveness of the emotion-focused approach over ST. Johnson showed in a study that EFCT is more effective than other approaches and the likelihood of relapse is much lower [48]. In a study, Panahifar et al. showed that EFCT is more effective on marital stress in couples on the verge of divorce than schema-focused couples therapy and acceptance and commitment-based couples therapy [49]. In explaining the results of the present study on the difference in effectiveness of EFT and ST on emotion regulation of conflicting young couples and the greater effect of EFT on ST, it can be said that in EFCT, an attempt is made to provide couples with experiences related to their spouses, and during therapy, such situations are repeatedly designed so that couples can discover and expand their emotions and then be able to correct and stabilize their emotions during this new experience [50]. Another reason is that when we work on emotion, anger management, emotional outpouring management, and emotional reconstruction, it is clear that more emotional changes occur, which shows that emotion-focused couple therapy emphasizes emotion more than ST. EFCT improves couple relationships by solving couples' emotional problems, identifying unexpressed and repressed emotions, correcting the attachment relationship between them, and increasing intimacy through the correct resolution of emotional expression and identifying the emotional and emotional needs of the spouse, improving couple interactions, followed by increased commitment, solidarity, and increased expression of affection, and as a result, greater emotional order in couples. In this approach, strategies such as recognition, focusing on emotions, emphasizing positive emotions, emotional reconstruction, finding solutions, and creating new meanings and good relationships were used widely and diversely, and given that most emotions have an emotional state, this approach was able to change and correct individuals' positive and negative emotions by training and using specific intervention methods [45].

One of the reasons why the emotion-focused approach is more effective than ST in emotion regulation is that emotion-focused therapy, by focusing on identifying, experiencing, managing emotion regulation, and emphasizing therapeutic interactions, helps individuals better understand and deal with their emotions. This method specifically focuses on emotions and provides couples with tools to regulate their emotions and use them to achieve their goals. This is while ST focuses on changing basic beliefs and schemas, which may require more time to create profound changes in the personality structure. The reason for the lack of difference between the two approaches in the follow-up phase can also be

attributed to the fact that the number of couples therapy sessions should be greater, i.e., increasing the therapy sessions to 25 sessions and considering the last five sessions as monthly follow-up sessions. This is one of the effective solutions for greater and lasting effectiveness of EFT and ST or other therapies. Among the limitations of the present study, we can mention the small sample size due to the unwillingness of men to participate in group sessions and the limitation of the research sample to the city of Rasht and the use of accessible and non-random sampling, which means that generalizing the results to other geographical areas of the country should be done with caution. Also, other limitations of the study include the lack of cooperation of several counseling and psychology centers for this study. Considering the important role of couples in the health of children, family, and society, and on the other hand, the need to pay attention to their physical and mental health, it is suggested that counseling centers and hospitals, government and private clinics, use ST and EFCT individually and in groups to increase the regulation of interpersonal emotions of couples in conflict. It is also suggested that future studies with larger and random sample sizes be examined in order to achieve more accurate results in order to apply the findings.

## Conclusion

Both ST and EFCT interventions improved emotion regulation in young couples with marital conflicts by providing emotion management strategies, but the effectiveness of EFCT was greater than ST. It can be recommended that this treatment method be included in the list of therapists' training programs for treating couples and families. The results of this study are also particularly useful for young couples with conflict, because learning EFT and ST techniques can help improve their emotion regulation. Given that no significant difference was observed between the effectiveness of the two approaches in the follow-up phase, it is recommended that the number of couple therapy sessions be increased in order to maintain the effect.

## Conflict of Interest

The authors declare that there is no conflict of interest regarding this article.

## Ethical Approval

Confidentiality of information, anonymity of questionnaires, right to withdraw at any stage of the research, non-contradiction of information and concepts of education with the value system of couples, as well as informed consent was received as a commitment to participate in this research. This article was approved by the Ethics Committee of the Research Vice-Chancellor of Islamic Azad University, Tonkabon branch with the ID of 1401.022IR.IAU.TON.REC.

## Declaration of Generative AI and AI-Assisted Technologies

During the preparation of this work the authors did not use any AI tools.

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