

The Effectiveness of Group Therapy Based on Acceptance and Commitment to Improving Negative Emotions, Marital Cohesion and Quality of Relationship

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Abstract

This study aimed to determine the effectiveness of the acceptance and commitment (ACT) group therapy on negative emotions (shame and sin), marital cohesion and quality of marital relations among married women. The research method was quasi-experimental with a pre-test, a post-test, and a control group. The statistical population of this study consists of married women referring to counseling centers in Torbat-E Heydariyeh. A sample of 36 participants was selected through convenience sampling. They were randomly assigned to the experimental and control groups (each group was 18). The experimental group received the ACT while the control group did not. Data were analyzed by using covariance. The results showed that group therapy based on ACT improvement of negative emotions (shame and sin) increases marital coherence and quality of the marital relationship. Therefore, the ACT intervention did have an effect on negative emotions, marital cohesion and quality of marital relationship.

Keywords: *Group therapy, Acceptance and commitment, Negative emotions, Marital cohesion, Quality of relationships*

I. Introduction

Communication channels that occur abundantly in a family are referred to as communication patterns a set of which forms the family communication network (1). Marital relationship is of great importance in preventing marital conflicts (2). Relationship plays a central role in marriage (2). In terms of marital characteristics, effective and

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efficient communication between husbands and wives is the most important aspect of families with a good performance (2).

On the thoughts in the form of listening, pause, facial expression and gesture, couples interact with each other through various communication channels. When communication between couples stops, the energy of love turns into anxiety and anger, resulting in many quarrels, embarrassing teasers, repeated criticisms, or refuting in continuous silence. Connection is the flow of sincere relationships and the life of each relationship.

When the flow of communication is largely blocked, relationships decay rapidly and eventually die. The consequence of the collapse of a relationship in most cases is loneliness, marital problems, mental stress, physical illness and even death (1). Two aspects of every marital relationship are quality and sustainability. The quality of marriage focuses on the formation of the relationship between couples while sustainability implies maintaining the relationship between couples over time. Having satisfactory a marriage leads to personal and family progress whereas lack of such a relationship can cause harm and damage. Communication in couples allows them to discuss each other's needs and solve their problems. Couples who cannot communicate with each other are in an uncertain position (3).

Certainly, various factors affect the quality of marital relationships. These factors can be attributed to the personality characteristics of individuals, marital education, illness, couples' relationship types, occupations, and stressful roles. Despite the results, there is a dearth of knowledge on the quality of marital relationships (4). The quality of the marital relationship can help the spouses continue to live with more passion and internal experiences (5).

The quality of marital relationship affects the mental health of couples and their children, which can ultimately affect the quality of marital life (6). (7) Found that the most common problem in uneasy and overwhelming marriages is poor marital quality. Also, for family management, healthy communication is important. (8, 6).

On the other hand, one of the dimensions of the quality of marital affairs is coherence. The sense of family cohesion is a sense of solidarity and emotional commitment members of a family have toward each other. Linger (2007) defines cohesion as an emotional affinity with other family members (9). Family studies have shown that family cohesion and the warmth or affection of parents, which have a significant similarity to family cohesion, have always had positive consequences for children (10). Reducing family cohesion and increasing interpersonal conflicts can lead to a reduction in family flexibility, which can be associated with problems in their interactions. Family cohesion (emotional bond among family members and feeling of closeness) is expressed through the sense of belonging and acceptance in the family system. Low coherence in the family can lead to depression and social acceptance (11).

(12) States that those who feel high coherence are more capable of maintaining a high degree of coherence; this opinion was confirmed by (13). However, individuals who feel weak coherence are more likely to experience lower levels of coherence after reaching adulthood (14). One of the elements of coherence is people's understanding of their own emotions. Self-consciousness includes emotions that have recently attracted the focus of attention. Self-conscious emotions also have positive aspects (such as pride) and negative aspects (such as shame and sin). Based on many studies, shame and guilt arise through self-reflection and negative self-assessment; contrary to that, pride is a positive emotion associated with the feeling of perfection and pleasure. Pride is associated with positive self-assessment, resulting in a person who is socially valued, which leads to a person who has self-esteem and psychological well-being.

Communication and mutual understanding are the key elements in every relationship, especially marital relationships. Owing to the different emphasis placed on social status in relation to communication, they see their common life from different perspectives. Therefore, spouses sometimes misinterpret and misunderstand each other's good intentions. These misunderstandings can lead to hurt feelings, hatred and, most importantly, shame and sin. Shame and guilt separate people and harm their communications. However, wives can minimize these misunderstandings and painful patterns of communication by raising awareness of each other's views. In addition, by acknowledging and respecting the differences in a marital relation, the blame, which is a fundamental factor in the experience of shame and sin, will be minimized (15).

According to what has been said so far, quality and emotional consciousness play a vital role in marital relationships. Different approaches have examined these components. One of the third-generation treatments is Acceptance and Commitment Therapy (ACT). ACT is one of the treatments of the third wave of behavioral therapy that is based on widespread awareness (mind awareness) (16). In this approach, the main goal is to create psychological flexibility which is the ability to make practical choices among the different choices that are more appropriate, rather than simply avoid disturbing thoughts, feelings, memories or desires (17). The basic processes of treatment based on commitment and acceptance are 1: acceptance, 2: communication with the present time, 3: fault. 4: an ACT of commitment, 5: self as a background, and 6: values.

In behavioral therapy based on the ACT, clinical problems are conceptualized in behavioral terms. From this viewpoint, the three basic problems are the underlying psychological disorders including A) problems related to awareness, B) avoiding and C) lack of important and valuable activities of the individual's life.

These problems are considered as intervention goals (18). Several studies have indicated the efficacy of this approach in reducing psychological disorders. A study by Behruz (19) reported the effectiveness of ACT in psychological disorders and improving quality of life and coping styles in diabetic patients. The research of Sherbim (20) showed that increased mental health of students is associated with increasing psychological hardiness. In much the same vein, Hosseini (21) reported the impact of ACT group training on the reduction of job stress.

As mentioned above, women and their husbands experience a difficult condition, especially in Iran. For these reasons, the authors of this article decided to conduct their study based on a clinical trial to gauge the effectiveness of ACT in married women.

II. Method

Participants

The present study is a quasi-experimental research carried out with a pre-test and post-test design with a control and experimental group. Participants were married women visiting one of the counseling centers of Torbat-E Heydariyeh and selected through convenience sampling. A total of 36 women were selected and randomly assigned to two groups of experimental and control, with each group consisting of 18 participants.

Research instruments

Coherence subscale: In order to assess the cohesion of the marital relationship, the subscale of coherence of the Marriage Relationship Quality Questionnaire (BASBI et al., 1995) was employed. The scale has an alpha of 90.0. Marriage Quality Scale by Busby & Associates (RDAS), which is a revised version developed by Busby, Cran,

Larsen and Christensen in 1995, was used to measure the quality of marital relationships. The questionnaire consists of 14 items and 3 subscales of agreement (6 questions), satisfaction (5 questions), and consistency (3 questions) the combination of which demonstrates a marital quality score with high scores reflecting a higher marital quality. The reliability of the questionnaire reported in Cronbach's alpha in the Hollywood study, conducted by Cody and Miller (2005), for the three subscales of agreement, satisfaction, and cohesion are 0.79, 0.80, and 0.90 respectively.

In Yusefi's research (22), the Cronbach's alpha coefficients and bisection of the quality questionnaire were high and satisfactory based on sex in the total sample for 14 extracted materials and four factors (above 70), indicating the consistency of the questionnaire.

The main form of this scale is 32 questions, which was designed by Spinner and based on Lively's and Spinner's theory of marital quality (quoted by Holist, Cody and Miller, 2005). The questionnaire was scored in a 6-point Likert scale (There always exists a difference of 0 and there is constant agreement = 5). The validity of the marital quality questionnaire was tested in relation to the concepts based on constructs such as marital satisfaction, couples' correlation and couples' agreement. Validity coefficients was significant ($P < 0.0001$) among the factors of the marital quality questionnaire by criterion questionnaires.

Self-conscious Emotions Questionnaire (Tangney, 1992): Tangney, Wagner, and Grams built this test in 1989. Self-consciousness emotion test is a self-assessment and paper-pencil tool that provides 16 situations (scenarios) of the subject's everyday life to test, and respondents rank their emotional and behavioral responses and their likelihood of responding. All the scenarios used in this test are items of shame and sin and mental occupation with guilt. The test of self-conscious emotions was built based on the theory and research of Lewis and Lizzie Hartz. According to Lewis, shame relates to a person's negative evaluation of its own "self", but the feeling of "guilty" is a person's negative assessment of his behavior or action. Shame and guilt are considered as conscious consciousness, which involves a negative evaluation of the individual's behavior or action. In order to feel these emotions, people should show a sense of self as well as a set of standards for assessing their behavior.

Scoring method: This self-assessment questionnaire 16 presents the status of everyday life to the subject, of which 11 are socially positive and 5 are negatively valued. All questions are scored positively. Participants rank their answers on 5-point Likert scale ranging from 1 to 5, with 5 indicating a high probability. A high score in this questionnaire reflects an individual's negative assessment of himself, his behaviors, and his actions. Validity: (15) reported the structural validity of two levels of shame and guilt as appropriate. In their 2003 study, they validated the validity of this test to measure the theoretical structures of shame and guilt. In Iran, the formal validity of the test has been approved by the professors of counseling and psychology.

Reliability: In the research of Anoosheh et al. (23), the results of the re-test of this test after four weeks on students, the reliability coefficient of shame and guilt were 0.78 and 0.70 respectively. In addition, the internal consistency or alpha of the Cronbach of the total questionnaire was 0.86 for shame and 0.85 for guilt was 0.74. Cronbach's alpha coefficient of the above questionnaire in this research, which was performed on a group of 40 people, was 0.88 for shame and 0.88 for guilt.

At first, the quality scores of marital relationships, consistency and self-consciousness in the experimental and control groups were collected through questionnaires. In the first session, the members were familiarized with each other and the subject of the research. Then, in each session, a flexible side and its relation to the subject matter were mentioned. During each session, they trained techniques and members performed assignments. Then, in each

session, a flexible side and its relation to the subject matter were mentioned. During the sessions, they trained techniques and members performed assignments. After providing training based on commitment and acceptance treatment, the scores of the experimental and control groups were evaluated using a pre-test questionnaire.

III. Findings

The demographic data of the population showed that out of a total of 36 surveyed individuals, 11% had diplomas, 14% had associate degrees, 44% had B.A degrees, and 31% had M.A degrees. The age range of 17% was between 20 and 25, and 47% between 25 and 30 and 36% between 30 and 35 years old. The duration of marriage was 22% of the research sample up to 5 years, 45% between 5 to 10 years, and 33% between 10 and 15 years (see Table 1).

Table 1: Demographic characteristics of the research sample

Frequency degree feature percent			
11	4	diploma	education
Associate	degree	5	14
Bachelor		16	44

Mean scores for the main study variable at pre- and post-tests are shown in Table 2.

Table 2: Means and standard deviations of pre-test and post-test variables of the study for the control and experimental groups

Variable	Time	Experimental Group		Control Group	
		mean	SD	mean	SD
Quality of marital relationship	Pre-test	34.72	4.93	40.89	5.01
	Post-test	44.50	4.61	42.89	3.64

Marital cohesion	Pre-test	18.72	5.28	19.67	2.47
	Post-test	16.83	2.81	20.78	2.36
Consciousness emotion	Pre-test	129.2 2	10.18	128.0 6	8.90
	Post-test	60.89	9.89	127.8 9	8.05
Shame	Pre-test	63.44	6.08	63.06	5.87
	Post-test	30.28	6.00	62.94	5.33
Guilt	Pre-test	65.78	5.14	65.00	4.48
	Post-test	30.61	4.80	64.94	4.06

Table 3: Results of covariance analysis of the first hypothesis

Sources of change	Sum of squares	df	Means of squares	F-value	p-value	ATA coefficient
Smooth effect	177.33	1	177.33	14.24	0.001	0.30
Group effect	126.24	1	126.24	10.13	0.003	0.23
Error effect	410.93	33	12.45			
Total	611.63	35				

Hypothesis 1: ACT training improves marital quality. To test this hypothesis, one-way covariance analysis was used as follows. According to Table 3, the F-value = 13.10 is significant at the level of 0.05. Therefore, it can be concluded that ACT training has an impact on improving marital quality. The amount of ATA suggests that 23% of the contribution to marital quality improvement is related to ACT training.

Table 4: Results of covariance analysis of the second hypothesis

Sources of Change	Sum of squares	df	Means of squares	F-value	Significance level	ATA coefficient
Smooth Effect	4.11	1	4.11	0.60	0.44	0.01
Group Effect	132.59	1	132.59	19.40	0.001	0.37
Error Effect	225.49	33	6.83			
Total	369.63	35				

Hypothesis 2: ACT training improves marital integrity. To test this hypothesis, one-way covariance analysis was used as follows. According to Table 4, the value of $F = 19.49$ is significant at the level of 0.05. Therefore, it can be concluded that ACT training has an impact on improving marital integrity. The amount of ATA suggests that 37% of the share of marital cohesion improvement is related to ACT training.

Table 5: Covariance Analysis of the Third Hypothesis

Sources of Change	Sum of squares	df	Means of squares	F-value	Significance level	ATA coefficient
Smooth effect	1772.37	1	1772.37	58.77	0.001	0.64
Group effect	41307.19	1	41307.19	1369.73	0.001	0.97
Error effect	995.18	33	30.15			

total	68431.55	35
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Hypothesis 3: ACT training improves self-conscious emotions. To test this hypothesis, one-way covariance analysis was used as follows. According to Table 5, the value of $F = 1369.73$ is significant at the level of 0.05. Therefore, it can be concluded that ACT training has an impACT on the improvement of self-conscious emotions. The amount of ATA suggests that 97% of the share of self-conscious emotion improvement is related to ACT training.

Table 6: Results of the covariance analysis of the fourth hypothesis

Sources of change	Sum of squares	df	Means of squares	F-value	Significance level	ATA coefficient
Smooth effect	331.93	1	331.93	32.09	0.001	0.49
Group effect	10847.98	1	10847.98	1048.92	0.001	0.97
Error effect	341.28	33	10.34			
total	11282.22	35				

Hypothesis 4: ACT training reduces feelings of guilt. To test this hypothesis, one-way covariance analysis was used as follows. According to the Table 6, the value of $F = 10.98$ is significant at the level of 0.05. Therefore, it can be concluded that acct education has an impACT on reducing feelings of guilt. The amount of ATA suggests that 97% of the reduction in feelings of guilt is related to ACT training.

Table 7: Results of the covariance analysis of the fifth hypothesis

Sources of change	Sum of squares	df	Means of squares	F-value	Significance level	ATA coefficient
Smooth effect	691.61	1	331.93	56.36	0.001	0.63

Group	9766.33	1	10847.98	795.89	0.001	0.96
effect						
Error	404.93	33	12.27			
effect						
total	10700.55	35				

Hypothesis 5: ACT training reduces feelings of shame. To test this hypothesis, one-way covariance analysis was used as follows. According to Table 7, the value of $F = 789.89$ is significant at the level of 0.05. Therefore, it can be concluded that ACT training has an impact on reducing shame. The amount of ATA suggests that 96% of the share of shame reduction is related to ACT tr

IV. Discussion

The results of the pre-test and post-test in the experimental and control groups reveal that commitment and acceptance education is effective in reducing feelings of guilt and shame and increasing marital cohesion. In this sense,

In the first hypothesis, the effect of training in the commitment and acceptance of intervention on improving the quality of marital relationships in the experimental group was compared with that of the control group. The results of the study showed that there was a significant difference between the experimental and control group scores in comparison with the control group. This is consistent with Behrouz's (19) study indicating that the efficacy of acceptance-based therapy on psychological disorders and the improvement of quality of life and coping styles in diabetic patients. In explaining this hypothesis, it can be said that one of the main aspects of marriage is the quality of marital affairs. The quality of marital relationship includes various dimensions of adjustment, satisfaction, happiness, cohesion and commitment. A good relationship can hope for wives to live longer with more passion and enthusiasm. People who do not know the skill of communicating with a spouse, and as noted by Gutmann (24), there is an inconsistency when there is a difference between the sender and receiver's purpose, which results from the ciphering of messages by couples.

In ACT approach, one learns to take into account the important and valuable activities of one's life. It emphasizes commitment and accepts what cannot be changed from the past and the future by helping the authorities accept instead of spending energy to change the unchanging conditions that followed marital adaptation and eventually improving the quality of marriage relations. The results of this research indicate this.

In the second hypothesis, the effect of learning based on commitment and acceptance on marital coherence was investigated. The results revealed that there was a significant difference between the scores of the subjects in the experimental and control groups, (25). The results of the study conducted by (26) are also in line with this hypothesis. In the present study, it has been shown that group counseling of targeted motivation has a positive and significant effect on increasing the integrity of married men. In explaining this hypothesis, it can be said that the enrichment of relationships increases the cohesion of marital relations.

In the third hypothesis, the effect of training on the commitment and acceptance-based intervention on reducing feelings of shame and guilt in the marital relationship of the experimental group compared to the control group, it was concluded that training based on commitment and acceptance significantly reduced feelings of shame and sin. (27) Were showed that there is a significant negative relationship between marital affiliation's distinction and sham feeling with marital commitment. The findings of this research have an indirect relationship with this hypothesis. (28) Were showed that cognitive behavioral interventions have a significant role in improving perfectionism and feeling guilty by correcting the thoughts and beliefs of individuals about the benefits and disadvantages of perfectionism thoughts.

In explaining this hypothesis, it can be said that self-conscious emotions have an important role in self-evaluation with a negative evaluation of oneself. Shame and sin are two similar emotions that underlie many psychological injuries. Self-consciousness is interconnected with interpersonal relationships and can be influenced by important people in our life such as a parent or a wife. In this approach, individuals were helped to understand the nature of their inner experiences (especially emotional performance) and the role that inappropriate people who are committed to learning based on commitment and acceptance including familiarization with acceptance processes, focus, commitment, and processes of changing behavior, bringing conscious awareness of experience here and now, with openness, interest, and acceptance than the control group that did not receive any training increased their coherence, and their feelings of shame and sin decreased.

In connection with the set of emotions, (29) showed the effectiveness of this approach in improving the emotional regulation of men treated with methadone. The feeling of shame and falsehood are painful, unavoidable, and sometimes destructive, which will undoubtedly have a major role in the way of exposure and regulation of the attitude and mental health of individuals. Considering that in this sense of personal control is very high and when a person makes a mistake, he does not attribute it to others, especially his wife, and is capable of being responsible and as a result, controlling it may prevent it from interacting with interpersonal relationships and marital life. That is why the emphasis in this tutorial was on controllability and increased spouses' responsibility and commitment.

V. Conclusion

Finally, in the present study, commitment and acceptance education was used to solve marital problems and improve family function. According to the findings, it can be concluded that training based on commitment and acceptance using its own techniques causes the individuals to restore their beliefs and gives them the courage to do the work. In this way, the individual becomes aware of his values and strengths, the result of which is the awareness of the power for choosing. The ACT approach teaches acceptance to couples; they accept those characteristics and conditions of their spouse they cannot change. Consequently, instead of spending energy to change them, they will enjoy what's happening now, focusing on the present.

The emphasis on the goal-oriented behavior and commitment emphasizes that achieving small-scale goals leads to positive thinking towards oneself, thereby increasing the self-esteem coefficient, internal coherence and, ultimately, making life easier to deal with.

Finally, the ACT approach points out that despite the conflicts arising between couples and leading to the harassment of feelings, hatred and, most importantly, shame and sin, they can be frustrated, stressed, and worried by anxieties about past or future experience. This approach, through teaching to accept what cannot be changed from the

past and the future, helps the authorities to accept it instead of spending energy to change the unchanging situation, which leads to increased marital quality and marital cohesion. A commitment and acceptance therapy approach, focusing on the values of the references and acting on them, increases the mood and diminishes the sense of shame and sin, hence reducing depression.

Research limitations

1. The small sample size that limits the generalization of the research results.
2. Single-sex sample
3. Lack of follow-up studies.

Conflict of Interest

The authors have no conflict of interest to declare.

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