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Comparison of the Effectiveness of Mindfulness-Based Therapy with Activation of Spiritual-Islamic Schemas and Emotionally Focused Couple Therapy (EFCT) on Resilience, Self-Control, and Marital Adjustment in Couples with a Child with Disabilities

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ABSTRACT

Purpose: The present study aimed to compare the effectiveness of Emotionally Focused Couple Therapy (EFCT) and mindfulness-based therapy with activation of spiritual-Islamic schemas on resilience, self-control, and marital adjustment.

Methods and Materials: This research employed a quasi-experimental design with pretest-posttest and a three-group follow-up. The statistical population included all couples with a child with intellectual, physical-motor, or combined intellectual and physical-motor disabilities who were under the support of the Welfare Organization. Using purposive sampling and applying inclusion and exclusion criteria, 48 individuals were initially selected. Then, 16 participants (8 couples) were randomly assigned to the first experimental group, 16 to the second experimental group, and 16 to the control group. A follow-up assessment was conducted three months after the posttest for all three groups. The research instruments included the Dyadic Adjustment Scale (Spanier, 1976) with a Cronbach's alpha of 0.96, the Tangney Self-Control Scale (Tangney, 2004) with a Cronbach's alpha of 0.85, and the Connor-Davidson Resilience Scale (Connor & Davidson, 2003) with a Cronbach's alpha of 0.89. The data were first analyzed using descriptive statistics and then inferential statistics through mixed ANOVA.

Findings: The results indicated no significant difference between the effectiveness of mindfulness-based therapy with activation of spiritual-Islamic schemas and EFCT in increasing resilience and self-control ($p < .05$), although EFCT showed a greater effect on marital adjustment ($p < .05$). Furthermore, mindfulness-based therapy with activation of spiritual-Islamic schemas had a significant effect on enhancing resilience, self-control, and components of marital adjustment ($p < .05$). The findings also demonstrated that EFCT significantly improved resilience, self-control, and components of marital adjustment ($p < .05$).

Conclusion: Mindfulness-based and emotion-focused interventions effectively enhance resilience, self-control, and marital adjustment in couples with disabled children, offering culturally sensitive therapeutic approaches aligned with spiritual and emotional needs.

Keywords: Emotionally Focused Couple Therapy, mindfulness-based therapy with activation of spiritual-Islamic schemas, resilience, self-control, marital adjustment.

1. Introduction

In recent years, families with a child with disabilities have increasingly become the focus of social and research attention (Amiri Majd et al., 2022; Ofiesh & Mather, 2023). According to global statistics, approximately 15% of the child population has some form of disability, and this issue has especially become a social and economic challenge in developing countries (VanVoorhis et al., 2023). These children have special needs that can place significant psychological and emotional pressures on parents and families. Parents of these children often face challenges such as medical care, the need for specialized education, and managing the specific behaviors of their children. These conditions can lead to persistent stress and feelings of helplessness in parents, negatively impacting their mental health (Masruroh, 2022). Firat et al. (2022) define resilience as the successful adaptation that manifests during adversities and debilitating stressors. This definition highlights that resilience requires a complex interaction between risk factors and protective factors (Firat et al., 2022). Resilience is defined as an individual's ability to face life's challenges and pressures and holds special importance for families with a child with disabilities. Parents encountering daily challenges stemming from their child's special needs may be at risk of diminished resilience (Hammond et al., 2024). Research has shown that parents of children with disabilities who utilize therapeutic techniques such as mindfulness demonstrate greater resilience and cope more effectively with challenges (Ramezani & Zangeneh Motlagh, 2023; Sakız & Kaçan, 2023). In a study comparing resilience, marital satisfaction, and mental health between parents of children with learning disabilities and those with typical children, significant differences were found between the two groups in terms of life satisfaction, resilience, and mental health (Blair, 2021). Additionally, the sense of coherence and resilience among parents of children with special conditions is lower compared to parents of typical children (Li et al., 2020).

Alongside resilience, self-control is considered a key trait in managing emotions and behaviors under difficult circumstances (Suhartini et al., 2024). Parents of children with disabilities may experience greater fatigue and stress when facing daily challenges, which can affect their ability to manage their emotions and behaviors. Particularly when their child requires special attention and care, parents may struggle with controlling anger, anxiety, and frustration. This inability to exercise self-control can lead to conflicts in

marital relationships and a decrease in family quality of life (Lee & Ho, 2023). Studies have shown that parents who manage their emotions more effectively generally adapt better to their living conditions and enjoy better mental health (Bullard et al., 2024). Ebrahimi Moghaddam et al. (2014) examined the effectiveness of self-control training on the mental health of nurses in Tehran, finding that self-control training significantly improved the nurses' mental health. These findings suggest that higher self-control could be associated with improved mental health status and greater adaptability among couples with a child with intellectual or physical disabilities (Ebrahimi Moghaddam & Vahedi, 2015). Masan Abadi et al. (2015) investigated the effectiveness of group counseling based on reality therapy on the self-control and resilience of mothers with a child with disabilities in Arak, finding that reality-based group counseling significantly increased mothers' self-control and resilience (Masan Abadi et al., 2015).

Marital adjustment is also influenced by the challenges associated with having a child with disabilities. Parents may experience emotional and financial strains resulting from caregiving, leading to conflicts and reduced marital quality (Mohammadi et al., 2021; Ratri & Ratnasari, 2023). These challenges may include disagreements on parenting methods, the division of responsibilities, and even feelings of loneliness and lack of support from their spouse. Studies have shown that such difficulties can lead to reduced marital satisfaction and increased likelihood of separation (Güçlü & Hürmeýdan, 2024). Marital adjustment is one of the most important factors in determining the stability and durability of a marital relationship. According to Gall (2005), it allows couples to avoid conflicts and resolve them appropriately, fostering mutual satisfaction in marriage (Siegel et al., 2019). Winch (1974) defined marital satisfaction as the harmony between the existing situation and the expected situation among couples. Thus, marital satisfaction exists when the current state of a marital relationship aligns with the couple's expectations. Marital adjustment is a multidimensional term clarifying various aspects of marriage and is a process that develops throughout a couple's life, requiring adaptation of tastes, understanding of personality traits, establishment of behavioral rules, and development of communication patterns (Öncü & Kışlak, 2022). Therefore, marital adjustment significantly impacts aspects of quality of life, including psychological health, life satisfaction, and even longevity. The birth and presence of a child with disabilities can disrupt marital relations by affecting the quantity of spousal interactions, altering typical

family dynamics, and changing how family members interact, thus causing parental stress and damaging family functioning and marital satisfaction (Li et al., 2020; Mate, 2022). The findings of Greenlee et al. (2022) indicated that having a child with disabilities imposes considerable stress on families and that parents of these children experience lower marital satisfaction, cohesion, and family adjustment.

One of the treatments that may enhance resilience, self-control, and marital adjustment among these parents is Emotionally Focused Couple Therapy (EFCT). EFCT is an integrative approach combining systemic, humanistic, and adult attachment theory perspectives, developed in the early 1980s by Johnson and Greenberg (Javidi, 2013). Given the central role of emotions in attachment theory, this therapy emphasizes the crucial role of emotional experiences and emotional communications in organizing interaction patterns and considers emotions as agents of change. The use of adult attachment theory provides a coherent framework for understanding the nature of adult love (Johnson & Talitman, 1999). EFCT, as an emotion-focused treatment method, has gained considerable attention among family therapists. It is a process-oriented and integrative approach, focusing on both internal and external processes, combining experiential, systemic, and attachment-based techniques to expand emotional responses and interaction cycles between couples. EFCT is a short-term and structured therapy aimed at improving distressed relationships by modifying attachment styles, transforming dysfunctional interaction cycles, and creating a safe emotional bond, ultimately leading to better emotion regulation, behavioral control, greater marital adjustment, and satisfaction.

Researchers conceptualize spiritual and religious beliefs as a cognitive schema that helps reduce discrepancies between actual goals and aspirational goals. This conceptualization allows for the integration of religious and spiritual psychology concepts with the methodological approaches of contemporary cognitive psychology. The process of activating a religious or spiritual schema does not differ from the general processes of activating other cognitive schemas (Margolin et al., 2006). In cognitive psychology, a self-schema consists of a set of fully automatic, organized, and structured beliefs or knowledge about one's intentions and abilities stored in long-term memory, establishing criteria for effectively regulating attention, concentration, encoding, storage, and retrieval of information, and it strongly associates with other system components such as physiology and emotions (Roemer & Orsillo, 2003). One of the principles of mindfulness is to

enhance internal awareness, achieved through scanning and reviewing bodily reactions, emotions, and cognitive schemas (Kabat-Zinn, 2003). In mindfulness-based therapy with activation of spiritual-Islamic schemas, Islamic concepts such as dhikr (remembrance), prayer, supplication, gratitude, trust in God, faith, and piety are conceptualized as schemas. Since these concepts are rooted in innate and heartfelt beliefs and possess cognitive, emotional, and behavioral components (Young, 2013), their activation during threat appraisal and situational evaluations can promote inner peace and reduce situational anxiety. Moreover, integrating mindfulness with the activation of these schemas enhances conscious awareness and facilitates the processing of schema-based information, promoting personal growth and flourishing.

Ultimately, given the multiple challenges faced by parents of children with disabilities and their adverse effects on resilience, self-control, and marital adjustment, the present study investigates and compares the effectiveness of mindfulness-based therapy with activation of spiritual-Islamic schemas and Emotionally Focused Couple Therapy on these variables. This research aims to identify the best therapeutic approach for improving the quality of life of parents, enhancing their psychological health, and strengthening their marital relationships. In doing so, this study not only addresses gaps in the existing research literature but also provides valuable insights for policymakers and mental health professionals. Therefore, in this research, the effectiveness of Emotionally Focused Couple Therapy and mindfulness-based therapy with activation of spiritual-Islamic schemas on resilience, self-control, and marital adjustment in couples with a child with disabilities will be compared.

2. Methods and Materials

2.1. Study Design and Participants

This study was of a quasi-experimental type and utilized a non-equivalent group design (experimental and control) with pretest–posttest–follow-up assessments. The statistical population included all couples with a child with intellectual, physical-motor, or combined intellectual and physical-motor disabilities, who were supported by the State Welfare Organization and had active case files at the Positive Life Welfare Services Center in Khansar. These participants were residents of Khansar County in 2022.

The study sample was selected using purposive sampling, based on specific inclusion and exclusion criteria. Inclusion

criteria were: a minimum education level of a high school diploma, age between 30 and 60 years, and informed consent to participate in the study. Exclusion criteria included the presence of psychological disorders requiring immediate treatment (e.g., symptoms of psychosis or substance dependence). Among the 293 families with a child with disabilities registered in the Khansar Positive Life Welfare Services Center (code 10708), 138 families resided in rural areas, and 155 in urban areas. Among the urban residents, 100 families with a child not classified as having a severe disability were informed about the project. After screening based on eligibility, 48 parents meeting the inclusion criteria were randomly selected and assigned into two experimental groups and one control group, with 16 individuals in each group. For experimental and quasi-experimental studies, a minimum of 15 participants per group is recommended.

After sample selection, the participants were informed about the study's purpose, therapeutic sessions, and objectives. They were also advised that participation in the sessions was entirely voluntary and based on their personal willingness, with no obligation to attend.

2.2. Measures

2.2.1. Resilience

This scale consists of 25 items that measure the construct of resilience using a five-point Likert scale ranging from 0 (not true at all) to 4 (true nearly all the time), with total scores ranging from 0 to 100. Preliminary psychometric studies confirmed the reliability and validity of the scale in both clinical and non-clinical samples (Rahimi et al., 2022). Mohammadi (2005) validated the scale in an Iranian sample of 248 individuals, reporting a Cronbach's alpha of .89 and a construct validity score of .87 using factor analysis. Further reliability testing by Kordmirza Nikouzadeh (2009) reported a Cronbach's alpha of .90 (Rahimi et al., 2022).

2.2.2. Self-Control

The Self-Control Scale (SCS) is a self-report instrument developed by Tangney, Baumeister, and Boone (2004), consisting of 36 items rated on a five-point Likert scale from "not at all like me" to "very much like me." Some items are reverse-scored. Higher scores indicate greater self-control. In norming studies, Tangney et al. (2008) reported Cronbach's alphas of .83 and .85 across two separate samples. In Iran, Aryanpour, Shahabizadeh, and Bahrinian (2014) assessed the reliability of the SCS among graduate

students and found a Cronbach's alpha of .87. Internal consistency of the items was also reported to be high (Ebrahimi Moghaddam & Vahedi, 2015).

2.2.3. Marital Adjustment

Developed by Spanier (1976), this instrument assesses marital adjustment between spouses or cohabiting partners through 32 items. Factor analysis indicates that the scale measures four dimensions: imarital satisfaction, marital cohesion, marital consensus, and expression of affection. Scores range from 0 to 151, with scores above 101 indicating higher marital adjustment. Spanier reported a Cronbach's alpha of .96 for the total score. Construct validity was established through comparison with the Locke-Wallace Marital Adjustment Test, showing correlations of .86 among married participants and .88 among divorced individuals. The scale also demonstrated concurrent validity through its correlation with Locke-Wallace scores (Moein et al., 2011). Subscale reliabilities were also strong: marital satisfaction (.94), cohesion (.81), consensus (.90), and affection (.73) (Mohammadi et al., 2021).

2.3. Interventions

2.3.1. Mindfulness-Based Intervention with Activation of Spiritual-Islamic Schemas

In the first session, participants were introduced to one another and to the group structure, including the session rules and expectations, followed by the administration of the pretest. The second session focused on familiarizing participants with the concept of mindfulness and spiritual-Islamic schemas (e.g., dhikr, du'a, tawassul, gratitude, trust in God, faith, piety). Participants practiced body scanning, breath awareness, and mental focusing while being introduced to the seven foundational attitudes of mindfulness. In the third session, participants explored their relationship with God and discussed marital conflicts, reflecting on their own roles and using Islamic concepts to reframe their behaviors, supported by scriptural references and mindfulness practices. In the fourth session, members discussed prophetic models of marital behavior, focusing on imitation, piety, and divine mandates in marriage, and were assigned daily spiritual tasks including mindfulness-supported dhikr. The fifth session emphasized love and obedience to the Imams, with reflections on sacred spaces and their calming influence, paired with practicing the mindfulness skill of "letting go." In the sixth session,

participants explored the Islamic concepts of forgiveness ('afw, safh, ghufrān), their emotional effects, and were encouraged to practice forgiving their spouses daily. The seventh session taught patience, delayed gratification, and gratitude, encouraging participants to list and review daily blessings, while incorporating meditative patience in conflict resolution. The final session was dedicated to reviewing and integrating learned skills, peer feedback, and administering the posttest.

2.3.2. Emotionally Focused Couple Therapy

The first session was dedicated to establishing rapport with the couple, introducing the EFCT framework, and identifying signs of marital burnout and expectations. In the second session, couples were individually assessed for commitment, with attention to attachment traumas and unspoken issues, followed by examining daily interaction cycles. The third session focused on identifying dysfunctional attachment patterns and fostering openness and emotional expression. The fourth session marked the beginning of emotional reconstruction, expanding emotional experiences and facilitating the couple's acceptance of their negative cycles. In the fifth session, deeper emotional engagement around attachment needs was achieved, helping partners to connect more meaningfully. The sixth session encouraged self-expansion in the relational context, enabling couples to embrace vulnerability and explore new ways of

connecting. The seventh session aimed to activate change, promoting new, engaged interaction patterns and clearer communication of needs. In the eighth session, couples sought new solutions to longstanding issues, restructured damaging patterns, and reinforced positive interaction dynamics. The ninth session emphasized transferring therapeutic gains to daily life, building secure attachment and narrative coherence. Finally, the tenth session consolidated progress, compared early dysfunctional patterns with new adaptive ones, and concluded with the posttest.

2.4. Data Analysis

The data collected through the questionnaires were analyzed using SPSS version 24. Both descriptive and inferential statistics (repeated measures ANOVA) were employed.

3. Findings and Results

Table 1 presents the means and standard deviations of the three variables—resilience, self-control, and marital adjustment—at the three stages of measurement (pre-test, post-test, and follow-up) across the three groups. Both intervention groups showed an increase in mean scores from pre-test to post-test, which were largely sustained during follow-up. The control group demonstrated minimal fluctuation over time.

Table 1

Descriptive Statistics of Psychological Measures (M and SD)

Group	Variable	Pre-Test M (SD)	Post-Test M (SD)	Follow-Up M (SD)
Mindfulness-Based	Resilience	51.75 (8.82)	58.63 (10.55)	59.13 (7.23)
Emotion-Focused		49.75 (9.69)	59.50 (9.56)	62.50 (7.28)
Control		50.75 (7.55)	49.50 (7.57)	51.25 (9.71)
Mindfulness-Based	Self-Control	107.00 (17.89)	119.25 (23.09)	120.50 (21.56)
Emotion-Focused		107.50 (16.06)	127.50 (23.32)	127.00 (19.04)
Control		107.50 (18.29)	106.00 (19.35)	108.50 (20.75)
Mindfulness-Based	Marital Satisfaction	20.63 (5.55)	24.88 (3.72)	24.25 (4.61)
Emotion-Focused		19.13 (4.67)	29.50 (4.93)	28.25 (5.16)
Control		20.00 (4.95)	19.50 (7.39)	21.25 (7.41)
Mindfulness-Based	Marital Cohesion	22.38 (3.59)	27.50 (3.90)	27.25 (4.55)
Emotion-Focused		22.00 (4.84)	27.50 (3.90)	27.88 (4.41)
Control		20.63 (3.63)	19.63 (4.96)	20.63 (4.88)
Mindfulness-Based	Marital Agreement	16.13 (2.96)	23.75 (3.49)	24.75 (3.00)
Emotion-Focused		19.50 (4.16)	27.75 (4.55)	27.13 (3.50)
Control		17.00 (2.63)	15.00 (4.50)	16.50 (4.82)
Mindfulness-Based	Affection Expression	20.13 (2.78)	25.38 (3.56)	27.25 (3.42)
Emotion-Focused		23.13 (5.26)	28.00 (3.43)	27.75 (3.09)
Control		20.50 (4.35)	19.00 (6.37)	20.88 (7.52)

According to Table 1, the Mindfulness-Based group showed an increase in mean resilience scores from 51.75 (SD = 8.82) at pre-test to 58.63 (SD = 10.55) at post-test and 59.13 (SD = 7.23) at follow-up. A similar pattern was observed in the Emotion-Focused group, which showed an increase from 49.75 (SD = 9.69) at pre-test to 59.50 (SD = 9.56) at post-test and 62.50 (SD = 7.28) at follow-up. The control group, however, showed negligible changes across these phases.

In terms of self-control, the Mindfulness-Based group improved from a mean of 107.00 (SD = 17.89) at pre-test to 119.25 (SD = 23.09) at post-test and 120.50 (SD = 21.56) at follow-up. The Emotion-Focused group showed even greater gains, from 107.50 (SD = 16.06) at pre-test to 127.50 (SD = 23.32) at post-test and 127.00 (SD = 19.04) at follow-up. The control group remained relatively unchanged.

For marital satisfaction, the Mindfulness-Based group improved from a mean of 20.63 (SD = 5.55) to 24.88 (SD = 3.72) and then slightly declined to 24.25 (SD = 4.61). In the Emotion-Focused group, scores rose from 19.13 (SD = 4.67) to 29.50 (SD = 4.93), and slightly decreased to 28.25 (SD = 5.16). The control group scores remained around 20.

In all other marital adjustment subcomponents—including marital cohesion, agreement, and affection expression—both intervention groups showed consistent and notable improvements, while the control group either remained stable or showed slight deterioration.

To statistically examine the effects of the interventions, a mixed ANOVA with one within-subject factor (assessment phase) and one between-subjects factor (group) was conducted.

Table 2

Mixed ANOVA for Resilience and Self-Control Using Greenhouse-Geisser Correction

Variable	Source	SS	df	MS	F	Sig.	η^2
Resilience	Time	1849.75	1.68	1102.74	31.87	.001	.52
	Time \times Group	115.75	1.68	69.01	1.99	.15	.06
	Between Groups	13.50	1	13.50	0.07	.79	.00
Self-Control	Time	5679.00	1.94	2924.58	13.83	.001	.32
	Time \times Group	264.33	1.94	136.13	0.64	.53	.02
	Between Groups	620.17	1	620.17	0.75	.39	.02

As shown in Table 2, the within-subjects effect of time was statistically significant for both resilience and self-control ($p < .05$), indicating significant changes over time across all participants. However, the interaction effect

between time and group was not significant for these variables, suggesting that while improvements occurred, the differences between the two intervention groups were not statistically significant.

Table 3

Mixed ANOVA for Marital Adjustment Components Using Greenhouse-Geisser Correction

Variable	Source	SS	df	MS	F	Sig.	η^2
Marital Satisfaction	Time	1013.25	1.29	785.96	28.44	.001	.49
	Time \times Group	181.75	1.29	140.98	5.10	.02	.15
	Between Groups	135.38	1	135.38	4.02	.04	.12
Marital Cohesion	Time	609.25	1.85	328.87	27.31	.001	.48
	Time \times Group	4.08	1.85	2.20	0.18	.82	.01
	Between Groups	0.17	1	0.17	0.01	.94	.00
Marital Agreement	Time	1376.58	1.34	1024.20	60.08	.001	.67
	Time \times Group	10.75	1.34	8.00	0.47	.55	.02
	Between Groups	253.50	1	253.50	3.71	.03	.10
Affection Expression	Time	648.58	1.35	481.92	32.74	.001	.52
	Time \times Group	29.08	1.35	21.61	1.47	.24	.05
	Between Groups	100.04	1	100.04	3.83	.06	.11

As observed in Table 3, statistically significant within-subject effects were found for all marital adjustment

components ($p < .05$), indicating improvement across time. The interaction between time and group was only

statistically significant for marital satisfaction ($p = .02$), with Emotion-Focused Therapy showing a greater increase than the Mindfulness-Based approach. The between-group difference in overall marital satisfaction was also significant ($p = .04$), favoring the Emotion-Focused approach.

Follow-up Bonferroni tests revealed that both treatment groups experienced significant improvements in resilience, self-control, and marital adjustment from pre-test to post-test and from pre-test to follow-up ($p < .05$). However, no significant differences were found between post-test and follow-up, indicating that the effects of the interventions were maintained over time.

In conclusion, both interventions were effective in improving resilience, self-control, and marital adjustment. Emotion-Focused Couple Therapy demonstrated a greater impact specifically on marital satisfaction, whereas the Mindfulness-Based intervention rooted in Islamic spiritual schemas provided consistent gains across all measured variables.

4. Discussion and Conclusion

The present study aimed to compare the effectiveness of mindfulness-based therapy with the activation of spiritual-Islamic schemas and Emotionally Focused Couple Therapy (EFCT) on resilience, self-control, and marital adjustment in couples with a child with disabilities. The results of the study align with prior findings (Connolly-Zubot et al., 2020; Harrington et al., 2021; Osoro et al., 2022). Data analysis revealed that mindfulness-based therapy incorporating the activation of spiritual-Islamic schemas significantly improved resilience, self-control, and components of marital adjustment in these couples.

Recently, cultural clinical psychology has increasingly focused on the impact of cultural factors in the emergence and treatment of psychological disorders. Research has shown that culture—including religion, race, and ethnicity—not only influences the manifestation of disorders but also affects therapeutic approaches. Effective counseling is possible within the cultural framework and ethical values of the society. Consequently, there is growing interest among psychologists in emphasizing religion for mental health and psychological treatment. Advocates argue that faith in God provides individuals with spiritual strength, aiding them in enduring life's hardships and shielding them from the anxiety and worry that afflict many people today. William James, a pioneer in this field, asserted that faith is the most effective treatment for anxiety, adding that it offers

a crucial support for human life, while the absence of faith signals a person's vulnerability to life's adversities.

When religious and spiritual beliefs are integrated into psychiatric treatments in a way that aligns with patients' values, therapeutic outcomes are enhanced. Participants in spiritually integrated mental health programs have shown significant increases in forgiveness, gratitude, compassion, and life acceptance, along with reductions in negative thought patterns, egocentrism, judgmental attitudes, and improved self-esteem. Participants have also reported better mood, reduced anxiety and depression symptoms, greater mental clarity, and improved interpersonal relationships. The mindfulness-based protocol developed for this study is rooted in Islamic teachings, drawing from verses of the Qur'an, hadiths, and narratives. It emphasizes the shared concepts between Western mindfulness and Islamic spirituality. Within this protocol, Islamic elements such as dhikr (remembrance), du'a (prayer), tawassul (intercession), gratitude, trust in God, faith, and piety are conceptualized as schemas. These concepts, which originate from innate and heartfelt beliefs and contain emotional and behavioral components, when activated in times of threat or situational evaluation, can foster inner peace and reduce anxiety. Moreover, combining mindfulness with the activation of these schemas facilitates schema processing and enhances resilience and self-control.

A central assumption in cognitive models of emotional disorders is that negative emotions such as anxiety, anger, or sadness are not caused directly by events but by individuals' interpretations and expectations. Beck (1976) argued that in anxiety-inducing situations—such as parenting a child with a disability—individuals often overestimate the threat, triggering automatic anxiety responses. Cognitive models of emotional disorders identify three levels of cognitive disturbance: (1) negative automatic thoughts; (2) dysfunctional assumptions and rules; and (3) core beliefs. Mindfulness-based therapy with the activation of spiritual-Islamic schemas helps patients regulate emotions and reappraise cognitions, replacing irrational attitudes and maladaptive behaviors with realistic thinking, efficacy, and positive emotional responses, thereby reducing psychological distress in couples affected by having a child with disabilities.

Various studies show that prayer may positively impact individual health, even though the evidence is limited but statistically significant. As West (2000) states, encouraging religious clients to engage in prayer is beneficial, functioning as a therapeutic homework assignment between

sessions. Anecdotal reports from therapists indicate that clients often welcome such interventions. In the present study, participants were encouraged to recite spiritual practices and prayers found to be therapeutically beneficial for them. In Islam, the concept of a faithful person aligns with increased resilience, self-control, and marital compatibility. Thus, activating the motivational aspects of Islamic schemas during anxiety-provoking situations can offer behavioral alternatives that reduce stress.

This protocol activates beliefs such as “God is always with me,” “One who has God as a supporter fears no worldly power,” and “The source of calm is within me, so I need not fear others' judgment.” Repeating comforting prayers and invocations counters anxiety-inducing schemas, thereby fostering calm and enhancing resilience, self-control, and marital adjustment. Therapists using this approach help each partner build greater capacity for attachment, intimacy, and commitment, guiding couples to explore their past and understand initial conflicts more clearly. This effectiveness is likely due to the combined impact of mindfulness and schema activation. By expanding coping strategies, mindfulness empowers couples with a child with disabilities to enhance resilience and self-control.

Overall, sessions based on mindfulness with schema activation encouraged couples to engage constructively with each other rather than avoid conflict, spend more time together, and communicate with greater awareness and intimacy. Data analysis revealed that the null hypothesis was rejected, confirming the effectiveness of EFCT in increasing resilience, self-control, and marital adjustment in these couples. This is supported by prior research, including Johnson and Talitman (1999), who found that EFCT significantly enhanced relational bonding among distressed couples (Johnson & Talitman, 1999). Similarly, Mohammadpanah et al. (2023) demonstrated that 13 EFCT sessions improved attachment injuries and increased forgiveness and marital satisfaction among treated couples (Mohammadpanah et al., 2023). Findings from Nakouei et al. (2019), Rahimi et al. (2022), and Boromand Rad (2020) also indicate that EFCT results in enduring improvements in intimacy and adjustment (Boromand Rad, 2020; Nikooei et al., 2019).

Modern experiential approaches emphasize the importance of emotions, viewing them as inherently adaptive. Bowlby and other emotion theorists maintain that emotions communicate needs and identify optimal response times—especially for interpersonal engagement. Recent experiential theorists suggest that emotions help individuals

interpret their environment, classify experiences, and regulate responses. EFCT therapists guide couples in identifying, expressing, and reshaping emotional responses, leading to new patterns of interaction and disruption of negative cycles such as demand-withdraw or blame-avoid. EFCT incorporates methods from structural, person-centered, Gestalt, and systems approaches, integrating attachment theory to enhance relational dynamics.

EFCT's integrative nature strengthens both intra- and interpersonal processes, helping couples recognize unconscious influences and develop secure attachments. Hendricks' imagery model posits that people unconsciously recreate parent-child conflicts in adult relationships; EFCT teaches couples to seek and enjoy intimacy rooted in unity.

Attachment theory suggests that secure emotional bonds form the foundation of marital satisfaction. As in childhood, unavailability or unresponsiveness in adult partners results in distress and dissatisfaction. EFCT aims to restructure these interactions to create a secure emotional bond. It does not focus on teaching communication skills directly, as such skills are ineffective without emotional safety. Instead, it builds the foundational safety needed for such skills to flourish.

EFCT facilitates processing of difficult emotional experiences. By reflecting clients' emotions and deepening their insight, therapists help clients verbalize and integrate previously inaccessible emotional experiences. This reflection process validates clients' experiences, deepens self-awareness, and enhances the therapeutic alliance, creating a safe emotional environment. Emotional expression in therapy helps uncover neglected or ambiguous aspects of experience and strengthens interpersonal connections.

In summary, EFCT views emotional expression and secure attachment as essential to transforming dysfunctional interaction patterns. The goal is to reveal core emotional needs and create new, more adaptive relational responses. In couples therapy, this promotes intimacy, emotional safety, and mutual understanding. Attachment and experiential theories converge in viewing unmet needs—not the needs themselves—as the root of distress. Recognizing and validating these needs is central to EFCT.

Overall, EFCT focuses on changing relational patterns and coping styles, emphasizing that relationship distress results from failed emotional sharing and unresolved attachment needs. The therapy facilitates positive emotional exchanges and constructive conflict resolution. Thus, it can

be concluded that EFCT effectively enhances interpersonal relationship quality in couples.

During sessions, individual differences in participation and engagement were observed, which is noted as a limitation. The study relied solely on questionnaires for data collection and did not include interviews due to practical constraints. It is recommended that mindfulness-based therapy with activation of spiritual-Islamic schemas, as a culturally appropriate integrative approach, significantly enhances resilience and self-control and should be adopted by psychologists, counselors, and family specialists.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

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

Transparency Statement

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

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

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