



Comparison of the Impact of Structural Family Therapy and Cognitive Behavioral Therapy on the Marital Satisfaction of Couples Seeking Divorce in Minoodasht in 1401-1402

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Abstract

Background: Marital conflict is a major predictor of divorce, often resulting in emotional distress and reduced relationship satisfaction. Cognitive-Behavioral Therapy (CBT) and Structural Family Therapy (SFT) are widely used interventions to improve marital relationships. This study aimed to assess and compare the effectiveness of CBT and SFT in enhancing marital satisfaction among conflicted couples seeking divorce.

Methods: Thirty couples referred to a judiciary counseling center in Minoodasht who met the inclusion criteria participated in this quasi-experimental study with a pretest-posttest design and two intervention groups. The ENRICH Marital Satisfaction Scale was administered before and after the interventions. Each group received eight sessions of either CBT or Minuchin's SFT. Changes in marital satisfaction scores were analyzed to evaluate the effects of both therapies.

Results: Both groups showed significant improvements in marital satisfaction after the interventions. However, there was no statistically significant difference between the two approaches, indicating that CBT and SFT were comparably effective in improving marital satisfaction.

Conclusions: CBT and SFT both significantly and similarly enhance marital satisfaction among conflicted couples seeking divorce. These findings support the application of either approach in counseling settings for couples experiencing marital distress.

Keywords: Cognitive behavioral therapy, Structural family therapy, Marital satisfaction, Divorce.

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Introduction

Marital conflicts and challenges are among the fundamental issues in contemporary social life. These difficulties are not limited to occasional disagreements but often develop into persistent patterns of dissatisfaction, hostility, and poor communication, which can negatively influence both partners' psychological well-being and the stability of family life. Such conflicts may gradually weaken emotional bonds, increase stress levels, and reduce overall marital satisfaction, ultimately leading to divorce¹. Divorce itself has been widely recognized as a major social and psychological problem, with adverse consequences not only for the couple but also for children and society as a whole. Hence,

the prevention of divorce and the promotion of healthier marital relationships have become critical priorities for researchers and practitioners in the fields of psychology, family studies, and counseling.

Given the prevalence of marital discord, there is an urgent need for effective therapeutic strategies that can address these challenges. Two major approaches that have received considerable attention in the literature are Structural Family Therapy (SFT)² and Cognitive Behavioral Therapy (CBT)³. Each of these methods is grounded in distinct theoretical perspectives and provides unique mechanisms for reducing marital distress and improving relationship quality.

SFT, a well-established approach in counseling and psychotherapy, focuses on examining family dynamics and patterns of interaction to identify and modify dysfunctional or maladaptive communication styles⁴. Family members often rely on interactional patterns that are reinforced by their mutual expectations. Depending on the dynamics of the family system, members may assume different levels of authority, interdependence, or complementary roles. When such structures become unbalanced, marital and family problems frequently emerge, particularly in cases of enmeshed or disengaged boundaries⁵. Boundaries, which serve as invisible but powerful regulatory mechanisms, may range from rigid and restrictive to overly permeable. Both extremes have been associated with relational dysfunctions and emotional distress⁶.

On the other hand, CBT is a structured, short-term, and often cost-effective therapeutic method that has been widely applied in the treatment of psychological and relational problems⁷. CBT is based on the premise that distorted beliefs, ineffective coping strategies, and negative emotional states play a central role in the development and persistence of interpersonal and intrapersonal difficulties⁸. By challenging maladaptive cognitions and fostering more constructive behavioral responses, CBT has demonstrated efficacy in reducing distress and enhancing relationship satisfaction across different populations.

Although many studies have examined the independent effects of either CBT or Minuchin's SFT on improving marital relationships, very little empirical research has focused on directly comparing these two therapeutic models, particularly among couples actively seeking divorce. This represents a significant gap in the existing literature. Understanding the



comparative effectiveness of these approaches is essential for tailoring interventions to the specific needs of couples in severe distress and for providing practitioners with evidence-based guidance. Therefore, the present study aims to evaluate and compare the effects of SFT and CBT on improving marital satisfaction in couples who are seeking divorce.

Materials and Methods

Study design and methodology: This study employed a quasi-experimental pretest–posttest design with two intervention groups and was conducted at the judicial counseling center in Minoodasht during 2022–2023. The study population consisted of couples pursuing divorce proceedings and attending pre-divorce counseling at the designated center.

Inclusion and exclusion criteria: Eligibility was determined according to predefined criteria. Inclusion criteria were: (1) willingness to participate and provide informed consent, (2) attendance at pre-divorce counseling at the center, and (3) absence of active psychotic disorders. Exclusion criteria included: (1) concurrent enrollment in other counseling programs or (2) voluntary withdrawal from the study. Thus, individuals with psychotic disorders were excluded at the outset of recruitment.

Sampling procedure: Participants were recruited through convenience sampling from eligible applicants who attended the counseling center during the study period. Based on prior studies reporting medium-to-large effect sizes for couple therapy interventions and using a statistical power of 0.80 with $\alpha=0.05$, a target sample of 60 couples was determined. A total of 60 couples (dyads) meeting the inclusion criteria were enrolled in the study and subsequently divided into two intervention groups: SFT and CBT, with 30 couples assigned to each group. Assignment was done based on availability and scheduling considerations rather than randomization. Moreover, due to ethical and logistical constraints at the judicial counseling center, random assignment was not feasible. Couples were assigned to therapy groups based on scheduling and availability to avoid delaying mandatory counseling sessions. This approach maintained participant welfare while allowing balanced group formation.

Pre-test and measurement instrument: Before the intervention, participants completed the ENRICH Marital Satisfaction Scale (47-item abbreviated version). This scale evaluates nine dimensions of marital relationships and is scored on a 5-point Likert scale (1=strongly disagree; 5=strongly agree). Higher scores indicate greater marital satisfaction, with total scores broadly categorized into levels ranging from severe dissatisfaction to exceptional satisfaction. Subscale scores were also analyzed separately. The Persian version of the ENRICH scale has been validated in Iran, with Cronbach's alpha

coefficients ranging from 0.74 to 0.94 across different studies, supporting acceptable psychometric properties.

Intervention: Both the SFT and CBT groups received eight therapeutic sessions conducted by trained therapists. Interventions were delivered according to standardized treatment protocols appropriate for couples experiencing marital conflict and divorce-related issues. Each session lasted approximately 90 minutes and focused on therapeutic goals consistent with the selected model (either CBT or SFT).

Post-test: At the conclusion of the intervention, participants in both groups again completed the ENRICH Marital Satisfaction Scale as a post-test measure to assess changes in marital satisfaction following therapy.

Data analysis: Data were analyzed using SPSS version 27, with the significance level set at $P\text{-value}<0.05$. Paired t-tests were used to compare pre- and post-test changes within each group. Between-group differences were examined using Analysis of Covariance (ANCOVA) after verifying homogeneity of variance with Levene's test, while controlling for baseline scores as covariates.

Results

A total of 60 couples participated in the study, with a mean age of 31.0 ± 3.2 years. All participants completed both the pre-test and post-test assessments, and no dropouts occurred during the intervention period.

The mean overall ENRICH Marital Satisfaction scores for the SFT group showed a notable increase, rising from 116.73 ± 5.63 before the intervention to 135.86 ± 4.79 after the intervention. This improvement indicates that participation in SFT sessions had a positive effect on the couples' marital relationships throughout the counseling process.

To evaluate changes in marital satisfaction, paired t-tests were performed to compare pre- and post-intervention scores. The results demonstrated a statistically significant improvement in overall marital satisfaction following the SFT sessions ($P\text{-value}<0.001$), indicating that the therapy substantially enhanced the participants' relationship quality.

Significant improvements were also observed across several ENRICH subscales, including communication, financial management, leisure activities, sexual relations, and religious orientation. Each of these domains showed significant positive changes ($P\text{-value}<0.05$), suggesting that SFT effectively promoted healthier communication, improved financial and leisure management, strengthened sexual relations, and enhanced religious or spiritual harmony among couples. These findings highlight the beneficial role of SFT in improving multiple aspects of marital satisfaction (Table 1).

Table 1. Comparison of ENRICH marital satisfaction test criteria in pre-test and post-test for the structural family therapy group

Index	Pre-test Mean±standard deviation	Post-test Mean±standard deviation	T-value	Effect size	Statistical significance
Personality	2.33±0.16	2.53±0.13	1.361	0.80	0.184
Communication	2.06±0.16	2.60±0.16	3.117	0.93	0.004
Conflict resolution	2.20±0.12	2.46±0.13	1.861	0.78	0.073
Financial management	2.43±0.18	3.20±0.12	4.323	0.97	<0.001
Leisure time	2.30±0.19	2.83±0.16	2.570	1.1	0.016
Sexual relationship	2.56±0.17	3.03±0.13	2.379	1.07	0.024
Marriage and children	2.83±0.13	3.10±0.10	1.861	0.78	0.073
Family and friends	2.43±0.13	2.70±0.12	1.610	0.90	0.118
Religious orientation	2.93±0.15	3.30±0.08	2.626	0.76	0.014
Overall score	116.73±5.63	135.86±4.79	4.341	24.14	<0.001

In the CBT group, the mean overall score on the ENRICH Marital Satisfaction Scale was 116.73±5.73 at pretest and increased to 126.45±5.62 at posttest. This indicates a meaningful improvement in marital satisfaction following the CBT intervention.

To examine the changes more closely, paired t-tests were conducted for the total score as well as for each ENRICH subscale, including communication, conflict resolution, financial management, sexual relations, and emotional intimacy.

The analyses revealed statistically significant improvements across all subscales (P-value<0.001). While the overall marital satisfaction score showed a clear positive change, the most notable gains were observed in

communication, conflict resolution, emotional intimacy, and sexual satisfaction. These areas represent core components of a healthy and fulfilling marital relationship.

These findings suggest that CBT effectively enhances multiple dimensions of marital satisfaction. By addressing negative thought patterns and maladaptive behaviors, CBT helps couples develop healthier communication strategies, manage conflicts more constructively, and strengthen both emotional and physical intimacy. The significant improvements observed across ENRICH subscales highlight the utility of CBT in fostering positive changes in marital dynamics and supporting overall relationship quality. These results provide robust evidence that CBT is a valuable intervention for couples seeking to enhance their marital satisfaction (Table 2).

Table 2. Comparison of the ENRICH marital satisfaction test scores in pre-test and post-test in the cognitive behavioral therapy group

Index	Pre-test Mean±standard deviation	Post-test Mean±standard deviation	T-value	Effect size	Statistical significance
Personality	2.33±0.16	2.70±0.16	2.26	0.76	0.01
Communication	2.06±0.16	2.80±0.16	5.835	0.86	<0.001
Conflict resolution	2.20±0.12	2.60±0.14	4.026	0.72	<0.001
Financial management	2.43±0.18	2.33±0.12	3.525	0.84	<0.001
Leisure time	2.30±0.19	3.00±0.16	2.796	0.95	<0.001
Sexual relationship	2.56±0.17	3.16±0.13	2.796	0.93	<0.001
Marriage and children	2.83±0.13	3.20±0.10	2.796	0.71	<0.001
Family and friends	2.43±0.13	2.80±0.13	2.164	0.92	0.03
Religious orientation	2.93±0.15	3.36±0.08	3.067	0.77	<0.001
Overall score	116.73±5.37	141.70±5.37	7.409	18.45	<0.001

To compare the effects of SFT and CBT on the indices of the ENRICH Marital Satisfaction Scale, ANCOVA was performed. Prior to conducting ANCOVA, Levene's test was applied to confirm the assumption of homogeneity of variances, which was satisfied for all subscales.

The results of the univariate ANCOVA, controlling for pretest scores, are presented in Table 3. This analysis allowed for the comparison of post-intervention ENRICH scores between the SFT and CBT groups while accounting for baseline differences, providing insight into the relative effectiveness of the two therapeutic approaches.

Table 3. Results of the univariate analysis of covariance for comparing the mean scores of the enrich marital satisfaction test indices in the two groups: structural family therapy and cognitive behavioral therapy

		Type III sum of squares	Degrees of freedom (df)	Mean squares	F	Significance level (p-value)	Effect size	Statistical power
Personality	Pre-test effect	12.35	1	12.35	27.71	<0.001	0.36	1.00
	Group effect	0.41	1	0.41	0.93	<0.001	0.32	0.99
Communication	Pre-test effect	11.26	1	11.27	18.51	<0.001	0.24	0.98
	Group effect	0.60	1	0.60	0.98	0.32	0.00	0.16
Conflict resolution	Pre-test effect	7.22	1	7.22	15.00	<0.001	0.24	0.96
	Group effect	0.26	1	0.26	0.55	0.46	0.20	0.97
Financial management	Pre-test effect	7.07	1	7.07	19.77	<0.001	0.25	0.96
	Group effect	0.26	1	0.26	0.74	0.39	0.72	1.00
Leisure time	Pre-test effect	10.23	1	10.26	15.38	<0.001	0.21	0.97
	Group effect	0.41	1	0.38	0.62	0.43	0.01	0.12
Sexual relationship	Pre-test effect	3.37	1	3.37	6.94	0.01	0.10	0.73
	Group effect	0.26	1	0.26	0.54	0.46	0.01	0.11
Marriage and children	Pre-test effect	2.23	1	2.23	8.34	<0.001	0.12	0.81
	Group effect	0.15	1	0.15	0.56	0.45	0.01	0.11
Family and friends	Pre-test effect	1.37	1	1.37	2.63	0.11	0.04	0.35
	Group effect	0.15	1	0.15	0.28	0.59	0.00	0.08
Religious orientation	Pre-test effect	2.93	1	2.93	16.20	<0.001	0.22	0.97
	Group effect	0.06	1	0.06	0.36	0.54	0.00	0.09
Overall score	Pre-test effect	24507.05	1	24507.05	67.64	<0.001	0.54	1.00
	Group effect	510.41	1	510.41	1.40	0.24	0.02	0.21

Based on the ANCOVA results, after adjusting for pretest scores, both CBT and SFT had a statistically significant effect on the overall ENRICH Marital Satisfaction Scale scores (P -value<0.05). However, the effect size of the pretest scores was larger than that of the group effect, indicating that baseline marital satisfaction had a stronger influence on post-intervention outcomes than the type of therapy. This suggests that while both interventions positively impacted marital satisfaction, there was no significant difference between the two groups in overall posttest scores.

When examining the ENRICH subscales, the personality subscale was influenced by both group assignment and pretest scores. The effect sizes for group assignment and pretest scores were 0.33 and 0.36, respectively, highlighting the potential influence of additional confounding factors. A post-hoc LSD test comparing the adjusted posttest scores for the personality subscale between the SFT and CBT groups revealed no statistically significant difference (P -value=0.33), indicating that both therapies had similar effects on this dimension of marital satisfaction.

In summary, both SFT and CBT significantly improved marital satisfaction scores, particularly for the overall scale, but no significant differences were observed between the two interventions after controlling for pretest scores. While certain subscales, such as personality, were affected by both baseline scores and therapy type, no meaningful statistical differences were detected between the groups on these indices.

Discussion

The present study examined the effectiveness of SFT and CBT in improving marital satisfaction among couples seeking divorce counseling. The findings indicate that both therapeutic approaches were effective in enhancing overall marital satisfaction, with improvements observed across multiple dimensions of marital life such as communication, financial management, leisure activities, and sexual relationships.

Importantly, the comparative analysis showed no significant difference between SFT and CBT in terms of their overall effectiveness. This suggests that while each therapy employs different mechanisms of change—SFT through restructuring family dynamics and relational boundaries, and CBT through modifying maladaptive thoughts and behaviors—both approaches are capable of producing substantial improvements in marital satisfaction. The similarity in outcomes highlights the flexibility available to clinicians in selecting an intervention based on client preferences, therapist expertise, or contextual considerations, rather than the strict superiority of one method over the other.

These findings are consistent with prior research. For instance, Ghiassi et al.¹³ and Hosseinpour et al.¹⁵ reported significant improvements in marital satisfaction following CBT-based interventions, supporting its effectiveness in addressing relational conflicts. Likewise, Siahpoush et al.¹⁴ demonstrated the positive effects of CBT not only on marital

satisfaction but also on broader family health. Parallel evidence for the benefits of SFT comes from Ashouri et al.¹⁶, who documented significant increases in marital satisfaction among women participating in counseling programs. The present study extends this body of evidence by comparing SFT and CBT in a divorce-seeking population—a context that has received limited empirical attention.

The novelty of this study lies in addressing couples at a critical stage of their marital trajectory—those actively considering divorce. Interventions at this stage may play a preventive role, offering an opportunity to restore marital satisfaction before dissolution occurs. By demonstrating that both CBT and SFT can be beneficial in this population, our findings suggest that divorce counseling programs may integrate either approach with confidence in their effectiveness.

While our results showed significant improvements in marital satisfaction across both SFT and CBT, some studies report more modest or nonsignificant effects under certain conditions. For example, Seyyedmoharrami et al.¹⁷ found no statistically significant difference between SFT and solution-focused therapy in a sample of married women, although both interventions improved marital satisfaction relative to controls. In another domain, couple-based interventions among women with cancer yielded mixed results: some studies showed no change in marital satisfaction when using non-theory-based approaches¹⁸. These inconsistencies may be due to differences in sample characteristics (e.g., women only vs. couples, health conditions), intervention format (group vs. couple therapy), delivery modality (online or brief sessions), cultural context, and follow-up duration.

This study has several limitations. First, because group allocation was not randomized, certain uncontrolled variables—such as motivation level, previous therapy experiences, or the severity of marital problems—may have influenced the results. Second, the study was conducted in a single counseling center in Minoodasht, which may limit the generalizability of findings to other populations or cultural contexts. Third, the relatively modest sample size may have reduced the statistical power to detect subtle differences between the two interventions. Fourth, reliance on self-report measures such as the ENRICH scale raises the possibility of response bias. Finally, the study assessed only short-term outcomes, and it remains unclear whether improvements in marital satisfaction are sustained over the long term.

Despite these limitations, the study provides meaningful contributions. The findings suggest that both CBT and SFT are effective options for enhancing marital satisfaction among couples on the verge of divorce. Practically, this implies that counselors in judicial or family counseling settings may confidently use either approach, tailoring the choice to client preference or therapist expertise. From a research perspective, future studies should employ larger and more diverse samples, include long-term follow-up assessments, and consider mixed-methods designs to capture deeper insights into the therapeutic process.

Conclusion: In light of the growing global concern about rising divorce rates and the urgent need for sustainable marital interventions, this study examined the comparative efficacy of SFT and CBT in improving marital satisfaction using a quasi-

experimental design. Both approaches significantly enhanced overall marital satisfaction and its key dimensions, with no discernible superiority between the two methods. These findings highlight the value of evidence-based interventions in addressing marital dissatisfaction, fostering relational harmony, and mitigating the risk of divorce.

The results underscore the importance of tailoring therapeutic approaches to the unique dynamics of each couple in order to optimize outcomes. By advancing the understanding of SFT and CBT's impact on marital satisfaction, this research not only provides a foundation for future studies but also emphasizes a critical call to action: practitioners and policymakers should prioritize the development and dissemination of long-term, context-sensitive therapeutic strategies that strengthen relationships and promote marital well-being.

Ethical Considerations

All participants received anonymized identification codes consisting of alphanumeric combinations unrelated to personal identifiers. These IDs were used in all datasets, reports, and analyses to ensure confidentiality and data security. Written informed consent was obtained after providing detailed information about study objectives, voluntary participation, and withdrawal rights. Ethical approval was obtained from the Research Ethics Committee of Golestan University of Medical Sciences (IR.GOUMS.REC.1403.132).

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Conflict of Interest

The authors hereby declare that there are no conflicts of interest related to this study. This includes financial, personal, or institutional relationships that could inappropriately influence or bias the research, its findings, or its interpretation. The study was conducted independently and without any external influences that could compromise its scientific integrity.

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