

Role of Childhood Trauma, Cognitive Fusion, and Emotional Expression Styles in the Prevalence of Spousal Abuse

Corresponding Author:

Mahtab Shahhosseini

Master's degree, Department of Clinical Psychology, Garmsar Branch, Islamic Azad University, Garmsar, Iran

Article Received: 21- May-2025, Revised: 11-June-2025, Accepted: 01-July-2025

ABSTRACT:

This study aimed to assess the role of childhood trauma, cognitive fusion, and emotional expression styles in the prevalence of spousal abuse among married women. The research method is descriptive, correlational. The statistical population includes all married women abused by their spouses in Garmsar city, referred to clinics and crisis intervention centers in Garmsar city in 2025. Through a convenient method, 150 married women were selected and asked to answer the Bernstein et al. (1988) Childhood Trauma Questionnaire, Gillanders et al. (2010) Cognitive Fusion Questionnaire, and King and Emmons (1990) Emotional Expression Styles Questionnaire. Pearson correlation and multivariate regression in SPSS23 software were used to analyze the data. The results showed that there is a significant and negative relationship between the variables of childhood trauma and emotional expression ($r=-0.32$), defusion ($r=-0.43$), and negative emotional expression ($r=-0.31$), and there was a significant and positive relationship between the other variables and emotional expression. Besides the variables studied, predicted 0.36 changes in emotional expression. The need for planning and training to create a supportive condition to reduce harm in different kinds to family members is recommended.

Keywords: *Childhood trauma, cognitive fusion, emotional expression styles, spousal abuse.*

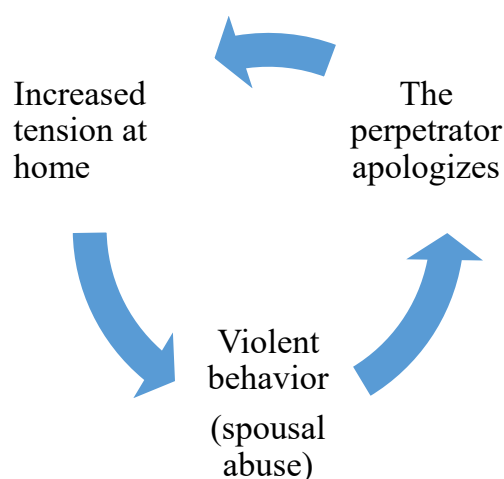
INTRODUCTION:

The family is a basic unit in society that has the highest intensity, depth, and breadth of relationships and interactions of any other unit. The family is thought to be an institution of intimacy, friendship, and security that provides comfort to its members. It helps us cope with the adversities of life and challenges. A family is a group of people related to each other directly (by blood) or indirectly (by adoption) and who live together for an indefinite period (Johann et al., 2020). Among different units of a society, like institutions, organizations, and social facilities, the family has a special role and importance (Zovvareh Omid, 2023), and all studies related to the organization of society have emphasized the family and its vital importance for society. No society can claim to be healthy unless it has healthy families. In other words, all social harms have originated from the family (Khajehvand, 2024). The family can only do its functioning properly when it is not in disarray and chaos, and violence is one of the factors that threaten the health and security of the family, which can create chaos. Domestic violence against women in the family is the most common form of violence against women. The results of several studies have demonstrated that women are more likely to be beaten and killed by their husbands than anyone else (Darling-Hammand, 2020). Family violence is not a new phenomenon, but its examination as a social issue is new. In Western

countries, the attention of experts has been drawn to this phenomenon for about thirty years. Currently, in Iran, there are some social problems related to the family, including the problem of runaway girls, the increase in suicide and self-immolation among women, and the increase in divorce and family violence (Alizadeh, 2019).

Violence has been a human experience throughout history. Domestic violence, in particular, can affect people's lives from adolescence to old age. All religions, including Islam, have prohibited any kind of verbal and behavioral violence and abuse against women (Jafarpour, 2019). Islam has recommended pure love and forgiveness towards women. In Islamic traditions, "beating and injuring" is not only conduct unbecoming and a cause of eternal punishment for the beater, but is also considered part of the issues related to "atonement," that is, a fine that the beater must pay to the victim based on the amount of injury he has caused. In families where violence occurs, all family members are affected in some way. People who have experienced violence are more likely to visit the healthcare system due to physical and emotional complications, so employers in this system play an important role in identifying and treating victims of violence (Sohrabi, 2019). Investigating the prevalence of spousal abuse is complicated cause it is difficult for victims to talk about violence; when reporting violence, they re-experience past negative emotions

and experience stigma from society and even health employers (Bahrami et al., 2021). In a study conducted in Iran, the prevalence of physical spousal abuse was reported to be 28.05% during cohabitation and 19.2% during the past year. Only 25% of women who sought treatment for physical injuries resulting from domestic violence stated that the injuries were caused by their partner's violent behavior. One in four women who visit the emergency room has visited due to physical injuries or illnesses resulting from domestic violence. One in three battered women suffers a head injury, which is potentially dangerous. Physical spousal abuse was reported for 36% of women who visited a gynecology and obstetrics clinic in Tehran (Naiery, 2019). Domestic violence usually includes a specific cycle: 1. Gradual increase in tension at home. 2. The occurrence of spousal abuse. 3. The perpetrator apologizes and assures the victim that the violence will not be repeated. However, after a while, the tension starts again with greater intensity, and the cycle repeats (Naiery, 2019).



The cycle of domestic violence:

Cognitive fusion, known as excessive and undesirable regulation of behavior, is based on verbal processes in a way that the individual cannot separate the verbally conceptualized and evaluated world from the directly and real experienced world. For example, instead of experiencing only anger, we become angry, we hate anger, and we wish we did not experience anger. However, these responses make us more involved with our emotions, and we struggle more to avoid them (Hayes, Luoma, Bond, Masuda, and Lillis, 2016). In other words, in cognitive fusion, individuals are influenced by their thoughts as if they were completely real, causing behavior and experience to dominate other sources of behavioral regulation, and the individual becomes less sensitive to direct consequences (Lydia et al., 2020).

A person with a long history of interpersonal disapproval may never be able to eliminate the thought that “no one loves me,” but if he/she could be able to let go of this negative self-talk and thought, their seclusiveness will decrease and their depression will

not worsen. The goal is to help clients identify the hidden features of language that lead to fusion so that they can create distinguish between the thought and the thinker and recognize internal events as they are, which ultimately leads to a better acceptance process (Hayes and Lillis, 2020). Brent (2020) believes that cognitive fusion occurs on a spectrum of high fusion to cognitive defusion, for example: I am depressed (highly fusion), I feel depressed (somewhat fusion), I am getting depressed (low fusion), I am currently experiencing a feeling that is commonly referred to as depression (cognitive defusion).

Suffering occurs when people believe the literal content of their minds so strongly that they become fused with their cognitions. A person in a fused state cannot distinguish consciousness from cognitive narratives because each thought and the thing the thought refers to are intimately connected (Gallego et al., 2020). This combination means that a person is likely to blindly follow the instructions that are socially transmitted through language. In some situations, this outcome can be adaptive; but in many others, people may choose to engage in repetitively ineffective sets of strategies because those strategies seem right or appropriate to them, despite their real-world consequences. People whose cognitive contents are fused are likely to ignore direct experience and become relatively unaware of environmental influences (Hosseini et al., 1991). Often, people enter therapy because of the emotional exhaustion resulting from such consequences, while hoping that their symptoms will be reduced (Farhadi, 1991). But they have no intention of changing their basic perspective, because their perspective is uncertain in terms of efficacy. In other words, they are captive to a set of rules that originate in their minds. These rules are not randomly organized, but at the content level, these rules follow specific cultural guidelines about personal health and what is best to achieve. At the process level, these rules are implicitly based on the assumption that subjective rules and volitional problem solving are the best option or may be considered the only way to solve the problem (Hayes, Strossall, and Wilson, 2020).

On the other hand, early trauma alters the developmental trajectory of the brain, in the same way that growing up in a fearful and neglectful environment can alter brain circuitry. The younger the person is exposed to such an experience, the more profound the effects will be. The process of developing identity in adulthood can be challenging even for those who have had a secure and nurturing childhood, and it is even more difficult for those who have experienced traumatic experiences. As a result, identity development in some individuals is hampered by developmental delays and the consequences of trauma in adulthood (including substance abuse, eating disorders, depression, behavioral problems, and communication difficulties) (Wali et al., 1993). If developmental trauma remains unresolved, the individual will see their identity as a survivor and will

be repeatedly harmed and deprived of growth-oriented experiences in their interactions with others due to their efforts to maintain security. In such a situation, the individual will identify with the “injured self.” People with developmental trauma distance themselves from the world around them at an early stage and even become separated from themselves during childhood, adolescence, and early adulthood, only realizing this when it is too late (Abdollahzadeh et al., 2022). Another variable is emotional expression. Everyone needs this emotional function to be completely themselves and make good decisions. Emotional regulation problems can lead to impulsive decisions and prevent the formation of healthy relationships with others (Akhavan et al., 2022). Besides, a person may experience emotional numbness or, conversely, feel any emotions, or the person may only be able to experience a very limited range of numbness or feel his emotions. For example, he may only be able to feel vague emotions such as disappointment and boredom, or, if he feels dissatisfied with something, he is likely to ignore this feeling until his anger explodes. In addition, it is possible that the person's ability to experience only negative emotions, such as self-loathing, will be limited. As a result, the person will avoid anything or anyone who has a positive opinion about him/her, and will feel embarrassed if someone thanks him/her, because he/she does not know how to deal with compliments, or will feel suspicious when faced with expressions of kindness and kindness from others. The person may even create an unreal identity for himself/herself and act artificially and awkwardly in the presence of others (Junke, 2022). All of this will create problems in personal relationships, since healthy emotions are necessary for establishing intimacy and making correct decisions, and can hinder progress. An identity with these emotions, although constructive and necessary for growth, can be very challenging and accompanied by fear and difficult experiences (Ashrafi et al., 2023). On the other hand, violence against women or spousal abuse is not a new issue, but has a long history and is one of the serious problems of all contemporary societies. However, one of the common characteristics of violence against women around the world is that it is hidden in most cases; in other words, women do not talk about their lives full of violence until they are completely helpless. Studies demonstrate that violence and abuse against spouses is a common phenomenon in many countries of the world and is considered a serious social problem. The level of violence against women in all countries is worrying, even in developed countries that have enacted strong laws to prevent violence (Holts, 2017). Spousal abuse is more common than it seems. Domestic violence against women is a global phenomenon. About 1 to 4 million women are abused by their partners each year; 47 percent of them have been beaten at least three times a year (National Center for the Study of Women, 2019).

The main problem is that we are not trained to recognize when our self-talk is constructive and when it is not. We have also not developed the skill to switch from a problem-solving state fused with the mind to a descriptive state of the mind. Minds are incredible when it comes to inventing new tools, creating business plans, or organizing daily schedules. But minds are not useful in learning to be present at the moment, learning to love, or uncovering the complexities of personal history. Verbal knowledge is not the only knowledge. We must learn to use our analytical and evaluative skills to increase our effectiveness and use other forms of knowledge. Given that spousal abuse has undesirable social, family, and medical consequences and is considered an obstacle to growth, and respecting human rights is also mandatory, it is necessary to identify the factors that prevent this social and family institution from developing naturally and disobeying divine commands. Because identifying and understanding the diversity of complexities that contribute to spousal abuse is an important factor in providing appropriate suggestions and applying more correct methods in prevention and treatment.

MATERIALS AND METHODS:

The research method is descriptive and correlational. The statistical population includes all married women abused by their spouses in Garmsar city, referred to clinics and crisis intervention centers in 2025. By the convenience sampling method, 150 married women were selected.

Cognitive Fusion Questionnaire: This questionnaire, presented by Gillanders et al. (2010), contains 13 questions with two subscales of fusion and defusion and is based on a 7-point Likert scale from "never true" to "always true". Gillanders et al. (2010) designed this questionnaire based on personal and clinical experiences and a background that described the concept of cognitive fusion. This 44-item scale was administered to a group of 425 individuals, and in the results of factor analysis, its number was reduced to 28 items. Finally, in an experimental process using factor analysis and Cronbach's alpha, the cognitive fusion scale was reduced to 13 items. Zare (2014) investigated the standardization of Gillander's Cognitive Fusion Scale in 379 students of Payam Noor University (Shiraz University and Medical Sciences Universities of Shiraz, Jahrom, and Fasa) in Fars Province. Cronbach's alpha coefficient for two subscales of fusion and defusion was 0.76 and 0.85, respectively, and the total scale was 0.77. Factor loading of 0.50 was considered as a criterion, and item (13) was removed from the questionnaire due to its factor loading of less than 0.50, thus 12 items remained.

Childhood Trauma Questionnaire: This questionnaire was designed by Bernstein et al. (1988) and was adjusted in the final version of 34 items. The items are answered on a five-point Likert scale from "never" to "always", and five subscales of physical abuse,

emotional abuse, physical neglect, emotional neglect, and sexual abuse are assessed. The reliability of the CTQ has been reported in the range of 0.79-0.94 using two test-retest methods and Cronbach's alpha.

Emotional Expressiveness Questionnaire: This questionnaire was designed by King and Emmons (1999) to investigate the role of emotional expression in health and welfare generally. This questionnaire has three subscales and 16 items. Its subscales are: positive emotional expression (7 items), intimacy expression (5 items), and negative emotional expression (4 items). Items 1 to 7 relate to the positive emotional expression subscale, items 8 to 12 to the intimacy expression subscale, and items 13 to 16 to the negative emotional expression subscale. The response range for each item is 7 points and ranges from "strongly agree" to "strongly disagree", which was limited to a five-point Likert scale to facilitate answering from "strongly agree" (score of 5) to "strongly disagree" (score of 1). Of course, for items 7, 8, and 9, the scoring method is reversed due to the negative direction of the items

expressing emotion, meaning that the answer "completely agree" is given a score of 1 and "completely disagree" is given a score of 5. Based on this scoring method, an individual's total score will vary from 16 to 80. A higher score indicates higher emotional expressiveness. The validity of this scale was examined by Rafi'inia (2006) using the internal consistency method and Cronbach's alpha coefficient, and results were reported as 68.65, 0.59, and 0.68 for the subscales of positive emotional expression, intimacy expression, and negative emotional expression, respectively. King and Emmons (1990) calculated Cronbach's alpha coefficient for the aforementioned scales and subscales as 70.74, 0.63, and 0.67, respectively. In Iran, Rafi'inia (2006) examined the validity of this scale using the internal consistency method and reported Cronbach's alpha coefficients as 68.0, 65.0, 59.0, and 0.68, respectively. Reliability was also calculated using the test-retest method as 0.79, 0.81, 0.78, and 0.80, respectively.

RESULTS:

Table 1 - Descriptive statistics indicators (mean, SD)

Variable	Mean	SD
Childhood trauma	43.88	16.86
Cognitive fusion	23.29	4.77
Fusion	16.09	4.012
Fault	18.05	5.10
Expressing positive emotion	23.46	5.04
Expressing emotion-sincerity	19.51	3.75
Negative emotion expression	18.45	3.18
emotion expression	76.79	17.20

The mean and standard deviation of the variables were shown in Table 1; the highest mean is related to emotional expression, 76.79, and the lowest mean is related to fusion, 16.09.

Table 2- Correlation matrix of research variables in the research sample (N = 150)

Variable	1	2	3	4	5	6	7	8
Childhood trauma	1							
Cognitive fusion	0.057	1						
Fusion	-0.15*	0.31**	1					
Fault	0.32**	0.25**	0.33**	1				
Expressing positive emotion	0.11	0.22**	-0.16**	-0.15*	1			
Expressing emotion-sincerity	-0.19**	0.15**	-0.30**	-0.31**	0.31**	1		
Negative emotion expression	0.15*	0.20**	-0.26**	0.17**	0.81**	0.30**	1	
emotion expression	-0.22**	0.17**	-0.43**	0.28**	0.64**	0.26**	-0.31**	1

There is a significant and negative relationship between childhood trauma variables and emotional expressiveness ($r=-0.32$), defusion ($r=-0.43$), and negative emotional expression ($r=-0.31$), and there is a significant and positive relationship between other variables and emotional expression.

Table 3: Wife and Tolerance test and Durbin-Watson test to investigate the assumption of collinearity and independence of error variables

Predictive factor	Criteria	Tolerance index	Variance Inflation Index (VIF)	Watson camera
Childhood trauma	Emotional expressiveness	0.67	1.48	1.97
Cognitive fusion		0.65	1.51	
Fusion		0.67	1.48	
Fault		-0.13	7.19	
Expressing positive emotion		-0.24	4.039	
Expressing emotion-sincerity		-0.19	5.27	
Negative emotion expression		-0.82	1.21	

To examine the assumption of independence of the errors of the predictor and criterion variables, the Durbin-Watson index is used. If the value of the Durbin-Watson index is in the range of 0-4, it indicates that the assumption of independence of the variable errors is met ($0 < \text{Durbin-Watson} < 4$). The value of the Durbin-Watson index was 1.97 (Table 3); considering that the observed value is in the desired range, it can be concluded that the assumption of independence of the errors of the variables is met.

Source of changes	Sum of squares	Degrees of freedom	Mean squares	F	Significance level (p-value)
Regression	20361.29	7	2908.75	20.8	0.0001***
Error	32429.43	143	13978		
Total	52790.73	150			

Multiple linear regression test (Table 4) shows that the predictor variables can predict emotional expressiveness ($p < 0.001$, $F_{(339, 3)} = 88.36$). Also, the square of the multiple correlation coefficient ($R^2 = 0.38$) shows that the predictor variables can explain 38 percent of the changes in emotional expressiveness. To examine the predictive power of each of the predictor variables, the regression coefficients of the predictor variables are reported in Table 5.

Table 5- Standardized regression coefficient (β) of predictor variables in predicting emotional expressiveness

Predictor variables	Regression coefficients B	SE	Standardized regression coefficients β	t	Significance level (p-value)
Constant value (a)	-1.63	9.12		-0.17	0.85
Childhood trauma	1.12	0.19	-0.36	5.77	0.0001***
Cognitive fusion	0.54	0.23	0.14	2.32	0.021*
Fusion	-1.34	0.18	0.46	-7.37	0.0001***
Fault	0.19	0.26	-0.10	0.74	0.45
Expressing positive emotion	0.13	0.19	0.07	-0.71	0.47
Expressing emotion-sincerity	0.092	0.21	0.051	-0.43	0.66
Negative emotion expression	0.34	0.10	-0.18	-3.24	0.0011**

$p < 0.0001$ *** $p < 0.01$ ** $p < 0.05$ *

The results (Table 5) shows that childhood trauma ($p < 0.001$, $t = 5.77$, $\beta = -0.36$), defusion ($p < 0.05$, $t = 2.32$, $\beta = -0.14$), and negative emotional expressiveness ($p < 0.01$, $t = 3.24$, $\beta = -0.18$) are negative and significant predictors of emotional expressiveness.

DISCUSSION AND CONCLUSION:

The role of childhood trauma, cognitive fusion, and emotional expressiveness styles in the occurrence of spousal abuse among married women referring to clinics and crisis intervention centers in Garmsar city was investigated. The results of this study are consistent with the research of Walton-Moss et al.

(2018), Mac Kabi et al. (2019), and Akbari et al. (1400). In the study of Kumar et al. on women in urban and rural areas of India, was reported that 40% of women's mental health disorders are due to spousal abuse and require therapeutic intervention. The impact of violence is not limited to the victim alone, but spreads "radially" throughout society, affecting other

individuals, organizations, institutions, and ultimately, the entire society, creating a phenomenon called "circulation of violence" that perpetuates violence in society. A very important feature of violent acts is the phenomenon of perpetuation of violence. According to the National Welfare Report (2002), 70 percent of child abuse is committed by parents and sometimes by stepmothers, 66 percent by men, and 25 percent is related to families with divorce and violence. Domestic violence has caused a large number of deaths in the family, and especially a large number of infants have been killed by their parents. People who have faced abuse in the family may be more likely to be seen as victims of violence in adulthood than ordinary people. This means that they will still witness and tolerate violent acts in completely different circumstances than they were in the previous ones. On the other hand, the possibility that people subjected to violence themselves will also become perpetrators of violence is very high. Therefore, as a result of violence in the family, there is a high probability that individuals will become both victims and perpetrators of violence. Existing solutions to solve this social problem, namely men's violence against women and its consequences, are not effective. Therefore, a more fundamental approach should be sought, and the sources of inequalities should be identified.

In a study by Thomas et al. (2018) among 38 women referring to health centers, the most common known disorders resulting from domestic violence were anxiety, depression, and addiction or substance abuse. On the other hand, it seems that the expression of emotion can play a role in the occurrence of spousal abuse. Emotions and feelings are of great importance in personal and family life. Bogat et al. (2019) in Taiwan also studied the impact of domestic violence and social violence on women and reported that women's mental health disorders are only related to the experience of childhood trauma and domestic violence. In this study on the effects of domestic violence, among the ten dimensions, the highest mean score was assigned to anxiety, obsession, depression, and physical complaints, respectively. One way to deal with this dilemma is to express positive emotions in a safe family and interpersonal environment and receive appropriate responses from the other members. This will bring family members closer and increase understanding. One of the most important factors in strengthening the foundation of the family is that couples can express their feelings and opinions in an active and free dialogue, and believe that the other party listens to their words and understands them. Couples should understand the feelings of each other, whether positive or negative. Therefore, if there are conditions and an atmosphere in the marital relationship where couples can freely express their emotions and feelings, emotional discharge occurs, and listening and understanding this emotional discharge causes suppressed feelings in relationships to be minimized and instead, the expression of positive

emotions to be maximized, which in turn increases interest, intimacy, and a happy life for the couple.

Perhaps the persistence of violence in non-cultural structures is also a result of the cultural structure that forces people and society to accept these forms of violence instead of protesting against them. At the same time, the author emphasizes that violence against women is not specific to developing countries or Muslim societies, and in the most developed countries of the world, women and children also suffer from the consequences and complications of violence, especially in family life, and physical, sexual and psychological abuse not only endangers their well-being, mental health and emotional balance, but also faces various economic, cultural and service problems for governments. Numerous theoretical and empirical data show that the most important factor in the normalization of violence in families is the lack of power of women over men and their dependence on men. Therefore, increasing women's power is the most important factor in confronting and stopping men's violence. Despite all the problems of studying the phenomenon of family violence in the past and present, at least in the United States since the 1980s, numerous studies have been conducted under the title of the justification stage. With the increase in research, many efforts have been made to advance research methods, but the fundamental problems arising from the nature of this phenomenon still exist.

The main problems related to the study of family violence lie in the two concepts of family and violence. In most cultures and societies, marriage and family represent a (private) environment, and strangers, especially researchers, have no way to enter it. Many characteristics and relationships within the family are considered private, and there is no desire to talk about them in front of others. Private issues include income, how children are raised, or religion. Although there is little desire to answer these questions, if sufficient care is taken in formulating the questions, it is possible to obtain an appropriate answer. Questions related to sexual relations (behavior) and the presence of violence in the family are usually accompanied by negative reactions from members. These concepts exist in the family environment, away from the eyes of others and researchers, and there is no desire to express and explain them.

If a person has grown up in a family during childhood where the basic needs of the child, namely love, security and freedom, have been met, and the family conditions are such that the child feels comfortable and has grown up in a happy environment, in adulthood he/she will also communicate with others according to this healthy communication pattern of the original family. Therefore, a person with a secure attachment communicates with others, especially his or her family and spouse, in a way that is based on his or her secure attachment style. If such behavior is present, a constructive relationship is created, which in turn increases intimacy between couples, solves problems through dialogue and constructive communication, and

ultimately, we will witness a happy life. Because the community under study was a community of abused women, and since it seems that due to the conservative thinking style that exists in this population, this group of study group did not answer questions related to childhood trauma. Another point to consider is that our society is dominated by a culture in which people still cannot easily talk about love and affection. Even in a questionnaire that was prepared in a written and indirect manner and no one's name was revealed, individuals were conservative in providing information, which is due to incorrect upbringing.

REFERENCES:

1. Abdollahzadeh Rafi, Mehdi, Mohammadi, Hanieh, Mohammadi, Masoumeh, and Rafiei Baldaji, Mohaddeseh. (2022). The Relationship between Mother's Psychological Flexibility in Parenting and Adolescent Depression. *Pediatric Nursing*, 8(3), 8-15. SID. <https://sid.ir/paper/1011860/fa>
2. Akbari, Akram; Monirpour, Nader; Mirzahosseini, Hassan. (2022). The effectiveness of parent-centered play therapy on aggression and symptoms of oppositional defiant disorder. *Child Mental Health (Child Psychology)*, 8(1), 126-140.
3. Akhavan, Shiva; Abedi, Ahmad; Ameli, Sheida. (2022) The effectiveness of play therapy with a filial therapy approach on social behavior and self-control of elementary school children with slow cognitive rhythm. *Quarterly Journal of Developmental Psychology*, 18(72), 313-329.
4. Alizadeh, Mohammad Reza (2019). The Effect of Emotion Regulation on Happiness and Rumination in Abused Spouses. *Iranian Journal of Psychiatry and Clinical Psychology*, 12 (3).
5. Ashrafi Oskoui, Zahra; Alizadeh Birjandi, Zahra; Soltani Kouhbanani, Sakineh (2023). The effectiveness of attachment-based therapy on improving the parent-child relationship, reducing internalized problems, and improving emotional intelligence in children with anxiety disorders. Master's thesis in general psychology. Hakim Toos Institute of Higher Education, Department of Psychology.
6. Bahrami Mashouf, Razieh, Ahmadi, Sedighe, and Rasouli, Mohsen. (2023). The mediating role of emotional expressiveness in the relationship between cognitive emotion regulation strategies and marital satisfaction in female teachers. *Women and Family Studies*, 10(3), 32-52. doi: 10.22051 / jwfs.2022.30614.2374.
7. Bogat. R (2019) Conceptualizing Romantic Love As An Attachment Process, *Journal Of Personality And Social Psychology*, 59, 270-280.
8. Center For Women's Studies (2019), *Workplace Violence Prevention And Protection Of Victims*.
9. Darling-Hammond, L., Flook, L., Cook-Harvey, C., Barron, B., & Osher, D. (2020). Implications for educational practice of the science of learning and development. *Applied Developmental Science*, 24(2), 97-140.
10. Farhadi, Mehran, Shadkam, Soudeh, Zoghi Paydar, Mohammad Reza, and Mohagheghi, Hossein (2022). The Mediating Role of Experiential Avoidance and Cognitive Fusion in the Relationship Between Childhood Trauma and Social Anxiety. *Journal of Modern Psychological Research*, 17(67), 197-207. doi: 10.22034 / jmpr.2022.15316.
11. Gallego A, McHugh L, Villatte M, Lappalainen R. (2020) Examining the relationship between public speaking anxiety, distress tolerance and psychological flexibility. *Journal of Contextual Behavioral Science*.16,128–133
12. Ghahari, Shahrbanoo; Panaghi, Lili., Atif Waheed, Mohammad K., Zarei Dost, Elham., Mohammadi, Alireza. (2008) Mental Health Of Spouse Abuse Victims. *Journal Of Gorgan University Of Medical Sciences*, Volume 8, Number 4, 20,58-63 Consecutively.
13. Gillanders, D., Bolderston, H., Bond, F. W., Dempster, M., Flaxman, P. E., Campbell, L., Kerr, S., Tansey, L., Noel, P., Ferenbach, C., Masley, S., Roach, L., Lloyd, J., May, L., Clarke, S., & Remington, B. (2014). The development And Initial validation Of The Cognitive Fusion Questionnaire. *Behavior Therapy*, 45(1): 83101.
14. Hayes, S. C, Strosahl, K. D & Wilson, K. G. (2020). *Acceptance And Commitment Therapy: The Process And Practice Of Mindful Change*. The Guilford Press: New York London.
15. Hayes, S. C., & Lillis, J. (2016). *Acceptance And Commitment Therapy*. Washington, DC: American Psychological Association.
16. Hayes, S. C., Luoma, J., Bond, F., Masuda, A., & Lillis, J. (2016). Acceptance And Commitment Therapy: Model, Processes, And Outcomes. *Behaviour Research And Therapy*, 44, 1–25.
17. Holtz (2017) Worth-Munro A, Smulzler N, Bate L, Sandion E. An Overview Of research On Couple Violence :What Do We Know About Male Batterers Their Partners, And Their

- Children Psycho Therapy In Practice.12(3):7-23.
18. Hosseini, Simin, Nouripour, Roghieh, Soleimani, Esmail, Abdollahi, Abbas and Ilanlou, Hossein. (2022). The effectiveness of mindfulness on flexibility and parent-child interactions in mothers with children with attention deficit hyperactivity disorder. *Empowerment of Exceptional Children*, 13(1), 79-90. doi: 10.22034 / ceciranj.2022.297703.1571
 19. Jafarpour Hassan, Akbari Bahman, Shakerinia Iraj, Asadi Mejreh Samareh. Comparing the effectiveness of emotion regulation training and mindfulness on improving rumination in mothers with children with mild intellectual disability. *Child Mental Health Quarterly*. 2020; 7 (4): 76-94
 20. Johann, V., Konen, T., & Karbach, J. (2020). The unique contribution of working memory, inhibition, cognitive flexibility, and intelligence to reading comprehension and reading speed. *Child Neuropsychol*, 26(3), 324-344.
 21. Juhnke GA, Hagedorn WB. (2022) Counseling Addicted Families: An Integrated Assessment And Treatment Model.
 22. Khajeh Vand Shima, Bahreinian Seyed Abdul Majid, Nasri Maryam, Shahabizadeh Fatemeh (2024). The effectiveness of mentalization-based therapy and parent-child relationship-based therapy on executive functions and anxiety symptoms in anxious children. *Quarterly Journal of Cognitive Psychology*. 12 (1): 91-105
 23. Lydia E. Hayward, Lenny R. Vartanian, Cassandra Kwok, Jill M. (2020). Newby, how might childhood adversity predict adult psychological distress? Applying the Identity Disruption Model to understanding depression and anxiety disorders, *Journal of Affective Disorders*. 265, 112-119.
 24. Mac Kabi (2019) Study Finds Community Work Linked To Happiness. Htt: //Archive. Nandotimes.... / 0.2107, 50004587722-500698037-50374788-0, 00. Html? Printe
 25. Mokhtari, Mohsen (2016). The correlation of childhood maltreatment with emotional divorce: The mediating role of attachment styles, early maladaptive schemas and difficulty in emotion regulation. *Journal of Health Promotion Management*, No. 6, pp. 57-49.
 26. Nayyeri, Gholam (2019). The mediating role of relational attributions and non-constructive conflict resolution strategies in the relationship between attachment styles and marital quality among abused spouses. *Journal of Contemporary Psychology*, 7 (2): 14-3.
 27. Sohrabi, Katayoun (2019). Spouse Abuse in the Health System. *National Student Conference on Social Factors Affecting Health*.
 28. Thomas. K (2018) Love And Commitment In Romantic Relations And Friendship. *Personality And Social Psychology*, 81(2), 247-264.
 29. Valiie Zohreh, Zemestni Mehdi, Arasteh Farnoosh (2024). Psychological flexibility and cognitive integration in mothers of children with and without specific learning disorders: A causal-comparative study. *Psychiatry*. 12 (4): 25-35.
 30. Walton-Moss BJ, Manganello H, Fyye V, Campbell JC, (2018) .Risk Factor For Intimate Partner Violence And Associated Injury Among Urban Women. *Journal Community Health*, 30:377-389.
 31. Zare, Hossein. (2014). Normalization of the Gillanders Cognitive Fusion Scale based on the Bohrnstat model. *Social Psychology Research*. 4 (15): 17-28.
 32. Zovvare Bamdad, Shadi, Azmoudeh Masoumeh, Kashfi Mehr Babak, Mesrabadi Javad. (2023). The effectiveness of positive resilience training and mentalization-based training in improving emotional self-regulation and parent-child interaction in mothers of mentally retarded children. *Psychiatric Nursing*. 2013; 11 (6): 87-100.