



**Comparison of Cognitive Emotion Regulation, Differentiation and Mental Health  
Among Married Women With High and Low Marital Satisfaction, in Ahwaz Azad  
University**

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**Fatemeh Rastegar<sup>1</sup>, Saeed Bakhtiarpur<sup>1\*</sup>**

**1 Department of Psychology, Ahvaz Branch, Islamic Azad University, Ahwaz, Iran**

**\*Corresponding author: saeedb81@yahoo.com**

**ABSTRACT**

The purpose of this study was to determine the comparison of cognitive emotion regulation, differentiation and mental health among married women with high and low marital satisfaction, Ahwaz Azad university. A sample of 200 married women was selected by stratified random sampling. Instruments used in this research were Inrich marital satisfaction questionnaire, Garnowsky cognitive-emotional regulation, Skuron and Friedlander differentiation, and Goldberg and Hiller's mental health. This research is causal-comparative. The findings showed that married women with high marital satisfaction have a higher emotional adjustment than married women with low marital satisfaction. Married women with high marital satisfaction have more differentiation than married women with lower marital satisfaction. Married women with high marital satisfaction have better mental health than married women with low marital satisfaction.

**Keywords:** Cognitive Emotion Regulation, Distinction, Mental Health, Marital Satisfaction.



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## **1. INTRODUCTION**

Marriage is one of the most important phenomena in life, and it is a close relationship between two people that can be a safe haven to deal with the difficulty of life. Proper marriage can bring about the growth and prosperity of human abilities. On the other hand, the inevitable consequences of inappropriate marriage not only cause difficulties for couples, but also the siblings of children and society (Adib Rad et al., 2011).

Succeeding in marriage is the result of a variety of factors: timely marriage, personal identities, appropriate communication practices, decision-making and conflict resolution, ideological, intellectual and practical unity, having a child and his education, having proper career opportunities, Financial and welfare can be considered among the most important factors (Afsharinia, 2009 and Zareinejad et al., 2014). Marital satisfaction is a general assessment of the status of the individual's marital relationship, and an important variable in the marital couples' narrative. High marital satisfaction is linked to the joy and pleasure of relationships between couples, which means having a good sense of marriage that can be considered a psychological position that does not arise itself, but It requires the efforts of each couple. In marital relationships, there are several factors that make married couples happy, one of which is the patterns of communication. Marital relationship is a process in which couples use verbal and non-verbal forms to exchange emotions and thoughts (Fatehizadeh and Ahmadi, 2012).

Gutman (1993), in his extensive research, divorced couples based on their communication patterns into two distinct couples and unstable couples. Stable couples include: couples, bisexual couples, and avoidant couples.

In traditional couples, the duties of men and women are completely different from one another. Family goals are preferred to individual goals. These couples live at home and in the same place, and have a regular daily routine. They exhibit a moderate level of positive and negative emotions, avoiding contradictions except in very important issues. They listen to each other and, after the end of each conflict, openly seek to satisfy and persuade The opposite is true. In couples with two genders, couples do not deal with the unmanageable division of both male and female duties, but both play both roles when



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appropriate. These couples prefer individual goals to family goals, and do not have a predetermined schedule of life. They exhibit high levels of positive and negative emotions, and prefer to negotiate and discuss long-term solutions to problems. Avoiding spells are compatible with traditional male and female sexual patterns. The tasks of men and women are completely separate and distinct. They have life skills to resolve conflicts, and each contrasts when it comes to conflict, but no one is trying to convince the opposite, and create Do not do the agreement. Their discussions are not emotional and emotional (Ebadatpur, 2010).

Unstable couples also include heterogeneous couples and free and independent couples. Incompatible couples, during the conflict, do not make constructive efforts to solve it. The relationship of these couples, with constant defiance and blame, mind-reading and defensiveness, high negative emotions, and a small positive thrill. Their interactive patterns are set aside - abandonment (Fatehizadeh and Ahmadi, 2009 and Foroughi and Esfahani, 2012). Gutman (1993) found that in all three stable couples, the ratio of interactions, and positive and negative emotions in the conflict resolution process is five to one. While this ratio is almost one-to-one in both patterns of unstable couples. As a result of stable and unstable marital relationships, both follow certain behaviors. As a result of stable and unstable marital relationships, both follow certain behaviors. In another study (Stewart 2006), he identified marital conflicts in identifying incompatible communication exchanges. He identified a number of problematic exchange patterns between couples:

**Forced exchanges:** In this exchange, one of the couples always gets a negative boost in response to the positive reinforcement that the other party finds. For example, a man is attacked and defeated in order to achieve his goal and obtain the woman's privilege, and continues so that the woman abandoned the argument and allowed the victor to give his wife. In this Exchanging, the man rewards for achieving his goal (positive reinforcement), and the woman becomes reinforced (negative reinforcement) by the fact that the man has been relieved of criticism and subjugation. But positive and negative



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reinforcement, by both sides, increases the likelihood of repeating this pattern in the future.

Withdrawal: There is only a negative boost in this exchange. In such a way that, when conflicts and couples conflict, when conflicts are very frustrating, one or both of them quit the conflict because it is free from conflict and conflict and controversy (negative reinforcement) of the rewarded. Obviously, this exchange style does not solve the problem, and couples with negative emotions end their negative exchanges (Adib Rad et al., 2011).

Cognitive-emotional regulation, as a main component of emotions, refers to the exterior, regardless of value (positive or negative), or method (facial, verbal, or physical), some individuals express their excitement freely, And without worrying about its consequences. These people have a form of excitement, a type of cognitive-emotional regulation, others tend to be inhibited in expressing emotional responses. These individuals have a cognitive-emotional setting as an emotional inhibition (Amin Abadi et al., 2011 and Antón Chávez, 2017). Distinction is the most important concept of the theory of family systems, and expresses the level of individual's ability to distinguish between rational and emotional processes from each other. In other words, to achieve a degree of emotional independence that enables a person to decide autonomously and rationally in emotional and emotional situations without drowning in the emotional atmosphere of those situations. Different people have a clear definition of themselves and their beliefs, they can choose their own way of life, and in extreme emotional situations that, in many people, lead to incurable behaviors, and take decisions that are futile, self-control Do not lose, and decide on reason and reason. In contrast, non-differentiated individuals who do not have a defined identity for themselves, move in tensions and issues between existing people along with the emotional wave of the family. As a result, chronic anxiety experiences high levels, and are susceptible to a variety of diseases (Teimuri Asficchi et al., 2012).

Physical and mental health, expansion and, ultimately, happiness and relaxation are phenomena that are realized in relation to the environment of humans, inappropriate



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functioning of institutions and economic, social, cultural, health and medical systems in a community, in direct relation to The mental and physical health of people in that community is endangering people's health, in communities where humans are affected by adverse environmental conditions such as: natural disasters (floods, earthquakes, ...), epidemic diseases, failures due to the spread of large cities (contamination Air, traffic, environment), economic injustice, war, social crises, disintegration Familial, intra-group and intra-cultural conflicts, and so on, physical and mental health can not be expected (Mafi et al., 2012). Each of the high social and natural phenomena can affect the normal life of a healthy person. , And remove it from the normal state. General health is an indicator that shows the extent of a person's ability to meet social, emotional or physical demands. Therefore, mental health should not be combined with mental illness, mental health, and the study of a person's mental condition before illness, thereby revealing the psychological health of a state of mind characterized by peace, harmony, and psychological capacity. , And is characterized by a lack of signs of disability and weakness in any psychological and physical aspect. (Alipur, 2011). Therefore, in this research, the researcher seeks to answer the question: what is the difference between cognitive emotion regulation, differentiation and mental health among married women with high and low marital satisfaction?

## **2. MATERIALS AND WAYS**

The purpose of this study was to determine the comparison of cognitive emotion regulation, and differentiation between married women with high and low marital satisfaction, Ahwaz Azad university. A sample of 200 married women was selected using stratified random sampling. The instruments used in this study were cognitive-emotional regulation questionnaire: Cognitive-emotional regulation questionnaire by Garnowsky et al. (2002), and has 36 questions and includes 5 subscales. The sub-scales of this questionnaire include admission strategies including 9 questions, recurrence planning, including 6 questions, reconsideration of 8 points, focus on thinking including 5 questions in place, including 8 questions. Each of the sub-scales of this questionnaire has 5 options (never 1 score, sometimes 2 grades, rarely 3 scores, often 4 scores and



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always 5 scores). The higher the scoring, the higher the score, the more that one's strategy is used by the individual. Research on emotional cognitive regulation strategies has shown that all of the sub-scales of this test have good internal consistency. The score of each strategy is obtained by adding the scores given to each of the phrases forming that strategy. The range of subjects' scores is between 36 and 180 for the entire test. The overall reliability of cognitive regulation of emotions by using the Cronbach's alpha coefficient was 0.91 and 0.87, respectively (Garnowski et al., 2001). Yousefi (2003), in Iranian culture, performed the test reliability in a sample of 15 to 25 year old students, and its relationship with depression and anxiety, using the Cronbach's alpha coefficient, was 0.82. The validity of the questionnaire in the study of Yusefi (2003) was examined through correlation between the scorecard of compatible and incompatible strategies, the scales of depression and anxiety scale, the questionnaire of 28 general health questions (Goldberg and Hiller, 1979), and the coefficients equal to 0/37 and 0/0001 respectively. Both coefficients were significant at the level of  $p < 0/0001$ . Peyvastegar and Heidari (2008; quoted by Nasaji Ghasemzadeh et al., 2010), Cronbach's alpha coefficient of cognitive-emotional adjustment questionnaire for non-referring teenagers to psychiatric centers ranged from 0.68 to 0.79, and for Depressed patients referring to psychiatric centers reported between 0.72 and 0.85. In the research, Jayervand et al. (2010), the reliability of all emotional adjustment cognitive strategies on a sample of 100 people with unsuccessful suicide was 0.81 and 0.82 using Cronbach's alpha coefficient. In this study, Cronbach's alpha method was used to determine the reliability of the cognitive-emotional regulation questionnaire, which is equal to 0.87 for the whole questionnaire, which indicates the desirable reliability coefficients of the questionnaire. The distinction questionnaire is: Scouron and Friedlander (1998) have been designed and have 45 questions that are used to measure individual differentiation. The focus of this tool is on important relationships of life, and current relationships with the original family. The questionnaire has four subscales of emotional responsiveness, my position, emotional escape, and intercourse with others. The questions related to each subscale are as follows:



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Emotional Reactivity: Questions 1, 6, 10, 14, 18, 21, 26, 30, 34, 38, and 40.

My Position: Questions 4, 7, 11, 15, 19, 23, 27, 31, 35, 41, and 43.

Emotional escape: Questions 2, 3, 8, 12, 16, 20, 24, 28, 32, 36, 39, and 42.

Interweaving with others: Questions 5, 9, 13, 17, 22, 25, 29, 33, 37, 44 and 45.

This questionnaire is a very useful tool for counselors and therapists, especially counselors and family and marital therapists.

Norms: The "Self-Detachment Questionnaire" was implemented in Iran by Oskuyan (2005), on a sample of 26, of high school students. The questions, which had a relatively lower correlation with the whole test, were removed from the score. These questions were 6, 18, and 28.

Scoring: The "Self-differentiation questionnaire", with a Likert scale, is graded in a range of 6 options of 1 (not at all true to me), up to 6 (quite correct in my case). On any question, a score of between 1 and 6 is awarded. Given as option 1, score 1, and option 6, score 6 is given. The maximum score for this questionnaire is 270. Questions 4, 7, 11, 15, 19, 23, 27, 31, 37, 41, and 43 are answered positively, and other questions are scored in reverse order. Less scores in this questionnaire are indications of lower levels of differentiation.

Credits: The reported Cronbach Alpha coefficient, by Scorne and Friedlander, is 0.88 for its "Distinction Questionnaire." The same alpha coefficient, reported in the Cologne-Popkop study, which was in 2004, was 0.86. In the Scythian study (2005), the Cronbach's alpha coefficient was 0.81. The alpha coefficient of this questionnaire was 0.81 in the resiliency study in tolerance research. The same coefficient was found to be 0.77 in research, and 0.90 in Khazaei and Rafie research, which gives a high reliability of this questionnaire. In this study, Cronbach's alpha method was used to determine the reliability of the mental health questionnaire, which for the whole questionnaire was equal to 0.78, which indicates the acceptable reliability coefficients of the questionnaire. Goldberg & Hiller's mental health questionnaire: this questionnaire It has 28 materials, which are made by Goldberg and Hiller (1979), by means of factor analysis, and have four scales. Measurement of physical symptoms, anxiety, depression and disorder in



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social action, and each scale has seven questions. The results of this study indicate that this questionnaire is highly reliable and reliable. The over-analysis results of 43 studies, conducted by Williams Marie, Goldberg, 1988, with a mean sensitivity of 84% and an average of 82%, were obtained. Also, the preliminary study results in Gilan (Yaghoobi Nasr and Shah Mohammadi, 1995) showed that the sensitivity of this test, in the best cutting score of 23, is 86.5% and its characteristic is 82%. The reliability and retest reliability coefficient and Cronbach's alpha in this study were 88%. One of the tools used in the study of mental health in the community and the study of ephedraemia in mental disorders is the mental health questionnaire, developed by Goldberg in 1972, and designed to identify and identify psychiatric disorders in the community, Health centers, and various situations. The primary and primary requirement of the questionnaire was 60 questions that address the mental health of a person in the last month, including symptoms of abnormal thoughts and feelings, and social behaviors. This questionnaire, frequently reconsidered, available in forms (12, 28, 30 and 60) of the question. In this research, 28 questionnaires of the health questionnaire (1981 and 28), of which 4 questions are in the subscale and each of them has 7 questions, has been used. Questions for each subscale, respectively, are behind The questions (1 to 7), related to the scale of physical symptoms, the questions (8-14), the anxiety scale, the question (15 to 21), related to the degree of social impairment, And the question (22-28) is related to the scale of depression. In this study, Cronbach's alpha method was used to determine the reliability of the mental health questionnaire, which for the whole questionnaire is equal to 0.78, which indicates the acceptable reliability coefficients of the questionnaire. Marital Satisfaction Questionnaire: Inrich's Marital Satisfaction Inventory, By Ellson (1998, quoted by Soleimanian, 1994). This questionnaire contains 47 articles. The answers to the questions of the above questionnaire, by Likert method, and in the 5th option (completely agree, agree, not agree, disagree, disagree, and completely disagree). Grades 0, 1, 2, 3, 4, and 5 are scored, scores less than 30 indicate severe dissatisfaction, 30 to 40 indicate dissatisfaction, scores ranging between 40 and 60, indicate relative and average satisfaction, scores ranging from 60 to 70, Indicates a





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high degree of satisfaction, and scores above 70, indicates a great satisfaction with marital relationships. The questionnaire has a key, in which a number of females are scored in reverse order, which are: 1, 2, 3, 5, 7, 9, 10, 17, 25, 26, 27, 28, 29, 34, 36 and 44, plus the minimum and maximum scores are 47 and 235, respectively.

Ellson (1989, quoted from Shahbazi, 2005) calculated the reliability of the marital satisfaction questionnaire by using Cronbach's alpha coefficient of 0.92, Soleymanian (1994) using the 11 married teachers of Bojnurd city 0.93. Sharifnia (2001), the reliability coefficient of the questionnaire was obtained from Cronbach's alpha of 86.6 and Ellson (1989, quoted by Amanolahi, 2005), and Cronbach's alpha coefficients of the subscales of ENRICH questionnaire were obtained from 0.48 to 0.90, All coefficients are acceptable. In this study, Cronbach's alpha method was used to determine the reliability of marital satisfaction questionnaire, which for the whole questionnaire was 0.86, which indicates the reliability of the questionnaire.

**3. FINDINGS**

Descriptive findings of this study including statistical indicators such as mean, standard deviation, for all variables studied in this study are presented in Table (1).

**Table 4-1: Mean, standard deviation of variables of cognitive emotion regulation, differentiation and mental health among married women with high and low marital satisfaction**

Number	Standard deviation	average	Highest score	Lowest score	Statistical indicators Subjects	variable
45	<b>10.83</b>	<b>126</b>	<b>135</b>	<b>42</b>	Women with low marital satisfaction	Cognitive Emotion Regulation
155	<b>13.50</b>	<b>137.66</b>	<b>157</b>	<b>56</b>	Women with high marital satisfaction	
200	12.17	131.83	157	42	Whole women	



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45	<b>5.19</b>	<b>24.83</b>	<b>31</b>	<b>16</b>	Women with low marital satisfaction	Emotional cognitive regulation, in the field of admission
155	<b>4.57</b>	<b>30.33</b>	<b>41</b>	<b>24</b>	Women with high marital satisfaction	
200	4.88	27.58	41	16	Whole women	
45	<b>4.35</b>	<b>21.40</b>	<b>23</b>	<b>11</b>	Women with low marital satisfaction	Cognitive Emotion Regulation, in the field of reconsideration To plan
155	<b>5.47</b>	<b>25.80</b>	<b>28</b>	<b>13</b>	Women with high marital satisfaction	
200	4.91	23.60	28	11	Whole women	
45	<b>5.19</b>	<b>24.53</b>	<b>27</b>	<b>15</b>	Women with low marital satisfaction	Cognitive Emotion Regulation, in the context of positive re-attention
155	<b>6.06</b>	<b>28.9</b>	<b>34</b>	<b>15</b>	Women with high marital satisfaction	
200	5.63	26.73	34	15	Whole women	
45	4.83	22	20	6	Women with low marital satisfaction	Emotional cognitive regulation, focusing on thinking
155	<b>4.35</b>	<b>21.40</b>	<b>23</b>	<b>9</b>	Women with high marital satisfaction	
200	<b>4.59</b>	<b>21.70</b>	<b>23</b>	<b>6</b>	Whole women	
45	<b>6.40</b>	<b>34.13</b>	<b>36</b>	<b>12</b>	Women with low marital satisfaction	There is no cognitive regulation in the



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155	<b>7.24</b>	<b>37.53</b>	<b>39</b>	<b>21</b>	Women with high marital satisfaction	area of self-restraint
200	6.82	35.83	39	12	Whole women	
45	<b>24.79</b>	<b>153.13</b>	<b>181</b>	<b>71</b>	Women with low marital satisfaction	Differentiation
155	<b>21.69</b>	<b>137.63</b>	<b>156</b>	<b>53</b>	Women with high marital satisfaction	
200	22.74	144.07	181	53	Whole women	
45	8.54	34.20	41	15	Women with low marital satisfaction	Differentiation in the field of emotional reactivity
155	6.55	29.87	35	13	Women with high marital satisfaction	
200	8.05	33.53	41	13	Whole women	
45	7.80	31.82	40	14	Women with low marital satisfaction	Differentiation in my position
155	5.38	25.56	31	12	Women with high marital satisfaction	
200	6.54	27.07	40	12	Whole women	
45	8.50	39.70	44	15	Women with low marital satisfaction	Differentiation, in the field of emotional escape
155	6.87	35.78	39	14	Women with high marital satisfaction	



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200	7.47	37.87	44	14	Whole women	
45	8.66	33.62	39	17	Women with low marital satisfaction	Differentiation in the context of interconnection with others
155	6.31	26.08	34	15	Women with high marital satisfaction	
200	6.85	28.84	39	15	Whole women	
45	9.20	34.68	41	28	Women with low marital satisfaction	
155	7.04	25.36	27	14	Women with high marital satisfaction	mental health
200	8.42	33.43	41	14	Whole women	
45	5.75	9.82	15	7	Women with low marital satisfaction	
155	3.30	7.08	8	1	Women with high marital satisfaction	Mental health, in the field of physical symptoms
200	4.25	8.52	15	1	Whole women	
45	3.84	9.27	14	8	Women with low marital satisfaction	
155	1.49	4.73	6	0	Women with high marital satisfaction	Mental health, in the area of symptoms of anxiety and insomnia



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200	3.17	6.53	14	0	Whole women	Mental health, in the context of social work disruption
45	3.79	8.67	16	8	Women with low marital satisfaction	
155	2.33	5.87	6	1	Women with high marital satisfaction	
200	2.59	6.27	16	1	Whole women	
45	4.50	11.00	17	8	Women with low marital satisfaction	Mental health, in terms of symptoms of depression
155	2.55	6.40	7	2	Women with high marital satisfaction	
200	3.53	8.20	17	2	Whole women	
45	14.32	56.91	60	47	Women with low marital satisfaction	Marital satisfaction
155	21.64	92.68	143	61	Women with high marital satisfaction	
200	18.55	73.16	143	47	Whole women	

As shown in Table 1, in the cognitive emotion regulation variable, women with lower marital satisfaction were 12.00 and 10.83, women with marital satisfaction were above 13.61 and 13.31, and the total number of women was 131.83 and 12.17, in the cognitive emotion regulation variable, in the field of admission, women with low marital satisfaction, 24.83 and 5.9, women with marital satisfaction were 33.3 and 4.7, and the total number of women was 58.87 and 4.88 , In the cognitive emotion regulation



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variable, in the field of re-planning for planning, women with low marital satisfaction, 21.41 and 4.35, women with marital satisfaction were above 25.85 and 5.47, and the total number of women was 23.66 and 4.91, in the cognitive emotion regulation variable, in the field of positive re-affirmation, women with low marital satisfaction, 24.53 and 5.9, women With high marital satisfaction, 28.93 and 6.6, and all women were 73.76 and 5.63, in the cognitive emotion regulation variable, in focus on thinking, women with low marital satisfaction, 22.22 and 4.83, Women with high marital satisfaction were 21.41 and 4.35, and the total number of women was 71.21 and 4.99, in the cognitive emotion regulation variable, in place of placement, women with low marital satisfaction, 34.13 and 6.40, women with high marital satisfaction, 37.53 and 27.7, and all women 33.35 and 82.6, in the differentiation variable, women with low marital satisfaction, 13.153 and 24/79, women with marital satisfaction High, 231.63 and 21.69 and women in total 144.74 and 22.74 in the differentiation variable in emotional reactivity, women with low marital satisfaction, 34.20 And 5.54, women with high marital satisfaction were 29.87 and 6.55, and the total number of women was 53.33 and 8.05, in the differentiation variable in my position, women with low marital satisfaction, 82.8 and 7.80, women with high marital satisfaction, 25.53% and 5.38%, and women in general 07.07 and 54.6, in emotional strain differentiation, women with low marital satisfaction, 70.39 and 8/50, Women with high marital satisfaction were 35.78 and 6.87, and the total number of women was 37.77 and 47.7, in the variable of differentiation, in the field of intermixture with others, women with low marital satisfaction, 33.62 and 8.36, Women with high marital satisfaction were 26.08 and 6.31 and all women were 28.84 and 6.85, in the mental health variable, women with low marital satisfaction, 68.34 and 29.9, women with satisfaction The high marriage was 25.36 and 07.04, and the total number of women was 33.43 and 8.42, in the mental health variable, in physical symptoms, women with low marital satisfaction, 9.82 and 5.75, women with high marital satisfaction , 8.7 and 30.3, and all women were 52.8 and 25.4, in the mental health variable, in the symptoms of anxiety and insomnia, women with low marital satisfaction, 9.27 and 3.84, women with high marital satisfaction , 4.73



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and 1.49, and the total number of women were 35.6 and 3.7, in the mental health variable, in social function disorder, women with low marital satisfaction, 8.67 and 3.79, women with marital satisfaction High, 5.87 and 2.33, and all women were 6.27 and 2.95, in the mental health variable, in the symptoms of depression, women with low marital satisfaction, 11 and 4.50, women with high marital satisfaction are 6.40 and 2.55 and the total number of women is 8.8 and 3.53.

**Findings related to research hypotheses**

The present research includes the following hypotheses: each hypothesis, along with the results, is presented as an analysis. Prior to examining the hypotheses, Levin's test was used to observe the default of the equality of variables in the research variables, the results of which are presented in Table 2. Also, the results of the Kolmogorov-Smirnov test, for the presumption of the normal distribution of the scores in the community, for the research variables, are shown in Tables 3-4.

**Table 2: Levine test results, in the case of default, equality of score variables, variables of research, in two groups in society**

The significance level	Second degree of freedom	First degree of freedom	F	Variable
0.582	198	1	0.331	Cognitive Emotion Regulation
0.361	198	1	0.692	Emotional cognitive regulation, in the field of admission
0.770	198	1	0.086	Cognitive Emotion Regulation, in the field of redefining planning
0.582	198	1	0.331	Cognitive Emotion Regulation, in the context of positive re-attention
0.579	198	1	0.548	Emotional cognitive regulation, focusing on thinking
0.095	198	1	1.248	Cognitive Emotion Regulation, in the field of self-renewal
0.122	198	1	1.134	Differentiation



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0.148	198	1	1.953	Differentiation in the field of emotional reactivity
0.215	198	1	1.118	Differentiation in my position
0.570	198	1	0.324	Differentiation, in the field of emotional escape
0.579	198	1	1.548	Differentiation in the context of interconnection with others
0.420	198	1	1.247	mental health
0.122	198	1	2.134	Mental health, in the field of physical symptoms
0.148	198	1	1.954	Mental health, in the area of symptoms of anxiety and insomnia
0.236	198	1	1.013	Mental health, in the context of social work disruption
0.362	198	1	0.953	Mental health, in terms of symptoms of depression

As shown in Table 2, the zero assumption for equality of scores variables in two groups is confirmed in all the variables of the research. Namely, the equalization of score variances was confirmed in both groups of married women with high and low marital satisfaction. However, when the size of the samples is equal, the significance of the Lyon test does not have a significant effect on the alpha level of the nominal value.

**Table 3: Results of Kolmogorov-Smirnov test, in the case of default, the distribution of scores for research variables**

Kolmogorov Smirnov			Normal distribution of grades
Meaningful	Number	The statistics	
0.127	200	1.17	Cognitive Emotion Regulation
0.216	200	1.05	Emotional cognitive regulation, in the field of admission
0.076	200	1.27	Cognitive Emotion Regulation, in the field of redefining planning





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0.143	200	1.14	Cognitive Emotion Regulation, in the context of positive re-attention
0.339	200	0.940	Emotional cognitive regulation, focusing on thinking
0.214	200	0.479	Cognitive Emotion Regulation, in the field of self-renewal
0.231	200	1.01	Differentiation
0.110	200	1.616	Differentiation in the field of emotional reactivity
0.595	200	0.98	Differentiation in my position
0.185	200	1.11	Differentiation, in the field of emotional escape
0.639	200	0.852	Differentiation in the context of interconnection with others
0.076	200	1.27	mental health
0.143	200	1.14	Mental health, in the field of physical symptoms
0.339	200	0.940	Mental health, in the area of symptoms of anxiety and insomnia
0.638	200	0.596	Mental health, in the context of social work disruption
0.568	200	0.623	Mental health, in terms of symptoms of depression

As can be seen in Table 3, the zero assumption is verified for the normal distribution of the scores of all the research variables.

The present research consists of the following hypotheses: each hypothesis, along with the results obtained, is presented below:

First hypothesis: There is a significant difference between cognitive emotion regulation of married women with high and low marital satisfaction.

Second hypothesis: There is a significant difference between the distinction between married women with high and low marital satisfaction.

Hypothesis 3: There is a significant difference between mental health of married women with high and low marital satisfaction.

**Table 4: Multivariate analysis of variance analysis (MANOVA) on emotional cognitive scores, differentiation and mental health of married women with high and low marital satisfaction**



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Significance (p) level	F	DF Error	DF hypothesis	value	title of exam
0.0001	12.63	196	3	0.932	Pillow effect test
0.0001	12.63	196	3	0147	Lambdey Wilkes Test
0.0001	12.63	196	3	0.413	Testing the effect of Hoteling
0.0001	12.63	196	3	0413	Test the largest root

As indicated in Table 4, the significance levels of all tests indicate that between married women with high and low marital satisfaction, at least in terms of one of the variables (cognitive emotion regulation, differentiation and mental health), meaning difference There is a lack of ( $p = 0.0001$  and  $p = 12.63 = F$ ). To find out the difference, the results of one-variable variance analysis in the manua text are presented in Table 45.

**Table 5: One-way variance analysis of Mana's text on cognitive emotion regulation, differentiation and mental health**

meaningful level	F	Averages of squares	Degree s of freedo m	Sum of squares	Variables
0.0001	27.54	7141.66	1	7141.66	Cognitive emotional regulation
0.0001	23.78	4651.35	1	4651.35	Differentiation
0.0001	13.41	1841.79	1	1841.79	Mental health

As seen in Table 5, there is a significant difference between cognitive and emotional adjustment between married women with high and low marital satisfaction. ( $P = 0.0001$  and  $27.54 = F$ ). Therefore, the first hypothesis is confirmed. In other words, according to the mean of the two groups, married women with high marital satisfaction have a higher emotional adjustment than married women with low marital satisfaction.

As shown in Table 5, there is a significant difference between married women with high and low marital satisfaction. ( $P = 0.0001$  and  $pp. 23.78 = F$ ). Therefore, the second hypothesis is confirmed. In other words, according to the mean of the two groups,



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married women with high marital satisfaction have a higher degree of differentiation than married women with low marital satisfaction.

As shown in Table 5, there is a significant difference between married women with high and low marital satisfaction. ( $P = 0.0001$  and  $13.41 = F$ ). Therefore, the third hypothesis is confirmed. In other words, according to the mean of the two groups, married women with high marital satisfaction have better mental health than married women with low marital satisfaction.

#### **4. CONCLUSION**

This study was conducted in Ahwaz Azad University to investigate the comparison of cognitive emotion regulation, differentiation and mental health among married women with high and low marital satisfaction. The following is the explanation of research hypotheses:

First hypothesis: There is a significant difference between cognitive emotion regulation of married women with high and low marital satisfaction.

The results showed that there is a significant difference between married women with high and low marital satisfaction in terms of cognitive-emotional adjustment. In other words, according to the mean of the two groups, married women with high marital satisfaction have a higher emotional adjustment than married women with low marital satisfaction. The results of this study are consistent with the results of the researches of Qahvechi (2015), Robertson, Davenon & Box (2011), Marquin (2011).

In explaining the results of the first hypothesis, it can be said that married women with high marital satisfaction, who have high emotional regulation, can be more capable of predicting the wishes of others. In contrast, married women with low marital satisfaction, who have low emotional regulation, are generally more inclined to mental illness to deal with their negative emotions. Emotion regulation plays an important role in adapting individuals to stressful life events. When a person faces an emotional state, feeling good and optimistic is not enough to control emotion, but he needs to have the best cognitive function in these situations as well.



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In principle, in regulating emotion, an optimal interaction of cognition and emotion is needed to cope with negative conditions, since humans interpret it as they are, interpret it, and cognitive interpretations determine the reactions of individuals. According to Gross (2005), negative beliefs about self-centeredness are in depression, and negative attitudes are the main component of mood change, on the other hand, changes in each of the different parts of the functioning of cognitive systems, such as; Memory, attention and consciousness cause a change in mood. Therefore, the role of cognitive emotion regulation cannot be ignored in adapting individuals to stressful events of life.

According to Wells (2007), in new approaches, the cause of emotional disturbances is attributed to a defect in cognitive controls, so that inability to control negative emotions due to the existence of negative thoughts and beliefs about worry and use Ineffective methods are counterproductive.

The results of researches have shown that the capacity of people in effective regulation of emotions affects psychological, physical and interpersonal happiness. For example, symptoms of emotional regulation failures occur in more than half of the axis I disorders, and in all of the personality disorders of Axis II. Researchers also have to show that the emotionally-regulated regulation, such as anger and anxiety, is in Occurrence of physical problems, such as cardiovascular diseases, and gastrointestinal tract. For this reason, emotional regulation strategies are a topic of interest to many researchers, theorists, and clinical experts, and understanding individual effectiveness in emotion regulation, and identifying effective underlying factors is considered essential in this regard. Intrinsic Emotion Control Emotional response tendencies. In fact, emotion regulation refers to actions that are used to modify or modify an emotional state. In psychological texts, this concept has often been used to describe the process of modifying negative emotions. Though emotional regulation can include conscious processes, it does not necessarily require clear awareness and strategies. Emotion regulation plays an essential role in managing emotions (Amstadter, 2008).

Second hypothesis: There is a significant difference between the distinction between married women with high and low marital satisfaction.



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The results showed that there is a significant difference between married women with high and low marital satisfaction. In other words, according to the meanings of the two groups, married women with high marital satisfaction have a higher degree of differentiation than married women with low marital satisfaction.

The results of this study are consistent with the results of the researches Beyrami (1391), Teimuri Asifici et al. (2012), Weller (2013).

In explaining the results of the second hypothesis, it can be said that the satisfaction of life is related to the joy and pleasure of the relationship between couples, which means that there is a desirable sense of marriage, which can be considered a psychological position. It does not come into itself, but requires the efforts of each couple. In marital relationships, there are several factors that make husbands happy with each other, one of which is communication patterns. Marital relationship is a process in which spouses exchange verbal and non-verbal emotions and thoughts.

Satisfaction with each other is one of the hallmarks of good life, and the happiness and intimacy of couples. This feeling of satisfaction can include marital satisfaction, satisfaction with morality and behavior, satisfaction with the way of dealing with and the type of life, and apparent satisfaction from the other. Indeed, if anyone in this life comes to this conclusion that he has had a good choice, it can be said that he is lucky and has a good life. Many young people forget the sense of satisfaction with the appearance of the other side, and try to only affect the way of dealing with one's own person, but we must not forget that we are at all ages, even in middle age, we have to make ourselves attractive and attractive to our mate. Many of the treachery committed at an early age is due to the fact that the person of interest is not pleased with his wife, and his wife actually does not. Often, differentiation theories involve the degree of intimacy experienced by couples. A common conception of intimacy, close proximity to the spouse, the sharing of values and ideas, common activities, sexual relationships, knowing one another, and emotional behaviors such as stroking. A person with higher levels of intimacy is able to offer himself in a more desirable way, and to express his needs more effectively to his wife and partner. Differentiation can be higher in couples



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who have higher marital satisfaction, or, in other words, couples who have higher marital satisfaction may have more ability to face difficulties and changes in their relationship, and in The result of a higher differentiation.

Hypothesis 3: There is a significant difference between mental health of married women with high and low marital satisfaction.

The results showed that there is a significant difference between married women with high and low marital satisfaction in terms of mental health. In other words, according to the mean of the two groups, married women with high marital satisfaction have better mental health than married women with low marital satisfaction.

The results of this research are consistent with the researches results of Sharafi (2013), Mikaeli, Ganji and Talebi Joybari (2012), Marcman (2012).

In explaining the results of this hypothesis, it can be said that the positive or negative evaluation of a person, his characteristics and characteristics of his life with the environment, shows his mental health. (Diner, 2008). In general, it can be said that mental health is only individualized. Although mental health can be defined in general with happiness, or satisfaction, this overall perception is influenced by various aspects of a person's life. Life satisfaction is determined by understanding each individual's current conditions in comparison with expectations, wishes and desirable conditions. The sense of well-being has both emotional components and cognitive components. Married women with high marital satisfaction, experience positive emotions in the main, and have a positive assessment of events and events around them, while married women with low marital satisfaction, incidents and their place of residence are undesirable. And experience more negative emotions such as anxiety, depression and anger. Therefore, according to the results of this study, it can be said that normal people have been able to improve the quality of life, in the dimensions of exercise, physiological function, pain, general health, vitality, social function, emotional role, and emotional well-being.

## **5. PRACTICAL SUGGESTIONS**



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1. Today, due to the many stresses and discomforts that affect human lives, humans are constantly at risk for a variety of mental illnesses. Therefore, in order to protect themselves from the mental illness of humans, one must think and mind By creating new and new things, they are less vulnerable to mental health problems.
2. According to the findings of this research, and the results of similar researches, it is possible to find out the importance of cognitive emotion regulation, differentiation and mental health, and increase their benefit with proper information and timely information.
3. Identify the variables related to cognitive emotion regulation, differentiation and mental health, and attempt to promote these variables, ultimately improving marital status by increasing marital satisfaction and promoting quality of life in a space of relaxation and trust.
4. The attention of researchers to the problem of marital problems, and ways to increase the sense of satisfaction and happiness from common life, in couples
5. Assisting family counselors to identify the causes of marital satisfaction, and resolving conflicts as best as possible, and thus maintaining and maintaining marital relationships.
6. Reduction and lack of marital satisfaction is one of the most important reasons for couples' referrals to family counselors and therapists. The ascension of divorce and even the advance of divorce, marriage, and the existence of conflicts and disturbances in couples' relationships have increased the incentive of researchers to find suitable solutions to confront this social phenomenon. Several studies have shown that unsustainable and unrestrained marriages, in addition to psychological and physical problems, increase in husbands and husbands. It also increases these problems in their offspring.
7. Essential, with a perceptive view of the intrinsic causes of inconsistencies, marital dissatisfaction, and failure in marriages, and the role of personality factors in marital satisfaction.



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8. Identify the emotional and psychological problems of couples, and try to increase life expectancy through education, counseling and other medical interventions.
9. It is suggested that attention should be paid to the mental health of individuals in order to reduce mental disorders to the role of the family and its effect, as well as to increase the differentiation.

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