

The Effectiveness of Family Systems Counseling on the Academic and Emotional Functioning of Adolescents with Parents Involved in Marital Conflict

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ABSTRACT

The present study was conducted to examine the effectiveness of family systems counseling on the academic and emotional functioning of adolescents whose parents are involved in marital conflict. This applied research employed a quantitative, quasi-experimental method with a pretest–posttest design and a control group. The statistical population included all adolescents aged 12 to 16 in Shiraz in 2025. Using purposive sampling, the researcher selected 40 adolescents with parental conflicts from among all lower- and upper-secondary school students. The participants were randomly assigned into two groups: 20 in the experimental group and 20 in the control group. The experimental group received Bowen family systems counseling. At the field level, data were collected using the Academic Performance Questionnaire developed by Pham and Taylor and the Emotion Regulation Questionnaire designed by Gross and John (2003). The quantitative variables were analyzed using SPSS software version 28. In addition, analysis of covariance was applied to test the research hypotheses. The results indicated that family systems counseling had a significant positive effect on increasing cognitive reappraisal. Family systems counseling had a significant effect on reducing expressive suppression, and it also had a significant effect on improving academic performance.

Keywords: family systems counseling, academic performance, emotional functioning, marital conflict

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Introduction

Adolescence is a critical developmental stage characterized by rapid changes in emotional, social, and cognitive domains. During this sensitive period, family functioning plays a central role in shaping adolescents' academic performance, emotional regulation, and psychosocial well-being. Family systems theory, as well as systemic counseling interventions, has gained increasing attention as a framework for understanding the complex interplay between family dynamics, stressors, and adolescent outcomes.

Research has consistently demonstrated that marital conflict, dysfunctional family patterns, and inadequate parental regulation can create a cascade of negative effects for adolescents, influencing both their emotional health and their academic achievement (1-3).

Family-related stressors often exacerbate emotional reactivity and impair resilience, particularly when children are exposed to prolonged marital conflict. For instance, research has shown that stress within family contexts can heighten adolescents' risk of emotional dysregulation and contribute to maladaptive coping mechanisms (4). Dysfunction in the family system not only undermines adolescents' emotional well-being but also affects their engagement in educational activities, thereby compromising academic achievement (5, 6). This dual impact on emotional and academic domains underscores the need for interventions that address family functioning comprehensively rather than focusing solely on the child.

Bowen's family systems theory offers a valuable conceptual framework for understanding how relational patterns within the family influence individual development. Central to this theory is the notion of differentiation of self, triangulation, and the intergenerational transmission of relational patterns (7, 8). A growing body of literature supports the application of Bowen's ideas in diverse cultural contexts, highlighting how differentiation and interparental relationships shape psychosocial adjustment and family satisfaction (9, 10).

In recent years, systemic interventions based on Bowen's model have been employed to address a range of psychological and relational issues, including chronic anxiety, psychosomatic disorders, and difficulties in emotional differentiation. Evidence suggests that Bowen's systemic family therapy can effectively enhance emotional regulation and reduce chronic anxiety, reinforcing its therapeutic potential for individuals and families alike (11). Reviews of case applications further demonstrate the relevance of Bowen theory in contexts where differentiation of self and family patterns are central concerns (7).

The integration of systemic and structural family therapy models has also provided clinicians with effective strategies to strengthen parental hierarchy and restore functional family structures (12). Such approaches emphasize the interdependence of family members and the necessity of addressing systemic patterns rather than isolated symptoms. This perspective aligns with evidence demonstrating that systemic interventions are among the most effective approaches for child-focused problems, including emotional and behavioral difficulties (1).

Emotion regulation is a key mechanism through which family interventions exert their effects. Defined as the processes by which individuals influence the emotions they have, when they have them, and how they experience and express them, emotion regulation is strongly shaped by family interactions. Recent conceptualizations emphasize that regulation and coregulation should be considered family-level phenomena rather than merely individual attributes (13). Indeed, children's capacity for cognitive reappraisal and suppression is often modeled through parental behavior, family norms, and systemic emotional climates (14, 15).

A large body of research has linked personality traits and family context to emotion regulation strategies, highlighting how the capacity for adaptive regulation develops within relational systems (16, 17). Similarly, systematic reviews indicate that parenting and family accommodation practices are closely tied to emotional difficulties in children, including psychopathology (14, 18). Families dealing with child-related stressors

must engage in dyadic coping strategies that balance emotional demands while sustaining the relationship, demonstrating the inherently relational nature of emotion regulation (19).

Emotion dysregulation has been shown to exacerbate psychological problems across diagnostic categories (20), while interventions targeting regulation skills have broad transdiagnostic applicability (17). In adolescents, the inability to regulate emotions adaptively often correlates with higher reactivity, internalizing symptoms, and reduced academic focus (15). This makes emotion regulation a crucial target in family-based interventions.

When parents engage in ongoing conflict, adolescents are exposed to relational instability that undermines both their academic achievement and socioemotional adjustment. Studies confirm that the quality of interparental relationships strongly predicts adolescents' psychosocial functioning and self-differentiation (9). Furthermore, systemic reviews on premarital and marital quality emphasize that family structure and relational stability play a decisive role in children's long-term adjustment (21).

Marital discord not only disrupts parenting practices but also influences children's internal working models, thereby impairing academic motivation and performance (5, 6). Dysfunctional family boundaries and poor family functioning have been identified as strong predictors of underachievement in educational settings (5). In addition, broader family processes, such as family-based physical activity interventions, have shown potential in improving both family functioning and children's overall health (2). These findings illustrate how systemic interventions can address the overlapping domains of emotional and academic outcomes by targeting family functioning.

Family systems counseling has been applied across diverse populations, including families of children with disabilities, where systemic approaches helped parents adapt to the unique challenges of caregiving (22). In the context of obsessive-compulsive disorder, systemic reviews highlight the significance of family accommodation, further reinforcing the need for family-based interventions (18). These findings extend to contexts of family violence and trauma, where inadequate systemic support has been shown to intensify psychological difficulties (23).

Moreover, systemic perspectives are increasingly applied in organizational and social contexts. Research on work–family boundaries has demonstrated that blurred boundaries contribute to stress and reduced well-being, emphasizing the need for systemic balance across personal and professional domains (24). Such evidence underscores the systemic principle that dysfunction in one subsystem inevitably reverberates across others.

Academic achievement is strongly mediated by cultural and family conditions. Studies indicate that adolescents' motivation and educational outcomes are significantly influenced by family cultural environments and parental involvement (6). Dysfunctional family environments can impede these outcomes, while functional family systems promote higher levels of academic engagement (5).

Cultural adaptations of Bowen theory further illustrate how systemic concepts can be applied across different societies. Research applying cultural lens approaches to family systems therapy has demonstrated that family change theory and cultural norms shape how systemic principles manifest in practice (10). In Iran, for instance, Bowen's systemic therapy has been successfully applied to psychosomatic patients, improving differentiation and reducing anxiety (11). These findings validate the cross-cultural applicability of systemic counseling models.

Adolescents today face multiple risk factors that heighten vulnerability to emotional and academic difficulties. Research highlights the roles of cyberbullying, poor sleep, and family dysfunction as significant contributors to suicidal tendencies among adolescents (3). Similarly, family-related stressors, especially in women at cardiovascular risk, have been linked to heightened emotional reactivity and health concerns (4). These findings indicate that systemic family interventions are vital not only for psychological but also for physical health outcomes.

In addition, studies underscore the importance of addressing resilience and coping within couples and families facing child-related stressors (19). Bowen's theory continues to provide a framework for integrating these findings, emphasizing differentiation of self and systemic balance as protective factors against maladaptive outcomes (7, 8).

Although previous research has highlighted the associations between family functioning, marital conflict, emotional regulation, and academic achievement, there remains a need for empirical studies that test the effectiveness of systemic family counseling in adolescent populations. Systemic counseling based on Bowen's theory offers an integrated framework for addressing both the emotional and academic challenges of adolescents with parents engaged in marital conflict. It not only targets individual emotional regulation but also modifies systemic patterns that perpetuate dysfunction (1, 13).

By focusing on interventions that enhance cognitive reappraisal, reduce expressive suppression, and improve academic performance, systemic counseling addresses critical outcomes for adolescent development. This is particularly important in societies where cultural norms and family dynamics strongly influence adolescent adjustment (9, 10).

The present study therefore aims to investigate the effectiveness of systemic family counseling on the academic and emotional functioning of adolescents with parents involved in marital conflict.

Methods and Materials

Study Design and Participants

The present study, with an applied purpose, was quantitative in nature and employed a quasi-experimental method with a pretest–posttest design along with a control group.

The statistical population of this study included all adolescents aged 12 to 16 years in Shiraz in 2025. From among all lower- and upper-secondary school students, 40 adolescents with parental conflicts were selected using purposive sampling. They were randomly assigned to two groups: 20 in the experimental group and 20 in the control group. The experimental group received family systems counseling, while no intervention was provided for the control group. The two groups were matched in terms of demographic characteristics such as age, gender, and educational level.

Data collection was carried out at two levels: field and library. At the library level, relevant sources were studied. Then, after obtaining permission to distribute questionnaires, quantitative data were collected at the field level using questionnaires related to the study variables. Finally, after data collection, the questionnaires were analyzed.

Data Collection

Pham and Taylor's Academic Performance Questionnaire: The Academic Performance Questionnaire for students was adapted from the research of Pham and Taylor, developed in 1999, and validated in the context of academic performance for the Iranian population. The Academic Performance Test is capable of measuring five domains of academic performance through 48 items. Scoring is based on a 5-point Likert scale, ranging from none (1) to very high (5).

In the study by Goltash and colleagues, the content validity of the questionnaire was confirmed by experts, and its reliability was obtained with a Cronbach's alpha of .84. In the study by Pham and Taylor (1999), the validity of the questionnaire was assessed through factor analysis, which demonstrated high validity. In the present study, the reliability of the questionnaire was also calculated using Cronbach's alpha, which was found to be .87.

Emotion Regulation Questionnaire: This questionnaire was developed by Gross and John in 2003, based on Gross's (2001) model of emotion regulation. The instrument includes two subscales: cognitive reappraisal (6 items) and expressive suppression (4 items). Cognitive reappraisal is a form of cognitive change that involves reconstructing a situation that elicits potential emotion in a way that modifies its emotional impact. Expressive suppression is a form of response modulation that involves inhibiting behaviors and expressions of ongoing emotion.

The questionnaire uses a 5-point Likert scale (from strongly agree = 1 to strongly disagree = 5). The psychometric properties of this instrument in individuals aged 9 to 16 demonstrated good internal consistency ($\alpha = .81$ for cognitive reappraisal and $\alpha = .69$ for expressive suppression) and adequate test-retest reliability (.54 for reappraisal and .59 for suppression). Reliability of this questionnaire was further examined in a study with children with learning disorders, showing $\alpha = .81$ and a Guttman split-half coefficient of .87, while in typically developing children, the values were $\alpha = .46$ and Guttman split-half = .65, indicating higher internal consistency and reliability in the learning disorder group but moderate reliability in typical children. The validity of the Persian version of this questionnaire was also confirmed.

Intervention

The intervention protocol consisted of 10 sessions, each lasting 60 minutes, held once per week. The treatment program was based on Bowen's therapy (1999). The protocol was validated in Iran by Razavi and Livarjani (2020), and based on expert evaluations, its content validity ratio (CVR) was reported as 8.08. Subsequently, this protocol was used in several studies within Iran, indicating its stability in the Iranian context.

A summary of the sessions is as follows:

- **Session 1:** Introduction of members to establish rapport and cohesion, explanation of the goals of the training sessions, building trust, encouraging openness, exploring participants' relationships and problems, introducing key concepts such as expectations, beliefs, and attitudes toward others, and introduction to the genogram and its construction.
- **Session 2:** Beginning genogram construction, identifying beliefs related to gender role expectations inherited from the family of origin, and identifying triangulations and pathological triangles in each participant's family.

- **Session 3:** Expressing expectations of intimate relationships, examining the impact of gender and personality differences on communication, providing recommendations for understanding and respecting personality differences, and discussing views about work and activities outside the home.
- **Session 4:** Continuing genogram construction, teaching the emotional system's functioning, exploring birth order and parental relationships to understand the functioning of the emotional system in the family of origin, and examining cultural and ethical influences on relationships.
- **Session 5:** Expressing and releasing anger in a safe environment, reducing past resentments, healing emotional injuries for emotional neutralization, and preparing for realistic self-examination and reasonable marital expectations. Also included was the process of differentiating thoughts from feelings.
- **Session 6:** Understanding one's own and one's spouse's deep needs, identifying harmful behaviors, learning and practicing conscious conversation methods, and becoming aware of personal and spousal needs and vulnerabilities.
- **Session 7:** Using "I-messages," expressing needs clearly and simply, learning listening and receptiveness skills, and practicing accepting others' thoughts and especially feelings without judgment.
- **Session 8:** Teaching conflict resolution skills.
- **Session 9:** Teaching problem-solving skills.
- **Session 10:** Teaching integration and acceptance of the whole self.

Data analysis

The data obtained from the questionnaires were analyzed using SPSS version 28. Both descriptive and inferential statistics were employed. Descriptive statistics were used to calculate mean, standard deviation, and range of variable scores. Analysis of covariance (ANCOVA) was used to test the research hypotheses.

Findings and Results

The raw data from the questionnaires, after collection, were analyzed at both descriptive and inferential levels using SPSS software. Initially, at the descriptive level, descriptive indices such as mean and standard deviation of the main research variables were calculated. Then, at the inferential level, the research hypotheses were examined using analysis of covariance. Table 1 shows the frequency and percentage of the participant groups based on age and gender. As observed, according to Table 1, it can be stated that the two groups were matched and equivalent based on demographic variables.

Table 1. Frequency and Percentage of Demographic Variables

Variable	Category	Experimental N (%)	Control N (%)
Age	12–13 years	8 (40%)	8 (40%)
	14–15 years	7 (35%)	8 (40%)
	15–16 years	5 (25%)	4 (20%)
Gender	Female	10 (50%)	10 (50%)
	Male	10 (50%)	10 (50%)

As shown in Table 2, in the pretest stage, the mean score of cognitive reappraisal in the experimental group was 14.58, and in the posttest, it was 19.09. The mean score of expressive suppression in the

experimental group was 11.28 in the pretest and 7.59 in the posttest. The mean score of academic performance in the experimental group was 127.36 in the pretest and 158.82 in the posttest.

Table 2. Mean and Standard Deviation of Emotion Regulation Dimensions and Academic Performance in Experimental and Control Groups in Pretest and Posttest Stages

Variable	Group	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD
Cognitive Reappraisal	Control	15.00	4.23	14.18	3.84
	Experimental	14.58	4.83	19.09	3.38
Expressive Suppression	Control	11.09	2.76	11.48	2.65
	Experimental	11.28	2.93	7.59	3.00
Academic Performance	Control	126.98	9.79	128.87	11.94
	Experimental	127.36	10.64	158.82	10.50

Before conducting the analysis of covariance test, the assumptions were examined using the Kolmogorov–Smirnov and Levene’s tests. The Kolmogorov–Smirnov test for the distribution of the study variables in the posttest showed that the assumption of normality was not rejected ($P \geq .05$). Examination of the homogeneity of error variances using Levene’s test showed that the assumption of homogeneity of variances was not rejected ($P \geq .05$). Examination of the homogeneity of regression slopes showed that the assumption of homogeneity of regression slopes, based on the nonsignificance of the interaction effect of group–pretest, was not rejected ($P \geq .05$). Therefore, the necessary assumptions for performing the analysis of covariance were met.

To examine the effectiveness of family systems counseling on the academic and emotional functioning of adolescents with parents involved in marital conflict, analysis of covariance was used. According to the results in Table 3, the F value for the posttest cognitive reappraisal score was significant [$F(1, df) = 29.880$, $p < .001$]. Given the increase in cognitive reappraisal in the posttest for the experimental group, it can be concluded that family systems counseling had a significant effect on improving cognitive reappraisal.

The results also showed that the F value for the posttest expressive suppression score was significant [$F(1, df) = 22.848$, $p < .001$]. Considering the decrease in expressive suppression in the posttest for the experimental group, it can be concluded that family systems counseling had a significant effect on reducing expressive suppression.

In addition, the F value for the posttest academic performance score was significant [$F(1, df) = 37.093$, $p < .001$]. Given the increase in academic performance mean scores in the posttest for the experimental group, it can be concluded that family systems counseling had a significant effect on enhancing academic performance.

Table 3. Results of Univariate Analysis of Covariance to Examine the Effectiveness of Family Systems Counseling on the Academic and Emotional Functioning of Adolescents with Parents Involved in Marital Conflict

Variable	F Value	p Value	Effect Size
Cognitive Reappraisal	29.880	$p \leq .001$	.548
Expressive Suppression	22.848	$p \leq .001$	.409
Academic Performance	37.093	$p \leq .001$	.604

Discussion and Conclusion

The findings of this study demonstrated that systemic family counseling based on Bowen’s approach had significant effects on the emotional and academic functioning of adolescents with parents engaged in marital

conflict. Specifically, the results showed that adolescents who received systemic family counseling exhibited improved cognitive reappraisal, reduced expressive suppression, and enhanced academic performance compared with those in the control group. These outcomes align with the theoretical assumptions of family systems theory, which emphasizes that individual functioning cannot be understood in isolation from relational patterns and family dynamics (1, 8).

One of the central findings was the improvement in cognitive reappraisal among adolescents in the experimental group. This outcome indicates that systemic counseling facilitated the development of adaptive strategies for reinterpreting stressful situations, reducing the emotional burden associated with marital conflict. These results are consistent with previous studies showing that family-level processes play a critical role in shaping children's capacity for emotion regulation (13, 15). Systemic interventions provide adolescents with models of adaptive emotional responses by addressing parental conflict and restructuring family interactions (14).

The reduction in expressive suppression observed in the experimental group further highlights the therapeutic benefit of systemic counseling. Expressive suppression, often linked with poor psychological outcomes, is more likely when children are exposed to hostile or inconsistent family climates (16, 17). By restructuring family communication and reducing triangulated conflicts, systemic counseling enabled adolescents to express emotions more openly in healthier contexts. These findings echo research demonstrating that systemic therapy improves emotion regulation by altering relational patterns that perpetuate maladaptive suppression (9, 11).

Additionally, our findings support the conceptualization of emotion regulation and coregulation as family-level phenomena. Family systems counseling not only provided adolescents with cognitive tools for reappraisal but also promoted a family climate in which emotional openness was encouraged (13). This reflects broader evidence that emotion regulation skills are shaped within relational contexts, and systemic interventions can reduce reactivity by strengthening family cohesion (4, 19).

The study also found that adolescents in the intervention group significantly improved in academic performance compared with their counterparts in the control group. This finding underscores the critical link between family functioning and academic engagement. Family dysfunction, particularly in the context of marital conflict, has been shown to undermine academic motivation and achievement (5, 6). By addressing systemic issues and reducing parental conflict, systemic family counseling indirectly enhanced adolescents' ability to focus on academic tasks.

These results correspond with research suggesting that academic achievement is not only a cognitive process but also heavily influenced by emotional and relational variables. Family-related stressors often hinder adolescents' concentration and academic effort, while supportive systemic environments strengthen motivation (2, 21). Our findings validate this relationship and demonstrate that family systems interventions are effective in fostering academic resilience among adolescents exposed to conflict.

The present results align with the growing body of literature supporting systemic interventions for child and adolescent functioning. Carr (1) reviewed evidence showing that family therapy and systemic approaches are effective for child-focused problems, including those related to emotional regulation and academic engagement. Similarly, systemic interventions that restore parental hierarchy and clarify relational boundaries have been shown to reduce family conflict and enhance children's well-being (12).

Evidence from cultural adaptations of Bowen theory further supports the present results. Erdem and Safi (10) demonstrated how systemic principles can be applied cross-culturally, emphasizing the role of intergenerational patterns and cultural context in shaping family dynamics. In Iran, Sefidari and colleagues (11) found that Bowen's systemic family therapy significantly reduced chronic anxiety and improved differentiation in patients with psychosomatic disorders, providing further evidence for the model's effectiveness. These findings, together with the current results, affirm that Bowen's systemic counseling can be adapted to diverse contexts and effectively address emotional and academic challenges.

Our findings are also consistent with studies highlighting the risks associated with family dysfunction and adolescent well-being. Nikolić et al. (3) identified family system problems, emotional regulation difficulties, and exposure to stressors such as cyberbullying as predictors of suicidal tendencies in adolescents. Systemic interventions that strengthen family communication and enhance adolescents' regulatory skills are critical for mitigating such risks. Similarly, Eisenberg et al. (4) demonstrated that family-related stressors increase emotional reactivity and physical health risks in adults, underscoring the pervasive impact of family dysfunction across the lifespan.

The effectiveness of systemic family counseling observed in this study extends beyond the immediate outcomes of emotional regulation and academic performance. It also highlights the broader systemic principle that improving one subsystem (the family) has cascading effects across other domains (academic and emotional functioning). This principle has been demonstrated in diverse contexts, such as family-based interventions promoting physical activity (2), systemic adaptations in families of children with disabilities (22), and systemic approaches to trauma and violence (23). The current findings add to this literature by illustrating how systemic counseling mitigates the negative effects of marital conflict on adolescents.

Moreover, research suggests that systemic factors such as work–family boundaries and family accommodation behaviors have profound effects on individual well-being (18, 24). By teaching families to establish healthier relational boundaries and communication patterns, systemic counseling may also contribute to long-term resilience in both adolescents and parents.

Bowen's emphasis on differentiation of self and intergenerational patterns provides a theoretical foundation for these findings. Higher levels of differentiation allow adolescents to maintain emotional stability in the face of parental conflict, thereby reducing the likelihood of maladaptive regulation strategies (7, 9). The current study illustrates that systemic counseling, by targeting differentiation and relational patterns, effectively enhances both emotional and academic domains of functioning.

The outcomes of this study also resonate with broader research on personality, mindfulness, and self-regulation. Hughes et al. (16) highlighted that personality traits are key predictors of emotion regulation strategies, suggesting that systemic interventions may strengthen regulatory capacities regardless of individual predispositions. Similarly, Bowlin and Baer (25) demonstrated that mindfulness and self-control are strongly linked to psychological functioning. By integrating mindfulness-based strategies into systemic interventions, counseling may further enhance adolescents' resilience against family conflict.

The systemic effects of family dynamics on regulation and functioning also intersect with research on dyadic coping in couples (19) and family cultural conditions on academic motivation (6). These bodies of evidence collectively underscore the importance of systemic interventions that account for both emotional and cultural contexts in promoting adolescent well-being.

Despite the promising findings, several limitations must be acknowledged. First, the sample size of 40 adolescents limits the generalizability of the results. Although the random assignment of participants to experimental and control groups enhances internal validity, larger and more diverse samples are needed to confirm the findings. Second, the study focused on adolescents aged 12 to 16 in a single city, which may not fully capture the variability of family dynamics across different cultural or socio-economic contexts. Third, self-report questionnaires were the primary instruments for measuring emotional regulation and academic performance, which may be subject to social desirability or response bias. Finally, the study employed a short-term intervention design, and long-term follow-up assessments were not conducted, leaving the sustainability of the observed effects uncertain.

Future research should aim to replicate this study with larger and more diverse samples, including adolescents from different cultural backgrounds and socio-economic statuses. Longitudinal designs are recommended to examine the durability of the effects of systemic family counseling over time. In addition, incorporating multi-informant assessments, such as teacher reports, parental evaluations, and observational methods, could provide a more comprehensive understanding of changes in academic and emotional functioning. Future studies may also explore the integration of mindfulness-based or technology-assisted approaches into systemic counseling to examine whether these modalities enhance outcomes. Finally, comparative studies examining systemic counseling alongside individual-focused therapies could provide insights into the relative effectiveness of different intervention models.

From a practical perspective, the results suggest that systemic family counseling should be considered a valuable intervention for adolescents experiencing parental conflict. School counselors and psychologists can collaborate with families to implement systemic approaches that address both academic and emotional needs. Clinicians are encouraged to use Bowen's concepts, such as differentiation of self and genogram analysis, to explore intergenerational patterns affecting adolescent adjustment. Training programs for counselors and educators should also incorporate systemic perspectives to better equip professionals in supporting students from conflicted family environments. Finally, policymakers and educational institutions may consider incorporating systemic family counseling services into school-based mental health programs, thereby ensuring broader access to interventions that support adolescent well-being.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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