



Effectiveness of Psychodynamic Therapy on Marital Relationship Quality and Cognitive Emotion Regulation in Couples with Marital Conflicts

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ABSTRACT

Objective: The aim of the present study was to determine the effectiveness of psychodynamic therapy on the quality of marital relationships and cognitive emotion regulation in couples experiencing marital conflicts.

Methods and Materials: This research employed a quasi-experimental design with pretest-posttest and a control group. The statistical population consisted of couples with marital conflicts residing in Babol in 2023. From this population, 28 individuals (14 couples) were selected through convenience sampling and randomly assigned to either the experimental group (n = 14) or the control group (n = 14). Data were collected using standardized questionnaires measuring marital relationship quality and cognitive emotion regulation. The experimental group received psychodynamic therapy over 12 sessions (two 90-minute sessions per week), while the control group did not receive any treatment.

Findings: The findings indicated that the posttest scores of both marital relationship quality and cognitive emotion regulation in the experimental group were significantly higher than the pretest scores.

Conclusion: Therefore, psychodynamic therapy was found to be effective in improving marital relationship quality and cognitive emotion regulation among couples with marital conflicts.

Keywords: Psychodynamic therapy, Marital relationship quality, Cognitive emotion regulation, Couples, Marital conflicts.

1. Introduction

Marital relationships constitute one of the most complex and emotionally charged forms of human interaction, deeply influenced by psychological factors such as attachment styles, emotional regulation, interpersonal communication, and unconscious defense mechanisms. These relationships serve not only as a cornerstone for personal identity and emotional security but also as a foundation for family and societal well-being. However, persistent unresolved conflicts within marriage can lead to emotional estrangement, deteriorated intimacy, and the development of destructive behavioral patterns. As couples increasingly seek psychological interventions for relational distress, psychodynamic approaches—particularly intensive short-term dynamic psychotherapy (ISTDP)—have received growing empirical support for their ability to improve relationship functioning and emotional stability (Karimi et al., 2024; Kashefi et al., 2023; Shams et al., 2022).

ISTDP, originally developed by Habib Davanloo, is a structured, emotion-focused intervention that aims to uncover and resolve unconscious emotional conflicts that contribute to psychological and relational problems (Moradzadeh Khorasani et al., 2020). This therapy emphasizes the therapeutic alliance, the identification of maladaptive defense mechanisms, and the resolution of internal emotional conflicts within a limited time frame. Studies have shown that ISTDP can be effective in improving self-differentiation, attachment patterns, and emotional expressiveness among individuals experiencing marital distress (Kashefi et al., 2023; Ranjbar Bahadori et al., 2022). For couples struggling with persistent conflict, ISTDP offers a deeper exploration of the psychological roots of their relational difficulties, targeting both conscious dissatisfaction and unconscious patterns of avoidance, fear, and detachment (Mobassem et al., 2012).

One of the key constructs in evaluating the success of therapeutic interventions for couples is the quality of the marital relationship. Marital relationship quality encompasses a range of variables, including emotional intimacy, satisfaction, commitment, communication, and the capacity to resolve conflicts constructively (Ahmadi et al., 2018). Low levels of relationship quality have been consistently linked to negative mental health outcomes such as depression, anxiety, and low self-esteem, while high-quality marital relationships are associated with greater life satisfaction, psychological resilience, and adaptive emotional regulation strategies (Ziapour et al., 2023).

Psychodynamic therapy aims to enhance relational quality by addressing the unconscious dynamics and past relational traumas that manifest in present-day interactions, thereby fostering a more authentic and emotionally attuned bond between partners (Mobassem, 2022).

Cognitive emotion regulation, another vital outcome in marital psychotherapy research, refers to individuals' ability to manage, interpret, and modulate emotional responses through cognitive strategies such as reappraisal, acceptance, and perspective-taking. Maladaptive cognitive regulation patterns, such as rumination, self-blame, and catastrophizing, are commonly observed in couples with unresolved marital conflict (Mehboodi et al., 2022). ISTDP, by increasing individuals' awareness of suppressed emotions and internalized conflicts, has shown promise in enhancing emotion regulation capacities, particularly in populations with histories of trauma, emotional neglect, or insecure attachment styles (Balali Dehkordi & Fatehizade, 2022; Shams et al., 2022). By facilitating emotional insight and processing, psychodynamic therapy enables individuals to shift from defensive reactivity to reflective engagement, improving not only intrapersonal regulation but also interpersonal communication and empathy (Sarafraz & Moradi, 2022).

The empirical literature provides robust evidence for the effectiveness of ISTDP in the context of marital therapy. In a comparative study, ISTDP was found to significantly reduce emotional dysregulation and insecure attachment in women who experienced marital infidelity, outperforming other treatment modalities such as mentalization-based therapy (Shams et al., 2022). Similarly, research by Parisuz et al. revealed that ISTDP significantly reduced marital conflict and improved interpersonal processing among women experiencing emotional divorce (Parisuz et al., 2019). These findings are echoed by studies highlighting ISTDP's role in increasing marital satisfaction, emotional expressiveness, and secure attachment behaviors among betrayed partners (Karimi et al., 2024; Ranjbar Bahadori et al., 2022). Moreover, ISTDP has been shown to improve sexual functioning and marital satisfaction in women with comorbid depressive symptoms, suggesting its broad efficacy across both psychological and relational domains (Ziapour et al., 2023).

Defense mechanisms, long considered central to psychodynamic theory, are often rigid and maladaptive in couples with entrenched conflict. ISTDP explicitly targets these defenses by encouraging patients to confront, rather than avoid, painful emotional truths (Jarareh & Taleh-

Pasand, 2011). For instance, Mobassem's case analysis demonstrated how identifying and managing tactical defenses during therapy sessions allowed a woman with marital conflict to gain emotional clarity and reduce reactivity in her relationship (Mobassem, 2022). By enabling clients to recognize their defensive patterns, ISTDP helps foster more flexible and constructive responses to interpersonal stressors. This is critical, as emotional avoidance and projection are frequently implicated in cycles of marital dissatisfaction and detachment (Ahmadi et al., 2018; Kashefi et al., 2024).

ISTDP also aligns with contemporary perspectives on emotional processing and relational trauma. As demonstrated by Balali Dehkordi and Fatehizade (2022), psychodynamic interventions can be particularly effective for individuals with histories of complex childhood trauma, allowing them to reprocess maladaptive attachment schemas that interfere with adult romantic relationships (Balali Dehkordi & Fatehizade, 2022). In this regard, psychodynamic therapy not only resolves present-day symptoms but also addresses developmental roots of dysfunction, offering a more comprehensive model for relational healing.

Moreover, the role of the therapeutic relationship in ISTDP is not merely supportive but deeply transformative. The transference relationship—whereby clients project earlier relational dynamics onto the therapist—serves as a window into unresolved conflicts and attachment needs. Working through transference enables individuals to revise their internal working models and develop more adaptive expectations in intimate relationships (Karimi et al., 2024). Research suggests that the success of ISTDP often hinges on the depth of this therapeutic engagement and the therapist's ability to tolerate, interpret, and guide clients through emotionally intense material (Mami et al., 2020; Mehboodi et al., 2022).

Despite the growing body of evidence supporting ISTDP's utility in marital therapy, gaps remain in the literature, particularly regarding its effects on specific emotion regulation strategies and dyadic processes across genders and cultural contexts. Additionally, while short-term gains in satisfaction and emotional awareness have been widely reported, fewer studies have examined the long-term sustainability of these changes or their impact on parenting, conflict resolution, or family cohesion.

The present study seeks to address these gaps by examining the effectiveness of psychodynamic therapy—specifically ISTDP—on marital relationship quality and

cognitive emotion regulation in couples experiencing marital conflict.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quasi-experimental design with a pretest-posttest and a control group. The statistical population consisted of couples experiencing marital conflicts in the city of Babol in 2023. Twenty-eight individuals (14 couples) with marital conflicts were selected using a convenience sampling method and were randomly assigned to the experimental group ($n = 14$) and the control group ($n = 14$). The data collection tools included the Marital Relationship Quality Questionnaire and the Cognitive Emotion Regulation Questionnaire. The experimental group underwent psychodynamic therapy for 12 sessions (two 90-minute sessions per week), while the control group received no treatment.

2.2. Measures

2.2.1. Marital Stability

The Marital Relationship Quality Scale (Revised Form) was developed by Busby, Crane, Larson, and Christensen in 1995 to assess the quality of marital relationships. This questionnaire contains 14 items and three subscales: agreement (6 items), satisfaction (5 items), and cohesion (3 items). The total score reflects the overall quality of the marital relationship, with higher scores indicating better relationship quality. This 14-item questionnaire is scored using a 6-point Likert scale ranging from 0 to 5, where a score of 5 corresponds to "always agree" and a score of 0 to "always disagree" (5 = always agree, 4 = almost always agree, 3 = sometimes agree, 2 = often disagree, 1 = almost always disagree, 0 = always disagree).

The original form of this scale, which includes 32 items, was developed by Spanier based on the theoretical framework of Lewis and Spanier concerning marital quality. Bradbury, Fincham, and Beach (2000) later introduced the 14-item version as a suitable instrument for assessing marital relationship quality. Confirmatory factor analysis validated the three-factor structure of the questionnaire in the United States and supported its construct validity (Holist, Cody, & Miller, 2005). Cronbach's alpha coefficients reported by Holist et al. (2005) for the subscales of agreement, satisfaction, and cohesion were 0.79, 0.80, and 0.90, respectively. Criterion validity was evaluated using the

ENRICH Marital Satisfaction Scale (1983), the Family Adaptability and Cohesion Evaluation Scales (FACES) by Olson et al. (1986), and Spanier's Dyadic Adjustment Scale (1976). The correlations between the dimensions of the Marital Relationship Quality Questionnaire and the criterion measures were statistically significant ($p < .0001$), indicating strong and satisfactory construct validity. This tool appears useful for initial screening of couples in pre-marital, marital, and family therapy contexts in counseling and clinical settings. It can also be applied in research environments and used to enhance relationship quality and enrich family life across various levels of society. In Iran, Yousefi (2011) confirmed the three-factor structure (agreement, satisfaction, cohesion) for the Iranian population using oblimin direct rotation in exploratory factor analysis. Confirmatory factor analysis also supported the model fit. Internal consistency reliability (Cronbach's alpha and split-half) for the 14 items and three factors were satisfactory (0.92 and 0.89, respectively). Convergent validity coefficients between the Marital Relationship Quality Questionnaire and the Marital Satisfaction Questionnaire, the Couple Cohesion Assessment Scale, and the Dyadic Adjustment Scale were 0.39, 0.36, and 0.33 respectively ($p < .0001$). Additionally, independent t-tests showed no significant differences between men and women in the subscales, and multivariate analysis of variance (MANOVA) indicated no significant differences in marital relationship quality across eight age groups.

2.2.2. Cognitive Emotion Regulation

This questionnaire was developed by Garnefski and colleagues in 2001. It is a multidimensional, self-report instrument consisting of 36 items, available in versions for both adults and children. The CERQ assesses nine cognitive emotion regulation strategies: self-blame, acceptance, rumination, positive refocusing, refocus on planning, positive reappraisal, putting into perspective, catastrophizing, and blaming others. The items are scored on a 6-point Likert scale from 0 to 5 (Never = 1, Rarely = 2, Sometimes = 3, Often = 4, Always = 5). Every four questions assess one specific strategy, covering the nine factors: self-blame, blaming others, catastrophizing, rumination, refocusing on planning, acceptance, positive refocusing, and positive reappraisal. The questionnaire does not contain any reverse-coded items.

2.3. Intervention

The intervention consisted of a structured psychodynamic therapy program implemented over 12 sessions, with two 90-minute sessions per week, conducted in a clinical setting. The therapeutic approach was grounded in classical psychodynamic principles, focusing on uncovering unconscious conflicts, analyzing defense mechanisms, and exploring early relational patterns, particularly those rooted in childhood experiences. Sessions began with establishing a secure therapeutic alliance, followed by facilitating free association, dream analysis, and exploration of transference and countertransference phenomena. Emphasis was placed on helping participants gain insight into unresolved emotional issues that influenced their current marital conflicts and emotion regulation difficulties. Throughout the intervention, the therapist encouraged reflection on internalized relationship templates, helped identify recurring maladaptive relational patterns, and supported the emotional processing of repressed or suppressed experiences. The therapeutic process aimed to bring unconscious thoughts and feelings into conscious awareness, enabling participants to better understand themselves and their partners, develop healthier emotional responses, and improve interpersonal functioning within their marital relationship. The control group did not receive any form of intervention during the study period.

2.4. Data Analysis

Data were analyzed using both descriptive and inferential statistical methods. Descriptive statistics, including mean and standard deviation, were calculated to summarize pretest and posttest scores for both the experimental and control groups. To ensure the normality of data distribution, the Kolmogorov-Smirnov (K-S) test was applied. Repeated measures analysis of variance (ANOVA) was then used to evaluate the within-subject effects of time (pretest vs. posttest), the between-subject effects of group (experimental vs. control), and their interaction on the dependent variables—marital relationship quality, positive cognitive emotion regulation, and negative cognitive emotion regulation. Effect sizes and statistical power were also reported to assess the magnitude and reliability of the observed effects.

3. Findings and Results

Table 1 indicates that the mean scores of marital relationship quality and cognitive emotion regulation

changed from pretest to posttest in both the experimental and control groups.

Table 1

Mean and Standard Deviation of Pretest and Posttest Scores for Marital Relationship Quality

Variable	Group	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD
Marital Relationship Quality	Control	35.86	5.39	36.78	5.54
	Experimental	34.45	5.38	49.35	6.68
Positive Cognitive Regulation	Control	39.23	4.74	42.41	7.43
	Experimental	40.78	4.24	50.32	5.27
Negative Cognitive Regulation	Control	38.58	4.56	38.74	4.68
	Experimental	40.87	4.37	30.68	3.53

Since the significance level obtained from the Kolmogorov-Smirnov (K-S) test for the variables was greater than the threshold value of 0.05, it can be concluded

that the distribution of the variables in the sample follows a normal distribution.

Table 2

Results of Repeated Measures ANOVA for Within-Subject Factor and Its Interaction with Group – Marital Relationship Quality

Variable	Source of Variation	Sum of Squares	df	Mean Square	F Value	p-value	Effect Size	Power
Marital Relationship Quality	Time	4586.486	1	4586.486	132.864	0.0001	0.586	0.0001
	Time * Group	3984.352	1	3984.352	49.351	0.0001	0.635	0.0001
	Error Variance	1924.186	25	76.967				

Based on the results, the within-subject factor for marital relationship quality showed a statistically significant difference between pretest and posttest. Therefore, it can be concluded that the interaction effect between marital

relationship quality and group membership was significant. Consequently, psychodynamic therapy had a significant effect on improving marital relationship quality in couples with marital conflicts (Table 2).

Table 3

Results of Repeated Measures ANOVA for Within-Subject Factor and Its Interaction with Group – Cognitive Emotion Regulation

Variable	Source of Variation	Sum of Squares	df	Mean Square	F Value	p-value	Effect Size	Power
Positive Cognitive Regulation	Time	5125.863	1	5125.863	138.321	0.0001	0.521	0.0001
	Time * Group	4278.512	1	4278.512	52.547	0.0001	0.537	0.0001
	Error Variance	2934.378	25	117.375				
Negative Cognitive Regulation	Time	4535.531	1	4535.531	232.961	0.0001	0.651	0.0001
	Time * Group	3534.453	1	3534.453	167.538	0.0001	0.623	0.0001
	Error Variance	2153.869	25	86.154				

Based on the results, since the within-subject factor for positive cognitive emotion regulation was significant between pretest and posttest, it can be concluded that psychodynamic therapy had a statistically significant effect on cognitive emotion regulation in couples with marital conflicts (Table 3).

4. Discussion and Conclusion

The findings of this study revealed that psychodynamic therapy had a statistically significant impact on improving marital relationship quality and enhancing cognitive emotion regulation among couples experiencing marital conflict. Specifically, participants in the experimental group, who received twelve sessions of Intensive Short-Term

Dynamic Psychotherapy (ISTDP), showed marked improvement in their posttest scores in both marital quality and emotion regulation dimensions compared to the control group. These results align with the foundational premise of psychodynamic therapy, which posits that bringing unconscious emotional conflicts to consciousness and resolving them can lead to meaningful improvements in interpersonal relationships and psychological well-being (Kashefi et al., 2024; Moradzadeh Khorasani et al., 2020).

One of the critical outcomes observed was the enhancement in marital relationship quality following psychodynamic intervention. This is consistent with previous studies that have demonstrated the effectiveness of ISTDP in improving various dimensions of marital functioning, including satisfaction, intimacy, cohesion, and commitment. For example, Ahmadi et al. (2018) found that brief psychodynamic psychotherapy significantly increased marital satisfaction by targeting maladaptive relational patterns that originate in early life experiences (Ahmadi et al., 2018). Similarly, Jarareh and Taleh-Pasand (2011) reported improvements in couple satisfaction after addressing unconscious defenses through dynamic therapeutic techniques (Jarareh & Taleh-Pasand, 2011). The findings of the present study support these conclusions, indicating that ISTDP facilitates emotional closeness and adaptive conflict resolution in marital contexts.

Furthermore, the study revealed a significant reduction in maladaptive cognitive emotion regulation strategies, such as self-blame and rumination, along with an increase in adaptive strategies like positive reappraisal and refocusing on problem-solving. These changes suggest that psychodynamic therapy can strengthen the emotional resilience of individuals within relational systems by transforming the underlying psychological processes that give rise to dysfunctional emotional responses. This finding is consistent with the work of Mehboodi et al. (2022), who found that ISTDP improved emotion regulation and reduced reliance on primitive defense mechanisms in individuals with social anxiety (Mehboodi et al., 2022). Moreover, Shams et al. (2022) demonstrated that ISTDP led to improvements in emotional regulation and secure attachment styles in women who experienced marital infidelity, further substantiating the present results (Shams et al., 2022).

Another aspect of the findings concerns the transformative role of ISTDP in altering deep-rooted intrapsychic conflicts that often manifest in marital dysfunction. By facilitating the therapeutic exploration of

unconscious processes and relational traumas—often stemming from childhood—ISTDP helps clients understand the psychological templates they unconsciously apply in current relationships (Balali Dehkordi & Fatehizade, 2022). This aligns with the findings of Kashefi et al. (2023), who reported that ISTDP was effective in increasing self-differentiation and promoting secure attachment behaviors in women with a tendency toward marital infidelity (Kashefi et al., 2023). The results of the current study, in turn, suggest that addressing such psychological patterns can lead to meaningful improvement in emotional regulation and overall marital dynamics.

The central therapeutic mechanism that appears to underlie these changes is the dismantling of maladaptive defense mechanisms and the creation of a corrective emotional experience within the therapeutic relationship. Mobassem's (2022) case study highlighted how focusing on defense restructuring and affective clarification allowed a woman with marital conflict to gain deeper emotional insight and express her needs more clearly (Mobassem, 2022). In the same vein, Parisuz et al. (2019) found that ISTDP improved interpersonal processing and reduced emotional detachment in women experiencing emotional divorce (Parisuz et al., 2019). These studies, together with the current findings, confirm that psychodynamic therapy not only alleviates surface-level symptoms but also restructures deeper emotional and cognitive processes.

Moreover, the observed improvements in emotional regulation are particularly important given the close relationship between emotion regulation difficulties and marital dissatisfaction. Emotional dysregulation has been identified as a key factor in the development and maintenance of chronic relational conflict, with individuals often resorting to projection, denial, and other immature defenses when overwhelmed (Mami et al., 2020). ISTDP offers a structured method to expose and resolve these mechanisms, allowing clients to replace automatic emotional reactivity with reflective and empathic responses. This therapeutic gain is evident in the current study's findings, where individuals in the experimental group exhibited a significant decline in negative emotion regulation strategies post-intervention.

Furthermore, the importance of the therapist-client relationship as a vehicle for change was evident throughout the intervention. The therapeutic alliance in ISTDP is not just a supportive element but serves as an active tool for eliciting transference, interpreting emotional resistance, and promoting corrective emotional experiences. The role of

transference and its resolution appears to be particularly significant in addressing attachment insecurities and maladaptive interpersonal behaviors. As Karimi et al. (2024) suggest, psychodynamic therapy that includes focused transference work can substantially enhance spiritual and emotional well-being in women affected by marital betrayal (Karimi et al., 2024).

While most psychotherapeutic modalities emphasize skill acquisition or cognitive restructuring, ISTDP uniquely focuses on unconscious emotional processes and defenses. The results of the current study reaffirm the value of this depth-oriented model, especially in contexts involving complex relational histories and persistent emotional dysregulation. Consistent with the findings of Sarafraz and Moradi (2022), who demonstrated significant shifts in attachment styles among women with marital conflict after ISTDP, this study confirms the effectiveness of the approach in facilitating long-term relational transformation (Sarafraz & Moradi, 2022).

The congruence of these findings with a broad range of previous studies further validates the role of ISTDP as a potent and efficient intervention for emotionally distressed couples. Whether targeting infidelity-related trauma, emotional suppression, or longstanding interpersonal avoidance, ISTDP has demonstrated cross-contextual effectiveness in transforming both internal emotional life and external relational behaviors (Ranjbar Bahadori et al., 2022; Ziapour et al., 2023). The multi-dimensional improvements observed—in marital quality, emotional clarity, regulation strategies, and relational communication—reflect the integrated focus of psychodynamic therapy on both emotional depth and behavioral outcomes.

5. Suggestions and Limitations

Despite the promising findings, this study is not without limitations. The small sample size ($n = 28$) restricts the statistical power and limits the generalizability of the results to broader populations. Additionally, participants were drawn from a single urban center and selected using a convenience sampling method, which may have introduced selection bias. The absence of follow-up assessments means that the long-term sustainability of the observed improvements could not be evaluated. Moreover, the use of self-report instruments, while efficient, may have been influenced by social desirability bias or participants'

subjective interpretation of their emotional and relational states.

Future studies should aim to address these limitations by employing larger and more diverse samples across different geographical regions and cultural settings. Incorporating random sampling methods and longitudinal designs with multiple follow-up intervals would enhance the robustness and external validity of the findings. Researchers are encouraged to use mixed-method approaches, combining quantitative tools with qualitative interviews or observational data to capture the nuances of the therapeutic process and client experience. Comparative studies evaluating ISTDP against other evidence-based interventions such as Emotion-Focused Therapy or Cognitive-Behavioral Therapy would also be beneficial in identifying the most effective treatment modalities for specific relational issues.

Practitioners working with couples facing persistent relational conflict should consider incorporating ISTDP into their therapeutic repertoire, especially when surface-level interventions fail to resolve deep-seated emotional issues. Clinicians should receive specialized training in identifying and interpreting defense mechanisms, as this competency is central to the success of psychodynamic approaches. It is also recommended that therapy settings foster a strong therapeutic alliance, as the relationship between therapist and client plays a critical role in facilitating emotional breakthroughs. Finally, integrating ISTDP with psychoeducation on emotion regulation and communication skills may enhance treatment outcomes and ensure more comprehensive and lasting improvements in relational health.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

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

Transparency Statement

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

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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