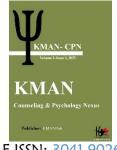


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Effectiveness of Self-Regulation—Based Couple Therapy on Marital Adjustment and Positive Thinking Among Married Employees in **Healthcare Centers**

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ABSTRACT

This study aimed to investigate the effectiveness of self-regulation-based couple therapy on marital adjustment and positive thinking among married employees working in healthcare centers in Sari. This quasi-experimental study used a pretest-posttest design with a control group. The statistical population included all married employees of healthcare centers in Sari during the fall of 2021, from which 30 individuals were selected through cluster sampling and assigned to experimental (n = 15) and control (n = 15) groups. Data were collected using the Spanier Marital Adjustment Scale (1976) and the Ingram & Wisnicki Positive Thinking Questionnaire (1998). The experimental group received nine 90-minute sessions of self-regulation-based couple therapy, whereas the control group received no intervention. After the intervention, both groups completed the posttest. Data analysis was conducted using univariate and multivariate analysis of covariance (ANCOVA and MANCOVA) in SPSS-22. Results showed a significant effect of the intervention on marital adjustment (F = 85.72, p < .001, η^2 = .76) and positive thinking (F = 87.93, p < .001, η^2 = .77). Significant improvements were also found in marital adjustment subcomponents, including dyadic satisfaction (F = 23.04, p < .001, η^2 = .46), dyadic cohesion (F = 48.63, p < .001, η^2 = .64), dyadic consensus (F = 19.78, p < .001, η^2 = .42), and expression of affection (F = 55.58, p < .001, η^2 = .67). Statistical power across all analyses ranged from .99 to 1.00, confirming the robustness of the findings. Self-regulationbased couple therapy significantly enhances marital adjustment, positive thinking, and key relational dimensions, demonstrating its effectiveness as a comprehensive therapeutic approach for improving marital functioning.

Keywords: Self-regulation; Marital adjustment; Positive thinking; Couple therapy; Dyadic functioning



1. Introduction

arital relationships represent one of the most significant interpersonal systems influencing adults' emotional, cognitive, and behavioral functioning. The stability, health, and quality of marital life are not merely private emotional matters but play a central role in shaping family well-being and broader community functioning. In recent decades, researchers have increasingly focused on the mechanisms underlying marital adjustment and the factors that protect or endanger the quality of intimate relationships. Within this effort, theoretical frameworks such as marital self-regulation, emotional self-regulation, psychological flexibility, communication patterns, and intimacy-based processes have been identified as the fundamental pillars determining whether marital relationships lean toward stability, trust, and cooperation or incline toward conflict, emotional distancing, and dissatisfaction (Sharifi et al., 2020). Growing evidence suggests that the transition from marital distress to marital adjustment occurs through identifiable psychological mechanisms that can be enhanced through targeted interventions, especially structured couple therapy programs.

One of the most influential psychological constructs in this domain is marital adjustment, which encompasses the degree of satisfaction, cohesion, emotional regulation, and consensus between spouses. Predictive models have demonstrated that variables such as psychological flexibility, frustration intolerance, and self-compassion can meaningfully shape marital adjustment when mediated by marital self-regulation strategies (Alizadeh et al., 2023). The extension of this model through additional mediators such as self-compassion and intra-relationship flexibility further highlights the centrality of adaptive cognitive-emotional functioning in sustaining marital quality. Similarly, additional research confirms that marital adjustment is significantly predicted by constructs like self-compassion and marital self-regulation, confirming the robustness of these components across marital contexts (Alizadeh et al., 2024). Altogether, these findings position self-regulatory processes as key mechanisms through which marital harmony is established, maintained, or restored.

The rise of self-regulation-based couple therapy as a clinical method has emerged from this theoretical framework. Self-regulation refers to the individual's capacity to understand, monitor, and modify internal impulses, emotions, and behaviors in a way that enhances relationship functioning. In clinical settings, couple therapy

models grounded in self-regulation emphasize how spouses can independently alter maladaptive interpersonal cycles without waiting for reciprocal change. Studies comparing the effectiveness of emotionally focused couple therapy and self-regulation couple therapy for couples at risk of divorce have shown that both approaches improve ego strength; however, self-regulation-based therapy demonstrates unique contributions in cognitive-behavioral restructuring and resilience-building processes (Ataeimehr et al., 2023). Furthermore, broader research on infidelity, one of the most destructive forces in marital relationships, illustrates the importance of restoring self-regulation capacities within couples to enhance forgiveness, rebuild trust, and regulate emotional breakdowns (Atkins et al., 2010). These findings reveal that when relational crises challenge emotional stability, self-regulation processes provide a pathway for individual and dyadic recovery.

In addition to its structural effect on marital satisfaction, self-regulation training has been shown to directly increase self-regulation capacities among newlywed couples, indicating that such interventions are not limited to distressed or conflictual couples but also beneficial as preventive mental health programs (Ghazalsaflou et al., 2022). This developmental flexibility in early marital stages can reduce the likelihood of future marital burnout, aggression, or miscommunication—patterns that tend to emerge when couples lack adequate emotional regulation strategies. Furthermore, research has documented that brief self-regulation couple therapy (SRCT) is effective in reducing marital covert relational aggression, modifying dysfunctional communication patterns, and decreasing alexithymia among couples involved in chronic conflict (Nesa Kazemi et al., 2021). Additional experimental evidence confirms that short-term SRCT interventions also diminish emotional dysregulation and maladaptive communication dynamics, further enhancing marital stability and supportive behavior (N. Kazemi et al., 2021). These findings collaboratively highlight the strong theoretical and empirical foundation supporting selfregulation as a high-impact therapeutic mechanism within couple therapy.

Another line of research underscores the importance of emotional self-regulation in shaping healthy marital functioning. For example, interventions like the Enneagram Typology Training Program have demonstrated measurable enhancements in emotional self-regulation among premarital couples, preparing them for future marital challenges by strengthening psychological readiness and

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emotional skills (Navabifar et al., 2020). This is consistent with evidence from structural marital models showing that marital burnout—a major psychological threat in long-term relationships—is significantly predicted by attachment styles, with marital self-regulation functioning as a mediating protective factor that enhances marital intimacy and reduces emotional withdrawal (Pouya et al., 2025). These interrelated findings suggest that self-regulation is not merely a skill but a central psychological mechanism determining the emotional tone and behavioral direction of marital relationships.

In understanding relationship difficulties, researchers have also emphasized the importance of interventions grounded in emotional and communication-focused therapeutic approaches. For example, Gottman-based therapeutic interventions, widely recognized for their empirical foundation, significantly enhance family cohesion and emotional self-regulation, processes that are essential for stable marital functioning and conflict resolution (Sarchuni, 2024). Emotion-oriented couple therapy has similarly been found effective in promoting forgiveness, emotional selfregulation, and reducing marital boredom among couples at risk of separation, highlighting the emotional underpinnings of marital stability (Scale, 2022). Likewise, Emotional Focused Couple Therapy (EFCT) has demonstrated significant improvements in forgiveness and emotional selfregulation, showing strong outcomes for divorce-seeking couples (Shokri et al., 2022). These therapeutic models provide evidence that emotional processes—particularly the capacity to regulate emotional responses—play a pivotal role in marital maintenance and recovery.

Research has further shown that some couple therapy approaches, particularly those that integrate self-regulation and attachment-based methods, can substantially improve family functioning in couples dealing with severe relational distress, such as women whose spouses have substance dependencies (Shiri et al., 2020). Additionally, studies of compassion-based couple therapy have revealed meaningful improvements in depression, marital quality of life, and optimism among couples, supporting the notion that emotional processing, empathy, and self-regulation are interlinked and therapeutically synergistic (Shojaei KalateBali et al., 2022). These findings collectively reinforce the idea that marital adjustment is not solely a behavioral phenomenon but also deeply rooted in cognitive, emotional, and relational mechanisms that can be nurtured through structured therapeutic interventions.

Integrative models also highlight the role of marital selfregulation in understanding domestic violence and marital conflict. Causal modeling studies have shown that domestic violence is significantly influenced by marital intimacy, selfregulation, and marital conflict, indicating that selfregulation deficits may intensify destructive relational cycles (Shamsaei et al., 2022). A complementary study confirms the same causal pattern, reinforcing the conceptual link between self-regulation deficits and relational aggression (Shamsai et al., 2022). Together, these models emphasize that building marital self-regulation capacities may serve as a protective factor against the escalation of conflict, violence, and relational breakdown.

Another critical area in marital research concerns communication patterns. Self-differentiation, a construct closely related to emotional self-regulation, has been shown to predict communication patterns through the mediating role of psychological capital (Sharifi et al., 2020). Poor communication patterns—frequently characterized by ambiguity, irritability, defensiveness, or avoidance—are strongly associated with marital dissatisfaction and dysfunction, suggesting that interventions aimed at improving emotional and self-regulatory capacities are necessary for supporting constructive communication.

Moreover, couple therapy approaches that incorporate self-regulation mechanisms have shown effectiveness in enhancing overall marital satisfaction. Studies examining couple therapy with a self-regulation emphasis demonstrated significant improvements in marital satisfaction across multiple domains, validating its use in semi-experimental designs and community-based therapeutic settings (Solt Petloo et al., 2022). Additional research also supports its benefits for marital satisfaction and emotional functioning, particularly when applied to couples experiencing chronic relational strain (Solt Petloo et al., 2022). These findings strengthen the argument that self-regulation is a universal mechanism applicable across varied marital contexts and levels of distress.

A substantial body of research also illustrates the effectiveness of couple therapy approaches that integrate emotional and cognitive components. For example, EFCTbased interventions have shown improvements in forgiveness, emotional regulation, and reductions in marital burnout, reflecting the emotional transformation possible within relationship therapy (Shokri et al., 2022). Among couples facing severe emotional fatigue or attachment wounds, these therapies aim to restructure emotional experiences and increase mutual responsiveness-processes

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that directly align with self-regulation and relational restructuring models.

Taken together, these findings highlight the importance of developing and implementing couple therapy interventions that strengthen self-regulation, emotional regulation, communication competence, and interpersonal flexibility, all of which play foundational roles in marital adjustment. Despite accumulated empirical progress, many couples continue to struggle with relational dissatisfaction, emotional exhaustion, communication deficits, and maladaptive relational patterns that inhibit marital stability. Thus, there remains a growing need to apply structured, evidence-based interventions—particularly those grounded in self-regulation principles—to support marital adjustment and positive psychological outcomes.

Therefore, the aim of the present study is to investigate the effectiveness of self-regulation-based couple therapy on marital adjustment and positive thinking among married individuals.

2. Methods and Materials

2.1. Study Design and Participants

In the present study, one of the two groups was exposed to the experimental variable (independent variable), which is referred to as the experimental group. The other group was not exposed to the independent variable and continued its usual routine; this group is referred to as the control group. The statistical population in this study included all married employees working in healthcare centers in the city of Sari during the fall of 2021. The sampling method used in this study was cluster sampling. Accordingly, among the healthcare centers of Sari, Health Center No. 2 and No. 3 were selected, and from Center No. 2, a total of 30 individuals were selected as the sample and placed into two groups of 15 participants each (experimental and control).

2.2. Measures

The Positive Automatic Thoughts Questionnaire, also known as the Positive Thinking Questionnaire, was developed by Ingram and Wisnicki in 1998. This questionnaire is a 30-item self-report scale assessing the frequency of positive thoughts (Karimi, 2012). Scoring is based on a five-point Likert scale ranging from never (1), rarely (2), sometimes (3), often (4), to always (5). Participants respond according to the number of positive thoughts they experienced during the previous week. The

minimum score on this questionnaire is 30 and the maximum score is 150. The average score for a participant is 90. The higher the total score above 90 and the closer it approaches 150, the higher the individual's level of positive thinking (Karimi, 2012). The Positive Thinking Questionnaire by Ingram and Wisnicki (1998) includes five subscales: Daily Positive Functioning (items 6, 7, 11, 13, 14, 15, 17, 19, 20, 29), Positive Self-Evaluation (items 10, 20, 22, 23, 25, 28), Evaluation of Self by Others (items 1, 2, 5, 12), Positive Future Expectations (items 3, 4), and Self-Confidence (items 8, 9, 16, 18, 24, 26, 27, 30). Ingram and Wisnicki (1998) reported correlation coefficients of -0.33 with the Beck Depression Inventory and -0.37 with the State-Trait Anxiety Inventory as evidence of construct and discriminant validity. Ingram and Wisnicki (1998) reported Cronbach's alpha reliability of .94 and test-retest reliability of .95. Karimi, Karbalaei, Migoni, and Sabet (2016) reported a Cronbach's alpha of .94 for the total scale. The reliability of the Positive Thinking Questionnaire has also been reported as .94 using Cronbach's alpha and .95 using the split-half method (Ghavidel, Gilvari, & Noshin Fard, 2012). Furthermore, Karimi (2012) reported the reliability of this questionnaire as .89 based on Cronbach's alpha.

This 32-item instrument assesses the quality of the marital relationship from the perspective of the husband, wife, or both individuals living together. It was developed for several purposes. By summing the total scores, it can be used to measure overall satisfaction in an intimate relationship. Factor analysis indicates that this scale assesses four dimensions of the relationship: dyadic satisfaction, dyadic cohesion, dyadic consensus, and expression of affection. With some modifications, the instrument can also be used in interviews. The Marital Adjustment Scale yields three different ranking measures. The total score, which ranges from 0 to 151, reflects better relationships at higher values. The subscale items are as follows: Dyadic Satisfaction: items 16, 17, 18, 19, 20, 22, 23, 31, 32; Dyadic Cohesion: items 28, 27, 26, 25, 24; Dyadic Consensus: items 5, 3, 2, 1, 8, 9, 10, 11, 12, 13, 14, 15; Expression of Affection: items 30, 29, 6, 4. The Marital Adjustment Scale was developed based on a sample of married individuals (n = 218) and divorced individuals (n = 94). The mean age of married participants was 35.1 years, while that of divorced participants was 30.4 years. The mean duration of marriage for married participants was 13.2 years and the average for the divorced group was 8.5 years. The mean total score for married participants was 114.8 with a standard deviation of 17.8. The total scale demonstrated high internal consistency

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with Cronbach's alpha of .96. Internal consistency for the subscales ranged from good to excellent: dyadic satisfaction = .94; dyadic cohesion = .81; dyadic consensus = .90; expression of affection = .73. Content validity was examined using logical methods. The scale demonstrated discriminative validity by distinguishing between married and divorced participants on all items. Concurrent validity was supported through correlations with the Locke–Wallace Marital Adjustment Test.

2.3. Intervention

This included training in self-regulation-based couple therapy using techniques from short-term couple therapy (Halford et al., 2004) across nine 90-minute sessions conducted with the experimental group by the researcher.

Session 1: Introduction of participants, familiarization, and administration of the pretest using the Spanier (1976) Marital Adjustment Scale and the Ingram and Wisnicki (1998) Positive Thinking Questionnaire.

Session 2: Examination of the spouses' problems with a focus on the attending partner. The session aimed to address the present partner's shortcomings, enhance psychological empowerment, identify threats to marital relationships, establish realistic therapeutic expectations, and encourage active engagement.

Session 3: Exploration of shared background factors among married participants. A list of strengths and weaknesses in the marital relationship was created. Personal vulnerabilities and problems were assessed, and adaptive processes and relationship outcomes were examined.

Session 4: Discussion of goals and feedback. Major concerns were evaluated and common ground was established through restatement, reframing, empathybuilding, and identifying destructive beliefs.

Session 5: Feedback-based and self-directed goal setting. Participants identified effective relational models and established shared goals. Once goals were clarified, the process of self-change could begin.

Session 6: Review and self-change. Necessary competencies for self-change were evaluated. Participants assessed the impact of self-change on their relationship, recognized high-risk situations, and learned strategies for managing these situations and regulating themselves.

Session 7: Examination of psychological and educational aspects of the marital relationship. These aspects reflect the development of self-regulatory skills. As spouses increase their understanding of adaptation processes and influencing

factors, they develop better abilities to evaluate their current interactions and set appropriate self-change goals.

Session 8: Directive change. Participants who had identified relationship goals but had not achieved self-change due to inadequate communication skills received structured training in communication and effective dialogue.

Session 9: Posttest and integration. The impact of self-change was evaluated, and efforts were made to generalize and maintain the results. The posttest was administered using the Spanier (1976) Marital Adjustment Scale and the Ingram and Wisnicki (1998) Positive Thinking Questionnaire, and post-intervention changes were examined.

2.4. Data analysis

Initially, with permission from the head of Health Center No. 2 in Sari, a list of married employees was provided to the researcher. The researcher, with the assistance of the center's supervisor, contacted all individuals and invited them to participate in the study. With informed consent from 40 married employees willing to participate, the Spanier (1976) Marital Adjustment Scale and the Ingram and Wisnicki (1998) Positive Thinking Questionnaire were distributed. After collecting and reviewing questionnaires, individuals scoring below 75 on the Marital Adjustment Scale and below 90 on the Positive Thinking Questionnaire were selected as participants, totaling 30 individuals who were assigned to two groups of 15 (experimental and control). After the pretest, the experimental group received self-regulation-based couple therapy according to Halford's (2020) couple therapy manual across nine 90-minute sessions. After completing the sessions, the posttest was administered to both groups using the same questionnaires. The data obtained were analyzed using univariate and multivariate analysis of covariance (ANCOVA and MANCOVA) with SPSS version 22.

3. Findings and Results

The findings of the study are presented in two sections: first, descriptive statistics related to the research variables before and after the self-regulation-based couple therapy intervention; and second, analytical reporting of the results. Table 1 displays the means and standard deviations of marital adjustment, positive thinking, and the subdimensions of marital adjustment (dyadic satisfaction, dyadic cohesion, dyadic consensus, and expression of affection) for the

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experimental and control groups in both the pretest and posttest stages.

 Table 1

 Descriptive Indices of Research Variables Before and After Self-Regulation—Based Couple Therapy

Variable	Groups	Pre-intervention Mean	Pre-intervention SD	Post-intervention Mean	Post-intervention SD
Marital Adjustment	Experimental	70.40	5.17	84.56	4.13
	Control	69.93	3.97	70.66	5.45
Positive Thinking	Experimental	77.06	4.12	90.01	4.69
	Control	77.08	2.91	77.28	3.25
Dyadic Satisfaction	Experimental	20.00	2.87	23.40	1.91
	Control	19.73	2.49	20.01	2.88
Dyadic Cohesion	Experimental	11.87	1.68	14.03	1.43
	Control	11.93	1.62	11.80	1.78
Dyadic Consensus	Experimental	30.13	3.33	35.40	1.95
	Control	29.80	2.93	30.53	3.66
Expression of Affection	Experimental	8.40	1.29	11.73	1.48
	Control	8.46	1.24	8.33	1.39

The descriptive results show that the experimental group demonstrated a notable increase in marital adjustment, positive thinking, and all subcomponents of marital adjustment following the self-regulation—based couple therapy intervention. In contrast, the control group exhibited minimal or negligible changes across all variables between the pretest and posttest stages. These patterns suggest the potential effectiveness of the intervention prior to conducting the inferential analyses.

Before conducting the main analyses, the required statistical assumptions for ANCOVA and MANCOVA were examined. The results indicated that the assumption of normality was met based on the Kolmogorov–Smirnov test,

showing that the distribution of scores for all variables did not significantly deviate from normal. The assumption of homogeneity of variances was confirmed through Levene's test, indicating that error variances were equal across groups. Additionally, the assumption of homogeneity of regression slopes was satisfied, demonstrating that the relationship between the covariate (pretest scores) and posttest scores was consistent across the experimental and control groups. The linearity and independence of observations were also supported, and no multicollinearity was detected among the dependent variables, confirming the suitability of the data for multivariate and univariate covariance analyses.

 Table 2

 Summary of Multivariate and Univariate ANCOVA Results for Marital Adjustment, Positive Thinking, and Subcomponents in Experimental and Control Groups

Variable / Source	SS	df	MS	F	Sig.	η^2	Power
Positive Thinking							
Between Groups	1240.32	1	1240.32	87.93	.000	.77	1.00
Error	366.71	26	14.10	_	_	_	_
Total	1673.17	29	_	_	_	_	_
Marital Adjustment							
Between Groups	1395.77	1	1395.77	85.72	.000	.76	1.00
Error	423.32	26	16.29	_	_	_	_
Total	2103.91	29	_	_	_	_	_
Dyadic Satisfaction							
Between Groups	78.38	1	78.38	23.04	.000	.46	.99
Error	91.83	27	3.40	_	_	_	_
Total	254.30	29	_	_	_	_	_
Dyadic Cohesion							
Between Groups	39.01	1	39.01	48.63	.000	.64	1.00
Error	21.66	27	0.80	_	_	_	_

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Total	110.37	29	_	_	_	_	_
Dyadic Consensus							
Between Groups	1796.85	1	1796.85	19.78	.000	.42	.99
Error	241.30	27	8.93	_	_	_	_
Total	418.96	29	_	_	_	_	_
Expression of Affection							
Between Groups	88.61	1	88.61	55.58	.000	.67	1.00
Error	43.04	27	1.59	_	_	_	_
Total	144.96	29	_	_	_	_	_

The combined ANCOVA results presented in Table 2 demonstrate that the self-regulation-based couple therapy had a statistically significant effect on all measured variables. For the two major outcomes, positive thinking (F = 87.93, p < .001, η^2 = .77) and marital adjustment (F = 85.72, p < .001, η^2 = .76), the intervention accounted for a large proportion of variance, with statistical power reaching 1.00 in both cases. Among the marital adjustment subcomponents, dyadic satisfaction showed a significant improvement (F = 23.04, p < .001, η^2 = .46), indicating a moderate-to-large effect size. Dyadic demonstrated an even stronger effect (F = 48.63, p < .001, η^2 = .64), while dyadic consensus also improved significantly (F = 19.78, p < .001, η^2 = .42). The largest effect among the subcomponents was observed for expression of affection (F = 55.58, p < .001, η^2 = .67), indicating powerful gains in emotional expressiveness following the intervention. Across all variables, power values ranged from .99 to 1.00, confirming that the analyses were adequately sensitive to detect differences. These findings collectively highlight the strong and consistent impact of the self-regulation-based couple therapy on enhancing marital functioning and positive cognitive processes in the experimental group compared to the control group.

4. Discussion and Conclusion

The findings of the present study demonstrated that couple therapy based on the self-regulation approach produced substantial improvements in marital adjustment, positive thinking, and all subcomponents of marital adjustment—including dyadic satisfaction, dyadic cohesion, dyadic consensus, and expression of affection—compared to the control group. These results clearly support the theoretical assumption that self-regulatory processes play a decisive role in shaping the quality, stability, and emotional dynamics of marital relationships. The significant rise in marital adjustment in the experimental group highlights that self-regulation not only assists individuals in managing internal emotional states but also restructures behavioral and

communication patterns in ways that foster intimacy, cooperation, and mutual understanding. The strong effect sizes observed across variables further indicate that self-regulation-based interventions have the potential to influence multiple layers of marital functioning, from emotional to cognitive to behavioral domains.

A central finding of this research is the significant improvement in positive thinking among participants who received the self-regulation training. Positive thinking is widely conceptualized as a cognitive resource that enables individuals to interpret marital interactions with greater optimism, resilience, and flexibility. This connection between self-regulation and positive cognitive processing aligns with findings showing that emotional self-regulation training increases general self-regulatory capacities among newlywed couples (Ghazalsaflou et al., 2022). The present results confirm that when couples strengthen their ability to monitor and modify emotional and cognitive responses, the probability of adopting more constructive interpretations within marital relationships increases. Positive thinking can thereby act as a protective psychological factor that buffers couples against conflict escalation, emotional disengagement, and relational dissatisfaction.

The enhanced marital adjustment observed in the experimental group resonates strongly with previous findings that marital adjustment is predicted by psychological flexibility, frustration tolerance, and selfcompassion when mediated by marital self-regulation (Alizadeh et al., 2023). Similarly, additional research demonstrating that marital self-regulation and selfcompassion serve as significant predictors of marital adjustment further aligns with the outcomes of this study (Alizadeh et al., 2024). These studies consistently reveal that the mechanism through which couples achieve marital harmony is primarily internal rather than external. In other words, marital satisfaction emerges not merely through changes in the partner's behavior but through each individual's ability to regulate their own internal states and align their actions with relational values.

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Furthermore, the findings mirror existing evidence that short-term self-regulation couple therapy effectively reduces relational aggression. alters dvsfunctional communication patterns, and decreases alexithymia among conflictual couples (Nesa Kazemi et al., 2021). The strong improvements observed in dyadic consensus and dyadic cohesion in the present study are consistent with the notion that self-regulation helps partners break repetitive negative cycles and replace them with clearer communication, balanced emotional expression, and mutual problemsolving. Similar results were also reported in studies demonstrating that self-regulation interventions reduce emotional dysregulation and communication difficulties (N. Kazemi et al., 2021). The enhancements in the marital communication dimensions found here echo the structural and functional improvements observed in those earlier works.

In a similar vein, research comparing emotionally focused couple therapy with self-regulation couple therapy revealed that self-regulation-based methods produce significant growth in ego strength, emotional stability, and relational functioning among couples at risk for divorce (Ataeimehr et al., 2023). The present findings, particularly those related to dyadic satisfaction and expression of affection, reinforce the conclusion that self-regulation provides individuals with tools to reduce emotional reactivity and adopt more constructive relational behaviors. This pattern supports further evidence showing that when couples enhance their emotional self-regulation abilities, they tend to experience improvements in marital commitment, intimacy, and relationship satisfaction (Sarchuni, 2024). These converging lines of research suggest that self-regulation therapy operates not only at the level of emotional management but also leads to broader relational healing and transformation.

The observed increase in expression of affection is particularly noteworthy, as this subcomponent of adjustment is often resistant to change in brief therapeutic interventions. However, the results are consistent with research on compassion-based couple therapy, which has been shown to enhance marital quality and optimism—variables closely related to the ability to express affection and emotional closeness (Shojaei KalateBali et al., 2022). The meaningful rise in affective expression in the present study suggests that self-regulation may unlock deeper emotional capacities, facilitating empathy, compassion, and supportive behaviors. The mechanism here may involve reducing emotional defensiveness, fostering accurate emotional appraisal, and

increasing socio-emotional attunement, as also discussed in prior models of emotional self-regulation and marital functioning (Navabifar et al., 2020).

The findings are further consistent with causal models indicating that marital intimacy, self-regulation, and conflict patterns serve as important predictors of domestic violence (Shamsaei et al., 2022). Since the present intervention improved multiple dimensions of marital functioning, it may also act as a preventative intervention against escalations of conflict or aggression, as supported by similar causal models (Shamsai et al., 2022). The reduction in relational tension and the increase in dyadic cohesion in the current study suggest that self-regulation-based therapy may strengthen internal resources in ways that prevent maladaptive relational cycles from emerging or intensifying.

The results also parallel findings that effective self-regulation is a mediating factor between attachment patterns and marital burnout (Pouya et al., 2025). By improving self-regulation, individuals may become more capable of managing attachment-related anxieties or avoidance tendencies, which in turn reduces the risk of emotional exhaustion within the marriage. The present study's improvement in positive thinking may similarly contribute to reducing the cognitive and emotional burden associated with chronic marital strain.

The significant improvements in dyadic satisfaction and dyadic consensus provide additional support for prior research showing that couple therapy using a self-regulation approach can increase marital satisfaction in semiexperimental settings (Solt Petloo et al., 2022). The alignment between these findings and the present study highlights the robustness of self-regulation interventions across diverse marital populations and therapeutic contexts. Moreover, emotionally focused and emotion-oriented couple therapies—which share conceptual overlap with selfthrough their emphasis regulation emotional processing—have been found effective in improving forgiveness and emotional regulation among divorceseeking couples (Scale, 2022; Shokri et al., 2022). The improvements in emotional variables reported here affirm the broader literature demonstrating the strong therapeutic impact of integrating emotional and self-regulatory skills.

Collectively, the results of this study reaffirm the importance of self-regulation as a foundational psychological mechanism in marital functioning. The intervention led to improvements across cognitive (positive thinking), emotional (affection, satisfaction), and interpersonal (cohesion, consensus) domains, indicating that

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self-regulation training can initiate comprehensive and multidimensional relational growth. This aligns with systemic findings that integrating attachment, emotional regulation, and cognitive restructuring approaches improves family functioning even under severe relational stress, such as in cases of substance-dependent spouses (Shiri et al., 2020). By supporting individuals in managing their internal experiences more effectively, self-regulation-based couple therapy appears to create internal conditions that promote healthier, more stable, and more satisfying marital relationships.

The overall evidence from this study and the referenced literature converge toward a consistent conclusion: strengthening self-regulation capacities in couples leads to meaningful enhancements in marital adjustment, emotional well-being, and relational functioning. This makes selfregulation-based couple therapy a promising, empirically supported method for addressing diverse marital challenges and promoting long-term relational health.

The study was limited by its relatively small sample size, which may affect the generalizability of the results. The research was also conducted within a single geographic region and among married employees in healthcare centers, limiting diversity in demographics and occupational backgrounds. Additionally, the intervention was delivered over a relatively short period, and no follow-up assessment was performed to examine the durability of treatment effects over time. Self-report measures may have introduced bias due to social desirability or participants' subjective interpretations of questionnaire items.

Future studies should employ larger, more diverse samples across various cultural and occupational contexts to enhance generalizability. Longitudinal designs with followup assessments are needed to determine whether the effects of self-regulation-based couple therapy persist over time. Researchers may also compare self-regulation-based therapy with other evidence-based couple therapy models using randomized controlled trials. Additionally, future research can explore the role of digital or technology-assisted delivery of self-regulation interventions to increase accessibility for couples with limited time or financial resources.

Practitioners should consider incorporating selfregulation frameworks into couple therapy programs, focusing on emotional monitoring, cognitive restructuring, and behavioral self-management skills. Counseling centers may integrate self-regulation modules into premarital preparation courses, marital enrichment programs, and

interventions for couples experiencing relational distress. Therapists may also train couples in daily self-regulation exercises to strengthen long-term relationship functioning.

Authors' Contributions

Authors contributed equally to this article.

Declaration

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

Transparency Statement

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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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