

Original Article

The Effectiveness of Self-regulated Couple Therapy on Intimacy and Marital Adjustment of Couples with Marital Problems

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Abstract

Background and Aim: A marital relationship forms the family, and its continuity and survival depend on the marital relationship's continuation and survival. This study aimed to investigate the effectiveness of Self-regulated couple therapy on intimacy and marital adjustment of couples with marital problems.

Materials and Methods: The present study was an applied and quasi-experimental design with pretest-posttest and follow-up with a control group. The statistical population of this study was all couples referred to counseling clinics in 2020. The sample consisted of 30 couples referred to counseling clinics in district 1 of Tehran, selected by convenience sampling method. The data were collected through the marital intimacy scale and marital adjustment questionnaire. Data were analyzed by repeated measure analysis of variance and SPSS.22 software.

Results: The results showed that self-regulated couple therapy was effective in increasing intimacy ($P < 0.001$) and marital adjustment ($P < 0.001$) of couples with marital problems.

Conclusion: Considering that self-regulated couple therapy promotes husband-wife relationships, as a result, its training improves couple relationships and consequently brings adjustment to couples. The couple's communication program has helped incompatible couples to continue their marital relationships again and increase their problem-solving skills to work on their problems in a constructive way.

Keywords: Marriage, Intimacy, Couples therapy, Marital adjustment

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Introduction

Marriage is the prelude to the formation of a family (1). A marital relationship forms the family, and its continuity and survival depend on the marital relationship's continuation and

survival. As the most important and highest social tradition, marriage has always been approved to meet the emotional and security needs of adults. Studies have shown that there is a strong relationship between marriage and well-being (2). Although good marriage

is one of the most important factors in the mental health of the society, if marriage and family life create unfavorable conditions to satisfy the mental needs of couples, not only mental health will not be realized, but it also has negative and sometimes irreparable effects so that neurological disorders, depression, and suicide are the consequences of family disputes (3).

Research showed that many marriages experience periods of considerable turmoil that put one or two sides of marriage at a stage of their lives at risk of mental disorders (e.g., anxiety and depression) (4). In a national context finding study, communication problems including divorce and other marital problems have been identified as the most important cause of acute emotional disturbances (5). Experts consider individuals' emotional reactions as one of the most important characteristics of problematic situations such as marital turmoil. They believe that the first step in all matters of life except the easiest one is to "pause and think" (6). Suppose people respond immediately when faced with the problem. In that case, they may not leave enough time for cognitive responses, responses that contribute to emotions in creating, maintaining, and interrupting, the person choosing a series of effective actions (7).

Marital adjustment is another variable that affects couples with problems (8). Marital adjustment is a situation in which husband and wife often feel happy and satisfied with each other. Adjustment in marriage is caused by mutual interest, caring for each other, accepting, understanding each other, and satisfying needs (9). The marital adjustment can be considered as the management of marital stresses. In this case, individuals have a correct exposure to the tensions caused by the differences between themselves and their husbands and coordinate their wishes with their partner's wishes, rather than ignoring their wishes (10). Marital adjustment of their couples is so important that it affects different aspects of their lives such as parental functioning, physical health, life satisfaction, and overall quality of life. It can be considered mutual understanding and acceptance, mutual support and support, valuable feeling, voluntary sense of responsibility for each other's needs, the ability to regulate emotions, and verbal expression that these characteristics are considered a skill and capable of educating couples (11).

On the other hand, intimacy is one of the other variables that affect couples with marital problems. One of the manifestations of human social life is constructive interaction between human beings and love for one's kind and communion. Intimacy in marital relationships is a very important behavioral model of a compromise concept with strong emotional and social aspects and is formed based on acceptance, satisfaction, and love (12). Psychologists define intimacy as the ability to communicate with another and express emotions and consider it an inalienable right and a natural human state (13). A person who experiences higher intimacy in relationships can present himself more favorably in relationships and express his needs more effectively to his partner and wife (14).

The existing approaches in couple therapy are the most effective means for couples who are less agitated and have positive affection between them. However, the Self-regulated couple therapy approach, which has been based on years of research, includes his primary therapeutic work in communication and analysis of 1,000 video programs interviewing couples. His approach uses the basic foundations of the behavioral model to focus on starting and rebuilding techniques (15). Self-regulated couple therapy is much more similar to traditional family therapy than counseling and behavioral therapy. In self-regulated couple therapy, the therapist plays the role of a mentor more than a treater (16). Self-regulated couple therapy is a mixed approach that has helped form the fundamentals and principles of belief in different therapy theories (17).

Goudarzi & Boostanipoor (18) concluded that systemic-behavioral couple therapy was effective in increasing marital adjustment. Ghahari et al., (19) research concluded that both emotionally focused and systemic couple therapy had a significant effect on increasing the coordination of conflicting couples. According to the results of various studies on the efficiency of the Self-regulated couple therapy approach and the effect of this on marital turmoil, divorce statistics are the most reliable indicator of marital problems, and the increase in divorce statistics in the country has attracted increasing attention to family health.

Since a healthy society is considered to have healthy families and families and the realization of a healthy family is contingent on having mental health and having desirable relationships with each other, and effective family functioning, such researches are necessary to cohere families and investigate the effectiveness of self-regulated couple therapy on marital intimacy and marital adjustment of couples with marital problems. Arrives. The main concern of the researcher in this study is to determine whether self-regulated couple therapy is effective among couples with marital problems and if so, then open the way for future research to consider these factors and help prevent this issue to psychologists and

counselors, couple therapists and family therapists. Therefore, the results of this study can be important for all researchers and behavioral sciences specialists (psychologists, family counselors, psychiatrists, etc.). This study aimed to investigate Self-regulated couple therapy's effectiveness on intimacy and marital adjustment of couples with marital problems.

Methods

The present study was an applied and quasi-experimental design with pretest-posttest and follow-up with a control group. This study's statistical population was all couples referred to counseling clinics in district

Table 1: Summary of Self-regulated Couple Therapy.

Sessions	Content
First	Establishing primary relationships with couples, identifying the threatening factors of marital relationship, creating realistic therapeutic expectations, committing couples to engage with the problem
Second	Preparing a list of strengths and weaknesses of marital relationships and factors affecting them, evaluating the feasibility of couple therapy, creating a common understanding of the problems in the relationship to facilitate change, finding common and positive grounds between couples.
Third	Investigate major concerns and create common ground by re-expressing statements and emphasizing the new formatting of concerns. Emphasis on paying attention to the positive aspects of the relationship. Re-formatting for empathy with the spouse. Change couples' documents.
Fourth	Self-directed feedback and targeting: Active feedback is given from the evaluation. Once the goals are known, couples can begin the process of self-change.
Fifth	The required competencies for self-change are assessed and couples assess the impact of self-change on their relationship, as well as the role of high-risk situations in marital relationships identified and how to deal with these conditions and how to deal with these conditions, and how to control themselves.
Sixth	The psychological aspect of relationship training means the development of self-regulated skills. While spouses increase their understanding of adaptation stages and factors affecting that process, they gain a better ability to assess current communication and adjust their goals;
Seventh	For couples who have shared communication goals and identified the self-change they want to make, but due to lack of communication skills, they have not been able to achieve self-change, structured exercises and effective communication and dialogue skills are taught.
Eighth	The results of self-change are evaluated and efforts are made to generalize and maintain these results.

1 of Tehran between January and March 2020. The sample consisted of 30 couples referred to counseling clinics in District 1 of Tehran selected by the convenience sampling method. Inclusion criteria were being in permanent marriage, having one year of their marriage, and being between the ages of 20 and 60 years. Exclusion criteria were incomplete information and a lack of response to all items of the questionnaire. The present study's ethical considerations were as follows: All individuals received written information about the research and participated in the research if they wished. The assurance was given to individuals that all information is confidential and will be used for research. To respect privacy, the participants' names and surnames were not registered. This article has the code of ethics committee numbered IR.IAU.ZAH.REC.1399.004 from Islamic Azad University of Zahedan. Obtaining a score lower than 60 on the marital adjustment scale was considered as marital incompatibility.

Materials

Marital Intimacy Scale

The scale was developed by Walker and Thompson, which has 17 questions and is set to measure couples' intimacy. The score range of each question ranges from 1 (never) to 7 (always) when higher scores sign higher intimacy. Each subject's score is obtained through the sum of the questions' scores and its division by the number 17. Calculation of the reliability coefficient by eliminating each of the questions also showed that deleting any of the questions has no significant effect on the reliability coefficient. This scale has good internal consistency with an alpha coefficient of 0.91 to 0.97 (20). Ebadi et al.'s (21) study indicates that the reliability coefficient of the whole scale by Cronbach's alpha method is 0.96, indicating the acceptable reliability of the questionnaire.

Marital Adjustment Questionnaire

Spanier Marital Adjustment Scale is a widely used tool in couples-related studies (22). This scale has 32 questions. This scale measures four wards of adaptation, continuity, agreement, expression of affection. The total number is between 0 and 151. Higher scores indicate better compatibility. This scale

has concurrent validity. The total consistency scale's mean score was 84.4 (SD 17.8) for married individuals and 70.7 (SD 22.8) for divorced groups. Cronbach's alpha of the whole scale (0.96) of internal consistency of compatibility, continuity, agreement, and expression of affection was 0.94, 0.81, 0.90, and 0.73, respectively. Isanezhad et al. (23) obtained a validity coefficient of 0.94 using criterion validity.

Self-regulated couple therapy was performed in 7 sessions of 90 minutes once a week for one and a half months based on the Self-regulated couple therapy educational package. This protocol's validity has been confirmed by its creators and has a high face and content validity (24).

In descriptive statistics, mean and standard deviation indices were used. Inferential statistics section: repeated measure ANOVA was used. To investigate the inferential test assumptions, Leven's test (to investigate the homogeneity of variances), Shapiro-Wilk test (for normality of data distribution), Mbox test, and Mauchly sphericity test were used. The above statistical analysis was performed using SPSS.22 software.

Results

The mean (SD) age in the experimental group was 38.55 (7.18) and in the control group was 40.15 (8.11). Analysis of variance with repeated measures was used to investigate the significant difference between marital intimacy scores between self-regulated couple therapy and the control group. Before repeated measure ANOVA, the results of Mbox and Levine tests were evaluated for observing the assumptions. Since the Mbox test was not significant for any of the research variables, the homogeneity requirement of variance-covariance matrices was properly observed. Also, no significant difference in Levene's test variables showed that the condition of parity of inter-group variances was observed, and the variance of dependent variable error was equal in all groups. Finally, the Mauchly sphericity test results showed that this test was also used for the marital intimacy variable. Therefore, the assumption of variance parity within-subjects (sphericity assumption) was observed (Mauchly's $W=0.81$).

Table 2: Frequency distribution and comparison of demographic characteristics.

Demographic variables		Experimental	Control	P-value
Age	30 to 40 years	9 (45)	10 (50)	0.43
	40 to 50 years	11 (55)	10 (50)	
Work Experience	5 to 10 years	9 (45)	8 (40)	0.34
	11 to 15 years	6 (30)	8 (40)	
	16 to 20 years	5 (25)	4 (20)	

Table 3: Mean and standard deviation of research variables scores in experimental and control.

Variable	Group	Pre-test		Post-test		Follow-up	
		M	SD	M	SD	M	SD
Marital intimacy	Experimental	45.05	9.52	56	10.01	55.75	10.10
	Control	44.45	8.61	44.30	8.63	44.25	8.65
Marital Adjustment	Experimental	59.30	5.66	65.05	5.33	64.20	4.97
	Control	55.40	5.04	55.10	5.02	55	5.26

Table 4: Analysis of variance with repeated measures to compare pre-test, post-test, and follow-up of marital intimacy in experimental and control groups.

Variables	Source effect	SS	Df	MS	F	P	Eta
Marital intimacy	Time	25.62	2	12.81	70.48	0.001	0.71
	Time*Group	12.86	2	6.43	35.39	0.001	0.55
	Group	184.40	1	184.40	12.08	0.001	0.21
Marital Adjustment	Time	87.62	2	43.81	164.78	0.001	0.85
	Time*Group	37.48	2	18.74	70.50	0.001	0.71
	Group	131.61	1	131.61	15.25	0.001	0.24

The results of Table 4 show that the analysis of variance is significant for intragroup (time) and intergroup factors. These results mean that considering the group's effect, the effect of time alone is also significant. Also, group and time interactions are significant ($P < 0.01$).

Discussion

This study aimed to investigate the effectiveness of Self-regulated couple therapy on intimacy and marital adjustment of couples with marital problems. The

results showed that Self-regulated couple therapy effectively affects intimacy, adjustment, and marital turmoil in couples with marital problems. The results of the current study were in line with previous studies comparing the effectiveness of emotion-focused couple therapy and Self-regulated couple therapy on marital coordination of conflicting couples and the results of Goudarzi & Boostanipoor's (18) study on the effectiveness of systemic-behavioral couple therapy on increasing marital adjustment.

In explaining that self-regulated couple therapy is effective on marital intimacy of couples with marital

problems referred to the counseling center, it can be said that given that Self-regulated couple therapy is known as a cognitive-systemic integrated approach, it can be expected that the most emphasis of the therapist in this approach is couple therapy on cognitive issues and relationships among family members, so it can be possible to be incompatible with the elimination and change of cognitions through Self-regulated couple therapy and by eliminating and changing cognitions. Furthermore, improve the strengthening cognitions of factors that provide marital intimacy. Changing cognitions through the effect on attitudes about marital relationships, improving the quality of marital relationships, strengthens commitment, guaranteeing marital relationships. Self-regulated couple therapy can also improve marital quality and increase marital intimacy because there is a relationship between the two variables of quality of marital relationships and marital intimacy (25). This treatment can also improve verbal relationships and express love and express more affection for each other, which causes marital intimacy. According to Gottman, the quality of interaction between husbands and wives is an important predictor of marital intimacy. Gottman found that negative mood triggers negative cognitive processing, which leads to selective attention to negative events. As a result of this selective attention, negative documents are created and lead to negative expectations about the future. His studies showed that couples who have a more negative relationship with each other have an unhappy marriage, or future marital turmoil can be attributed. He found that couples with little marital intimacy use negative emotions more than positive emotions in their marital interactions. Couples can increase their chances of living together by changing negative verbal interaction, which is a dynamic behavioral factor. In contrast, relatively constant marriage age and negative personality traits can hardly be changed (26). Also, in explaining that Self-regulated couple therapy is effective on marital adjustment of couples with marital problems referred to the counseling center, it can be said that considering that marital adjustment is the cornerstone of good family functioning and is the most important predictor of mental health in married people and improves communication skills to couples and helps them to understand new and their emotions

in their marital relationship, case study Investigate and use positive emotions to calm themselves and reduce conflict, and given that forgiveness affects positive emotions such as hope, gratitude and gratitude, humility and hope. Forgiveness is also a valuable feature that helps a person improve his personality and harmonize with different life stages (27). According to Gottman, raj therapeutic reduces repetition of negative behaviors and adds positive behaviors, couple therapy is a factor in reducing the blame of spouses and leads to gentler emotions, the couple's communication program has helped incompatible couples to continue their marital relationships again and increase their problem-solving skills to work on their problems in a constructive way so that the solutions obtained from the solutions obtained feel satisfied (28). Therefore, considering that Self-regulated couple therapy promotes husband-wife relationships, as a result, its training improves couple relationships and consequently brings adjustment to couples (29).

The main limitation of this research is related to the external conditions because the statistical population of the study had a specific group of society, (i.e., couples with marital problems referred to the counseling center of Tehran), so the possibility of generalizing the results to the whole community is limited. Data collection in this study was based on self-report scales. Therefore, this research's other limitation is related to measurement because the feedback or opinions and self-report of individuals about themselves obtained from these tests may be different from what we can see in the individual's action and behavior. The research project has been semi-experimental and therefore does not benefit from real experimental projects. In future research, the researcher will use an expert as a therapist and treatment training to reduce the likelihood of bias in the research and that the research is conducted in other cities. The results will be evaluated. This research should be followed up after group training as individual counseling. Finally, it is suggested that interviews be used in future research instead of self-report tools. Based on the findings of this study, it can be said that self-regulated couple therapy is effective on the intimacy and marital adjustment of couples with marital problems. Therefore, self-regulated couple therapy can improve couples' relationships and reduce their marital problems.

Conclusion

Considering that self-regulated couple therapy promotes husband-wife relationships, as a result, its training improves couple relationships and consequently brings adjustment to couples. The couple's communication program has helped incompatible couples to continue their marital relationships again and increase their problem-solving skills to work on their problems in a constructive way.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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