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Comparing DBT and ACR Premarital Education: A Quasi-Experimental Study on Emotional Maturity and Psychological Capital in Young Adults

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Abstract

Introduction: Recognizing the critical role of emotional maturity and Psychological Capital (PsyCap) in marital adjustment, this study evaluated the efficacy of premarital education using Dialectical Behavior Therapy (DBT) and Acceptance in a Caregiving Relationship (ACR) approaches in enhancing these attributes among young adults preparing for marriage.

Methods: The study employed a three-group quasi-experimental design to evaluate the efficacy of two distinct premarital education approaches: one grounded in DBT and another focused on ACR, in comparison to a control group. Data collection encompassed pre-test, post-test, and a one-month follow-up assessment. The target population comprised 90 young adults approaching marriage (30 per group) from marriage counseling centers in Isfahan during spring and summer 2023. Participants were recruited via convenience sampling and randomly assigned. Data were gathered using the Emotional Maturity Scale and the Psychological Capital Questionnaire. Intervention groups received eight 90-minute sessions. Data analysis utilized SPSS version 26, employing descriptive statistics and repeated measures ANOVA.

Results: Both DBT and ACR interventions significantly improved emotional maturity (DBT: pre-test M=115.93 to post-test M=137.83, P<0.001; ACR: pre-test M=114.10 to post-test M=137.36, P<0.001) and PsyCap (DBT: pre-test M=71.93 to post-test M=87.16, P<0.001; ACR: pre-test M=71.50 to post-test M=83.76, P<0.001) compared to the control group, with gains maintained at follow-up. DBT showed greater PsyCap improvement than ACR at follow-up (P=0.033).

Conclusions: Structured premarital education using DBT or ACR can significantly enhance emotional maturity and PsyCap in young adults, with DBT demonstrating greater efficacy in sustaining PsyCap. These findings suggest that premarital programs incorporating DBT may better equip individuals for marital resilience, while ACR remains effective for emotional maturity. Counselors should integrate these evidence-based approaches into premarital education, tailoring interventions to individual needs to optimize marital readiness.

INTRODUCTION

Marriage is a pivotal social institution that fulfills fundamental human needs for connection and emotional well-being [1, 2]. Its significance is evident in research showing that approximately 80% of young adults view marriage as a vital life goal, with nearly half rating it as 'very important' [3]. However, successful marriage requires emotional maturity and psychological resources to navigate its complexities [4]. This study addresses gaps in premarital education by comparing Dialectical Behavior Therapy (DBT) and Acceptance in a Caregiving Relationship (ACR) approach in enhancing emotional maturity and Psychological Capital (PsyCap) among young adults preparing for marriage.

Emotional maturity, defined as the ability to balance intimacy with autonomy while managing emotions effectively, is critical for marital satisfaction [5, 6]. It involves intrapersonal emotional regulation and interpersonal skills to maintain independence alongside closeness [7]. Research highlights its role in fostering healthy family relationships and marital satisfaction, with emotionally mature individuals better equipped to adopt an 'I position' and reduce enmeshment [8, 9]. PsyCap, comprising self-efficacy, optimism, hope, and resilience, enhances individuals' ability to cope with

marital challenges and sustain satisfying relationships [10, 11]. Mohammadi et al. [12] suggest that PsyCap may mediate the relationship between emotional maturity and marital satisfaction, as higher self-efficacy and resilience enable adaptive emotional responses, which in turn foster stronger relational outcomes. This interplay justifies examining both constructs in premarital education, as their combined enhancement may amplify marital readiness [12, 13].

Given the profound impact of marital dysfunction and divorce on individuals, children, extended families, and society [14], prevention and intervention programs are critically needed to foster healthy marriages and mitigate divorce factors. DBT, a specific cognitive-behavioral approach emerging with third-wave behaviorism, emphasizes psychosocial aspects and is adaptable across diverse populations [15]. Integrating emotional, cognitive, and behavioral methods, DBT helps clients regulate intense emotions, reduce self-defeating behaviors, and improve interpersonal relationships through skill training, acceptance, and emotional validation, fostering the synthesis of internal and environmental conflicts [16]. Research supports DBT's marital efficacy: Jamshidi et al. [17] found DBT significantly improved marital satisfaction and resilience in women seeking divorce. Badanfiroz et al. [18] noted its effectiveness on marital intimacy. Iri et al. [19] further highlighted DBT's role in enhancing relationship quality, preventing divorce, and mitigating emotional divorce in at-risk couples.

ACR is considered another form of self-care. The Couples CARE program, on which ACR is based, aims to enhance romantic family relationships and address couples' interpersonal issues [20]. According to this educational program, individuals enter the marriage process with their unique personalities, perceptions, values, beliefs, and expectations. Consequently, couples may encounter various issues during marriage due to differing individual (e.g., expectations, beliefs, values) and social (e.g., status, religion) variables, as each partner has developed a distinct value system. Therefore, couples need to align their expectations, beliefs, and values through premarital education, such as the Couples CARE program [21]. This approach comprises three main components: social support training, conflict management training, and forgiveness training [22]. Supporting this therapeutic method, research by Halford et al. [23] indicates that this approach has improved relational beliefs and marital expectations in young couples, leading to enhanced marital satisfaction and communication skills among them.

While prior research has examined premarital counseling's impact on marital stability, no studies have directly compared DBT and ACR in enhancing emotional maturity and PsyCap. This comparison is critical, as these constructs likely interact to bolster marital readiness, with PsyCap potentially amplifying emotional maturity's effects on relational outcomes [12]. Accordingly, the present study was conducted with the aim of comparing the effectiveness of DBT- and ACR-based premarital education on the emotional maturity and PsyCap of young adults approaching marriage.

METHODS

Design and Participants

The research employed a three-group quasi-experimental design to assess the effectiveness of two distinct premarital education interventions: one utilizing DBT principles and the other based on ACR, alongside a passive control group. Data were collected at three points: pre-intervention, post-intervention, and a one-month follow-up. The study population consisted of young adults approaching marriage who attended mandatory premarital counseling at family counseling centers in Isfahan, Iran, between March and August 2023. These centers provide standardized premarital education as required by Iranian law prior to marriage registration. A convenience sample of 90 participants, enrolled individually rather than as couples, was drawn from this population and allocated to each of the three groups (n = 30 per group) through simple random assignment using computer-generated random numbers. A consort flowchart detailing participant recruitment, allocation, and follow-up is included as Figure 1. To address potential selection bias, baseline equivalence of demographic characteristics and outcome measures was verified, and convenience sampling limitations were noted. A power analysis indicated that a sample size of 30 per group was sufficient to detect a medium effect size (d=0.40) with 80% power at α= 0.05.

Inclusion and Exclusion Criteria

Participants were included if they had no prior marital experience, were free from acute psychological or physical illnesses, aged between 20 and 40 years, possessed at least a high school diploma, and were not undergoing other psychological treatments concurrently. Exclusion criteria included the onset of an acute mental or physical illness during the study, marrying before intervention completion, non-completion of assigned homework, or missing more than two treatment sessions.

Ethical Considerations

Adherence to stringent ethical principles was maintained throughout the study. Measures included assuring participant confidentiality, limiting data utilization to research purposes, upholding participants' autonomy to withdraw, and providing study outcomes upon request. The study received ethical approval from the Ethics Committee of the Islamic Azad University,

Isfahan Branch (Approval Code: IR.IAU.KHUISF.REC.1403.304). The control group was offered the same eight-week DBT or ACR intervention (based on their preference) after the experimental groups concluded their treatment, within two months of study completion.

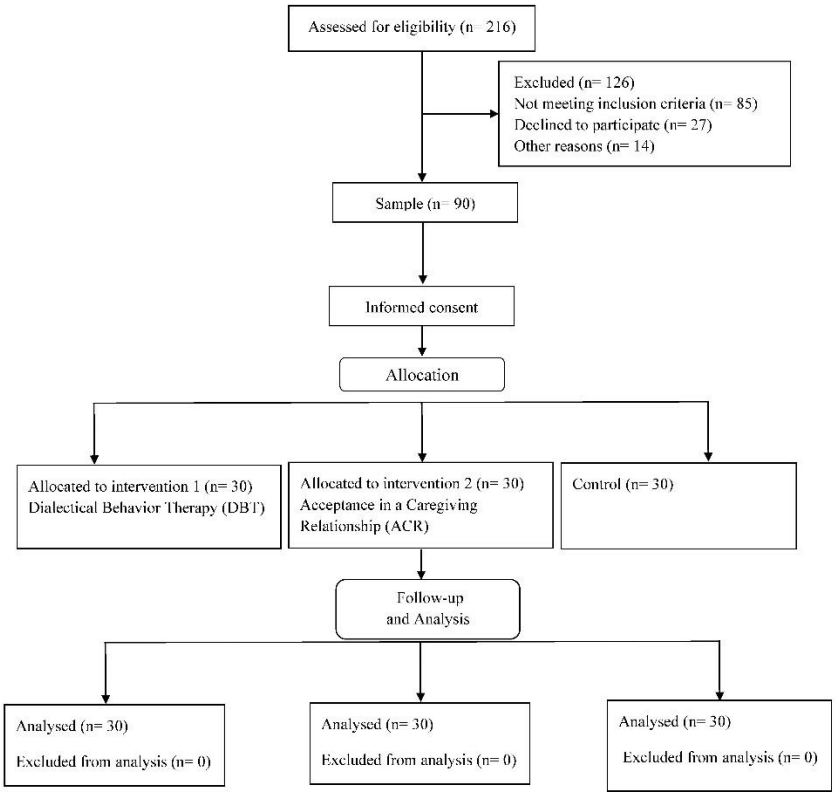

Figure 1. Consort flow diagram of the participants

Research Instrument

Emotional Maturity Scale (EMS)

Developed by Sing and Bhargava [6], the Emotional Maturity Scale (EMS) is a 48-item instrument assessing five dimensions: emotional instability, emotional regression, social maladjustment, personal disintegration, and lack of independence. Responses are rated on a five-point Likert scale (5='very much' to 1='never'), with higher scores indicating lower emotional maturity. The Persian version, adapted by Noorani and Refahi [24], demonstrated a Cronbach's alpha of 0.75 in prior studies and 0.82 in this study, indicating satisfactory reliability.

Psychological Capital Questionnaire (PCQ)

Participants' PsyCap was assessed using the Psychological Capital Questionnaire (PCQ), developed by Luthans et al. [25]. This 24-item self-report instrument measures four dimensions: self-efficacy, hope, resilience, and optimism, using a 6-point Likert scale (1="strongly disagree" to 6="strongly agree"). Higher scores (range: 24–144) indicate greater PsyCap. The Persian version, validated by Mohsenabadi et al. [26], showed a Cronbach's alpha of 0.89 in prior studies and 0.87 in this study, confirming robust reliability.

Procedure

Initially, the research team coordinated with family counseling clinics in Isfahan, where premarital counseling is mandatory under Iranian regulations. A call for participation yielded 120 young adults preparing for marriage. After administering screening questionnaires, 90 participants meeting the pre-defined inclusion criteria were selected. These individuals were randomized using computer-generated random numbers and allocated (n=30 per group) to either the DBT, ACR, or control group. Baseline equivalence was confirmed through pre-test comparisons of demographic characteristics and outcome measures. No participants dropped out during the study, ensuring complete data collection for all 90 participants. During the intervention phase, both the DBT and ACR programs were administered over eight weekly 90-minute sessions, spanning eight consecutive weeks, complemented by a one-month post-treatment follow-up. All sessions were facilitated by experienced therapists, each with over five years of specialized training and clinical practice in premarital counseling, conducted across three separate family counseling centers. The control group received no intervention during the study period, remaining a truly passive control. The effectiveness of the educational interventions was assessed by comparing all three groups at pre-test, post-test, and follow-up.

Interventions

Dialectical Behavior Therapy (DBT)

The DBT intervention, based on Linehan's manual [15], was delivered over eight weekly 90-minute sessions [16]. Session 1 introduced group norms, dialectics, and mindfulness principles. Sessions 2–3 focused on mindfulness skills (e.g., present-moment awareness, non-judgmental observation). Sessions 4–5 targeted distress tolerance (e.g., self-soothing, crisis management). Sessions 6–7 addressed emotion regulation (e.g., identifying emotions, acting opposite to urges). Session 8 focused on interpersonal effectiveness (e.g., assertive communication, conflict management through validation). Homework included daily diary cards to track emotions and mindfulness practice, with compliance monitored via therapist reviews [15].

Acceptance in a Caregiving Relationship (ACR)

The ACR intervention, adapted from the Couples CARE program [20], was delivered over eight weekly 90-minute sessions [23]. Session 1 introduced program objectives and communication expectations. Sessions 2–3 taught active listening and emotional bid responses. Sessions 4–5 addressed caregiving dynamics and conflict management through forgiveness training. Sessions 6–7 focused on valuing differences and planning for relational changes. Session 8 summarized content and reinforced maintenance strategies. Homework involved reflective journaling on communication and conflict resolution, monitored through group discussions [20].

Data Analysis

This study employed descriptive statistics (means, standard deviations) and inferential methods. Normality was assessed via the Shapiro-Wilk test, and sphericity with Mauchly's test. Repeated measures ANOVA, with gender as a covariate, assessed between-group and within-group differences across time points (pre-test, post-test, follow-up). The effect of time was evaluated using within-subject contrasts to examine changes from pre-test to post-test and post-test to follow-up. Bonferroni post-hoc tests were used for pairwise comparisons. Comparison graphs illustrate group differences over time for emotional maturity and PsyCap. Analyses were conducted using SPSS-26, with consultation from a statistician to ensure accuracy.

RESULTS

Both DBT- and ACR-based premarital education significantly enhanced emotional maturity and PsyCap compared to the control group, with DBT showing superior efficacy in sustaining PsyCap improvements. Baseline comparisons of demographic characteristics and outcome measures confirmed group equivalence (Table 1). One-way ANOVA showed no significant differences in age (F=1.23, P=0.302), education (χ^2=2.15, P=0.714), or baseline scores for emotional maturity (F=0.45, P=0.640) or PsyCap (F=0.67, P=0.513) across groups, ensuring comparability. The DBT group consisted of 80% (n=24) females and 20% (n=6) males, the ACR group had 60% (n=18) females and 40% (n=12) males, and the control group was 63.33% (n=19) females and 36.67% (n=11) males. Educational attainment in the DBT group included 46.67% (n=14) with Bachelor's degrees, 43.33% (n=13) with Master's degrees, and 10% (n=3) with Doctorates. The ACR group had 46.67% (n=14) with Bachelor's, 43.33% (n=13) with Master's, and 13.33% (n=4) with Doctorates. The control group comprised 53.33% (n=16) with Bachelor's, 33.33% (n=10) with Master's, and 13.33% (n=4) with Doctorates. Mean ages were: DBT group (M=28.45, SD=6.65 years), ACR group (M=26.29, SD=5.38 years), and control group (M=28.90, SD=5.38 years).

Table 2 presents the descriptive statistics for emotional maturity and PsyCap across the DBT, ACR, and control groups at pre-test, post-test, and one-month follow-up. At pre-test, mean scores for both variables were comparable across groups. Within-group analyses showed significant improvements in the DBT group for emotional maturity (pre-test M=115.93 to post-test M=137.83, P<0.001) and PsyCap (pre-test M=71.93 to post-test M=87.16, P<0.001), sustained at follow-up (P<0.001). The ACR group also showed significant improvements (emotional maturity: pre-test M=114.10 to post-test M=137.36, P<0.001; PsyCap: pre-test M=71.50 to post-test M=83.76, P<0.001), sustained at follow-up (P<0.001). The control group's scores remained stable (P>0.05). Post-intervention, the DBT and ACR groups exhibited significant increases in emotional maturity and PsyCap compared to the control group, with these gains maintained at follow-up (Figure 2).

Repeated measures ANOVA, controlling for gender, revealed significant between-group effects for emotional maturity (F=29.59, P<0.001, η^2=0.43) and PsyCap (F=30.56, P<0.001, η^2=0.44), with significant time effects (emotional maturity: F=45.12, P<0.001; PsyCap: F=38.76, P<0.001). Stratified analyses by gender showed no significant interaction effects (p>0.05).

Bonferroni post-hoc tests at post-test (Table 3) showed that both DBT (Mean Difference=19.46, P<0.001) and ACR (Mean Difference=19.02, P<0.001) groups had significantly higher emotional maturity scores than the control group, with no significant difference between DBT and ACR (Mean Difference=-0.48, P=0.774). For PsyCap, both DBT (Mean Difference=18.43, P<0.001) and ACR (Mean Difference=18.86, P<0.001) groups outperformed the control group, with no significant difference between DBT and ACR (Mean Difference=0.43, P=0.771). At follow-up (Table 4), the

DBT group maintained significantly higher emotional maturity (Mean Difference=12.80, P<0.001) and PsyCap (Mean Difference=13.96, P<0.001) compared to the control group, as did the ACR group (emotional maturity: Mean Difference=9.41, P<0.001; PsyCap: Mean Difference=10.43, P<0.001). DBT showed significantly greater gains than ACR in both emotional maturity (Mean Difference=-3.40, P=0.031) and PsyCap (Mean Difference=-3.56, P=0.033) at follow-up.

Table 1. Demographic characteristics across groups

	DBT Group	ACR Group	Control Group
Gender			
Female, n (%)	24 (80%)	18 (60%)	19 (63.33%)
Male, n (%)	6 (20%)	12 (40%)	11 (36.67%)
Education			
Bachelor's, n (%)	14 (46.67%)	14 (46.67%)	16 (53.33%)
Master's, n (%)	13 (43.33%)	13 (43.33%)	10 (33.33%)
Doctorate, n (%)	3 (10%)	4 (13.33%)	4 (13.33%)
Age (years)	28.45 ± 6.65	26.29 ± 5.38	28.90 ± 5.38

Data in table are presented as Mean ± SD

Table 2. Descriptive statistics for emotional maturity and psychological capital across groups and time points

	DBT group	ACR group	Control group
Emotional maturity			
Pre-test	115.93±9.94	114.10±10.07	117.76±10.90
Post-test	137.83±4.2	137.36±4.13	118.36±9.58
Follow-up	137.80±5.10	138.23±5.31	119.36±6.12
Psychological capital (PsyCap)			
Pre-test	71.93±4.84	71.50±4.21	73.13±5.56
Post-test	87.16±5.47	83.76±5.56	74.36±6.86
Follow-up	88.10±5.82	84.53±5.53	74.13±7.53

Data in table are presented as Mean ± SD

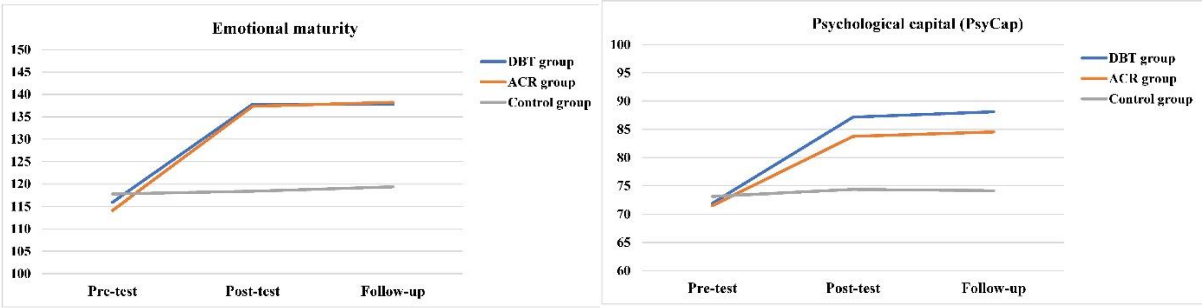

Figure 2. Change in emotional maturity and psychological capital over time by group

Table 3. Bonferroni post-hoc test for pairwise comparison of mean scores at post-test

	Mean difference	SE	P
Emotional maturity			
DBT vs Control	19.46	1.61	0.001
ACR vs Control	19.02	1.61	0.001
ACR vs DBT	-0.48	1.61	0.774
Psychological capital (PsyCap)			
DBT vs Control	18.43	1.48	0.001
ACR vs Control	18.86	1.48	0.001
ACR vs DBT	0.43	1.48	0.771

Table 4. Bonferroni post-hoc test for pairwise comparison of mean scores at follow-up

	Mean difference	SE	P
Emotional maturity			
DBT vs Control	12.80	1.55	0.001
ACR vs Control	9.41	1.55	0.001
ACR vs DBT	-3.40	1.55	0.031
Psychological capital (PsyCap)			
DBT vs Control	13.96	1.65	0.001
ACR vs Control	10.43	1.65	0.001
ACR vs DBT	-3.56	1.65	0.033

DISCUSSION

This quasi-experimental study evaluated the efficacy of DBT and Acceptance in an ACR premarital education programs in enhancing emotional maturity and PsyCap among young adults in Isfahan, Iran. Both interventions significantly improved emotional maturity and PsyCap compared to the control group, with DBT demonstrating superior sustained effects on PsyCap at follow-up. These findings contribute to the growing literature on premarital interventions, extending the applicability of DBT and ACR to preventive contexts for young adults preparing for marriage.

The comparable efficacy of DBT and ACR in enhancing emotional maturity aligns with prior research. Jamshidi et al. [17] found that DBT improved emotional regulation and resilience in women seeking divorce, suggesting its utility in managing intense emotions. Similarly, Halford et al. [23] demonstrated that ACR-based programs, such as Couples CARE, enhance relational beliefs and communication skills, fostering emotional stability. The current study's findings indicate that both skill-based (DBT) and acceptance-focused (ACR) approaches effectively target emotional regulation, likely due to their shared emphasis on interpersonal skills and emotional awareness [15, 20]. DBT's structured modules, including mindfulness and distress tolerance, equip individuals to manage emotional volatility, while ACR's focus on forgiveness and relational acceptance promotes emotional balance [6, 22]. The lack of significant differences between DBT and ACR in emotional maturity at post-test suggests that both approaches are equally robust for this outcome, supporting their use in premarital education.

DBT's superior PsyCap outcomes at follow-up are particularly noteworthy. PsyCap, encompassing self-efficacy, optimism, hope, and resilience, is critical for navigating marital challenges [10]. DBT's structured daily skill practice, such as mindfulness exercises and diary cards, likely reinforces self-efficacy and resilience more effectively than ACR's abstract focus on acceptance and forgiveness [15, 27]. For instance, DBT's interpersonal effectiveness module teaches assertive communication and conflict resolution, directly enhancing hope and optimism [16]. In contrast, ACR's emphasis on aligning expectations may foster initial PsyCap gains but lack the sustained reinforcement provided by DBT's skill-building framework. This aligns with Dong et al. [28], who found DBT enhanced PsyCap in medical students through consistent skill application, suggesting broader applicability to non-clinical populations. The 3.56-point PsyCap difference, while statistically significant, may have limited clinical relevance, as the minimal clinically important difference (MCID) for the PCQ is not well-established but typically exceeds 5 points for similar scales [25]. Future research should clarify this threshold to assess practical significance.

The study's findings diverge from prior work focusing on at-risk couples. Iri et al. [19] reported DBT's efficacy in improving psychosocial adjustment among divorced women, while this study highlights its preventive benefits for young adults without prior marital distress. Similarly, while Halford et al. [23] focused on ACR's impact on marital expectations, this study extends its relevance to emotional maturity in a premarital context. Participant feedback from prior studies [18, 22], not this study, emphasized improved emotional regulation and communication, supporting the mechanisms behind these interventions. The gender imbalance (80% female in DBT vs. 60% in ACR/control) was controlled through covariate analysis, revealing no significant gender interactions, suggesting robustness across genders [12].

These findings have practical implications for premarital counseling. DBT's structured approach may be prioritized for programs targeting psychological resilience, particularly for individuals facing high-stress transitions. ACR, while effective for emotional maturity, may be better suited for fostering relational acceptance. Counselors should tailor interventions based on participants' needs, integrating DBT for skill-building and ACR for value alignment. The study's context—mandatory premarital counseling in Iran—enhances ecological validity, as it reflects real-world settings where young adults seek such education [29-31].

Limitations include the use of convenience sampling, which may introduce selection bias, and the lack of EMS validation for Iranian premarital populations, potentially affecting cultural applicability. The individual focus may not capture couple dynamics, and the short follow-up period limits insights into long-term effects. Future studies should validate the EMS for Iranian premarital populations and include couple-based interventions to assess dyadic effects. Longitudinal designs with extended follow-up periods could evaluate the durability of DBT and ACR effects on marital outcomes. Investigating specific mechanisms (e.g., mindfulness frequency in DBT vs. forgiveness training in ACR) and exploring cultural adaptations for diverse populations are recommended. Research should also assess the clinical significance of PsyCap differences using established thresholds.

CONCLUSION

In conclusion, the findings consistently demonstrate the significant positive impact of structured premarital education, whether based on DBT or ACR, on key premarital indicators in young adults. Both intervention approaches proved equally effective in enhancing emotional maturity compared to a control group, with no significant differences observed between them at

either post-test or follow-up. Furthermore, both DBT and ACR interventions significantly improved psychological capital. Notably, while both interventions sustained these benefits, DBT exhibited superior effectiveness in fostering psychological capital when compared to the ACR approach across both immediate post-intervention and one-month follow-up assessments. These results underscore the value of integrating such evidence-based methodologies into premarital preparation programs, particularly highlighting DBT's distinct advantage in cultivating psychological resources crucial for marital success.

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ETHICAL CONSIDERATION

Ethical Approval This research received approval from the Ethics Committee of the Islamic Azad University, Isfahan Branch (Approval Code: IR.IAU.KHUISF.REC.1403.304).

AUTHORS' CONTRIBUTIONS

Sogol Yadollahi Bastani contributed to the conceptualization of the study, data collection, conducting the interventions, and drafting the initial manuscript. Seyed Hamid Atashpour supervised the project, contributed to the study design and methodology, and thoroughly reviewed and edited the manuscript. Hadi Farhadi assisted with the methodological design, conducted the formal statistical analysis, and provided critical revisions to the manuscript. All authors reviewed and approved the final version for submission.

CONFLICT OF INTEREST

The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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