

Original Article

Impact of dialectical behavior therapy, acceptance in caregiving relationships, and attachment narrative therapy on emotional empathy in premarital couples

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Abstract

Background: Emotional empathy is a critical determinant of marital satisfaction and conflict resolution, necessitating effective premarital education. This study examined the efficacy of premarital programs integrating Dialectical Behavior Therapy (DBT), Acceptance in Caregiving Relationships (ACR), and Attachment Narrative Therapy (ANT) in enhancing emotional empathy among young couples preparing for marriage.

Methods: This quasi-experimental study employed a four-group design to evaluate the efficacy of premarital education interventions based on DBT, ACR, and ANT, against a control group. Data were collected via pre-test, post-test, and one-month follow-up. One hundred twenty young adults (30 per group) preparing for marriage were conveniently sampled from Isfahan's psychological centers in 2023 and randomly assigned. The Basic Empathy Scale (BES-A) measured the outcome. Intervention groups completed eight 90-minute sessions. Data were analyzed using SPSS version 26 with descriptive statistics and repeated measures ANOVA.

Results: Between-group analyses indicated that all three interventions—DBT, ACR, and ANT—produced substantial increases in emotional empathy scores at post-test relative to the control condition (partial $\eta^2=0.67$). Gains were sustained at one-month follow-up. No significant inter-intervention differences emerged immediately post-treatment; however, DBT exhibited superior longevity compared to ANT at follow-up.

Conclusion: Premarital programmes grounded in DBT, ACR, or ANT significantly bolster emotional empathy in young adults. These evidence-based approaches offer valuable frameworks for counselling, enhancing emotional attunement, conflict management, and relational resilience. While all proved efficacious short- and medium-term, DBT demonstrated greater durability than ANT. Findings support integrating these modalities into premarital education to cultivate enduring, empathetic partnerships.

Keywords: Counseling; Dialectical Behavior Therapy; Empathy; Marriage.

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Introduction

Humans are inherently social beings, forming a range of relationships from friendships to romantic partnerships that significantly shape individual and collective well-being (1, 2).

Marriage, as a pivotal life decision, profoundly influences personal trajectories, making premarital education essential for fostering informed partner choices and preparing couples for shared life (3). These

programs enhance critical relational skills, including communication, conflict resolution, and emotional connection, which are vital for stable and satisfying marriages (4, 5). Among these skills, emotional empathy—the capacity to understand and share a partner’s feelings without conflating them with one’s own—stands out as a cornerstone of marital success (6-8). Empathy fosters intimacy, mitigates marital boredom, and enhances adjustment, satisfaction, and stability, while its absence can lead to feelings of misunderstanding and neglect, undermining relational health (9). To address these challenges, evidence-based premarital interventions targeting emotional empathy have emerged as promising tools to equip couples with the skills necessary for resilient relationships.

The profound societal consequences of marital discord and divorce, impacting individuals, children, and families, underscore the need for robust premarital interventions to promote resilient relationships (10). This study examines three evidence-based therapeutic approaches—Dialectical Behavior Therapy (DBT), Acceptance in Caregiving Relationships (ACR), and Attachment Narrative Therapy (ANT)—designed to enhance emotional empathy in young couples preparing for marriage. Each approach offers unique mechanisms to address relational dynamics, providing targeted strategies to build empathic skills critical for marital success. Despite the importance of emotional empathy in fostering marital resilience, no study has directly compared the efficacy of DBT, ACR, and ANT in enhancing this critical skill among premarital couples. By exploring these interventions, this research aims to identify effective premarital education strategies to foster healthier, more enduring marriages.

DBT, rooted in third-wave cognitive-behavioral therapy, integrates emotional, cognitive, and behavioral techniques to

address psychosocial challenges and enhance interpersonal functioning (11). DBT emphasizes four core skill modules: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. These skills enable individuals to manage intense emotions, curb maladaptive behaviors, and foster mutual validation in relationships (12). For couples preparing for marriage, DBT’s focus on emotional regulation and assertive communication is particularly relevant, equipping partners to navigate conflicts and build emotional intimacy. Empirical evidence supports DBT’s efficacy in marital contexts, with studies demonstrating its ability to increase marital satisfaction and resilience in women seeking divorce (13). Additionally, Badanfiroz et al. (14) found that DBT enhances intimacy in women facing marital challenges, while Teimory et al. (15) highlighted its role in improving relationship quality, suggesting its potential to prevent emotional dissolution and divorce. These findings underscore DBT’s value as a premarital intervention to cultivate empathy and relational skills.

ACR, developed by Halford, is a premarital education framework conceptualized as a form of self-care aimed at improving romantic relationships and resolving interpersonal conflicts (16). ACR posits that couples bring unique personalities, perceptions, values, beliefs, and expectations into marriage, which can lead to challenges if misaligned. The program addresses these differences through three core components: social support training, conflict management, and forgiveness training. By fostering effective communication, active listening, and acceptance of relational disagreements, ACR aligns partners’ expectations and enhances marital satisfaction. Halford et al. (17) demonstrated that ACR improves relational beliefs and communication skills, making it a practical tool for premarital education. For couples, ACR’s emphasis on valuing individual differences and managing conflict equips them to build

empathic, caregiving relationships that promote long-term marital stability.

ANT integrates principles from attachment theory, systemic therapy, and narrative therapy to address the impact of early relational experiences on adult partnerships (18, 19). ANT focuses on co-creating secure, soothing narratives to heal the effects of destructive childhood experiences, enabling individuals to develop adaptive internal working models and foster loving, secure relationships (20). In premarital contexts, ANT helps couples explore attachment needs, regulate emotions, and build empathy by reframing maladaptive narratives. Research by Khajeh et al. (21) indicates that ANT improves marital quality of life and cultivates secure attachment styles, while Sameaelvand et al. (22) found it enhances couples' sense of coherence. By addressing unresolved attachment issues, ANT empowers couples to develop emotional responsiveness and empathy, critical for sustaining healthy marital relationships.

Despite the established benefits of premarital counseling, a significant research gap exists in comparing the efficacy of DBT, ACR, and ANT in enhancing emotional empathy among young adults preparing for marriage. While these interventions have shown promise in improving relational outcomes, no study has directly evaluated their comparative effectiveness in fostering empathy, a key predictor of marital success. This study addresses this gap by investigating how DBT, ACR, and ANT can equip young couples with the empathic skills necessary to navigate emotional challenges, resolve conflicts, and build resilient, satisfying marriages. By identifying the most effective approach, this research aims to inform the development of targeted premarital education programs to promote healthier marital relationships and reduce the risk of relational distress.

Methods

Design and Participants

This quasi-experimental study utilized a four-group design to assess the effectiveness of three premarital education interventions—DBT, ACR, and ANT—compared to a passive control group. Data were collected at three time points: pre-test, post-test, and a one-month follow-up to evaluate sustained effects. The study population comprised 120 young adults preparing for marriage, recruited via convenience sampling from family counseling centers in Isfahan, Iran, between spring and summer 2023. The sample size was determined using a power analysis, assuming a medium effect size (Cohen's $d=0.5$), power of 0.80, and alpha of 0.05, yielding a minimum of 30 participants per group to detect significant differences in emotional empathy scores. Participants were randomly assigned to one of four groups (30 per group) using a simple random assignment method via a lottery system, where names were drawn from a pool to ensure equal allocation.

Inclusion and Exclusion Criteria

Participants were eligible if they had no prior marital experience, were free from acute or chronic psychological or physical illnesses, were aged 20–40 years, held at least a high school diploma, and were not receiving other psychological treatments. The inclusion criterion of a Basic Empathy Scale (BES-A) score below the median (24) was chosen to target individuals with lower baseline emotional empathy, as this group was hypothesized to benefit most from empathy-focused interventions, enhancing the study's ability to detect meaningful changes. Exclusion criteria included the onset of acute or chronic mental or physical illness during the study, marriage before intervention completion, failure to complete assigned homework, or absence from more than two sessions.

Research Instrument

Basic Empathy Scale (BES-A): The Basic Empathy Scale (BES-A), developed by

Batson in 1983, is an 8-item self-report measure designed to assess various empathic emotions, including empathy, sympathy, worry, being affected, commiseration, warmth and closeness, mercy, and considerateness. Participants rate each item on a 6-point Likert scale ranging from 1 ("Not at all") to 6 ("Very much"). Total scores can range from 8 to 48, with higher scores indicating greater levels of empathy. For the purpose of this research, an inclusion criterion was a score below the median (median score = 24) (23). The BES-A has demonstrated good psychometric properties in previous research, with a reported Cronbach's alpha of 0.87 (24) and confirmed validity in a study by Carre et al. (25). In the present study, the BES-A demonstrated satisfactory internal consistency, yielding a Cronbach's alpha coefficient of 0.80.

Procedure

The research team coordinated with family counseling clinics in Isfahan to recruit 120 young adults preparing for marriage. Following screening with questionnaires, all participants met inclusion criteria and were randomly assigned to one of three experimental groups (DBT, ACR, or ANT) or the control group, with 30 participants per group. Randomization was achieved through a simple random assignment lottery system, ensuring group comparability by matching on age, gender, and education. Participants were not informed of their group assignment to minimize expectation bias, though complete blinding was not feasible due to the nature of the interventions. Researchers analyzing data were blinded to group allocation to reduce bias. The DBT, ACR, and ANT programs each consisted of eight weekly 90-minute sessions over eight weeks, delivered by therapists with over five years of specialized training in premarital counseling and specific certifications in their respective intervention modalities (e.g., DBT certification for DBT therapists). Therapists received weekly

supervision from a senior clinical psychologist to ensure fidelity to the intervention protocols. The control group received no intervention during the study period but was offered access to a premarital education program post-study. A one-month follow-up assessed sustained effects. Ethical considerations were strictly followed, with approval from the Ethics Committee of the Islamic Azad University, Isfahan Branch (Approval Code: IR.IAU.KHUISF.REC.1403.304). All participants provided written informed consent, were assured of confidentiality, and were informed of their right to withdraw at any time. Data were anonymized and used solely for research purposes, with participants offered access to study results upon request.

Interventions

Dialectical Behavior Therapy (DBT): The DBT intervention was structured as an eight-week program, with one session held per week. The initial session served to orient participants to the program, establish group norms, and introduce foundational DBT concepts such as dialectics and mindfulness. Subsequent sessions progressively built upon mindfulness practice, emphasizing present-moment awareness, differentiating between emotional and rational mind states, and cultivating non-judgmental observation. Sessions 3 and 4 were dedicated to developing distress tolerance skills, including techniques for attention shifting, self-soothing, and crisis management. These skills aimed to prevent impulsive behaviors and promote relaxation. The subsequent two sessions, Sessions 5 and 6, focused on emotion regulation. This involved teaching participants to identify and accept their emotions, reduce vulnerability to negative emotional states, promote positive emotions, and implement strategies such as acting opposite to emotional urges. The concluding sessions (7 and 8) centered on enhancing interpersonal effectiveness. This module

covered assertive communication, conflict management, validating one's partner, and negotiation techniques, all designed to foster intimacy and collaborative problem-solving within relationships.

Acceptance in a Caregiving Relationship (ACR):

The ACR program was an eight-week structured intervention, delivered through weekly sessions, aimed at preparing participants for marital relationships. Early sessions focused on orienting participants to the program's objectives and group norms. Concurrently, these sessions began developing communication expectations, defining relational goals, and introducing self-change strategies to enhance marital interaction. Subsequent sessions progressed to teaching effective communication models, including active listening and responding to emotional bids, while also fostering self-assessment of interpersonal patterns. The curriculum then addressed the nuances of caregiving experiences, achieving individual balance, and integrating family life with other activities, all designed to encourage self-change and cultivate intimacy. A significant emphasis was placed on developing skills for valuing individual differences, managing conflict effectively, and accepting relational disagreements. Later sessions focused on future-oriented strategies, such as anticipating and planning for change, proactively identifying potential communication problems, and fostering sustained relationship maintenance. The program concluded with a comprehensive summary of the therapeutic content.

Attachment Narrative Therapy (ANT):

The ANT intervention was delivered over eight weekly sessions, each meticulously designed to foster secure attachment and prepare participants for marital relationships. The initial session focused on establishing rapport, outlining the program's goals and ground rules, clarifying expectations, and explaining the group's operational framework, including

attendance and session logistics. This foundational session also aimed to build initial connections, facilitate mutual acquaintance, and practice empathy and emotional reflection among participants. Session two delved into participants' attitudes, expectations, and concerns, drawing their attention to existing systemic issues and externalizing these problems. Session three involved participants narrating their life stories, emphasizing the cyclical interplay of thoughts, actions, and feelings. This session also raised awareness of attachment needs and explored various calming techniques. Session four was dedicated to preparing and creating a safe space for participants to respond to and engage in an attachment interview. This involved exploring childhood experiences with parents and identifying recurring patterns, alongside managing emotions and recognizing unique personal strengths. Session five provided training in communication skills, specifically self-awareness and attentiveness to others, to promote the development of secure attachment relationships. Session six continued the focus on communication skills, specifically active listening and conflict resolution. In session seven, participants worked on revising and transforming their narratives regarding interpersonal relationships, enabling them to articulate a new life story. The eighth and final session helped participants focus on the future as they articulated their narratives of shared life, concluding the therapeutic sessions.

Data Analysis

This study utilized both descriptive and inferential statistical methods to analyze the collected data. Descriptive statistics, including means and standard deviations, were calculated to summarize the sample characteristics. Prior to inferential analyses, the Shapiro-Wilk test was employed to assess the normality of data distribution, while Mauchly's test was used to evaluate the assumption of sphericity. To identify

significant differences across the intervention groups and over the various time points, a repeated measures ANOVA was conducted. For subsequent pairwise comparisons, Bonferroni post-hoc tests were applied. All statistical analyses were performed using SPSS-26.

Results

Demographic characteristics across the four groups were analyzed to assess baseline comparability. The DBT group comprised 80% (n=24) females and 20% (n=6) males, with 46.67% (n=14) holding Bachelor's degrees, 43.33% (n=13) Master's degrees, and 10% (n=3) Doctorates; mean age was 28.45 years (SD=6.65). The ACR group included 60% (n=18) females and 40% (n=12) males, with 46.67% (n=14) Bachelor's degrees, 43.33% (n=13) Master's degrees, and 13.33% (n=4) Doctorates; mean age was 26.29 years (SD=5.38). The ANT group consisted of 73.33% (n=22) females and 26.67% (n=8) males, with 50% (n=15) Bachelor's degrees, 36.67% (n=11) Master's degrees, and 13.33% (n=4) Doctorates; mean age was 28.42 years (SD=6.70). The control group included 63.33% (n=19) females and 36.67% (n=11) males, with 53.33% (n=16) Bachelor's degrees, 33.33% (n=10) Master's degrees, and 13.33% (n=4) Doctorates; mean age was 28.90 years (SD=5.38). Statistical tests (chi-square for gender and education, ANOVA for age) revealed no significant baseline differences across groups for gender (P=0.37), education (P=0.82), or age (P=0.30), ensuring group comparability at baseline. However, the varying gender distributions

across groups (e.g., 80% female in DBT vs. 60% in ACR) may introduce subtle influences on empathy outcomes, as gender can affect emotional expressivity and responsiveness, though these differences were not statistically significant.

Table 1 presents descriptive statistics for emotional empathy scores across the DBT, ACR, ANT, and control groups at pre-test, post-test, and one-month follow-up. At baseline, groups showed comparable mean emotional empathy scores (DBT: 25.66±2.63; ACR: 26.33±4.43; ANT: 25.86±3.03; Control: 26.26±3.51), indicating initial homogeneity. Assumptions for statistical analyses were tested. Shapiro-Wilk tests confirmed normality of emotional empathy scores at all time points across all groups (P>0.05). Mauchly's test of sphericity was significant (P<0.05), indicating a violation of sphericity; thus, Greenhouse-Geisser corrections were applied to the repeated measures ANOVA. Levene's test confirmed homogeneity of variances across groups at each time point (P>0.05).

Post-intervention, the DBT, ACR, and ANT groups showed significant increases in emotional empathy scores at post-test (DBT: 35.70±2.35; ACR: 35.63±2.90; ANT: 36.66±2.46) compared to the control group (25.63±2.93). Repeated measures ANOVA indicated a significant group-by-time interaction (F=78.26, P<0.001, partial $\eta^2=0.67$), suggesting that 67% of the variance in emotional empathy scores was attributable to the intervention effects over time, reflecting substantial practical significance.

Table 1. Mean and standard deviation (SD) of emotional empathy scores across groups at pre-test, post-test, and follow-up.

Groups	Groups	Pre-test Mean ± SD	Post-test Mean ± SD	Follow-up Mean ± SD
Emotional empathy	DBT group	25.66±2.63	35.70±2.35	36.40±2.35
	ACR group	26.33±4.43	35.63±2.90	35.66±2.29
	ANT group	25.86±3.03	36.66±2.46	34.26±4.45
	Control group	26.26±3.51	25.63±2.93	23.96±3.84

Table 2. Results of between-subjects effects analysis for emotional empathy

Variable	SS	df	MS	F	P	η^2
Emotional empathy	3483.12	3	1161.04	78.26	0.001	0.67

These improvements were maintained at the one-month follow-up (DBT: 36.40 ± 2.35 ; ACR: 35.66 ± 2.29 ; ANT: 34.26 ± 4.45 ; Control: 23.96 ± 3.84). The control group's slight decline in scores at follow-up (23.96 ± 3.84 vs. 25.63 ± 2.93 at post-test) raises the possibility of contamination, as participants were offered access to premarital education post-study. However, no participants reported engaging in additional interventions during the follow-up period, suggesting that the decline may reflect natural variability or regression to the mean.

Table 3 presents results of Bonferroni post-hoc tests for pairwise comparisons of emotional empathy scores at post-test and follow-up. At post-test, all intervention groups (DBT, ACR, ANT) significantly outperformed the control group ($P < 0.001$), with standardized mean differences (Cohen's d) ranging from 0.78 (ACR vs. Control) to 0.95 (ANT vs. Control), indicating large practical improvements in emotional empathy. No significant differences were found among the experimental groups (DBT vs. ACR, $P = 0.923$; DBT vs. ANT, $P = 0.165$; ACR vs. ANT, $P = 0.138$). At follow-up, all intervention groups continued to show

significantly higher scores than the control group ($P < 0.001$). Notably, DBT demonstrated significantly greater sustained effectiveness compared to ANT (mean difference = -2.13 , $P = 0.016$, Cohen's $d = 0.82$), highlighting DBT's stronger long-term impact. The Cohen's d values reflect the magnitude of differences between group means, complementing the partial η^2 , which indicates the proportion of variance explained by the interventions.

Discussion

This study demonstrated that premarital education programs based on DBT, ACR, and ANT significantly enhanced emotional empathy in young adults preparing for marriage, with effects sustained at the one-month follow-up. The findings highlight the clinical significance of these interventions, as improved emotional empathy is a critical predictor of marital satisfaction and conflict resolution (8, 9).

By equipping couples with skills to understand and respond to each other's emotions, these programs offer practitioners evidence-based tools to foster resilient, satisfying marital relationships, potentially reducing the risk of relational distress and divorce (10).

Table 3. Bonferroni post-hoc test for pairwise comparison of mean scores of emotional maturity across research groups at post-test and follow-up

Stage	Groups	Mean difference	SE	P
Post-test	Control vs DBT	10.06	0.69	0.001
	Control vs ACR	10.00	0.69	0.001
	Control vs ANT	11.03	0.69	0.001
	DBT vs ACR	0.07	0.69	0.923
	DBT vs ANT	0.97	0.69	0.165
	ACR vs ANT	1.03	0.69	0.138
Follow-up	Control vs DBT	12.43	0.87	0.001
	Control vs ACR	11.70	0.87	0.001
	Control vs ANT	10.30	0.87	0.001
	DBT vs ACR	-0.73	0.87	0.401
	DBT vs ANT	-2.13	0.87	0.016
	ACR vs ANT	-1.40	0.87	0.111

The superior sustained efficacy of DBT over ANT at the one-month follow-up may be attributed to both theoretical and practical factors. Theoretically, DBT's structured skill-based approach, emphasizing mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness, provides a robust framework for managing emotional reactivity and fostering consistent empathic responses (11, 12). These skills, particularly emotion regulation and interpersonal effectiveness, enable individuals to maintain empathic engagement under stress, which may explain the sustained effects (13). Practically, DBT's focus on actionable strategies, such as acting opposite to emotional urges and validating partners' experiences, likely reinforces empathic behaviors over time, making them more resilient to decay compared to ANT's narrative-based approach, which may rely more heavily on emotional insight and less on structured skill practice (19, 20). Participants in the DBT group reported that these techniques facilitated the expression of feelings and improved their ability to evaluate and modify behaviors, aligning with findings by Mardani et al. (26). This structured approach may better equip couples to navigate daily interpersonal challenges, sustaining empathic gains in the long term.

Mechanistically, DBT enhances emotional empathy by training individuals to observe and label emotions non-judgmentally, reducing emotional avoidance and fostering mutual validation in relationships (11, 13). ACR promotes empathy through its focus on caregiving dynamics, teaching couples to respond to emotional bids, manage conflict, and align relational expectations, which strengthens emotional attunement (16, 17). ANT facilitates empathy by reframing maladaptive attachment narratives, enabling individuals to develop secure internal working models that enhance emotional responsiveness (19, 20). These distinct mechanisms—DBT's skill

acquisition, ACR's relational alignment, and ANT's narrative reconstruction—target different facets of empathy, making each approach uniquely suited to premarital education.

Moreover, empirical evidence supports the integration of mindfulness skills within relational contexts (27). In couple interactions, mindfulness assumes a more profound dimension. Individuals apprehensive about marriage may become so engrossed in emotional responses, such as fear and anxiety, during interactions that they lose sight of the significance of individuals and the relationship itself. DBT's mindfulness skills instruct individuals to prioritize effectiveness and engage in actions that yield desired outcomes [14]. In communication, relational mindfulness entails presence, a mental consideration of the other person's experience, and a focus on efficacy. This demands a readiness to acknowledge and validate another's experiences, needs, desires, and emotional responses, even when challenging or uncomfortable.

Furthermore, this study confirmed the effectiveness of ACR in enhancing emotional empathy. Premarital education focused on relational aspects should prioritize malleable and dynamic dimensions, such as communication quality and relational expectations, over more static factors (29). The significance of adept conflict resolution and management skills in marriage has been particularly underscored. Dynamic variables contributing to interpersonal conflict risk, which serve as viable targets for educational and preventive interventions, encompass negative interactions, conflict management strategies, dysfunctional attitudes and expectations, the preservation of friendships, and commitment beliefs and dynamics (17). These elements are optimally examined and addressed through the ACR approach.

During ACR training, participants with marriage-related anxieties gained insight

into the origins of their self-beliefs, communication patterns, and interactions. Through behavioral exercises aimed at fostering secure relationships and leveraging communication opportunities, they diminished fear-driven thoughts and behaviors, as well as the lack of purposeful relational engagement. ACR proved instrumental in enhancing individuals' perceived capacity to listen to others, accept criticism, and constructively manage anger (16). Moreover, ACR equips individuals with methods for navigating personal differences within marriage and managing issues related to their families of origin.

The effectiveness of ANT on emotional empathy aligns with the findings of Khajeh et al. (21). This educational approach has also been linked to a reduction in fear of intimacy. To comprehend why individuals with marriage-related anxieties might experience apprehension and a sense of threat regarding partner selection and family formation, harbor suspicions about others' intentions, and exhibit low emotional empathy, it is crucial to employ the theoretical frameworks of attachment theory, systemic relational process theory, and narrative therapy. A core therapeutic tenet of ANT involves fostering psychological security by rectifying attachment styles within a secure life narrative (21). This process consequently diminishes relational preoccupations, thereby redirecting energy towards problem-solving. In the current study, the internal working model, which originates in early childhood, was initially elucidated, and individuals' self-perceptions of being flawed, inadequate, incompetent, and worthless were addressed. Subsequently, the investigation explored how their compromised self-narrative impeded the development of empathy in their interpersonal relationships.

Drawing upon narrative therapy principles, individuals organize experiences through self-narratives, which can constrain agency if problematic. These narratives influence

emotions, allowing for new feelings via narrative modification (19). Integrating this therapeutic approach enhanced positive and reduced negative emotional experiences in interpersonal relationships. Key mechanisms involved examining fear's roots in attachment styles and understanding their role in relational well-being or distress. Participants learned how anxious/avoidant styles perpetuate preoccupations, fostering misinterpretations and hindering adaptive engagement. Evaluation of attachments through individuals' life stories revealed that secure attachment involves positive views of others as caregivers and self-worth. Crucially, participants developed integrated narratives of their experiences, aiding in strategy formulation for future conflicts and challenges, empowering them to understand, predict, and solve problems proactively.

Clinical Implications for Practitioners

The findings of this study provide actionable guidance for clinicians and counselors designing premarital education programs. DBT's structured skill modules—mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness—can be integrated into counseling sessions to teach couples practical strategies for managing emotional reactivity and fostering empathy. For instance, therapists can incorporate DBT's “opposite action” technique to help couples respond constructively to emotional conflicts, promoting validation and understanding. ACR's emphasis on caregiving dynamics offers a framework for teaching couples to respond to emotional bids and align relational expectations, which can be implemented through role-playing exercises that practice active listening and conflict resolution. Practitioners can use ACR to help couples navigate differences in values or expectations, fostering a caregiving mindset that enhances emotional attunement. ANT's narrative-based

approach is particularly valuable for couples with insecure attachment histories, as it allows therapists to guide partners in reframing maladaptive narratives through storytelling and attachment-focused interviews. This can be facilitated by structured exercises that encourage couples to co-create shared narratives of their relationship, promoting secure attachment and empathy. By tailoring these interventions to couples' specific needs—such as using DBT for those requiring structured skill-building or ANT for those with attachment-related challenges—practitioners can optimize premarital counseling to enhance emotional empathy and marital resilience.

The study has several limitations that warrant consideration. The use of convenience sampling from family counseling centers in Isfahan may introduce selection bias, as participants seeking counseling may differ in motivation or relational challenges compared to the broader population, potentially limiting generalizability. The exclusive focus on Isfahan participants further restricts applicability to other cultural or geographic contexts, as cultural norms and socioeconomic factors may influence intervention outcomes. Additionally, the lack of participant and therapist blinding may have introduced expectation bias, potentially inflating perceived intervention effects. The study also did not collect data on participants' socioeconomic status or cultural background, which could moderate empathy outcomes and should be considered in future research. These limitations highlight the need for cautious interpretation of the findings.

Future research should address these limitations by employing random sampling methods to reduce selection bias and including diverse populations across multiple regions to enhance generalizability. Incorporating socioeconomic and cultural background data, such as income, education, and

cultural values, could elucidate their impact on intervention efficacy. Implementing double-blind designs, where feasible, would minimize bias. Additionally, longitudinal studies with extended follow-up periods could assess the durability of empathy gains beyond one month. Comparative studies exploring the combined effects of DBT, ACR, and ANT or integrating their components could further optimize premarital education programs. These efforts would strengthen the evidence base for practitioners, enabling the design of tailored interventions that maximize emotional empathy and marital resilience.

Conclusion

This study offers strong evidence that premarital education, when incorporating principles from DBT, ACR, or ANT, significantly boosts emotional empathy in young adults getting ready for marriage. All three approaches were very effective at increasing emotional empathy right after the intervention, and importantly, these positive changes lasted for at least a month. While all three therapeutic methods had a similar immediate impact on emotional empathy, a key difference emerged over time: DBT proved more effective than ANT at the follow-up assessment. These results highlight the crucial role of focused premarital programs in developing vital relational skills, suggesting these programs are valuable for fostering healthier and more enduring marriages.

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Authors' contribution

SYB: Developed the study concept and design, collected data, analyzed and interpreted data, and performed statistical analysis. SHA: Provided administrative, technical, and material support, and

oversaw the study. HF: Critically reviewed the manuscript for significant intellectual contributions.

Ethical considerations

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

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Conflicts of interest

All authors have confirmed they have no conflicts of interest to disclose.

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