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Comparison of the Effectiveness of Emotion Regulation Training and Choice Theory-Based Training on Marital Cohesion in Women with Chronic Marital Conflict

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ABSTRACT

This study aimed to compare the effectiveness of emotion regulation training and choice theory-based training in improving marital cohesion among women with chronic marital conflict. This applied, quasi-experimental study employed a pretest–posttest design with two experimental groups, one control group, and a two-month follow-up. The statistical population consisted of women with chronic marital conflict attending counseling clinics in District 8 of Tehran during the second half of 2025. Forty-five eligible participants were selected through convenience sampling and randomly assigned to emotion regulation training, choice theory-based training, and control groups, with 15 participants in each group. The emotion regulation group received eight 90-minute sessions, while the choice theory group received eight two-hour sessions. Data were collected using Samani's Marital Cohesion Questionnaire. Data analysis was conducted using repeated-measures analysis of variance and Bonferroni post hoc comparisons. Repeated-measures analysis showed significant effects of time on marital cohesion and bonding ($F = 39.73$, $p < .001$, partial $\eta^2 = .578$), parent–child interactions and bonds ($F = 16.22$, $p < .001$, partial $\eta^2 = .359$), and total marital cohesion ($F = 190.35$, $p < .001$, partial $\eta^2 = .868$). The group effect was significant only for marital cohesion and bonding ($F = 4.65$, $p = .039$, partial $\eta^2 = .138$). Time × group interactions were not significant for marital cohesion and bonding ($p = .540$), parent–child interactions and bonds ($p = .676$), or total marital cohesion ($p = .087$). Bonferroni comparisons further indicated no significant differences between the two interventions in total marital cohesion or its components ($p > .05$). Both emotion regulation training and choice theory-based training were effective in enhancing marital cohesion among women experiencing chronic marital conflict, and their beneficial effects were generally maintained at follow-up. However, neither intervention demonstrated clear superiority over the other, suggesting that both approaches may be considered suitable psychological interventions for strengthening marital relationships and family cohesion.

Keywords: Marital conflict; marital cohesion; emotion regulation; choice theory; women.

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Introduction

The family is one of the most fundamental interpersonal and social systems through which individuals experience emotional security, belonging, intimacy, mutual support, identity development, and psychological adjustment. Within the family system, the marital relationship occupies a central position because the quality of interaction between spouses can influence not only the psychological well-being of the

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partners themselves but also the emotional atmosphere and functioning of the entire family. Contemporary research on family functioning increasingly emphasizes that healthy family relationships depend on a dynamic balance between cohesion and flexibility, allowing family members to maintain emotional connectedness while adapting effectively to changing interpersonal and developmental demands (1). Family cohesion is therefore not merely an indicator of closeness but a multidimensional relational construct involving emotional connection, shared involvement, communication, participation in family life, and the capacity to preserve supportive bonds under stress. Consistent with this perspective, family cohesion has been linked to psychological adjustment and emotional independence, suggesting that the quality of relational bonds constitutes an important context for individual and interpersonal functioning (2). Conversely, disruptions in cohesion may contribute to emotional distancing, reduced mutual support, and increased vulnerability to psychological distress. Meta-analytic evidence further indicates a meaningful relationship between family cohesion and depressive symptoms, highlighting the broader mental health implications of weakened family bonds (3). Accordingly, maintaining marital and family cohesion represents an important objective in both preventive and therapeutic interventions directed toward distressed couples and families.

Marital conflict is an inevitable component of intimate relationships because spouses differ in needs, expectations, values, emotional responses, communication styles, family backgrounds, and approaches to solving everyday problems. Conflict does not necessarily indicate marital dysfunction, and disagreements can sometimes provide opportunities for negotiation, clarification, and relational development. However, when conflict becomes persistent, repetitive, emotionally intense, and resistant to constructive resolution, it may develop into chronic marital conflict. Individuals differ considerably in how they manage relationship difficulties, and coping strategies may range from communication and collaborative problem-solving to avoidance, withdrawal, emotional escalation, or seeking external support (4). The ways in which couples respond to disagreement are particularly important because conflict is a dynamic interpersonal process in which the behavior and emotional responses of one partner continuously influence those of the other. Research examining time-varying interaction dynamics during couple conflict suggests that relational responses may fluctuate considerably over the course of a single disagreement, emphasizing the reciprocal and evolving nature of marital conflict (5). When maladaptive interaction patterns are repeatedly activated, disagreements may cease to function as manageable relational challenges and instead become stable sources of emotional insecurity and interpersonal dissatisfaction.

Chronic marital conflict can gradually erode emotional connection by replacing feelings of companionship and trust with resentment, defensiveness, criticism, withdrawal, and emotional exhaustion. Such processes may undermine the couple's ability to experience themselves as an emotionally integrated unit and may consequently reduce marital cohesion. The importance of cohesion is especially evident in families in which parents must simultaneously maintain their marital relationship and coordinate parenting responsibilities. Research using systemic models of family functioning has shown that family cohesion and flexibility are associated with the broader functioning of families with children and adolescents (6). Thus, marital cohesion should be understood not only as a dyadic outcome but also as a relational resource that may affect parent–child interactions and the overall family climate. Attachment processes may also contribute to these patterns because emotional states activated within close relationships are connected to physiological stress

responses. Research on attachment-related emotional states has demonstrated changes in physiological indicators such as salivary cortisol, underscoring the close relationship between attachment experiences, emotional activation, and stress regulation (7). Repeated conflict within an intimate relationship may therefore have consequences extending beyond overt disagreement, affecting emotional security, physiological arousal, and the ability to sustain supportive relational engagement.

The consequences of prolonged relational distress have encouraged the development and evaluation of numerous marital enrichment, counseling, and couple-based interventions. Reviews of empirically supported marital enrichment programs have demonstrated that structured psychological interventions can improve important dimensions of marital functioning by strengthening communication, problem-solving, emotional connection, and relationship skills (8). More recent evidence regarding couple therapy and systemic interventions similarly indicates that interventions targeting relational processes may contribute to improvements in adult mental health and couple functioning (9). Emotionally focused approaches have also yielded encouraging findings in couples experiencing psychological and relationship distress. For example, research on Emotionally Focused Therapy has demonstrated improvements in depressive symptoms and relationship distress among couples, further supporting the clinical importance of targeting emotional and relational processes within couple interventions (10). Nevertheless, marital conflict is multidetermined, and no single intervention mechanism is likely to account for all forms of relational improvement. Comparing theoretically distinct approaches may therefore provide a clearer understanding of which therapeutic mechanisms are particularly useful for strengthening cohesion among individuals experiencing persistent marital conflict.

One mechanism of particular importance in marital relationships is emotion regulation. Emotion regulation refers broadly to the processes through which individuals identify, understand, modify, express, tolerate, and manage their emotional experiences. Within intimate relationships, emotion regulation is not limited to controlling internal emotional states; rather, it directly influences communication, behavioral responses, interpretation of a partner's actions, and the capacity to remain engaged during disagreement. Recent work on interpersonal emotion regulation during relationship conflict emphasizes that emotions are often regulated within a relational context, as partners influence one another's emotional experiences during episodes of disagreement (11). This interpersonal perspective is especially relevant to chronic marital conflict because repeated cycles of emotional escalation may be maintained by reciprocal patterns in which anger, defensiveness, anxiety, or withdrawal in one spouse evokes corresponding responses in the other. Consequently, strengthening emotion regulation skills may enable individuals to interrupt destructive emotional cycles before they develop into maladaptive interpersonal behavior.

Difficulty regulating emotions has increasingly been identified as a significant correlate of marital distress. Evidence concerning emotion regulation and couple burnout indicates that ineffective regulation processes are associated with poorer marital outcomes, suggesting that the ability to manage emotional experiences may serve as an important protective factor within marriage (12). Cognitive emotion regulation is also relevant to dyadic functioning because the ways spouses cognitively interpret and manage difficult experiences can influence both personal adjustment and relational outcomes (13). During chronic conflict, maladaptive appraisals may intensify negative emotions and encourage hostile attribution, rumination, impulsive responses, or avoidance. Emotion regulation training attempts to modify these processes by

helping individuals recognize emotions and emotional triggers, evaluate emotional vulnerability, redirect attention, modify maladaptive cognitive appraisals, regulate behavioral and physiological responses, and develop more constructive approaches to emotionally challenging interpersonal situations. Such skills may allow individuals to respond to marital disagreements with greater awareness and flexibility rather than reacting automatically to emotional activation.

Evidence from intervention research provides additional support for the therapeutic relevance of emotion regulation. Emotion regulation processes have been shown to influence the quality of therapeutic relationships in group interventions following divorce, indicating that individuals' capacities to manage emotions may affect both interpersonal engagement and the therapeutic process itself (14). Emotion regulation training has also produced favorable effects beyond marital contexts. For example, training focused on emotion regulation has been associated with improvements in social problem-solving skills and reductions in social anxiety among female participants (15). These findings are theoretically important for marital intervention because social problem-solving, emotional awareness, cognitive reappraisal, and behavioral control are directly relevant to managing disagreement between spouses. A woman who can accurately identify her emotional state, reduce impulsive reactions, reconsider maladaptive interpretations, and employ constructive problem-solving strategies may be better able to preserve emotional connection during conflict. Therefore, emotion regulation training may contribute to marital cohesion by reducing emotional reactivity and facilitating more adaptive forms of interpersonal engagement.

Despite the importance of emotional regulation, marital conflict is also shaped by beliefs about control, responsibility, needs, and personal choice. Choice Theory and Reality Therapy provide a distinct conceptual framework for understanding these processes. From the perspective of Choice Theory, human behavior is purposeful and is directed toward satisfying fundamental psychological needs. Interpersonal difficulties may emerge when individuals attempt to control others, rely on external control strategies, or fail to take responsibility for their own behavioral choices. In couple counseling, Choice Theory emphasizes the development of responsible behavior, recognition of personal needs, understanding of the partner's needs, evaluation of current behavior, and selection of more effective behaviors that support rather than damage the relationship (16). This perspective is particularly relevant to chronic marital conflict, where repeated attempts to criticize, blame, threaten, punish, withdraw from, or control a partner may become embedded in the couple's habitual interaction pattern.

Choice theory-based interventions seek to shift individuals from an external-control orientation toward greater personal responsibility and internal control. Rather than focusing primarily on changing the spouse, participants are encouraged to examine their own choices and determine whether their current behaviors are helping them create the relationship they want. The approach also emphasizes concepts such as basic needs, the quality world, perceived reality, and total behavior, including the interrelated components of acting, thinking, feeling, and physiology. By recognizing that direct control is strongest over actions and thoughts, individuals may develop more realistic and responsible methods of addressing interpersonal problems. Evidence suggests that group Reality Therapy grounded in Choice Theory can influence responsibility and locus of control, demonstrating the potential of this approach to modify important self-regulatory processes (17). These mechanisms may be particularly beneficial in marital relationships because

increased responsibility and internal control can reduce blaming and promote constructive behavioral change.

Empirical findings also support the application of Reality Therapy and Choice Theory to psychological and relational outcomes. Choice Theory-based Reality Therapy has been associated with improvements in mental health and emotion regulation, suggesting that its effects may extend beyond overt behavior to broader psychological functioning (18). This overlap is theoretically noteworthy because, although emotion regulation training and Choice Theory originate from different conceptual traditions, both may ultimately improve interpersonal functioning through enhanced self-regulation. Emotion regulation training primarily emphasizes identifying, understanding, and modifying emotional responses, whereas Choice Theory emphasizes responsible choice, internal control, and more effective need satisfaction. Nevertheless, both approaches may reduce impulsive interpersonal reactions, increase awareness of personal responses, and enhance the capacity to act constructively during conflict.

Reality Therapy has also been applied successfully to concerns involving intimate functioning among women. A randomized controlled trial of group counseling based on Reality Therapy demonstrated beneficial effects on sexual functioning, providing evidence that the approach can influence important aspects of intimate and relational well-being (19). Earlier comparative research has similarly examined Reality Therapy in relation to psychological resilience among women experiencing significant life stress, indicating that the approach has applicability across diverse populations confronting emotionally demanding circumstances (20). Taken together, these findings suggest that Reality Therapy may help individuals develop greater responsibility, psychological adaptability, and more effective responses to difficult life and relational conditions. Such capacities are highly relevant to women experiencing chronic marital conflict, who may be exposed to repeated emotional stress and may require interventions that enhance both personal agency and relational effectiveness.

The comparison between emotion regulation training and Choice Theory-based training is theoretically significant because the two approaches target different but potentially complementary mechanisms. Emotion regulation training concentrates primarily on emotional awareness, emotional vulnerability, attentional deployment, cognitive appraisal, behavioral response, and physiological regulation. Choice Theory, in contrast, emphasizes basic needs, personal choice, internal versus external control, total behavior, responsibility, and the selection of behaviors that contribute to desired relationships. The first approach can be conceptualized as primarily emotion-focused and self-regulatory, whereas the second is more strongly oriented toward responsibility, choice, and interpersonal behavior. Yet both may ultimately affect the same relational outcome: the individual's capacity to remain emotionally present, communicate more constructively, and protect relational bonds during conflict. The therapeutic literature increasingly recognizes that different couple interventions may produce improvement through partially overlapping common and specific mechanisms (9). Accordingly, direct comparisons are valuable because they can determine whether one theoretically distinct approach produces stronger improvements or whether both provide comparable pathways to relational change.

This issue is particularly important in relation to marital cohesion. Cohesion depends on more than the absence of overt conflict; it involves emotional closeness, shared engagement, mutual understanding, supportive interaction, and the maintenance of meaningful relational bonds. Consequently, an intervention

may strengthen cohesion either by improving emotional regulation during conflict or by changing individuals' beliefs and behavioral choices regarding responsibility and control. Existing research provides evidence for emotion regulation as a determinant of marital outcomes and for Choice Theory-based interventions as a means of improving psychological and interpersonal functioning, but comparatively less attention has been devoted to directly examining these two approaches in women experiencing chronic marital conflict. Moreover, because family cohesion is connected to broader psychological adjustment and family functioning (1, 3), identifying interventions capable of strengthening cohesion may have implications beyond the marital dyad. Improved marital functioning may contribute to a more stable emotional environment and potentially support healthier patterns of interaction throughout the family system.

The need for comparative intervention research is further reinforced by the practical realities of counseling settings. Therapists working with women experiencing persistent marital conflict require evidence not only that a particular intervention can produce improvement but also whether alternative interventions differ meaningfully in their effectiveness and whether improvements persist after treatment. An intervention that generates short-term change without sustained benefits may be of limited clinical value, whereas approaches whose effects remain evident at follow-up may provide more durable resources for managing future relational stress. Research on marital and couple interventions has repeatedly emphasized the importance of interventions that strengthen adaptive relationship skills rather than simply reducing immediate symptoms (8, 10). Similarly, research on the management of relationship problems indicates that individuals employ diverse strategies when attempting to cope with relational difficulties, underscoring the potential value of structured training that replaces ineffective patterns with more adaptive responses (4). Examining outcomes at both post-intervention and follow-up can therefore clarify whether emotion regulation training and Choice Theory-based training provide sustained improvements in marital cohesion.

Despite growing research on emotional processes, couple functioning, and Reality Therapy, an important empirical gap remains regarding the comparative effectiveness of these two interventions for women with chronic marital conflict. Studies have separately demonstrated associations between emotion regulation and marital outcomes (12, 13), the usefulness of emotion-related interventions in interpersonal and psychological functioning (14, 15), and the effectiveness of Choice Theory and Reality Therapy for a range of psychological and relational outcomes (17-19). However, direct evidence comparing these interventions in relation to marital cohesion remains limited. Such comparison can contribute to the identification of effective intervention options while also clarifying whether strategies centered on emotion management produce different relational outcomes from those centered on personal choice and responsibility. This is especially relevant for chronic conflict, where maladaptive emotional and behavioral cycles are likely to be well established and may require structured interventions capable of producing lasting changes in relationship functioning.

Accordingly, the present study aimed to compare the effectiveness of emotion regulation training and Choice Theory-based training on marital cohesion in women with chronic marital conflict.

Methods and Materials

Study Design and Participants

The present study was applied in purpose and employed a quasi-experimental pretest–posttest design with two experimental groups, one control group, and a two-month follow-up assessment. The statistical population consisted of all women experiencing chronic marital conflict who attended counseling and psychological service clinics in District 8 of Tehran due to marital problems during the second half of 2025. From this population, 45 eligible women were selected through nonrandom convenience sampling and subsequently assigned randomly to three groups: an emotion regulation training group, a choice theory-based training group, and a control group, with 15 participants in each group. Recruitment was conducted by distributing an announcement at a counseling center located in District 8 of Tehran and through the center's affiliated social media channels, inviting women with chronic marital conflict to participate voluntarily and free of charge in the intervention programs. Women who expressed interest in participation were initially interviewed by the researcher, and relevant personal and marital histories were obtained. Eligibility was then evaluated using self-report information and a screening form. Participants who met the study criteria were enrolled and randomly allocated to the three study groups using a simple lottery procedure. Efforts were made to ensure comparability of the groups in terms of age and educational level before initiation of the interventions. The experimental groups received either emotion regulation training or choice theory-based training, whereas the control group did not receive either intervention during the study period. Measurements were conducted at three time points, including pretest, immediately after completion of the interventions, and at a two-month follow-up. All participants completed the study measures under comparable conditions, and the data obtained from the three assessment phases were used to evaluate changes in marital cohesion and to compare the effectiveness and durability of the two intervention approaches.

Data Collection Tools

The Marital Conflict Questionnaire developed by Sanaei in 2000 was used as a screening instrument to identify and assess marital conflict among potential participants. The questionnaire consists of 42 items and assesses seven dimensions of marital conflict, including reduced cooperation between spouses, reduced sexual relations, increased emotional reactions, increased attempts to gain the child's support, increased individual contact with one's own relatives, reduced family contact with the spouse's relatives and friends, and separation of financial affairs. Items are scored on a five-point Likert scale ranging from 1, representing "never," to 5, representing "always," producing total scores ranging from 42 to 210. Higher scores indicate more severe marital conflict. Sanaei evaluated the content and face validity of the instrument by administering it to 111 individuals with marital conflict, including 53 men and 58 women, as well as a comparison group of 108 individuals from nondistressed couples, consisting of 53 men and 55 women. Significant differences were observed between well-adjusted and poorly adjusted groups across the dimensions of marital conflict, supporting the instrument's ability to discriminate between individuals with and without substantial marital difficulties. Sanaei reported a Cronbach's alpha coefficient of .53 for the

total questionnaire, while Rajaei et al. reported a Cronbach's alpha coefficient of .75 in 2022. The manuscript did not report the Cronbach's alpha coefficient obtained for this questionnaire in the present sample.

The Marital Cohesion Questionnaire developed by Samani in 2022 was used as the principal outcome measure to assess marital and family cohesion. The instrument was developed on the basis of a comprehensive review of the literature on family cohesion and Olson's Circumplex Model and contains 28 items assessing eight dimensions. These dimensions include cohesion with the mother, assessed by Items 3, 5, 11, 15, 17, and 21; cohesion with the father, assessed by Items 4, 6, 10, 16, 18, and 22; duration of interaction, assessed by Items 8, 9, 13, and 14; location of interaction, assessed by Items 12, 27, and 28; emotional relationships, assessed by Items 19 and 20; decision-making, assessed by Items 7, 23, and 25; marital relationships, assessed by Items 24 and 26; and parent–child relationships, assessed by Items 1 and 2. Previous investigations have demonstrated satisfactory psychometric properties for the questionnaire. Samani reported a predictive validity coefficient of .79, an internal consistency coefficient of .79 based on Cronbach's alpha, and a 30-day test–retest reliability coefficient of .90. Soltani Banavandi et al. also reported a Cronbach's alpha coefficient of .92 for the scale. In the present study, the questionnaire demonstrated satisfactory internal consistency, with a Cronbach's alpha coefficient of .87.

Interventions

The emotion regulation training program was based on the educational and therapeutic framework developed by Gross in 2002 and translated and adapted by Borjali et al. The intervention consisted of eight 90-minute group sessions conducted twice weekly. The first session focused on introducing participants to one another, establishing a therapeutic and collaborative relationship between the group leader and members, conducting introductory exercises, and explaining the objectives, rationale, structure, and stages of the intervention. The second session addressed recognition of emotions and emotion-eliciting situations through instruction regarding the functions of different emotions, their dimensions, and their short- and long-term effects; participants also selected specific emotional experiences, identified their physiological, cognitive, and subjective components, and completed daily emotion-recording forms. The third session focused on assessing emotional vulnerability and emotion regulation skills through structured self-assessment of personal emotional experiences, vulnerability levels, and commonly used regulation strategies. The fourth session emphasized modification of emotion-eliciting situations by identifying personal, interpersonal, and relationship goals, evaluating current relationships, identifying circumstances requiring improvement, increasing engagement in positive activities, and learning interpersonal problem-solving skills, including avoidance reduction, effective dialogue, assertiveness, and conflict resolution. The fifth session focused on attentional deployment strategies, including interruption of rumination and worry through thought-stopping techniques, substitution of positive thoughts, and exercises designed to enhance broad and selective visual and auditory attention. The sixth session addressed cognitive reappraisal through identification of inaccurate interpretations, examination of their effects on emotional experiences, and practice in modifying maladaptive appraisals in order to reduce negative emotions. The seventh session focused on changing the behavioral and physiological consequences of emotions and included training and practice in emotional expression, behavior modification, emotional release, exposure-related skills, opposite-action strategies such as physical activity, and physical relaxation. The final session reviewed and

integrated the skills acquired throughout the program, evaluated progress toward individual and group goals, emphasized the application of emotion regulation strategies in everyday life, and addressed barriers that could interfere with continued implementation of the learned skills.

The choice theory-based intervention was based on the reality therapy framework developed by Glasser and Glasser in 2010 and was delivered in eight weekly two-hour group sessions. The first session included administration of the pretest, introduction of participants to one another and to the therapist, establishment of group rules, and explanation of the objectives, structure, expectations, and therapeutic commitments of the program. The second session focused on clarifying differences among theory, strategy, and behavior, distinguishing internal control from external control, and examining different forms of interpersonal control conflict. The third session explored the purposes of human behavior and introduced the concept of basic psychological needs, with participants identifying and examining their own primary needs. The fourth session introduced the concept of the "quality world" and examined its relationship with personal needs, motivation, preferences, and behavioral choices. The fifth session addressed the "perceived world," including how individuals interpret reality and how discrepancies between perceived experiences and internal standards can produce psychological imbalance and interpersonal difficulties. The sixth session introduced the concept of total behavior and its four interrelated components—thinking, acting, feeling, and physiology—and used the behavioral car metaphor to explain the extent to which individuals can exercise control over different components of their responses. The seventh session focused on the processes through which individuals seek alternative methods of satisfying their wants and examined how ineffective behavioral systems may contribute to responses such as anger and depression. The eighth and final session emphasized the art of self-questioning, personal responsibility, realistic goal setting, and the development of more responsible and effective patterns of living, after which the posttest assessment was administered.

Data Analysis

Data were analyzed using descriptive and inferential statistical procedures appropriate for a three-group quasi-experimental design with repeated assessments. Descriptive statistics were first used to summarize participants' demographic characteristics and study variables across the pretest, posttest, and follow-up phases. Group comparability with respect to demographic variables was examined before testing the primary hypotheses. Inferential analyses included analysis of covariance and mixed repeated-measures analysis of variance to evaluate within-group changes across time, between-group differences, and time-by-group interaction effects in marital cohesion and its components. Before conducting the repeated-measures analyses, relevant statistical assumptions were assessed. The normality of the distributions was examined using the Kolmogorov–Smirnov and Shapiro–Wilk tests, homogeneity of variances was evaluated using Levene's test, equality of covariance matrices was assessed using Box's M test, and the sphericity assumption was examined using Mauchly's test. Where appropriate, post hoc comparisons were performed using the Bonferroni adjustment in order to determine the location and direction of significant differences across assessment times and between the intervention conditions. Effect sizes were reported using partial eta squared to indicate the magnitude of intervention, time, and interaction effects. Statistical significance was evaluated at the conventional alpha level of .05.

Findings and Results

Examination of the demographic characteristics indicated that the three study groups were generally comparable at baseline. All participants were women and were married, and most participants had an associate or bachelor's degree. Chi-square analyses indicated no statistically significant differences among the emotion regulation training, choice theory-based training, and control groups in terms of marital status or educational level ($p > .05$). The mean age of participants was 30.90 years in the emotion regulation training group, 35.50 years in the choice theory-based training group, and 35.30 years in the control group. Analysis of variance also indicated that the groups did not differ significantly in age ($p > .05$). Therefore, the three groups were considered sufficiently homogeneous with respect to the examined demographic characteristics before implementation of the interventions.

Table 1. Descriptive Statistics for Marital Cohesion and Its Components by Group and Assessment Time

Variable	Time	Emotion Regulation Training M	SD	Choice Theory-Based Training M	SD	Control M	SD
Marital cohesion and bonding	Pretest	23.19	6.25	26.00	7.66	29.82	6.75
	Posttest	39.75	7.95	45.53	6.41	29.06	5.45
	Follow-up	42.75	5.27	45.93	7.42	30.47	5.50
Parent–child interactions and bonds	Pretest	29.38	4.05	29.47	3.74	28.59	3.00
	Posttest	36.69	3.59	36.20	2.70	28.35	2.42
	Follow-up	38.56	3.18	37.73	2.96	29.29	2.80
Marital cohesion (total)	Pretest	52.57	12.94	55.47	12.63	58.41	15.29
	Posttest	76.44	16.54	81.73	11.91	57.41	11.22
	Follow-up	81.31	11.78	83.66	14.38	59.76	13.26

As shown in Table 1, the descriptive pattern indicated substantial increases in marital cohesion among participants receiving either intervention, whereas scores in the control group remained relatively stable. In the emotion regulation training group, the mean total marital cohesion score increased from 52.57 at pretest to 76.44 at posttest and further to 81.31 at the two-month follow-up. A similar pattern was observed in the choice theory-based training group, in which the mean increased from 55.47 at pretest to 81.73 at posttest and 83.66 at follow-up. By contrast, the control group showed only minor changes, with mean scores of 58.41, 57.41, and 59.76 across the three assessments. For marital cohesion and bonding, the emotion regulation group increased from 23.19 at pretest to 39.75 at posttest and 42.75 at follow-up, while the choice theory group increased from 26.00 to 45.53 and 45.93, respectively. The control group remained relatively unchanged across the three assessments. Parent–child interactions and bonds also improved in both intervention groups. The emotion regulation group increased from 29.38 at pretest to 36.69 at posttest and 38.56 at follow-up, and the choice theory group increased from 29.47 to 36.20 and 37.73, respectively. In contrast, the corresponding control-group means remained relatively stable at 28.59, 28.35, and 29.29. Overall, the descriptive findings suggested improvement following both interventions, with the gains generally maintained at follow-up.

Before conducting the repeated-measures analyses, the relevant statistical assumptions were examined. The Shapiro–Wilk test was nonsignificant for the study variables and their components across the pretest,

posttest, and follow-up assessments ($p > .05$), indicating that the distributions did not significantly deviate from normality. Levene's test was also nonsignificant ($p > .05$), supporting the assumption of homogeneity of variances across the groups. Box's M statistic for marital cohesion was 60.34 with $p = .002$, indicating that the equality of covariance matrices assumption was not fully satisfied. The assumptions were therefore considered in interpreting the subsequent inferential analyses.

Table 2. Repeated-Measures Analysis of Variance for Marital Cohesion and Its Components

Variable	Source	Sum of Squares	df	Mean Square	F	p	Partial η^2
Marital cohesion and bonding	Group	358.06	1	358.06	4.65	.039	.138
	Time	2589.39	2	1294.70	39.73	< .001	.578
	Time × Group	40.58	2	20.29	0.623	.540	.021
Parent–child interactions and bonds	Group	3.87	1	3.87	0.147	.704	.005
	Time	138.19	2	69.10	16.22	< .001	.359
	Time × Group	3.36	2	1.68	0.394	.676	.013
Marital cohesion (total)	Group	0.131	1	0.131	0.02	.985	.001
	Time	34518.90	2	17259.45	190.35	< .001	.868
	Time × Group	462.39	2	231.19	2.55	.087	.081

As presented in Table 2, the repeated-measures analysis showed a significant main effect of group on marital cohesion and bonding, $F = 4.65$, $p = .039$, partial $\eta^2 = .138$, indicating an overall difference between the intervention conditions on this component. The main effect of time was also statistically significant, $F = 39.73$, $p < .001$, partial $\eta^2 = .578$, demonstrating substantial changes in marital cohesion and bonding across pretest, posttest, and follow-up. However, the time × group interaction was not significant, $F = 0.623$, $p = .540$, partial $\eta^2 = .021$, indicating that the temporal patterns of change did not significantly differ between the intervention groups. For parent–child interactions and bonds, the main effect of group was not statistically significant, $F = 0.147$, $p = .704$, partial $\eta^2 = .005$, whereas the main effect of time was significant, $F = 16.22$, $p < .001$, partial $\eta^2 = .359$. The corresponding time × group interaction was not significant, $F = 0.394$, $p = .676$, partial $\eta^2 = .013$. For total marital cohesion, no significant main effect of group was observed, $F = 0.02$, $p = .985$, partial $\eta^2 = .001$, whereas the main effect of time was highly significant, $F = 190.35$, $p < .001$, partial $\eta^2 = .868$, indicating a large change in marital cohesion across the three assessment occasions. The time × group interaction for total marital cohesion was not statistically significant, $F = 2.55$, $p = .087$, partial $\eta^2 = .081$. Taken together, these results indicated substantial improvements over time, particularly in the intervention conditions, while providing no statistically significant evidence that the trajectories of change differed between the two intervention approaches.

Table 3. Bonferroni Post Hoc Comparisons for Marital Cohesion and Its Components

Variable	Group/Comparison	Comparison	Mean Difference	p
Marital cohesion and bonding	Emotion regulation vs. choice theory	Posttest	4.55	.090
Parent–child interactions and bonds	Emotion regulation vs. choice theory	Posttest	0.297	.753
Marital cohesion (total)	Emotion regulation vs. choice theory	Posttest	7.44	.136
Marital cohesion and bonding	Emotion regulation	Pretest vs. posttest	13.44	< .001
	Emotion regulation	Pretest vs. follow-up	10.44	< .001
	Emotion regulation	Posttest vs. follow-up	-3.00	.080
Marital cohesion and bonding	Choice theory	Pretest vs. posttest	10.47	< .001
	Choice theory	Pretest vs. follow-up	10.07	.001

	Choice theory	Posttest vs. follow-up	-0.40	.834
Parent–child interactions and bonds	Emotion regulation	Pretest vs. posttest	2.69	.004
	Emotion regulation	Pretest vs. follow-up	0.81	.295
	Emotion regulation	Posttest vs. follow-up	-1.88	< .001
Parent–child interactions and bonds	Choice theory	Pretest vs. posttest	3.27	< .001
	Choice theory	Pretest vs. follow-up	1.73	.092
	Choice theory	Posttest vs. follow-up	-1.53	.034
Marital cohesion (total)	Emotion regulation	Pretest vs. posttest	8.56	< .001
	Emotion regulation	Pretest vs. follow-up	9.25	< .001
	Emotion regulation	Posttest vs. follow-up	0.69	.678
Marital cohesion (total)	Choice theory	Pretest vs. posttest	5.93	.002
	Choice theory	Pretest vs. follow-up	4.40	.016
	Choice theory	Posttest vs. follow-up	-1.53	.045

The Bonferroni post hoc comparisons presented in Table 3 showed that there were no significant differences between emotion regulation training and choice theory-based training at posttest for marital cohesion and bonding (mean difference = 4.55, p = .090), parent–child interactions and bonds (mean difference = 0.297, p = .753), or total marital cohesion (mean difference = 7.44, p = .136). Pairwise comparisons across assessment occasions nevertheless demonstrated significant within-group improvements. In the emotion regulation training group, marital cohesion and bonding differed significantly between pretest and posttest (mean difference = 13.44, p < .001) and between pretest and follow-up (mean difference = 10.44, p < .001), whereas the posttest-to-follow-up difference was nonsignificant (p = .080). In the choice theory-based training group, significant differences were found between pretest and posttest (mean difference = 10.47, p < .001) and between pretest and follow-up (mean difference = 10.07, p = .001), while the posttest-to-follow-up comparison was nonsignificant (p = .834). For parent–child interactions and bonds, significant pretest-to-posttest improvements were observed in both the emotion regulation group (mean difference = 2.69, p = .004) and the choice theory group (mean difference = 3.27, p < .001), although pretest-to-follow-up differences were not significant in either group. Significant posttest-to-follow-up differences were observed for this component in both the emotion regulation group (mean difference = -1.88, p < .001) and the choice theory group (mean difference = -1.53, p = .034). Finally, total marital cohesion significantly improved from pretest to posttest and from pretest to follow-up in both the emotion regulation group (mean differences = 8.56 and 9.25, respectively; both p < .001) and the choice theory group (mean differences = 5.93, p = .002, and 4.40, p = .016, respectively). Overall, the post hoc findings indicated that both interventions were associated with significant improvements in marital cohesion, while no significant evidence emerged that one intervention was superior to the other.

Discussion and Conclusion

The present study compared the effectiveness of emotion regulation training and Choice Theory-based training on marital cohesion among women experiencing chronic marital conflict. The findings showed that both interventions were associated with significant improvements in total marital cohesion over time. Significant time effects were also observed for the two examined components, namely marital cohesion and bonding and parent–child interactions and bonds. The large effect of time on total marital cohesion indicated that participants experienced substantial changes across the pretest, posttest, and follow-up assessments. At the same time, the time × group interaction was not significant for total marital cohesion or

for either of its components, indicating that the pattern of change over time did not differ significantly between the two intervention approaches. Bonferroni comparisons likewise showed no significant differences between emotion regulation training and Choice Theory-based training at posttest for total marital cohesion, marital cohesion and bonding, or parent–child interactions and bonds. Overall, the results suggest that both interventions were effective in improving marital cohesion, while neither approach demonstrated clear statistical superiority over the other.

The improvement observed following emotion regulation training can be explained by the central role of emotional processes in marital functioning. Chronic marital conflict is frequently accompanied by heightened emotional reactivity, repetitive negative interpretations, rumination, defensiveness, anger, and difficulty recovering from emotionally activating interactions. Emotion regulation training directly targets these processes by helping individuals identify emotional triggers, recognize the cognitive and physiological dimensions of emotional responses, redirect attention, modify maladaptive appraisals, and select more constructive behavioral responses. These mechanisms are particularly relevant to marital cohesion because emotional closeness cannot easily develop when spouses remain trapped in repeated cycles of escalation and withdrawal. The present finding is consistent with evidence showing that emotion regulation is closely associated with couple burnout and marital functioning, with ineffective regulation linked to poorer relational outcomes (12). It is also in line with research showing that cognitive emotion regulation strategies are associated with dyadic outcomes in married couples, suggesting that how individuals interpret and manage emotional experiences has direct implications for relationship quality (13).

The effectiveness of emotion regulation training may also be understood from an interpersonal rather than purely intrapersonal perspective. Emotional responses in intimate relationships are not isolated experiences; rather, they unfold within reciprocal interaction patterns in which each partner's emotional state and behavior influence the other. Interpersonal emotion regulation during relationship conflict may therefore play a critical role in either escalating or de-escalating disagreement (11). When women with chronic marital conflict become more capable of recognizing emotional activation before it develops into impulsive behavior, they may be better able to prevent hostile exchanges, reduce avoidance, and engage in more deliberate communication. In this way, emotion regulation can contribute to a more stable emotional atmosphere in the relationship and create conditions in which cohesion can recover. The findings are also consistent with the results of Akbari et al., who showed that emotion regulation training improved social problem-solving and reduced social anxiety in female participants (15). Although that study was not conducted in a marital context, the improvement in problem-solving ability provides a plausible mechanism for the present findings because constructive problem-solving is essential for resolving recurring marital disagreements.

Another possible explanation concerns the relationship between emotion regulation and the capacity to remain psychologically engaged during difficult interpersonal experiences. Individuals who struggle to tolerate emotional discomfort may respond to marital conflict through avoidance, emotional shutdown, withdrawal, or aggressive discharge. In contrast, improved emotional awareness and regulation can allow individuals to remain present during disagreement without becoming overwhelmed. This interpretation is supported by findings showing that emotion regulation influences the formation of therapeutic alliances in group interventions following divorce, indicating that effective emotional management facilitates

interpersonal engagement under emotionally demanding conditions (14). In marital relationships, a similar process may occur: individuals who can tolerate and regulate difficult emotional states may be more capable of listening, expressing needs, and maintaining emotional connection. The improvement in marital cohesion observed in the present study may therefore reflect not only a reduction in emotional intensity but also an increased capacity for constructive relational presence.

The significant improvement observed in the Choice Theory-based training group can be explained through a different but complementary mechanism. Choice Theory emphasizes internal control, personal responsibility, recognition of basic needs, evaluation of current behavior, and selection of more effective behavioral alternatives. Chronic marital conflict often involves repeated attempts by partners to control one another, assign blame, insist on unilateral change, or interpret the relationship primarily through the failures of the other spouse. Such patterns tend to intensify resistance and reduce intimacy. Choice Theory-based training challenges these dynamics by encouraging individuals to focus on their own choices and on behaviors that can improve the relationship rather than attempting to control the partner. This interpretation is consistent with the conceptualization of Choice Theory and Reality Therapy in couple counseling, where relational improvement is linked to responsible choice, awareness of needs, and reduction of external control strategies (16).

The present findings are also compatible with previous research showing beneficial effects of Choice Theory-based Reality Therapy on psychological and behavioral outcomes. Akbari et al. reported that group Reality Therapy based on Choice Theory improved responsibility and locus of control among individuals receiving treatment for substance dependence (17). Increased personal responsibility may be especially important in marital relationships because it can reduce repetitive blaming and encourage individuals to evaluate the effectiveness of their own behavior. Similarly, Omidi et al. found that Reality Therapy training based on Choice Theory improved mental health and emotion regulation among female students (18). This finding is particularly relevant because it suggests that Choice Theory may also indirectly influence emotional functioning, thereby producing outcomes that overlap with those of explicit emotion regulation interventions. The similarity in effectiveness between the two interventions in the present study may therefore partly reflect shared effects on self-regulation, even though the theoretical pathways differ.

The current findings are further supported by evidence indicating that Reality Therapy can improve relationally relevant outcomes in women. Akbari-Torkestani et al. showed that group counseling based on Reality Therapy improved sexual functioning in women (19). Sexual functioning is closely connected to intimacy, communication, trust, and emotional closeness, all of which are relevant to marital cohesion. Likewise, comparative research on Reality Therapy has demonstrated its usefulness in improving resilience among women confronting significant psychological and life challenges (20). These findings collectively suggest that Choice Theory-based interventions can enhance adaptive functioning in emotionally demanding contexts, making the observed improvement among women with chronic marital conflict theoretically plausible.

One of the most important findings of the present study was that the two interventions did not differ significantly in their overall effectiveness. Although emotion regulation training and Choice Theory-based training are grounded in distinct theoretical traditions, both may ultimately influence marital cohesion through partially convergent mechanisms. Emotion regulation training primarily changes how individuals

identify, interpret, and respond to emotional experiences, whereas Choice Theory-based training primarily changes how individuals understand control, responsibility, needs, and behavioral choice. However, both approaches may reduce impulsive reactivity, increase self-awareness, promote adaptive coping, and improve the quality of interpersonal responses. This overlap may explain why both interventions produced significant improvements without one clearly outperforming the other. Such a finding is consistent with broader evidence indicating that multiple couple and systemic interventions can produce beneficial outcomes through both specific techniques and shared therapeutic mechanisms (9).

The nonsignificant differences between the interventions can also be interpreted in light of the multidimensional nature of marital cohesion. Cohesion is not determined by a single psychological skill but by the combined influence of emotional security, communication, behavioral responsiveness, perceived support, shared engagement, and family interaction. Therefore, two interventions targeting different psychological mechanisms may nevertheless lead to a similar improvement in the same relational outcome. Emotion regulation training may improve cohesion by reducing emotional escalation and strengthening emotional awareness, whereas Choice Theory may improve cohesion by reducing external control and promoting responsible relational behavior. Both pathways can potentially lead to greater emotional closeness and more constructive interaction. This interpretation is consistent with evidence demonstrating that couple therapy and systemic interventions can improve relationship functioning through multiple pathways (9). It is also consistent with research showing that emotionally focused interventions can reduce relationship distress and improve relational functioning (10).

The findings related to parent–child interactions and bonds are also noteworthy. Both intervention groups showed improvement over time in this component, even though no significant between-group difference emerged. This result can be interpreted through a family-systems perspective. Marital conflict does not remain confined to the couple relationship; it often influences the emotional climate of the household and the quality of parent–child interactions. When a mother becomes less emotionally reactive or more capable of exercising responsibility and self-control, these changes may affect how she responds not only to her spouse but also to her children. The observed improvement is consistent with research emphasizing the importance of cohesion and flexibility for family functioning and youth adjustment (1). It also aligns with findings showing that family functioning is associated with patterns of time use, interaction, and cohesion among parents and adolescents (6). Thus, intervention-induced changes in the mother's emotional or behavioral functioning may have effects that extend beyond the marital dyad.

The relationship between family cohesion and broader psychological well-being provides additional support for this interpretation. Meta-analytic evidence has shown that family cohesion is meaningfully related to depressive symptoms, suggesting that stronger family bonds may function as an important psychological resource (3). Likewise, the theoretical model underlying family cohesion emphasizes the importance of emotional connection, adaptation, and relational balance (2). From this perspective, improvements in marital cohesion may contribute to a more supportive family climate and greater emotional stability among family members. The physiological dimension of close relationships may also be relevant. Attachment-related emotional states have been linked to changes in physiological stress responses, including cortisol activity (7). It is therefore reasonable to suggest that reductions in emotionally dysregulated conflict

and improvements in relational security may contribute to lower stress reactivity and better interpersonal functioning, although this mechanism was not directly assessed in the present study.

The persistence of improvement at follow-up further suggests that both interventions may have produced changes extending beyond temporary session-based effects. In the emotion regulation group, participants learned skills that could be repeatedly applied when facing new emotionally activating situations. These included identifying emotions, shifting attention, reappraising interpretations, and modifying behavioral and physiological responses. In the Choice Theory group, participants learned to evaluate their behavior, identify personal needs, distinguish internal from external control, and choose more effective responses. Because both interventions emphasized skills and self-directed application rather than passive symptom reduction, participants may have continued using the learned strategies after the formal intervention ended. The maintenance of change is consistent with the broader literature on structured marital enrichment and couple interventions, which emphasizes the value of interventions that teach durable interpersonal and self-management skills (8).

The present findings also fit with evidence indicating that the management of relationship problems is a complex process involving multiple coping strategies and patterns of response (4). Chronic marital conflict is unlikely to improve through a single technique because individuals may differ in the processes that maintain distress. Some women may primarily benefit from learning to regulate intense emotional reactions, whereas others may benefit more from changing patterns of control, blame, and responsibility. The comparable effectiveness of the two approaches may therefore indicate that each provides a viable pathway for addressing different aspects of the same relational problem. Additionally, conflict is temporally dynamic, and couple interactions can change substantially over the course of a discussion (5). Interventions that help individuals intervene at different points in this dynamic process—either by regulating emotion or modifying behavioral choice—may ultimately produce similar relational outcomes.

Taken together, the results support the use of both emotion regulation training and Choice Theory-based training for women experiencing chronic marital conflict. The significant changes observed in total marital cohesion and its components suggest that interventions focused on self-regulation and responsible relational behavior can improve important aspects of family functioning. The lack of significant differences between the two approaches should not be interpreted as evidence that the interventions are identical, but rather as an indication that they may reach similar relational outcomes through different mechanisms. Emotion regulation training appears to emphasize the management of emotional activation, whereas Choice Theory-based training emphasizes personal responsibility, internal control, and effective behavioral selection. In clinical practice, these differences may allow therapists to select an intervention based on the client's dominant difficulties, preferences, and treatment needs while expecting meaningful improvement in marital cohesion from either approach.

A limitation of the present study was the relatively small sample size and the recruitment of participants from counseling clinics within a single district of Tehran, which may limit the generalizability of the findings to women from other geographical, socioeconomic, and cultural contexts. The use of convenience sampling may also have introduced selection bias because women who voluntarily sought counseling and agreed to participate may have differed from women with chronic marital conflict who do not seek professional services. In addition, the study included only women, and therefore the findings cannot be assumed to

represent the responses of husbands or couples treated conjointly. The reliance on self-report measures may also have increased the possibility of response bias, social desirability, or subjective interpretation of relationship functioning. Furthermore, although a two-month follow-up was included, this period was relatively short for determining the long-term stability of intervention effects. Potentially important variables such as duration of marriage, severity and type of conflict, personality characteristics, socioeconomic status, partner participation, and concurrent psychological treatment were not examined as moderators of intervention effectiveness.

Future studies should replicate the present research with larger and more diverse samples drawn from different regions and cultural contexts and should include both husbands and wives to examine whether the interventions produce comparable or reciprocal effects within couples. Randomized controlled trials with stronger allocation procedures and longer follow-up periods would provide more robust evidence regarding the durability and comparative effectiveness of the interventions. Future research could also examine potential mediators such as emotion regulation, personal responsibility, locus of control, communication skills, psychological flexibility, and conflict-management strategies to clarify the mechanisms through which each intervention influences marital cohesion. Investigating moderating variables such as attachment style, duration of marriage, severity of marital conflict, number of children, and baseline psychological distress may help determine which clients are most likely to benefit from each approach. Studies could additionally compare integrated interventions combining emotion regulation and Choice Theory techniques with either intervention alone to determine whether a combined model produces stronger or more sustained relational improvements.

From a practical perspective, counselors, family therapists, psychologists, and professionals working in marital and family service centers may consider both emotion regulation training and Choice Theory-based training as useful intervention options for women experiencing chronic marital conflict. Emotion regulation training may be particularly appropriate when conflict is characterized by intense emotional reactions, rumination, impulsive responses, difficulty tolerating distress, or recurrent escalation, whereas Choice Theory-based training may be especially useful when relational difficulties are maintained by blaming, attempts to control the spouse, limited personal responsibility, or ineffective behavioral choices. Co unseling centers may incorporate these approaches into structured group programs because both can be delivered in a systematic and skills-based format. Practitioners may also tailor intervention selection to the client's specific relational and emotional profile and, where appropriate, combine techniques from both approaches to strengthen emotional self-regulation, responsible decision-making, communication, and family cohesion.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

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

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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References

1. Gavidia-Payne S, Smith J, Lee A. Family functioning and youth adjustment: The role of cohesion and flexibility (FACES-IV) in diverse families. Children and Youth Services Review. 2025. doi: 10.1016/j.childyouth.2025.107697.
2. Samani S. A causal model of family cohesion, emotional independence, and adjustment: Shiraz University; 2022.
3. Lin X, Wang Y, Zhao H. Family cohesion and depression: A meta-analysis. Journal of Affective Disorders. 2024. doi: 10.1016/j.jad.2024.09.010.
4. Howes S, Jenkins P, Cooper L. How people manage relationship problems: An exploratory mixed-methods study. BMC Psychology. 2024;12:227. doi: 10.1186/s40359-024-01888-3.
5. Sun J, Randall AK. Time-varying relational interaction dynamics in couples discussing conflict. Journal of Social and Personal Relationships. 2025.
6. Li Q, Zhang Y, Chen X. Time balance and family functioning among parents of adolescents: Evidence with FACES-IV. Frontiers in Psychology. 2024;14:1262292. doi: 10.3389/fpsyg.2023.1262292.
7. Gillath O, Shaver PR, Mendoza SP, Maninger N, Ferrer E, editors. Changes in salivary cortisol concentration as a function of attachment style and attachment-related emotional states2016.
8. Jakubowski SF, Milne EP, Brunner H, Miller RB. A review of empirically supported marital enrichment programs. Family Relations. 2014;53(5):528-36. doi: 10.1111/j.0197-6664.2004.00062.x.
9. Pramling N, Wittenborn AK, Mariani M, Smith J. Couple therapy and systemic interventions for adult-focused mental health problems: Evidence from meta-analyses, reviews, and controlled trials. Journal of Family Therapy. 2024;46(1):3-29. doi: 10.1111/1467-6427.12483.
10. Tseng CF, Wittenborn AK, Morgan PC, Liu T. Exploring the effectiveness of Emotionally Focused Therapy for depressive symptoms and relationship distress among couples in Taiwan: A single-arm pragmatic trial. Journal of Marital and Family Therapy. 2024;50(1):202-17. doi: 10.1111/jmft.12681.
11. Wang M, Rosen NO, Impett EA. Interpersonal emotion regulation during relationship conflict. 2025.
12. Arıkan C, Yurdakul F. Emotion regulation and couple burnout in marriage: A moderated model. Current Psychology. 2024. doi: 10.1007/s12144-024-07253-1.
13. Rousseau V, Martin J, Perez A. Cognitive emotion regulation and dyadic outcomes in married couples. Journal of Social and Personal Relationships. 2024;41(2):333-50. doi: 10.1177/0265407523112345.
14. Álvarez I, Herrero M, Martínez-Pampliega A. The impact of emotion regulation on the establishment of the therapeutic alliance in post-divorce group intervention: A multilevel approach. PLOS ONE. 2024;19(10):e0312293. doi: 10.1371/journal.pone.0312293.

15. Akbari F, Mohammadi R, Hosseini N. The effect of emotion regulation training on social problem-solving skills and social anxiety in female students. Quarterly Journal of Educational Sciences. 2025;31(2):145-60.

16. Robey P. Choice Theory and Reality Therapy: Couples counseling. The Routledge Encyclopedia of Counseling and Psychotherapy: Routledge; 2024.

17. Akbari M, Arianpour H, Rezapour Mirsaleh Y. The effectiveness of choice theory-based group reality therapy on responsibility, locus of control, and reduction of agonist medication dosage in substance-dependent individuals receiving maintenance treatment. Research on Addiction. 2022;16(65):227-54. doi: 10.52547/etiadpajohi.16.65.227.

18. Omidi A, Hosseinzadeh-Taghvaie M, Meschi F, Sodagar S, Ranjbari-Pour T. The effectiveness of Reality Therapy training based on Choice Theory on mental health and emotion regulation in female middle school students. Journal of Adolescent and Youth Psychological Studies. 2025;6(1):34-42. doi: 10.61838/kman.jayps.6.1.4.

19. Akbari-Torkestani N, Hosseinzadeh-Taghvaie M, Meschi F, Sodagar S, Ranjbari-Pour T. The effectiveness of group counseling based on Reality Therapy on sexual function in women: A randomized controlled trial. Journal of Arak University of Medical Sciences. 2024;27(2):53-63. doi: 10.61186/jams.27.2.53.

20. Afsharpour S, Aghdasi A. A comparative study of the effectiveness of reality therapy and existential therapy on resilience in women with breast cancer. Women and Family Studies. 2021;14(52):19-40.