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The Effectiveness of Self-Regulation Couple Therapy on Family Identity Styles

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ABSTRACT

Objective: The present study aimed to examine the effectiveness of self-regulation couple therapy on self-differentiation, identity styles, and family problem-solving skills among couples applying for divorce in District 7 of Mashhad city in 2023.

Methods: This research employed a quasi-experimental design with a pretest–posttest control group. The statistical population included all couples applying for divorce who referred to counseling centers in District 7 of Mashhad during the first six months of 1401. The sample consisted of 16 couples selected through voluntary purposive sampling and randomly assigned to an experimental group (16 individuals) and a control group (16 individuals). Data were collected using the Berzonsky Identity Style Inventory (Bennion & Adams, 1986), the Family Problem-Solving Questionnaire (FPS, 2010), and the Differentiation of Self Inventory (Skowron & Friedlander, 2003). Data were analyzed using multivariate and univariate analysis of covariance (MANCOVA and ANCOVA).

Results: The findings indicated that self-regulation couple therapy had a significant effect on self-differentiation, identity styles, and family problem-solving skills among couples applying for divorce.

Conclusions: Given that self-regulation couple therapy was found to be effective in improving self-differentiation, identity styles, and family problem-solving skills, counseling centers can benefit from employing skilled counselors who are proficient in non-pharmacological educational and therapeutic approaches to support couples seeking divorce and to promote family stability and emotional well-being.

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Introduction

The family is one of the fundamental pillars of society, as the well-being of any society is inherently dependent on the health and stability of its families. A healthy family serves as the primary context for mental health, emotional security, and constructive interpersonal relationships among its members. Consequently, positive and adaptive family relationships extend their beneficial effects beyond the family unit and contribute to social cohesion and public well-being. The continuity and stability of the family institution are primarily established through marriage. However, a healthy marital environment requires more than the formal bond of marriage; it necessitates mutual trust, love, respect, effective communication, and the development of problem-solving skills that enable couples to manage conflicts constructively and sustain a healthy relationship over time. A successful marriage also provides individuals with a sense of meaning, purpose, and identity in life (Canel, 2013; Koçyigit Özyigit, 2017).

One of the key variables examined in the present study is identity styles. From a developmental perspective, Erikson conceptualized identity formation as a central and challenging psychosocial task that is often accompanied by anxiety and uncertainty (Berzonsky et al., 2011). According to Erikson, individuals who achieve a coherent and stable sense of identity are better prepared to cope with the demands and responsibilities of adulthood, whereas those who fail to establish such an identity are likely to experience identity confusion (Crocetti et al., 2013). These individuals may struggle to understand who they are, where they belong, and what direction they wish to pursue in life. As a result, they may withdraw from normative developmental pathways related to education, career, and marriage. Erikson further emphasized that the primary function of identity is to create coherence between an individual's self-perception and how they are perceived by others. In this sense, identity represents a dynamic balance between the self and the social world (Amani & Majzoobi, 2011; McAdams & Zapata-Gietl, 2015).

Expanding upon Erikson's theory, Marcia defined identity as an internal, self-constructed, and dynamic organization of drives, abilities, beliefs, and personal history. He proposed four identity statuses—identity achievement, foreclosure, moratorium, and identity diffusion—to explain individual differences in identity development based on two core dimensions: exploration and commitment. Exploration refers to the process of actively seeking information, experimenting with alternatives, and engaging in decision-making behaviors related to one's beliefs, values, and life

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goals. Commitment, on the other hand, reflects the degree of personal investment in a set of beliefs, values, and roles. Individuals with achieved identity demonstrate strong commitments that are formed through prior exploration. Those with foreclosed identity also exhibit strong commitments; however, these commitments are typically adopted from significant others, such as parents, without critical exploration. In contrast, individuals with moratorium and diffuse identities lack firm commitments. The key distinction between these two statuses lies in the presence of exploration: individuals in moratorium actively search for meaningful identity elements that may eventually lead to commitment, whereas individuals with identity diffusion neither explore nor commit. Identity development is often conceptualized as a progression from diffusion to moratorium and ultimately to achievement, although some individuals may follow alternative or less adaptive pathways, such as premature foreclosure (Bohlmeijer et al., 2011).

Another important variable addressed in this study is family problem-solving skills (Mansouri et al., 2020; Semeniuk et al., 2010). Effective problem-solving within the family context plays a critical role in managing marital conflicts, reducing psychological distress, and enhancing relationship satisfaction. Deficits in problem-solving skills are frequently associated with marital dissatisfaction, emotional disengagement, and increased risk of divorce. Therefore, interventions that enhance couples' problem-solving abilities may contribute significantly to relationship stability and family functioning (Zhou et al., 2024).

Numerous therapeutic approaches have been developed to address identity-related challenges and marital difficulties. Among these, self-regulation couple therapy has gained attention as an effective intervention for reducing marital dissatisfaction and improving self-awareness, emotional regulation, behavioral adjustment, and problem-solving skills. The self-regulation approach provides a theoretical and practical framework within couple therapy that facilitates personal change within the relational context (fatehi zadeh & malejki ha, 2011). This approach emphasizes the capacity of individuals to initiate and sustain change processes in themselves rather than attempting to directly control or modify their partners (McDaniel & Einstein, 2020). Within the relational framework, couples are encouraged to engage in self-change processes that ultimately enhance relationship satisfaction.

Scholer and Higgins (2013) defines self-regulation as a set of internal and interactive processes that enable individuals to guide their goal-directed activities over time and across changing

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circumstances. Self-regulation involves the integration of cognitive, emotional, and behavioral components through specific mechanisms and supportive skills (Blair et al., 2010). These processes become particularly salient when routine life activities are disrupted or when individuals are required to adjust their goals and strategies (Inzlicht et al., 2021). This definition highlights the inherently social nature of self-regulatory processes. From a therapeutic perspective, self-regulation is viewed as a process through which individuals acquire skills to modify their own behaviors in a purposeful and goal-oriented manner (Strauman et al., 2013). In this sense, self-regulation functions as a stable guiding mechanism that directs behavior toward desired outcomes. Self-regulation encompasses several key components, including the management of self-control resources, continuous monitoring of behavior, initiation and maintenance of new adaptive behaviors, and individual differences in self-regulatory capacity (Strauman & Eddington, 2017). The primary objective of self-regulation couple therapy is to help distressed couples develop greater competencies in modifying maladaptive behavioral, cognitive, and emotional patterns, thereby strengthening their relationship. This approach encourages couples to focus on aspects of the relationship that are most amenable to change, particularly their own thoughts, emotions, and behaviors. The self-regulation model typically consists of three stages: self-monitoring, self-evaluation, and self-reinforcement. Therapeutic and educational interventions are unlikely to be effective unless clients actively accept behavioral goals and experience intrinsic or reinforcing motivation for their achievements (Mansouri et al., 2020).

Given the theoretical and practical significance of identity styles, family problem-solving skills, and self-regulation within marital relationships, the present study seeks to address the following research question: Does self-regulation couple therapy have a significant effect on family identity styles among couples?

Material and Methods

The present study employed a quasi-experimental design using a pretest–posttest control group framework. This design was selected to examine the causal effects of self-regulation couple therapy on identity styles and family-related psychological variables while controlling for baseline differences between the groups. The statistical population of this study included all couples applying for divorce who referred to counseling centers in District 7 of Mashhad city during the

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first six months of the year 2023. A voluntary purposive sampling method was used to recruit participants who met the inclusion criteria, including willingness to participate, absence of severe psychiatric disorders, and availability to attend intervention sessions.

A total of 16 couples (32 individuals) were selected as the study sample and were randomly assigned to either the experimental group or the control group, such that each group consisted of 8 couples. The experimental group received self-regulation couple therapy, whereas the control group did not receive any therapeutic intervention during the study period.

Data were analyzed using multivariate analysis of covariance (MANCOVA) and univariate analysis of covariance (ANCOVA) to assess the effectiveness of the intervention while controlling for pretest scores. These statistical techniques allowed for the simultaneous examination of multiple dependent variables and enhanced the precision of treatment effect estimation.

Instruments

Bennion and Adams Identity Style Inventory (1986): The Identity Style Inventory (ISI) was developed by Bennion and Adams (1986) based on Erikson's psychosocial theory and Marcia's identity status model. This questionnaire consists of 64 items and assesses four identity styles: Identity Diffusion**,** Foreclosure**,** Moratorium, and Identity Achievement, with 16 items per subscale. Responses are rated on a six-point Likert scale ranging from *strongly agree* (6) to *strongly disagree* (1).

Regarding psychometric properties, Carlson reported acceptable internal consistency coefficients based on a sample of 162 university students, with Cronbach's alpha values of 0.69 for diffusion, 0.81 for foreclosure, 0.66 for moratorium, and 0.76 for identity achievement, yielding an overall average reliability of 0.77. Test–retest reliability coefficients reported in studies conducted with Iranian university students ranged from 0.54 to 0.76 (Bennion & Adams, 1986). Additionally, a study conducted in 2013 comparing emotional intelligence and identity styles among women with major depressive disorder and non-clinical participants reported Cronbach's alpha coefficients ranging from 0.59 to 0.73 for the ideological scale and 0.60 to 0.81 for the interpersonal scale, indicating acceptable reliability for research purposes (Aslian et al., 2013).

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Intervention Procedure

Self-Regulation Couple Therapy Program: The intervention consisted of eight structured sessions, conducted once per week, with each session lasting approximately 90 minutes. The sessions were delivered by a trained therapist with formal education and expertise in self-regulation couple therapy. The intervention protocol was based on Halford's Self-Regulation Model (Halford et al., 1994). Self-regulation couple therapy emphasizes self-directed change, encouraging individuals to take responsibility for modifying their own thoughts, emotions, and behaviors to enhance relationship functioning. The core components of the model include:

Self-assessment: Realistic evaluation of one's own behavior and its impact on the relationship

Self-focused goal setting: Defining specific, attainable personal goals based on relationship assessment

Self-implemented change: Executing behavioral and cognitive changes by the individual

Self-evaluation: Monitoring the extent to which desired changes have been achieved

Commitment: Sustaining motivation and responsibility for self-change

Psychoeducational components: Enhancing understanding of relationship dynamics and self-regulatory processes

The model highlights that effective change occurs when individuals focus on aspects of the relationship that are within their control and when they actively engage in self-monitoring, self-evaluation, and self-reinforcement.

Session Structure

Session 1

Initial rapport was established with the couples, and the appropriateness of couple therapy for their presenting concerns was evaluated. Participants completed the marital satisfaction, identity style, and family problem-solving questionnaires. Commitment levels were also assessed.

Session 2

Comprehensive assessment continued through interviews, questionnaires, self-report tools, and self-monitoring tasks. Couples were assigned between-session tasks focusing on self-observation and behavioral engagement. The primary therapeutic goal was to facilitate change in real-life interactions outside therapy sessions.

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Session 3

The initial assessment phase was completed by summarizing previous findings and negotiating the focus of subsequent sessions. Additional information was gathered through individual interviews and self-monitoring forms. Couples engaged in structured tasks such as problem-solving exercises and socially appropriate discussions.

Session 4

Feedback and negotiation were emphasized. The therapist provided couples with feedback based on assessment results and collaboratively developed a shared conceptual model of the relationship. Treatment goals were discussed, and the feasibility of continued couple therapy was evaluated.

Session 5

Review and reinforcement of self-change efforts were conducted over one to three sessions. The therapist helped couples evaluate the impact of self-change on their relationship. Successful changes were reinforced, while obstacles to change were identified and addressed.

Session 6

The psychoeducational component of the intervention was implemented, focusing on increasing awareness of emotional, cognitive, and behavioral processes affecting the relationship. Couples enhanced their self-regulation skills and improved their ability to evaluate their relationship and set realistic self-change goals.

Session 7

Guided change was introduced for couples who had identified shared relational goals but lacked the necessary communication or interaction skills to achieve them. Skill development and therapist-guided practice were emphasized.

Session 8

Follow-up and consolidation were conducted. Couples were asked to describe the changes they had attempted, report whether self-change goals were achieved, and reflect on the effects of these changes on themselves and their relationship.

Ethical Considerations

Ethical principles were carefully observed throughout all stages of the present study. Prior to participation, all couples were provided with clear and comprehensive information regarding the study objectives, procedures, duration, and potential benefits. Informed consent was obtained from

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all participants, and they were assured that participation was entirely voluntary and that they could withdraw from the study at any stage without any negative consequences or impact on the counseling services they received.

Participants were also informed about the confidentiality and anonymity of their data. All personal information and questionnaire responses were coded and stored securely, and the results were reported in aggregate form to prevent identification of individual participants. Access to the collected data was restricted exclusively to the research team.

Results

Table 1 presents the descriptive statistics (means, standard deviations, minimum and maximum scores) for identity styles in the experimental and control groups at the pretest and posttest stages.

Table 1. Descriptive indices of identity styles

Identity styles	Phase	Group	Mean	SD	Min.	Max.	N
Diffusion	Pretest	CONTROL	69.9375	14.28971	45	92	16
		EXPERIMENTAL	71.2500	14.48908	46	93	16
	Posttest	CONTROL	67.8750	14.32422	44	94	16
		EXPERIMENTAL	44.4375	11.76984	23	61	16
Foreclosure	Pretest	CONTROL	57.1875	13.12107	31	84	16
		EXPERIMENTAL	54.6875	12.61068	30	82	16
	Posttest	CONTROL	59.3125	12.98573	33	33	16
		EXPERIMENTAL	40.3125	10.78096	21	21	16
Moratorium	Pretest	CONTROL	56.1875	10.02809	38	74	16
		EXPERIMENTAL	57.8750	9.52103	39	74	16
	Posttest	CONTROL	59.4375	9.32358	41	75	16
		EXPERIMENTAL	43.8750	8.77021	28	58	16
Achievement	Pretest	CONTROL	61.9375	9.46903	38	72	16
		EXPERIMENTAL	62.9375	9.46903	39	73	16
	Posttest	CONTROL	60.1875	9.71060	36	70	16
		EXPERIMENTAL	73.9375	9.44082	50	84	16

The results shown in Table 1 indicate that, at the pretest stage, the experimental and control groups were relatively similar across all identity style components, including identity diffusion, foreclosure, moratorium, and identity achievement. However, at the posttest stage, notable changes were observed in the experimental group following the self-regulation couple therapy intervention. Specifically, the mean score of identity diffusion in the experimental group decreased substantially from the pretest (M = 71.25, SD = 14.49) to the posttest (M = 44.44, SD = 11.77), whereas only

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minor changes were observed in the control group. Similarly, foreclosed identity and moratorium identity scores declined meaningfully in the experimental group at posttest, while these scores remained relatively stable or slightly increased in the control group.

In contrast, the mean score of identity achievement in the experimental group increased considerably from the pretest (M = 62.94, SD = 9.47) to the posttest (M = 73.94, SD = 9.44), suggesting an improvement in adaptive identity formation following the intervention. No comparable improvement was observed in the control group. Overall, these descriptive findings suggest that self-regulation couple therapy was associated with favorable changes in identity styles among couples in the experimental group.

To examine the effect of self-regulation couple therapy on identity styles while controlling for pretest scores, a multivariate analysis of covariance (MANCOVA) was conducted. The results of the multivariate tests are presented in Table 2.

Table 2. Multivariate tests of analysis of covariance

Tests	Value	F	Hypothesis df	Error df	P
Pillai's Trace	.790	25.333	4	27	.000
Wilks' Lambda	.210	25.333	4	27	.000
Hotelling's Trace	3.753	25.333	4	27	.000
Roy's Largest Root	3.753	25.333	4	27	.000

According to the results reported in Table 2, all four multivariate test statistics—Pillai's Trace, Wilks' Lambda, Hotelling's Trace, and Roy's Largest Root—were statistically significant ($p < .001$). Consistent with the recommendation of Tabachnick and Fidell, Wilks' Lambda was used as the primary indicator of multivariate significance.

The Wilks' Lambda value was 0.210, with an associated F value of 25.33 (df = 4, 27, $p < .001$). Given that the significance level was well below the conventional alpha level of 0.05, the null hypothesis was rejected. These findings indicate a **s**tatistically significant multivariate difference between the experimental and control groups on the combined dependent variables of identity diffusion, foreclosure, moratorium, and identity achievement after controlling for pretest scores.

In other words, the results demonstrate that self-regulation couple therapy had a significant overall effect on identity styles, such that at least one of the dependent variables differed significantly between the two groups. With a 95% confidence level, the research hypothesis was supported,

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confirming that self-regulation couple therapy positively influenced identity styles among couples applying for divorce.

Discussion

The results of the multivariate analysis of covariance indicated that the effect of self-regulation couple therapy on identity styles was statistically significant. Specifically, the Wilks' Lambda value of 0.210 with a significance level of $p < .001$ confirmed the third research hypothesis. This finding demonstrates that self-regulation couple therapy significantly influences identity styles among couples applying for divorce.

The findings of the present study are consistent with the results reported by Esmaili et al. (2020), who examined the role of identity styles and love styles in predicting marital satisfaction. Their results indicated that the relationship between the informational (achieved) identity style and the commitment-based love style was positive and significant, and that these variables were strong predictors of marital satisfaction. In contrast, the diffuse/avoidant identity style was found to be a negative and significant predictor of marital satisfaction. These findings suggest that identity coherence and commitment-oriented relational patterns play a crucial role in marital quality. Accordingly, identity-related variables should be systematically incorporated into family enrichment programs and couple therapy interventions.

The results of the present study further revealed that self-regulation couple therapy led to a decrease in the mean scores of maladaptive identity styles, including identity diffusion, foreclosure, and moratorium, while simultaneously resulting in an increase in identity achievement among couples in the experimental group. This pattern of change supports the assumption that identity styles are responsive to psychological interventions and can be modified through targeted therapeutic processes. Similar patterns have been reported in previous empirical studies, indicating that identity development is not static but rather subject to contextual and relational influences.

From a theoretical perspective, Marcia argued that individuals with an achieved identity possess a more internalized form of self-regulation, enabling them to engage effectively in self-evaluation and self-directed behavioral change (Mansouri et al., 2020). In particular, in the domain of behavioral control, individuals with achieved identity are better able to regulate their actions in ways that positively influence their interpersonal relationships. In contrast, individuals

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characterized by diffuse, foreclosed, or moratorium identity styles often experience difficulties in regulating their emotions and behaviors within intimate relationships.

Consistent with prior research, the present findings reinforce the notion that identity is a dynamic and lifelong developmental process, characterized by ongoing changes in levels of exploration and commitment. Identity statuses are not fixed or immutable; rather, individuals may transition between different identity styles across the lifespan in response to personal experiences, relational contexts, and therapeutic interventions. Moreover, identity formation involves the continuous construction, dissolution, and reconstruction of boundaries between the self and others. This dynamic process is particularly salient within marital relationships, where intimacy, differentiation, and autonomy must be continuously negotiated (Semeniuk et al., 2010).

In explaining the observed results, it can be argued that self-regulation couple therapy facilitates the development of internalized self-regulation, enabling couples to take responsibility for their own thoughts, emotions, and behaviors. Through this process, individuals become more capable of managing interpersonal stressors, enhancing emotional intimacy, and reducing tendencies toward emotional withdrawal or avoidance of their partner. Furthermore, self-regulation couple therapy places strong emphasis on resource management and self-change, encouraging individuals to recognize controllable aspects of their behavior and actively engage in adaptive change processes.

It is also noteworthy that individuals with achieved identity tend to exhibit a more adaptive locus of control, allowing them to perceive themselves as effective agents in shaping their relational outcomes. In contrast, individuals with diffuse, foreclosed, and moratorium identity styles often demonstrate less adaptive control orientations, which may contribute to relational instability and dissatisfaction. By strengthening self-regulatory capacities, self-regulation couple therapy appears to promote identity achievement and relational competence simultaneously.

Despite the meaningful findings of this study, several limitations should be acknowledged. One limitation was the lack of full cooperation by some couples in completing questionnaires and consistently attending intervention sessions. Additionally, the small sample size and the use of a voluntary purposive sampling method may limit the generalizability of the findings. Therefore, caution should be exercised when interpreting and generalizing the results to broader populations.

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Future research is recommended to replicate this study using larger and more diverse samples to enhance external validity. Longitudinal designs may also be employed to examine the long-term effects of self-regulation couple therapy on identity development and marital outcomes. Furthermore, incorporating qualitative methods could provide deeper insights into the subjective experiences of couples undergoing self-regulation-based interventions.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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