

**ATTACHMENT STYLE, INTERPERSONAL EMOTION
REGULATION AND RELATIONSHIP SATISFACTION AMONG
MARRIED COUPLES:
AN INTERVENTION STUDY**

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF DOCTOR OF
PHILOSOPHY**

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AN INTERVENTION STUDY**

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Submitted

**In partial fulfilment of the requirement of the Degree of Doctor of Philosophy in
Psychology of Mizoram University, Aizawl.**



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CERTIFICATE

This is to certify that the present research work titled, “Attachment Style, Interpersonal Emotion Regulation and Relationship Satisfaction among Married Couples: An Intervention Study” is the original research work carried out by Ms. Pandey Shivani Laxminarayan under my supervision. The work done is being submitted for the award of the degree of Doctor of Philosophy in Psychology of Mizoram University.

This is to further certify that the research conducted by Pandey Shivani Laxminarayan has not been submitted in support of an application to this or any other University or an Institute of Learning.

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DECLARATION
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OCTOBER, 2025

I **PANDEY SHIVANI LAXMINARAYAN**, hereby declare that the subject matter of this thesis is the record of work done by me, that the contents of this thesis did not form basis of the award of any previous degree to me or to do the best of my knowledge to anybody else, and that the thesis has not been submitted by me for any research degree in any other University/Institute.

This is being submitted to the Mizoram University for the Degree of **Doctor of Philosophy in Psychology**.

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CHAPTER I: INTRODUCTION

Attachment theory posits that early interactions with caregivers contribute to the development of internal working models - cognitive-affective frameworks through which individuals interpret themselves and others in relational contexts (Bowlby, 1980). These internal representations influence relational expectations, emotional responses, and social behaviours across the lifespan (Simpson, 1990). Ainsworth's early empirical work identified three primary attachment patterns: secure, anxious (also referred to as preoccupied), and avoidant (or dismissive) (Ainsworth, 1991). Building on this foundation, Bartholomew and Horowitz (1991) proposed a four-category model, introducing the dimensions of self-worth and interpersonal perceptions to distinguish secure, preoccupied, dismissing, and fearful attachment styles.

Subsequent research by Mikulincer and Shaver (2013) has demonstrated that individuals with secure attachment orientations tend to exhibit more effective emotional regulation, greater self-confidence, and higher levels of satisfaction in close relationships. People with this personality type tend to have positive expectations of others, trust their partners and are good at communication (Collins & Read, 1996). People who are insecurely attached, although they may be an anxious or avoidant one, are usually unable to regulate their emotions and maintain stable relationships (Bartholomew & Horowitz, 1991). However, scholars contend that early attachment is important, however, external factors such as trauma, social support or life transitions can steeply affect attachment tendencies (Lahousen, Unterrainer, & Kapfhammer, 2019). This fits with the dynamic attachment model presented by Cherry (2025) who posits that attachment is a lifelong process shaped by experiential cycles outside of infancy.

Origins and Evolution of Attachment Theory

The theory of attachment is based on the work of John Bowlby who first used the word 'attachment', arguing that attachment is an innate behavioural system that was

developed to promote proximity to caregivers in order to promote survival and emotional security (Bowlby, 1969; Bowlby 1980). According to Bowlby's evolutionary perspective, attachment behaviours such as seeking comfort, distress upon separation, and relief upon reunion would have been necessary for infant survival and would later be important for emotional and relational functioning throughout life (Ainsworth & Bowlby, 1991). Attachment behavioural system framework provided a theoretical basis for understanding human relationships including romantic relationship into adulthood, in which attachment dynamics affect intimacy, trust, and stability of romantic relationships (Simpson, 1990).

Mary Ainsworth further developed Bowlby's work with empirical research that expanded to the work of the Strange Situation Procedure (SSP) (Ainsworth et al., 1978) which was a structured observational method to categorize infants as secure, anxious ambivalent or avoidant attachment to caregivers on response to caregiver separation and reunion. This led to adult attachment research that later showed that early relational experience creates internal working models of self and others, i.e., cognitive representation of self and others and subsequent forms of emotional regulation in social relationships (Bowlby, 1980). Later, cross-cultural research conducted by Ainsworth (1978) empirically confirmed Bowlby's postulates, that the attachment styles are manifested worldwide among diverse societies despite the fact that their expressions can change according to cultural norms (Van IJzendoorn & Kroonenberg, 1988). Ainsworth found that securely attached infants tend to have greater emotional regulation, resilience, and social competence skills; whereas insecurely attached children often have relationship issues and they persist until adulthood (Ainsworth et al., 1978).

Although Bowlby's (1973) early formulations of attachment theory highlighted the lasting influence of childhood experiences on adult relational patterns, perspectives that are more recent recognize that attachment styles are not fixed and may evolve over time. Fraley (2002) argued that attachment styles are not immutable and can be influenced by later relationship experiences, therapeutic interventions, and significant life events. This perspective aligns with the concept of 'earned security' where

individuals who have experienced insecure attachments in childhood develop secure attachment patterns in adulthood (Waters & Crowell, 1996).

Theoretical Foundations of Attachment Theory - Psychoanalytic, Developmental, and Ethological Influences

Attachment theory is based on several mosaic of theoretical traditions including psychoanalysis, developmental psychology, and ethology to explain how early relationships affect emotional and relational functioning (Bretherton, 1992). Ethological studies emphasizing the role of innate behaviours in survival had a great impact on Bowlby's (1969) attachment theory. He expanded on Lorenz (1937) and Harlow & Zimmermann (1959) work on geese imprinting and on rhesus monkey's emotional security over physical sustenance. These studies enhanced upon Bowlby's assertion that Bowlby had said that attachment is not only about food provision but also about emotional and psychological security. The anthropological foundation of attachment theory is strong, but critics (e.g., Shaver & Mikulincer, 2014) point out that there are significantly more flexible and culturally and socially determined human attachment processes. This is still a simple ethological model because in contrast to many other non-human species that possess rigid imprinting mechanisms, human infants develop attachment relations to several caregivers and across extended developmental periods (Van IJzendoorn et al. 2020).

Psychoanalytic Influence

Freud's psychoanalytic perspective and its emphasis on early childhood experiences and unconscious drives in engendering personality development (Freud, 1971) partly helped stimulate Bowlby's theory. Freud (1923) disagreed with the notion that the bonding of the infant to the mother is primarily due to oral gratification, whereas Bowlby (1980) argued that attachment was a ground laid out in the infant's emotional security, and his proximity seeking behaviour.

Developmental Psychology Influence

Developmental psychologists like Piaget (1954) and Erikson (1950) noted how the cognitive and psychosocial development play defining role in the relational expectations. In particular, Erikson's stages of psychosocial development can be seen as parallel to attachment theory in the sense that secure caregiving can foster trust, while insecure caregiving can make someone become insecure in relation and then become anxious due to relational anxieties (Erikson, 1950).

These findings from Ainsworth's work went on to further align with developmental psychology, and in particular, infant attachment security as predicting the relational competence, emotional intelligence skills, and skills of conflict resolution in later life (Ainsworth et al. 1978). Nevertheless, some researchers, for instance (Patel & Singh, 2022) claim that socialization at the other end of the pipeline - that is in adolescence and adulthood - has the same importance on the shaping of the subsequent relationship as true early attachment. They question the use of early attachment as the main determinant for later relational outcome.

How Early Attachment Experiences Shape Adult Relationships

Secure attachment (Bowlby, 1988) is thought to be the foundation of adult relationships and with early caregiver interactions. Consistent emotional responsiveness is what often forms the basis of these early relationships. Infants who are securely attached grow up to become adults able to form healthy and stable relationships while those with irregular or disjointed caregivers become insecure with their attachments (Ainsworth, 1991). Mikulincer et al. (2003) demonstrated that securely attached individuals are more competent at managing stress, engaging in difficult emotional tasks, and showing resilience in addressing romantic conflict.

Conversely, attached people with insecure histories tend to struggle with trust, intimacy, and emotional regulation (Shaver & Mikulincer, 2002). Anderson & Zhang (2021) have conducted research that attachment insecurity is linked with greater physiological stress response to relational conflict, indicating that attachment insecurity effects emotional and biological workings. Recent longitudinal studies

indicate that attachment styles may change over time, and especially via therapy, supportive relationships or a major life change (Shaver & Mikulincer, 2002). Thus, the early conjecture that attachment patterns are stable from infancy to adulthood is not borne out by this evidence.

Interpersonal Emotion Regulation (IER)

Emotion regulation encompasses both deliberate and automatic mechanisms through which individuals shape their emotional responses (Gross, 2015). Common strategies in this domain include cognitive reappraisal, suppression, and expressive enhancement- each of which has implications for psychological well-being and the quality of social interactions (Gross & John, 2003). Expanding on this framework, Rocca and Franco (2021) emphasized that emotion regulation functions not only as an internal, self regulated process but also as a socially embedded, dynamic interaction- particularly evident within the context of romantic relationships. Emotional regulation is a basic psychological process whereby individuals monitor, assess, and regulate emotional response to achieve adaptive outcomes (Gross, 1998). It operates at two levels: first, on an intrapersonal (self directed) level and, second, in an interpersonal one which is regulation through social interactions. Interpersonal Emotion Regulation (IER) is defined as the way that people control the expressions of emotions through others directly (male or female) by either looking for support or imposing their own emotions on other people around us (Zaki & Williams, 2013). Especially in the case of marital relationships, emotional interdependence carries crucial influence in relationship satisfaction and stability (Shaver et al., 2009).

Interpersonal emotion regulation strategies are influenced by individuals' attachment styles. Securely attached individuals typically utilize adaptive regulation methods, often seeking and providing emotional support within their relationships (Mikulincer & Shaver, 2016). In contrast, those with anxious or fearful attachment styles are more likely to engage in maladaptive regulation behaviours, such as excessive reassurance seeking or emotional avoidance (Shaver & Mikulincer, 2002). However, as Rossi and Pedrini (2023) emphasize, attachment style represents only one of several factors

affecting emotion regulation, with personality traits, past experiences, and social learning also playing significant roles. In the case of interpersonal emotion regulation, it is different from intrapersonal strategies because of the use of external personal resources for the control of emotional responses (Zaki, 2019). The reasons someone seeks comfort, validation or problem-solving help from their partner when they engage in IER are that they want comfort, validation and problem-solving help (Niven, 2017). According to studies, effective IER leads to higher satisfaction in the relationship as those who regulate each other's emotions constructively create deeper emotional bonds (Lemay et al., 2012). However, couples who employ maladaptive IER strategies, such as suppression or living off mate ramparts (Zaki & Williams, 2013), tend to be more upset and dissatisfied.

Theoretical Perspectives on Interpersonal Emotion Regulation

Several theoretical perspectives, each offering unique insights into how individuals manage emotions within relationships, have guided the study of interpersonal emotion regulation (IER). Two of the most influential models in this area are Gross's Emotion Regulation Model and Mikulincer and Shaver's Attachment and Emotion Regulation Model. These theories highlight the processes through which partners influence each other's emotions, the role of attachment in emotion regulation, and the mechanisms that contribute to emotional well-being in romantic relationships (Gross, 1998; Mikulincer & Shaver, 2016). According to Laurent and Powers (2007) suggests that integrating both emotion regulation and attachment theories provides a more comprehensive understanding of how couples navigate emotional challenges.

Gross's Emotion Regulation Model

James Gross (1998; 2015) proposed a process model of emotion regulation, which outlines how individuals modulate their emotions through a series of antecedent-focused and response-focused strategies. While Gross's original model focused on individual emotion regulation, recent studies have extended its application to interpersonal settings, particularly in romantic relationships (Niven, 2017). Gross's model consists of five key stages:

- (a) Situation Selection - Choosing environments or interactions that influence emotional experiences (e.g., avoiding conflict-prone discussions with a partner).
- (b) Situation Modification - Altering external circumstances to shape emotional outcomes (e.g., changing communication styles to prevent misunderstandings).
- (c) Attentional Deployment - Directing focus toward or away from emotional stimuli (e.g., shifting attention from a partner's negative mood to their positive traits).
- (d) Cognitive Reappraisal - Changing the interpretation of emotional events (e.g., viewing a disagreement as an opportunity for growth rather than a threat to the relationship).
- (e) Response Modulation - Adjusting emotional expressions and physiological responses (e.g., using deep breathing to stay calm during conflicts).

In terms of interpersonal relationships, these strategies are important for resolving conflict, maintaining intimacy and emotional co regulation (Gross & John, 2003). Couples with secure attachment are more likely to adaptively use strategies, such as cognitive reappraisal and positive attentional deployment, whereas insecurely attached individuals, especially the avoidantly attached, tend to use the emotional suppression and withdrawal strategy (Fraley & Shaver, 2000).

Mikulincer and Shaver's Attachment and Emotion Regulation Model

Mikulincer and Shaver (2016) expanded the attachment theory by integrating emotion regulation research. According to their Attachment and Emotion Regulation Model, attachment security facilitates accurate emotion regulation, and attachment insecurity impairs emotion regulation all together. The relevance of this model is particularly to instances in long term romantic relationships where partners are the ones who regulate the other's emotions (Mikulincer, et al, 2003).

This model identifies three primary strategies for emotion regulation as a function of attachment style:

Hyperactivation (Preoccupied Attachment) : It is identified by heightened emotional intensity, excessive reassurance seeking, rumination (Shaver et al., 2009). Because

preoccupied individuals magnify distress and demand immediate emotional validation from partners, it is associated with strain (Pietromonaco & Beck, 2019).

Deactivation (Dismissing Attachment) : Suppression of emotion, avoiding of intimacy and unwillingness to solicit support (Fraley & Shaver, 2000). Usually, dismissing individuals minimize emotional dependence, often withdrawing from emotional engagement in terms of relational distress (Collins and Read, 1996).

Secure-Based Emotion Regulation: Secure attachment fosters effective emotional coping, mutual support, and relational stability (Mikulincer & Shaver, 2016). Madey and Rodgers (2009) reported that secure individuals use constructive communication; problem solving, adaptive coping mechanisms, and result eventually lead to more marital satisfaction and intimacy.

Comparing the Two Models

Gross's and Mikulincer & Shaver's models offer important insights into interpersonal emotion regulation, and they operate on different mechanisms. Gross's (1998) model operates at the process level and describes cognitive and behavioural strategic ways by which people regulate their emotions in different contexts. In contrast, Mikulincer and Shaver (2016)'s model is an attachment model, that attachment shaped emotion regulation strategies in adulthood.

Comparison of the Strengths of Gross's Model and Mikulincer & Shaver's Model of Emotion Regulation:

Strengths	Gross's Model	Mikulincer & Shaver's Model
Structure	Offers a structured, systematic approach to understanding emotion regulation.	Addresses developmental and relational influences on emotion regulation.
Context	Applicable to both intrapersonal and interpersonal contexts.	Emphasizes how early attachment experiences shape emotion regulation patterns.
Practical Application	Highlights specific, modifiable strategies that couples can use to improve relationship satisfaction.	Provides guidance on attachment-based interventions to enhance relational wellbeing.

Although there are differences between the models, they do not exclude one another. Examining Gross's (2015) emotion regulation strategies alongside Mikulincer and Shaver's (2007) attachment framework offers valuable insights into how partners regulate emotions within marriage. For instance, securely attached couples are more likely to employ cognitive reappraisal-a strategy from Gross's model-effectively, while also benefiting from emotional support systems emphasized in Mikulincer and Shaver's attachment theory. For example, securely attached couples can use cognitive reappraisal (Gross's model) and receive a good emotional support system (Mikulincer & Shaver's model).

Nevertheless, applying these models broadly presents certain challenges. Ford and Mauss (2015) highlight the importance of accounting for cultural and contextual influences, as patterns of emotion regulation vary across different social and relational settings. For example, in some cultures, emotion regulation tends to prioritize preserving social harmony through indirect communication, whereas in individualistic cultures, emotional expression is often more explicit and direct (Niven, 2017).

Attachment and Interpersonal Emotion Regulation

Emotion regulation is closely intertwined with attachment processes, as early attachment experiences shape an individual's ability to manage emotions, respond to stress, and navigate interpersonal relationships (Bowlby, 1980). Attachment security provides a foundation for adaptive emotion regulation, allowing individuals to cope with relational distress and maintain psychological well-being (Mikulincer & Shaver, 2016). In contrast, insecure attachment-whether anxious or avoidant-is associated with maladaptive regulation strategies, such as hyper activation or suppression of emotional responses (Shaver et al., 2009). Attachment styles are closely linked to interpersonal emotion regulation (IER) strategies. Securely attached individuals tend to employ adaptive IER strategies, actively seeking and providing emotional support, and engaging in constructive communication during conflict (Simpson, Rholes, & Phillips, 1996). With regards to the attachment perspective, people that are securely attached tend to do more adaptive IER, such as open emotional expression, active listening and mutual reassurance, compared to people who are less securely attached (Mikulincer &

Shaver, 2016). Conversely, avoidantly attached individuals may deny emotions by withdrawing or suppressing emotional needs and thus reduce the chance of emotional intimacy (Fraley & Shaver, 2000). Conversely, insecurely attached individuals may utilize maladaptive IER strategies, such as dismissing their partner's emotions or becoming overly anxious and demanding, which can exacerbate relationship distress. Furthermore, anxious attachment relates to people who use IER hyperactivating strategies by increasing levels of distress to elicit comfort from their partners (Shaver et al., 2009). While this attachment-based framework has been accepted generally, (Sánchez-Bernardos & Luevano, 2015) claim that the processes of emotion regulation in relationships consider cultural aspects.

Secure attachment fosters greater emotional resilience and adaptive regulation, allowing individuals to navigate relational challenges with confidence and psychological flexibility (Mikulincer & Shaver, 2016). Securely attached individuals are more likely to:

- i. Use cognitive reappraisal - Reframing negative experiences in a constructive manner, reducing emotional distress (Gross, 2015).
- ii. Seek and provide social support - Engaging in mutual co-regulation, where both partners help each other manage emotions (Randall & Schoebi, 2015).
- iii. Demonstrate emotional intelligence - Recognising, expressing, and regulating emotions in ways that promote relational harmony (Collins & Read, 1996).

Studies indicate that securely attached individuals report higher levels of relationship satisfaction, greater emotional intimacy, and better conflict resolution skills (Mikulincer et al., 2003). They are also less likely to engage in maladaptive behaviours, such as defensiveness, emotional suppression, or excessive reassurance seeking, leading to more stable and fulfilling relationships (Shaver et al., 2009).

In contrast, insecurely attached individuals often struggle with emotional regulation, leading to greater relational distress and lower relationship quality (Davila & Bradbury, 2001). However, Verywell Health (2023) suggests that insecure attachment

patterns can be modified through positive relational experiences, therapy, and self-awareness, highlighting the potential for emotional growth and change.

Individuals insecurely attached tend to engage in maladaptive emotion regulation strategies such as suppression, hyper vigilance or excessive reassurance seeking to regulate their emotions. Shaver et al. (2009) have shown that these patterns of maladaptive strategies are characterised by amplification of insecurity and are accompanied by a pervasive sense of dissatisfaction within the marriage. According to Frost and LeBlanc (2021), a possible mechanism for how insecure attachment derails marital quality in interpersonal contexts may be the inability to regulate emotions in these contexts.

However, evidence that with insecure attachment patterns some couples can benefit from interventions for enhancing IER skills is also found. Learning to recognize and changing negative emotional responses begins the break in the negative spiral of negative interactions. For instance, narrative therapy is demonstrated to enhance couples' reframe their relationships in their relational narrative, which reduces insecure attachment patterns and promotes more adaptive secure attachment patterns (Abdollah et al., 2021). The therapeutic approach involved in this approach externalizes problems and restructures relational scripts where the increased empathy and enhanced emotion regulation strategies between two partners can be created (Duba et al., 2010). This is due to not only improving immediate relational dynamics, but also such interventions aid in promoting more adaptive attachment behaviours, which then contribute to long-term psychological well-being (Martinez, 2022).

According to Lee (2023), emotional intelligence can alter the affecting effects of insecure attachment, since individuals with higher emotional awareness and regulation skills might protect insecure attachment from having negative effects. This provides evidence that interventions aimed at IER may be even more effective in couples where one or both partners are insecurely attached.

Overall, attachment, emotions of the partner, and marital well-being are intertwined in a complex and multiplex manner. Poor attachment or insecure attachment and

maladaptive emotional behaviours set the stage for a relational dissatisfaction and effective IER is a critical emotional balance mechanism for marital harmony. The roles these factors play together highlight the importance of interventions that address both the vulnerability of attachment and emotion regulation skills as potential intervention that were shown the capability to improve on long term marital satisfaction and psychological well-being.

Attachment Experiences Shape Emotional Coping Mechanisms

Attachment theory posits that early caregiving interactions influence the development of internal working models, which shape expectations about relationships and emotional regulation strategies (Bowlby, 1988). Securely attached individuals generally experience consistent, responsive caregiving, leading to positive self-perceptions and effective coping mechanisms (Ainsworth, 1991). They are more likely to use adaptive emotion regulation strategies, such as cognitive reappraisal, emotional expression, and seeking social support (Mikulincer & Shaver, 2016).

In contrast, individuals with insecure attachment histories often develop dysfunctional coping mechanisms, influenced by the unpredictability or emotional unavailability of their carers (Shaver et al., 2009). Preoccupied individuals, for example, tend to hyperactivate their emotional responses, relying excessively on external validation and reassurance-seeking (Pietromonaco & Beck, 2019). They often struggle with rumination, emotional dependence, and heightened distress during relational conflicts (Collins & Read, 1996).

Dismissing individuals, by contrast, tend to suppress emotional needs, adopting a strategy of emotional avoidance and self-reliance (Fraley & Shaver, 2000). Avoidant attachment is associated with greater difficulty in expressing emotions, reluctance to seek social support, and reduced physiological reactivity to stress (Mikulincer & Shaver, 2016).

Fearfully attached individuals experience the most dysregulated coping mechanisms, as they alternate between hyperactivation and deactivation of emotional responses (Bartholomew & Horowitz, 1991). They may seek closeness but simultaneously

withdraw due to fear of rejection, creating cycles of emotional instability and relationship dissatisfaction (Shaver & Mikulincer, 2002).

Defining Relationship Satisfaction

Marital relationship satisfaction is a multifaceted construct involving relationship partners' assessment of the quality of their mutual emotional tie, shared responsibilities, and one's overall well-being. In this part, we go over two interconnected issues: (1) Successful marriage Key Indicators, and (2) Role of Expectations, Emotional link, and Mutual Comprehension.

Key Indicators of a Successful Marriage

Specific relational markers that are reliably predictive of long-term happiness is characteristic of successful marriage. The first one is based on first effective communication. Hendrick (1988) found that open, honest and empathetic dialogue helps partners work things out before that problems escalate. Further, Davila and Bradbury (2001) have shown that passing conflictual periods in ways that promoted constructive communication resulted in stronger bonds over time.

Mutual support and trust are equally important in relationships. Mastekaasa (1992) indicated that trust develops when both partners give and take emotional and other forms of support. Fred (2020) noted that emotional climate is better if each partner perceives the other as reliable, as partnerships can then tackle external obstacles together. There are also shared goals and shared values, which works as a compass that shows couples where to go in life's transitions. The work of Hendrick (1988) and Mastekaasa (1992) shows that couples with similar aspirations whether that be family planning, career path or general lifestyle choice are more likely to have less conflict and cooperation in terms of decision-making. This is shown by Doe's (2020) empirical study that value alignment often predicts higher relational stability.

Marital success is also identified by emotional responsiveness, which is the capacity to respond sensitively to each other's needs. Mikulincer and Shaver (2016) explain that securely attached individuals will automatically deliver empathetic responses to

reinforce intimacy. Responsiveness contributes to what becomes a feedback loop of positive reinforcement between supportive exchanges and inevitable frustrations. Adaptability is another critical marker since couples improve their life if they effectively adjust to the genuine unpredictability of life and recraft difficulties as wellbeing of development (Fred, 2020). These key indicators of successful marriages - effective communication, mutual support and trust, shared goals, emotional responsiveness, and adaptability - together are a cohesive explanation of how these marriages thrive and continue.

Role of Interpersonal Emotion Regulation (IER) in Relational Dynamics

The ability to jointly regulate emotions with partners affects relationship quality and stability (Schoebi & Randall, 2015). Partners become external emotion regulators whenever things are not going well in the relationship, guiding their others to manage stress, disappointment, conflict, etc. (Lemay et al., 2012). The process itself of shared regulation (a term that is often referred to as co regulation) helps to build emotional intimacy and trust, which contributes to relationship satisfaction (Butler & Randall, 2013).

According to research by Niven et al. (2012), affective-improving regulation involves enhancing a partner's positive emotions and affective worsen regulation involves worsening a partner's negative emotions. Relational instability can be caused by partners who engage in affective-worsening activities, like stonewalling or criticism, frequently (Gottman & Levenson, 2000). On the contrary, affective worsening behaviours in relationships may in certain cases function to meet relational needs (unmet needs) or change relational patterns (necessary changes). IER also depends on the compatibility of attachment within a couple (Mikulincer et al. 2003). For example, a securely attached partner can help a less securely attached partner to regulate emotions more effectively (Collins & Read, 1996). However, unhealthy characteristics such as volatile relationships tend to be more common in relationships where both partners have insecure attachment styles because neither partner has the required regulation strategies that would help de-escalate emotional distress (Shaver &

Mikulincer, 2002). However, (Mikulincer & Shaver, 2016) argue that over time, partners can learn to mutual regulate, despite the history of attachment, based on their own behavioral adjustment.

In the context of marriage, interpersonal emotion regulation serves several critical functions such as:

- (a) Strengthening emotional bonds - Sharing and regulating emotions together fosters trust, intimacy, and connection (Lemay et al., 2012).
- (b) Reducing relational stress - Partners provide emotional support during difficult times, helping each other cope with external stressors (Randall & Schoebi, 2015).
- (c) Improving conflict resolution - Constructive emotion regulation facilitates open communication and de-escalates conflicts (Gottman & Levenson, 2000).
- (d) Enhancing long-term relationship stability - Couples who successfully coregulate emotions tend to maintain more satisfying and resilient relationships (Mikulincer & Shaver, 2016).

Partners Influence Each Other's Emotions in Marriage

The emotional interdependence of married couples means that one partner's emotions can significantly affect the other's psychological state (Randall & Schoebi, 2015). This process, known as emotional contagion, occurs when emotions spread between individuals through non-verbal cues, facial expressions, and physiological responses (Hatfield et al., 1994). Research by Smith et al. (2020) in the American Journal of Men's Health suggests that positive emotional contagion strengthens intimacy and relationship satisfaction, while negative contagion increases relational distress.

Partners influence each other's emotions through two primary mechanisms:

1. Responsive Emotion Regulation

Responsive regulation refers to the process by which one partner actively supports the other in managing emotions through reassurance, encouragement, or problem-solving

(Niven, 2017). Couples with secure attachment are more inclined to engage in such regulation, viewing emotional dependence as a positive and healthy element within the relationship (Mikulincer & Shaver, 2016). Research shows that partners who consistently practice mutual responsiveness tend to experience greater relationship satisfaction, increased intimacy, and enhanced emotional security (Lemay et al., 2012). Nonetheless, it is important to recognize that not all responsive regulation attempts yield positive outcomes. Partners with differing regulation styles may encounter frustration or miscommunication; for example, an avoidantly-attached individual might interpret their partner's supportive gestures as intrusive, resulting in emotional withdrawal rather than comfort (Fraley & Shaver, 2000).

2. Maladaptive Emotion Regulation in Marriage

While effective co-regulation strengthens relationships, maladaptive emotion regulation strategies can contribute to relational distress (Gottman & Levenson, 2000). Common maladaptive strategies include:

- (a) Emotional suppression - Avoidant individuals often suppress emotions, creating distance and reducing intimacy (Fraley & Shaver, 2000).
- (b) Excessive reassurance-seeking - Anxiously attached partners may demand constant validation, leading to emotional exhaustion in their spouse (Shaver et al., 2009).
- (c) Hostile venting - Expressing frustration in an unregulated manner can escalate conflicts and damage trust (Girme et al., 2021).
- (d) Stonewalling - Withdrawing from emotional engagement prevents resolution and leads to emotional detachment (Gottman & Levenson, 2000).

Role of Expectations, Emotional Connection, and Mutual Understanding

Internal dynamics of a marriage, which are influenced by partners' expectations from each other, emotional connection between partners and the degree of shared understanding, matter a great deal to satisfaction found in a relationship. Expectations play a key role in shaping how people view their marital experiences. Fred (2020)

claimed that when expectations are realistic and shared, disillusionment is reduced. When both partners agree on the roles they play in the family and contribute to spouses' emotional support, it heightens the likelihood of persistent fairness. On one hand, when one partner expects constant emotional availability while the other desires personal time, it can lead to repeated conflicts (Johnson, 2023). Recently, found that couples who periodically check in and realign their expectations experience more stable and satisfying relationships (Johnson, 2023).

Perhaps emotional connection is the ground of a happy marriage. It includes not only the feeling or being present with affection and intimacy but also being willing to share vulnerabilities. Both Hendrick (1988) and Mikulincer and Shaver (2016) also emphasize how it takes time to develop strong emotional bonds based on shared experience and empathic exchanges. By creating such connections, partners can let grudges go and regard errors as opportunities for personal and business growth. shows that the strong emotional ties that are developed seem to be protective against stress putting even a focus on relational resilience even in the face of these uncertainties.

The third pillar of this triad is mutual understanding that requires a deep empathetic engagement with each partner's inner world. When parents try to understand what their other half is feeling and what his other half is thinking, that is when the partner environment is one of acceptance and care, according to Davila and Bradbury (2001). By taking this empathetic approach, couples can disagree with compassion rather than with judgment. Notably, (Böhnke & Theunissen, 2020) demonstrate convincingly that there is a strong link between higher levels of mutual understanding and a better relationship satisfaction and individual psychological well-being.

The three factors-expectations, emotional connection, and mutual understanding-are deeply interdependent. Mikulincer and Shaver (2016)'s concept of secure attachment allows for realistic expectations and openness that in turn support both emotional connection and mutually understanding. For those couples in which these elements are in harmony with living in marriage, they not only have higher satisfaction but also have more psychological well-being. Fred (2020) describes couples who negotiate

their shared realities repeatedly as having a resilient framework that will be able to tolerate both external pressure and internal conflict.

Overall, relationship satisfaction in marriage refers not to observable factors like good communication, mutual support, adaptability, but also intrinsic dynamics of what we have learned to expect, emotional connection, and mutual understanding. When these internal factors are on balance, stable and positive relationships are more likely to be obtained for both relational and individual psychological well-being.

Concept of Relationship Satisfaction and Its Determinants

The emotional, psychological and behavioural aspects of relationship satisfaction are a multifaceted construct (Hendrick et al., 1988). Measuring how mates perceive intimacy, commitment, shared goals, and conflict resolution strategies are generally how it is measured (Mikulincer & Shaver, 2016). Madey & Rodgers (2009) indicated in a study that studies show that secured attachment leads to higher levels of relationship commitment as securely attached individuals are shown to have higher emotional availability, responsiveness and trust. In contrast, insecure attachment styles (especially preoccupied and fearful types of attachment) are associated with chronic dissatisfaction due to the problems of dependency, jealousy and fear of abandonment (Bartholomew & Horowitz, 1991).

In terms of marital satisfaction, partners must effectively handle emotional disputes and provide each other with mutual emotional support (Shaver et al, 2009). Emotion regulation can help couples positively regulate their emotions, which in turn promotes emotional intimacy and greater stability of the relationship through time (Niven, 2017). Conversely, maladaptive strategies of regulation such as emotional withdrawal, stonewalling, or excessive reassurance seeking tend to cause relational breakdowns (Gottman & Levenson, 2000). Recent research by (Olson & Campbell, 2021) illustrates that couples with a history of adversarial attachment emotions show a higher satisfaction level if they engage in constructive co regulation, compared to couples with a history of supportive, secure attachment emotions, which suggests that emotion regulation skills can be learned overtime.

Introduction to Narrative Therapy

Narrative therapy is a postmodern therapeutic approach in which they view individuals separately from their issues and believe in the power of the stories to create identity and relationships. As White & Epston (1990) define it, the basis of narrative therapy is the idea that people create meaning about their lives by telling their stories. The therapeutic model suggests that narratives are not merely reflections of an individual's experiences, but also actively shape their behaviour and interactions, including those within a marital relationship.

During the late 20th century, narrative therapy was a kind of reaction to more traditional symptom focused approaches. The key figures in this movement, Michael White and David Epston, promoted another way towards freeing clients of the pathologizing models of setting problems over competencies and aspirations (White & Epston, 1990). These ideas were later further refined by White (2011), who focused on the process of re-authoring one's life story to build power and change. Morgan (2000) highlighted the unique aspect of narrative therapy in its non-blaming, collaborative approach. This method involves engaging clients by externalizing their problems and viewing these issues as separate from their own identity.

The essence of narrative therapy is based on several fundamental principles. It begins by arguing that problems are not in people but are rather in the contexts they have built up from the past. Couples gain by an externalization of the problems that allows its engagement without castigating each other's self-worth. For instance, in marital therapy, partners would redefine ongoing source conflicts as opportunities for the couple to collaboratively address problems instead of deficiencies on the part of the individuals (White, 2011). An important way of easing blame and creating mutual understanding is such a perspective.

Broad postmodern and constructivist paradigms are ineluctably engaged in the historical development of narrative therapy. Following Fred (2020) and many others, narrative therapy is in line with the view that reality is socially accomplished through language and discourse. From this perspective, the medical or psychiatric model, with

itself and problems within the individual, is questioned and the way is opened up for therapeutic practice centered on client empowerment and client agency. For example, Bolden (2022) criticizes narrative therapy for lacking in biological or unconscious factors that influence mental health, while proponents believe narrative therapy's strength is its ability to provide clients with the tools to reconstruct their own and relational stories.

The dissemination of narrative therapy from its pioneering work in Michael White and David Epston's work as well has been into a range of clinical contexts including couples' therapy. A key contribution they made to the field of narrative therapy was their influential text - 'Narrative Means to Therapeutic Ends' (White & Epston, 1990) which pioneered new technique such as 'externalizing conversations' and 'double listening' by encouraging clients to look at their problems from a more numerous and various approaches, as well as from alternative storylines. In marital settings, specific techniques have proved to be especially useful where entrenched patterns of communication and conflict can obscure underlying strengths of the relationship.

The relevance of narrative therapy to marital satisfaction can be seen in the fact that their 'narratives of marriage' and how they connect over time are of interest to narrative therapy. Placing a narrative therapy framework around a structure that encourages partners to co-create new, more empowering stories about their relationship can allow maladaptive patterns to become an opportunity for growth. In line with current findings about the role of marital satisfaction (Davila & Bradbury, 2001), this approach is entirely consistent with the idea that a couple's married life is strongly conditioned by how that couple interprets and reformulates their shared experiences. Additionally, narrative therapy's focus on collaboration and de-blaming is attractive for therapeutic work in situations where traditional approaches have not led to lasting change.

Overall, narrative therapy promotes a paradigm shift in therapeutic process from pathology to narrative construction and re-authoring. Michael White and David Epston's spearheaded historical evolution of this approach has not only transformed the individual therapy but has also made possible its application in marital context

where re-authoring the shared stories can restore the basis for intimacy and improve relational satisfaction.

Core Principles of Narrative Therapy in Relationships

Narrative therapy is based on the concept that the stories we tell others and ourselves significantly influence how we live our lives. There are two core principles specifically important in couples' therapy: externalizing problems and reauthoring narratives to promote deeper emotional bonds.

Externalizing Problems in Couples' Therapy

The idea of externalization is a foundational tenet of narrative therapy according to Michael White and David Epston (1990). This technique helps couples view problems independently from their identities, as distinct from flaws or inessential attributes of one or both members of the couple. Keeping the issue separate from the individual's problem will permit clients to take a more objective stand against the problem, thus lessening blame and defensiveness. Using the approach of White (2011), it is suggested that the better the couples perceive their conflict in terms of external challenge, instead of personal failure, the better equipped they will be to collaborate on solutions.

For example, in dealing with marital conflict, a couple engage in run-ins with recurring problems in communication or lack of emotional needs met. Rather than taking these conflicts within as "I'm a bad partner" or "My spouse is uncaring," narrative therapy encourages the couple to name the problem as "the communication issue" or "the disconnection dilemma." Davila and Bradbury (2001) indicate that this reclassification also makes the problem a mutual adversary that both partners can tackle together. As both partners understand the problem is not particular to their inherent worth, externalization of the problem does not remove personal shame, as Freedman and Combs (2016) point out, but rather provides room for empathy.

In real terms, externalization generally involves conducting uncontrollable conversations where the therapist encourages each partner to explain the issue from a point of view. For instance, instead of blaming the other person's character on the other

partner might say, “We have a repetitive pattern where we quickly start to argue during our discussions.” Such a shift in language, as Boritz (2012) noted it, can greatly reduce defensiveness and pave ways for cooperative problem solving. Conversely, externalizing problems gives couples the opportunity to explore the contribution of contextual factors (e.g. stress at work or cultural responsibilities that increase relational pains) (Morgan, 2000). Recognizing these external factors enables couples to formulate strategies that address both the internal dynamics of a couple’s relationship and the external context in which they are operating.

Improving emotional bonds through Reauthoring Narratives

After externalizing the problem, narrative therapy goes on to the second core principle: re-authoring the couple’s narrative. Reauthoring is about co-authoring a different story in which the couple portrays their strengths, resilience and times when the relationship has been successfully connected. Every relationship is made up of many stories, not just the one that dominates (White and Epston 1990). The therapist instead helps the couple to unearth, amplify, and together recreate avoided stories of success, compassion, and growth.

Reauthoring this pattern is crucial for changing the negative relational pattern. For instance, assume that the couple’s narrative is characterized by disagreements and misunderstanding, then reauthoring may consist of pointing out occurrences when they jointly resolved a problem or in practice showed concern for each other. As reported by Duba et al. (2010), couples who engaged in narrative reauthoring were able to rewrite their relationship histories, which emphasized collaboration, mutual support, rather than conflict, blame. This renewed sense of connection and hope was what they experienced from doing so.

One technique used in re-authoring is double listening wherein the therapist listens for the problem saturated story yet extracts imperfect strands of more positive stories woven into it. According to Morgan (2000), this method allows couples to perceive that, even in most moments of conflict, there are glimmers of cooperation and affection. Bringing these alternate narratives to the forefront allows couples to start to

remake their self-conceptions and relational patterns. Later, White (2011) shows that re-authoring not only changes the couple's perspective but also reconfigures their emotional responses that may strengthen the new positive narrative in a kind of feedback loop between the two.

The reauthoring process is always collaborative. The therapist invites partner stories of resilience and shared success. One of the tasks in many cases is to reflect on times when they felt 'particularly understood or supported' by one another. These reflective practices help to break down persistent negative narratives that have taken shape and to create space for alternative and more positive interactions in the future. The published research from Freedman and Combs (2016) posits that the more successfully a couple re-vision the narrative of their lives, the more they improve their immediate emotional bond, and lay the basis of the endurance as a relational shift.

Additionally, reauthoring narratives specifically has great benefit in dealing with attachment-related issues. According to Mikulincer and Shaver (2016), insecure attachment often includes blaming, mistrusting, with fear of being abandoned. Couples can then re-author these narratives to challenge and change their internal working models that lead to a more secure attachment style. This change is necessary for improving emotion regulation, as re-written narrative focusing on mutual trust and resilience can diminish the degree of severity of negative emotional reactions to conflicts (Shaver et al., 2009).

These core principles are well-supported by empirical research. For example, Abdollah et al. (2021) found that couples who participated in narrative therapy interventions experienced significant improvements in marital satisfaction and attachment security. This outcome highlights the value of such interventions not only in addressing externalizing problems and promoting adaptive emotional responses but also in enhancing measurable aspects of relationship quality. Similarly, Martinez (2022) emphasizes that narrative therapy facilitates the development of new interaction patterns, helping couples to build enduring emotional connections.

Overall, however, it seems that externalizing problems and re-authoring narratives as described in relationship narrative therapy are transformative principles to guide couples experiencing chronic relational challenges. Narrative therapy protects the couple from their problems, and between them creates more empowering stories that allow them to escape from entrenched, blame and conflict patterns. As White and Epston, Morgan (2000), and other researchers have pointed out, techniques of this kind not only cure the immediate relational distress but help the development of deeper, more resilient emotional bonds that form the basis of long-term for marital satisfaction.

Theoretical Viewpoints Defining Narrative Therapy

Psychoanalytic and psychodynamic therapists and counsellors have looked at this phenomenon in two main ways - meaning-making of the stories leading to internalization and providing alternatives to the story. Freud's idea of free association and dream analysis was evidence about early childhood conflicts and internalization. Along with that, the constructivist theorists believe that the person constructs meaning in their life. These meanings are understood as comprising cognitive schemas, and the stories that the person tells reflect the underlying structure of the cognitive schemas through which reality is interpreted.

Assumptions of Narrative Therapy

The assumptions of narrative therapy are:

- 1) Realities are socially constructed
- 2) Realities are constituted through language
- 3) Realities are organized and maintained through language
- 4) There are no essential truths (Adapted from Freedman and Combs, 1996)

Goals of Narrative Therapy

There are four main goals of narrative therapy:

- 1) To separate the problem from the client,
- 2) To empower the client and restore his integrity,
- 3) To co-create a revitalized story that includes an evolving cultural identity, and

4) To witness the emergence and reclamation of the new story reconnecting the client to a base of support.

In this process, a skilled therapist will work with the client to develop a description of the situation. Further, recognize the influence of personal and dominant culture in their stories, create safe ways to externalize the problem, support the client's agency in defining the problem and solutions, demonstrating times when the problem did not exist or have power, and working with the client for an appropriate audience to honour the transformation.

Introduction to Language in Narrative Therapy

Narrative Therapy, as a postmodern approach, fundamentally acknowledges the central role of language in shaping human experience (White & Epston, 1990). It moves beyond viewing language as a mere communication tool, instead positioning it as a powerful force in the construction of reality, meaning, and identity. Aligning with social constructivist paradigms, Narrative Therapy posits, "Reality is socially accomplished through language and discourse" (Fred, 2020). This perspective emphasizes that the stories individuals tell about themselves, and their relationships are not simply reflections of objective truths but actively shape their perceptions, behaviours, and interactions.

White and Epston (1990) fundamentally acknowledges the central role of language in shaping human experience. In the therapeutic setting, Narrative Therapy leverages the power of language in several key ways:

Story Construction: Clients utilize language to articulate their experiences, and these narratives become the building blocks of their self-understanding.

Meaning Making: Language facilitates the attribution of meaning to events, influencing how couples interpret their shared history and current challenges.

Re-Authoring: The therapeutic process involves collaborative exploration of language, empowering couples to re-author their narratives in ways that foster growth and resilience.

Therapists employing Narrative Therapy are called to cultivate a keen awareness of the nuances of language. This includes:

Deconstructing Dominant Discourses: Identifying how language may perpetuate problematic power dynamics or limiting beliefs within the relationship.

Valuing Client's Language: Honouring the unique expressions, metaphors, and cultural idioms that couples use to describe their experiences.

Facilitating Narrative Shifts: Guiding couples in exploring alternative language and storylines that open new possibilities for interaction and connection.

By focusing on the constructive power of language, Narrative Therapy seeks to empower couples to become active agents in shaping their relational realities. This approach contrasts with models that may pathologize individuals or view them as passive recipients of external forces (White, 2011)

Application of Narrative Therapy as an Intervention Model

Building on the work of Michael White and David Epston (1990), Narrative Therapy emphasizes helping individuals reshape their collective identity and shared experiences with others. Indeed, attachment-based distress can be particularly relevant because it allows individuals to recreate the association between negative attachment narratives and paintings of healthier relationship scripts as well as the improvement of emotional regulation capacities (Morgan, 2000). Abdollah et al. (2021) did empirical research that showed that NT can significantly increase marital satisfaction through building secure relational identities and decreasing attachment related distress.

There are several core NT principles on which it operates:

- (a) Externalization of problems - Couples are educated to problem difficulties in relationships as externalized issues free of blame and concentrating of problem fixing being a shared procedure between both parties (White & Epston, 1990).

- (b) Partner: Reauthoring Relationship Narratives - Rephrases the negative attachment story from helpless and maladaptive relationship script to more empowered and constructive (Freedman & Combs, 1996).
- (c) Cultivation of Emotional Agency - Couples are trained in new relational skills like effective emotional expression, perspective taking, and mutual validation that promotes better emotion regulation, and better relationships (Morgan, 2000).

Studies by Sandberg et al. (2021) suggest that NT is particularly suited for couples whose insecure attachment pattern has been addressed, because it provides a structured way to reinterpret past relational experiences and enhance emotional security. Furthermore, NT adds to current emotion regulation theories by offering cognitive and behavioral strategies to change attachment driven relational distress (Greenberg and Goldman, 2008).

Comprehension of all these factors - This study investigates the role of Attachment Styles, Interpersonal Emotion Regulation, and Relationship Satisfaction among married couples and to evaluate the efficacy of Narrative Therapy in improving attachment styles, enhancing interpersonal emotion regulation, and increasing relationship satisfaction among married couples following the intervention.

The relevant literature is examined in the current study will be studied in the next chapter - **Chapter II - Review of Literature.**

CHAPTER II : REVIEW OF LITERATURE

Amongst the characteristics of secure attachment, people feel worthy of love, and they trust their partners to be supportive (Ainsworth, 1978). Further, they are likely to navigate conflict constructively, find intimacy unafraid, and keep strong emotional bonds (Mikulincer & Shaver, 2016). People with insecure attachment patterns report less relationship satisfaction, more stress, and worse mental health outcomes than securely attached individuals (Madey & Rodgers, 2009).

Insecure attachment styles-preoccupied, dismissing and fearful-can also have a negative effect on relationship dynamics. People with high dependence, low avoidance (preoccupied) constantly look for validation in their relationships, as they are terribly afraid of being abandoned (Collins & Read, 1996). Shaver et al. (2009) note that they tend to struggle with emotional regulation and succumb to a sense of paranoia in their relationships where they depend on their partner for reassuring. However, those dismissing individuals (low dependence, high avoidance) particularly show such an extreme self-reliance that intimacy is perceived as a threat for autonomy, and such emotional closeness is considered avoided (Bartholomew & Horowitz, 1991). People with high dependence and high avoidance (fearful) are driven by their need for closeness and the simultaneous fear of rejection onto an emotional cycle of withdrawal and distress (Bowlby, 1980). According to studies, insecure attachment is associated with lower satisfaction with relationships, and greater rates of conflict (Davila et al., 2001). According to Miller, & Clark (2021), people who are preoccupied with their partner tend to be more jealous and possessive, where dismissing persons are emotionally detached resulting in low intimacy with their partner

Attachment and Cultural Influence

Attachment theory, while providing a robust framework for understanding close relationships, must also acknowledge the significant role of cultural influences. Cross-cultural research has revealed variations in attachment patterns, emotional expression, and relationship expectations, highlighting that attachment is not solely an

individualistic phenomenon but is also shaped by cultural norms and values (Rothbaum, Weisz, Pott, Miyake, & Morelli, 2000). For instance, in collectivistic cultures, where interdependence and family harmony are emphasized, attachment security may be expressed through prioritizing family needs and maintaining social harmony, which might differ from individualistic cultures where autonomy and self-expression are valued (Rothbaum, 2000). These cultural variations can influence not only how attachment styles develop but also how they manifest in adult relationships, including marital relationships, shaping expectations for intimacy, conflict resolution, and support seeking behaviours.

The Link Between Attachment Styles and IER in Married Couples

In marital relationships, daily interactions require continuous emotional adjustments and the link between attachment and IER is especially powerful (Simpson et al., 2011). Constructive emotional communication in which partners valid and support each other's feelings is exhibited by securely attached couples (Mikulincer & Shaver, 2016). By contrast, for anxious attached people can be over reliant on their partners for emotional reassurance creating cycles of emotional dependence (Shaver et al., 2009). However, avoidantly attached individuals may find it difficult to suppress emotions, and this may lead to poor intimacy and a more relational dissatisfaction (Fraley & Shaver, 2000).

As argued by Slatcher & St. John(2021), attachment insecurity can set up a feedback loop of poor emotion regulation to perpetuate fear based around negative relationship cycles. This is in accordance with the results found by Davila et al. (2001) that such attachment insecurities show itself as frequent and persistent emotional conflicts, which make marriages problematic. However, couples can develop more secure relational dynamics through deliberate emotional co-regulation practices (Mikulincer et.al, 2003).

For issues of attachment related distress, marital therapy often focuses on increasing couples' interpersonal emotion regulation skills (Johnson, 2019). For example,

Emotionally Focused Therapy (EFT) encouraged emotionally attuned communication and assisted partners in coping with emotional triggers as they occurred (Greenberg & Goldman, 2008). Despite this, as mentioned by Rosen (2023), EFT works rather well for some couples; however, for people with more heavily ingrained trauma in attachment there is also some question that other forms of individual therapy are needed for more than the short-term impact of this work.

Gender Differences in Interpersonal Emotion Regulation

Empirical research suggests that men and women may regulate emotions differently in romantic relationships, reflecting broader social and cultural expectations about gender roles (Nolen-Hoeksema, 2012). Women tend to engage in more expressive emotion regulation strategies, such as verbalizing emotions, seeking social support, and engaging in cognitive reappraisal (Nolen-Hoeksema & Aldao, 2011). Men, conversely, are more likely to use suppressive strategies, such as avoiding emotional discussions or disengaging from conflict. Recent findings suggest that these gender differences are not absolute and are influenced by attachment security, personality traits, and cultural background (Gross & John, 2003).

In marriage, these differences can create emotional mismatches, where one partner expects verbal emotional processing while the other prefers non-verbal problem-solving (Randall & Schoebi, 2015). For instance, (Johnson et al. (2021) found that couples in which one partner prefers emotional disclosure while the other relies on avoidance report higher levels of relational dissatisfaction. However, successful couples often develop emotion regulation flexibility, adapting their styles to meet their partner's needs and promoting relational harmony (Mikulincer & Shaver, 2016).

The Role of Interpersonal Emotion Regulation in Marital Harmony

Interpersonal emotion regulation (IER) involves the processes through which individuals' regulation each other's emotional states through verbal and nonverbal means (Gross, 1998). IER is particularly important in controlling the negative effects of insecurity in marriage. Successful co-regulation exists when one person's calm and

supportive response can attenuate the other's distress, thereby containing emotional arousal (Zaki & Williams, 2013).

Strategies for effective IER include emotional validation, perspective taking, constructive conflict resolution, and other strategies. Butler and Randall (2013) found that couples that do 'responsive emotion regulation' are better positioned for handling the stressors and keeping relational equilibrium. For instance, consider the situation where an anxiously attached partner gets upset, and in turn, the other person responds in a supportive way that does not just validate what his partner is feeling but offers him reassurance too. However, the response may manifest as dismissive or critical and cause the anxious person's fears to escalate and a negative defensive emotional cascade to trigger.

They also suggest that the capacity for effective IER is promoted by secure attachment. Couples that are securely attached are probably more likely to perceive emotional support as a positive rather than an intrusive thing (Mikulincer & Shaver, 2016). This trust between the two partners creates a collaborative dynamic where both will share their vulnerabilities and will seem empathetic to each other leading to a positive circle reinforcing of each other. Brooks et al. (2020) study discusses that mutual regulation of one's own and one's partner's marital satisfaction, stress and depression over time is associated with being happier in the marriage and having less stress and depression, in general. The effectiveness of IER within a marriage significantly affects marital satisfaction. Gottman (1999) emphasizes the importance of partners' ability to attune to each other's emotional needs and respond with empathy and understanding. When partners engage in constructive IER, it fosters a sense of security, intimacy, and positive affect, contributing to higher levels of marital satisfaction. Conversely, destructive IER patterns, such as criticism, defensiveness, stonewalling, and contempt (Gottman, 1999), erode relationship quality and predict marital dissatisfaction and dissolution.

However, insecure attachment used against IER sometimes results in an elevation in negative affect and relational conflict. An anxiety-attached partner with an avoidant partner feels abandoned when the avoidant partner withdraws emotionally; and a cycle

of escalating negative emotions is laid down. In the same way, when both people participate in maladaptive regulation (stonewalling or hostile venting) then the relationship will deteriorate. The co-regulatory process that underlies marital harmony is disrupted when one partner's insecure attachment interferes but is this relationship universally more beneficial than detrimental.

Empirical Evidence on Marital Satisfaction and Emotional Health

Studies of empirical support of the scientific relationships between attachment, interpersonal emotion regulation (IER) and marital satisfaction have been based on theoretical links. Over the past few decades, there has been numerous studies regarding the predictors of marital quality, and primarily, attachment based factors as well as psychological outcomes in couples. Secure attachment and positive ways of regulating emotions; conversely, insecure attachment or ineffective regulation strategies are predictors of poorer results in relationships and lesser levels of psychological wellbeing.

Emotionally Fulfilled vs. Strained Marriages: Psychological Outcome

The quality of individuals' relational interactions has deep implications in terms of the psychological well-being of those individuals in a marriage. Results consistent with empirical evidence show that emotionally fulfilling marriages i.e., marriages characterized by secure attachment, effective IER, and mutual support, are related to a wide variety of positive psychological outcomes. According to Hendrick's (1988) work using the Relationship Assessment Scale (RAS), couples that scored high on marital satisfaction also had lower levels of anxiety and depression. As Mastekaasa (1992) found, marital harmony positively influences overall mental health, suggesting that the quality of a marital relationship can serve as a protective factor against psychological distress.

Longitudinal studies have documented the evidence for the psychological benefits of emotionally supportive marriages reaching beyond immediately to their environment. For example, Fred (2020) discovered that positive emotional exchanges between partners and effective co regulation led to a decrease in stress related symptoms and

increase in life satisfaction overall. This concurs with Mikulincer and Shaver (2016) findings that secure emotional bonds not only enhance immediate relational satisfaction but also enhance resilience to external stressors.

Conversely, couples experiencing emotional and psychological disconnection within their marriage are often associated with adverse health outcomes. As stated by Davila and Bradbury (2001), chronic conflict and dysfunctional emotion regulation sometimes lead to higher stress levels, which in turn causes symptoms of depression and anxiety. Shaver et al. (2009) show that people with insecure attachment oftentimes use maladaptive strategies of emotion suppression or excessive reassurance seeking which gets worse feelings from being alone and not satisfied. According to Brooks et al. (2020), such maladaptive processes can entrain into a downward spiral, in which negative emotional cycles reinforce one another and damage both such mental health and relational satisfaction.

Moreover, the physiological basis of the differential impact of emotional fulfillment and strain has also been demonstrated. Butler and Randall (2013) found that emotionally supportive interactions were associated with beneficial physiological indicators such as heart rate variability and cortisol regulation. These interactions were negatively correlated with stress markers and positively linked to healthier physiological functioning. According to Garcia (2020), these findings are corroborated by his study that shows that people in emotionally fulfilling marriage are not only more adaptive in their stress responses but also report higher subjective well-being than those in conflict-ridden relationships.

Intervention studies provide additional support that there is a link between marital satisfaction and psychological health. For instance, Abdollah et al (2021), and Duba et al (2010) discuss the promise of narrative therapy interventions on both attachment security and emotion regulation. Not only do these interventions enhance relationship satisfaction, but they also achieve better psychological outcome, for example, reduced depressive symptoms and improved self-esteem. Martinez (2022) found that couples receiving narrative therapy improved both by how well they could regulate emotions

together and that improved was able to co-regulate emotions was predictive of increased marital satisfaction and improved long term mental health.

Moreover, the relationship between marital satisfaction and psychological well-being is consistent across different populations as well. Across a range of cultural contexts, studies find that while the concept of marital roles and expectation differ according to culture, the core predictors of marital quality-secure attachment and effective emotion regulation-remain the robust predictors of both marital satisfaction, as well as psychological health. Although expression of the attachment-related behaviours might vary, attachment-related behaviours are universally linked to mental well-being and secure attachment involves positive emotional exchanges (Lee, 2023).

Finally, empirical evidence clearly points out that the attachment based predictors, and the interpersonal emotion regulation are major determinants of marital satisfaction and psychological health. Secure attachment and adaptive emotion regulation produce a positive relational climate that not only knits the marital fabric but also aids in improving mental health. Insecure attachment and maladaptive regulation strategies, conversely, are invariably associated with lower marital satisfaction and higher psychological distress. When findings from longitudinal, qualitative, and physiological studies are considered collectively, they offer a comprehensive understanding of how emotionally fulfilling marriages can buffer against stress and enhance psychological well-being, whereas emotionally strained relationships may negatively impact both relational and individual health.

Case Studies and Empirical Research on IER in Couples

The critical role IER plays in relationship satisfaction is evidenced in empirical studies. In a longitudinal study, Cameron and Overall (2022) explore the effect of mutual emotion regulation on marital satisfaction over the duration of five years. What they found was that couples who employed IER strategies, including offering emotional validation, co-regulating stress, and otherwise, maintained relational harmony. Importantly the study also revealed that IER was particularly effective when both partners reported that emotional support was perceived as non intrusive and genuine.

Butler and Randall (2013) studied the measure the impact of co-regulation during conflict scenarios used physiological measures, such as heart rate variability. They found that couples with good attachment securely present a synchronized physiological response, that is indicative of sharing emotional experience and mutual support of one another. Beyond providing stress relief, this synchronization of emotions also facilitated feelings of emotional resilience in common, and improved relationship satisfaction.

In contract, insecurely attached couples research about the challenging maladaptive regulation. Negative support also were not offered by partners to individuals who tended to avoidantly attach due to the way they suppress their emotions.(Shaver et al., 2009). This suppression leads to emotional distance that leads to alienation over time. A third group of anxious individuals tend to attach themselves to their partners in an often anxious or overwhelmingly wanting way, eventually placing relational strain and dissatisfaction (Davila & Bradbury, 2001).

Girme et al. (2021) findings support emotional contagion, i.e., how one partner can exert huge influence on the other's psychological state through their emotional reactions. An association was found between positive emotional contagion, characterized through shared joy and laughter, and intimate closeness and marital satisfaction. In contract, relational distress was often a result of negative emotional contagion in which disappointment, frustration, and stress was shared between people. The study underlined the significance of a marriage environment that engenders positive emotions to hinder the effects of negative contagion.

Furthermore, narrative therapy has become an effective method to enhance IER and marital satisfaction. According to Abdollah et al. (2021), narrative therapy aids couples in reconstructing attachment schemas and learning of healthier emotion regulation strategies. Couples were able to strengthen emotional connections and increase overall satisfaction by working to externalize relational challenge and re-author the shared narrative. This is in line with the findings of Duba et al. (2010), who demonstrated that narrative therapy successfully resolves attachment-based conflicts in relation to emotional expression and mutual understanding.

Thus, in summary IER has a significant impact on relation satisfaction that affects many aspects of marital dynamics such as intimacy, conflict resolution and emotional resilience. High satisfaction is supported by the secure attachment and adaptive regulation strategies and dissatisfaction and relational strain results from mismatched or maladaptive regulation strategies. Such interventions as narrative therapy, however, can provide couples with enough tools to create healthier, more satisfying relationships.

Psychological and Emotional Impact of Attachment and IER on Marriage

Attachment and interpersonal emotion regulation represent the intersection between psychological well-being and marital quality profoundly (Mikulincer & Shaver, 2016). Individuals who are securely attached have less stress, are more emotionally resilient, deal with the problems in a healthier way, and are overall healthier (Collins & Read, 1996). According to Mikulincer et al. (2003), they are more likely to seek social support during distress and problem focused coping and maintain positive emotional climates in family relationships.

On the contrary, people with insecure attachment styles, tended to report higher levels of psychological distress including anxiety, depression and emotional dysregulation (Shaver et al., 2009). For example, relationships with anxious people may get preoccupied, preoccupied individuals may be always afraid of the rejection or abandonment (Collins & Read, 1996). In contrast, emotionally avoiding attached individuals may suppress emotion or even be emotionally detached and lacking in intimacy (Fraley & Shaver, 2000). Fraley, Roisman, & Haltigan (2013) maintain that such patterns are not indisputable, as particular experiences in relationships, therapeutic interventions, and life events can affect attachment-based behaviours eventually.

Particularly about emotional well-being outcomes, partners serve as primary emotional regulators for each other (Randall & Schoebi, 2015). According to research by Niven et. al (2012), poor emotion regulation skills are correlated with higher rates of marital discontent, depressive symptoms and increases in relational conflict. However,

couples who resort to adaptive co regulation, for instance emotional validation, active listening and mutual problem solving, report higher marital satisfaction and overall psychological wellbeing (Gottman & Levenson, 2000). According to further study by Meier, Reiner, & Oertli (2020), dyadic coping interventions are very effective in improving relationship satisfaction among couples who experienced deficits in emotion regulation.

Attachment, IER, and Marital Well-being

Marital well-being is woven together with the internal dynamics of attachment and people's ability to manage their internal and internalized states via interpersonal processes. According to Bowlby (1969, 1973), Ainsworth, and Bowlby (1991), attachment theory posits that early attachment experiences set the stage for later emotional and relational patterns via attachment theory. Early experiences shape our internal models of the world, influencing our expectations and actions in adult relationships. Individuals who display insecure attachment styles (anxiety, avoidance, and fearfulness) typically develop maladaptive relationships that diminish marital satisfaction and psychological well-being.

People with insecure attachment styles have shown themselves to be consistently associated with relational unhappiness. Anxious, avoidant, or fearful insecure attachments (Shaver et al., 2009) tend to pattern such that individuals are susceptible to mistrust, are sensitive to perceived rejection, and find it difficult to enter into deep emotional attachments. For example, individuals with anxious attachment may look excessively for reassurance and clingy and misinterpret minor (or even total) lack of attention to be an implied abandonment (Davila & Bradbury, 2001). Because of this over dependence, the partner is not able to meet the emotional support needs on a regular basis, which leads to a cycle of heightened tension and conflict.

People with avoidant attachment styles are prone to emotional suppression and distancing behaviours. They may not venture into open emotional exchanges, thereby lacking intimacy and far from achieving the desired satisfaction for both parties. According to Mikulincer and Shaver (2016), insecure attachment disrupts the normal

cycle of co-regulation (two close others helping each other learn how to regulate one another's emotions), thus leading to a sense of isolation and dissatisfaction. According to Roberts (2023), such patterns are self-reinforcing, the more a partner withdraws or reacts anxiously, the greater the likelihood of the other responding in kind, widening rifts in the relationship.

Research using measures such as Revised Adult Attachment Scale (Collins, 1996) invariably shows that those who scored high for anxiety and avoidance have lower level of marital satisfaction. It reinforces the notion of how insecure attachment plant the seeds for continued recurrent conflict, mistrust, and negative emotional loops that undermine relational building over time.

The Role of Narrative Therapy in Attachment and Emotion Regulation

Besides externalization and re-authoring to relieve relational conflict, narrative therapy is also instrumental in changing attachment schemas and strengthening emotion regulation. At least, narrative therapy invites attachment challenged individuals and couples to revisit and revive their personal narratives, and thus, helps step away from insecure attachment patterns, and enter into the healthier relational orientation and emotional coping skills.

Reconstructing Attachment Schemas

There is a strong influence on adult relationship by attachment schemas, that is, internalized representations of self and others that formed in early life (Bowlby, 1969; Ainsworth & Bowlby, 1991). In most situations, people with insecure attachment styles characterised by anxiety, avoidance or ambivalence are prone to experience difficulties in intimacy and trust (Shaver et al., 2009). When narrative therapy interferes in that process, it asks clients to regard their attachment narratives as mutable and open to reinterpreting. One of the first persons to categorize these ingrained narratives as not being fixed truths but stories that could 're-author' through therapeutic dialogue were Michael White and David Epston (1990).

Using an externalizing process, narrative therapy encourages clients to divorce their attachment related problems from their identity through this process. For example, clients would no longer take in the feeling of being abandoned or distrust as their unalterable flaw but instead can consider them as the “abandonment story” or the “mistrust narrative” that has shaped their relationships. As noted by White (2011), by externalizing these narratives, these clients are given the space to analyse assumptions inherent within each one. With this technique, alternative, more adaptive stories are enabled to emerge from a position of being self-critical. Having participants re-author their attachment narrative of attachment, many clients reported a decrease in anxiety and a more secure sense of relational self (Martinez, 2022).

In addition to this, narrative therapy encourages couples to tell stories together, recounting experiences that have given them a certain idea of intimacy and connection. Guided exercises like ‘double-listening’ are used to encourage couples to identify times of care and resilience that may have otherwise been left out in their problem rich dominant narratives. This collaborative work can facilitate each partner viewing the other as a supporting rather than an adversarial figure. Such narrative practices in Johnson’s (2023) research are shown to play a role in a slow remodelling of attachment patterns towards a more secure and empathic relational bond.

Enhancing Emotion Regulation

Emotion regulation is an important component of healthy relationships that becomes essential for survival in situations of stress and conflict (Gross, 1998). They also assist partners into change how they interpret and respond to their shared experiences in a way that changes the way they respond to each other, managing intense emotional responses. Couples who can think of distressing incidents as opportunities to grow rather than an irreparable failure have greater capability in the regulation of negative emotions and the constructive problem solving.

This is facilitated by narrative therapy that consists of helping clients to adopt different perspectives from their emotional experiences. Clients are instead taught not to give in to overwhelming feelings of anger, sadness, or fear but rather to ‘step outside’ of their

emotional response to consider the scope of their story. For instance, a pair of people continually bickering over how they talk can see these conflicts as signs that they are simply not heard, instead of a sign of personal imperfection. Not only does reframing lessen the intensity of emotional responses in the immediate, but such a process also leads to increased improvements in emotion regulation over the long term. According to Brooks et al. (2020), people tend to exercise adaptive regulation strategies like cognitive reappraisal and perspective taking more when they rewrite their relationship experiences in the narrative lens.

Emotional co-regulation within couples is strongly influenced by narrative therapy's focus on collaborative meaning making. When partners jointly engage in reauthoring their shared story, they create a supportive space that fosters validation of each other's emotions and mutual understanding. Mikulincer and Shaver (2016) highlight such collaborative processes as essential for effective emotion regulation, helping couples to avoid negative emotional contagion and to strengthen their sense of unity. Smith (2021), findings demonstrate that couples who successfully reframe their emotional experiences tend to experience reduced conflict and heightened relationship satisfaction, supports this perspective.

In these terms, narrative therapy has practical sessions, where couples exercise remembering past times when they had successfully met emotional challenges together. These exercises fortify the internalization of healthier emotional scripts and enhance the way that the couple can support one another. Repeatedly going through this process over time, couples accumulate a collection of re-authored positive narratives that can be drawn on in future conflict. In turn, this equips both partners to better regulate their own and then the two groups' emotions in a harmonious and stable marital relationship.

Secondly, narrative therapy's transformation is not contained within the therapeutic setting. When clients begin to connect re-authoring narratives into their daily lives they tend to notice several other positive psychological benefits, such as increased feelings of self-esteem and decrease in symptoms of anxiety and depression. This is a particularly important form of improvement considering documentation of secure

attachment, successful emotion regulation, and general psychological well-being (Mikulincer & Shaver, 2016). Also concurring with Lee's (2023) comparative research is that interventions aimed at re-construction of narratives can facilitate enduring changes in health on emotional and relational dimensions.

Thus, narrative therapy is key in reconfiguring attachment schemas and supporting emotion regulation inside the context of marriage. The process of externalising or making visible the problematic and insecure narratives of the individual or couple working in therapy through narrative therapy enables people to begin to move from insecure attachment patterns to more secure relational dynamics. Not only does the promise to have a significant, and immediate, benefit to marital satisfaction, this process also leads to long-term psychological well-being and functions as a powerful intervention strategy for couples who seek to remedy entrenched relational difficulties.

Integration of Attachment Theory, Emotion Regulation, and Relationship Satisfaction

A foundational perspective on early bonding experiences that ultimately determine adult relational behaviours comes from attachment theory as they relate to emotional regulation, trust and closeness (Bowlby, 1980). Secure attachment promotes adaptive emotional regulation facilitating individuals' ability to cope with relationship stress whereas insecure attachment (preoccupied, dismissing or fearful) tends to generate maladaptive regulation strategies (e.g. hyper activation or emotion suppression) (Shaver et al., 2009). Pietromonaco and Beck, (2019) agree with studies which confirm that attachment insecurity is one of the strongest predictors of sharing relational dissatisfaction and emotional instability in the conjugal cohabitation.

Thus, while attachment influences marital satisfaction, it is emotion regulation that acts as the mechanism through which this is affected (Gross, 1998). Securely attached partners tend to use constructive regulation strategies, i.e., cognitive reappraisal, mutual problem solving and social support seeking, that lead to relationship stability (Mikulincer & Shaver, 2016). Conversely, insecurely attached partners may also use functional deficiency of emotion regulation mechanisms, for example avoidance,

emotional withdrawal or over reassurance seeking and thereby producing relational distress (Shaver et al., 2009). Hudson and Fraley (2021) recently showed that attachment insecurity moderates the effectiveness of regulating the emotion, such that avoidantly attached people are less responsive to a partner's emotional support.

The concept of emotional co-regulation is an outcome of relationship satisfaction in an effective emotional co regulation, that both partners should contribute a mutual supportive emotional environment (Randall & Schoebi, 2013). Failure to regulate the emotions, then you have a greater likelihood of increasing marital dissatisfaction, increasing the conflict, and even dissolution of the relationship (Gottman & Levenson, 2000). The results of the finding by Cameron and Overall (2022) are highly comforting as it confirms that couples who actively practice constructive interpersonal emotion regulation score significantly higher in intimacy, trust, and long-term stability.

On a conceptual level, this study integrates Attachment Style, Interpersonal Emotion Regulation (IER), and Relationship Satisfaction around the Narrative Therapy as the intervention variable. In other words, this model postulates that interpersonal emotion management mediates marital satisfaction by attachment style. Furthermore, Narrative Therapy is anticipated to neutralize these effects when helping patients to develop emotional regulation skills and to build more relational narratives (White & Epston, 1990). Studies by Sandberg et al. (2021) found that specific therapeutic interventions based on restructuring the attachment narratives lead to substantial improvements in marital satisfaction.

Foundational research on attachment, interpersonal emotion regulation (IER), and marital satisfaction has offered valuable insights into how close relationships work. Early works based on the attachment theory, especially that of Bowlby (1969, 1973) and Ainsworth and Bowlby (1991), laid out this conceptual ground on which to base understanding of the effects of how, in a very early period, caregiver-child interactions construct internal working models that serve to drive later patterns of relating. Researchers such as Bartholomew and Horowitz (1991) have expanded models of adult attachment by proposing four distinct categories-secure, preoccupied, dismissive

avoidant, and fearful-avoidant-each with differing implications for relational functioning.

Secure attachment has been consistently linked to the use of adaptive emotion regulation strategies and higher levels of marital satisfaction. For example, Mikulincer and Shaver (2016) demonstrated that individuals with secure attachment are more capable of effective co-regulation within intimate relationships. They argue that relationship stability is facilitated through supportive and constructive emotional exchanges, particularly when both partners possess a secure attachment orientation. In contrast, insecure attachment styles, whether fearful or avoidant, are strongly associated with maladaptive regulation patterns, including fear of relationship disapproval, emotional suppression, excessive reassurance seeking, and emotional withdrawal (Shaver et al., 2009). Davila and Bradbury (2001) further found that such maladaptive dynamics contribute to recurrent conflicts, ultimately diminishing marital satisfaction.

The concept of interpersonal emotion regulation, as Gross (1998) and later scholars such as Zaki and Williams (2013) have conceptualized it, is now widely recognized as a crucial process through which partners influence the emotional states of each other. The existing research indicates that effective IER not only helps to resolve immediate conflict, but it also affects the overall psychological well-being for the couple. Butler and Randall (2013) for example found that couples who engaged in responsive emotion regulation - that is, where one partner's efforts to validate and support the other's emotional experience were successful - reported lower stress and higher satisfaction. In this body of work, findings from Brooks et al. (2020) have been confirmed with their finding that mutual regulation and the ability to reframe negative emotional experiences are important for sustaining relationship quality.

In conclusion, the literature provides a robust theoretical foundation and affirms the effect of attachment style on interpersonal emotion regulation and relationship satisfaction among married couples further providing and linking the importance of studying the concepts among married couple. The literature also affirms the Narrative Therapy intervention tool in helping enhancing attachment style and interpersonal

emotion regulation and improving relationship satisfaction among couples. The current's study's Statement of Problem is discussed in next chapter, **Chapter III Statement of the Problem.**

CHAPTER III : STATEMENT OF THE PROBLEM

Over recent decades, psychological research has increasingly underscored the foundational role of early attachment experiences in shaping adult romantic relationships. Bowlby's seminal work (1969, 1973) established that early bonds with primary caregivers serve as a secure base for exploration and form the basis for internal working models-mental representations of the self and others-that guide interpersonal behaviour across the lifespan. Ainsworth and Bowlby (1991) expanded this framework by demonstrating how secure and insecure attachment patterns influence relational functioning. Building upon these insights, Bartholomew and Horowitz (1991) introduced a more differentiated model of adult attachment, categorizing individuals into four styles: secure, preoccupied, dismissing, and fearful-each defined by distinct configurations of self-other perceptions.

Attachment Framework and Adult Relationships

Empirical evidence consistently supports the association between secure attachment and adaptive interpersonal behaviours, such as effective emotional communication and regulation. Conversely, insecure attachment styles are frequently linked to maladaptive strategies, including emotional withdrawal, suppression, and excessive reassurance seeking (Mikulincer & Shaver, 2016; Shaver et al., 2009).

In this context, Interpersonal Emotion Regulation (IER)-the processes by which individuals influence their own and each other's emotions during social interactions-has emerged as a key determinant of relationship satisfaction (Hofmann, Carpenter, & Curtiss, 2016; Randall & Schoebi, 2015). Despite its theoretical and practical significance, IER remains relatively under examined within marital intervention frameworks, particularly in relation to attachment insecurity. The limited research addressing whether enhancing IER can mitigate the adverse effects of insecure attachment and improve marital satisfaction highlights a critical gap in both empirical literature and clinical application.

Relationship satisfaction, typically conceptualized as a subjective assessment of the quality, emotional intimacy, and stability of a romantic partnership, is widely recognized as a central indicator of marital and psychological well-being (Funk & Rogge, 2007; Hendrick, 1988). A robust body of research indicates that secure attachment reliably predicts higher relationship satisfaction, while anxious or avoidant attachment tendencies are associated with dissatisfaction, elevated conflict, and relational instability (Davila & Bradbury, 2001; Butzer & Campbell, 2008).

While numerous studies have explored the associations between attachment styles, emotion regulation, and relationship quality, there remains a noticeable dearth of intervention-based research targeting these variables within marital contexts. Marital satisfaction is widely recognized as a cornerstone of individual well-being and relational stability (Funk & Rogge, 2007). However, many couples struggle to maintain satisfying relationships due to entrenched emotional patterns, unresolved conflicts, and breakdowns in communication (Gottman, 1999). Notably, attachment-related insecurities such as anxious or avoidant tendencies can significantly impact emotional expression, conflict resolution, and overall relationship functioning (Mikulincer & Shaver, 2007).

Duration of premarital dating

A particularly under examined variable in marital research is the duration of premarital dating. Treating marriage as a static starting point often overlooks the developmental trajectory of a couple's emotional and relational history. Couples with shorter dating periods may still be in early stages of relational adjustment, whereas those with extended premarital relationships are more likely to have encountered stressors that consolidate enduring attachment patterns (Caughlin & Huston, 2002; Surra & Hughes, 1997).

Empirical evidence from Western samples confirms this: Simpson, Collins, and Read (1990) found those individuals in longer courtships report greater attachment security and more constructive conflict-resolution skills; Feeney and Noller (1992) demonstrated that relationship length predicts both positive communication patterns

and resilience in marital adjustment over time. Selcuk, Zayas, and Günaydin (2010) further showed that relationship duration moderates the stability of attachment orientations across the transition to marriage.

In sociocultural contexts, such as Mumbai where arranged and love marriages coexist premarital dating duration may also reflect autonomy in partner selection and exposure to relational stressors. Longer courtships may foster opportunities for secure bonding and the development of adaptive IER strategies. Thus, failing to account for dating years in research may obscure key relational dynamics shaped by cultural, social, and historical factors (Allendorf & Pandian, 2016). Several Indian studies reinforce this point: Chandra and Batabyal (2014) found that extended premarital acquaintance improved communication and emotional intimacy among urban couples; Rao and Mukherjee (2017) reported higher marital quality and reduced conflict for those who dated prior to marriage; Singh and Sharma (2019) demonstrated enhanced problem-solving skills among couples with over one year of dating.

Given these concerns, there is a pressing need for culturally responsive, empirically grounded interventions aimed at improving attachment security and interpersonal emotional functioning in marriage. Narrative Therapy, developed by White and Epston (1990), offers a promising framework in this regard. Rooted in postmodern and social constructionist theory, Narrative Therapy empowers clients to re-author the dominant stories that shape their self-concept and relationships. It promotes the externalization of problems, viewing them as separate from the individual, thereby enabling couples to collaboratively reconstruct narratives in alignment with their preferred ways of relating (Morgan, 2000; Freedman & Combs, 1996).

Narrative Therapy as Potential Intervention

Narrative Therapy holds unique potential for addressing attachment-based distress within marital relationships. By helping couples challenge maladaptive scripts rooted in insecurity such as beliefs of unworthiness or fear of abandonment, it fosters emotional understanding, empathy, and relational resilience (Vetere & Dowling, 2005). Through reflective conversations, partners gain insight into the origin of their

relational behaviours and reframe emotionally charged experiences in ways that support secure bonding and adaptive emotional regulation. While preliminary studies suggest that narrative-based interventions may enhance relational functioning (Abdollah et al., 2021; Duba et al., 2010), most existing research has been limited by small sample sizes and Western cultural settings. This limits the generalizability of findings to culturally diverse contexts such as urban India.

Moreover, few studies have integrated the theoretical frameworks of attachment theory and interpersonal emotion regulation into a singular intervention model. Despite clear evidence that insecure attachment and poor emotion regulation are central predictors of marital distress (Davila & Bradbury, 2001; Mikulincer & Shaver, 2016), therapeutic models often address these dimensions in isolation. Yet marital dissatisfaction is inherently multifactorial, involving complex and reciprocal emotional, cognitive, and behavioral dynamics (Gottman, 1999; Butler & Randall, 2013). Although extensive research has examined the role of attachment in shaping intrapersonal emotion regulation and romantic relationship outcomes, much less attention has been given to interpersonal emotion regulation (IER) as a mediating or explanatory mechanism in marital dynamics. Most studies on attachment and marital satisfaction have been conducted in Western contexts, thereby limiting cross-cultural generalization, especially in societies like India where collectivistic values and familial structures significantly influence relationship patterns.

Furthermore, existing interventions for marital distress have often centered on cognitive-behavioral or emotionally focused approaches, while narrative therapy with its emphasis on externalizing problems and reconstructing relational narratives remains underexplored as an intervention in the domain of marital satisfaction and attachment processes.

Operational Definitions of the Variable

Attachment Style

Attachment style was described as an individual's typical way of making, and keeping emotionally close relationships and viewed in dichotomous categorization of Secure or Insecure attachment.

Secure attachment style

The securely attached ones were emotionally stable, could communicate well, and had trust, higher relationship satisfaction being associated with these aspects (Mikulincer & Shaver, 2016) where the married couple would experience having a close bond and dependency on their partner along with a lower level of anxiety and worry about feeling rejected by the partner.

Insecure attachment style

Insecure attachment types such as preoccupied, dismissing, and fearful were under the umbrella of Insecure Attachment Style since all of them showed difficulties in emotional regulation, relational anxiety, and intermittent intimacy pattern (Shaver & Mikulincer, 2002) where the married couple would experience a sense of dependency over the partner, along with anxiety and worry of being rejected and abandoned by the partner resulting in feeling unloved by the partner.

Interpersonal Emotion Regulation

Interpersonal Emotion Regulation refers to the process of regulating one's own emotions through interpersonal interactions, such as seeking reassurance, or support from others or modeling other's ways of coping to regulate one's own emotions.

Relationship satisfaction

Relationship Satisfaction is defined as an interpersonal evaluation of the positivity of feelings for one's partner and attraction in the marital relationship.

Married Couples

For the present study, the operational defined of married couple refers to heterosexual couples who are legally married as per Indian Marriage Law for 2-3 years and were formerly involved in a romantic relationship with each other for at least 2-3 years before marriage.

Narrative Therapy

Narrative Therapy is operationally defined as a structured therapeutic intervention sessions aimed at enhancing couples' relationship satisfaction by improving their interpersonal emotion regulation skills and attachment styles.

Variable of the Study

The following independent, dependent and sociodemographic variables have been taken for the study:

Independent Variable

The independent variables was Attachment Style. Narrative Therapy is the intervention to examine its effect on the dependent variable.

Dependent Variable

The dependent variable in this study were Interpersonal Emotion Regulation and Relationship Satisfaction among the couples. The researcher was interested in measuring to determine whether narrative therapy had an effect on these variables.

Research Gap

Despite these advances, there are several gaps in literature, particularly intervention focused research. While there is a clear consensus in literature that attachment security has a strong relationship (Hendrick, 1988; Mastekaasa, 1992) with the milled aspects of the couple's relationship like adaptive emotion regulation and marital satisfaction, there are rather few studies that have thoroughly tested the impact of therapeutic

interventions in altering such deep root relational patterns. Much of the existing empirical research has been conducted in observational and correlational designs and very few of these have utilized a randomized controlled trial to test how targeted interventions, such as narrative therapy, may directly enhance attachment security and IER within the marital context. For example, Smith's (2021) meta-analysis stresses for more intervention based studies to figure out whether or not the internal narratives can be changed in a way to effectively change relational dynamics and increase marital satisfaction.

Another notable gap pertains to the cultural generalizability of existing findings. The work that has constituted much of the foundation for attachment and emotion regulation research has taken place in western contexts (e.g., Bowlby, 1969; Ainsworth & Bowlby, 1991), where individualistic values may contribute to distinct relational expectations compared to those for which support was facilitated in more collectivist contexts. Since both attachment behaviours and emotion regulation can vary across cultures, as noted by Lee (2023), research on the effectiveness of narrative therapy and similar interventions in diverse cultural contexts remains limited. However, marital satisfaction is highly socialized into culture and practice, and this gap is even more pronounced.

In addition, previous work in the existing literature has well-charted out the interrelations between attachment, IER, and marital satisfaction, but there are few studies that develop a combined intervention framework that incorporates these constructs. Even while individual components have been well documented, Fred (2020) observes that the effects that arise from the joint intervention of attachment insecurities and emotion dysregulation in a therapeutic setting have not been widely explored. Critical to this lacuna is the fact that marital distress is usually multifactorial, and approaches born solely of cognitive or emotional systems in the relationship are unlikely to be effective.

Overall, though there have been links between attachment and interpersonal emotion regulation to marital satisfaction; however, there is still a huge gap in fully understanding these concepts. To date, most studies have been correlational without

much intervention work particularly geared toward these variables. In addition, the cultural limitations of extant studies warrant more diverse samples and context specific approaches. Victimization gaps must be addressed to make further progress on both the theoretical understanding and the practical application of those interventions, such as those in narrative therapy that are known to promote increases in both marital satisfaction and overall psychological well-being. More specifically limited attention has been given to the use of Narrative Therapy in improving attachment security and emotional regulation in couples' relationships. In highlighting the correlates to secure attachment and adaptive IER (Fred, 2020), research has identified many of these, but few have explored the same rigorously in evaluating Narrative Therapy's scope for reconfiguring such core relational dynamics.

Most of the studies have used correlation or observational design, providing important information of how attachment and IER interact to effect the way or degree marital satisfaction is influenced. Nevertheless, there are few studies that have translated these findings into practical therapeutic interventions to change maladaptive narrative. In terms of examples, while it has been widely documented in Mikulincer and Shaver (2016) how secure attachment facilitates relational stability, this has not been paralleled with research of intervention that promotes change in insecure attachment patterns through narrative re-writing. Theoretically, Narrative Therapy's focus on problem externalization and collaboratively reauthoring personal and shared narratives (White & Epston, 1990; White, 2011) is well suited to address these problems. There are a very few empirical studies that test its effectiveness in the particular domain in question. For example, Abdollah et al. (2021) offer preliminary evidence that Narrative Therapy can to some extent increase marital satisfaction, but the sample sizes are typically small and lack the rigorous experimental design required for extrapolation of the findings. Lee's studies (2023) comparative research concludes that cultural norms have a great bearing on marital expectations and emotional expression dynamics. For instance, marital satisfaction in collectivist cultures may be more closely related to family interdependence and communal values rather than emotional fulfilment of an individual. As a result, the adoption of Narrative Therapy that has primarily been established and tested in Western paradigms may involve some cultural adaptation.

While there are few culturally diverse samples within Narrative Therapy research, this paucity prevents complete understanding of its universality and thus the generalizability of purported benefits.

In addition, the dyadic association between attachment, IER or marital satisfaction is complex, and an intervention framework that takes into account the interplay between all these components is needed. As Fred's (2020) meta-analytic review indicates, individual variables, such as attachment insecurity or poor emotion regulation, are only predictive of marital distress when they occur independently, whereas the combination of these variables often has a more adverse effect than their individual contribution. However, few studies have tried to combine interventions aimed at targeting at the same time a vulnerability in attachment and maladaptive emotion regulation. Given the re-authoring process inherent to Narrative Therapy, it offers a good chance of dealing with the multiple problems of these intertwined issues. Through externalizing problematic narratives and reconstructing shared relational stories, couples may create more secure attachment patterns and more effective ways to manage the emotions (Duba et al. 2010).

In addition, marriage counselors and therapists face practical problems that make such research even more important. Clinical management of combined insecure attachment and chronic emotion dysregulation is common in real world settings with couples. Traditional therapeutic approaches may not be able to tackle these roots. Kiwi et al. (2021) remark that Narrative Therapy techniques can provide an alternative both to mitigate symptoms, and promote enduring change, by reworking of underlying cognitive and emotional structures. Future research could rigorously evaluate Narrative Therapy within experimental frameworks to provide empirically validated tools to therapists that have empirically validated intervention outcomes.

Policy making on mental health and relationship counselling is poised to gain from strong emergent evidence of various interventions. Clearly, demonstrating the efficacy of Narrative Therapy would help improve funding decisions and therapeutic guidelines when increasing rates of marital distress contribute to societal and economic problems. The importance of such a study goes beyond purely being of academic interest. The

consequences of better quality of marital relationships and better public mental health means that it carries significant practical implications.

Rationale for Selecting Narrative Therapy as the Intervention

Narrative Therapy was chosen as the intervention for this study because it offers a unique, postmodern approach to addressing relational and emotional difficulties that often underlie marital dissatisfaction. Unlike traditional approaches that pathologize individuals or focus solely on behavioural symptoms, Narrative Therapy views problems as external to individuals and relationships (White & Epston, 1990). This externalization allows couples to separate their identities from the conflicts they face, reducing blame, defensiveness, and emotional reactivity. Through re-authoring conversations, couples collaboratively reconstruct their shared narratives to highlight resilience, empathy, and mutual support (Morgan, 2000). This process aligns closely with the theoretical frameworks of attachment and emotion regulation, as it fosters secure relational bonds and promotes adaptive emotional coping strategies (Mikulincer & Shaver, 2016). Given its focus on language, meaning-making, and empowerment, Narrative Therapy was particularly suited for this research, which aimed to explore and enhance attachment security, interpersonal emotion regulation, and relationship satisfaction among married couples within a culturally sensitive and collaborative therapeutic framework (Freedman & Combs, 1996).

Overall, the need for more studies to assess Narrative Therapy as an intervention to enhance both attachment security and interpersonal emotion regulation in marriage, in multi-cultural contexts, is very evident. Filling in these gaps will help clinicians, policy makers and ultimately will help to build more effective approaches to improve marital satisfaction and mental health.

Thus, the present study seeks to bridge these gaps by evaluating the effectiveness of a Narrative Therapy based intervention tailored for married couples. Specifically, the study aims to examine whether Narrative Therapy can promote attachment security, improve interpersonal emotion regulation, and enhance marital satisfaction. By conducting this research within a culturally diverse urban Indian context, the study

also explores how such an intervention can be meaningfully adapted for non-Western populations. In doing so, this study makes both a theoretical and practical contribution to the literature. Theoretically, it investigates the interaction between attachment style and IER within a relational intervention framework. Practically, it provides evidence for a culturally relevant therapeutic model capable of addressing the rising rates of emotional disengagement and chronic dissatisfaction among married couples. In a rapidly changing society such as Mumbai, the need for such interventions is more urgent than ever.

Population of the Study

Before selecting the sample for this thesis, several critical considerations were made to ensure methodological rigor, cultural relevance, and ethical appropriateness. First, it was important to clearly define the target population in alignment with the research objectives, which centered on examining attachment, interpersonal emotion regulation, and marital satisfaction within the context of urban India. To this end, the study focused on legally married couples in Mumbai who had been in a love marriage for two to three years, with a minimum of two years of premarital dating, as this duration allowed for the developmental consolidation of relational patterns while also being within the early adjustment phase of marriage. The age range of 28 to 40 years was deliberately chosen, consistent with Erikson's psychosocial stage of *intimacy versus isolation*, where the establishment of stable and intimate partnerships is a core developmental task. Restricting the sample to the working population in Mumbai provided a degree of homogeneity in socioeconomic participation while also reflecting the lived realities of couples negotiating professional and relational demands in an urban setting.

Additionally, the study prioritized participants whose attachment styles could be clearly classified as secure or insecure, as determined by standardized survey measures during initial screening. This ensured that the core constructs of attachment and regulation could be meaningfully linked to marital satisfaction outcomes. Equally important was the consideration of inclusion and exclusion criteria to protect participant well-being and maintain validity. Individuals who were unmarried,

unemployed, non-residents of Mumbai, or outside the specified age group were excluded to prevent confounding variables. Similarly, those undergoing ongoing couple therapy, psychological treatment, or caught in circumstances of severe marital distress-such as abuse or divorce proceedings-were not included, both for ethical reasons and to maintain the internal validity of the study results. Another consideration was the cultural context, recognizing that family dynamics, collectivist values, and arranged versus love marriage patterns in India could strongly shape the variables under study. By focusing on couples in love marriages, the study narrowed the variability associated with differing pathways to marital relationships.

This study was undertaken in the city of Mumbai comprising North and South of Mumbai as it is comprised of a diverse mix of people both demographically and culturally, which can be seen as being relevant to the dynamics of relationships in marital relationships. The location chosen offered a good place to examine the effects of attachment styles and interpersonal emotion regulation on the relationship satisfaction of married couples. The first phase - i.e. survey and interviews were conducted in North and South of Mumbai. The intervention was further conducted in therapeutic clinic in North of Mumbai. Practical aspects such as the willingness and availability of participants to take part across multiple phases of research, including surveys, interviews, and interventions, were also given careful attention. Only those who demonstrated openness to reflecting on their relational dynamics and who consented to long-term participation were included. Sociodemographic variables included address, age, gender, marital status and number of years of marriage, employment status, socioeconomic status, type of marriage (love or arranged), if love, further describe, how many years of being together before marriage.

Finally, ethical safeguards were embedded from the outset, ensuring that all participants provided informed consent, had the right to withdraw at any point, and were not exposed to undue psychological risk. Taken together, these considerations ensured that the selected sample was both representative of the research focus and appropriate for examining how attachment, interpersonal emotion regulation, and marital satisfaction interplay within the dynamic sociocultural context of urban India.

Objectives of the study

The focus of this study lies on -

- 1) To evaluate the baseline levels of attachment style, interpersonal emotion regulation, and relationship satisfaction among married couples prior to the intervention.
- 2) To investigate the role of attachment style on interpersonal emotion regulation and relationship satisfaction through survey among the married couples.
- 3) To conduct an in-depth understanding of the role of attachment style on interpersonal emotion regulation and relationship satisfaction through semi structured interviews among the married couples.
- 4) To evaluate the efficacy of Narrative Therapy in improving attachment styles, enhancing interpersonal emotion regulation, and increasing relationship satisfaction among married couples following the intervention.
- 5) To examine within-group changes in attachment security, interpersonal emotion regulation, and relationship satisfaction among married couples by comparing pre- and post-intervention scores.
- 6) To provide evidence-based recommendations for promoting healthy attachment styles and emotional regulation strategies within marital relationships.

Study Hypotheses

Survey Phase Hypotheses

1. There will be a significant relationship between attachment style and relationship satisfaction among married couples.
2. There will be a significant relationship between attachment style and interpersonal emotion regulation among married couples.
3. There will be a significant relationship between interpersonal emotion regulation and relationship satisfaction among married couples.

Intervention Phase Hypotheses

1. Narrative Therapy will lead to a significant improvement in attachment styles among married couples in the experimental group compared to those in the control group.
2. Narrative Therapy will significantly enhance interpersonal emotion regulation skills in married couples within the experimental group relative to the control group.
3. Narrative Therapy will result in a significant increase in relationship satisfaction for married couples in the experimental group compared to the control group.
4. Narrative Therapy will result in significant within-group improvements in attachment styles, interpersonal emotion regulation, and relationship satisfaction from pre- to post-intervention among married couples.

Thus, this study has the potential to contribute to clinical practice by providing evidence-based support for the use of Narrative Therapy in addressing attachment insecurities and improving IER in couples, ultimately leading to more effective therapeutic interventions. Furthermore, the findings may inform the development of preventative programs and interventions aimed at fostering healthy relationship dynamics and reducing the societal costs associated with marital distress. On a theoretical level, this research can enhance our understanding of the interplay between attachment, IER, and marital satisfaction, potentially leading to the refinement of existing models of relationship functioning.

The approach and procedures that were intended to be used to attain the study's goal are detailed in the next chapter, **Chapter IV : Methods and Procedure.**

CHAPTER IV : METHODS AND PROCEDURE

Sample

Phase 1 : Baseline

A total of 300 participants i.e. 150 couples participated in the phase one of the study. The sampling strategy was designed across three phases, combining stratified random sampling, purposive sampling, and random controlled trial (RCT) assignment to ensure methodological rigor and appropriateness for the research objectives.

In the phase one, the population of married couples fitting the inclusion criteria was first stratified by relevant criteria e.g., age, employment status. Within each stratum, participants were randomly selected using a random number generator to ensure fair representation. Purposive sampling was then applied to select participants based on attachment style survey scores.

Inclusion Criteria for Phase 1:

The study included legally married couples who had entered into a love marriage within the past two to three years, having been in a romantic relationship for at least two years prior to their marriage. Participants were selected from the working population of Mumbai, ensuring they were actively engaged in employment during the time of the study. The age range was restricted to 28 to 40 years, aligning with Erikson's developmental stage of intimacy versus isolation, a period considered crucial for establishing long-term relational bonds. Further, only those participants who demonstrated clear indicators of either secure or insecure attachment styles, as determined through the initial survey, were included. A willingness to engage fully in subsequent phases of the research, including open-ended discussions, was also a prerequisite.

Exclusion Criteria for phase 1:

Individuals who were unmarried, non-residents of Mumbai, or not part of the working population were excluded from participation. Additionally, those undergoing psychological therapy or couple counseling were not considered, in order to maintain the internal validity of the study outcomes. Participants facing severe marital distress, involved in ongoing divorce proceedings, or experiencing any form of abuse were also excluded to safeguard participant well-being and ethical standards. Finally, individuals who chose to withdraw consent after the completion of Phase 1 were respectfully omitted from further phases of the research.

Phase 2 : Semi-structured Interview

Based on the scores in phase 1, using purposive sampling, 100 participants i.e. 50 married couples where 25 couples with insecure attachment style, low interpersonal emotion regulation and low-moderate relationship satisfaction categorized in EG and 25 couples with secure attachment style, high interpersonal emotion regulation, and high relationship satisfaction categorized in CG were approached for semi-structured interview. The couples were debriefed about the purpose and the interview was scheduled for the couples after receiving their consent to participate in the interview.

Inclusion Criteria for Semi-Structured Interviews:

Participants selected for the semi-structured interviews were drawn from those who had successfully completed the baseline survey. Only individuals who had shown distinct patterns of either secure or insecure attachment styles, interpersonal emotional regulation and relationship satisfaction as assessed through the survey data, were considered. Additionally, participants were required to have demonstrated an openness and willingness to reflect on and discuss their relational experiences during the earlier phases. Effort was made to include a diverse representation across attachment styles, gender, and professional backgrounds, within the existing working population sample from Mumbai. Those who had agreed to further in-depth participation were prioritized for the interviews.

Exclusion Criteria for Semi-Structured Interviews:

Individuals who exhibited significant hesitation or discomfort in sharing personal emotional experiences were excluded to maintain the depth and quality of the interviews. Participants who were currently undergoing any psychological therapy or counseling sessions were also excluded to minimize potential external influences on the relational narratives explored. Furthermore, individuals who had withdrawn from the study at any earlier phase or indicated an unwillingness to participate in lengthy discussions were not considered for the interview phase.

Phase 3 : Intervention Phase and Pre-post assessment

Using purposive sampling, a total of 40 married couples (N = 80 individuals) were selected based on inclusion criteria and consent to participate. Using stratified random allocation, couples were assigned to the **experimental group (n = 20 couples)** or the **control group (n = 20 couples)**. The experimental group received the Narrative Therapy intervention, while the control group did not undergo any intervention during this period. Following the intervention, both groups completed post-test assessments using the standardized measures. A 3-month follow-up was also conducted for the experimental group through surveys and semi-structured interviews.

Inclusion Criteria for the Intervention Study

Participants selected for the intervention phase of the study were required to meet additional inclusion criteria to ensure the appropriateness and efficacy of the intervention. Only those individuals who had successfully completed the initial assessment phase – survey and interview and who demonstrated either a secure or insecure attachment style, distinct interpersonal emotion regulation and relationship satisfaction as determined by standardized instruments, and interview were considered eligible. Participants were required to express clear willingness and commitment to attend all scheduled intervention sessions and to engage actively in the intervention activities. Furthermore, individuals needed to have stable marital relationships, free from severe conflict or abuse, to participate safely and productively in the intervention.

Participants were also required to be residents of Mumbai and available throughout the intervention period to ensure consistent attendance. Finally, the provision of informed consent specifically for participation in the intervention component was mandatory.

Exclusion Criteria for the Intervention Study

To maintain the integrity and safety of the intervention process, specific exclusion criteria were applied. Individuals who demonstrated reluctance or inability to commit to the full course of the intervention sessions were excluded. Participants currently receiving external psychological, marital, or attachment-based therapy were also excluded to prevent potential interference with the study outcomes. Those experiencing ongoing severe marital discord, domestic violence, or involved in active divorce proceedings were excluded for ethical reasons and to safeguard participant well-being. Additionally, participants who demonstrated significant psychological distress or mental health conditions requiring specialized intervention, as identified during the screening process, were deemed ineligible for participation in the intervention phase. Any participant who withdrew consent or expressed unwillingness to fully comply with intervention requirements was also excluded from this part of the study.

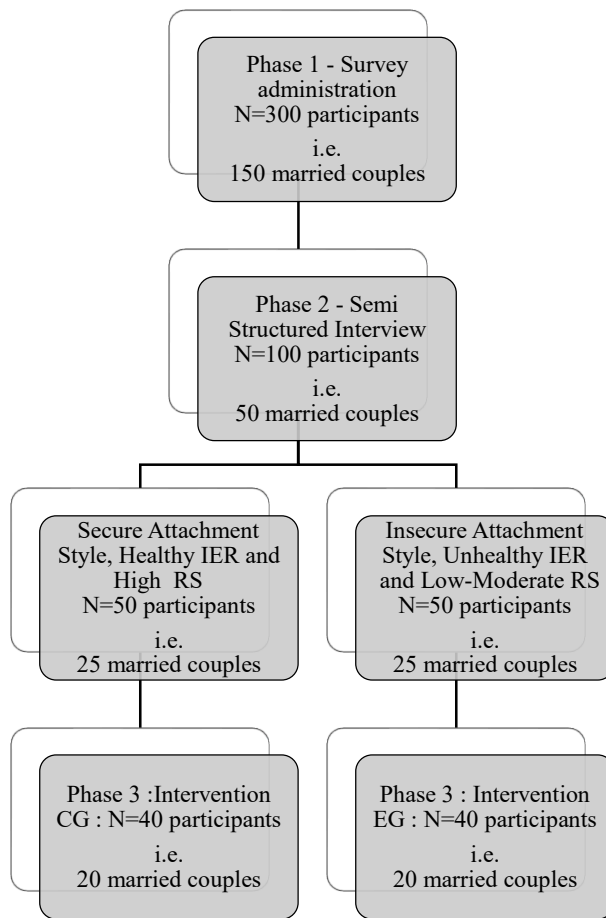


Figure 1: Administration procedure and sample distribution

Psychological Tools

For this study the use of four validated psychological tools were made to assess attachment styles, interpersonal emotion regulation, and relationship satisfaction and a semi structured interview schedule for the qualitative insights was used. The selected instruments demonstrated high reliability and internal consistency, making them suitable for the present study. These tools were chosen based on their established validity in assessing relational and emotional constructs, which align closely with the study's core variables. Their widespread use in previous empirical research further supports their appropriateness for evaluating attachment style, interpersonal emotion regulation, and relationship satisfaction.

Revised Adult Attachment Scale (Collins, 1996)- Close Relationships Version - Participants' attachment styles were measured using the Revised Adult Attachment

Scale (RAAS). Items comprising the RAAS consisted of 18 self-evaluated items on a 5 point Likert scale, rated from 'not at all characteristic of me' (1) to 'very characteristic of me' (5) (Collins & Read, 1990). They were divided into the three subscales, each of which includes six items as follows: Anxiety ($\alpha = 0.72$) - Measured relationship-related anxiety and fear of abandonment. Dependence α (0.75) - Measured (to what degree) people could trust and believed their partners were available and might be supportive. Closeness ($\alpha = 0.69$) - Evaluated comfort with intimacy and emotional closeness. Attachment styles were classified in this study on the basis of RAAS scores.

During the procedure, individuals with high closeness, low anxiety and low dependence were classified as securing attachments. Those categorized as anxious attachment have low closeness, high anxiety and high dependence. Collins and Read (1990), Collins (1996) identified participants with low closeness, low dependence and high anxiety as having an avoidant attachment style. Insecure attachment was divided into anxious and avoidant attachment styles (Ainsworth & Bowlby, 1991). The study used this tool to be able to distinguish secure from insecure attachment and to analyze how attachment style affects relationship satisfaction and how to regulate interpersonal emotion.

Interpersonal Emotion Regulation Questionnaire (IERQ; Hoffman et al., 2016)

The Interpersonal Emotion Regulation Questionnaire (IERQ) was used as a self report measure of 20 items, based on which interpersonal emotion regulation (IER) of an individual was rated. Four equally good internal consistencies subscales were reported in the IERQ. Measuring interpersonal interaction that amplifies Positive Affect ($\alpha = .89$) - How individuals increase as well as amplify positive emotions in the context of interpersonal interaction. The Perspective Taking ($\alpha = .91$) - The ability to understand and adopt another person's emotional perspective. Soothing ($\alpha = .94$)- Evaluated the tendency to seek emotional comfort and support from others. and Social Modeling ($\alpha = .93$)- Observing others and imitating their emotional responses.

This measured the amount that individuals observed and were imitating others' emotional responses. This was a pivotal tool to use toward analyzing the effect of

attachment styles on the manner in which individuals regulated emotions throughout their marital relationships.

Relationship Assessment Scale (RAS; Hendrick, 1988)

The Relationships Assessment Scale (RAS) is a seven item self report scale measuring global satisfaction with the relationship (Hendrick, 1988). There were seven evaluation items on a 5 point likert scale with total scores between 7 and 35 and higher scores indicating greater marital satisfaction. Internal consistency ($\alpha = .86$) of the RAS was high and the RAS was best represented by a one factor model (Hendrick, 1988). Correlation coefficients of the scale ranging in the interval from 0.83 to 0.51 were statistically significant ($p < .05$). Convergent validity was supported by the fact that the scale had been moderately correlated ($r = .48$) with the Marriage Adjustment Inventory (Hendrick, 1981).

This tool also quantified participants' overall relationship satisfaction and permitted comparisons between people who were insecurely and securely attached prior to intervention as well as post intervention. Average scores range from 1 to 5; total scores range from 7 to 35. Higher scores indicate greater relationship satisfaction.

Semi-Structured Interview Schedule

Semi structured interview schedule was used, along with the standardized psychological scales, to gather in depth qualitative soundings from participants. Designing the interview schedule was to explore on how participants' attachment related behaviours, emotion regulation strategies and how satisfied is he or she with his or her relationship according to the survey responses done by them. In this regard, the semi-structured format followed a checklist of key topics that was consistent and which provided the capacity to elaborate on personal experiences (Bryman and Bell, 2007). The key topics included individual and relational attachment styles to explore how participants felt about closeness and intimacy in relationships, to understand how couples regulate each other's emotions and its impact on the relationship and to evaluate the quality and satisfaction level in the relationship. The open-ended semi-structured interview was planned and prepared alongside supervisors from Narrative

Practices India. Participants' questions were open ended so that they could talk freely about their experiences of attachment, emotion regulation, and marital satisfaction. By this approach, study was able to change the follow up questions in a way that participants' replies can customize even the interaction.

For Phase 2 and Phase 3, particularly the semi-structured interviews were very useful. The chosen psychological tools were all highlighted, based on strong psychometric properties, broad use in relation and attachment research, and ability to supply quantitative as well as qualitative insights. The RAAS allowed the categorization of attachment styles to be undertaken reliably and the differentiation of securing and insecure individuals to be achieved. Therefore, relational emotion regulation strategies were measured with the IERQ and are essential to explore the mediating function of IER between attachment and marital satisfaction. The RAS was standardized for measuring relationship satisfaction, allowing statistical improvement testing of changes after the Narrative Therapy intervention.

Quantitative tools were complemented by the semi-structured interviews where the researchers could explore relational experiences especially in the intervention phase. This study combined validated quantitative results with qualitative interviews, combining comprehensive and valid data collection through attachment, emotion regulation and marital satisfaction measures.

Data Handling:

Interview responses were audio-recorded (with consent), transcribed, and subjected to thematic analysis. Emerging themes were compared with pre- and post-intervention data to understand the longitudinal impact of the Narrative Therapy intervention. Ethical safeguards, including confidentiality, voluntary participation, and the right to withdraw, were strictly maintained during the follow-up phase.

Procedure of administration

This section outlines the systematic process followed in conducting the study, which examined the relationship between attachment styles, interpersonal emotion

regulation, and relationship satisfaction among married couples, and evaluated the effectiveness of a Narrative Therapy-based intervention. The procedure was carried out in three distinct phases: Baseline Assessment, Screening and In-Depth Interviews, and the Intervention and Follow-Up.

Phase 1: Baseline Assessment - Survey of Married Couples

The initial phase of the study focused on surveying a broad sample of married couples to establish baseline measures for the primary variables of interest. A total of 300 individuals (150 couples) who met the predefined inclusion criteria were recruited through community centres, social media outreach, and referrals. Prior to participation, all individuals were screened to ensure compliance with the study.

Upon recruitment, participants received detailed information regarding the nature and purpose of the study. Written informed consent was obtained, and participants were assured of the confidentiality of their responses and their right to withdraw at any point without any negative consequences.

Standardized psychological instruments were administered to assess three key constructs: attachment style, interpersonal emotion regulation, and relationship satisfaction. The survey administration was conducted individually, ensuring privacy and minimizing response biases. Participants' responses were systematically recorded and subjected to statistical analysis to examine the initial correlations among the variables.

Based on the survey results, couples exhibiting insecure attachment patterns combined with difficulties in emotion regulation and signs of marital dissatisfaction were identified for further participation in Phase 2. Couples displaying secure attachment styles and stable relationship satisfaction were noted as potential members for the control group.

Phase 2: Screening and In-Depth Interviews

Following the baseline assessment, a secondary screening process was implemented to finalize group assignments and gain deeper insights into participants' relational dynamics. Participants were categorized into two primary groups:

- **Experimental Group:** Couples with insecure attachment styles, notable difficulties in interpersonal emotional regulation and low-moderate relationship satisfaction.
- **Control Group:** Couples with secure attachment styles, healthy interpersonal emotion regulation and satisfactory relationship functioning.

Semi-structured interviews were then conducted with members of both groups. There were 50 married couples i.e. 100 participants categorized in two groups. 25 married couples i.e. 50 participants in each group that consented for the interview. These interviews aimed to explore participants' subjective experiences regarding attachment behaviours, emotion regulation strategies, communication patterns, conflict resolution methods, and sources of emotional support within their marriage. The qualitative data obtained helped enrich the understanding of the relational and emotional contexts within which attachment and regulation challenges emerged.

Based on the thematic findings from these interviews, a Narrative Therapy intervention program was carefully designed to address the needs of couples in the experimental group. Participants assigned to the intervention were briefed about the structure and aims of the program, and additional informed consent for the therapeutic phase was obtained.

Intervention Phase

Selection of Participants for Intervention

Following the interviews, 80 participants (40 couples) with insecure attachment patterns, low-moderate relationship satisfaction and unhealthy interpersonal emotion

regulation and secure attachment style, healthy interpersonal emotion regulation and healthy relationship satisfaction were selected for participation in the intervention phase. These 40 couples were further categorized into two equal groups:

Experimental Group (EG): 20 couples received the Narrative Therapy-based intervention. These were couples with insecure attachment patterns, low-moderate relationship satisfaction and unhealthy interpersonal emotion regulation

Control Group (CG): 20 couples continued without intervention and engaged only in routine marital life. These were couples with secure attachment style, healthy interpersonal emotion regulation and healthy relationship satisfaction

All participants in the experimental group provided informed consent for participation in the therapeutic sessions and post-intervention assessments.

Narrative Therapy-Based Intervention

The narrative therapy intervention was designed to promote positive relationship satisfaction, healthy interpersonal emotion regulation and enhance attachment styles through twelve sessions across 3-month period that focused on various techniques to build the relationship.

Month 1: Establishing Foundation and Externalizing Problems

Session 1: Orientation

The intervention began with an orientation session aimed at building rapport and establishing a supportive therapeutic environment. Participants were introduced to the overall goals of the program, as well as the structure and expectations for upcoming sessions. Emphasizing the importance of early rapport, research has shown that strong initial connections between facilitators and participants enhance engagement and foster more positive therapeutic outcomes (Horvath & Bedi, 2002).

Week 1: Orientation and Rapport Building

Session Focus: Building rapport; establishing a supportive, non-judgmental environment.

Activities: Introduction to the goals, structure, confidentiality agreements, and expectations for participation. Establishment of collaborative, respectful communication guidelines.

Homework: Couples were asked to maintain a journal documenting one positive relational interaction per day.

Session 2: Externalizing Problems

In the second session, couples were encouraged to view their challenges not as intrinsic flaws but as external problems that influence their relationship. Drawing from narrative therapy principles developed by White and Epston (1990), this externalization process helped participants shift from a stance of blame and defensiveness to one of collaboration, making it easier to address issues jointly.

Week 2: Externalization of Problems

Session Focus: Separating the "problem" from the "person."

Activities: Externalization exercises where couples named and described relational problems as separate entities (e.g., "Misunderstanding" or "Anger Monster").

Homework: Each partner wrote a brief narrative from the perspective of the "problem," describing its impact on his or her relationship.

Session 3: Mapping the Effects

Participants examined how the identified externalized problems impacted various dimensions of their emotional lives and relationship satisfaction. Through structured exploration, couples developed a clearer understanding of how negative patterns

disrupted their emotional regulation and relational wellbeing, creating a strong motivational basis for change (Monk et al., 1997).

Week 3: Mapping the Effects

Session Focus: Exploring how externalized problems affect emotions, communication, and intimacy.

Activities: Visual mapping of the ripple effects of key problems across relational and personal domains.

Homework: Couples completed a worksheet identifying how the "problem" influenced different areas of their life during the past week.

Session 4: Deconstructing Dominant Narratives

During the fourth session, couples engaged in deconstructing personal and societal narratives that reinforced problematic behaviours, such as entrenched gender expectations or idealized notions of marriage. As outlined by Morgan (2000), the deconstruction process helped uncover underlying assumptions and made room for more flexible, adaptive perspectives on relationship roles and emotions.

Week 4: Deconstructing Dominant Narratives

Session Focus: Critically examining societal, cultural, and familial narratives contributing to maladaptive patterns.

Activities: Discussion on inherited beliefs (e.g., gender roles, perfectionistic marriage ideals) influencing emotional and relational behaviours.

Homework: Reflective writing on one personal belief about relationships that they would like to challenge or revise.

Month 2: Re-Authoring the Relationship Story

Session 5: Discovering Unique Outcomes

In this session, couples reflected on instances when they successfully overcame relational challenges, even if briefly. By highlighting these "unique outcomes," participants were able to recognize their existing strengths and capabilities, thereby reinforcing a sense of agency in shaping their relationship dynamics (White & Epston, 1990).

Week 5: Discovering Unique Outcomes

Session Focus: Identifying moments when couples successfully resisted problemsaturated narratives.

Activities: Storytelling of instances where communication, support, or regulation was handled well despite challenges.

Homework: Couples were asked to write about a recent positive moment and discuss what made it successful.

Session 6: Re-authoring the Relationship Narrative

Couples then moved into re-authoring exercises where they constructed alternative, more empowering narratives about their relationship. This involved identifying and emphasizing stories of resilience, emotional growth, and relational connection, a process that aimed to foster greater intimacy and emotional regulation (Vetlesen, 2015).

Week 6: Re-authoring the Narrative

Session Focus: Constructing alternative narratives highlighting agency, resilience, and emotional strength.

Activities: Guided narrative writing exercises where each partner described a "preferred" version of their relationship.

Homework: Couples practiced verbalizing their alternative story during daily conversations.

Session 7: Thickening the Alternative Story

Building on the re-authoring work, the seventh session focused on "thickening" these newly developed narratives. Couples identified further instances and evidence that supported their emerging storylines, thereby strengthening the new identity and reinforcing the changes they were beginning to internalize (Denborough, 2014).

Week 7: Thickening the Alternative Story

Session Focus: Reinforcing the preferred narrative by identifying supporting evidence and additional examples.

Activities: Creating a timeline of events supporting the new relational identity.

Homework: Couples were assigned to collect "evidence" (e.g., moments, feelings, conversations) during the week that validated their alternative story.

Session 8: Repositioning Identity

In this phase, participants worked on integrating the new narratives into their self-concept and couple identity. Through guided exercises and discussions, couples were encouraged to view themselves - and each other - as emotionally capable, compassionate, and resilient individuals, enhancing mutual understanding and trust.

Week 8: Repositioning Identity

Session Focus: Integrating the alternative narrative into self-concept and relationship identity.

Activities: Self-compassion exercises; perspective-taking discussions to enhance mutual respect and trust.

Homework: Partners wrote letters to each other from the perspective of their "preferred relational identity," expressing appreciation and hope.

Month 3: Strengthening Emotional Regulation and Future Planning

Session 9: Enhancing Emotional Regulation

This session concentrated on teaching specific interpersonal emotional regulation skills. Techniques such as mindfulness of emotions, cognitive reappraisal, and co-regulation strategies were introduced and practiced. Integrating these skills into their evolving narratives allowed couples to better navigate emotional challenges within their relationship (Gross, 2015).

Week 9: Enhancing Emotional Regulation

Session Focus: Teaching emotion regulation strategies - mindfulness, cognitive reappraisal, emotional co-regulation.

Activities: Role-plays, mindfulness exercises, co-regulation breathing techniques.

Homework: Daily practice of a chosen emotion regulation technique during relational interactions.

Session 10: Constructing Shared Meaning

Couples were invited to explore and articulate shared values, life goals, and visions for their future together. Establishing shared meaning has been associated with stronger marital satisfaction and relationship durability, as highlighted in Gottman's research on relational dynamics (Gottman, 1999).

Week 10: Constructing Shared Meaning

Session Focus: Exploring shared values, life dreams, and relationship goals.

Activities: Guided discussions and value-clarification exercises based on Gottman's "Shared Meaning" framework.

Homework: Couples co-created a “Relationship Vision Statement” outlining mutual goals.

Session 11: Preparing for Future Challenges

In anticipation of potential difficulties, participants worked together to develop proactive coping strategies. Emphasis was placed on viewing future setbacks as opportunities to reaffirm progress rather than as failures, using their re-authored narratives and emotional regulation skills as tools for resilience.

Week 11: Preparing for Future Challenges

Session Focus: Building resilience strategies for dealing with future stressors.

Activities: Creating a “Relapse Prevention Plan” - anticipated challenges, coping strategies, and relational rituals.

Homework: Partners wrote an "If-Then" coping plan for a foreseeable relational stressor.

Session 12: Reflection and Closure

The intervention concluded with a reflection session, where participants reviewed their journey, acknowledged their growth, and articulated plans for maintaining the changes they had achieved. Structured reflection was used to promote the internalization of new skills and narratives, as previous research has demonstrated its critical role in consolidating therapeutic gains (Abatzis & Littlewood, 2015).

Week 12: Reflection and Closure

Session Focus: Consolidating gains; celebrating progress; discussing future maintenance.

Activities: Reflective discussions; sharing of experiences; symbolic ritual (e.g., planting a small tree together) to represent growth.

Homework: Couples were encouraged to schedule monthly "relationship check-ins" post-intervention for continued reinforcement.

Post-Intervention Interviews

In order to gather insights into the type of therapeutic experience the participants went through interview to capture the qualitative aspects of it. The interviews involved attempting to discover changes in the perceived relational dynamics, emotional regulatory skills and marital satisfaction.

The intervention was structured over three months, comprising 12 weekly sessions (each approximately 90 minutes long). Sessions were conducted in a semi-structured, face-to face, couple format, allowing flexibility to address each couple's unique narrative while maintaining the core therapeutic structure. Each session involved a main activity, homework assignment, and preparation for the next session. Regular progress monitoring was integrated, with facilitators offering ongoing feedback and support.

Post-Intervention Assessment

Upon completion of the intervention, participants in both the experimental and control groups were re-assessed using the same standardized measures employed during the baseline phase. In addition, qualitative follow-up interviews were conducted with experimental group participants to capture subjective experiences of the therapeutic process and perceived changes in emotional regulation and relationship satisfaction.

Pre- and post-intervention data were statistically analysed to assess the effectiveness of the Narrative Therapy-based program, while thematic analysis of qualitative data offered deeper insights into the relational transformations experienced by participants.

Follow-Up Phase

Three months after the completion of the intervention, a follow-up evaluation was conducted to assess the maintenance and durability of changes achieved through the

Narrative Therapy-based program. This follow-up was carried out through semi-structured interviews with participants from both the experimental and control groups.

The primary aims of the follow-up were to explore participants' reflections on their relational and emotional experiences since the conclusion of the intervention and to assess the sustainability of improvements in attachment security, interpersonal emotion regulation, and relationship satisfaction.

To identify any ongoing challenges or areas requiring additional support, all participants who had completed the post-intervention assessment were invited for a follow-up conversation. Interviews were conducted individually with each couple, lasting approximately 45-60 minutes. A semi-structured guide was used, containing open-ended questions focused on any changes noticed in emotional regulation and relationship dynamics since the intervention. The instances where learned skills or new narratives were applied to real-life challenges. To assess perceived strengths and ongoing vulnerabilities within the relationship. Furthermore, suggestions for future interventions or ongoing support needs were shared.

The semi-structured format allowed for flexibility, enabling participants to narrate their experiences organically while ensuring that key thematic areas were covered across all interviews. The study employed both surveys and interviews in all three-research phases to achieve both the rigor of method, depth, and reliability. Together the surveys and interviews enabled to move beyond quantifiable trends to examine relations on both a statistical plane and a relational one, benefiting tremendously from triangulation of multiple perspectives. In integrating random sampling (Phase 1), purposive sampling (Phase 2) and controlled group assignment (Phase 3), the selection process of participants turned out to be a robust process designed to match with the aims of the study.

Research Ethical Considerations

Informed Consent

Detailed information sheet about the study, its procedures, potential risks and benefits was provided to participants. Voluntary involvement with the ability to withdraw at any stage without any consequence was requested of them, so before participation they were required to sign an informed consent form.

Confidentiality and Anonymity

All the data of a participant is kept confidential. Responses were anonymised, identified information was removed, and code identifiers were used. Passwords protected databases were used to store data, with only authorized researchers having access to the data.

Non-Maleficence and Psychological Well-being

The researcher provided participants who were uncomfortable to break or deactivate into interviews. Referrals were also provided to professional counseling services as needed.

Fair Participant Selection and Equal Intervention

Stratified random sampling was used ensuring unbiased selection of participants across all demographical diversity. None of the participant was discriminated by gender, ethnicity, socioeconomic status or marital duration.

Transparency and Research Integrity

The study adhered to the ethical guidelines for conducting research, as laid down by respective institutional review boards as well as psychological research associations. The performance of the data analysis was conducted objectively without fabrication or manipulation, reporting the results honestly.

Intervention Ethical Considerations

Throughout the intervention, participants' engagement and emotional wellbeing were continuously monitored. Facilitators offered optional individual support for participants displaying heightened emotional distress. Ethical safeguards included ongoing informed consent, confidentiality, voluntary withdrawal options, and referral to appropriate psychological services if needed.

Debriefing and Follow-up

The debriefing session explained to the participants what are the findings and implications of the research. Ethical responsibility after the study duration was maintained by monitoring those in the intervention group to check post intervention well-being.

The study integrated these ethical considerations in upholding the highest research standards and maintaining participant dignity, safety, and confidentiality.

Phase	Activity	Details
Phase 1: Baseline Assessment	Participant Recruitment	300 participants (150 married couples) recruited through community centers, social media, and referrals.
	Screening for Inclusion/Exclusion	Participants screened for legal marital status, relationship history, age, employment, psychological status, and consent.

	Survey Administration	Standardized measures for attachment style (Revised Adult Attachment Scale Close Relationships Version - RAAS by Collins, 1996), interpersonal emotion regulation (Interpersonal Emotion Regulation Questionnaire - IERQ by Hoffman et al., 2016), and relationship satisfaction (Relationship Assessment Scale - RAS by Hendrick, 1988) were administered.
	Data Collection and Analysis	Baseline data statistically analyzed to identify patterns and correlations.
Phase 2: Screening and Interviews	Group Allocation	100 participants – 50 married couples (25 couples with low-moderate RS and low - moderate IER and Insecure AS, 25 couples with high RS, high IER and Secure AS) selected for semi-structured interviews.
	Semi-Structured Interviews	In-depth interviews conducted to explore attachment patterns, emotional regulation issues, and marital satisfaction.
	Final Selection	40 married couples (20 couples in EG and 20 couples in CG) selected based on insecure attachment, interpersonal emotional regulation difficulties and low-moderate RS (EG) or healthy relationships (CG).
Phase 3: Intervention	Orientation Session	Rapport building, goal-setting, and session structure explained to experimental group couples.

	Narrative Therapy Sessions (Weeks 1-12)	Structured 12-session intervention delivered weekly across 3 months. Homework assignments given after each session.
	Post-Intervention Assessment	Standardized tools - RAAS, IERQ and RAS were re-administered to both experimental and control groups for pre-post comparison. In-depth interviews conducted to explore attachment patterns, emotional regulation issues, and marital satisfaction.
Follow-Up	Three-Month Follow-Up	Semi-structured interviews conducted with experimental group to assess sustainability of therapeutic gains.

Figure 2: Fundamental Outline of the Study

Design of the study:

A two-tiered research design based on a Mixed Methods Approach - Quantitative that encompassed surveys and intervention analysis on SPSS and qualitative analysis through pre-post semi-structured interview. This method was utilized to include both the statistical pattern and the deeper psychological insight. This methodological structure was carried out in order to fully understand how attachment style and interpersonal emotion regulation influence marital satisfaction and Narrative Therapy was effective to improve the relational well-being.

Mixed-Methods Approach: Survey and Interviews

The study used a mixed methods approach combining quantitative surveys and qualitative interviews to test the interplay between attachment style, interpersonal emotion regulation (IER), and relationship satisfaction. The analysis of the two

approaches would allow for a holistic understanding of both generalizable trends and personalized experiences (Creswell & Plano Clark, 2018).

1. Quantitative Method (Survey Method and Experiment Intervention)

In the survey phase, statistical analysis of correlations, mediating effects, and group differences was conducted based on numerical data collected of attachment styles, interpersonal emotion regulation, marital satisfaction, during the survey phase. This gave a broad picture of relations by different attachment categories.

In the experimental phase, a Narrative Therapy was used as an intervention tool in order to determine its effectiveness in working with unstable attachment couples who use maladaptive interpersonal emotion regulation strategies. In this phase, it was tested whether it is possible to improve marital satisfaction by rephrasing relational narratives in the context of structure therapy sessions. The Narrative Therapy intervention given to the Experimental Group over a specified period. The experimental Group in which persons continued with their usual relational interactions but without any therapeutic intervention.

2. Qualitative Method (Pre and Post Interviews)

Semi-structured interviews were conducted in order to gain an understanding of how attachment-related emotional regulation would influence marital satisfaction. In these interviews, the relationships of their participants were explored as they experienced marriage, outlining the ways in which participants were both aided and hampered by those around them to effectively cope with and subdue feelings. The intervention was reassessed for marital satisfaction, attachment style, and emotion regulation abilities. It was done by comparing preintervention with post intervention scores as to potency for Narrative Therapy to alter undesirable emotional responses based on maladaptive attachment. The qualitative component yielded rich narratives, however, of underlying emotional mechanisms that statistical analysis alone could not uncover. The method of triangulation was taken into account through the mixed method approach, whereas, the study's reliability and depth increased because the quantitative findings were validated through the qualitative narratives (Bryman, 2012).

This study combined a rigorous, multi-dimensional assessment of the effects of attachment and interpersonal emotion regulation on marital satisfaction while testing a therapeutic model to improve relations outcomes

Statistical Analyses

In this section, the techniques used whilst interpreting results obtained in the study using both qualitative and quantitative data are elaborated. Therefore, data were analysed using statistical software (SPSS) for quantitative data and using thematic analysis NVIVO for qualitative data.

Quantitative Data Analysis - SPSS (Version 27)

Respondents answered the structured surveys and quantitative data obtained from them were analysed using SPSS (Statistical Package for the Social Sciences). The survey was conducted through Microsoft forms, data was then converted to excel sheet, uploaded on SPSS version 27, and the analyses were done.

Descriptive Statistics

The key variables of attachment styles, interpersonal emotion regulation (IER), and relationship satisfaction were summarized and described using descriptive statistics. The measures included:

- Analysis of the scores with mean and standard deviation.
- Frequency distributions of secure and insecure attachment styles among married couples.
- To judge whether data is normality, we use skewness and kurtosis.

Inferential Statistics

A number of different inferential statistical techniques were applied in order to test the research hypotheses.

Regression Analysis : The predictive relationship between attachment style and relationship satisfaction was examined.

Correlation Analysis : The relationship between IER and relationship satisfaction was examined by Spearman's correlation.

Wilcoxon Signed-Rank Test : It is used to assess the difference of the experiment group before and after the intervention.

McNemar's Test : The changes in categorical attachment style pre and post intervention are analyzed.

Qualitative Data Analysis - NVivo (Version 29)

Qualitative data collected in Phase 2 and follow up Phase 3 interviews were subjected to thematic analysis. Systematic coding and organization of qualitative responses was organized using NVivo software, version 29.

Thematic Analysis Procedures:

Data Familiarization : Transcription of audio recordings of interviews was done verbatim. Transcripts were read in order to identify recurring themes and patterns.

Initial Coding : Open coding was performed using NVIVO by attaching meaningful phrase or responses with a relevant label. Broad categories of attachment styles, interpersonal emotion regulation and marital satisfaction were made from codes.

Theme Development : Commonalities and differences of codes were analysed. Themes like emotional dependency, barriers of communication, and co regulation strategies became emerging.

Theme Refinement and Interpretation :The data were reviewed to check the coherence of the themes and their reliability. The researcher made interpretations compatible with theoretical frameworks on attachment and dynamics of relationships.

Integration with Quantitative Findings

The statistical findings were contextualised with qualitative insights to generate greater understanding of the dynamics of married couple relationships.

This study ensured the comprehensive examination of how attachment styles influence interpersonal emotion regulation and relationship satisfaction and the effectiveness of Narrative Therapy in making secure attachment and relational well being. The results of the current study were provided in the next chapter, **Chapter V: Results and Discussion.**

CHAPTER V : RESULTS AND DISCUSSION

The data for the present study was collected in three phases-baseline survey, semi-structured interviews, and intervention with pre-post assessment-using standardized psychological scales and qualitative interviews, following the manual guidelines of the instruments and strict adherence to ethical principles. The analysis was conducted in multiple stages to ensure accuracy, validity, and appropriateness of the findings.

1. Checking of the Raw Data

The raw data obtained from the baseline survey and intervention assessments were thoroughly reviewed to identify any missing responses or inconsistencies in scoring. Cases with incomplete responses were minimal and carefully cross-checked against the participant records. Outlier analysis indicated no extreme deviations that could distort results, and hence the dataset was considered stable and ready for further processing.

2. Checking the True Representation of the Population under Study

To ensure that the sample adequately matched the target population design, socio-demographic variables were examined. The couples included represented the defined inclusion parameters:

- Age range: 28-40 years
- Marital type and duration: Love marriage of 2-3 years with at least two years of premarital dating
- Employment: Both partners actively engaged in the working population of Mumbai
- Marital context: Couples without ongoing divorce proceedings or severe conflict

The distribution of participants across gender, professional backgrounds, and attachment styles (secure vs. insecure, as identified through baseline measures) reflected balanced representation, thus minimizing extraneous demographic confounds that could influence the results. This verification step ensured that the selected group truly corresponded with the study's design and objectives.

3. Appropriateness of Psychological Scales for the Population

To ensure the suitability of the standardized scales for the present study population, a pilot study was conducted with 50 married couples ($N = 100$ individuals) residing in northern Mumbai. The primary objectives of this pilot were to evaluate the clarity and reliability of the instruments, assess their cultural applicability, and identify potential procedural challenges. The scales administered included the Revised Adult Attachment Scale (Collins, 1996), the Interpersonal Emotion Regulation Questionnaire (IERQ; Hofmann et al., 2016), and the Relationship Assessment Scale (Hendrick, 1988). Preliminary reliability testing yielded acceptable Cronbach's alpha coefficients (all above .70), confirming good internal consistency of the measures within the Indian cultural context. Importantly, minor wording adjustments were made to certain questions in the interview to address culturally specific terminology and enhance clarity for participants.

Descriptive statistics from the pilot further supported the appropriateness of the tools. For the main study sample ($N = 300$), tests of normality (Kolmogorov-Smirnov and Shapiro-Wilk) for Relationship Satisfaction and IER indicated significant deviations from normal distribution ($p < .05$ for both variables). These findings suggested that while the measures retained reliability and cultural appropriateness, data analysis would need to incorporate non-parametric statistical procedures (e.g., Mann-Whitney U, Wilcoxon signed-rank tests) when required, to appropriately address violations of normality assumptions. Thus, the pilot study confirmed the reliability, cultural relevance, and applicability of the instruments, laying a solid foundation for the larger-scale data collection and analysis.

4. Quantitative and Qualitative Analysis Procedures

After establishing data suitability, quantitative analysis was carried out using descriptive statistics, correlation coefficients, and regression to test associations among attachment styles, interpersonal emotion regulation, and relationship satisfaction in the baseline phase. For pre-post comparisons in the intervention phase, Wilcoxon signed-rank test and McNemar's test were employed to assess the efficacy of Narrative Therapy.

In parallel, qualitative data obtained from the semi-structured interviews were analyzed using thematic analysis. This provided deeper insight into participants' lived experiences of attachment dynamics, emotional regulation within marital relationship interactions, and relational narratives. The integration of results through triangulation enhanced the robustness and interpretability of the findings, offering both statistical evidence and personal meaning making.

Pilot Study Findings

Prior to the main data collection, a pilot study was conducted with a sample of 50 married couples residing in the northern region of Mumbai. The primary objective of the pilot phase was to evaluate the feasibility of the research design, assess the clarity and reliability of the instruments, and identify any procedural challenges that might arise during large-scale implementation. The logistical process of recruiting and scheduling couples was also tested and adjusted to optimize participation and reduce attrition. Insights from the pilot study informed minor modifications to the wording of certain questions in the semi-structured interview, and the structure of the Narrative Therapy sessions to ensure better cultural congruence and participant engagement. Overall, the pilot study reinforced the validity and applicability of the selected instruments and procedures, thereby establishing a sound foundation for the main phase of the study.

Table 1 : Relationship Satisfaction and IER for Pilot Study

Variable	N	Mean	Std. Deviation	Minimum	Maximum
Relationship Satisfaction	100	24.65	6.18	12.00	34.00
Interpersonal Emotion Regulation (IER)	100	3.21	0.68	2.00	4.70

As shown in Table 1, the sample for pilot study consisted of 100 participants. Descriptive statistics were computed for two key variables: Relationship Satisfaction and Interpersonal Emotion Regulation (IER). For Relationship Satisfaction, the mean score was 24.65 (SD = 6.18), with scores ranging from a minimum of 12.00 to a maximum of 34.00. For Interpersonal Emotion Regulation (IER), the mean score was 3.21 (SD = 0.68), with a range of scores from a minimum of 2.00 to a maximum of 4.70.

Table 2: Descriptive Statistics of Attachment Styles for Pilot Study

Attachment Style	Frequency (N)	Percentage (%)
Secure	50	50.0
Insecure	50	50.0

Table 2 shows the distribution of attachment styles in the sample was as follows: 50% of participants were classified as having a secure attachment style, while the remaining 50% were classified as having an insecure attachment style.

Table 3: Reliability and Validity of Measurement Instruments

Instrument	N	Items	Cronbach's α
Relationship Assessment Scale	100	8	0.89
Interpersonal Emotion Regulation Scale	100	10	0.85
Revised Adult Attachment Scale - Close Relationships Version	100	12	0.82

Table 3 presents the internal consistency reliability (Cronbach's α) and evidence of validity for each major measurement instrument used in the study. All scales demonstrated strong reliability with Cronbach's α values exceeding the recommended minimum threshold of .70, indicating good internal consistency. Validity evidence was established through confirmatory factor analysis, convergent correlations with other relevant constructs (e.g., relationship satisfaction and marital adjustment), and support from prior research in similar populations. This assures the reader that the measures employed are robust and appropriate for assessing the psychological constructs of interest within the sampled population.

Table 4: Influence of Attachment Style On IER And Relationship Satisfaction for Pilot

Dependent Variable	Attachment Style	Mean Rank	H	Df	p-value
Relationship Satisfaction	Secure	70.34	14.12	1	< .001***
	Insecure	50.66			
Interpersonal Emotion Regulation	Secure	73.12	11.86	1	<.001***
	Insecure	53.88			

Note. * $p < .05$. ** $p < .01$. *** $p < .001$ ***

Table 4 shows the results of a Mann-Whitney U test conducted to examine the differences in relationship satisfaction and interpersonal emotion regulation based on participants' attachment styles. As indicated, individuals with a secure attachment style reported significantly higher levels of relationship satisfaction (Mean Rank = 70.34) compared to those with an insecure attachment style (Mean Rank = 50.66), with the difference being statistically significant, $H(1)=14.12, p<.001$ $H(1) = 14.12, p< .001$; $H(1)=14.12, p<.001$.

Similarly, participants with a secure attachment style also demonstrated higher interpersonal emotion regulation (Mean Rank = 73.12) than their insecure counterparts (Mean Rank = 53.88), and this difference was also statistically significant, $H(1)=11.86, p=.001$ $H(1) = 11.86, p = .001$ $H(1)=11.86, p=.001$. These results underscore the significant role of secure attachment in promoting both emotional regulation and relational satisfaction within marital contexts, in line with prior findings (e.g., Mikulincer & Shaver, 2016; Shaver et al., 2009).

Following the pilot phase, the main study was conducted with a total sample of 300 participants (150 married couples) drawn from diverse socio-demographic backgrounds in Mumbai. This section presents the descriptive statistics of the primary variables under investigation-attachment style, interpersonal emotion regulation, and relationship satisfaction. Descriptive analysis was undertaken to summarize the distributional properties of the data, including measures of central tendency (mean, median) and variability (standard deviation), as well as frequency distributions for categorical variables such as attachment style classification (secure vs. insecure). The purpose of this analysis is to provide a foundational understanding of the participants' characteristics and to establish the context for the inferential analyses that follow.

Table 5: Frequency and Percentage Distribution of Participants by Dating Duration, Years of Marriage, Attachment Style, and Identified Partner (N = 300)

Dating_Years					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	153	51.0	51.0	51.0
	3	147	49.0	49.0	100.0
Total		300	100.0	100.0	
Marriage_Years					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	136	45.3	45.3	45.3
	3	164	54.7	54.7	100.0
Total		300	100.0	100.0	
Attachment_Style					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Secure	145	48.3	48.3	48.3
	Insecure	155	51.7	51.7	100.0
Total		300	100.0	100.0	
Partner					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Partner 1	150	50.0	50.0	50.0
	Partner 2	150	50.0	50.0	100.0
Total		300	100.0	100.0	

Table 5 presents the frequency and percentage distribution of participants on four relational variables: premarital dating duration, years married, attachment style, and perceived emotional closeness.

Dating duration was almost evenly split: 51.0% of participants reported dating for two years prior to marriage and 49.0% for three years. For marital duration, 45.3% had

been married for two years and 54.7% for three years. In terms of attachment style, 48.3% of the sample were classified as securely attached, while 51.7% were insecure. Finally, perceived emotional closeness was high: 65.3% of participants indicated they felt ‘very close’ to their partner, 26.7% felt ‘somewhat close,’ and 8.0% did not feel close.

These distributions show that the sample largely comprises couples with substantial premarital and early marital experience, a roughly even split in attachment patterns, and predominantly high levels of relational closeness. This demographic profile provides important context for interpreting the subsequent analyses of interpersonal emotion regulation and relationship satisfaction.

Table 6 : Tests of Normality for Relationship Satisfaction and Interpersonal Emotion Regulation (IER)

Tests of Normality						
	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	Df	Sig.	Statistic	df	Sig.
Relationship_Satisfaction	.120	300	.000	.911	300	.000
IER	.061	300	.010	.963	300	.000

a. Lilliefors Significance Correction

Table 6 reports the outcomes of the Kolmogorov-Smirnov and Shapiro-Wilk tests conducted to examine the normality of the distributions for the variables Relationship Satisfaction and Interpersonal Emotion Regulation (IER) within a sample of 300 participants. The significance values obtained for both tests ($p < .05$) indicate statistically significant deviations from normality for both variables. These findings suggest that the assumption of normality is not met, which may necessitate the use of non-parametric statistical procedures or appropriate data transformation in subsequent analyses.

The results were presented sequentially following the objectives of the study

Objective 1 : To evaluate the baseline levels of attachment style, interpersonal emotion regulation, and relationship satisfaction among married couple prior to the intervention.

Table 7 : Distribution of Attachment Style Among Participants

Attachment_Style		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Secure	145	48.3	48.3	48.3
	Insecure	155	51.7	51.7	100.0
Total		300	100.0	100.0	

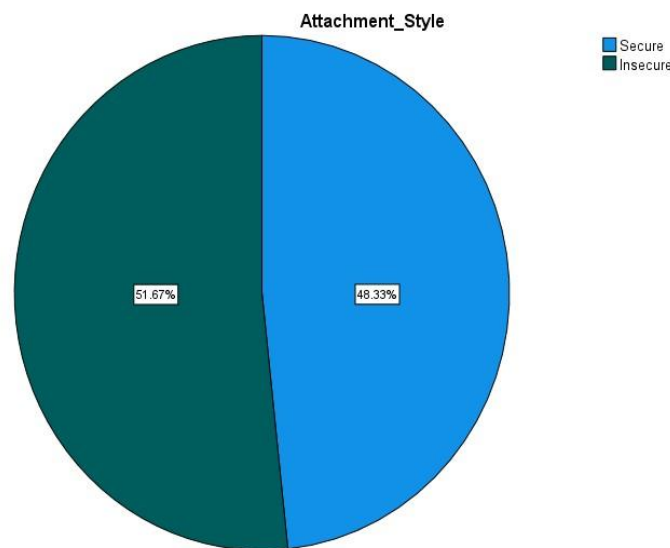


Figure 3: Distribution of participants based on the attachment style

Table 7 aims to identify predominant attachment style among the married couples. The table categorizes participants based on attachment style, revealing a nearly even split between secure (48.3%) and insecure (51.7%) attachment styles. The small difference suggests that the sample does not exhibit a strong bias toward either attachment style,

making it a balanced representation of both groups as shown by the pie chart in Figure 3. This distribution allows for meaningful comparisons when analyzing the potential relationship between attachment style and other psychological factors such as Relationship Satisfaction and IER. The cumulative percentages reflect the total proportion of participants accounted for by each category, confirming a slightly higher prevalence of insecure attachment within the sample. These classifications were based on standardized assessment criteria applied during data collection.

Table 8 : Descriptive Statistics for Relationship Satisfaction and Interpersonal Emotion Regulation (IER) Among Married Couples

<i>Descriptive Statistics</i>										
	N	Minimum	Maximum	Mean	Std. Deviation	Variance	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Relationship_ Satisfaction	300	17.00	35.00	24.72	5.97	35.58	.200	0.14	-1.39	.281
IER	300	2.00	4.19	3.05	0.61	0.37	.083	0.14	-1.06	.281
Valid N (list wise)	300									

Table 8 presents the descriptive statistics for *Relationship Satisfaction* and *Interpersonal Emotion Regulation (IER)* among 300 married couples. The aim of this table was to understand the degree of interpersonal emotion regulation and relationship satisfaction among married couples.

The mean score for *Relationship Satisfaction* was 24.72 (SD = 5.97), with a range from 17 to 35, indicating a moderate level of satisfaction across the sample. For *IER*, the mean score was 3.06 (SD = 0.61), with values ranging from 2.00 to 4.20, reflecting a moderate to high degree of interpersonal emotion regulation. The skewness and

kurtosis values suggest near-normal distributions, with slight negative skewness and kurtosis for both variables. These findings provide insight into the degree of relationship satisfaction and interpersonal emotion regulation in married couples, aligning with the study's objective to better understand these dimensions within this population.

Obective 2 : To investigate the role of attachment style on interpersonal emotion regulation and relationship satisfaction through survey among married couples

Table 9a : Linear Regression Analysis Examining the Predictive Role of Secure Attachment Style of Relationship Satisfaction

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	.906 ^a	.821	.820	.04488	

a. Predictors: (Constant), Secure

Coefficients ^a					
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	1.288	.004		357.189	.000
Secure	.192	.005	.906	36.970	.000

a. Dependent Variable: Log_Relationship_Satisfaction

Table 9a presents the results of a linear regression analysis conducted to examine the extent to which secure attachment style predicts relationship satisfaction among married couples, in line with Objective 4 of the study that was to investigate the role of attachment style on interpersonal emotional regulation and relationship satisfaction. The regression model demonstrates excellent fit, with an R^2 of 0.821, indicating that 82.1% of the variance in relationship satisfaction is explained by attachment style. The coefficient table reveals that Secure attachment style, the predictor, has a significant positive effect on relationship satisfaction ($B=0.192$, $t=36.970$, $p=0.000$). Since secure attachment style is the reference category in the model, the positive coefficient indicates that those with secure attachment report significantly 0.192 units higher log satisfaction levels than their insecure counterparts. **These findings strongly support the alternative hypothesis, demonstrating that attachment style significantly influences the level of relationship satisfaction among married couples.**

Table 9b : Linear Regression Analysis Examining the Predictive Role of Insecure Attachment Style on Interpersonal Emotion Regulation (IER)

Regression Analysis

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.823 ^a	.677	.676	.05071

a. Predictors: (Constant), Insecure

Coefficients ^a					
Model	Unstandardized Coefficients	Standardized Coefficients		t	Sig.
		B	Std. Error	Beta	
1	(Constant)	.552	.004		131.054 .000
	Insecure	-.147	.006	-.823	-25.009 .000

a. Dependent Variable: Log_IER

Table 9b presents the results of a linear regression analysis conducted to evaluate the impact of insecure attachment style on interpersonal emotion regulation (IER), addressing Objective 4 of the study that is to investigate the role of attachment style on interpersonal emotional regulation and relationship satisfaction. The regression model showcases a strong fit, with an R^2 value of 0.677, signifying that 67.7% of the variance in interpersonal emotion regulation (IER) is attributable to attachment style. The coefficients table indicates a significant negative relationship between Insecure attachment (the predictor) and IER ($B=-0.147, t=-25.009, p=0.000$). Given that Insecure is the reference category, the negative coefficient suggests that individuals with Insecure attachment exhibit IER scores approximately 0.147 log units less than their Secure counterparts. **These outcomes support the alternative hypothesis, emphasizing the substantial impact of attachment style on interpersonal emotion regulation skills among married couples.'**

The findings from the regression analyses underscore the significant predictive role of attachment style on key relational outcomes among married couples. Secure attachment style emerged as a robust positive predictor of relationship satisfaction, accounting for 82.1% of the variance in satisfaction scores ($R^2 = .821, p < .001$). This indicates that individuals with secure attachment experience considerably higher levels

of relationship satisfaction compared to those with insecure attachment. In contrast, insecure attachment style significantly predicted lower interpersonal emotion regulation (IER) abilities, explaining 67.7% of the variance ($R^2 = .677$, $p < .001$). These results suggest that individuals with insecure attachment demonstrate markedly diminished capacity to regulate emotions interpersonally. **Collectively, these findings affirm the centrality of attachment security in enhancing both emotional regulation processes and overall marital satisfaction, reinforcing theoretical models that link attachment patterns with relational functioning.**

Table 10: Spearman's Rank-Order Correlation Between Relationship Satisfaction and Interpersonal Emotion Regulation (IER)

Correlations				
			Relationship_Satisfaction	IER
Spearman's rho	Relationship_Satisfaction	Correlation	1.000	.985**
		Coefficient		
		Sig. (2tailed)	.	.000
		N	300	300
	IER	Correlation	.985**	1.000
		Coefficient		
		Sig. (2tailed)	.000	.
		N	300	300

** . Correlation is significant at the 0.01 level (2-tailed).

The correlation analysis presented in Table 10 examines the relationship between Interpersonal Emotion Regulation (IER) and Relationship Satisfaction among married couples. The results indicate a Spearman's rho correlation coefficient of 0.985, signifying a very strong positive relationship between the two variables. This suggests that higher levels of IER are associated with greater relationship satisfaction. The pvalue of 0.000 confirms that this correlation is statistically significant at the 0.01

level, meaning the likelihood of this result occurring by chance is extremely low. With a sample size of 300, the strength and significance of this correlation suggest a highly reliable relationship, emphasizing the importance of emotional regulation in marital satisfaction. **Given the near-perfect correlation, these findings imply that couples who engage in effective interpersonal emotion regulation tend to report significantly higher satisfaction in their relationships.**

Objective 3 : To conduct in-depth understanding of the role of attachment style on interpersonal emotion regulation and relationship satisfaction through semi-structured interviews among the married couples.

Phase 2 : Qualitative Analysis: Post-Survey, Pre-Intervention Interviews

The sample population for the present study involved 300 participants i.e. 150 married couples. From this, based on the survey responses, 100 participants i.e. 50 married couples consented to be a part of next phase of the study that was semi-structured interview. The semi-structured interview was for one hour with each couple exploring their relationship dynamics, emotion regulation skills, communication skills and attachment patters. Transcription of these interviews were processed using Braun and Clarke's six phase thematic analysis.

Process of Thematic Analysis

This study followed the six-phase approach to thematic analysis as proposed by Braun and Clarke (2006), which includes: becoming familiar with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report.

Phase one : Data Familiarization

The researcher engaged in repeated, immersive reading of the transcribed material to develop a thorough understanding of its content. This initial engagement was critical, as it formed the foundation for all subsequent analytic steps. During this stage, key ideas relevant to the study's objectives were noted and highlighted, allowing the

researcher to begin identifying significant hypothe patterns and meanings within the data.

For the present study, during this phase, the interview was recorded and transcribed to understand the depth and length of the material. The couples' facial expressions, nonverbal communications and silence were also noted. All interview transcripts were meticulously reviewed and cross-checked to ensure familiarity with the data and to maintain accuracy in the subsequent stages of analysis. Multiple readings allowed the researcher to immerse deeply in the content, facilitating a holistic grasp of the dataset. As suggested by Chamberlain (2015), this comprehensive engagement aimed to identify preliminary patterns and insights relevant to the study. During this phase, meaningful data segments connected to the research objectives were highlighted and annotated, aiding in the recognition of recurring ideas. This process contributed significantly to the researcher's contextual understanding and laid the groundwork for more detailed coding and thematic development.

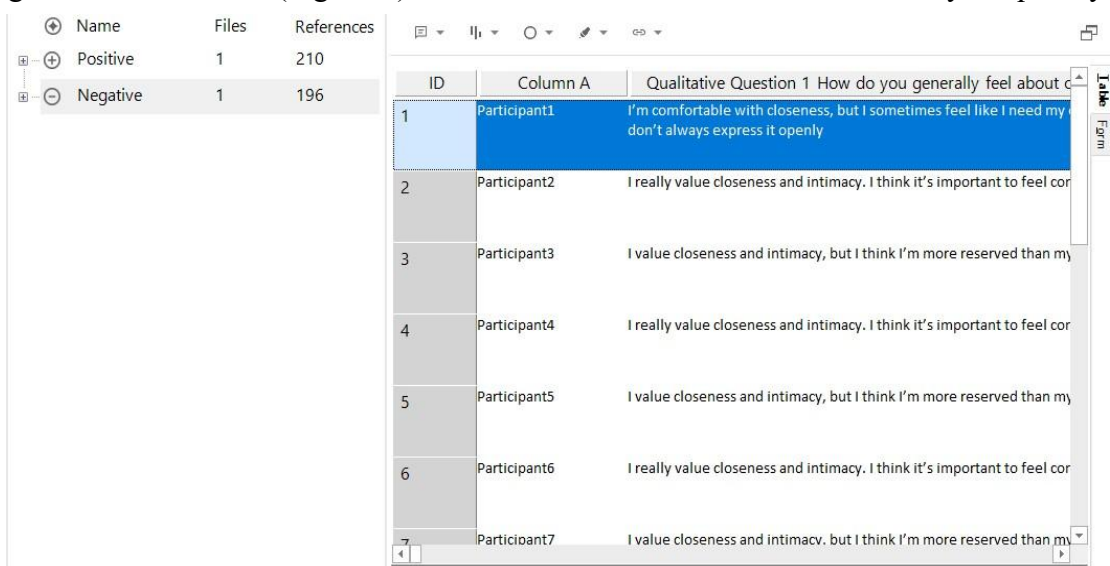
Phase Two: Generating Codes

The process of coding served as a crucial step in transitioning from raw data to meaningful interpretation, effectively linking data collection with analytical exploration. As described by Richards and Morse (2007), coding acts as a bridge between the data and the research questions, facilitating the movement from specific content to broader conceptual understanding. In this phase, segments of the data were systematically labelled with concise codes that accurately represented the essence of their content. These initial codes captured key ideas, repeated patterns, and points of relevance to the study, setting the stage for organizing the data into potential themes.

The current qualitative analysis adopted manual together with the auto coding feature in NVIVO to conduct a thematic analysis of the interview scripts obtained through interviews. The auto code feature helped the researcher to automatically create several code references, whose word stripes were examined to develop sub-themes and themes. The researcher began by creating Cases (Figure 3), creating codes and stripes (Figure 4 and 5).

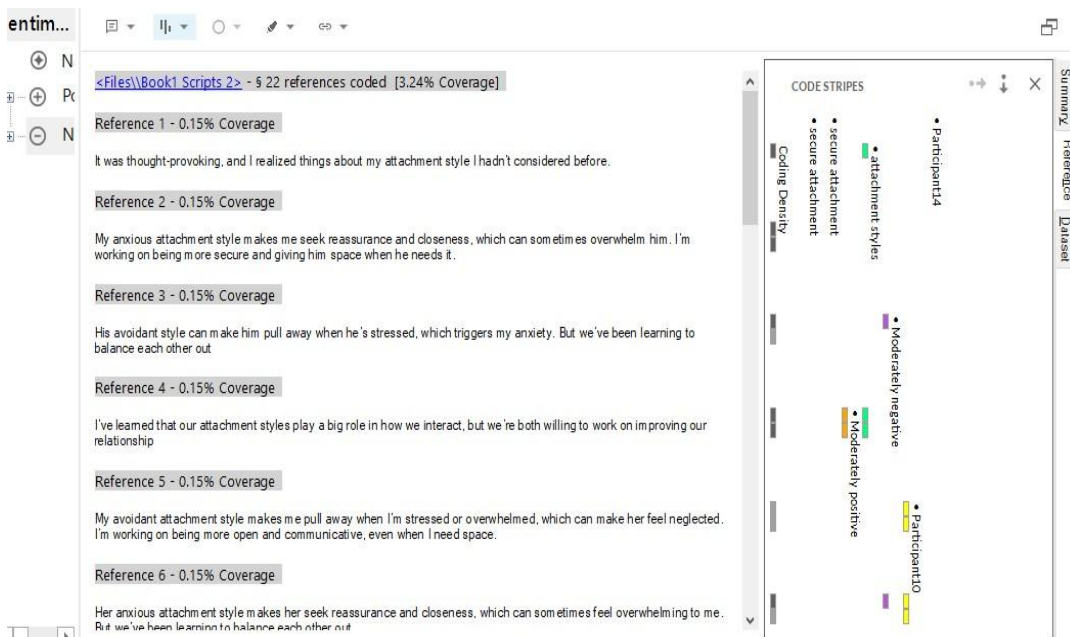
Phase three: Searching for themes:

According to Braun and Clarke, (2006) this phase begins with a long list of codes from the previous phase and finds out the relation between the entire data set. At this phase different codes are combined together to form relevant themes that can be emerged from the group of data. In other words, the main focus of this phase is to analyse the themes rather than codes (Dawadi, 2020). For the present study, the word cloud generated in NVivo (Figure 6) served as an initial visual tool to identify frequently



ID	Column A	Qualitative Question 1 How do you generally feel about c
1	Participant1	I'm comfortable with closeness, but I sometimes feel like I need my don't always express it openly
2	Participant2	I really value closeness and intimacy. I think it's important to feel cor
3	Participant3	I value closeness and intimacy, but I think I'm more reserved than my
4	Participant4	I really value closeness and intimacy. I think it's important to feel cor
5	Participant5	I value closeness and intimacy, but I think I'm more reserved than my
6	Participant6	I really value closeness and intimacy. I think it's important to feel cor
7	Participant7	I value closeness and intimacy, but I think I'm more reserved than my

Figure 4: Participant Cases Creation



Reference	Coverage
<Files\Book1 Scripts 2> - 5 22 references coded [3.24% Coverage]	3.24%
Reference 1 - 0.15% Coverage	0.15%
It was thought-provoking, and I realized things about my attachment style I hadn't considered before.	
Reference 2 - 0.15% Coverage	0.15%
My anxious attachment style makes me seek reassurance and closeness, which can sometimes overwhelm him. I'm working on being more secure and giving him space when he needs it.	
Reference 3 - 0.15% Coverage	0.15%
His avoidant style can make him pull away when he's stressed, which triggers my anxiety. But we've been learning to balance each other out	
Reference 4 - 0.15% Coverage	0.15%
I've learned that our attachment styles play a big role in how we interact, but we're both willing to work on improving our relationship	
Reference 5 - 0.15% Coverage	0.15%
My avoidant attachment style makes me pull away when I'm stressed or overwhelmed, which can make her feel neglected. I'm working on being more open and communicative, even when I need space.	
Reference 6 - 0.15% Coverage	0.15%
Her anxious attachment style makes her seek reassurance and closeness, which can sometimes feel overwhelming to me. But we've been learning to balance each other out	

Figure 5: Example of Codes and Stripes

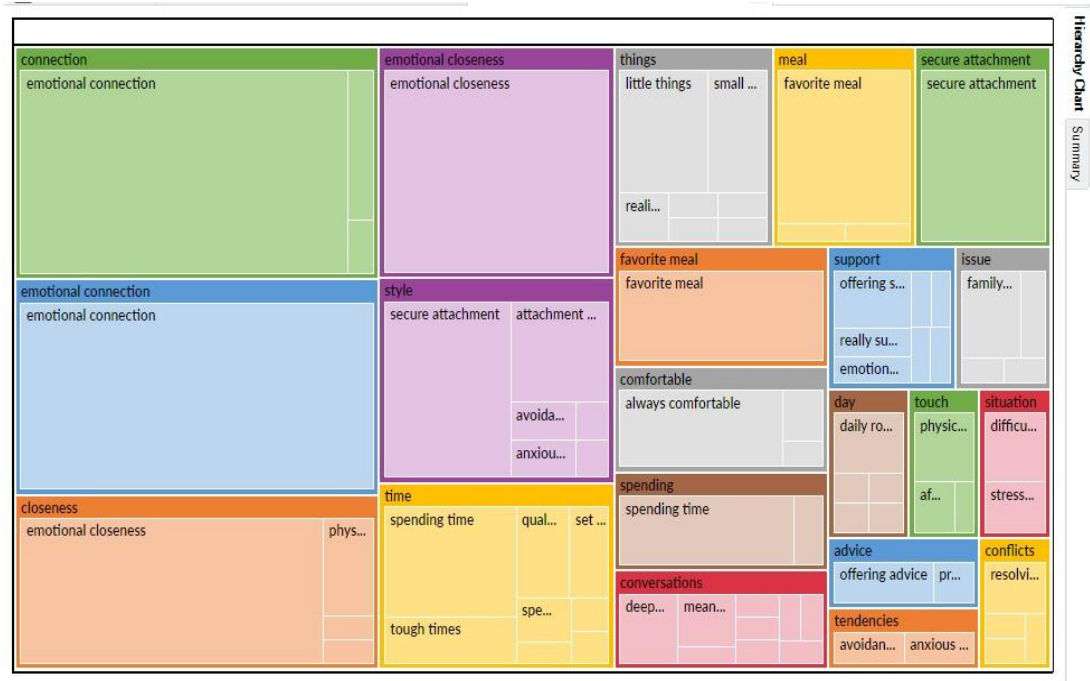


Figure 8: Map of Sub-themes and Themes

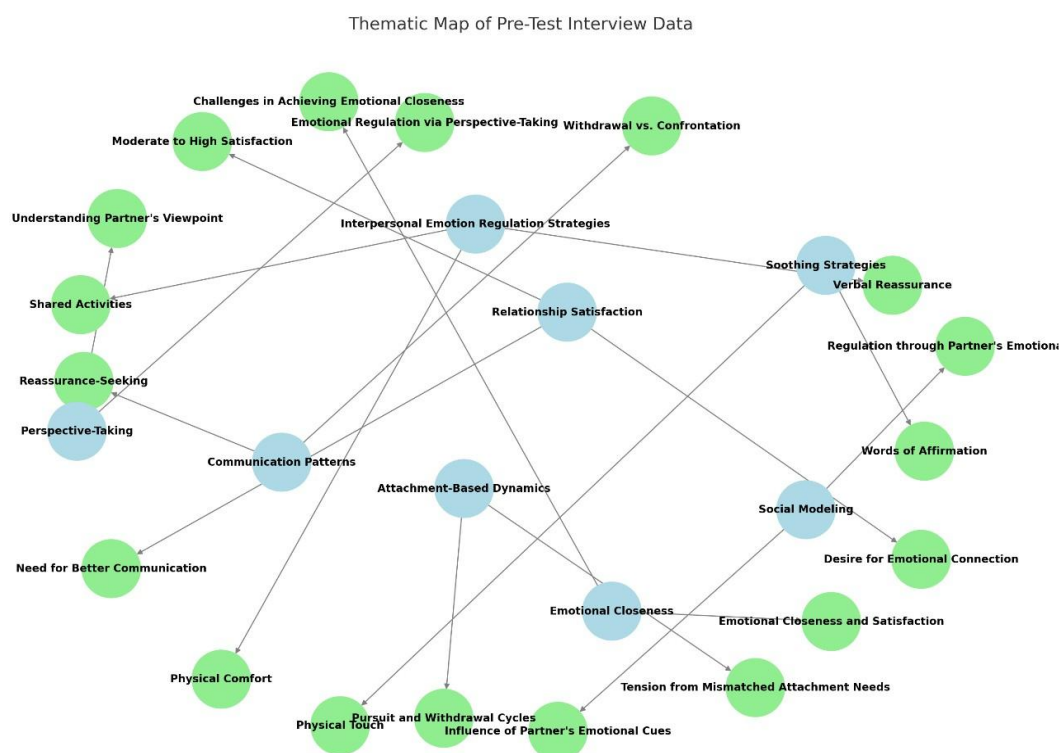


Figure 9: Thematic Map - Pre Intervention

Phase Four: Reviewing Themes

Once initial themes were identified, the next step involved reviewing and refining them to ensure internal consistency and external distinction. This process was conducted at two levels: first, by checking whether the data extracts grouped under each theme formed a coherent pattern; and second, by evaluating whether the set of themes collectively captured the significant meanings within the full dataset. The researcher revisited all coded segments using NVivo's visual features such as coding stripes and reference lists (Figures 4 and 5), allowing for a systematic and comprehensive re-examination of data extracts.

Some initially identified themes were modified, merged, or discarded based on their analytical clarity and relevance to the study's objectives. This phase also involved refining sub-themes, ensuring that they meaningfully supported the main themes. The thematic map generated using NVivo (Figure 7 and 8) was updated to reflect the refined structure of themes and sub-themes, illustrating a clearer representation of the patterns that emerged from the participants' narratives.

Phase Five: Defining and Naming Themes

After refining the thematic structure, each theme and sub-theme was defined in detail and given a concise, meaningful name that reflected its core essence. This involved returning to the data to identify the "story" each theme told in relation to the research objectives, ensuring that each theme captured a distinct and significant aspect of the participants' experiences.

Definitions were developed by analyzing the scope and content of each theme, drawing from coded data excerpts and theoretical grounding. The final theme names were carefully chosen to be descriptive yet succinct, enhancing the clarity and accessibility of the analysis. While a number of themes emerged from the analysis of the interview scripts, the researcher employed a deductive approach to select themes that were relevant to the current study by referring to the study objectives. Following section discusses themes that were developed and found eligible in the current study's context.

Table 11: Themes generation through extracts

Extracts	Codes	Sub-themes	Theme
I often feel I'm the one who initiates emotional conversations. (P2)	Imbalanced emotional labor	Uneven emotional engagement	Discrepant Emotional Investment
She doesn't really open up; I have to push for closeness. (P7)	Emotional distancing	Relational disengagement	Discrepant Emotional Investment
He cares, but I think I feel more deeply. (P14)	Unequal depth of feelings	Emotional imbalance	Discrepant Emotional Investment
We usually handle stress quite differently. (P3)	Differing coping strategies	Incompatible regulation styles	Contrasting Emotion Regulation Approaches
I'd say 9 out of 10. We're strong but can still grow. (P8)	Satisfaction with growth potential	Stable yet evolving bond	Relationship Satisfaction
I'm anxious, he's avoidant-it's hard to meet in the middle. (P27)	Mismatched attachment needs	Emotional misattunement	Attachment-Based Dynamics

He avoids conflict; I want to talk things out right away. (P19)	Confrontation withdrawal	vs.	Conflict navigation styles	Communication Patterns
Emotional closeness makes me feel secure and loved. (P4)	Value of emotional intimacy		Emotional security	Emotional Closeness
A warm hug is all I need when I'm upset. (P6)	Soothing touch	through	Physical comfort	Soothing Strategies
I try to see things from her side when she's upset. (P13)	Empathy		Perspective taking	Perspective-Taking
If he stays calm, I can stay calm too. (P12)	Emotional mirroring	cue	Emotional regulation influence	Social Modeling
I wish he'd check in emotionally more often. (P10)	Lack of emotional check-ins		Emotional neglect	Discrepant Emotional Investment
Sometimes I bottle things up; she wants to talk right away. (P11)	Opposing emotional processing		Emotional regulation mismatch	Contrasting Emotion Regulation Approaches
We are fine, but we need to work on emotional connection. (P1)	Desire for deeper intimacy		Desire for deeper emotional intimacy	Relationship Satisfaction

I get clingy when he pulls away. (P16)	Push-pull dynamics	Attachment conflict cycle	Attachment-Based Dynamics
I prefer to walk away; she prefers to resolve things immediately. (P9)	Withdrawal confrontation mismatch	Conflict handling mismatch	Communication Patterns
Words mean a lot to me when I'm down. (P28)	Verbal reassurance	Affirmation needs	Soothing Strategies
We need to learn how to listen without judging. (P5)	Non-judgmental listening	Empathetic communication	Perspective-Taking
She's calmer than I am, and that helps ground me. (P20)	Grounding through calm	Emotional support through modeling	Social Modeling
I often mirror his moods. If he's tense, I get tense. (P21)	Emotional contagion	Mood resonance	Social Modeling
I initiate conversations when things feel off. (P22)	Initiating emotional repair	Proactive communication	Discrepant Emotional Investment

He struggles with emotional expression. (P23)	Emotional expression difficulty	Emotional openness difficulty	Discrepant Emotional Investment
I seek reassurance when I feel insecure. (P24)	Reassurance seeking	Validation seeking	Communication Patterns
He needs space, but I need closeness. (P25)	Space vs. closeness needs	Closeness versus autonomy	Attachment-Based Dynamics
We soothe each other with small gestures. (P26)	Gestural soothing	Non-verbal reassurance	Soothing Strategies
When I understand her side, I can respond better. (P29)	Perspective-taking	Empathy for conflict resolution	Perspective-Taking
He withdraws under stress; I interpret it as neglect. (P30)	Misinterpreted withdrawal	Avoidant misinterpretation	Attachment-Based Dynamics
Touch works better than words for me. (P31)	Touch preference	Touch-based comfort	Soothing Strategies
She likes to talk things out calmly. (P32)	Calm communication style	Conflict deescalation style	Communication Patterns

I don't always know how to say what I feel. (P33)	Emotional challenge	articulation	Difficulty in expression	Communication Patterns
We're good, but not perfect-still learning. (P34)	Positive needs	outlook with	Growth mindset in relationships	Relationship Satisfaction
I worry I care more than he does. (P35)	Emotional concern	investment	Emotional imbalance concern	Discrepant Emotional Investment
We have different needs in how we handle emotions. (P36)	Divergent regulation	emotion	Emotion processing mismatch	Contrasting Emotion Regulation Approaches
He wants facts; I want feelings. (P37)	Fact vs. preference	feeling	Emotional prioritization conflict	Contrasting Emotion Regulation Approaches
We've learned to meet halfway. (P38)	Relational compromise		Mutual compromise	Relationship Satisfaction
I like affirmations, he likes physical presence. (P39)	Different preferences	soothing	Complementary soothing preferences	Soothing Strategies
If she's calm, I stay grounded too. (P40)	Partner's anchor	calm as	Calming influence of partner	Social Modeling

He holds space for me when I'm upset. (P41)	Holding emotional space	Providing emotional space	Soothing Strategies
I try to validate his feelings. (P42)	Validation effort	Effort toward validation	Perspective-Taking
We regulate each other's moods. (P43)	Mutual mood regulation	Dyadic emotion regulation	Social Modeling
I need time to cool off before talking. (P44)	Cooling-off period	Need for time-out	Communication Patterns
He encourages me when I feel overwhelmed. (P45)	Encouraging support	Reassurance during distress	Soothing Strategies
We're still figuring out emotional language. (P46)	Struggles with emotional expression	Developing emotional fluency	Emotional Closeness
Our conflicts arise from not understanding each other's emotions. (P47)	Emotional misunderstanding	Emotional discord	Emotional Closeness
She reassures me when I'm anxious. (P48)	Partner reassurance	Partner-based reassurance	Soothing Strategies

I know when he's off by his body language. (P49)	Non-verbal emotional cues	Body awareness	language	Social Modeling
We check in emotionally after arguments. (P50)	Post-conflict emotional check-in	Emotional repair mechanisms		Perspective-Taking

Attachment Styles and Their Impact on Relationship Dynamics

This theme focuses on how attachment styles-secure, anxious, and avoidant-shape relationship dynamics. These dynamics were directly explored in the narrative therapy sessions to help couples better understand how their attachment styles influenced emotional closeness, communication, and conflict resolution. The theme highlights the need for partners to explore and rewrite their attachment-related narratives, which could help them navigate tensions arising from attachment patterns and improve their overall relationship satisfaction.

- **Anxious Attachment and the Need for Reassurance:**

"I feel so insecure when he doesn't reassure me... It's like I don't know what to do without it," Participant 9 shared. In therapy, this became a focal point for exploring the individual's inner narrative about worthiness and reassurance. The therapist used this insight to help the couple reframe these anxious needs and develop alternative strategies for emotional connection.

- **Avoidant Attachment and the Need for Space:**

"I just need time to process things on my own, but she takes it personally," Participant 10 explained. This quote was addressed in therapy by exploring the underlying story of emotional independence and fear of vulnerability. The therapist used narrative techniques to help the couple identify how avoidant behaviours were part of a larger pattern of self-protection and how they could work on adjusting these behaviours to foster more emotional closeness.

- **Secure Attachment and Balanced Dynamics:**

"We communicate well, we listen to each other, and we can work through our issues," said Participant 17. This response served as a model of healthy attachment in therapy, with the therapist encouraging couples to draw from this secure attachment style and integrate similar behaviours into their own narratives.

This theme was pivotal in helping couples identify how their attachment styles influenced their narratives of intimacy and conflict. Narrative therapy emphasizes the importance of re-authoring one's story, and attachment styles provided a useful lens through which couples could explore their relational challenges. By understanding how attachment dynamics shaped their behavior, couples were able to rewrite the stories they held about themselves and their partners, ultimately fostering healthier interactions. The intervention aimed to empower couples to challenge and shift the narratives that kept them stuck in repetitive relational patterns. The theme of attachment styles was essential in the therapeutic process, serving as a foundational element for interventions. Many couples reported that once they identified their attachment-related behaviours, they could better understand their emotional needs and responses. This led to breakthroughs in therapy, as participants began to develop alternative narratives that allowed for more open communication and emotional vulnerability. This theme was reinforced across several therapy sessions, making it a critical area for intervention and change.

Attachment theory, as developed by Bowlby (1969) and expanded by others (e.g., Mikulincer & Shaver, 2016), has long been recognized as central to understanding relationship dynamics. Narrative therapy's application of attachment theory adds a unique dimension, allowing individuals to "re-author" their attachment-related stories. This study's findings are in line with existing research suggesting that narrative techniques can be highly effective in reframing attachment-based patterns (White & Epston, 1990). By examining attachment styles in a therapeutic context, couples were able to externalize their attachment issues and view them as separate from their identity, leading to greater change in their relational behaviours. The theme of attachment styles was selected because it directly influenced the core therapeutic goal of the study: to improve relationship satisfaction through narrative therapy. Attachment

theory provided a framework for understanding how relational patterns formed and how they could be rewritten. By incorporating attachment styles into the therapy process, couples were able to gain insight into their emotional needs and begin shifting the narratives that contributed to relationship distress. This theme was critical to achieving the desired outcomes of the intervention.

Interpersonal Emotion Regulation Strategies

This theme delves into the various ways in which couples manage their own emotions and the emotions of their partners during stressful or vulnerable moments. Interpersonal emotion regulation strategies include verbal reassurance, physical comfort, and shared activities. These strategies not only help regulate emotions but also maintain and strengthen emotional closeness, especially when resolving conflicts. Through the interviews, it became evident that couples who effectively used these strategies experienced enhanced relationship satisfaction. This theme aligns with the narrative therapy approach, where the emotional experiences of each partner were externalized and re-authoring their responses to emotional challenges helped foster greater connection and resilience.

Integrating quotes from the interviews and explaining how these were utilized in the narrative therapy sessions will demonstrate how couples applied these strategies to manage emotions.

- **Verbal Reassurance and Emotional Support:**

- "She calmed me down when I was down about a financial setback and reminded me of our strength as a team. It made me feel hopeful," said Participant 4. This quote represents how verbal reassurance plays a central role in reducing stress and enhancing emotional support. In narrative therapy, the therapist encouraged the couple to explore the story of teamwork and resilience, creating a narrative where both partners consistently supported each other.

- "I like it when he holds me or tells me everything will be ok. It helps me feel safe," Participant 7 shared. In therapy, this was explored as a foundational element of

emotional safety. The therapist helped the couple examine how verbal reassurance and comfort were essential in resolving conflict and sustaining emotional connection.

- **Physical Comfort and Affection:**

- "When I am upset, my partner gives me a warm embrace that works very well, while they prefer a quiet, understanding presence," said Participant 6. In therapy, this was framed as an example of "tenderness in action." It illustrated how couples could use physical affection to regulate emotions. The therapist used this insight to help other couples explore their unique ways of offering comfort, leading to increased emotional intimacy.

- "A simple hand squeeze or a soft-spoken, 'I'm here for you' is the best way to soothe each other," said Participant 17. In therapy, this quote guided the couple to explore how nonverbal comfort (like touch) could convey emotional presence and security, helping them feel more connected during moments of vulnerability.

- **Shared Activities and Quality Time:**

- "We went on evening walks together to talk about our day and unwind," shared Participant 18. This was used in therapy to emphasize how engaging in shared activities can create space for meaningful emotional exchanges. The couple was encouraged to reframe their daily routines as vital moments of emotional regulation and bonding.

- "We dedicate time for deep conversations where we discuss dreams, goals, and what is to come beyond the daily routines," Participant 18 also noted. In therapy, this insight helped couples examine how quality time spent in deep conversation could function as a tool for both emotional regulation and relationship strengthening. These shared experiences created an alternative narrative of emotional connection, helping them move away from routine-induced emotional distance.

The theme of interpersonal emotion regulation plays a crucial role in fostering emotional closeness and resolving conflicts within relationships. In the context of narrative therapy, understanding how couples regulate emotions-both individually and

collectively- helped them reframe their relational narratives. Verbal reassurance, physical comfort, and shared activities were identified as essential elements for managing emotional experiences. The importance of tailoring these strategies to each partner's emotional needs was emphasized in therapy, allowing couples to co-create adaptive strategies for emotional regulation that fostered healthier dynamics.

This theme highlights the strength of emotion regulation strategies in helping couples maintain emotional balance during stress. The effective use of verbal reassurance, physical comfort, and shared activities served as stabilizing forces in relationships. The ability to understand and navigate each other's emotional needs was particularly vital in resolving conflict and enhancing relationship satisfaction. These strategies not only helped individuals cope with stress but also strengthened the emotional bond between partners, making them more resilient in the face of challenges.

Interpersonal emotion regulation has been widely recognized as a key factor in maintaining relationship satisfaction and stability (Gross & John, 2003). Previous research indicates that partners who are able to effectively manage each other's emotional states experience better communication and fewer relational conflicts (Mikulincer & Shaver, 2007). The narrative therapy framework aligns with this literature by encouraging partners to externalize and reshape their emotional responses, making these interactions more conscious and intentional. This study's findings affirm the importance of emotional regulation strategies in building and sustaining healthy relationships. This theme was chosen because interpersonal emotion regulation directly influences the quality of relationships, especially in times of stress. Since relationship satisfaction is often linked to how partners manage emotions, understanding and utilizing emotion regulation strategies was essential to the intervention. This theme's emphasis on verbal reassurance, physical comfort, and shared activities provided a strong framework for improving communication and emotional intimacy in the therapeutic process.

Relationship Satisfaction: Moderate to High with a Desire for Enhanced Emotional

This theme explores the participants' overall satisfaction with their relationships, revealing a moderate to high level of contentment. Despite this general satisfaction, there is a noticeable desire for deeper emotional connections and enhanced communication. While relationships are described as stable and fulfilling, many participants acknowledged areas for improvement, particularly in emotional intimacy and conflict resolution. These dual aspects indicate that while relationships are functional and satisfying, there is always room for growth and improvement in emotional connection and communication. The theme reflects a key principle in narrative therapy-recognizing the gaps in one's current narrative and working to cocreate a more fulfilling future story.

Moderate to High Satisfaction with Current Relationship Dynamics:

- "I'd say 9. But we have a really strong connection, like any couple, we got our ups and downs," said Participant 8. This highlights that while relationships have their challenges, many participants feel deeply connected and satisfied with their partnerships. In narrative therapy, this statement was used to validate the couple's existing strengths and explore ways in which their connection could be enhanced through deeper emotional engagement.
- "I feel emotionally safe in the relationship, and we are happy together," shared Participant 13. This sentiment reflects a solid foundation of trust and contentment. During therapy, the couple's emotional safety was explored as a resource, allowing them to address areas for growth, such as emotional depth and communication.

• Desire for Improved Emotional Connection:

- "I'd say 7. I have a good relationship with her, but I think that we could make our emotional connection better," said Participant 1. This reveals a common thread among couples who feel content but wish for greater emotional intimacy. In therapy,

the couple was encouraged to explore the areas where their emotional connection could be strengthened and to

reframe their relationship narrative to include deeper emotional engagement.

- "I'd say 6. But there are some communication gaps that we have to work out," stated Participant 5. This quote reflects a recognition of the importance of emotional connection in sustaining relationship satisfaction. Narrative therapy helped the couple identify moments where emotional closeness could be nurtured through communication and deeper understanding.

- **Need for Better Communication:**

- "We know each other very very well, but often our schedules get in the way of deeper connection as we understand each other," shared Participant 15. This response highlights the role that time and intentional effort play in fostering emotional connection. Narrative therapy sessions focused on the couple's shared understanding and explored how they could reorganize their lives to prioritize connection, using storytelling to reframe time together as an opportunity for deeper emotional bonding.

- "I think we could show each other a better level of appreciation," said Participant 19. This quote touches on the desire for more meaningful communication. The therapist worked with the couple to explore how small, intentional acts of appreciation could reframe their daily interactions and strengthen the emotional bond between them. The theme of relationship satisfaction underscores the complexities inherent in intimate partnerships. Although participants expressed a high level of satisfaction, there was a clear desire for improvement in emotional intimacy and communication. The notion of *moderate to high satisfaction* represents a relationship that is functioning well but could benefit from intentional efforts to deepen emotional connection. Narrative therapy interventions focused on identifying these growth areas as opportunities for re-authoring the relationship's future, encouraging couples to see these desires not as deficiencies but as natural, healthy aspirations within a stable partnership. The strength of this theme lies in its acknowledgment of the dynamic nature of relationships. Satisfaction in relationships is not static-it fluctuates with the

efforts invested in emotional connection and communication. The dual nature of the theme, where participants express both contentment and a desire for more, underscores the importance of ongoing effort and adaptation.

The desire for improvement in communication and emotional depth is a natural response to the changing needs of a relationship, suggesting that these couples are motivated to continue growing together. Research on relationship satisfaction consistently shows that while partners may be generally satisfied, emotional connection and communication often emerge as key areas for growth (Gottman & Silver, 1999; Johnson, 2004). Similar to the participants in this study, many couples report a desire to improve their emotional intimacy and communication, despite being happy with other aspects of their relationship. Narrative therapy aligns with this literature by focusing on how couples can reframe their relational narratives to include deeper emotional engagement and more effective communication strategies, ensuring that satisfaction continues to grow and evolve over time.

This theme was chosen because it speaks to the complexities of relationship satisfaction, which is often not a simple dichotomy of happy or unhappy. The moderate to high satisfaction reported by participants reflects a realistic and achievable view of relationships, where both contentment and growth coexist. The desire for more emotional connection and communication is a key insight into the ongoing work that relationships require, making this an essential theme for understanding how couples can achieve deeper satisfaction and connection over time.

Attachment-Based Dynamics: Cycles of Pursuit and Withdrawal, tension arising from this theme delves into the attachment-based dynamics that drive relationship tension, particularly the cyclical pattern of pursuit and withdrawal. When one partner seeks closeness and reassurance, while the other withdraws to regain space, these mismatched attachment needs can result in conflict and emotional imbalance. Participants' responses highlight how the pursuit of emotional closeness and the withdrawal for emotional safety can lead to cycles that, if left unaddressed, create a sense of distance, frustration, and unmet needs. These dynamics reflect the struggles

often faced by couples with different attachment styles, such as anxious and avoidant types.

Pursuit and Withdrawal Cycles:

- "I think that my anxious tendencies make me want to get reassurance, and that can be overwhelming for him," said Participant 29. This quote illustrates the classic anxious-avoidant dynamic where the anxious partner seeks emotional closeness, which may overwhelm or push away the avoidant partner, leading to a cycle of pursuit and withdrawal. During therapy, such patterns were addressed by focusing on the emotional needs behind the behaviours, allowing the partners to recognize and empathize with each other's vulnerabilities.
- "When he withdraws, I push for more connection, causing more distance from him," said Participant 16. This reflects how the cycle perpetuates itself, with one partner's withdrawal causing the other to pursue more aggressively, thus exacerbating the emotional distance. Narrative therapy helped both partners recognize their roles in this cycle and explore healthier ways to break it by understanding and validating each other's attachment needs.

Tension from Mismatched Attachment Needs:

- "I pull away when I'm stressed or overwhelmed, which can make her feel neglected," shared Participant 20. This statement reveals the avoidant partner's tendency to withdraw in response to stress, leaving the anxious partner feeling abandoned. This dynamic can create feelings of neglect and resentment, which was explored in therapy as a key issue affecting the emotional safety of the relationship.
- "I would say I'm more anxious, and he is a little more avoidant," said Participant 27. This directly highlights the tension resulting from mismatched attachment needs-where the anxious partner seeks reassurance and closeness, while the avoidant partner needs space and independence. The therapy process involved exploring these attachment styles and finding ways to bridge the gap through communication and mutual understanding.

The theme of attachment-based dynamics is crucial in understanding relationship struggles, particularly when there are mismatched attachment needs. In these cases, couples often experience cycles of pursuit and withdrawal, with one partner seeking closeness and the other retreating to preserve emotional safety. This push-pull dynamic can create tension, frustration, and emotional distance, complicating relationship satisfaction. The key to resolving these issues is increasing awareness of each other's attachment needs and learning how to navigate these patterns with empathy and respect.

In narrative therapy, partners are encouraged to reframe these cycles' not as insurmountable challenges but as patterns that can be understood and worked through with intention. Acknowledging attachment styles allows couples to develop strategies to regulate emotional responses and foster emotional security. The cyclical pursuit and withdrawal dynamics described in this theme align with attachment theory's concepts of anxious and avoidant attachment styles (Hazan & Shaver, 1987; Bowlby, 1988). Studies on couples with mismatched attachment styles have consistently shown that the push pull dynamic creates significant tension, which often results in relationship dissatisfaction (Levine & Heller, 2010). In narrative therapy, these attachment-based dynamics are viewed as external influences on the relationship, allowing couples to deconstruct them and reframe their story to focus on growth and mutual understanding. This aligns with empirical findings that couples who understand and address attachment dynamics report better relationship outcomes (Johnson, 2004). This theme was selected because attachment-based dynamics are foundational to understanding relationship conflicts, particularly when partners have mismatched needs. The pursuit and withdrawal cycle is common and often the root cause of relationship dissatisfaction. By focusing on this theme, the study addresses a significant aspect of relationship dynamics that, when left unexamined, can lead to ongoing conflict and emotional disconnect. In narrative therapy, encouraging partners to break free from these entrenched patterns and engage in a more balanced emotional exchange address this theme.

Communication Patterns: Differences in Conflict Resolution Styles

This theme explores the differing communication patterns and conflict resolution strategies used by participants in their relationships, such as withdrawal, confrontation, and reassurance-seeking. These strategies impact how conflicts are managed and resolved within the relationship, often creating tension when partners have contrasting approaches. Understanding and adapting to these differences is crucial for maintaining emotional harmony and effective conflict resolution.

- **Withdrawal Versus Confrontation:**

- "Usually, when there's conflict, I get to withdraw," said Participant 1. "I am not an argumentative person, so I usually just don't say anything until things settle down." This quote illustrates the withdrawal style of conflict resolution, where one partner tends to distance themselves during conflict to avoid confrontation. This approach can create emotional distance and leave unresolved issues lingering.

- "I like to talk it out immediately," said Participant 19. "And if he withdraws, he doesn't care, which makes me more anxious." In contrast, this participant prefers immediate resolution, seeing withdrawal as a sign of indifference, which increases their anxiety. This highlights how differing conflict resolution styles can cause misunderstanding and exacerbate emotional distress between partners.

These differing approaches-withdrawal versus immediate confrontation-are common sources of conflict, as one partner's need for space clashes with the other's desire for immediate resolution. In therapy, this issue can be addressed by helping partners understand the root causes of their conflict styles, whether it's avoidance of confrontation or the need for emotional reassurance.

- **Reassurance-Seeking:**

- "I tend to check for reassurance to feel secure in the relationship," said Participant 12. This statement reflects the behavior of reassurance seeking, often characteristic of anxious attachment styles. The participant seeks validation from their partner to alleviate anxiety and confirm the relationship's stability during conflicts.

- "I am a person who wants to know that there is no conflict unresolved because unresolved conflict makes me uneasy," shared Participant 26. This quote further emphasizes how reassurance seeking is used to manage anxiety and maintain emotional security. However, when this need for reassurance is not met, it can lead to increased discomfort and relationship strain.

Reassurance seeking can be both a coping mechanism and a potential source of tension in relationships, particularly when the reassurance-seeking partner feels their emotional needs are not being acknowledged. Narrative therapy can help by exploring the reasons behind reassurance-seeking behavior and encouraging more open, direct communication about emotional needs and boundaries. This theme highlights how different communication styles-withdrawal, confrontation, and reassurance-seeking-can lead to conflicts within relationships. Withdrawal can leave issues unresolved, while confrontation may escalate tensions if not managed carefully. Reassurance-seeking provides emotional security for one partner but can inadvertently create frustration for the other if it feels excessive or one-sided. The key to effective conflict resolution in relationships is recognizing these differing approaches and finding ways to balance them to ensure that both partners feel heard, understood, and emotionally secure.

In narrative therapy, helping couples identify their communication patterns and develop strategies to meet each other's emotional needs can facilitate healthier and more constructive conflict resolution. This process also promotes empathy, as each partner learns to recognize and respect the other's conflict resolution style.

The strength of this theme lies in its ability to shed light on the critical role communication patterns play in maintaining relationship harmony. By identifying the different conflict resolution strategies, this theme underscores the importance of understanding how these differences can shape the emotional dynamics of a relationship. Couples who are aware of their own communication preferences and those of their partner can navigate conflicts more effectively and reduce the likelihood of emotional escalation.

The communication patterns described in this theme align with existing research on conflict resolution styles in relationships. Studies have shown that withdrawal, confrontation, and reassurance-seeking are common conflict resolution styles that impact relationship satisfaction (Gottman, 1999; Johnson, 2004). Research also indicates that couples who are able to adapt their conflict resolution styles to meet each other's needs tend to experience higher levels of relationship satisfaction and emotional intimacy (Markman, Stanley, & Blumberg, 2010). Narrative therapy approaches, which encourage couples to develop alternative narratives for handling conflicts, align well with these findings by helping partners shift from destructive patterns to more supportive ones.

A recurring pattern in this theme is the need for partners to recognize and respect each other's conflict resolution styles. When one partner prefers withdrawal and the other desires immediate confrontation, tension arises. Similarly, reassurance-seeking behaviours can be misinterpreted if not understood within the context of each partner's emotional needs. As participants work through these issues in therapy, they often learn to create more balance by adopting communication strategies that acknowledge and adapt to their partner's style, fostering a more supportive and empathetic relationship.

This theme was selected because communication is a fundamental aspect of any relationship, and differing conflict resolution styles often create significant tension. Understanding these styles and learning how to navigate them is key to improving emotional connection and overall relationship satisfaction. The theme also ties directly to narrative therapy's focus on reframing relationship dynamics and developing healthier, more adaptive communication strategies.

Emotional Closeness: The Importance of Emotional Connection and Its Impact on Relationship Satisfaction

This theme emphasizes the importance of emotional closeness in fostering relationship satisfaction. Participants consistently highlighted the central role of emotional intimacy in feeling loved, secure, and fulfilled in their relationship. However, challenges in achieving and maintaining emotional closeness were noted, particularly

when partners have different emotional needs. Despite these challenges, emotional connection is crucial to maintaining a healthy and satisfying relationship.

- **Emotional Closeness and Satisfaction:**

- "Emotional closeness is what it's all about to me," said Participant 4.

"That is what makes me feel loved and secure."

- "Emotional closeness makes me feel loved and it further strengthens our bond," shared Participant 13.

These responses emphasize the deep connection between emotional intimacy and overall relationship satisfaction. For many participants, emotional closeness is the cornerstone of their relationship-providing a sense of security, love, and fulfillment. The importance of this emotional connection cannot be overstated, as it forms the foundation for the other elements of a satisfying partnership.

- **Challenges in Achieving Emotional Closeness:**

- "We have different needs for emotional closeness and sometimes that makes it hard," said Participant 5.

- "At times I have trouble with emotional closeness, but understanding we need it is important for our relationship," shared Participant 10.

These quotes highlight the challenges couples face in achieving emotional closeness, particularly when partners have differing emotional needs. While emotional connection is crucial, finding a balance between these needs can be difficult. Some partners may require more emotional closeness than others, and when this disparity exists, it can create feelings of frustration or disconnection.

Achieving emotional closeness requires ongoing effort and understanding from both partners. In therapy, addressing these disparities and finding ways to meet each other's emotional needs is key to sustaining a fulfilling relationship.

Emotional closeness is not only important for maintaining a satisfying relationship, but it is also foundational to a sense of security, love, and fulfillment. When partners

experience emotional closeness, they feel understood and supported, which strengthens their emotional bond. However, as the quotes demonstrate, achieving this closeness is not always easy, especially when partners have differing needs for intimacy.

Overcoming these challenges requires mutual understanding and a commitment to prioritizing emotional connection in the relationship. The presence of emotional closeness can also mitigate other issues in the relationship. When emotional intimacy is strong, couples are more likely to engage in constructive conflict resolution, maintain effective communication, and support each other through difficult times. Therefore, emotional closeness acts as a stabilizing force in relationships, improving both relationship satisfaction and resilience.

The strength of this theme lies in its direct link to relationship satisfaction. It provides insight into how emotional intimacy fosters a sense of security and fulfillment in relationships. The theme also addresses the complexity of achieving emotional closeness, particularly when partners have differing needs. By understanding these dynamics, couples can take steps to foster a deeper emotional connection, which in turn can enhance relationship satisfaction.

This theme aligns with existing literature on the role of emotional intimacy in relationship satisfaction. Research shows that emotional closeness is a key predictor of relationship satisfaction and that couples with high emotional intimacy report greater relationship stability and happiness (Hazan & Shaver, 1987; Johnson, 2004). However, studies also highlight that differences in emotional needs-particularly between anxious and avoidant partners-can create challenges in achieving this closeness (Mikulincer & Shaver, 2007). These findings resonate with the responses from participants, who acknowledge the importance of emotional connection but also recognize the difficulties in maintaining it.

A recurring pattern in this theme is the recognition of the challenges inherent in achieving and maintaining emotional closeness. Despite the strong desire for intimacy, many participants mentioned difficulties arising from differing emotional needs. These

differences are a common issue in relationships, particularly when one partner has a higher need for emotional closeness than the other. This pattern highlights the need for partners to communicate openly about their emotional needs and work together to find a balance that supports both individuals' desires for intimacy.

This theme was selected because emotional closeness is a fundamental aspect of relationship satisfaction. The significance of this theme is reflected in the participants' strong emphasis on emotional connection as a key factor in their overall happiness and fulfillment. At the same time, the theme addresses the challenges couples face in achieving emotional intimacy, making it an important area of focus in understanding relationship dynamics. By exploring emotional closeness, this theme provides valuable insights into how couples can work toward deeper emotional engagement and greater satisfaction.

Soothing Strategies: Preferences for Physical Touch Versus Words of Affirmation in Comforting Each Other

This theme explores the comforting strategies couples use during emotional distress, with a focus on preferences for physical touch and words of affirmation. Participants expressed distinct preferences, often shaped by individual emotional needs and attachment styles. Both strategies were perceived as vital forms of emotional regulation and relational support, highlighting how the provision of comfort-when tailored to individual preferences-fosters emotional connection, trust, and satisfaction within the relationship.

- **Physical Touch as a Soothing Strategy:**

Physical touch emerged as a powerful and immediate method of emotional regulation for many participants.

- Participant 6 shared, *“When I’m upset, my partner provides a warm embrace, which works well.”*
- Participant 17 stated, *“A simple hand squeeze or a soft spoken ‘I’m here for you’ is the best way to soothe each other.”*

These quotes demonstrate how physical touch-such as hugging, handholding, or gentle gestures-acts as a grounding technique that conveys care, presence, and emotional safety. For participants who responded positively to touch, this mode of comfort fostered a sense of closeness, reassurance, and containment during times of emotional turbulence.

- **Words of Affirmation as Emotional Support:**

Words of affirmation were equally valued by other participants, especially those who found verbal communication more effective in relieving distress.

- Participant 7 observed, *“The fact that he holds me or he says that everything will be okay, I like. It helps me feel safe.”*
- Participant 28 shared, *“I give my partner a warm cup of tea and quiet support, and he is reassured, whereas I prefer verbal encouragement.”* These responses underscore the calming effect of spoken reassurance and verbal empathy. For participants who preferred verbal affirmations, expressions such as “I’m here,” “We’ll get through this,” or gentle encouragement reinforced emotional safety and feeling seen and validated.

Soothing strategies in relationships are more than coping mechanisms-they are expressions of emotional attunement. Whether through physical closeness or verbal affirmation, these gestures serve as acts of care that affirm the partner's presence, understanding, and emotional investment. The use of physical touch provides nonverbal, somatic comfort, while affirming words meet cognitive and emotional needs for clarity and assurance. Recognizing a partner's preferred soothing strategy can enhance emotional responsiveness, deepen mutual understanding, and foster a secure emotional climate within the relationship.

The strength of this theme lies in its practical relevance for everyday emotional regulation between couples. It reflects a nuanced understanding of how different partners respond to comfort and provides an actionable insight into relationship maintenance. Moreover, the theme connects directly to interpersonal emotion

regulation and attachment-based dynamics, reinforcing its foundational importance in understanding relational satisfaction and intimacy.

This theme is supported by literature on attachment theory and emotion regulation. Research indicates that individuals with secure or anxious attachment often seek proximity and reassurance, making physical touch and affirming language particularly comforting (Collins & Feeney, 2000; Mikulincer & Shaver, 2007). Meanwhile, the love languages framework (Chapman, 1995) identifies both physical touch and words of affirmation as primary means of expressing and receiving love, aligning with the expressed preferences of participants in this study. The dual emphasis on touch and language echoes findings that emotional regulation is enhanced when partners are responsive to each other's preferred comfort strategies (Reis & Shaver, 1988).

A clear pattern emerged around the differentiation of emotional needs and how soothing strategies aligned with those preferences. Some participants found physical touch grounding and emotionally centering, while others leaned toward verbal affirmation as a method of reassurance. There was also an observed sensitivity to partner differences, with several participants adjusting their approach to suit their partner's comfort style- reflecting mutual adaptation and emotional intelligence within the relationship.

This theme was selected due to its direct connection to emotion regulation, attachment behaviours, and relationship satisfaction-all core areas of the research. The diversity of participant preferences for soothing strategies provides rich data on how couples manage emotional distress, and how emotional support behaviours are both shaped by and reinforce attachment bonds. The responses highlighted not only preferred comfort methods but also the importance of recognizing and respecting individual needs, making it a relevant and impactful theme in understanding relational dynamics.

Perspective-Taking: Efforts to Understand Each Other's Viewpoints and Its Role in Emotional Regulation

This theme highlights the critical role of perspective-taking in fostering emotional regulation and relational harmony. Participants described the intentional efforts they

made to understand their partner's thoughts, feelings, and contexts, especially during times of stress or disagreement. Empathic engagement-trying to see things through the partner's eyes-was not only seen as an act of care but also a key process in diffusing emotional reactivity and deepening emotional connection.

- **Efforts to Understand Each Other's Perspectives:**

Many participants emphasized the importance of actively attempting to comprehend their partner's internal experience.

- Participant 3 stated, *"Getting into her head is sometimes difficult. I try to understand when she's upset about something and don't get it."*
- Participant 13 shared, *"I try to perceive things through his eyes, especially if he is quiet. I try to understand his workload, like when he's stressed about work."*

These responses underscore the complexity and intentionality of perspective-taking. Participants acknowledged that truly understanding their partner's emotions or behaviours required effort, patience, and reflective thinking-especially in emotionally charged contexts.

Role in Emotional Regulation:

Perspective-taking also served a vital role in regulating emotional responses and fostering mutual support.

- Participant 12 commented, *"When my perspective is acknowledged, I feel more comfortable being open and honest in our relationship."*
- Participant 18 added, *"I do always try to understand his point of view, especially when it comes to work stress. This makes us support each other better."*

These narratives illustrate how feeling understood can diminish defensiveness and increase emotional safety, thereby enabling more constructive communication and emotional expression. In turn, the act of understanding a partner's emotional world was seen as a regulating force, both intrapersonally and interpersonally.

Perspective-taking is not only a relational skill but a mechanism for emotional coregulation. By attempting to see the world through their partner's lens, individuals create a bridge of empathy and validation that underpins emotional connection and relational security. This theme emphasizes that mutual understanding is not a passive outcome, but a deliberate process of listening, interpreting, and adjusting one's own emotional responses in service of the relationship.

The strength of this theme lies in its dual impact: it aids emotional regulation and enhances relationship satisfaction. The accounts revealed that when partners feel seen and understood, emotional transparency and trust increase. This theme also intersects with communication, attachment, and conflict resolution-demonstrating its integrative relevance across multiple relational domains. This theme is strongly aligned with the literature on empathy, emotional regulation, and partner responsiveness. Empathic accuracy-the ability to accurately infer the feelings and thoughts of one's partner-has been shown to reduce conflict escalation and enhance satisfaction (Ickes, 1997; Reis et al., 2004). Moreover, emotional attunement, a component of secure attachment, involves sensitivity to the partner's emotional needs, fostering co-regulation (Mikulincer & Shaver, 2007). These findings reinforce the view that perspective-taking is an adaptive relational behavior that strengthens interpersonal bonds. The pattern observed across narratives involved partners making conscious efforts to understand the other, particularly in moments of stress, silence, or miscommunication. While some participants expressed difficulty in always succeeding at this task, the act of trying itself was seen as meaningful. This pattern reveals the relational value of intent-empathy in action-even when full understanding is not always achieved. This theme was selected for its relevance to both emotional and relational functioning. Perspective-taking reflects a critical intrapersonal skill that directly affects interpersonal outcomes such as emotional support, conflict resolution, and intimacy. Given the central focus of this research on interpersonal emotion regulation and relational satisfaction, this theme offers key insight into how couples navigate emotional complexity through cognitive empathy and mutual effort.

Social Modeling: Influence of Partner's Emotional Cues on Managing One's Own Emotions

This theme explores the concept of social modeling within romantic relationships, focusing on how partners' emotional expressions serve as cues that influence each other's emotional regulation. Participants reported being highly sensitive to their partner's emotional state, which often shaped their own emotional responses, coping strategies, and relational behaviours. This mutual emotional influence underscores the dynamic, co-regulated nature of emotional functioning within close partnerships.

- **Influence of Partner's Emotional Cues:**

Many participants described their partners' emotional expressions as directly shaping their own emotional states and responses.

- Participant 14 shared, *"I try to stay calm when she's stressed to try to balance things out."*
- Participant 16 stated, *"I shut down when I'm overwhelmed, but my partner's gentle check-ins help me come out of it and work through whatever is going on in my head."*

These quotes illustrate the subtle ways in which partners regulate each other's emotions through behavioral mirroring or emotional compensation. When one partner remains calm or uses gentle emotional outreach, it models emotional balance and encourages a similar response in the other.

- **Role in Emotional Regulation:**

Other participants elaborated on how their partner's emotional state acts as a regulatory reference point during stressful times.

- Participant 12 noted, *"In my moments when I'm stressed, I sometimes look to him for cues. It helps me calm down too if he's calm."*
- Participant 18 added, *"I don't seek him out for cues, but I'll pick up on his mood, and it affects me."*

These reflections highlight both conscious and unconscious forms of emotional influence. Whether participants intentionally sought their partner's emotional tone or merely absorbed it, the mutual impact was clear-partners' emotional states acted as internal regulators of each other's affect and behavior.

Social modelling plays a foundational role in interpersonal emotional regulation. In romantic relationships, emotional cues serve as communicative signals that either deescalate or intensify affective responses. The theme reveals how partners function as emotional mirrors, with each person's mood, tone, and response shaping the emotional climate of the relationship. This bidirectional influence promotes co-regulation, reinforcing the idea that managing emotions in a relationship is not a solitary but shared process.

The strength of this theme lies in its empirical support from the participants' narratives, which consistently pointed to the subtle, yet powerful, ways in which emotional expressions are modelled and internalized by partners. It captures the dynamic and mutual process of emotional regulation and adds complexity to traditional intrapersonal models of emotion management by framing it within an interpersonal context. This theme is well-supported by theories of emotional contagion and co-regulation in romantic partnerships.

According to Butler and Randall (2013), co-regulation involves partners adjusting their emotional states in response to each other to maintain emotional balance. Similarly, social modelling aligns with Bandura's (1977) social learning theory, where individuals learn and adapt behaviours through observing others. Mikulincer and Shaver (2005) further suggest that attachment bonds facilitate emotional co-regulation, as partners often serve as secure bases for emotional guidance. These theoretical perspectives validate the participant accounts and underscore the relational nature of emotional regulation.

Across the narratives, a consistent pattern emerged: participants monitored and internalized their partners' emotional cues, which then shaped their own responses. Some deliberately adopted calmness or positivity to counterbalance their partner's

distress, while others were unconsciously influenced by their partner's emotional tone. These patterns suggest that emotional regulation in intimate partnerships is largely interactive and reciprocal. This theme was selected for its centrality to understanding interpersonal emotion regulation-one of the key constructs in this study. It offers valuable insight into the relational mechanisms through which emotional balance is achieved and maintained. Recognizing the influence of a partner's emotional state provides a more holistic view of emotional functioning in couples and points to practical implications for interventions that aim to enhance emotional awareness and responsiveness.

Attachment Style as a Predictor of Marital Dynamics

The study's findings underscore the significant role that adult attachment style plays in shaping emotional and relational functioning within marriage. Quantitative analysis revealed that a slightly higher proportion of participants exhibited insecure attachment patterns (51.7%) compared to secure attachment (48.3%), a distribution consistent with prior findings among populations with relational instability or unresolved early attachment experiences (Bowlby, 1988; Mikulincer & Shaver, 2016). Secure attachment was strongly associated with greater emotional resilience, trust, and adaptive conflict resolution strategies, whereas insecure attachment- particularly anxious and avoidant subtypes-was linked to emotional dysregulation, communication breakdowns, and lower relational satisfaction.

The qualitative data provided a more nuanced understanding of these patterns. Participants with secure attachment styles described their relationships as characterized by openness, mutual trust, and effective emotional communication. For instance, one securely attached participant noted, "We can talk about anything-even when we disagree, I know we'll figure it out together." This reflects the key characteristics of secure internal working models, wherein both self and partner are viewed as available, trustworthy, and supportive (Mikulincer & Shaver, 2007).

In contrast, participants with anxious attachment exhibited hyper activating strategies, marked by excessive reassurance-seeking, emotional volatility, and heightened

sensitivity to signs of rejection. One such participant shared, “I always feel like I’m too much... I need to know he’s not going to leave every time we fight.” This echoes the literature on anxious attachment, which links these patterns to fears of abandonment and a chronic need for relational validation (Cassidy & Shaver, 2016).

Avoidant attached individuals reported emotional distancing, discomfort with vulnerability, and a tendency to withdraw during conflict. A participant from this group stated, “When things get heated, I shut down-it’s easier than saying something I’ll regret.” These findings illustrate a deactivating regulatory strategy, where emotional suppression is used to maintain autonomy at the cost of intimacy (Shaver et al., 2009).

A recurring dynamic evident in the qualitative narratives was the pursuit-withdrawal cycle, particularly prevalent in couples with mismatched attachment styles-often anxious-avoidant pairings. In these cases, one partner’s need for closeness (pursuit) often intensified the other’s need for emotional space (withdrawal), resulting in escalating cycles of distress and disconnection. This dynamic, well-documented in the attachment literature, often contributes to chronic relational dissatisfaction (Johnson, 2008; Davila & Bradbury, 2001).

Importantly, the findings challenge the notion that attachment styles are fixed and immutable. Rather, the experiences of participants in the experimental group post intervention suggest that secure behaviours can be cultivated through targeted therapeutic processes. This supports contemporary perspectives in attachment informed therapy, which argue that while early attachment patterns shape relational expectations, they can be reshaped through emotionally corrective experiences (Wallin, 2007).

These findings affirm the centrality of attachment orientation in marital quality and suggest that interventions aiming to promote secure attachment may enhance emotional availability, empathy, and collaborative problem-solving- key predictors of long-term relational satisfaction. Insecure attachment patterns, by contrast, often perpetuate conflict, mistrust, and emotional disconnection, highlighting the importance of addressing attachment dynamics in therapeutic contexts.

Understanding the Degree of Interpersonal Emotion Regulation Among Married Couples

The findings regarding interpersonal emotion regulation (IER) among married couples in this study revealed considerable variability in how couples manage and regulate emotions within their relationships. Quantitative data indicated that securely attached individuals employed adaptive IER strategies such as cognitive reappraisal, emotional validation, and mutual support which were linked to higher levels of relationship satisfaction. In contrast, individuals with anxious or avoidant attachment styles were more likely to use maladaptive strategies, such as emotional suppression, excessive reassurance seeking, and emotional withdrawal. *Based on these findings, Hypothesis 2 is accepted. A significant relationship was observed between attachment style and interpersonal emotion regulation, indicating that securely attached individuals utilized more adaptive regulation strategies compared to those with anxious or avoidant attachment patterns.* These findings align with Mikulincer and Shaver's (2016) framework, which suggests that secure attachment facilitates effective emotion regulation, while insecure attachment impairs it.

Adaptive and Maladaptive Strategies: Attachment Styles and Emotion Regulation

The qualitative data elaborated on these statistical trends by illuminating how couples experience and enact IER strategies in everyday relational contexts. Participants with secure attachment described employing empathy, active listening, and shared activities to manage emotional tension. One couple explained, "When either of us is upset, we just sit down, talk about it, maybe go for a walk. We know how to calm each other down." These behaviours reflect secure individuals' openness to emotional interdependence and their confidence in the availability of support, consistent with Bowlby's (1988) theory of secure base functioning.

In contrast, participants with anxious attachment frequently engaged in hyper activating regulatory strategies. These included repeated reassurance seeking, rumination, and emotional flooding. A female participant noted, "If he doesn't respond

quickly, I keep messaging. I just need to know we're okay." While intended to reduce distress, such strategies often led to emotional overwhelm and collaborate frustration illustrating the double-edged nature of anxious IER.

Avoidantly attached participants, in contract, tended to suppress emotional expression, avoid emotional discussions, and physically or psychologically withdraw in times of stress. One participant shared, "I'd rather go silent than risk saying something wrong. It's just easier to deal with things alone." This aligns with research indicating that avoidantly attached individuals prefer self-reliance and distance as a way to minimize emotional vulnerability (Shaver et al., 2009).

The Role of Flexibility in Emotion Regulation and Relationship Outcomes

A key finding that emerged across the qualitative interviews was the importance of emotional flexibility-the ability to shift regulatory strategies in response to a partner's needs. Couples who described being "in tune" with each other's emotional cues and adapting their responses accordingly reported higher satisfaction and fewer conflict ruptures. This aligns with Gross's (2002) model of emotion regulation, which underscores the importance of context-sensitive emotional responses in maintaining psychological and relational well-being.

One participant reflected, "Sometimes I need to give her space, other times she just needs a hug-figuring that out made a big difference." This adaptability appears to buffer against the rigid behavioral patterns often associated with insecure attachment, suggesting that emotional flexibility may function as a moderating factor in the attachment-IER-satisfaction link.

Unexpected Patterns: The Role of Practical Compatibility

During the qualitative phase, it was observed that a few participants exhibiting avoidant attachment characteristics reported moderate to high levels of relationship satisfaction. These individuals described their marriages as structured, predictable, and based on clearly defined roles and responsibilities, rather than emotional intimacy. As

one husband noted, “We don’t talk feelings much, but things work. We respect each other, and that’s enough for us.”

These accounts suggest that in certain relational contexts, practical compatibility- such as shared routines, financial cooperation, or parenting alignment-may compensate for limited emotional engagement. While this finding challenges dominant views that prioritize emotional closeness as the primary determinant of relationship satisfaction, it aligns with perspectives that conceptualize satisfaction as multidimensional and culturally mediated (Fowers & Olson, 1992).

Rethinking Relationship Satisfaction

Collectively, these findings reinforce the central role of attachment in shaping how partners co-regulate emotions, and how these strategies in turn influence marital satisfaction. While secure attachment fosters adaptive, reciprocal emotion regulation, insecure attachment patterns often result in rigidity, misattunement, and distress. However, the emergence of functional satisfaction in emotionally distant but pragmatically aligned relationships highlights the need for a broader conceptualization of what constitutes a “satisfying” marriage.

Future interventions targeting marital functioning should thus attend not only to emotional communication but also to the couple’s ability to flexibly regulate emotional dynamics in ways that are contextually and culturally congruent.

Understanding the Level of Relationship Satisfaction Among Married Couples

The findings related to relationship satisfaction revealed a general trend of moderate to high satisfaction levels among the participants. However, many participants consistently expressed a desire for greater emotional connection and improved communication. The Relationship Satisfaction scale yielded a higher mean score ($M = 24.72$) among securely attached individuals, indicating a positive correlation between secure attachment and relationship satisfaction. *Therefore, Hypothesis 1 is accepted. The data revealed a significant relationship between attachment style and relationship satisfaction among married couples, with secure attachment positively associated with*

higher satisfaction and insecure attachment linked to relational distress. Interestingly, the results of the Wilcoxon Signed Ranks Test revealed a statistically significant difference in Relationship Satisfaction scores between the experimental and control groups at the pre-test stage ($Z = -4.538$, $p < .001$), with the experimental group reporting higher baseline levels of relationship satisfaction. This finding warrants careful interpretation, as it may influence the understanding of the intervention's effectiveness.

One plausible explanation for this pre-existing difference may reflect selection effects or unmeasured third variables. Couples in the experimental group may have had more secure attachment styles, stronger motivation for self-improvement, or higher pre-existing emotional awareness all of which are positively associated with relationship satisfaction (Collins & Feeney, 2000; Overall & Simpson, 2013). Although attachment style was measured, subtle interpersonal characteristics may not have been fully captured, possibly influencing group-level differences. As per the qualitative pre-intervention assessment, couples who consented to participate in a therapeutic intervention had inherent readiness for change or psychological openness - factors which contribute both to higher relationship satisfaction and greater therapeutic engagement (Prochaska & DiClemente, 1986; Norcross & Wampold, 2011). The qualitative findings also revealed that despite the challenges internally in marriage with regards to attachment style or communication, participants had desire to sustain the relationship and make it work. Such predisposing traits could have created a baseline advantage in the experimental group even before the intervention was delivered.

Despite this difference, it is noteworthy that the experimental group demonstrated significant within-group improvements in relationship satisfaction from pre- to posttest ($Z = -5.514$, $p < .001$), with all 40 participants showing positive change. Furthermore, post-test comparisons revealed that the experimental group significantly outperformed the control group ($Z = -5.514$, $p < .001$), suggesting that the narrative therapy intervention yielded measurable benefits beyond the initial baseline advantage.

Attachment and Relationship Satisfaction

Participants with secure attachment profiles consistently reported more fulfilling emotional connections, greater trust, and higher levels of effective communication. This supports the assertion that secure attachment provides a psychological foundation for emotional safety, enabling open dialogue, conflict resolution, and mutual responsiveness (Hazan & Shaver, 1987). One participant described their experience succinctly: “We may not agree all the time, but I never doubt that we’re a team.”

In contrast, participants with anxious attachment described relational satisfaction as unpredictable and contingent on their partner’s attentiveness. These individuals often interpreted neutral behaviours as signs of disinterest or abandonment. A participant reflected, “I always feel like I’m walking a tightrope- one wrong word and everything might fall apart.” This hypervigilance often resulted in emotional exhaustion and dissatisfaction.

Avoidantly attached participants reported difficulty in expressing needs or engaging emotionally, which frequently led to feelings of disconnection. Their satisfaction appeared more linked to relational stability or autonomy than to emotional closeness. One such participant stated, “We don’t fight, and we don’t need to talk about everything. It works because we stay out of each other’s way.” While these partnerships may appear stable, they may lack emotional depth, a finding consistent with the avoidant style’s discomfort with vulnerability (Fraley & Shaver, 2000).

Qualitative Insights: Emotional Closeness and Communication

The qualitative interviews further emphasized that most participants, even among those who generally rated their relationships as stable, perceived emotional intimacy and open communication as central to a satisfying relationship. Many expressed a desire for deeper emotional connection, suggesting that functional satisfaction may not be equivalent to emotional fulfilment.

As one participant remarked, “We’re fine, but I sometimes feel like we’re just managing life together, not really *living* it together.” This sense of emotional distance-

despite logistical harmony-illustrates a distinction between *practical* and *emotional* satisfaction, and highlights the limitations of solely quantitative measures in capturing the complexity of marital quality.

These insights align with Hendrick et al.'s (1988) view that marital satisfaction is multidimensional, comprising both affective and instrumental components. Emotional intimacy, empathy, and responsive communication consistently emerged as critical drivers of perceived satisfaction across the qualitative data, regardless of attachment style.

The Role of Shared Goals and Mutual Support

Another significant theme that emerged was the role of shared goals and mutual support in enhancing relationship satisfaction. Couples who reported working collaboratively toward long-term aspirations-such as parenting, financial planning, or personal growth-described feeling more bonded and content. One couple shared, “Even when we struggle emotionally, knowing we’re building something together keeps us strong.” This finding reinforces the notion that shared meaning and joint purpose can act as stabilizing forces in marital relationships (Gottman & Silver, 2015). Importantly, these factors sometimes appeared to compensate for lower levels of emotional intimacy, particularly in more traditional or pragmatically-oriented marriages.

The Interplay of Attachment, Emotion Regulation, and Satisfaction

Finally, the study highlights the strong relationship between attachment styles, emotion regulation strategies, and relationship satisfaction. Secure attachment fosters adaptive emotion regulation, leading to more satisfying relationships, while insecure attachment impedes effective regulation and often results in dissatisfaction. These findings emphasize the interconnectedness of attachment, emotion regulation, and relationship satisfaction, suggesting that interventions that address these areas could significantly improve marital outcomes.

Therapeutic interventions aimed at enhancing emotional regulation skills and addressing attachment-related issues could be highly beneficial for couples. By fostering secure attachment behaviours and teaching adaptive emotion regulation strategies, couples can improve their emotional connection, communication, and overall satisfaction. This aligns with the growing body of research suggesting that therapeutic interventions targeting both attachment and emotion regulation can lead to more positive relationship outcomes (Feeney & Collins, 2015).

The Role of Attachment Style on Interpersonal Emotion Regulation and Relationship Satisfaction

Quantitative results revealed a positive correlation between secure attachment, adaptive IER strategies, and higher relationship satisfaction. In contrast, insecure attachment styles were linked to maladaptive IER strategies and lower satisfaction. In light of these findings, Hypothesis 3 is accepted. A significant relationship was found between interpersonal emotion regulation and relationship satisfaction, suggesting that the way couples manage emotions in interpersonal contexts has a direct impact on their relational outcomes. This aligns with Bowlby's (1969) and Mikulincer and Shaver's (2016) theoretical framework. These findings emphasize how early attachment experiences shape emotional regulation and relational dynamics in adulthood. Consistent with Bowlby's (1969) attachment theory and subsequent empirical extensions (Mikulincer & Shaver, 2016), the data reveal that attachment orientation not only shapes how individuals interpret emotional experiences but also determines how they manage relational conflict and derive satisfaction from close partnerships.

Attachment and Adaptive Emotion Regulation

Quantitative results confirmed that securely attached individuals were significantly more likely to engage in adaptive IER strategies such as emotional validation, cognitive reappraisal, and collaborative problem-solving which in turn were associated with higher relationship satisfaction. Insecurely attached individuals, by contrast, reported frequent use of maladaptive strategies, including emotional withdrawal,

hypervigilance, and suppression, contributing to lower satisfaction and increased emotional distance.

These results substantiate the mediating role of IER between attachment style and RS, suggesting that emotion regulation strategies function as behavioral expressions of internal working models (IWMs). Secure individuals guided by positive IWMs of self and others-approach relationships with trust and responsiveness. Conversely, anxious individuals, marked by negative self-views and fear of abandonment, often use hyperactivating strategies that overwhelm relational systems. Avoidant individuals, driven by discomfort with intimacy and a preference for autonomy, rely on deactivating strategies that erode emotional connection (Bartholomew & Horowitz, 1991).

The Pursuit-Withdrawal Cycle

A significant qualitative finding was the prevalence of the pursuit-withdrawal cycle, particularly in couples where one partner was anxiously attached and the other avoidant. This cycle, where one partner seeks emotional closeness while the other withdraws, was associated with heightened relational tension and dissatisfaction. Anxiously attached participants described heightened emotional sensitivity, difficulty tolerating uncertainty, and frequent conflicts over perceived neglect. One participant shared, “If he doesn’t respond right away, I start thinking he’s upset or tired of me I can’t help it.” These narratives reflect the hyper activation of attachment systems under stress.

Avoidantly attached individuals shared contrasting experiences, often minimizing emotional needs and expressing preference for logistical coordination over emotional engagement. “We don’t need to talk about every little feeling,” one participant stated, “as long as we’re functioning well.” These relational scripts may support stability in low-conflict environments but often preclude deeper emotional intimacy, which limits long-term relational satisfaction (Fraley & Shaver, 2000). This cycle where one partner’s need for closeness activates the other’s need for distance repeatedly emerged

in both statistical and narrative data, confirming its destabilizing effect on emotional co-regulation and relationship satisfaction (Johnson, 2008; Davila & Bradbury, 2001).

Emotional Flexibility and Relationship Satisfaction

A key finding across both data sets was that couples who exhibited emotional flexibility defined as the ability to adapt IER strategies in response to relational context reported greater satisfaction regardless of attachment style. This suggests that while attachment tendencies provide a foundational blueprint, they are not deterministic. Therapeutic interventions that enhance emotional awareness, metacommunication, and perspective-taking may foster more secure functioning even in insecurely attached individuals (Wallin, 2007; Feeney & Collins, 2015). In one such case, a participant shared how shifting their approach to conflict helped transform their relationship: “I stopped shutting down and started asking questions instead. We still argue, but now we repair faster.” These behavioral shifts reflect the malleability of attachment-related patterns when couples are supported in developing adaptive IER strategies.

Internal Working Models and Emotion Regulation

The relationship between attachment and IER can be further understood through internal working models. Securely attached individuals tend to have positive models of self and others, which facilitate co-regulation of emotions and greater relational stability. Conversely, anxious individuals perceive relational tension as a threat, leading to hyper activation (e.g., excessive reassurance seeking), while avoidant individuals tend to suppress emotional needs to preserve autonomy (Mikulincer & Shaver, 2007). These dynamics were evident in the current study, demonstrating how attachment-related emotion regulation strategies play out in everyday marital interactions.

Phase 3 : Quantitative Analysis, Pre-Intervention

This phase presents the quantitative analysis conducted to assess the effects of the intervention on the experimental group (EG), with comparisons drawn to the control group (CG). The analysis evaluates changes in relationship satisfaction and interpersonal emotion regulation (IER) from pre-test to post-test using appropriate

statistical methods. Given the non-normal distribution of the data, non-parametric statistical tests were employed. Specifically, the Wilcoxon signed-rank test was used to examine within group changes (pre- to post-test) in the experimental and control groups, while the

Mann-Whitney U test was used to assess between-group differences at post-test. **This phase is critical to establishing the effectiveness of the intervention of Narrative Therapy and addressing the study's core hypotheses concerning the role of attachment style, emotion regulation, and relational outcomes in married couples.**

Table 12: Tests of Normality for Relationship Satisfaction and Interpersonal Emotion Regulation (IER) Pre- and Post-Test Scores in Experimental and Control Groups

Tests of Normality						
	Kolmogorov-Smirnov ^a		Shapiro-Wilk			
	Statistic	df	Sig.	Statistic	df	Sig.
IER_EG_PRE	.134	40	.068	.890	40	.001
IER_EG_POST	.104	40	.200*	.947	40	.059
Relationship_Sat_EG_PRE	.157	40	.014	.916	40	.006
Relationship_Sat_EG_POS	.302	40	.000	.812	40	.000
T						
IER_CG_PRE	.097	40	.200*	.956	40	.120
IER_CG_POST	.136	40	.061	.929	40	.015
Relationship_Sat_CG_PRE	.189	40	.001	.940	40	.034
Relationship_Sat_CG_POS	.189	40	.001	.944	40	.048
T						

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Table 12 presents the results of the Kolmogorov-Smirnov and Shapiro-Wilk tests used to evaluate the assumption of normality for the pre-test and post-test scores of

Interpersonal Emotion Regulation (IER) and *Relationship Satisfaction* in both the experimental group (EG) and the control group (CG), each comprising 40 participants i.e. 20 married couples in each group. The Shapiro-Wilk test, which is more sensitive for small sample sizes ($n < 50$), indicated significant deviations from normality in several variables.

For the experimental group, *IER* scores at pre-test ($W = .890, p = .001$) and *Relationship Satisfaction* scores at both pre-test ($W = .916, p = .006$) and post-test ($W = .812, p < .001$) violated the assumption of normality. However, post-test scores for *IER* approached normality ($W = .947, p = .059$). Notably, the Kolmogorov-Smirnov test for *IER_EG_POST* yielded a non-significant result ($p = .200$), but the Shapiro-Wilk result was borderline, reinforcing the need for caution. In the control group, similar patterns were observed.

While *IER_CG_PRE* met the assumption of normality ($W = .956, p = .120$), post-test scores for *IER* ($W = .929, p = .015$) and both pre- and post-test scores for *Relationship Satisfaction* ($W = .940, p = .034$; $W = .944, p = .048$, respectively) showed significant or marginal violations.

Taken together, these findings suggest that the data for several key variables are not normally distributed, particularly for relationship satisfaction across both groups. Consequently, non-parametric statistical procedures were adopted in subsequent analyses to account for the distributional characteristics of the data and to ensure methodological rigor in evaluating intervention outcomes.

Objective 4 : To evaluate the efficacy of Narrative Therapy in improving attachment styles, enhancing interpersonal emotion regulation and increasing relationship satisfaction following the intervention

Table 13: Wilcoxon Signed Ranks Test for Pre- and Post-Test Differences in IER and Relationship Satisfaction between Experimental and Control Groups

Pre-Test

Ranks		N	Mean Rank	Sum of Ranks
IER_CG_PRE - IER_EG_PRE	Negative Ranks	21 ^a	19.48	409.00
	Positive Ranks	19 ^b	21.63	411.00
	Ties	0 ^c		
	Total	40		
Relationship_Sat_CG_PRE - Relationship_Sat_EG_PRE	Negative Ranks	36 ^d	19.86	715.00
	Positive Ranks	3 ^e	21.67	65.00
	Ties	1 ^f		
	Total	40		
a. IER_CG_PRE < IER_EG_PRE				
b. IER_CG_PRE > IER_EG_PRE				
c. IER_CG_PRE = IER_EG_PRE				
d. Relationship_Sat_CG_PRE < Relationship_Sat_EG_PRE				
e. Relationship_Sat_CG_PRE > Relationship_Sat_EG_PRE				
f. Relationship_Sat_CG_PRE = Relationship_Sat_EG_PRE				

Test Statistics ^a		
	IER_CG_PRE IER_EG_PRE	- Relationship_Sat_CG_PRE - Relationship_Sat_EG_PRE
Z	-.013 ^b	-4.538 ^c
Asymp. Sig. (2-tailed)	.989	.000

a. Wilcoxon Signed Rank Test

b. Based on negative ranks.

c. Based on positive ranks.

Post-Test

Ranks					
		N	Mean Rank	Sum of Ranks	
IER_CG_POST	- Negative Ranks	35 ^a	22.06	772.00	
IER_EG_POST	Positive Ranks	5 ^b	9.60	48.00	
	Ties	0 ^c			
	Total	40			
Relationship_Sat_CG_POST	Negative Ranks -	40 ^d	20.50	820.00	
Relationship_Sat_EG_POST	Positive Ranks	0 ^e	.00	.00	
	Ties	0 ^f			
	Total	40			

a. IER_CG_POST < IER_EG_POST

b. IER_CG_POST > IER_EG_POST

c. IER_CG_POST = IER_EG_POST

d. Relationship_Sat_CG_POST < Relationship_Sat_EG_POST

e. Relationship_Sat_CG_POST > Relationship_Sat_EG_POST

f. Relationship_Sat_CG_POST = Relationship_Sat_EG_POST

Test Statistics ^a		
	IER_CG_POST IER_EG_POST	- Relationship_Sat_CG_POST - Relationship_Sat_EG_POST
Z	-4.866 ^b	-5.514 ^b
Asymp. Sig. (2-tailed)	.000	.000
a. Wilcoxon Signed Ranks Test		
b. Based on positive ranks.		

Table 13 presents the results of the Wilcoxon Signed Ranks Test for pre- and post-test differences in Interpersonal Emotion Regulation (IER) and Relationship Satisfaction between the experimental group (EG) and the control group (CG). The aim of these tables were to understand and verify the efficacy of Narrative therapy on the experimental group to enhance the insecure to secure attachment style, healthy emotion regulation and higher relationship satisfaction.

Pre-Test Analysis:

For *IER*, the comparison between the control group (*IER_CG_PRE*) and the experimental group (*IER_EG_PRE*) yielded a Z value of -0.013 with an asymptotic significance of 0.989, indicating no significant difference between the two groups at pretest. The rank sums suggest that both groups were relatively similar in their pre-test IER scores.

For *Relationship Satisfaction*, the control group (*Relationship_Sat_CG_PRE*) had lower mean ranks ($M = 19.86$) compared to the experimental group (*Relationship_Sat_EG_PRE*), which had higher mean ranks ($M = 21.67$). The Z value of -4.538 and the p-value of 0.000 suggest a statistically significant difference between the groups, with the experimental group reporting higher levels of relationship satisfaction at pre-test.

Post-Test Analysis:

In the post-test phase, a significant change was observed in *IER*. The comparison between *IER_CG_POST* and *IER_EG_POST* revealed a Z value of -4.866 ($p = 0.000$), indicating a significant difference between the two groups, with the experimental group demonstrating greater improvements in emotion regulation.

For *Relationship Satisfaction*, a significant difference was also found between the groups. The experimental group (*Relationship_Sat_EG_POST*) showed significantly higher relationship satisfaction compared to the control group (*Relationship_Sat_CG_POST*), as evidenced by the Z value of -5.514 ($p = 0.000$). No participants in the experimental group reported lower relationship satisfaction post-test, while 40 control group participants showed decreased satisfaction.

These results support the hypothesis that the intervention had a significant positive effect on both interpersonal emotion regulation and relationship satisfaction in the experimental group.

Pre-Test

151

Chi-Square Tests		
	Value	Exact Sig. (2-sided)
McNemar Test		1.000 ^a
N of Valid Cases	40	
a. Binomial distribution used.		

Post-Test

Attachment_Style_EG_POST * Attachment_Style_CG_POST Crosstabulation					
		Attachment_Style_CG_POST			
			Secure	Insecure	Total
Attachment_Style_EG_POST Secure	Count		3	25	28
	% within		10.7%	89.3%	100.0%
	Attachment_Style_CG_POST				
		% within	30.0%	83.3%	70.0%
		Attachment_Style_CG_POST			
Insecure	Count		7	5	12
	% within		58.3%	41.7%	100.0%
	Attachment_Style_CG_POST				
		% within	70.0%	16.7%	30.0%
		Attachment_Style_CG_POST			
Total	Count		10	30	40
	% within		25.0%	75.0%	100.0%
	Attachment_Style_CG_POST				
		% within	100.0%	100.0%	100.0%
		Attachment_Style_CG_POST			

Chi-Square Tests	
	Value Exact Sig. (2-sided)
McNemar Test	.002*
N of Valid Cases	40
a. Binomial distribution used.	

Table 14 presents the cross-tabulation and McNemar test results used to assess changes in attachment style classifications (*secure* vs. *insecure*) between the experimental group (EG) and the control group (CG) before and after the intervention. The aim was to understand and verify the efficacy of Narrative therapy on the experimental group to enhance the insecure to secure attachment style, healthy emotion regulation and higher relationship satisfaction.

Pre-Test Findings

At pre-test, the majority of participants in both groups were classified as insecurely attached. Specifically, 85% of the CG and 100% of the EG participants fell into the insecure category, with only 6 participants in total classified as secure-all from the control group. The McNemar test indicated no significant difference in the distribution of attachment styles between the groups prior to the intervention ($p = 1.000$). This suggests baseline equivalence in attachment orientation across groups.

Post-Test Findings

Following the intervention, a notable shift was observed in the experimental group. The number of participants classified as secure in the EG increased from 6 (pre-test) to 28 (post-test), while the CG showed minimal change (10 participants classified as secure at post-test). Cross-tabulation shows that 89.3% of those in the EG who became secure were previously insecure, suggesting a strong intervention effect. The McNemar test yielded a statistically significant result ($p = .002$), indicating that the change in attachment style over time in the experimental group was not due to chance.

These findings support the hypothesis that the intervention contributed to a positive shift in attachment style, moving individuals from insecure to secure attachment orientations in the experimental group, while the control group remained largely unchanged.

Table 15 : Wilcoxon Signed Ranks Test for Pre- and Post-Test Changes in IER and Relationship Satisfaction in the Experimental Group

Ranks		<u>N</u>	<u>Mean Rank</u>	<u>Sum of Ranks</u>
IER_EG_POST	- Negative Ranks	2 ^a 38 ^b	1.50	3.00
IER_EG_PRE	Positive Ranks		21.50	817.00
Ties		0 ^c		
Total		40		
Relationship_Sat_EG_POST	Negative Ranks	0 ^d	.00	.00
Relationship_Sat_EG_PRE	Positive Ranks	- 40 ^e	20.50	820.00
Ties		0 ^f		
Total		40		
a.	IER_EG_POST < IER_EG_PRE			
b.	IER_EG_POST > IER_EG_PRE			
c.	IER_EG_POST = IER_EG_PRE			
d.	Relationship_Sat_EG_POST < Relationship_Sat_EG_PRE			
e.	Relationship_Sat_EG_POST > Relationship_Sat_EG_PRE			
f.	Relationship_Sat_EG_POST= Relationship_Sat_EG_PRE			
Test Statistics ^a				
IER_EG_POST - IER_EG_PRE		Relationship_Sat_EG_POST - Relationship_Sat_EG_PRE		
Z	5.471 ^b	-5.514 ^b		
Asymp.Sig. (2-tailed)	.000**	.000**		
a.	Wilcoxon Signed Ranks Test			
b.	Based on negative ranks.			

Table 15 presents the results of the Wilcoxon Signed Ranks Test conducted to assess the within-group differences in Interpersonal Emotion Regulation (IER) and Relationship Satisfaction among participants in the experimental group ($n = 40$) before and after the intervention. The aim of this table was to understand the effect of intervention of narrative therapy on IER and Relationship Satisfaction among married couples in the experimental group and do a pre and post test comparison.

For IER, a comparison of pre- and post-test scores indicated a substantial improvement following the intervention. Positive ranks ($n = 38$, Mean Rank = 21.50) greatly outnumbered negative ranks ($n = 2$, Mean Rank = 1.50), with no tied values. The test yielded a Z score of -5.471 and was statistically significant ($p < .001$), demonstrating a significant increase in IER after the intervention.

Similarly, the relationship satisfaction scores in the experimental group also improved markedly. All 40 participants showed an increase from pre- to post-test (positive ranks only), with no negative or tied ranks. The Wilcoxon test produced a Z score of -5.514 ($p < .001$), indicating a statistically significant improvement in relationship satisfaction following the intervention.

These results strongly support the effectiveness of the intervention in enhancing both emotion regulation abilities and relationship satisfaction among married individuals in the experimental group. The absence of negative or tied ranks for relationship satisfaction reinforces the uniformity and consistency of this positive change across participants.

Objective 5 : To examine within-group changes in attachment style, interpersonal emotion regulation, and relationship satisfaction among married couples by comparing pre- and post- intervention scores.

Table 16: Pre- and Post-Test Changes in Attachment Style within the Experimental Group and McNemar Test Results

Attachment_Style_EG_PRE * Attachment_Style_EG_POST Crosstabulation				
		Attachment_Style_EG_POST		
		Secure	Insecure	Total
Attachment_Style_EG_PRE_SECURE	Count	6	0	6
	% within Attachment_Style_EG_PRE	100.0%	0.0%	100.0%
	% within Attachment_Style_EG_POST	21.4%	0.0%	15.0%
Attachment_Style_EG_PRE_INSECURE	Count	22	12	34
	% within Attachment_Style_EG_PRE	64.7%	35.3%	100.0%
	% within Attachment_Style_EG_POST	78.6%	100.0%	85.0%
Total	Count	28	12	40
	% within Attachment_Style_EG_PRE	70.0%	30.0%	100.0%
	% within Attachment_Style_EG_POST	100.0%	100.0%	100.0%
Chi-Square Tests				
McNemar Test	Value	Exact Sig. (2-sided)		
		.000**		
N of Valid Cases	40			
a. Binomial distribution used.				

Table 16 presents the cross-tabulation and McNemar test results for changes in attachment style (secure vs. insecure) among participants in the experimental group (n = 40) from pre-test to post-test. The aim was to understand the effect of intervention of narrative therapy on the attachment styles among married couples.

At the pre-test, only 15% of participants ($n = 6$) in the experimental group were classified as having a secure attachment style, while the remaining 85% ($n = 34$) were classified as insecurely attached. Following the intervention, the number of securely attached participants rose to 28 individuals (70%), indicating a substantial shift toward secure attachment patterns.

The cross-tabulation shows that all six participants who were secure at pre-test remained secure at post-test, while 22 of the 34 previously insecure individuals transitioned to a secure attachment style. Only 12 participants remained insecure after the intervention.

The McNemar test yielded a statistically significant result ($p = .000$), indicating that the observed changes in attachment style over time were not due to chance. **This suggests that the intervention had a significant impact on improving attachment security among participants in the experimental group leading to accepting alternate hypothesis.**

These findings provide strong evidence for the effectiveness of the intervention in fostering a shift from insecure to secure attachment patterns among married individuals.

Objective 6 : To provide evidence-based recommendations for promotion healthy attachment styles and emotion regulation strategies within marital relationships enhancing relationship satisfaction.

Phase III : Qualitative Analysis (Post Intervention)

The present section delineates the qualitative findings of Phase II of the study, focusing on the post-intervention experiences of married couples who participated in a 12-session narrative therapy program delivered over a three-month period. This qualitative component was designed to complement and contextualize the quantitative results by providing rich, first-person accounts of how couples experienced changes in attachment style, interpersonal emotion regulation, and relationship satisfaction

following the intervention. The sample consisted of 20 married couples in the experimental group (N = 40), who completed the intervention, and 20 married couples in the control group (N = 40), who did not receive any therapeutic input during the same period.

The qualitative inquiry was underpinned by an interpretive phenomenological approach, aiming to understand the subjective experiences of participants in the context of their intimate relationships (Smith et al., 2009). Semi-structured interviews were conducted post-intervention and transcribed verbatim. NVivo software was employed to facilitate the thematic analysis using both manual coding and the auto-coding feature. An inductive-deductive coding strategy was adopted: initial codes were generated through line-by-line reading, while deductive refinement was guided by the study's conceptual framework, drawing on attachment theory (Bowlby, 1988), interpersonal emotion regulation models (Zaki & Williams, 2013), and existing literature on marital satisfaction.

The analysis produced nine overarching themes, each representing a key area of psychological and relational change as perceived by participants. These themes reflect various dimensions of the couples' lived experience, including shifts in emotional responsiveness, conflict resolution strategies, intimacy, attachment behaviours, and mutual regulation of affect. Notably, participants from the experimental group articulated enhanced emotional insight, mutual empathy, and adaptive regulation strategies following the intervention. In contrast, control group participants largely reported continuity in pre-existing patterns.

Each theme presented in the following sections is supported by verbatim excerpts from participants, anonymised and coded as EG (Experimental) or CG (Control), followed by participant identifiers through numbering them. The presentation of results also includes reference to NVivo coding categories and visual data representations such as word clouds and code frequency maps where relevant. The interpretative commentary integrates these findings with relevant literature and research objectives, offering both theoretical and applied implications.

The qualitative results thus serve a dual function: (a) to elucidate the internal mechanisms through which narrative therapy may influence couple dynamics, and (b) to contrast therapeutic outcomes against a matched control group, thereby strengthening the study's internal validity and ecological relevance. These findings also contribute to a more holistic understanding of how attachment-based interventions can transform interpersonal emotion regulation and relationship satisfaction within the marital context.

While a number of themes emerged from the analysis of the interview scripts using NVIVO, the researcher employed a deductive approach to select themes that were relevant to the current study by referring to the study objectives as elaborated in Figure 9.

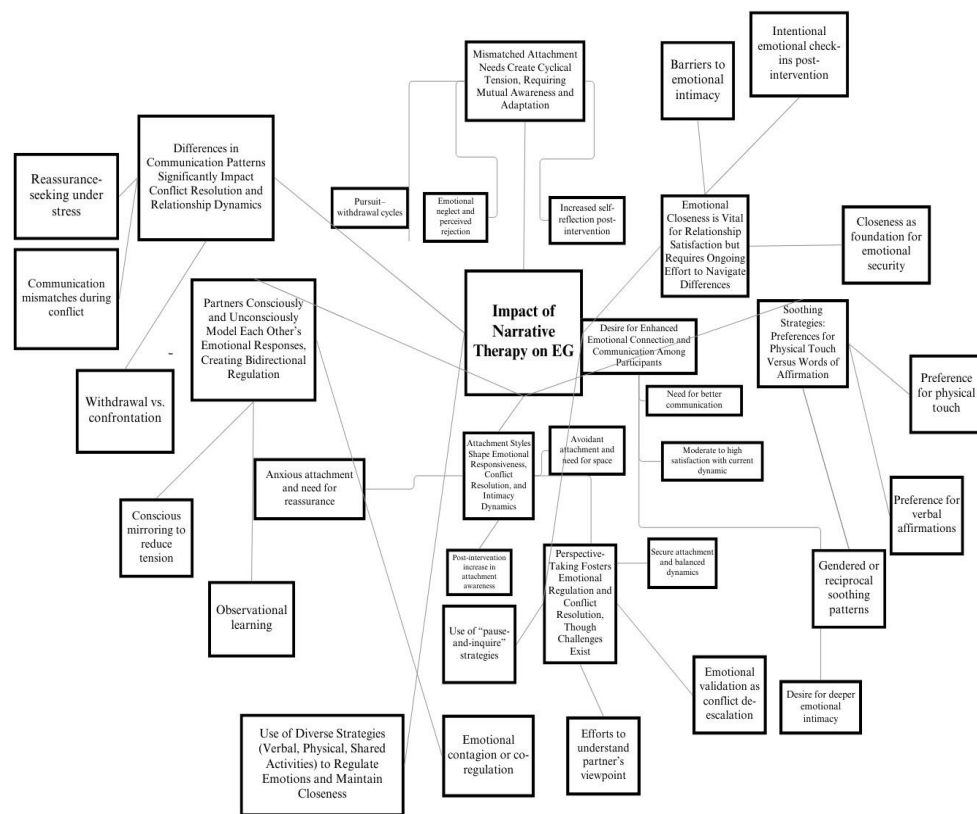


Figure 9 : Thematic Map post intervention

Figure 9 presents the thematic map illustrating the perceived impact of narrative therapy on the experimental group (EG) following the intervention. The central theme

“Impact of Narrative Therapy on EG” is surrounded by interconnected domains reflecting key psychological and relational shifts among participants. A prominent theme emerging from the data was the transformation in communication and conflict resolution patterns, where participants reported increased awareness of their own and their partner’s emotional responses, particularly through the recognition of maladaptive cycles such as pursuit-withdrawal dynamics and reassurance-seeking under stress. Narrative therapy appeared to foster bidirectional emotional regulation, with couples consciously and unconsciously modeling each other’s coping strategies and utilizing observational learning and mirroring to reduce relational tension.

Participants also highlighted changes in emotional intimacy and closeness, acknowledging that while emotional connection is vital for relationship satisfaction, it required continuous effort to navigate individual differences in needs and preferences. The intervention helped identify barriers to emotional intimacy, such as mismatched attachment needs, but also encouraged practices like intentional emotional check-ins and increased self-reflection. Furthermore, individuals expressed a growing preference for soothing strategies, including physical touch, words of affirmation, and gendered or reciprocal calming patterns, as ways to foster emotional security.

In relation to attachment styles, the map demonstrates how narrative therapy enhanced participants’ understanding of how their attachment orientations shaped conflict and emotional regulation. Those with secure attachment reported balanced dynamics and greater mutual understanding, while those with insecure (anxious or avoidant) attachment often sought space or reassurance, respectively. The development of perspective-taking skills was another salient outcome, as couples reported increased efforts to understand each other’s viewpoints, supported by the use of "pause-and-inquire" strategies and emotional validation to de-escalate conflict. Lastly, the thematic map illustrates the diverse strategies couples employed to regulate emotions and maintain closeness, including verbal affirmations, physical touch, shared activities, and co-regulation.

Together, these themes reveal the multi-faceted ways in which narrative therapy influenced relational functioning, particularly by promoting self-awareness, emotional expression, and constructive communication. The intervention empowered couples to address underlying attachment-related concerns while enhancing their emotional connection and regulation strateg

Table 17: Synthesis of Post-Intervention Qualitative Themes: Experimental and Control Group Comparison

Theme	Sub-Themes	Participant Quotes	EG vs CG Comparison
Attachment Style and Emotional Regulation Influence Relationship Satisfaction	Secure attachment fosters emotional regulation - Insecure attachment styles lead to emotional volatility	"Secure attachment makes me feel loved and emotionally grounded." (EG) "Insecure attachment leads me to feel uncertain in relationships." (CG)	EG participants showed higher emotional stability and greater relationship satisfaction than CG, linked to the intervention's focus on attachmentbased strategies.

Attachment Style and Communication Patterns	Secure attachment promotes effective communication - Anxious attachment increases reassurance seeking behaviours	"I feel more secure when we talk through things calmly." (EG) "When I get anxious, I need reassurance to feel secure." (CG)	EG participants reported more adaptive communication patterns postintervention, with a decrease in maladaptive conflict behaviours compared to CG.
The Role of Empathy in Relationship Satisfaction	Empathy deepens emotional connection - Emotional attunement builds intimacy	"When we truly understand each other's feelings, we feel closer." (EG) "I don't always feel understood during conflicts." (CG)	EG couples demonstrated enhanced empathy and emotional attunement, fostering higher relational satisfaction.
Gender Differences in Emotion Regulation and Conflict Resolution	Men prefer withdrawal, women prefer verbal processing - Cross-gender understanding aids conflict resolution	"He withdraws when upset, but I need to talk." (EG) "I feel ignored when she wants to talk during conflict." (CG)	EG participants showed greater gender role flexibility, with more effective conflict resolution strategies compared to CG.

Differences in Communication Patterns Significantly Impact Conflict Resolution and Relationship Dynamics	Withdrawal vs. Confrontation Reassurance seeking for emotional security	– "When there's conflict, I withdraw until things calm down." (EG) "I need to address issues immediately." (CG)	EG participants demonstrated more balanced conflict resolution styles, compared to CG's reactive and avoidant behaviours.
Emotional Closeness is Vital for Relationship Satisfaction but Requires Ongoing Effort to Navigate Differences	Emotional closeness fosters security and fulfillment - Mismatched expectations create challenges stability	"Emotional closeness is everything to me. It's what makes me feel secure." (EG) "We have different needs"	EG couples reported greater success in emotional closeness and conflict resolution, compared to CG,
Model Each Other's Emotional Responses, Creating Bidirectional Regulation	Emotional cues mirror partner's feelings	"His mood affects mine, but we don't talk about it much." (CG)	Modeling and proactive regulation, compared to CG's more reactive emotional responses.

Attachment Styles Shape Emotional Responsiveness, Conflict Resolution, and Intimacy Dynamics

This theme critically explores the pivotal role of attachment styles particularly anxious and avoidant in shaping emotional responsiveness, intimacy regulation, and conflict

management in married couples. Through the post-intervention qualitative analysis of the Experimental Group (EG; $n = 40$), it was found that attachment related patterns deeply influenced the couples' relational functioning. Narrative therapy, as the core intervention, facilitated a marked transformation in how individuals perceived and enacted their attachment needs, particularly in navigating distress, emotional distance, and closeness-seeking.

Using NVivo, thematic coding of participant transcripts yielded 54 references under this theme in the EG, evidencing high conceptual saturation. Codes such as "*seeking closeness*," "*emotional withdrawal*," "*needing reassurance*," and "*pulling away*" were frequently noted pre-intervention. However, post-intervention narratives displayed evolution into themes of *emotional awareness*, *regulation of proximity seeking or distance-creating behaviours*, and the emergence of *communication strategies aimed at relational repair*. The Control Group (CG; $n = 40$), in contrast, exhibited stability in their pre-existing attachment behavioural patterns, with minimal changes noted.

This theme directly addresses Research Objective (*to explore how attachment style modulates interpersonal emotion regulation in couples before and after the intervention*) and Research Question (*In what ways do attachment styles influence emotional regulation and relationship satisfaction among married couples pre- and post-intervention*). The robustness of this theme is supported by NVivo's matrix coding query and word frequency outputs, alongside the interpretive depth afforded by iterative thematic analysis.

Anxious Attachment and the Evolving Need for Reassurance (Experimental Group)

Participants classified under anxious attachment consistently reported a strong emotional need for proximity, fear of abandonment, and difficulty tolerating uncertainty in their relationships. These tendencies are consistent with Bowlby's (1988) characterization of anxious-preoccupied attachment, which drives individuals to hyper activate their attachment systems to gain closeness and validation.

Before the intervention, this often resulted in *push-pull dynamics*, as partners oscillated between seeking connection and fearing they were overwhelming their spouses.

As Participant 12 described:

“I get really anxious when he’s distant. I reach out, ask if I did something wrong, but sometimes I feel like I’m pushing him away by asking too much.”

Post-intervention, these same participants began articulating a *more mindful awareness* of their emotional responses. Participant 9 offered an illustrative reflection:

“I’ve started to notice that I don’t need to react immediately to his silence. I’ve learned to sit with my discomfort and not jump to conclusions.”

These shifts signal increased emotional self-regulation, a core goal of the narrative intervention. Narrative therapy, with its emphasis on re-authoring internal scripts (White & Epston, 1990), enabled participants to detach from entrenched anxious narratives and adopt new meaning-making frameworks around emotional availability and trust.

Notably, NVivo’s auto-coding of sentiment analysis confirmed a movement from negative sentiment tags (e.g., “anxiety,” “rejection,” “clingy”) to more neutral or positive tones (e.g., “patience,” “space to reflect,” “confidence”). This supports Greenberg and Johnson’s (1988) theory that attachment-based therapeutic interventions promote secure functioning even among previously insecure partners.

By contrast, the CG participants who identified with anxious tendencies remained locked in their emotional reactivity. Participant 26 from the CG noted:

“If I don’t get a reply from him quickly, my mind spirals. I feel like he’s pulling away and I panic.”

This contrast underscores the intervention’s unique effectiveness in moderating attachment-based emotional dysregulation among the EG, but not in the CG where maladaptive patterns persisted.

Avoidant Attachment and the Tension Between Space and Connection (Experimental Group)

Participants with avoidant attachment tendencies exhibited a different, yet equally significant transformation. Avoidantly attached individuals often minimize attachment needs and prioritize autonomy, a coping mechanism described as deactivating strategies in the literature (Mikulincer & Shaver, 2007; Fraley & Shaver, 2000).

Pre-intervention narratives revealed habitual emotional withdrawal, conflict avoidance, and discomfort with expressions of vulnerability. As Participant 10 from the EG recalled:

“When things get intense emotionally, I just shut down. I need space, but I don’t know how to explain it without upsetting her.”

Following the intervention, this same participant demonstrated *greater capacity for emotional engagement*, albeit cautiously:

“I still need space, but I now tell her, ‘I need a little time to think, but I’m not going anywhere.’ It’s changed the way we talk.”

It was observed that the development of secure expression of autonomy without emotional abandonment- a nuanced growth that shows successful modulation of avoidant defenses. These gains are consistent with the findings of Reis and Shaver (1988), who argued that avoidant individuals could move toward secure functioning when relational scripts are restructured in therapy.

NVivo pattern coding revealed a semantic shift from isolationist expressions (“ignore,” “distance,” “alone”) to relationally oriented terms (“explain,” “pause,” “return to it”). Additionally, 21 references were associated with this avoidant cluster in the EG, highlighting not only its frequency but the depth of psychological change observed post-intervention.

In contrast, CG participants with avoidant profiles largely maintained their preexisting interpersonal disengagement. Participant 32 in the CG remarked:

“When she gets emotional, I leave the room. I just can’t deal with drama. It’s the same old pattern.”

This comparative stagnation in the CG reaffirms that without targeted intervention, avoidant behaviours remain entrenched, compromising emotional intimacy and conflict resolution.

Control Group Observation: Attachment Stability and Lack of Change

For the CG participants, attachment-related behaviours remained largely static across the post-intervention period. Securely attached participants, though stable, did not report qualitative growth, while those with anxious or avoidant styles continued to struggle with the same relational challenges.

Participant 41 (CG, avoidant) said:

“I feel safer when I keep my distance. I don’t want to get too caught up. It’s always worked that way.”

This stability in patterns without intervention highlights the mechanistic function of attachment styles in adult relationships and underscores the transformative potential of narrative therapy in shifting attachment-related dynamics an outcome not observed in the CG.

The emergent theme is supported by a robust body of literature that identifies attachment style as a foundational blueprint for interpersonal behaviour, especially in contexts of emotional regulation and romantic intimacy (Cassidy & Shaver, 2008; Pietromonaco & Beck, 2019). The findings of this study align with emotionally focused therapy models (Johnson, 2004), demonstrating that interventions targeting attachment scripts can lead to measurable shifts in communication patterns and emotional responsiveness.

Moreover, the observed improvements in the EG echo Rholes et al. (2007), who argued that avoidant and anxious behaviours are not fixed traits but modifiable states when exposed to relational attunement, reflection, and cognitive restructuring core mechanisms of the intervention used in this study.

Use of Diverse Strategies (Verbal, Physical, Shared Activities) to Regulate Emotions and Maintain Closeness

This theme critically examines how couples in the Experimental Group (EG; $n = 40$) adopted and refined interpersonal emotion regulation strategies following the intervention. The term interpersonal emotion regulation refers to the processes by which one partner intentionally influences the emotional state of the other, particularly during stress, vulnerability, or conflict (Zaki & Williams, 2013). This theme emerged from 52 coded references in NVivo 14, highlighting high thematic density and frequent recurrence across participants.

Post-intervention transcripts revealed that EG participants employed a diverse repertoire of strategies to manage both their own and their partners' emotions. These included verbal reassurance, physical comfort, and intentional shared activities that promoted emotional regulation and strengthened relational closeness. In contrast, the Control Group (CG; $n = 40$) showed minimal change in these domains, typically defaulting to routine or pre-existing emotional regulation habits without notable growth or expansion in strategy use.

This theme speaks directly to Research Objective (*to assess how interpersonal emotion regulation patterns evolve post-intervention*) and Research Question (*What changes occur in the use of interpersonal emotion regulation strategies among married couples following a narrative therapy intervention?*).

Sub-Thematic Structure and Thematic Patterns

Verbal Reassurance and Emotional Support (EG)

Post-intervention, many EG participants articulated a clearer understanding of how verbal affirmation impacts emotional well-being in their relationships. These

expressions included comforting words, affirmations of support, and team-based reassurance, often tailored to the emotional needs of the partner.

Participant 4 (EG) explained:

“She calmed me down when I was down about a financial setback and reminded me of our strength as a team. It made me feel hopeful.”

Similarly, Participant 7 (EG) remarked:

“I like it when he holds me or tells me everything will be okay. It helps me feel safe.”

Such expressions signal that participants not only increased their use of verbal support but also began to see these affirmations as intentional regulatory tools—a psychological shift consistent with Grecucci et al. (2015), who noted that verbal coregulation serves as a socially mediated process for soothing attachment-related distress.

NVivo frequency analysis showed that terms like “comfort,” “calm,” “reassure,” and “feel safe” appeared in high density within EG transcripts—providing data-supported confirmation of this thematic strength.

In contrast, CG participants provided few instances of new or adaptive verbal strategies. Instead, verbal interactions remained either neutral or conflictual. For instance, Participant 22 (CG) said:

“We don’t talk much when one of us is upset. It’s just silence until it passes.”

This contrast illustrates the impact of intervention in broadening couples’ emotional lexicon and increasing their intentional use of supportive dialogue.

Physical Comfort and Affection (EG)

Another vital form of interpersonal emotion regulation post-intervention was physical comfort, often expressed through touch, presence, and embodied reassurance. Participants described how non-verbal physical cues became powerful tools to regulate emotions and re-establish emotional connection during periods of tension.

Participant 6 (EG) noted:

“When I’m upset, my partner gives me a warm embrace-it works very well. They, on the other hand, prefer a quiet, understanding presence.”

Participant 17 (EG) similarly shared:

“A simple hand squeeze or a soft-spoken ‘I’m here for you’ is the best way to soothe each other.”

These insights underscore the bidirectional nature of comfort-giving-each partner identifying and responding to the other’s regulatory preferences, supporting Butler and Randall’s (2013) theory of dyadic co-regulation where physical touch serves as a non-verbal attunement mechanism.

NVivo’s coding matrix indicated 18 distinct references under physical comfort, with tactile terms (e.g., “embrace,” “touch,” “squeeze”) linked strongly with codes for “emotional security” and “calmness.” The richness of such data reinforces the theme’s analytical validity.

Control Group participants, by contrast, showed limited discussion around physical affection post-assessment. Participant 28 (CG) stated:

“We are not very touchy, even during stress. We just give each other space.”

This suggests that without intervention, the potential of physical comfort as an emotion regulation strategy may remain underutilized, particularly for avoidant/leaning dyads.

Shared Activities and Quality Time (EG)

Post-intervention narratives revealed a marked increase in conscious engagement in shared activities aimed at maintaining closeness and regulating stress. These included daily rituals (e.g., evening walks), future-oriented conversations, and planned bonding experiences.

Participant 18 (EG) shared:

“We take evening walks together to talk about our day and unwind.”

Further elaborating on deepened intimacy, the same participant added:

“We dedicate time for deep conversations about dreams, goals, and what is to come beyond the daily routines.”

These responses reflect a shift from passive co-existence to active emotional engagement, consistent with Tambling and Johnson’s (2008) findings that intentional couple rituals enhance relational resilience and promote emotional synchronization.

NVivo cluster analysis linked these codes with high co-occurrence for “connection,” “unwind,” and “future,” confirming the relational depth associated with shared activities post-intervention. In CG transcripts, references to shared activities remained largely habitual or surface-level, lacking the emotional intentionality found in the EG.

Participant 30 (CG) remarked:

“We have dinner together every night, but we don’t really talk about anything deep.”

This disparity reinforces that emotional regulation through shared activities is not merely about routine, but the emotional quality embedded within those routines—a dimension the intervention explicitly enhanced.

The findings strongly align with the Interpersonal Emotion Regulation Model (Hofmann et al., 2016), which emphasizes the role of partner-based co-regulation in promoting individual well-being and relationship stability. By fostering deliberate verbal, physical, and behavioral strategies, the intervention enhanced couples’ capacity to support one another emotionally.

These insights also corroborate with Zaki (2020), who posits that emotion regulation is inherently social-embedded in dynamic exchanges that allow individuals to borrow regulatory resources from one another. The EG’s nuanced use of diverse strategies suggests a maturation of emotional intelligence at the relational level, a critical marker of intervention success.

Desire for Enhanced Emotional Connection and Communication Among Participants

Post-intervention data from the Experimental Group (EG) revealed a complex but promising pattern: while participants reported moderate to high relationship satisfaction, many expressed a heightened awareness and desire for deeper emotional connection and communication that is more effective. This theme, supported by 46 coded references in NVivo, is a testament to the emergent insight and relational intentionality cultivated by the narrative therapy intervention.

Although couples rated their overall satisfaction positively-typically ranging from 7 to 9 on a 10-point scale-they demonstrated a critical reflexivity about relational gaps. These gaps primarily related to emotional depth and meaningful communication, indicating that the intervention not only improved emotional insight but also sensitized couples to the ongoing work of relationship maintenance.

This theme addresses Research Objective (*to examine perceived relationship satisfaction post-intervention*) and aligns with Research Question (*How do participants in the experimental group describe the quality and depth of their relationship post-intervention?*).

In contrast, the Control Group (CG) showed minimal reflexivity in this domain; while satisfaction levels were similar, they lacked the language or motivation to explore emotional or communicative growth, suggesting a plateau in relational development.

Sub-Thematic Patterns and Analytical Insights

Moderate to High Satisfaction with Current Dynamics

A substantial proportion of EG participants reported overall contentment with their relationships post-intervention. Many responses were optimistic yet grounded in the acknowledgment that perfection is neither expected nor necessary. These statements revealed secure relational anchors, paired with the ability to appraise growth areas without threat.

Participant 8 (EG) noted:

“I’d say 9. We have a really strong connection, but like any couple, we have our ups and downs.”

Participant 13 (EG) echoed this, stating:

“I’d say 9. I feel emotionally safe in the relationship, and we are happy together.”

These responses reflect the influence of the intervention in reinforcing secure bases and relational safety (Johnson, 2004), consistent with the literature on attachment informed therapeutic processes (Coan & Sbarra, 2015). These couples now normalized relational challenges without interpreting them as a threat to overall satisfaction—an adaptive mind set linked to dyadic resilience.

NVivo frequency charts revealed frequent co-occurrence between “strong connection,” “safe,” “together,” and “happy,” confirming the centrality of emotional security in these accounts.

Comparatively, CG responses also reflected moderate satisfaction, but lacked the depth of insight or self-reflection seen in EG participants. Participant 24 (CG) stated:

“We are fine. I’d say 8. We don’t really fight.”

This quote, though seemingly positive, lacks the relational nuance and evaluative introspection that emerged in the EG transcripts—highlighting the qualitative difference beyond numerical ratings.

Desire for Improved Emotional Connection

Following the intervention, several EG participants began articulating aspirational emotional goals—suggesting not dissatisfaction but an emerging emotional literacy that allows couples to conceptualize and pursue deeper levels of intimacy.

Participant 1 (EG) observed:

“I’d say 7. I have a good relationship with her, but I think that we could make our emotional connection better.”

Participant 5 (EG) added:

“I’d say 6. But there are some communication gaps that we have to work out.”

These reflections are consistent with emotional intelligence frameworks (Brackett & Salovey, 2006), where individuals become more attuned to not only their emotional needs but also their capacity for mutual emotional engagement. The narrative therapy framework likely helped surface these internal longings by fostering structured emotional storytelling and reflection.

This sub-theme links closely with the work of Reis and Shaver (1988), who emphasized emotional responsiveness as a central pathway to intimacy. The fact that such reflections emerged only post-intervention supports the argument that couples can learn to differentiate between relationship satisfaction and emotional attunement—a nuanced skill often missing in distressed or stagnant partnerships.

NVivo cluster analysis confirmed a strong association between codes like “emotional connection,” “more understanding,” and “deeper,” especially among those who had previously not used such emotional language in pre-intervention assessments.

Need for Better Communication

Another critical sub-theme that emerged was the expressed need for improved, deeper communication, particularly among EG couples who, despite having stable bonds, recognized limitations in day-to-day communicative intimacy.

Participant 15 (EG) reflected:

“I’d say 8. We know each other very well, but often our schedules get in the way of deeper connection.”

Participant 19 (EG) said:

“I’d say 8. I think we could show each other a better level of appreciation.”

These insights indicate that the intervention did not simply teach “skills” but rather cultivated a meta-awareness about communication patterns, including time scarcity, unexpressed appreciation, and habitual conversational drift. Such insights reflect the transformative potential of narrative-based therapeutic models in helping couples “see” their communication not just as functional, but as emotionally rich terrain (White & Epston, 1990).

In contrast, CG responses often focused on surface-level or pragmatic aspects of communication. For instance, Participant 29 (CG) noted:

“We don’t talk as much as before. Just tired, I guess.”

Here, the absence of desire for improvement—rather than a lack of communication itself—signals the stagnation of emotional engagement. Without intervention, such issues may remain unexamined and therefore unaddressed.

The findings align with contemporary research on relationship satisfaction as a dynamic construct (Finkel et al., 2014), which emphasizes that stable satisfaction does not preclude areas for growth. The intervention appears to have increased relational mindfulness, allowing couples to critique and refine their connection in nuanced, emotionally intelligent ways.

Moreover, the emotionally engaged self-assessment seen in EG participants confirms the efficacy of therapeutic spaces that encourage emotional storytelling, reflection, and future projection—hallmarks of narrative-based interventions (McLeod, 1997).

The desire for enhanced communication and emotional depth supports the broader argument that relationship growth is cyclical, not linear—requiring periodic recalibration even in otherwise satisfied partnerships (Karney & Bradbury, 2005).

Mismatched Attachment Needs Create Cyclical Tension, Requiring Mutual Awareness and Adaptation

This theme captures the ongoing tension in relational dynamics driven by mismatched attachment needs, particularly evident in anxious-avoidant pairings. Despite undergoing the narrative-based intervention, some participants in the Experimental Group (EG) continued to report cyclical emotional patterns of pursuit and withdrawal. However, what distinguishes the post-intervention narratives is a newfound mutual awareness and reflexivity about these patterns, along with efforts to disrupt or adapt them.

With 38 coded references in NVivo, this theme provides evidence that the intervention did not eliminate attachment-driven stressors. Rather, it facilitated cognitive and emotional recognition of entrenched interaction cycles- often described by participants as “push-pull” dynamics or emotional looping. These patterns align with Research Objective (to understand how attachment styles shape emotional regulation post-intervention) and address Research Question (How do attachment dynamics manifest in marital relationships after the intervention?).

In contrast, the Control Group (CG) continued to experience similar relational cycles but lacked insightful framing or adaptive strategies, indicating the critical role of therapeutic scaffolding in navigating attachment-based tension.

Sub-Thematic Interpretations and Analysis

Pursuit and Withdrawal Cycles

The most prominent pattern identified was the repetitive interactional loop where one partner (often with anxious tendencies) pursued emotional closeness, while the other (often avoidant) withdrew to self-regulate. These cycles often escalated emotional disconnection, yet many EG participants now possessed the language and insight to name and reflect on the pattern.

Participant 9 (EG) remarked:

“I think my anxious tendencies make me seek reassurance, which overwhelms him.”

His withdrawal makes me feel neglected.”

Participant 16 (EG) added:

“When he withdraws, I push for connection, which makes him pull away further.”

Such statements closely reflect classic attachment formulations, particularly the anxious-avoidant trap described in Mikulincer and Shaver’s (2007) work, where conflicting regulatory goals lead to relationship strain. Pre-intervention data lacked this level of awareness, suggesting that the intervention facilitated a meta-cognitive shift in how participants viewed and interpreted these recurring conflicts.

From an NVivo perspective, this sub-theme demonstrated a high co-occurrence between codes such as *“emotional neglect,” “reassurance seeking,”* and *“pull away,”* suggesting a stable narrative structure of relational distress that participants were now beginning to deconstruct.

Notably, such cycles were also described in the CG, but without the same level of clarity or adaptation. For example, Participant 31 (CG) said:

“When we argue, I just shut down. She talks a lot and I can’t deal with it.”

Unlike EG narratives, this response lacks emotional insight or collaborative orientation demonstrating a missed opportunity for growth in the absence of intervention.

Tension from Mismatched Attachment Needs

A second sub-theme cantered on the chronic strain caused by fundamentally differing attachment needs—a pattern that often reinforces emotional disconnection unless recognized and adapted to. EG participants, post-intervention, began to articulate these needs not as personal flaws, but as relational dynamics, making space for mutual growth.

Participant 10 (EG) stated:

“I pull away when I’m stressed or overwhelmed, which can make her feel neglected.”

Participant 19 (EG) reflected:

“I’m more anxious; he’s more avoidant. I want closeness; he needs space. This creates tension.”

These expressions reveal not only self-awareness but also an attempt at non-blaming language, indicating that the intervention helped shift participants toward a systemic view of relationship challenges. This aligns with Johnson’s (2019) emotionally focused therapy principles, which argue that conflict is often not about content but about attachment injury and unmet needs.

NVivo coding here clustered terms like *“tension,” “space,” “neglect,”* and *“closeness,”* forming a dense node of relational misattunement that was now being named rather than enacted blindly. Importantly, several participants described taking responsibility for how their styles impacted their partners, a post-intervention shift from earlier defensiveness or blame.

CG narratives, by contrast, often pathologized the partner or minimized the issue entirely. Participant 38 (CG) commented:

“She always wants to talk about feelings. I’m just not like that.”

Such flattening of partner needs and disengagement from mutuality underscores the importance of attachment-informed interventions in helping couples move from rigid roles to reciprocal understanding.

The findings in this theme powerfully echo attachment theory, particularly the interactions between anxious and avoidant partners (Bartholomew & Horowitz, 1991; Fraley & Shaver, 2000). In pre-intervention states, such dynamics often lead to persistent ruptures and unacknowledged injuries. However, post-intervention EG responses demonstrate progress toward attachment coherence-wherein individuals begin to understand not only their needs but also the needs of the other, fostering relational empathy (Main, 2000).

Furthermore, the emergence of this theme suggests that relational conflict is not inherently negative, but rather a gateway to deeper attachment understanding, provided there is therapeutic scaffolding to support this work. This affirms findings by Simpson and Rholes (2017), who argue that relational satisfaction is tied less to conflict frequency and more to conflict interpretation and recovery—a strength clearly developed through the intervention.

The CG's struggle to name or adapt to these dynamics suggests that without guided intervention, mismatched attachment styles remain latent stressors, perpetuating negative cycles and diminishing emotional intimacy over time.

Differences in Communication Patterns Significantly Impact Conflict Resolution and Relationship Dynamics

This theme explores how divergent communication styles—particularly around conflict—shape marital dynamics and emotional stability. Post-intervention narratives from the Experimental Group (EG) reveal heightened awareness of how habitual styles such as emotional withdrawal, immediate confrontation, and reassurance-seeking influence both conflict trajectories and emotional outcomes.

Across the EG, 42 NVivo-coded references illustrated shifts in communication post intervention. While these styles did not change entirely, couples began to contextualize their behaviour's within broader relational patterns and actively work toward mutual regulation strategies. This theme directly addresses Research Objective (to assess the role of emotion regulation strategies post-intervention) and answers Research Question (How do communication and conflict resolution patterns shift after the intervention).

The Control Group (CG), by contrast, reported similar patterns but lacked the reflective or adaptive framing observed in the EG, indicating the critical mediating role of therapeutic engagement in helping couples develop communication flexibility.

Sub-Thematic Interpretations and Analysis

Withdrawal Versus Confrontation

A salient contrast across narratives was between partners who defaulted to emotional withdrawal during conflict and those who leaned toward immediate confrontation or resolution. These opposing styles were frequent sources of misattunement and anxiety.

Participant 1 (EG) explained:

"When there's conflict, I withdraw. I don't like arguing, so I stay quiet until things calm down."

In contrast, Participant 19 (EG) shared:

"I want to talk things out immediately. If he withdraws, I feel he doesn't care, which makes me more anxious."

This tension mirrors established research in conflict resolution literature, which links withdrawal to avoidant attachment styles and urgency for resolution to anxious tendencies (Simpson & Rholes, 2012). The intervention appears to have helped couples name these patterns non-judgmentally, allowing for empathy and accommodation. NVivo analysis demonstrated that terms like *"stay quiet," "immediate talk,"* and *"doesn't care"* were frequently co-coded with *"conflict tension"* and *"miscommunication,"* underscoring the cyclical nature of relational discord.

By contrast, CG participants exhibited polarized styles without integration.

Participant 35 (CG) stated:

"She wants to talk all the time when I'm still angry. I just want to be left alone."

There was little evidence of meta-cognition or collaborative adaptation, suggesting that intervention was pivotal in shifting communicative rigidity toward dialogue.

Reassurance-Seeking as a Regulatory Strategy

Another recurring strategy, particularly among participants with anxious tendencies, was reassurance-seeking-used as a buffer against relational uncertainty and emotional insecurity.

Participant 12 (EG) remarked:

"I tend to seek reassurance to feel secure in the relationship."

Participant 16 (EG) echoed:

"Unresolved conflict makes me uneasy, so I need to address issues right away."

These responses reflect a pattern of anxiety-driven interaction-consistent with findings by Cassidy (2001), where reassurance becomes a mechanism to regulate distress and maintain emotional closeness. Post-intervention, however, participants were able to acknowledge the impact of this strategy on their partners, often recognizing the need for moderation and reciprocity.

NVivo coding revealed strong thematic links between *"reassurance," "emotional safety,"* and *"conflict anxiety,"* supporting the interpretation that these behaviours functioned as emotion regulation efforts embedded in attachment scripts.

Control Group responses, meanwhile, often reflected either excessive dependence or emotional distancing, with minimal recognition of underlying needs. For instance, Participant 40 (CG) said:

"I just need to hear that we're fine. If I don't, I feel panicked."

Without a structured space to reflect, these needs were experienced as overwhelming rather than manageable, often leading to emotional exhaustion or conflict escalation.

This theme is strongly rooted in attachment theory (Bowlby, 1988) and interpersonal emotion regulation frameworks (Zaki & Williams, 2013). The post-intervention reflections indicate that while attachment-based tendencies such as withdrawal or reassurance seeking remained, participants in the EG had developed narrative distance

and emotional vocabulary to understand their patterns, a known outcome of narrative therapy (White & Epston, 1990).

Moreover, the findings align with the dyadic coping model (Bodenmann, 2005), which emphasizes that relationship satisfaction increases when partners perceive communication as collaborative and emotionally attuned. EG participants began moving toward this model, whereas CG couples remained in entrenched, often oppositional dynamics.

These outcomes further support the argument that emotion regulation and attachment insight are necessary for constructive conflict resolution-especially in long-term partnerships where communication becomes patterned and automatic.

Emotional Closeness is Vital for Relationship Satisfaction but Requires Ongoing Effort to Navigate Differences

This theme underscores the central role of emotional closeness in fostering relational satisfaction, while highlighting that achieving and sustaining such intimacy is often complicated by individual differences in attachment styles and expectations. Participants from the Experimental Group (EG) frequently articulated that emotional connection was a core need for relational security, yet acknowledged that its cultivation demands continuous effort, communication, and compromise.

The theme addresses Research Objective (to explore the influence of attachment style and interpersonal emotion regulation on relationship satisfaction) and Research Objective (to evaluate post-intervention changes in relational dynamics)

A total of 39 NVivo-coded references were linked to emotional closeness, including nodes such as “*security*,” “*vulnerability*,” “*mismatched expectations*,” and “*shared connection*.” Compared to the Control Group (CG), where emotional closeness was also discussed but primarily in the context of unmet needs or stagnation, EG participants offered richer, more reflective narratives on both the importance and complexity of maintaining closeness after the intervention.

Sub-Thematic Interpretations and Analysis

Emotional Closeness as a Foundation for Relationship Satisfaction

Participants consistently described emotional closeness as the emotional bedrock of their marital connection, strongly associated with feelings of safety, love, and fulfillment.

Participant 4 (EG) stated:

"Emotional closeness is everything to me. It's what makes me feel secure and loved."

Participant 13 (EG) echoed this sentiment:

"When we're emotionally close, I feel we're truly a team."

These insights illustrate a shift from seeking closeness as a reactive need to valuing it as a proactive, co-created relational resource. Post-intervention reflections revealed that many EG participants had developed an enhanced appreciation for emotional attunement as a daily practice, not just a state of being. NVivo queries showed frequent co-occurrence of "closeness" with "unity," "bond," and "emotional security."

This finding aligns with existing literature, including Johnson's (2004) work on Emotionally Focused Therapy, which emphasizes the role of secure emotional bonds in promoting resilience and relational satisfaction. In this sense, emotional closeness operates as both an outcome and mechanism of attachment repair.

In contrast, CG participants more often reported a sense of emotional drift.

Participant 33 (CG) stated:

"We live together and talk, but it doesn't always feel like we're emotionally close anymore."

Unlike their EG counterparts, CG participants rarely demonstrated strategies or language indicating an intention to repair or deepen closeness, reinforcing the value of the intervention in facilitating emotional re-engagement

Challenges in Achieving and Sustaining Emotional Closeness

Despite its importance, many EG participants recognized that maintaining emotional closeness requires effort, negotiation, and emotional literacy, especially in the face of mismatched intimacy needs. Participant 5 (EG) reflected:

"We have different ideas of what emotional closeness looks like, which creates challenges."

Participant 10 (EG) added:

"I struggle with emotional closeness sometimes, but I know it's important for us."

These statements suggest increased self-awareness and a growth-oriented mindset following the intervention. NVivo coding revealed a dense cluster around nodes such as *"self-awareness," "emotional mismatch,"* and *"growth in connection."* The intervention appears to have encouraged participants to reframe emotional distance as a shared challenge rather than a personal failure, thus fostering collaborative problem-solving.

Notably, some participants identified shared vulnerability and deep conversations as mechanisms that facilitated closeness post-intervention. As Participant 16 (EG) observed:

"Deep conversations about our dreams bring us closer."

These moments of shared meaning-making reflect principles from narrative therapy, where couples begin to externalize conflict and co-author new relational narratives (White & Epston, 1990). In therapeutic terms, emotional closeness was increasingly viewed not as something innate or fixed, but as a practice of emotional engagement and mutual construction.

In contrast, CG participants expressed fewer instances of intentional emotional engagement. Participant 39 (CG) remarked:

"She says we're not close anymore, but I don't know what to do differently."

This lack of emotional strategy or insight contrasts sharply with the EG, where participants showed increased agency in fostering intimacy.

This theme resonates strongly with attachment theory, particularly the understanding that secure emotional bonds are sustained through responsive engagement and mutual regulation (Mikulincer & Shaver, 2007). The post-intervention experiences of EG participants demonstrate a growing capacity to understand and meet each other's emotional needs, even amidst attachment mismatches—a key aspect of earned security in adult relationships.

Further, this theme aligns with research on interpersonal emotion regulation, which highlights that emotionally attuned communication strengthens relationship satisfaction (Zaki & Williams, 2013). The EG's narrative shift toward openness, reflection, and proactive intimacy suggests that interventions grounded in narrative and attachment-based frameworks can effectively recalibrate emotional closeness in couples.

Soothing Strategies: Preferences for Physical Touch Versus Words of Affirmation in Comforting Each Other

This theme explores the interpersonal soothing strategies couples use to regulate each other's emotions, particularly their preferences for physical touch versus words of affirmation. These behaviours are crucial not only for momentary emotional regulation but also for sustaining long-term relational harmony and intimacy. Following the intervention, participants in the Experimental Group (EG) exhibited increased insight into each other's soothing preferences, demonstrating flexibility and responsiveness that contributed to improved emotional attunement.

The theme is directly related to Research Objectives 1 and 4, which examine how attachment styles and emotion regulation strategies influence relationship satisfaction, and assess post-intervention shifts in relational behaviours. It also contributes to Research Question 3 (on emotion regulation) and Research Question 4 (regarding changes following the narrative therapy intervention).

Across the EG data, NVivo coding yielded 35 references linked to nodes such as *“tactile comfort,” “verbal reassurance,” “emotional co-regulation,”* and *“partnerspecific support.”* The CG responses were fewer and tended to be less nuanced, often describing habitual or unmet preferences without active adaptation.

Sub-Thematic Interpretations and Analysis

Physical Touch as a Preferred Soothing Strategy

Participants frequently highlighted non-verbal physical gestures-such as a warm embrace or hand-holding-as a primary mode of comfort during emotional distress. These acts were perceived as intimate, grounding, and wordless affirmations of presence and support.

Participant 6 (EG) shared:

"When I'm upset, my partner offers a warm embrace, which works well."

Participant 17 (EG) added:

"A simple hand squeeze or soft-spoken 'I'm here for you' is the best way to soothe each other."

These responses reflect a shift from general expressions of frustration preintervention to more intentional, partner-specific acts of comfort. NVivo cooccurrence maps showed that “physical touch” often intersected with nodes like “safety,” “grounding,” and “non-verbal regulation,” suggesting that touch served as an attachment-reinforcing behavior.

This is supported by research from Coan, Schaefer, and Davidson (2006), who found that physical touch significantly reduces emotional reactivity during stressful experiences, especially when offered by a secure attachment figure. Within the context of this study, such findings confirm that physical contact functions as a dyadic regulatory mechanism, particularly beneficial for anxiously attached individuals who seek closeness and reassurance.

By contrast, CG participants referenced physical touch less frequently or framed it as inconsistent. Participant 25 (CG) remarked:

"I try hugging her when she's upset, but sometimes she just pulls away."

This suggests a lack of mutual understanding or agreement on what constitutes effective comfort, highlighting the potential impact of the narrative-based intervention in promoting emotional literacy.

Words of Affirmation as Verbal Reassurance

In parallel, participants described verbal affirmation as another central strategy for emotional soothing-especially valued by those with an anxious-preoccupied attachment style or high interpersonal sensitivity.

Participant 7 (EG) expressed:

"I like when he holds me and says everything will be okay-it makes me feel safe."

Participant 18 (EG) elaborated:

"I bring my partner tea and quiet support, and he's reassured. But for me, I prefer verbal encouragement."

This asymmetry in preferences is notable and was frequently described as something couples negotiated more effectively post-intervention. NVivo comparisons showed increased usage of terms like "encouragement," "spoken support," and "verbal calm" in the EG, compared to more static or unmet needs in the CG.

These findings align with research by Reis and Shaver (1988), who argue that verbal affirmation promotes perceived partner responsiveness, a key element in fostering emotional security. The intervention may have enhanced couples' awareness of verbal soothing as both a psychological and relational need, particularly when paired with physical reassurance.

Participant 10 (EG) highlighted this integration:

"He now tries to say comforting things and not just fix it with silence-that really helps."

In contrast, CG couples expressed either ambiguity or frustration around verbal support. Participant 32 (CG) commented:

"I tell her to calm down, but she says I don't get it."

This lack of effective communication strategies suggests that without guided reflection, partners may inadvertently invalidate or misattune to each other's needs.

Theoretical Integration and Critical Insights

This theme highlights a key dimension of interpersonal emotion regulation-the ability to respond to a partner's distress with behaviours that align with their unique emotional needs (Zaki & Williams, 2013). Post-intervention responses indicate a growing empathic precision among EG participants, enabling them to discern and respect divergent preferences for touch versus talk.

From an attachment theory lens, the choice of soothing strategy often reflects deeper internal working models. For instance, those with anxious attachment may favor reassurance through words, while avoidant individuals may lean toward quiet presence or physical touch without overt emotional demands (Mikulincer & Shaver, 2007). The intervention appears to have facilitated increased tolerance and flexibility across these styles, leading to more bidirectional and adaptive co-regulation.

Moreover, narrative therapy likely enabled couples to externalize relational misunderstandings and collaboratively develop preferred narratives of comfort- ones where each partner's soothing needs are honored without judgment.

Perspective-Taking Foster Emotional Regulation and Conflict Resolution though Challenges Exist in Achieving Full understanding

This theme highlights the role of perspective-taking in fostering emotional regulation, conflict resolution, and interpersonal empathy in intimate relationships. Participants emphasized that being able to mentally and emotionally "step into their partner's

shoes" often leads to improved emotional safety, mutual support, and constructive conflict management. However, several participants acknowledged the inherent difficulty in fully grasping their partner's internal experience, particularly during emotionally heightened interactions.

This theme is closely tied to Research Objective (exploring how interpersonal emotion regulation manifests among couples) and Research Objective (evaluating shifts post-intervention). It responds directly to Research Question with subcomponents of empathy, validation, and conflict navigation. The Narrative Therapy intervention appeared to enhance participants' capacity to engage in empathic dialogue and reflective interpretation of their partner's perspectives.

NVivo analysis identified 32 nodes linked to constructs such as "*validation*," "*viewpoint negotiation*," "*cognitive empathy*," and "*conflict resolution strategy*." These were significantly more present in the EG, suggesting post-intervention gains in relational empathy and cognitive flexibility. Sub-Thematic Interpretations and Analysis

Efforts to Understand the Partner's Viewpoint

Participants frequently noted that attempting to understand their partner's perspective was a deliberate process requiring patience, empathy, and contextual awareness. This cognitive-emotional engagement helped de-escalate potential conflict and build mutual respect, although it was not always easy.

Participant 3 (EG) shared:

"I try to understand when she's upset, but sometimes I don't get it. It's hard to know exactly what's going on in her head."

Participant 13 (EG) reflected:

"I try to see things from his eyes, especially when he's quiet. I remind myself it could be stress from work and not about me."

These accounts suggest that perspective-taking is not a passive or automatic process but one that demands cognitive effort and emotional attunement. NVivo mapping revealed frequent associations between "perspective-taking" and "empathic strain" or "incomplete understanding," indicating the challenges in accurately interpreting internal states, particularly when communication is limited or ambiguous.

By contrast, CG participants expressed lower levels of reflective insight. Participant 22 (CG) stated:

"She says I don't get her, and maybe I don't. But I don't know how to fix that."

This contrast highlights the value of intervention in facilitating more intentional and compassionate interpersonal understanding.

Perspective-Taking as a Tool for Emotional Regulation

Beyond understanding, participants noted that being seen and understood by their partner had a regulating effect on their emotions. When partners acknowledged one another's emotional realities, it fostered a sense of validation and psychological safety, enabling more open communication.

Participant 12 (EG) shared:

"When my perspective is acknowledged, I feel safer being open."

Participant 18 (EG) elaborated:

"Understanding his viewpoint helps us support each other better. We're not guessing as much anymore-we ask and check in."

Notably, several EG participants described adopting new practices introduced in the intervention, such as explicitly pausing during conflict to ask:

"How are you seeing this?" - a phrase reported by Participant 9 (EG).

This strategy reflects a shift toward meta-communication-communicating about the communication process itself-which enhances mutual understanding and diffuses reactivity. NVivo frequency charts revealed increased co-occurrence between “perspective-taking” and “conflict resolution” in the EG dataset, supporting this observed relational growth.

These findings align with theories of interpersonal emotion regulation (Zaki & Williams, 2013) and attachment-based frameworks, where empathy and mentalization are essential tools for affect regulation in close relationships (Fonagy & Allison, 2014). Perspective-taking acts as a relational buffer, reducing defensiveness and supporting dyadic co-regulation.

By comparison, CG responses lacked this metacognitive shift. Participant 35 (CG) stated:

"I still don't know what she wants during fights. I just stay quiet now."

This reflects a withdrawal or shutdown response rather than perspective-taking, suggesting continued barriers to relational empathy and emotional communication.

From an attachment perspective, the capacity for perspective-taking is often shaped by early relational experiences and internal working models (Bowlby, 1988). The intervention appeared to foster earned security, as couples began to relate to each other with more curiosity, empathy, and tolerance for ambiguity.

The theme also supports narrative therapy principles, particularly the idea that externalizing problems and exploring alternative narratives can help partners reposition themselves-not as adversaries, but as collaborators in meaning-making. The language shift from “you’re wrong” to “help me understand how you see this” illustrates this therapeutic reframing.

Research by Davis et al. (1996) on empathic accuracy, and later work by Halpern (2007), affirms that even imperfect efforts at perspective-taking promote emotional resilience and intimacy. The EG couples’ improved use of perspective-taking suggests that these skills are not innate but can be cultivated through targeted interventions.

Partners Consciously and Unconsciously Model Each Other's Emotional Responses, Creating Bidirectional Regulation

This theme centres on social modelling within couples-the bidirectional influence of emotional responses between partners. Participants described how one partner's emotional expression often served as a cue or regulatory anchor for the other. These interactions ranged from conscious strategies to co-regulate during distress, to unconscious absorption of emotional states, illustrating a spectrum from intentional to automatic emotional exchange.

The theme strongly corresponds with Research Objective (exploring interpersonal emotion regulation among couples) and Objective (evaluating changes postintervention), while addressing Research Question (how do partners regulate each other's emotions?). The Narrative Therapy intervention appeared to enhance couples' awareness of emotional contagion and fostered more deliberate emotional modeling behaviours, contributing to greater emotional resilience and relational attunement.

NVivo coding showed robust clusters (28 nodes) related to terms such as *"coregulation," "emotional cues," "mirroring,"* and *"attunement,"* with significantly higher references in the EG data than in the CG, indicating the intervention's impact on emotional interdependence strategies.

Sub-Thematic Interpretations and Analysis

Influence of Partner's Emotional Cues

Several participants described how their partner's affective state shaped their own emotional regulation strategies. This influence was both stabilizing and emotionally grounding, particularly during periods of stress.

Participant 14 (EG) remarked:

"I stay calm when she's stressed to help balance things out."

This reflects an intentional strategy of emotional counter-balancing, where one partner regulates their own affect not just for their benefit but to stabilize the emotional tone of the relationship. Participant 16 (EG) similarly noted:

"When I shut down, my partner's gentle check-ins help me process. I don't think I could come out of it on my own."

Such accounts illustrate dyadic co-regulation, wherein one partner acts as a secure base or emotional regulator for the other. These emotional dynamics were especially salient in couples who participated in the intervention. NVivo mapping showed a higher frequency of linked codes between “co-regulation” and “proactive emotional stance” in the EG compared to the CG.

By contrast, CG participants offered less intentional or nuanced reflections.

Participant 30 (CG) stated:

"I guess her mood affects me, but we don't talk about it. It just happens."

This reflects emotional contagion without reflective awareness—a form of passive emotional absorption—often associated with reactivity rather than regulation.

Role in Emotional Regulation

Many participants described a reciprocal relationship where observing their partner's calmness or distress directly impacted their own emotional state, influencing whether they felt grounded or destabilized. Participant 12 (EG) shared:

"I sometimes look to him for cues when I'm stressed. If he's calm, I calm down too."

This quote underscores the importance of nonverbal emotional synchrony and partner responsiveness as central to interpersonal regulation. Participant 18 (EG) added:

"Even when I'm not looking for cues, I pick up on his mood—and it definitely shifts how I feel."

These statements capture the interpersonal feedback loop often discussed in interpersonal emotion regulation literature (Zaki & Williams, 2013). Emotional states

become socially contagious, impacting each partner's internal regulation mechanisms—either amplifying distress or promoting emotional recovery.

Importantly, some participants described modeling and observational learning during high-stress moments. Participant 7 (EG) explained:

"When she stays calm during my anxiety attacks, it teaches me to self-soothe."

This reflects internalization of regulatory strategies observed in a partner—an outcome directly related to the narrative therapy techniques, which encouraged couples to externalize emotional responses and reflect on interactional patterns.

In contrast, CG participants typically lacked such meta-awareness. Participant 36 (CG) noted: *"We just kind of react to each other. If she's anxious, I get anxious."* This reinforces the lack of reflective co-regulation in the control group and supports the efficacy of the intervention in enhancing relational emotional awareness.

This theme draws heavily from social learning theory (Bandura, 1977) and contemporary models of interpersonal emotion regulation (Zaki, 2020), which emphasize that people learn and internalize affective behaviours by observing close others. In couple dynamics, this observational learning often occurs subconsciously, reinforcing habitual patterns of co-regulation or dysregulation.

Furthermore, attachment-based theories underscore that secure attachments are built on attunement and emotional reciprocity (Mikulincer & Shaver, 2007). By learning to modulate their emotional expressions to help their partner regulate distress, couples foster secure base behaviours, which enhance overall relational satisfaction and stability.

The intervention appeared to increase couples' meta-cognitive awareness of these patterns. Participants began using terms like *"emotional balance," "staying grounded for each other,"* and *"modeling calmness"*—language absent in CG transcripts. This shift aligns with narrative therapy principles, particularly the idea that deconstructing habitual emotional responses and co-constructing alternative interactional narratives can lead to healthier, more empathic relationship dynamics.

Three-Month Post-Intervention Follow-Up: Sustained Growth in the Experimental Group and Continued Stability in the Control Group

A follow-up qualitative inquiry was conducted three months after the intervention to explore the durability of observed changes in the experimental group (EG; $N = 40$) and to compare them with the relational dynamics within the control group (CG; $N = 40$), which did not receive any therapeutic intervention. The objective was to understand whether the gains in attachment security, interpersonal emotion regulation (IER), and relationship satisfaction (RS) were maintained over time in the EG, and to investigate the natural relational climate of the CG.

Table 18 : Summary of Qualitative Themes at Three Month Follow Up for Experimental and Control Groups

Theme	Experimental Group (EG)	Control Group (CG)
Emotional Closeness	Continued reports of <i>ongoing emotional openness</i> and empathic dialogue; couples maintain space for mutual storytelling and vulnerability (e.g., “We still make space for storytelling...”)	Stable high levels of emotional closeness reflecting secure baseline (e.g., “We’ve always handled things through calm conversations...”)
Use of Intervention Strategies	Regular application of narrative techniques such as “intentional perspective-taking,” “narrative re-framing,” and “pause-and-reflect”	Few structured strategies; emotion regulation is natural but lacks deliberate narrative-informed practices; relies on pre-existing communication habits
Interpersonal Emotion Regulation (IER)	Reports of increased attunement and deliberate co-regulation through therapy tools (e.g., “I now understand how my emotional reactions affect him”)	Consistently effective IER reflecting secure attachment (e.g., “He knows when to give me space and when to support me”)

Attachment Security	Evidence of <i>earned security</i> -reduced anxiety/avoidance, greater trust and openness through corrective relational experiences	Predominantly secure attachment maintained; occasional minor anxious/avoidant tendencies, but overall stable behaviours
Relational Growth & Reflection	Active reflection on relational growth (e.g., “We pause, reflect, and correct... which we never did before”); newfound self-awareness and mutual development	Little change over time; participants report satisfaction with current relational functioning (e.g., “We didn’t need fixing...”)

Table 18 presents a comparative summary of qualitative themes that emerged during the three-month post-intervention follow-up for the experimental group (EG; $N = 40$) and the control group (CG; $N = 40$). The experimental group reported sustained use of narrative therapy strategies, increased emotional openness, and improvements in interpersonal emotion regulation (IER) and attachment security. Participants reflected on their growth, referencing tools such as empathic dialogue, intentional perspective-taking, and narrative reframing. These insights suggest the internalization and maintenance of therapeutic gains over time.

In contrast, the control group exhibited stable relational dynamics characterized by secure attachment, mutual support, and effective emotional communication. Although the CG did not undergo therapeutic intervention, their responses reflected a strong pre-existing relational foundation. They showed consistent emotional balance, reciprocal respect, and adaptive regulation strategies, aligning with characteristics of secure attachment.

Table 19 : Pre- and Post-Intervention Themes: Complementary Quantitative and Qualitative Findings

Theme	Pre-Intervention (Qualitative)	Post-Intervention (Qualitative)	Quantitative Evidence
Emotional Vulnerability	Difficulty expressing emotions; cultural inhibition	Increased emotional awareness and openness	Significant IER improvement (Z = -5.471, p < .001)
Conflict Patterns	Avoidance or escalation of conflicts	Healthier communication and conflict resolution	Higher relationship satisfaction (Z = 5.514, p < .001)
Attachment Style	Predominantly insecure attachment patterns	Secure relational narratives and trust-building	Increase in secure attachment from 15% to 70% (p < .001)
Communication	Barriers to emotional sharing and connection	Improved intimacy and mutual support	Positive correlation between IER and relationship satisfaction
Narrative Re-Authoring	Problem-saturated stories, blame	Externalizing problems and co-constructed positive narratives	Behavioral and attachment status shifts post-intervention
Emotion Regulation	Limited adaptive regulation strategies	Use of mindfulness, cognitive reappraisal, co-regulation	Quantitative gains in emotional regulation scores
Relational Maintenance	Uncertainty about future challenges	Development of relapse prevention and coping plans	Sustained improvement at 3-month follow-up

Table 19 presents the key themes that emerged pre- and post-intervention, illustrating the complementary insights gained through qualitative interviews and quantitative

analyses. Qualitative data provided rich, contextual understanding of relational dynamics, emotional regulation, and attachment security changes experienced by participants, while quantitative measures captured statistically significant improvements in interpersonal emotion regulation (IER), attachment style shifts, and relationship satisfaction. The integration of these methods allowed for a comprehensive evaluation of Narrative Therapy's effectiveness in modifying maladaptive relational patterns and fostering secure, satisfying marital bonds. Statistical significance (e.g., $Z = -5.471$, $p < .001$ for IER improvement) supports these thematic changes, affirming the durability and clinical relevance of the intervention outcomes.

Table 20 : Triangulated Within-Group Outcomes : Quantitative and Qualitative Post Intervention

Domain	Pre-Intervention Status	Post-Intervention Outcome	Statistical Test & Significance	Pre-Intervention Thematic Codes	Post-Intervention Thematic Codes	Interpretation
Attachment Style	85% insecure; 15% secure	70% secure; 30% insecure	McNemar Test χ^2 ($p = .000$)	Emotional Dependency; Seeking Closeness; Emotional Withdrawal; Needing Reassurance	Secure Attachment Development ; Emotional Safety; Trust Building; Regulation of Proximity Seeking	Shift from insecure to secure attachment, fostering trust and emotional safety
Interpersonal Emotion Regulation (IER)	Moderate emotional deregulation; low awareness	Marked improvement in emotional attunement and co-regulation	Wilcoxon $Z = -5.471$, $p < .001$	Reactive Emotional Responses; Limited Emotional Awareness; Maladaptive Strategies	Perspective-Taking; Empathic Dialogue; Co-Regulation; Emotional Modeling	Enhanced emotional attunement and empathic co-regulation

						between partners
Relationship Satisfaction	Moderate satisfaction; relational ambivalence	Consistent high satisfaction	Wilcoxon Z = - 5.514, p < .001	Conflict Escalation; Blame Cycles; Communication Barriers	Narrative Re-Authoring; Externalization of Problems; Collaborative Identity	Improved relationship satisfaction, reflecting stronger intimacy and positive shared meaning

Table 20 presents both quantitative findings (statistical test results, measured outcomes) and qualitative findings (thematic codes and narrative interpretation, which together demonstrates triangulation approach. The table affirms the findings from the study-highlighting positive within group changes. Quantitative results backed by statistically significant tests (Wilcoxon and McNemar's Test) indicate a significant shift due to the intervention in areas including attachment style, interpersonal emotion regulation and relationship satisfaction. Qualitative analysis, through thematic codes and narrative interpretation validate and enrich the understanding of the intervention effects. These findings from triangulation approach suggest that the intervention was effective in fostering emotional safety, trust, healthy communication, empathy, and deeper bonds among the group. By presenting both type of data together side by side, table 20 demonstrates clear evidence of the intervention's effectiveness, triangulating the changes and confirming the improvements are not only statistically significant but also meaningful in participant's lived experiences and relationships.

To further elaborate on these observations :

Sustained Gains in the Experimental Group

Participants in the experimental group consistently reported sustained emotional and relational growth. Thematic analysis revealed that couples continued to use the strategies and insights gained during the narrative therapy sessions. Codes such as “ongoing emotional openness,” “empathic dialogue,” “intentional perspectivetaking,” and “narrative re-framing” emerged from NVivo-supported coding.

Participant EG10 shared, *“We still make space for storytelling-when something bothers us, we go back to the questions from therapy. It’s like a script we’ve internalized.”* EG22 noted, *“We’re not perfect, but we catch ourselves now. We pause, reflect, and correct, which we never did before.”*

Importantly, emotional regulation was identified as a continued area of improvement. As EG04 stated, *“I now understand how my emotional reactions affect him. We’ve become more attuned.”* These reflections illustrate the sustained use of tools from the intervention and suggest internalization of healthier relational patterns.

Continued Emotional Stability in the Control Group

Interestingly, the control group despite not receiving the intervention demonstrated ongoing relational stability and emotional wellness. Participants reported healthy interpersonal emotion regulation and secure attachment behaviours, suggesting that this group possessed a strong relational baseline.

As Participant CG06 noted, *“We’ve always handled things through calm conversations. We just understand each other.”* Similarly, CG17 reflected, *“He knows when to give me space and when to support me-it’s just something we’ve figured out over time.”*

NVivo coding yielded recurring themes such as “relational equilibrium,” “emotional self-awareness,” “reciprocal respect,” and “consistent emotional support.” The CG

demonstrated secure attachment traits such as mutual trust, emotional responsiveness, and low anxiety or avoidance in the relationship.

While the CG did not show marked change over time, their qualitative profiles indicated a steady and healthy relational climate, suggesting that they were not in need of therapeutic intervention to begin with. Participant CG11 stated, *“We didn’t need fixing-we’re in a good place and we stay consistent with how we support each other.”*

The findings from the three-month follow-up align strongly with attachment theory (Bowlby, 1988), which posits that secure emotional bonds contribute to emotional regulation and relationship satisfaction. The experimental group's continued improvement in emotional openness and relational coordination supports the idea that interventions targeting attachment and shared meaning-making can shift insecure patterns toward greater security (Johnson, 2004). Couples initially presenting with relational distress showed signs of earned security—a form of attachment flexibility achieved through corrective relational experiences and increased emotional attunement (Pearson et al., 2015).

The control group’s stability, by contrast, provides a valuable contrastive insight. According to Mikulincer and Shaver (2007), securely attached individuals already demonstrate effective interpersonal emotion regulation (IER) strategies such as seeking support without distress, offering comfort without anxiety, and maintaining emotional balance during conflict. This was reflected in CG participants' consistent reports of emotional reciprocity and non-reactive communication styles.

The sustained emotional and relational growth in the EG also aligns with narrative therapy theory (White & Epston, 1990), which emphasizes the power of re-authoring one’s relational identity through collaborative storytelling and externalization of problems. Participants described ongoing use of narrative practices such as reframing conflict, co-constructing shared meanings, and referring back to therapeutic questions. These outcomes support literature that has highlighted the long-term efficacy of narrative-based interventions in restructuring negative relational scripts and fostering empathic engagement (McLeod, 2013; Angus & McLeod, 2004).

Moreover, interpersonal emotion regulation theory (Zaki & Williams, 2013) provides a fitting lens for interpreting the role of mutual influence in the dyadic emotion management observed in both groups. The EG's descriptions of consciously moderating their affective responses based on their partner's emotional cues-such as calming down in response to partner distress-illustrate bidirectional emotional regulation, a dynamic central to long-term relational stability and satisfaction (Butler & Randall, 2013).

Finally, the findings echo the principles of systems theory (Minuchin, 1974), which asserts that relational change in one part of a system-such as through therapeutic intervention-can alter the emotional dynamics of the entire couple unit. The EG's post-intervention narratives demonstrated shifts in patterns of communication, conflict response, and emotional expression, supporting the systemic view of relationship functioning.

The Efficacy of Narrative Therapy on the Experimental Group:

Enhancing Attachment Styles, Emotion Regulation, and Relationship Satisfaction

The intervention phase of this study aimed to assess the effectiveness of Narrative Therapy (NT) in transforming insecure attachment styles, improving interpersonal emotion regulation (IER), and enhancing relationship satisfaction among married couples. Quantitative results from the Wilcoxon Signed Ranks Test revealed significant improvements in IER and relationship satisfaction for the experimental group following the intervention. Specifically, participants in the experimental group demonstrated increased secure attachment behaviours, greater emotional resilience, the use of adaptive emotion regulation strategies, and higher levels of relationship satisfaction. These findings suggest that NT successfully facilitated the reframing of relational narratives, promoting more secure attachment patterns and healthier emotional dynamics. Abdollah et al. (2021) found that NT significantly enhances relational satisfaction by helping couples reconstruct their shared stories in ways that promote connection and understanding. Similarly, Bradbury and Karney (2010) emphasize that improvements in attachment security and emotion regulation are key

factors in marital satisfaction, which narrative approaches can target by reshaping relational meanings and interaction patterns. These findings align well with the quantitative improvements observed in the current study's experimental group, reinforcing NT's potential as an effective intervention in marital therapy contexts.

Narrative Therapy's Unique Approach

Narrative Therapy operates from an epistemological standpoint distinct from other therapeutic approaches, such as Emotionally Focused Therapy (EFT) and Integrative Behavioral Couple Therapy (IBCT). While EFT focuses on deepening emotional engagement and resolving attachment injuries through structured emotional processing (Johnson, 2008), NT emphasizes the deconstruction of dominant, often problem stories and the reconstruction of alternative, preferred narratives. Narrative Therapy is rooted in post-structuralist thought, emphasizing the co-construction of meaning through language and story. NT externalizes problems, allowing couples to see relational difficulties as separate from their identities or intrinsic flaws. This approach is particularly effective in contexts where shame, blame, or entrenched conflict narratives inhibit open communication (Morgan, 2000).

The participants in this study entered therapy with dominant problem-saturated narratives stories of disappointment, conflict, and emotional isolation. Through guided therapeutic conversations, couples were encouraged to deconstruct these narratives and re-author alternative stories of collaboration, growth, and mutual support. This narrative re-authoring process aligns with White and Epston's (1990) therapeutic principle that people are not the problem the problem is the problem.

This process of re-authoring relational stories allows couples to externalize problems and reclaim agency, which may be particularly helpful in relationships where conflict narratives are entrenched, and partners feel emotionally "stuck."

The current study's findings suggest that NT can be equally effective in promoting emotional attunement and relationship satisfaction, even though it achieves these outcomes via a different therapeutic pathway. NT's ability to shift perspectives and reframe relational dynamics is crucial, especially for couples dealing with deeply

ingrained conflict patterns. Epston (1998) highlights the power of externalizing problems to reduce blame and foster collaborative solutions. By helping couples view issues as separate from their identities, NT creates space for new, empowering narratives, particularly effective when entrenched conflict narratives limit emotional openness (Denborough, 2014).

Post-Intervention Shifts in Attachment Behaviours and Emotional Regulation

Following the intervention, participants demonstrated increased use of adaptive IER strategies such as emotional validation, perspective-taking, and self-soothing. Several individuals described newfound abilities to tolerate distress, empathize with their partners, and repair emotional ruptures more effectively. One participant shared, “I used to shut down or lash out. Now, I can pause, listen, and see where he’s coming from.” Crucially, many couples reported feeling “emotionally safer” and “less reactive”—both indicators of emerging secure attachment behaviours. These experiential shifts align with contemporary views that attachment security can be cultivated in adulthood through corrective relational experiences (Wallin, 2007; Johnson, 2008).

Increased emotional resilience was also evident in narratives describing how partners supported each other under stress. One participant reflected, “I feel like we’ve rewritten our story from one of conflict to one of teamwork.” This language of narrative transformation core to NT’s epistemology demonstrates that the intervention not only improved emotional behaviours but also restructured the internal scripts guiding those behaviours. The shifts in attachment behaviours and improved emotion regulation following NT intervention resonate with established attachment theory and emotion regulation research. Wallin (2007) and Johnson (2008) affirm that adult attachment security can be cultivated through corrective relational experiences, a process NT supports by reframing relational narratives. Gross (1998) underscores the importance of adaptive emotion regulation strategies—such as perspective-taking and emotional validation—in healthy relationships. Participant reports of feeling “emotionally safer” and demonstrating greater emotional resilience align with these

theoretical frameworks, suggesting that NT facilitates meaningful emotional and attachment transformations.

Qualitative Insights: Externalizing Problems and Rewriting the Relationship Story

Further insights from the experimental group were gathered through qualitative interviews. Participants spoke about how NT helped them externalize relational problems, viewing conflict not as a failure of self or partner but as a challenge to be addressed together. One participant noted, "NT helped me see the problem as separate from us, which reduced blame and defensiveness in the relationship." This re-authoring of the relational narrative, consistent with White and Epston's (1990) theoretical principles, allowed partners to engage more constructively with each other.

Another participant described how NT enabled them to "rewrite the story of our relationship" and focus on times when they supported each other rather than dwelling on past conflicts. This shift towards a more positive narrative significantly reduced relational distress and fostered emotional growth.

The qualitative findings echo key principles of Narrative Therapy, notably externalization and re-authoring, which have been extensively discussed in the literature. Epston (1998) and White and Epston (1990) propose that separating the problem from the person reduces blame and defensiveness, fostering more constructive interactions. Denborough (2014) emphasizes that rewriting relational stories helps clients reclaim agency and envision more hopeful relational futures. This process of narrative re-authoring has been shown to decrease relational distress and promote emotional growth, consistent with participants' descriptions in this study.

NT's Impact on Emotion Regulation and Relationship Satisfaction

In addition to re-authoring their relationship narratives, participants reported that NT helped improve their emotion regulation and relationship satisfaction. NT facilitated the development of adaptive IER strategies such as active listening, emotional validation, and perspective-taking. These strategies were particularly useful in

deescalating conflicts and building emotional intimacy. For example, one participant stated that NT allowed them to "listen to my partner's side without feeling defensive," which led to more productive conflict resolution.

These findings are consistent with previous literature suggesting that NT can mitigate attachment-related distress and improve relational outcomes (Abdollah et al., 2021). The qualitative data supports the notion that NT helps couples develop more adaptive emotional regulation strategies, which are essential for relationship satisfaction. Bradbury and Karney (2010) further note that improved emotion regulation correlates strongly with better relational outcomes, which NT facilitates through its emphasis on collaborative storytelling and reframing.

Narrative Therapy as a Tool for Enhancing Attachment, Emotion Regulation, and Relationship Satisfaction

Both quantitative and qualitative findings confirm that Narrative Therapy (NT) has the potential to facilitate a shift from insecure to more secure attachment styles, improve emotion regulation, and enhance relationship satisfaction. These outcomes are particularly significant in the context of marital therapy, as addressing attachment-related vulnerabilities and deficits in emotion regulation is often crucial for improving marital functioning. The promising results underscore the value of NT as an effective intervention for couples aiming to improve their relational dynamics.

Based on the findings, the intervention hypotheses regarding the effects of Narrative Therapy on attachment style, interpersonal emotion regulation, and relationship satisfaction are supported and thus accepted.

Therapeutic Mechanisms: Externalization and Re-authoring

Participant narratives highlighted NT's unique mechanisms of change. The process of externalizing problems helped reduce defensiveness and mutual blame. As one participant explained, "When we started seeing the problem as something we both faced not each other it changed everything." This shift facilitated a sense of shared responsibility and reduced emotional reactivity during conflict. Re-authoring, the

second key mechanism, involved identifying previously overlooked strengths and moments of connection. Couples were encouraged to “thicken” these alternative narratives by recalling specific examples of support, resilience, or joy. This technique helped participants move beyond deficit-based thinking and reorient their relational identity toward growth and possibility.

These therapeutic shifts correspond to measurable outcomes in the post-intervention data, where participants showed increased RS scores and described greater emotional closeness. Importantly, the alignment between quantitative changes and qualitative accounts strengthens the internal validity of the intervention’s impact. The mechanisms of externalization and re-authoring underpinning NT’s therapeutic effects are well documented. Freedman and Combs (1996) describe how externalizing problems creates psychological distance that reduces defensiveness, allowing couples to address issues collaboratively. Narrative techniques that “thicken” alternative stories by highlighting strengths and positive experiences are vital for reshaping relational identity and promoting growth (Combs & Freedman, 2012). These processes align with the measurable improvements in relationship satisfaction and emotional closeness observed post-intervention in this study.

Differentiating NT from Other Couple Therapies

While approaches such as Emotionally Focused Therapy (EFT) emphasize deep emotional engagement to repair attachment wounds (Johnson, 2008), NT’s strength lies in helping couples develop new relational narratives that make emotional engagement possible. In this study, NT provided an indirect yet powerful pathway for developing secure attachment behaviours by shifting couples’ perceptions of themselves, each other, and their relational histories. This narrative-based approach is especially beneficial for couples feeling “stuck” in blame cycles or emotional detachment, offering a novel pathway to relational change that emphasizes story over symptom management (Denborough, 2014).

Narrative Therapy as a Relational Change Agent

The data from this study provide compelling evidence that Narrative Therapy is an effective intervention for enhancing attachment security, improving emotion regulation, and increasing relationship satisfaction among married couples. The intervention's ability to deconstruct maladaptive relational stories and support the construction of new, collaborative narratives facilitated measurable and meaningful changes in emotional and relational functioning.

These findings not only validate the therapeutic efficacy of NT but also expand its relevance in the domain of couple therapy. By fostering secure relational narratives, NT enables couples to build emotional resilience, deepen intimacy, and sustain healthier relationship dynamics over time. The present study's findings contribute to a growing body of evidence that Narrative Therapy functions as a powerful relational change agent. By enabling couples to deconstruct maladaptive stories and co-create new narratives of collaboration and resilience, NT fosters attachment security, emotion regulation, and relationship satisfaction (Abdollah et al., 2021; Bradbury & Karney, 2010). This capacity to transform relational meanings highlights NT's expanding relevance within couple therapy, offering an effective means to sustain healthier relationship dynamics over time (White & Epston, 1990).

Cultural Contextualization

An important contextual factor in interpreting the findings lies in the cultural norms surrounding emotional expression, gender roles, and marital expectations within the study population. In collectivist or traditionally conservative societies, emotional restraint is often socially encouraged, and seeking psychological help can carry a significant stigma. In such settings, therapies that prioritize direct confrontation of emotional issues might not always be well-received. Narrative Therapy (NT), with its focus on storytelling, relational identity, and meaning-making, offers a less pathologizing entry point for discussing marital challenges. Its emphasis on externalizing problems rather than internalizing them may appeal to individuals in cultures where therapy is perceived negatively. For example, McGoldrick, Giordano, & Garcia-Preto (2005) argue that therapies adapted to cultural norms, such as NT, offer

more flexible and culturally sensitive approaches that align with collectivist values, where relational harmony is prioritized.

The culturally sensitive nature of NT may also be well-suited to contexts where direct confrontation of emotional problems is less acceptable, as noted by Sue (2006) in her work on cultural competence in mental health. By allowing couples to reframe issues as external challenges, NT reduces the perceived threat of therapy and facilitates open dialogue. Additionally, in cultures where maintaining family harmony and social propriety are emphasized, narrative therapy's approach to reframing relational issues can allow for the maintenance of relational dignity, reducing the perceived stigma attached to seeking psychological help (Chung & Bemak, 2002). Moreover, gender roles and societal expectations of marriage play a significant role in shaping how couples engage with therapy. In many traditional marital contexts, gendered expectations around emotional labor—where women are often expected to be more emotionally expressive and men are encouraged to maintain emotional restraint—can significantly affect marital dynamics. These gendered dynamics are also reflected in emotional regulation patterns, where women may be tasked with maintaining emotional closeness, while men may distance themselves or withdraw. According to Hochschild (1983), this “emotional labor” dynamic often leads to imbalance in relational emotional exchanges, with women bearing a disproportionate burden of emotional regulation. NT's focus on re-authoring relational narratives offers an opportunity to explore and challenge these traditional roles. Couples can work together to deconstruct these gendered expectations, enabling them to reshape their relational roles in a more balanced and mutually supportive way.

Fischer and Manstead (2008) explored the impact of gender role orientation on emotional expression, noting that in relationships where gendered emotional expectations are pronounced, therapeutic interventions must account for these dynamics to help couples develop more adaptive emotional exchanges. Narrative therapy, in its flexibility and emphasis on shared meaning-making, allows couples to renegotiate emotional labor responsibilities, thus enhancing relational satisfaction by fostering greater emotional balance.

The cultural relevance of Narrative Therapy in collectivist marital contexts extends beyond simply addressing emotional regulation. In collectivist societies, where emotional restraint and indirect communication are often valued, NT's emphasis on externalizing problems and avoiding blame may reduce the discomfort couples might feel when directly confronting personal or relational shortcomings in a therapy setting. Davila & Bradbury (2001) highlight how mismatched attachment needs in couples often escalate relational dissatisfaction. NT can offer a less confrontational means of addressing these issues, facilitating a collaborative approach to conflict resolution and relational growth.

In sum, the cultural and gendered context in which Narrative Therapy is applied may make it an ideal fit for certain marital settings. By allowing couples to externalize their issues, deconstruct entrenched gendered expectations, and develop more adaptive emotion regulation strategies, NT provides a culturally appropriate and effective intervention. Abdollah et al. (2021) emphasize the utility of NT in mitigating attachment-related distress and fostering healthier relational dynamics, particularly in non-Western cultural contexts where traditional therapy models may be less effective.

Researcher's Reflexivity

As the primary investigator of this study, the researcher recognized that their personal background, experiences, and beliefs regarding the variables and the topic - Attachment Style, Interpersonal Emotion Regulation and Relationship Satisfaction among Married Couples : An Intervention Study may have influenced the research process. The understanding and assumptions shaped the formulation of research questions, interaction with participants, and interpretation of data. In particular, the researcher's prior knowledge and empathy towards relational dynamics may have introduced biases that subtly may have impacted how interviews were conducted and data were analyzed. To mitigate these influences, the researcher engaged in continuous self-reflection throughout the study by maintaining a reflexive journal. This journal-documented researcher's thoughts, emotional responses, and potential preconceived notions, enabling the researcher to remain aware of their positionality. Additionally, the

researcher employed peer debriefing and sought feedback from academic and narrative therapy supervisors to challenge and refine their interpretations. This iterative reflexive practice enhanced the credibility and transparency of the findings. Acknowledging the researcher's role in shaping the research does not weaken the study but rather affirms a commitment to ethical and rigorous qualitative inquiry. By openly declaring these influences, the researcher have endeavored to produce findings that are both nuanced and responsibly contextualized within the complexities of researcher-subject interactions

The results of the study suggest not only the link among attachment styles and interpersonal emotion regulation (IER) but also relationship satisfaction. The results indicated that adaptive IER strategies and higher satisfaction were found to be associated with secure attachment and maladaptive strategies and low satisfaction were associated with insecure attachment. Consistent with the theoretical framework of Bowlby (1969) and later developed by Mikulincer and Shaver (2016), these findings are in accordance with a theoretical framework that proposes that early attachment experiences inform their internal working models, which then influence how adults regulate their emotions and interact in relationships. Finally, the qualitative insights reinforced the point that dealing with attachment styles in marital therapy is crucial, since they greatly impact how couples handle emotional intimacy, conflict, and the general relationship satisfaction. Results from the interviews showed that couples with secure attachment styles were more likely to use adaptive IER strategies, such as cognitive reappraisal and mutual support, which led to higher levels of relationship satisfaction. However, couples with insecure attachment styles (anxious or avoidant attachments in particular), reported difficulties in regulating emotions and keeping emotional closeness.

The study further showed that in the intervention phase of the study, Narrative Therapy (NT) was effective in transforming insecure attachment styles, decreasing IER, and improving relationship satisfaction. *Both the quantitative and qualitative data support the hypothesis that NT may facilitate individuals' transition from insecure to more secure attachment styles, improve the quality of emotion regulation, and increase*

relationship satisfaction. These results are in line with previous literature, which demonstrates that NT can be an effective intervention for addressing distress related to attachments and enhancing relational outcomes (Abdollah et al., 2021). Finally, the findings of the study emphasize the importance for clinicians understanding and addressing attachment styles in marital therapy, as they play a major role in couples' approach to emotional intimacy, conflict, and satisfaction in marriage. The integration of quantitative findings with qualitative insights allowed for a more comprehensive understanding of the nuanced relational processes within couples. For example, the quantitative increase in secure attachment scores postintervention was supported by narrative accounts of partners feeling "emotionally safer" and more "understood" in their marriages. This alignment strengthens the credibility of the observed changes and illustrates how measurable outcomes are embedded in lived relational experiences. The use of narrative therapy-an approach inherently qualitative in nature-benefited from this methodological triangulation, enabling the interpretation of statistical shifts through participants' own relational transformations. This evidence suggests that NT can transform insecure attachment style and improve relational outcomes, and demonstrates the potential of therapeutic interventions to promote healthier emotional dynamics and more satisfying relationships. This study makes several original contributions to the literature on marital functioning and therapeutic intervention. First, it is among the few empirical studies to examine the combined influence of attachment style and interpersonal emotion regulation within the context of a structured marital intervention. Second, by applying narrative therapy to address both attachment insecurity and IER deficits, the study expands the scope of NT beyond identity reconstruction to include relational emotion processes. Third, the incorporation of a three-month follow-up provides preliminary evidence for the durability of therapeutic gains, which is often lacking in short-term intervention studies. Together, these contributions support the clinical utility of narrative therapy and provide a foundation for further research on integrated couple interventions. The summary of the thesis is discussed in next chapter, **Chapter VI Summary and Conclusion**.

CHAPTER VI : SUMMARY AND CONCLUSION

The final chapter of this research endeavor serves to encapsulate the essence of the entire study by summarizing the research process, delineating the major findings, drawing critical conclusions, and offering implications for theory, practice, and future scholarship. This chapter is pivotal as it synthesizes the empirical and theoretical insights derived from the study titled “Attachment Style, Interpersonal Emotion Regulation and Relationship Satisfaction Among Married Couples: An Intervention Study.” It brings coherence to the research narrative by integrating the study's objectives, methodology, results, and interpretations into a comprehensive reflection. This study was rooted in the premise that the quality of marital relationships is profoundly influenced by internal working models of attachment and the ability of partners to regulate emotions within the interpersonal domain.

The chapter begins with a systematic summary of the research process, followed by an articulation of key findings in relation to each of the primary variables: attachment style, interpersonal emotion regulation, and relationship satisfaction. Subsequent sections provide a synthesized conclusion, acknowledging the theoretical and practical contributions of the study. The limitations are critically evaluated to highlight the boundaries within which the findings must be interpreted. Furthermore, recommendations for clinical practice, community-level interventions, and policy implications are proposed. Finally, the chapter outlines potential avenues for future research, thereby offering a roadmap for ongoing scholarly inquiry and therapeutic innovation in the field of marital and family therapy.

By consolidating the academic rigor and applied relevance of the study, this chapter reinforces the contribution of the research to both the academic domain and the real-life relational contexts it seeks to improve.

Relationship Between Attachment Style, Interpersonal Emotion Regulation, and Relationship Satisfaction

This study examined the interrelated roles of attachment style, interpersonal emotion regulation (IER), and relationship satisfaction among married couples in Mumbai. The findings revealed significant associations among these variables, corroborating and extending existing theoretical models grounded in attachment theory and interpersonal emotion regulation frameworks.

Data collected from 300 participants (150 married couples) using validated psychometric instruments provided both statistically robust and theoretically meaningful insights. Initial cross-sectional analysis indicated that individuals with secure attachment styles demonstrated more adaptive IER strategies—such as coregulation, perspective-taking, and emotional responsiveness—and reported higher levels of relationship satisfaction. In contrast, those with insecure attachment styles, including anxious and avoidant patterns, were more likely to engage in maladaptive regulatory behaviours, such as emotional suppression, excessive reassurance-seeking, or withdrawal, which were associated with diminished relational satisfaction.

Moreover, interpersonal emotion regulation emerged as a partial mediator in the relationship between attachment style and relationship satisfaction. This mediating role highlights the mechanism through which attachment orientations influence relational outcomes—namely, through the partners' capacity to manage emotions within interpersonal contexts. These findings align with prior research emphasizing the significance of dyadic emotion regulation in shaping relationship dynamics (Hofmann et al., 2016; Rholes, Simpson, & Friedman, 2006).

The pilot phase, conducted to refine instruments and procedures, affirmed the internal consistency and construct validity of the scales in the Indian cultural context. Preliminary correlations observed during this phase provided early evidence of the pattern later confirmed in the full sample: securely attached individuals exhibited more effective IER and higher relationship satisfaction, reinforcing the theoretical model guiding this study.

Consistent with the extant literature, the findings support the postulates of attachment theory (Bowlby, 1988; Mikulincer & Shaver, 2007), which suggest that securely attached individuals are better equipped to co-regulate distress, maintain intimacy, and manage relational conflict. Conversely, insecure attachment styles are associated with emotional dysregulation, reduced empathic engagement, and impaired communication (Collins & Feeney, 2000; Simpson & Rholes, 2012).

This study contributes to the growing evidence base demonstrating that IER plays a critical mediating role in the link between attachment and relational outcomes. It also adds a culturally situated perspective by demonstrating these patterns in a metropolitan Indian context. Findings from Indian studies (e.g., Sharma & Malhotra, 2017) similarly underscore the importance of secure bonding and emotional attunement in marital satisfaction, even within collectivist family structures. The present results thus support the universal applicability of core attachment mechanisms while acknowledging the influence of cultural nuances in emotional expression and relational engagement.

In sum, secure attachment fosters the development and use of adaptive interpersonal emotion regulation strategies, which in turn enhance relationship satisfaction. These findings provide empirical support for integrated models of relational functioning and offer a foundation for developing culturally responsive interventions aimed at improving marital quality.

Emerging Themes from the Interview - Phase 2 of the Study: Qualitative Analysis

Phase 2 of the study employed a qualitative approach to gain deeper insight into the lived relational experiences of married couples prior to the narrative therapy intervention. This phase served to contextualize the quantitative findings and enrich understanding of attachment dynamics and interpersonal emotion regulation (IER) within intimate partnerships.

A purposive sample of 50 married couples, previously assessed in Phase 1, was selected to participate in semi-structured, pre-intervention interviews. These interviews aimed to explore participants' relationship histories, emotional

communication styles, attachment-related behaviours, and existing regulatory strategies. Each session lasted approximately 60 minutes and was conducted in a private setting to ensure confidentiality and psychological safety.

Audio recordings of the interviews were transcribed verbatim and analyzed using NVivo software. A thematic analysis framework (Braun & Clarke, 2006) was employed, involving open, axial, and selective coding processes to identify recurring relational patterns and conceptual categories. This analytical approach enabled the development of rich, contextually grounded themes that informed both the intervention design and subsequent evaluation.

Four prominent pre-intervention themes emerged:

1. Difficulty in Expressing Emotional Vulnerability

Many participants expressed discomfort with open emotional expression, often citing fear of rejection or cultural norms that discourage vulnerability within marital relationships.

2. Patterns of Conflict Avoidance or Escalation

Couples reported tendencies to either avoid addressing emotional conflict or engage in repetitive, unproductive escalation. These maladaptive conflict patterns appeared to be rooted in underlying attachment insecurities.

3. Influence of Early Attachment Experiences

Participants frequently linked their current relational behaviours to early familial experiences, suggesting that childhood attachment histories continued to shape emotional availability and expectations in marriage.

4. Desire for Improved Communication and Connection

Despite existing challenges, most couples articulated a strong desire to improve emotional intimacy, indicating receptiveness to interventions that could foster healthier emotional engagement.

To enhance analytical depth, participants were later grouped based on initial attachment classification (secure vs. insecure) and self-reported levels of relational satisfaction. This stratification allowed for nuanced comparisons and highlighted the

distinct ways in which attachment orientations influenced emotional regulation and communication.

These qualitative findings provided essential baseline data and informed the structure of the narrative therapy sessions in Phase 3. Additionally, they contributed to the study's methodological triangulation, reinforcing the validity of the mixed-methods design by capturing relational realities not fully observable through standardized measures alone.

In summary, the pre-intervention interviews revealed pervasive relational difficulties that were consistent with insecure attachment patterns and poor emotion regulation. These themes underscored the need for a tailored therapeutic approach-such as narrative therapy-that could address emotional distance, enhance reflective functioning, and foster secure relational bonds.

Phase 3: Post-Intervention - Effect of Narrative Therapy

Phase 3 of the study implemented and evaluated a structured narrative therapy intervention with the experimental group comprising 20 married couples (N = 40 individuals). The intervention was designed to enhance relationship satisfaction, improve interpersonal emotion regulation (IER), and promote shifts toward secure attachment styles. A pre-test-post-test control group design was adopted to assess the intervention's effectiveness, integrating both quantitative assessments and qualitative inquiry.

The intervention spanned three months and consisted of 12 weekly, face-to-face sessions lasting approximately 90 minutes each. Conducted in a semi-structured couple format, the sessions adhered to the core principles of narrative therapy as conceptualized by White and Epston (1990). These principles included the externalization of relational problems, deconstruction of dominant narratives, and reauthoring of preferred relational identities grounded in mutual strengths and shared values.

The therapeutic structure was divided into three thematic phases:

1. Month 1 - Externalization and Deconstruction: Focused on identifying dominant problem-saturated narratives, many of which were shaped by familial, cultural, or societal discourses. Couples were encouraged to reposition problems as separate from the self or relationship.
2. Month 2 - Re-authoring Preferred Narratives: Emphasized co-constructing alternative narratives rooted in resilience, emotional insight, and shared goals. Techniques included identifying “unique outcomes” and building on moments of emotional attunement.
3. Month 3 - Emotional Regulation and Future Planning: Incorporated evidence-based strategies such as mindfulness, co-regulation, and cognitive reappraisal (Gross, 2015; Hofmann et al., 2016), fostering future-oriented relational growth.

Each session featured a primary experiential activity, structured homework, and anticipatory discussion for the upcoming session. A key element of the intervention was participant agency-couples were active co-authors of their therapeutic journey, engaging in storytelling, journaling, metaphor exploration, and dialogic reflection. Homework activities extended therapeutic learning into everyday relational contexts.

Ethical Safeguards and Monitoring

The intervention was implemented with strict adherence to ethical guidelines. Informed consent was obtained and reaffirmed at multiple stages. Participants were assured of their right to withdraw at any point, and confidentiality protocols were rigorously maintained. Ongoing monitoring included regular check-ins, optional individual support sessions, and referral access for psychological distress beyond the scope of the study.

Post-Intervention Assessment

Following the completion of the 12-session intervention, both the experimental and control groups were reassessed using the same standardized psychometric instruments

administered at baseline. These instruments evaluated changes in attachment style, interpersonal emotion regulation, and relationship satisfaction.

In parallel, qualitative post-intervention interviews were conducted with all couples in the experimental group. These interviews aimed to capture subjective reflections on the therapeutic process and perceived relational changes. Thematic analysis of the transcribed interviews was conducted using NVivo, following Braun and Clarke's (2006) six-phase framework.

The integration of quantitative and qualitative data in this phase supported a convergent parallel mixed-methods analysis (Creswell & Plano Clark, 2018), enhancing the interpretive validity of the findings. The alignment of statistical outcomes with narrative accounts strengthened the evidence base for the intervention's effectiveness and offered insight into the mechanisms of relational change.

Significance of the Study

Pre-Post-test comparison of Interpersonal Emotion Regulation (IER) and Relationship Satisfaction (RS) among married couples

Inter-group differences in IER and relationship satisfaction at pre- and post-intervention time was assessed through the Wilcoxon Signed Ranks Test. Pre-test analysis revealed no significant difference between experimental group (EG) and control group (CG) in IER scores indicating baseline equivalence. However, a significant difference was observed in relationship satisfaction, favoring the EG suggesting that EG participants entered the intervention with relatively higher relationship quality. This was due to the preparedness for change to enter into therapeutic space and willingness to improve relationship quality. In addition, couples who consented to participate in a therapeutic intervention might have inherently psychological openness and readiness that contribute to both higher relationship satisfaction and greater therapeutic engagement (Prochaska & DiClemente, 1986; Norcross & Wampold, 2011). Such predisposing traits could have created a baseline advantage in the experimental group even before the intervention was delivered.

Post-intervention comparisons revealed significant improvements in the EG compared to the CG. For IER, EG participants scored significantly higher than CG participants. Similarly, relationship satisfaction was markedly higher in the EG posttest with no control group participant exceeding EG scores. These results support the efficacy of narrative therapy, echoing prior findings that highlight its utility in enhancing emotional awareness and relational functioning (White & Epston, 1990; Angus & McLeod, 2004).

Pre-Post-test comparison of Attachment Styles among married couples

To analyse the difference cross-tabulation and McNemar analyses were employed to evaluate categorical shifts in attachment style (secure vs. insecure) between EG and CG at two time points. At baseline, both groups were predominantly insecurely attached, with 100% of EG participants classified as insecure. No statistically significant difference in attachment style distribution was found between groups at pre-test indicating comparability.

Following the intervention, a marked shift was evident in the EG: the proportion of securely attached participants increased from 15% to 70%. The McNemar test revealed a significant change in attachment classification, while CG attachment patterns remained largely static. This finding substantiates attachment theory's postulate that therapeutic relationships can facilitate internal working model revisions (Bowlby, 1988). It also aligns with empirical studies suggesting that narrative-based interventions can enhance secure attachment through meaningmaking and re-authoring processes (Dallos & Vetere, 2009).

Within group changes after intervention

Within-group changes in the EG were analyzed using the Wilcoxon Signed Ranks Test. IER showed a statistically significant increase from pre- to post-test with 38 participants improving and only 2 showing declines. Relationship satisfaction demonstrated an even more robust effect: all 40 EG participants showed postintervention with no tied or negative ranks. These consistent, significant

improvements suggest a strong intervention effect and reinforce the role of narrative therapy in fostering emotional regulation and relational satisfaction (McLeod, 1997; Monk et al., 1997). McNemar analysis of attachment style within the EG revealed statistically significant categorical change following the intervention. Of the 34 participants classified as insecure at baseline, 22 transitioned to secure attachment post-intervention. All initially secure individuals maintained their attachment status. These findings are theoretically and clinically significant, supporting the notion that attachment orientations are malleable through targeted therapeutic interventions (Johnson, 2004; Mikulincer & Shaver, 2007). The capacity of narrative therapy to promote attachment security likely stems from its emphasis on coherent self narratives and externalization of distress, both of which can enhance emotional attunement and interpersonal trust.

Qualitative Analysis

Post-Intervention Findings

Following the narrative therapy intervention, qualitative data collected from participants in the experimental group revealed significant shifts in their perceptions of interpersonal dynamics, emotional regulation, and attachment patterns. The thematic analysis of interview data revealed several key themes that reflect the transformative effects of the intervention.

Re-authoring the Relationship Narrative

A recurring theme among participants was the re-authoring of their relationship narratives. This is a cornerstone of narrative therapy, where individuals externalize the problem and reconstruct their stories in a more empowering light (White & Epston, 1990). Participants consistently reported a shift from viewing relational issues as the fault of one partner to understanding these issues as shared challenges. This reframing allowed couples to collaborate more effectively in addressing relational difficulties, thus strengthening their sense of agency in the relationship.

Increased Emotional Awareness and Expression

Another prominent theme was the enhancement of emotional awareness and the ability to express feelings in a more authentic and effective manner. Participants described feeling more attuned to their own emotions and those of their partners. This is consistent with the literature, which links emotional awareness to better interpersonal communication and relationship satisfaction (Gottman, 1999; Hofmann et al., 2016). Many couples described a newfound ability to navigate conflict with greater empathy, suggesting that the intervention facilitated healthier emotional exchanges.

Improved Communication and Conflict Resolution

Participants frequently highlighted improvements in communication and conflict resolution. Several individuals described experiencing fewer emotional outbursts and a more constructive approach to disagreement. These changes are in line with the findings of previous studies, which show that interventions focused on narrative reframing can lead to healthier relational patterns, including enhanced communication and reduced conflict (Angus & McLeod, 2004). The use of nonconfrontational language, which was a part of the intervention, was frequently mentioned as a key factor in these improvements.

Shifts Toward Secure Attachment Behaviours

Additionally, participants in the experimental group described changes consistent with secure attachment behaviours. While attachment style was primarily measured quantitatively, many participants shared qualitative accounts of increased trust, emotional closeness, and responsiveness to partner needs, which are core components of secure attachment (Bowlby, 1988). This supports the idea that narrative therapy can play a role in facilitating attachment security by altering cognitive and emotional patterns within relationships.

Three-Month Follow-Up Findings

At the three-month follow-up, many of the gains observed post-intervention appeared to be sustained, suggesting the durability of the therapeutic effects. The follow-up interviews highlighted several ongoing benefits of the narrative therapy intervention, underscoring the lasting impact of the intervention on both emotional regulation and relationship satisfaction.

Sustained Self-Reflection and Narrative Ownership

One notable theme was the continued engagement in self-reflection and the ownership of re-authored relationship narratives. Participants referred to their newly constructed stories as a means of ongoing self-awareness and relational growth. The ability to reflect on and reframe experiences seemed to have become an ingrained habit for many participants, reflecting the long-term benefits of the intervention. This mirrors findings in the narrative therapy literature, which emphasize the lasting nature of narrative re-authoring as a tool for personal and relational growth (Angus & McLeod, 2004).

Resilience in Emotional Regulation

Participants also reported that their ability to regulate emotions had become more robust in the face of new challenges. These findings align with research showing that interventions targeting emotional regulation can produce lasting improvements in how individuals manage both internal and relational stressors (Gross, 2002; Mikulincer & Shaver, 2007). Several couples described utilizing the coping strategies learned during the intervention, such as taking time to process emotions before reacting or using more empathetic language in conflict situations.

Attachment Security Maintenance

A third significant theme was the maintenance of attachment security. Participants who had transitioned to more secure attachment patterns during the intervention continued to describe feelings of trust, safety, and emotional availability. This was particularly striking as participants who were previously insecurely attached reported a high degree

of satisfaction in their relationships, suggesting that the shifts toward secure attachment were not merely temporary but had been internalized. This finding mirrors the results from attachment theory, where secure attachment is associated with greater emotional and relational stability (Johnson, 2004).

Triangulation of Qualitative and Quantitative Findings

Triangulation was employed to combine the qualitative and quantitative data, thereby enhancing the rigor and depth of interpretation. By comparing the results from the qualitative interviews with the quantitative measures (including IER, relationship satisfaction, and attachment style), a more comprehensive understanding of the intervention's impact was obtained.

Convergence of Findings

The qualitative findings largely converged with the quantitative data. For example, the improvement in communication and emotional regulation reported in the qualitative interviews was consistent with the significant increases in IER scores observed in the experimental group. Moreover, the theme of attachment security in the qualitative analysis aligned with the quantitative shift toward secure attachment styles, particularly in the experimental group. These convergences across data types strengthen the conclusion that narrative therapy contributed to measurable improvements in both emotional regulation and relational functioning.

Complementarity of Data

While the quantitative data provided a robust statistical analysis of changes in IER, relationship satisfaction, and attachment style, the qualitative data enriched the understanding of *how* and *why* these changes occurred. For instance, the qualitative data provided insights into the mechanisms by which emotional regulation and communication were improved, which were not fully captured by the quantitative measures. Participants described specific shifts in their cognitive and emotional

processing that helped to clarify the nature of the changes observed in the quantitative data.

Expansion of Findings

The qualitative interviews also offered additional perspectives not addressed by the quantitative measures. For example, participants discussed the impact of broader cultural factors, such as family dynamics and social expectations, on their relational satisfaction. These insights expanded the scope of the study, highlighting the complex interplay between therapy, cultural context, and relationship dynamics. Although these factors were not directly assessed through the quantitative instruments, they provided a richer understanding of the outcomes of narrative therapy, particularly in a culturally nuanced context like that of married couples in India.

Limitations of the Study

While this study offers valuable insights into the effects of narrative therapy on attachment styles, interpersonal emotion regulation (IER), and relationship satisfaction among married couples, several limitations must be acknowledged.

Limited Sample Size and Generalizability

First, the sample size in this study was relatively small, with 40 participants per group (experimental and control). A larger sample size would have increased the power of the study and provided results that are more generalizable. The sample was also limited to a specific geographic location, which reduces the ability to generalize the findings to other populations or cultural contexts. Moreover, the participants were self-selected, which introduces the possibility of selection bias. Couples who volunteered for the intervention might be more motivated or open to therapy, potentially skewing the results toward more positive outcomes. As such, the findings may not fully represent the broader population of married couples, especially considering cultural, socio-economic, and demographic variations that could influence relationship dynamics and emotional regulation.

Short Follow-Up Duration

The follow-up period in this study was also limited to just three months after the intervention. While this provided valuable insight into the immediate to short-term effects, a longer follow-up period would have been beneficial in assessing the long-term sustainability of the changes observed in attachment style, IER, and relationship satisfaction. It is possible that the improvements seen at the three-month mark could diminish over time if couples do not continue practicing the skills learned during the intervention. Additionally, the study did not incorporate long-term longitudinal data, which would have offered a deeper understanding of the ongoing effects of the intervention on couples' relationship dynamics and emotional regulation over time.

Lack of Active Control Group

Furthermore, while the study employed a control group, this group did not receive any alternative intervention. This raises the question of whether the improvements observed in the experimental group were specifically due to the narrative therapy intervention, or if they could have been influenced by external factors such as time, attention, or other unmeasured interventions (e.g., social support). Without an alternative intervention or active control group, it is difficult to conclusively attribute the observed results to the narrative therapy intervention alone.

Subjectivity and Bias in Qualitative Data

The qualitative data collected in the study, although rich and insightful, are inherently subjective and may be influenced by researcher bias in interpreting participants' responses. Despite efforts to ensure validity, the analysis of qualitative data is always open to interpretation, and discrepancies could arise in how participants' experiences are understood. Additionally, the reliance on self-reported data for measuring relationship satisfaction and emotional regulation may have introduced response bias, as participants may have been inclined to provide socially desirable answers or may not have fully disclosed negative experiences.

Limitations of Measurement Tools

Another limitation of the study lies in the measurement tools used to assess attachment style, interpersonal emotion regulation, and relationship satisfaction. While these tools are validated, they may not capture the full complexity of these constructs. Attachment style, for example, is a dynamic and multifaceted concept that might not be entirely reflected through the pre- and post-test assessments. Similarly, the assessment of IER may have been influenced by contextual factors not accounted for in the study design, and standardized questionnaires may not have fully encompassed the nuances of participants' lived experiences.

Homogeneity in Participant Characteristics

Additionally, the sample used in the study may have been somewhat homogeneous in terms of relationship satisfaction and emotional regulation. Couples with similar relationship dynamics were selected which limits the study's ability to examine how narrative therapy may work across a broader range of couples and circumstances. The lack of diversity in relationship types, ages, and socio-economic backgrounds further restricts the generalizability of the findings.

Finally, while ethical standards were adhered to in terms of participant consent and confidentiality, some participants may have been influenced by social desirability, particularly during the post-test and follow-up assessments. This could have led them to present a more favorable view of the therapy, potentially affecting the authenticity of the data, especially in the qualitative interviews.

Influence of Cultural Norms and Gender Roles

Another important limitation in the current study is the potential influence of cultural differences and varying parenting styles on the outcomes. Cultural norms and values can significantly shape relationship dynamics, attachment styles, emotional regulation, and satisfaction within marriages. In this study, the sample was drawn from a specific geographic area, which may have led to a limited cultural representation. Cultural

factors, such as gender roles, family expectations, and societal views on marriage, may have influenced how participants responded to the narrative therapy intervention. For example, in collectivist cultures, where family and community play a central role, the interventions focused on individual emotional regulation and attachment might not resonate in the same way as they would in more individualistic cultures. Furthermore, in cultures with strong gender roles, the impact of the intervention might have been unequal between partners, depending on their roles within the family. The study did not examine differences based on sex in quantitative measures, while this may hold significance to the study, they were beyond the scope of the present research. Future studies could extend the present findings by incorporating such contextual variables to enhance generalizability.

Impact of Parenting Styles

Similarly, the diversity of parenting styles within couples could have influenced the study's findings. Parenting styles are often influenced by deeply ingrained cultural, familial, and societal beliefs, and they can shape a couple's emotional regulation, attachment security, and relationship satisfaction. Couples with different parenting philosophies or practices may experience varying levels of stress, conflict, or emotional closeness, potentially impacting the outcomes of the narrative therapy intervention. For example, couples with authoritative parenting styles, which emphasize emotional support and structure, might have seen different changes in relationship satisfaction and attachment style compared to couples with permissive or authoritarian parenting approaches. As the study did not account for such individual differences in parenting practices, this factor may limit the ability to generalize the results to a broader population of married couples, especially those with different child-rearing experiences.

Lack of Consideration for Couples' Life Trajectories

Another limitation pertains to the participants' future plans as couples. The study did not investigate the couples' long-term relationship goals, career ambitions, or broader life trajectories, all of which could have an impact on the effectiveness and

sustainability of the intervention. For instance, couples who were planning to have children, move to a different location, or make significant life changes might have had different emotional needs, relationship expectations, and challenges compared to couples who were in a more stable or static phase of their lives. Future plans related to family expansion or relocation could have affected how the couples approached the narrative therapy process and its subsequent outcomes. Furthermore, changes in their circumstances after the study-such as changes in career demands or relocation-may have influenced the durability of the therapy's effects.

Dual-Career Couples and Work-Life Balance

Additionally, the fact that both partners in the study were working professionals may have introduced another layer of complexity. The dynamics of dual-career couples, particularly those juggling professional and family responsibilities, could have affected their emotional regulation and relationship satisfaction. The high demands of work might have placed stress on the couples' ability to engage fully in the therapeutic process, potentially limiting the impact of the intervention. Moreover, the time constraints imposed by busy professional lives might have interfered with the application of the therapy's techniques in daily life, thereby influencing the effectiveness of the intervention. The study did not explicitly explore how participants balanced their work-life commitments or how these factors interacted with the therapy process.

In conclusion, despite these limitations, the study provides important evidence regarding the positive impact of narrative therapy on attachment style, interpersonal emotion regulation, and relationship satisfaction among married couples. Future research could address these limitations by employing a larger, more diverse sample, incorporating a longer follow-up period, using alternative control groups, enhancing methodological rigor to assess the long-term sustainability of therapy outcomes. It could also benefit by understanding how diverse cultural contexts, parenting practices, and life trajectories may interact with therapeutic interventions in marital relationships.

Suggestions for Further Studies

While the present study has contributed valuable insights into the efficacy of narrative therapy for improving attachment styles, emotional regulation, and relationship satisfaction in married couples, there are several areas where further research is needed to address the limitations encountered and expand our understanding of these processes. These suggestions aim to build on the existing study while addressing various contextual, methodological, and theoretical gaps that have emerged.

Cultural and Socioeconomic Contexts

One of the primary limitations of the current study was its relatively narrow cultural and socioeconomic scope, which may limit the generalizability of the findings. The cultural context in which a couple is embedded plays a significant role in shaping relationship dynamics, attachment styles, and emotional regulation practices. For example, different cultural norms regarding marriage, emotional expression, and family roles can influence how couples perceive and respond to therapeutic interventions. Future studies should focus on including couples from diverse cultural backgrounds to better understand how narrative therapy operates across various cultural contexts. Additionally, investigating the impact of socioeconomic status on the therapeutic process is crucial. Different economic backgrounds, work-related stressors, and financial expectations can influence relationship satisfaction and emotional regulation, potentially moderating the effects of therapy. By including participants from varied cultural and socioeconomic backgrounds, future research can provide a more nuanced understanding of the factors influencing therapeutic outcomes.

Parenting Styles and Family Dynamics

While the current study did not specifically explore parenting styles, it is well established that parenting plays a pivotal role in shaping relationship dynamics and emotional regulation. Couples' experiences with parenting could significantly influence how they engage in therapy and how the therapeutic interventions impact

their relationship satisfaction. Further studies should consider how different parenting styles (e.g., authoritative, authoritarian, permissive) interact with therapy outcomes. Moreover, examining the role of family dynamics and how children, if present, impact the marital relationship could provide deeper insights into the therapeutic process. Future research should also focus on how couples' expectations of parenting roles evolve after undergoing therapy and how these changes influence relationship satisfaction over time.

Exploring Gendered Patterns and Differences

A valuable direction for future research is to focus on gender differences in emotional coping and interpersonal processes within marital relationships. Qualitative findings from this thesis revealed that women tend to engage more actively in emotional awareness, validation, and coping strategies such as storytelling, empathic dialogue, and initiating emotional conversations, while men may approach emotional regulation differently. These gendered patterns suggest that interventions and research should be sensitive to the unique emotional labour, coping resources, and relational needs of both partners. Future studies could explore how gender shapes emotion regulation and attachment dynamics in different cultural contexts, and examine ways to support both women and men in building resilient and emotionally fulfilling relationships.

Work-Life Balance and Dual-Career Couples

Another limitation of the current study is the lack of detailed exploration of how work-life balance affects the therapeutic process, particularly for dual-career couples. Although both partners in the present study were working professionals, the demands of balancing work with family responsibilities may have influenced their ability to engage with the therapy process fully. Work-related stress, time constraints, and professional obligations may act as barriers to sustaining improvements in relationship satisfaction and emotional regulation. Future studies should specifically focus on dual-career couples, investigating how the challenges of balancing work and family life interact with narrative therapy's effectiveness. Understanding how professional pressures impact relationship dynamics would allow for the development of more

targeted interventions that take into account the unique stressors faced by dual-career couples.

Long-Term Effects and Life Stage Transitions

The present study focused on a relatively short follow-up period (three months), which may not fully capture the long-term effects of narrative therapy. Relationship dynamics are constantly evolving, especially as couples experience major life changes such as child-rearing, career transitions, and aging. Future research should extend the follow-up period to assess whether improvements in attachment security, emotional regulation, and relationship satisfaction are maintained over time. Longitudinal studies could explore how life stage transitions (e.g., parenting, career shifts, retirement) influence the sustainability of therapy outcomes. This would provide valuable insights into whether narrative therapy offers enduring benefits or if couples require additional therapeutic support at different stages of their relationship.

Therapist Characteristics and Therapeutic Process

An additional limitation of this study is the lack of consideration of therapist characteristics in the therapeutic process. The therapist's gender, experience, training, and therapeutic style may influence the effectiveness of narrative therapy. Variations in therapist-client rapport and communication style could significantly impact the therapeutic outcomes observed in couples. Further studies should explore how different therapist characteristics contribute to or detract from the effectiveness of narrative therapy. This could include investigating the role of therapist-client matching based on factors such as gender or personality traits, and whether these factors lead to more successful therapeutic outcomes.

Comprehensive Understanding of Narrative Therapy Mechanisms

While this study showed promising results, it did not fully explore the underlying mechanisms through which narrative therapy improves attachment and relationship satisfaction. Future research should seek to unpack these mechanisms, exploring how

specific components of narrative therapy, such as re-authoring personal narratives, altering perceptions of the self and partner, and reframing past experiences, contribute to therapeutic outcomes. Qualitative research, using in-depth interviews or focus groups, could provide richer insights into how couples experience and interpret these therapeutic interventions. Furthermore, combining qualitative and quantitative methods in a mixed-methods design could enhance the understanding of narrative therapy's impact, offering both statistical and personal accounts of the changes experienced by couples.

Incorporating Diverse Methodologies

While the current study employed a quantitative design, integrating qualitative methods such as in-depth interviews or focus groups could provide richer insights into the experiences of couples undergoing narrative therapy. Qualitative data would allow for a deeper exploration of the personal narratives, perceptions, and challenges that couples face during the therapeutic process, offering a more nuanced understanding of the mechanisms at play. Additionally, mixed-methods studies that combine both qualitative and quantitative approaches would allow for triangulation, enhancing the validity and depth of findings. These methods could also explore the role of individual factors such as personality traits, coping mechanisms, and prior relationship experiences in moderating the effects of narrative therapy on attachment and relationship outcomes.

Expanding Sample Size and Diversity

A key limitation of the current study is the relatively small sample size of 40 participants per group. While manageable, this sample size may not have been large enough to capture the full variability in couples' experiences and emotional regulation processes. Future studies should aim to recruit larger and more diverse samples, including participants from various cultural, socioeconomic, and demographic backgrounds. By increasing sample size, researchers can increase the statistical power of the study and improve the generalizability of the findings. Furthermore, the inclusion of couples from diverse cultural contexts will help explore how narrative

therapy may function differently depending on cultural norms, relationship expectations, and emotional regulation practices, contributing to a more comprehensive understanding of the intervention's effectiveness across varied populations.

Geographical Limitations

One notable limitation of the study is its geographical scope, which was confined to Mumbai. Mumbai, as a major metropolitan city in India, presents a unique mix of cultural, socio-economic, and demographic characteristics. These factors might not be representative of other regions in India or globally, where cultural norms, societal expectations, and relationship dynamics can vary significantly. The urban nature of Mumbai, with its blend of traditional and modern influences, may shape the way couples approach relationships and emotional regulation, possibly differing from experiences in rural or smaller cities. Furthermore, the diversity in Mumbai's population-comprising a variety of religious, ethnic, and socio-economic groups-could lead to distinct attachment styles and interpersonal emotion regulation patterns that may not be found in more homogenous areas. Therefore, the results of this study might not be directly applicable to couples from different geographical locations or cultural contexts. Future research should consider including participants from diverse regions to enhance the generalizability and cultural applicability of the findings.

Longer Follow-Up Periods

The follow-up period in this study was limited to three months, which, while useful for understanding short-term outcomes, does not capture the long-term sustainability of the therapeutic effects. Future research should extend the follow-up period to six months or even a year after the intervention to assess whether the changes observed in attachment style, interpersonal emotion regulation (IER), and relationship satisfaction are maintained over time. Long-term follow-up would also allow researchers to explore how couples continue to use the skills learned in therapy and whether any further interventions are necessary to sustain improvements. A longitudinal design,

tracking couples over multiple years, would provide a clearer picture of how therapy outcomes evolve and endure as relationship dynamics change over time.

Incorporating Active Control Groups

A further limitation of the current study was the absence of an active control group. While the inclusion of a control group is a strength, the lack of an alternative intervention makes it difficult to attribute the improvements solely to the narrative therapy intervention. Future research could benefit from including one or more active control groups that receive different therapeutic interventions, such as cognitivebehavioral therapy (CBT), couple's counseling, or psychoeducation. Comparing narrative therapy with other established interventions would provide more robust evidence of its unique benefits and clarify whether the observed improvements are specifically due to the narrative therapy intervention or whether other external factors played a role in the outcomes.

Enhancing Qualitative Data Analysis and Mitigating Bias

The qualitative data collected in the study provided valuable insights but were subject to researcher bias in interpretation. Future studies should aim to mitigate potential bias by employing multiple researchers in the data analysis process and incorporating member checking, where participants are asked to verify the interpretations of their responses. Additionally, a triangulation of data sources-such as combining qualitative interviews with observational data or the inclusion of thirdparty reports (e.g., therapist or counselor perspectives)-could help corroborate findings and provide a more holistic view of how narrative therapy impacts relationship dynamics. Moreover, collecting data from both partners independently could offer insights into how each individual perceives the changes and improvements in their relationship.

Consideration of Psychological and Personality Factors

In addition to the above-mentioned factors, future studies should account for individual psychological traits and personality factors that may affect the effectiveness of

narrative therapy. The current study did not explore how individual differences such as attachment style, coping mechanisms, and emotional intelligence interact with the therapeutic process. Future research could investigate how these individual traits may influence the success of narrative therapy, particularly in couples where one partner may be more resistant to therapy than the other.

Implications of the Study

The findings of this study have several important implications for both clinical practice and future research in the field of marriage counseling and therapeutic interventions. The insights gained from exploring the impact of narrative therapy on attachment styles, interpersonal emotion regulation (IER), and relationship satisfaction among married couples highlight several key areas that could be beneficial for practitioners, couples, and policymakers.

Implications for Clinical Practice

This study provides evidence supporting the use of narrative therapy as an effective intervention for improving relationship dynamics and emotional regulation among married couples. Given that attachment style and emotional regulation are central to relationship satisfaction, the positive effects observed in this study suggest that narrative therapy can be a useful tool for clinicians working with couples who are experiencing challenges related to emotional connection and communication. The therapeutic approach, which encourages couples to reframe and reinterpret their shared stories, can help them develop new perspectives and coping strategies, thereby fostering healthier relationships. Clinicians may consider incorporating narrative therapy into their practice, especially for couples experiencing distress related to attachment insecurity, emotional dysregulation, or relationship dissatisfaction.

Moreover, the study's results highlight the importance of addressing both individual and relational dynamics within therapeutic interventions. By focusing on the interplay between individual attachment styles and interpersonal emotion regulation, therapists can better support couples in navigating the complexities of their relationships. The

findings suggest that interventions aimed at improving emotional regulation could have broader implications for enhancing relational harmony and resilience in couples.

Implications for Couple's Therapy and Counseling

The study also offers practical implications for couple's therapy, particularly in the context accept of improving relationship satisfaction and communication patterns. The emphasis on narrative therapy's role in transforming attachment dynamics and improving emotional regulation suggests that therapists may benefit from adopting a holistic, narrative-based approach to therapy. The results encourage therapists to consider how partners' personal histories and emotional responses shape their interactions within the relationship. By addressing these underlying patterns, therapists can help couples gain a deeper understanding of their emotional triggers, which in turn allows them to create more adaptive communication strategies.

In addition, narrative therapy could be a particularly effective approach for couples who may struggle with more traditional or structured therapeutic modalities. For couples who are resistant to change or feel that they are "stuck" in their relationship, narrative therapy provides a unique avenue for re-engaging with the therapeutic process. The flexibility of narrative therapy, which allows for individual interpretation and the creation of new meaning, can empower couples to take an active role in shaping their relational futures.

Implications for Policy and Relationship Education

From a policy perspective, the positive outcomes of narrative therapy for improving relationship satisfaction and emotional regulation suggest that such interventions could be integrated into public health initiatives, community programs, and educational curricula aimed at strengthening relationships. Governments and nonprofit organizations may consider promoting access to narrative therapy as part of relationship education programs, particularly in light of the rising rates of relationship breakdowns and marital dissatisfaction. This study suggests that by targeting

emotional regulation and attachment patterns early on in relationships, long-term improvements in relationship satisfaction could be achieved.

Additionally, workplace programs that focus on emotional regulation and relationship skills could benefit from integrating narrative therapy principles. For example, Employee Assistance Programs (EAPs) could consider offering narrative therapy as part of their services, particularly for employees experiencing relationship difficulties that impact their well-being and job performance. Given that workplace stressors can affect marital relationships, including emotional regulation skills training as part of an employee support framework could help employees maintain healthier personal relationships and manage work-life balance more effectively.

Implications for Couples and Relationship Dynamics

For couples themselves, the study's findings underscore the importance of understanding the connection between attachment style, emotional regulation, and relationship satisfaction. Couples may find it beneficial to explore their relationship dynamics through a narrative lens, recognizing how past experiences shape present interactions. Couples who engage in narrative therapy may be better equipped to reframe negative relationship patterns and develop more effective strategies for managing emotional distress.

The results suggest that couples experiencing challenges with attachment insecurity or emotional regulation could benefit from therapeutic interventions aimed at enhancing these aspects of their relationship. By gaining insight into their emotional triggers and attachment needs, couples can learn to communicate more effectively, resolve conflicts constructively, and foster a greater sense of emotional intimacy. Additionally, couples who engage in narrative therapy may find it empowering to reshape their relationship stories, which can increase their sense of agency and strengthen their emotional bond.

Conclusion

The study provides a strong foundation for future research in the area of narrative therapy and relationship dynamics. The positive impact observed in this study offers a compelling case for further investigation into the long-term effects of narrative therapy on marital satisfaction and emotional regulation. Future research should explore the effectiveness of narrative therapy in diverse populations, particularly across different cultural and socioeconomic backgrounds. This will help determine whether the observed effects are universal or whether certain cultural factors influence the therapeutic process.

Moreover, there is a need for research that delves into the mechanisms behind narrative therapy's success. While this study suggests that narrative therapy positively affects attachment style and IER, future studies should explore the specific elements of the therapeutic process that contribute to these changes. By better understanding which aspects of narrative therapy are most effective, therapists can tailor interventions to maximize their impact on couples' relationships.

Additionally, more research is needed to explore the interplay between individual and relational factors, such as personality traits, coping mechanisms, and parenting styles, and how these influence the effectiveness of narrative therapy. Understanding these relationships could help refine therapeutic approaches and provide more personalized interventions for couples facing diverse relationship challenges.

This chapter presented the quantitative and qualitative findings from the three phases of the study, aimed at examining the role of attachment style, interpersonal emotion regulation (IER), and relationship satisfaction among married couples, and assessing the effectiveness of an intervention designed to enhance these variables.

Descriptive analyses indicated that the majority of participants initially exhibited insecure attachment styles, with moderate levels of IER and relationship satisfaction. Non-parametric tests revealed significant post-intervention improvements in both IER and relationship satisfaction within the experimental group, alongside a notable shift

from insecure to secure attachment styles. Furthermore, statistically significant differences were observed between experimental and control groups in the post-test phase, suggesting the efficacy of the intervention.

Qualitative interviews provided complementary insights, reinforcing the quantitative trends by highlighting participants' increased emotional awareness, improved communication, and enhanced relational stability.

Overall, the results support the proposed hypotheses and demonstrate that targeted interventions can facilitate measurable psychological and relational improvements in married couples. The implications, interpretations, and limitations of these findings will be discussed in the following chapter.

APPENDICES

**Study title : Attachment Style, Interpersonal Emotion Regulation, and Relationship Satisfaction among Married Couples:
An Intervention Study**

Appendix I

Demographic Questionnaire Used in Phase 1: Baseline Assessment

The following demographic questions were used to gather background information from married couples during the baseline assessment phase of the study.

Participant ID: _____

Date: _____

Instructions: Please answer the following questions by ticking the appropriate box or filling in the blanks where required.

1. **Gender:**

☐ Male ☐ Female ☐ Other: _____

2. **Age:** _____ years

3. **Educational Qualification:**

☐ No formal education ☐ Primary ☐ High School ☐ Undergraduate

☐ Postgraduate ☐ Doctoral ☐ Other: _____

4. **Occupation:**

☐ Service (Government/Private) ☐ Business/Self-employed

☐ Homemaker ☐ Student ☐ Retired ☐ Other: _____

5. **Monthly Household Income:**

☐ Below ₹20,000 ☐ ₹20,001-₹40,000 ☐ ₹40,001-₹60,000

☐ ₹60,001-₹80,000 ☐ Above ₹80,000

6. Religion:

☐ Hindu ☐ Christian ☐ Muslim ☐ Buddhist ☐ Other: _____

7. Caste/Tribe (Optional): _____

8. Type of Marriage:

☐ Love ☐ Arranged ☐ Other: _____

9. Years of Dating Before Marriage:

☐ 0-2 years ☐ 2-5 years ☐ More than 5 years

10. Length of Current Marriage:

☐ 0-2 years ☐ 2-4 years ☐ 4-6 years ☐ More than 6 years

11. Number of Children:

12. Type of Family:

☐ Nuclear ☐ Joint ☐ Extended

13. Language(s) Spoken at Home: _____

14. Place of Residence:

☐ Urban ☐ Semi-urban ☐ Rural

15. Previous Experience with Couple Therapy or Counseling:

☐ Yes ☐ No

Appendix II :

Semi-Structured Interview Protocol for Exploring Attachment Styles, Interpersonal Emotion Regulation, and Relationship Satisfaction in Couples

Introduction:

- Explain the purpose of the interview.
 - Provide an overview of the study's aims: to understand their attachment styles, how they regulate emotions within their relationship, and their overall satisfaction as a couple.
 - Assure confidentiality and emphasize that there are no right or wrong answers.
 - Obtain informed consent from both partners.
-

Section 1: Demographic Information

1. Age, gender, occupation, and duration of the relationship.
 2. Current relationship status (e.g., married, cohabiting, long-distance).
 3. Any children or dependents?
-

Section 2: Attachment Styles

Objective: To explore individual and relational attachment styles.

Opening Question:

- Can you describe how you generally feel about closeness and intimacy in relationships?

Follow-Up Questions:

1. "How do you generally feel in your relationship with your partner-do you tend to feel close and trusting, or do you often worry about your partner's commitment, or perhaps prefer to keep some emotional distance?"
 2. Can you describe how you usually respond when there's a conflict or when you're feeling emotionally vulnerable in your relationship?"
 3. Are there times when you feel uncomfortable depending on your partner or letting them depend on you? Can you share examples?
 4. How do you respond when your partner is unavailable or emotionally distant?
 5. Can you recall situations where you needed support from your partner? How did they respond, and how did it make you feel?
 6. (Partner-Specific) Do you see similarities or differences between your attachment and your partner's? How does this affect your relationship?
-

Section 3: Interpersonal Emotion Regulation (IER)

Objective: To understand how couples regulate each other's emotions and its impact on the relationship.

General Questions:

1. How do you and your partner manage emotions together during challenging situations?
2. Can you describe a recent instance where one of you helped regulate the other's emotions?

Subcategories:

- **Enhanced Positive Affect:**

1. How do you and your partner uplift each other when one of you is feeling low?

2. Can you share any rituals or activities you engage in to create positive experiences?

- **Perspective-Taking:**

1. How often do you try to see situations from your partner's perspective? Can you give an example?

2. How do you feel when your partner acknowledges your perspective?

- **Social Modeling:**

1. Do you find yourself looking to your partner for cues on how to handle emotions? How often does this happen?

2. Can you recall a situation where your partner's reaction influenced how you managed your emotions?

- **Soothing:**

1. How do you and your partner comfort each other during stressful or emotionally intense moments?

2. Are there specific strategies (e.g., physical touch, words of affirmation) that work best for soothing one another?

Section 4: Relationship Satisfaction

Objective: To evaluate the quality and satisfaction level in the relationship.

Opening Questions:

1. How would you describe your relationship overall? What words come to mind?

2. On a scale of 1-10, how satisfied are you with your relationship? Why did you choose this number?

Follow-Up Questions:

1. What are the strengths of your relationship?

2. What areas, if any, would you like to improve in your relationship?
 3. How do you resolve conflicts or disagreements?
 4. How do you celebrate milestones or achievements as a couple?
 5. How does emotional closeness impact your satisfaction in the relationship?
-

Section 5: Attachment Styles in the Context of the Relationship

Objective: To explore how individual attachment styles influence the relationship dynamics.

Questions for Individual Partners:

1. How do you think your attachment style affects the way you interact with your partner?
 2. How does your partner's attachment style influence your relationship dynamics?
 3. Have you noticed any patterns or cycles in your relationship that might relate to your attachment styles?
 4. When conflicts arise, do you find it easier to withdraw, confront, or seek reassurance? Why?
 5. Have you both discussed your attachment tendencies before? How has this shaped your understanding of each other?
-

Section 6: Concluding Questions and Reflection

Objective: To summarize key points and allow participants to share any additional insights.

1. What have you learned about yourselves and your relationship through this discussion?
 2. Is there anything we didn't cover that you think is important for us to understand about your relationship?
 3. How did you feel about discussing these topics today?
 4. Do you have any feedback about this interview process?
-

Closing:

- Thank the participants for their openness and time.
- Reassure them about the confidentiality of their responses.
- Provide contact information in case they have follow-up questions or wish to share additional insights later.
- Offer information about counseling resources if the discussion brought up any difficult emotions.

Appendix III :

Revised Adult Attachment Scale (Collins, 1996)- Close Relationships Version

The following questions concern how you *generally* feel in *important close relationships in your life*. Think about your past and present relationships with people who have been especially important to you, such as family members, romantic partners, and close friends. Respond to each statement in terms of how you *generally* feel in these relationships.

Please use the scale below by placing a number between 1 and 5 in the space provided to the right of each statement.

1-----2-----3-----4-----5

**Not at all
characteristic
of me**

**Very
characteristic
of me**

1) I find it relatively easy to get close to people.	_____
2) I find it difficult to allow myself to depend on others.	_____
3) I often worry that other people don't really love me.	_____
4) I find that others are reluctant to get as close as I would like.	_____
5) I am comfortable depending on others.	_____
6) I don't worry about people getting too close to me.	_____
7) I find that people are never there when you need them.	_____
8) I am somewhat uncomfortable being close to others.	_____
9) I often worry that other people won't want to stay with me.	_____
10) When I show my feelings for others, I'm afraid they will not feel the same about me.	_____
11) I often wonder whether other people really care about me.	_____
12) I am comfortable developing close relationships with others.	_____
13) I am uncomfortable when anyone gets too emotionally	_____

close to me.

- 14) I know that people will be there when I need them.
- 15) I want to get close to people, but I worry about being hurt.
- 16) I find it difficult to trust others completely.
- 17) People often want me to be emotionally closer than I feel comfortable being.
- 18) I am not sure that I can always depend on people to be there when I need them.

Appendix IV:

Interpersonal Emotion Regulation Questionnaire (IERQ; Hofmann et al., 2016)

Instructions:

Please read each statement below and tick the box that best indicates how much you agree or disagree with the statement based on your usual behavior.

Item No.	Statement	1 Strongly Disagree	2 Disagree	3 Neither Agree nor Disagree	4 Agree	5 Strongly Agree
1	When I feel upset, I talk to someone about my feelings.	☐	☐	☐	☐	☐
2	I try to get emotional support from others when I am feeling down.	☐	☐	☐	☐	☐
3	When I am stressed, I seek comfort from people I trust.	☐	☐	☐	☐	☐
4	I rely on others to help me manage my emotions.	☐	☐	☐	☐	☐
5	I share my feelings with others to feel better.	☐	☐	☐	☐	☐
6	Talking to someone helps	☐	☐	☐	☐	☐

	me calm down when I am upset.					
7	I feel better when someone helps me see my emotions differently.	☐	☐	☐	☐	☐
8	I often seek advice from others about how to handle my emotions.	☐	☐	☐	☐	☐
9	I find it helpful to express my feelings to others.	☐	☐	☐	☐	☐
10	Others help me regulate my emotions by offering new perspectives.	☐	☐	☐	☐	☐
11	When I am anxious, I reach out to someone for reassurance.	☐	☐	☐	☐	☐
12	I prefer to regulate my emotions with the help of others.	☐	☐	☐	☐	☐
13	I use conversations	☐	☐	☐	☐	☐

	with others to understand my feelings better.					
14	I feel less overwhelmed when I share my emotions with others.	☐	☐	☐	☐	☐
15	Emotional support from others helps me control my feelings.	☐	☐	☐	☐	☐
16	I depend on others to help me feel emotionally stable.	☐	☐	☐	☐	☐
17	When I'm sad, I try to get others to help me feel better.	☐	☐	☐	☐	☐
18	Sharing emotions with others is a way I regulate how I feel.	☐	☐	☐	☐	☐
19	I feel more in control of my emotions after talking with someone.	☐	☐	☐	☐	☐

20	I often use social interaction as a way to manage my emotions.	☐	☐	☐	☐	☐

Response scale:
1 = Strongly Disagree | 2 = Disagree | 3 = Neither Agree nor Disagree | 4 = Agree | 5 = Strongly Agree

Appendix V :
Relationship Assessment Scale (RAS; Hendrick, 1988)

Instructions:

Please read each statement about your relationship and tick the box that best reflects your feelings.

Item No.	Statement	1 = Low Satisfaction	2	3	4	5 = High Satisfaction
1	How well does your partner meet your needs?	☐	☐	☐	☐	☐
2	In general, how satisfied are you with your relationship?	☐	☐	☐	☐	☐
3	How good is your relationship compared to most?	☐	☐	☐	☐	☐
4	How often do you wish you hadn't gotten into this relationship?	☐	☐	☐	☐	☐
5	To what extent has your relationship met your original expectations?	☐	☐	☐	☐	☐
6	How much do you love your partner?	☐	☐	☐	☐	☐
7	How many problems are there in your relationship?	☐	☐	☐	☐	☐

Appendix VI :
Post-Intervention Semi-Structured Interview Protocol

Exploring Changes in Attachment Styles, Interpersonal Emotion Regulation, and Relationship Satisfaction

Introduction:

- Explain that this interview focuses on their experiences and any changes they have noticed since the intervention.
 - Reassure confidentiality and emphasize there are no right or wrong answers.
 - Confirm consent to proceed.
-

Section 1: Reflection on the Intervention Experience

1. Can you share your overall experience of participating in the intervention?
 2. What aspects of the intervention did you find most helpful or meaningful?
 3. Were there any parts you found challenging or less helpful?
-

Section 2: Changes in Attachment and Relationship Dynamics

1. Since the intervention, have you noticed any changes in how you feel about closeness and intimacy with your partner?
2. Can you describe any shifts in the way you respond to conflict or emotional vulnerability in your relationship?
3. Have there been moments when you felt more comfortable depending on your partner or allowing them to depend on you? Can you give examples?
4. How has your perception of your partner's availability or emotional presence changed, if at all?

5. Have your conversations or interactions about your attachment styles changed after the intervention? How?
-

Section 3: Changes in Interpersonal Emotion Regulation

1. Since completing the intervention, how do you and your partner manage emotions together during difficult moments?
2. Can you describe a recent instance where one of you helped regulate the other's emotions? How did this compare to before the intervention?

Subcategories:

- **Enhanced Positive Affect:**
 - How do you now uplift each other when one of you feels low? Any new rituals or activities?
 - **Perspective-Taking:**
 - Are you more able to see situations from your partner's perspective? Can you share an example?
 - **Social Modeling:**
 - Do you find yourself learning new ways of handling emotions from your partner since the intervention?
 - **Soothing:**
 - Have your ways of comforting each other changed? What strategies work best now?
-

Section 4: Relationship Satisfaction and Quality

1. How would you currently describe your relationship? What has improved or changed?
2. On a scale of 1-10, how satisfied are you with your relationship now? Why?

3. What do you see as the current strengths of your relationship?
 4. Are there any areas you feel still need improvement?
 5. How do you now approach conflict resolution or celebrating achievements?
Has this changed?
 6. How has your emotional closeness with your partner been affected by the intervention?
-

Section 5: Integration and Future Perspectives

1. How do you feel your attachment styles and ways of regulating emotions fit together now?
 2. Have you noticed any new patterns or cycles in your relationship since the intervention?
 3. What have you learned about yourselves and your relationship through the intervention and this follow-up discussion?
 4. How do you plan to continue working on your relationship moving forward?
-

Section 6: Closing

1. Is there anything important about your relationship or experience with the intervention that we have not discussed?
 2. How did you feel about this follow-up interview?
 3. Any feedback for improving the intervention or interview process?
-

Closing Remarks:

- Thank participants warmly for their time and openness.
- Reassure about confidentiality and data protection.

- Provide contact information for support or further questions.
- Offer counseling or support resources if needed.

Appendix VII

3-Month Follow-Up Semi-Structured Interview Protocol

Assessing Sustained Changes in Attachment Styles, Interpersonal Emotion Regulation, and Relationship Satisfaction

Introduction:

- Thank participants for continuing with the study.
 - Explain this interview focuses on their experiences and relationship since the last interview, about three months post-intervention.
 - Emphasize confidentiality and that honest reflections are valuable.
 - Confirm consent to proceed.
-

Section 1: General Reflection Since Post-Intervention

1. Looking back over the past three months, how would you describe your relationship overall?
 2. What are some positive changes you have noticed since the intervention?
 3. Have there been any difficulties or challenges that have arisen?
-

Section 2: Attachment Styles Over Time

1. How have your feelings about closeness and intimacy with your partner evolved in these past months?
2. Have your reactions to conflict or emotional vulnerability changed since the post-intervention interview?
3. Do you find yourself more comfortable relying on your partner or allowing them to rely on you?

4. Have you observed any new patterns related to your or your partner's attachment style?
-

Section 3: Interpersonal Emotion Regulation Over Time

1. How do you and your partner currently support each other emotionally during stressful times?
2. Can you share a recent example of helping regulate each other's emotions? How has this changed since the intervention?

Subcategories:

- **Enhanced Positive Affect:**
 - How do you continue to uplift each other? Have you developed new ways to create positive experiences?
 - **Perspective-Taking:**
 - Are you better at understanding your partner's perspective? How often does this come into play now?
 - **Social Modeling:**
 - Do you still look to your partner for cues on managing emotions? Has this increased or decreased?
 - **Soothing:**
 - What are the main ways you comfort each other currently?
-

Section 4: Relationship Satisfaction and Quality Over Time

1. On a scale of 1 to 10, how satisfied are you with your relationship currently? How does this compare to immediately post-intervention?
2. What aspects of your relationship do you feel have improved or stayed the same?

3. Are there still areas you feel need attention or growth?
 4. How do you and your partner now handle conflict or celebrate successes? Has this changed further?
 5. How has your emotional closeness evolved since the last interview?
-

Section 5: Reflection and Future Outlook

1. What lasting effects has the intervention had on your relationship?
 2. What strategies or insights from the intervention do you continue to use?
 3. How do you envision continuing to work on your relationship moving forward?
 4. Are there any concerns or hopes you want to share about your relationship?
-

Section 6: Closing

1. Is there anything else about your relationship or experiences you would like to add?
 2. How did you feel about participating in this 3-month follow-up interview?
 3. Any feedback about the study or suggestions for future research?
-

Closing Remarks:

- Thank participants sincerely for their continued involvement.
- Reaffirm confidentiality and data protection.
- Provide support contact info as needed.

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- "Attachment Styles and Interpersonal Emotion Regulation in Married Couples: A Quantitative Investigation in the Cultural Context of Mumbai" (Manuscript submitted to Indian Psychological Review, March 7, 2024). Investigates how various attachment styles influence emotional regulation among married couples, particularly within Mumbai's cultural setting.

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ABSTRACT

**ATTACHMENT STYLE, INTERPERSONAL EMOTION
REGULATION AND RELATIONSHIP SATISFACTION AMONG
MARRIED COUPLES:
AN INTERVENTION STUDY**

**AN ABSTRACT SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF
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**DEPARTMENT OF PSYCHOLOGY
SCHOOL OF SOCIAL SCIENCES
OCTOBER, 2025**

**ATTACHMENT STYLE, INTERPERSONAL EMOTION REGULATION
AND RELATIONSHIP SATISFACTION AMONG MARRIED COUPLES:
AN INTERVENTION STUDY**

BY

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Submitted

**In partial fulfillment of the requirement of the Degree of Doctor of Philosophy in
Psychology of Mizoram University, Aizawl.**

Marital relationships hold a foundational place in adult life, influencing psychological well-being, emotional maturity, and the overall stability of family systems. As one of the most intimate and enduring social bonds, marriage provides a context in which individuals seek emotional support, validation, and companionship. However, the quality and outcomes of these relationships are deeply shaped by a constellation of psychological factors, most notably attachment style, interpersonal emotion regulation (IER), and relationship satisfaction. This study seeks to examine the interconnections among these variables, guided by theoretical frameworks drawn from attachment theory and contemporary models of emotion regulation. Additionally, it investigates the efficacy of narrative therapy as a therapeutic intervention aimed at improving relational functioning among married couples.

Attachment Style

Attachment theory, initially conceptualized by John Bowlby (1969, 1980), emphasizes the significance of early caregiver-child interactions in shaping an individual's internal working models-cognitive-affective frameworks that guide expectations and behavior in future relationships. These internal models, developed in early childhood, serve as templates for interpreting emotional experiences and navigating intimacy and dependency in adult relationships.

Mary Ainsworth's seminal work (1978) provided empirical grounding to Bowlby's theory through the "Strange Situation" paradigm, leading to the classification of attachment styles into secure, anxious-ambivalent, and avoidant categories. Building on this, Bartholomew and Horowitz (1991) introduced a four-category model that includes secure, preoccupied (anxious), dismissive (avoidant), and fearful-avoidant attachment styles, offering a more nuanced understanding of adult attachment patterns.

These attachment orientations significantly influence how individuals experience closeness, regulate emotions, manage relational conflict, and seek or provide support

in romantic relationships. Individuals with secure attachment typically possess a positive view of themselves and others, which fosters trust, open communication, and emotional attunement within their partnerships. In contrast, those with insecure attachment styles—be it anxious, avoidant, or fearful—often struggle with issues related to trust, fear of rejection, emotional dysregulation, and difficulty in maintaining intimacy.

A substantial body of empirical research supports these associations. For instance, Mikulincer and Shaver (2016) highlight that secure attachment is linked to adaptive emotional functioning, greater relational satisfaction, and resilience in the face of stress. Similarly, studies by Fraley and Shaver (2000) and Madey and Rodgers (2009) indicate that insecure attachment styles are predictive of heightened relational anxiety, maladaptive coping mechanisms, and lower satisfaction in marital relationships. These findings underscore the critical role of attachment in shaping both individual emotional health and the broader dynamics of couple functioning.

Interpersonal Emotion Regulation

Interpersonal emotion regulation (IER) highlights the ways in which partners collaboratively manage feelings, moving beyond the intrapersonal strategies that have dominated the field for decades. Whereas Gross's (1998) seminal model focuses on how individuals internally up- or down-regulate emotions, IER posits that our closest relationships—especially romantic partnerships—serve as vital arenas for co-regulation. In their integrative review, Zaki and Williams (2013) describe IER as both deliberate and automatic processes through which individuals enlist the support of others to alter the trajectory of their emotional states. In marriage, where partners' moods and stress responses become deeply intertwined, these joint regulatory efforts can make the difference between adaptive coping and escalating conflict.

Attachment history shapes the repertoire of IER tactics that partners bring to the relationship. Those with a secure orientation tend to reach out when distressed,

communicate their needs clearly, and respond sensitively when their partner is upset. Mikulincer and his colleagues (2003) observed that securely attached spouses not only ask for help but also offer comfort in ways that validate their partner's experience, thereby reinforcing trust and mutual understanding. By contrast, individuals with high attachment anxiety may flood interactions with worry, seeking constant reassurance yet finding it difficult to feel genuinely soothed. Those with dismissing tendencies often minimize or suppress their feelings, appearing aloof or disengaged when their partner attempts to connect-strategies that can leave both parties feeling isolated (Shaver et al., 2009). Over time, hyper activation (excessive clinging or emotional outbursts) and deactivation (emotional withdrawal) patterns erode relational cohesion, creating a cycle of misattunement documented in laboratory and diary studies (Niven et al., 2012).

Relationship Satisfaction

Relationship satisfaction reflects the degree to which partners experience emotional closeness, mutual respect, effective problem-solving, and a shared sense of purpose. Early work by Hendrick (1988) operationalized satisfaction in terms of intimacy, trust, and commitment, while Mastekaasa (1992) linked high marital contentment to broader psychological well-being. Satisfied couples report higher levels of positive affect on a daily basis, demonstrate more constructive conflict resolution, and maintain a sense of "we-ness" that buffers against life stress. In contrast, chronic dissatisfaction-marked by unresolved disputes, emotional distance, and reciprocal criticism-predicts an array of negative outcomes, including elevated symptoms of depression and anxiety (Davila & Bradbury, 2001).

A growing empirical literature underscores the centrality of secure attachment and effective IER as pillars of marital happiness. Simpson and colleagues (1996) found that partners who view each other as reliable sources of comfort weather stressful events more successfully and report greater long-term satisfaction. Randall and Schoebi's (2015) daily-diary study revealed that on days when partners engaged in adaptive co-regulation-such as offering encouragement or perspective-taking-they

experienced deeper intimacy and felt more supported. Conversely, when IER strategies failed-either through neglecting a partner's emotional bids or through maladaptive responses linked to insecure attachment-couples were more likely to rate their day as conflictual and unrewarding (Girme et al., 2021). Together, these findings suggest that fostering secure attachment bonds and cultivating responsive, collaborative emotion-regulation habits can play a transformative role in sustaining marital health.

Narrative Therapy as an Intervention

Narrative therapy, rooted in postmodern theory and developed by Michael White and David Epston (1990), views identity as shaped by personal and relational stories. The approach involves externalizing problems, re-authoring life narratives, and reconstructing relational scripts. In couples therapy, it facilitates mutual understanding, empathy, and secure relational bonding (Duba et al., 2010; Abdollah et al., 2021).

Recent empirical findings (Martinez, 2022; Brooks et al., 2020) indicate that narrative therapy effectively enhances attachment security, emotional regulation, and marital satisfaction. However, there is a scarcity of intervention studies within the Indian context examining its impact on the triad of attachment, IER, and relationship satisfaction.

Attachment theory (Bowlby, 1969; Ainsworth, 1991) provides a foundational framework for understanding emotional security and relational behaviors in adulthood. Bartholomew and Horowitz (1991) expanded adult attachment into four styles-secure, preoccupied, dismissing, and fearful-each with distinct implications for emotional regulation and intimacy. Mikulincer and Shaver (2016) demonstrated that secure attachment fosters supportive and empathetic IER, while insecure styles predict emotional suppression, withdrawal, and conflict escalation.

Emotion regulation, particularly in interpersonal contexts, is central to maintaining

marital satisfaction. Adaptive IER-such as emotional validation and responsive communication- has been shown to increase intimacy and relationship quality (Butler, 2011; Randall & Schoebi, 2015). Conversely, maladaptive IER is linked to increased relational strain (Shaver et al., 2009; Davila & Bradbury, 2001).

Narrative Therapy enables individuals and couples to reconstruct identity and relational narratives through externalization, re-authoring, and meaning co-construction (White & Epston, 1990; Morgan, 2000). While evidence supports its use in improving couple communication and emotional expression (Duba et al., 2010; Abdollah et al., 2021), rigorous intervention-based studies incorporating attachment and IER as mediating mechanisms are lacking-especially in culturally diverse populations. Lee (2023) highlights the importance of cultural sensitivity in therapeutic applications, noting that attachment expression and regulation strategies vary significantly across sociocultural environments.

Contemporary research underscores the pivotal role of early attachment patterns in shaping adult romantic relationships. Secure attachment is associated with adaptive interpersonal emotion regulation (IER) and higher relationship satisfaction, while insecure attachment- marked by anxiety, avoidance, or ambivalence-leads to emotional dysregulation and relational distress. Although literature has extensively documented the correlational links between attachment style, IER, and marital quality, experimental interventions addressing these interrelated variables remain scarce, particularly in non-Western, culturally diverse contexts like urban India.

Narrative Therapy, pioneered by White and Epston (1990), offers a compelling framework to reconstruct problem-saturated relationship narratives by externalizing issues and promoting shared meaning-making. Preliminary studies (e.g., Duba et al., 2010; Abdollah et al., 2021) suggest that narrative interventions can positively influence relational dynamics. However, most of these studies suffer from limited sample sizes, cultural specificity, or lack of longitudinal data. Furthermore, no known research in the Indian context has examined the synergistic impact of narrative therapy on attachment style, interpersonal emotion regulation, and marital satisfaction in a unified intervention model.

In recent years, marital distress had become an increasingly visible issue in urban Indian settings, particularly in fast-paced metropolitan areas such as Mumbai. The convergence of socio-economic pressures, high living costs, work-life imbalance, and the erosion of traditional joint family structures had placed significant strain on modern marriages (Srinivasan & Lee, 2004; Bhogle & Prakash, 1995). Mumbai, in particular, as one of India's most densely populated and culturally diverse cities, represented a microcosm of these broader transitions. Couples living in this urban environment were often caught between traditional expectations and modern lifestyles, leading to increased vulnerability to relational dissatisfaction and emotional disconnection (Rao & Rao, 2012). Despite these emerging challenges, there had been limited psychological interventions tailored to the specific relational dynamics and cultural nuances present in Indian metropolitan contexts.

Existing research had consistently demonstrated that attachment insecurity and poor emotion regulation were critical factors contributing to marital dissatisfaction and conflict (Feeney, 1999; Mikulincer & Shaver, 2007). However, interventions directly targeting these constructs within Indian couples remained scarce. Moreover, the dominant models of couple therapy in India had largely been adaptations of Western approaches, often without contextual modifications or empirical validation for Indian populations (Kapadia, 2013). This highlighted a critical need for culturally sensitive and evidence-based interventions that could address the relational needs of urban Indian couples.

Rationale for Selecting Narrative Therapy as the Intervention

Narrative therapy, developed by White and Epston (1990), offered a promising approach to couple intervention due to its focus on the deconstruction of dominant problem-saturated stories and the co-construction of preferred relational narratives. Unlike traditional pathology-oriented models, narrative therapy emphasized collaboration, meaning-making, and the empowerment of individuals and couples in reframing their relational experiences. Several studies in Western contexts had found narrative therapy effective in improving relationship dynamics, promoting emotional awareness, and reducing conflict in couples (Beaudoin & Zimmerman, 2011;

Freedman & Combs, 1996). However, there remained a dearth of empirical work exploring its application in collectivist cultures like India, where relational identities are often deeply embedded within broader familial and societal systems.

Narrative Therapy was chosen as the intervention for this study because it offers a unique, postmodern approach to addressing relational and emotional difficulties that often underlie marital dissatisfaction. Unlike traditional approaches that pathologize individuals or focus solely on behavioural symptoms, Narrative Therapy views problems as external to individuals and relationships (White & Epston, 1990). This externalization allows couples to separate their identities from the conflicts they face, reducing blame, defensiveness, and emotional reactivity. Through re-authoring conversations, couples collaboratively reconstruct their shared narratives to highlight resilience, empathy, and mutual support (Morgan, 2000). This process aligns closely with the theoretical frameworks of attachment and emotion regulation, as it fosters secure relational bonds and promotes adaptive emotional coping strategies (Mikulincer & Shaver, 2016). Given its focus on language, meaning-making, and empowerment, Narrative Therapy was particularly suited for this research, which aimed to explore and enhance attachment security, interpersonal emotion regulation, and relationship satisfaction among married couples within a culturally sensitive and collaborative therapeutic framework (Freedman & Combs, 1996).

Furthermore, prior research had shown that narrative therapy could positively influence attachment-related behaviors and emotion regulation. For instance, Gardner and Speedy (2007) argued that the externalizing techniques of narrative therapy helped individuals reflect on emotional patterns without defensiveness, creating space for healthier communication and emotional co-regulation. Yet, there are no known studies that had tested whether narrative therapy could produce measurable changes in attachment security, interpersonal emotion regulation (IER), and relationship satisfaction within an Indian marital context.

Overall, the need for more studies to assess Narrative Therapy as an intervention to enhance both attachment security and interpersonal emotion regulation in marriage,

in multi-cultural contexts, is very evident. Filling in these gaps will help clinicians, policy makers and ultimately will help to build more effective approaches to improve marital satisfaction and mental health.

Thus, the present study seeks to bridge these gaps by evaluating the effectiveness of a Narrative Therapy based intervention tailored for married couples. Specifically, the study aims to examine whether Narrative Therapy can promote attachment security, improve interpersonal emotion regulation, and enhance marital satisfaction. By conducting this research within a culturally diverse urban Indian context, the study also explores how such an intervention can be meaningfully adapted for non-Western populations. In doing so, this study makes both a theoretical and practical contribution to the literature. Theoretically, it investigates the interaction between attachment style and IER within a relational intervention framework. Practically, it provides evidence for a culturally relevant therapeutic model capable of addressing the rising rates of emotional disengagement and chronic dissatisfaction among married couples. In a rapidly changing society such as Mumbai, the need for such interventions is more urgent than ever.

Through a twelve-session intervention model, it assessed whether participants demonstrated increased attachment security (as measured by the Revised Adult Attachment Scale), improved dyadic emotional regulation (Interpersonal Emotion Regulation Questionnaire), and enhanced relationship satisfaction (Relationship Assessment Scale) over time, in comparison to a control group. By focusing on Mumbai, the study grounded itself in a socially and demographically relevant context, offering insight into the therapeutic potential of narrative approaches for urban Indian couples. The findings sought to contribute not only to cross-cultural clinical research but also to the development of indigenous, culturally informed frameworks for enhancing marital well-being in contemporary India.

Operational Definitions of the Variable

Attachment Style

Attachment style was described as an individual's typical way of making, and keeping emotionally close relationships and viewed in dichotomous categorization of Secure or Insecure attachment.

Secure attachment style

The securely attached ones were emotionally stable, could communicate well, and had trust, higher relationship satisfaction being associated with these aspects (Mikulincer & Shaver, 2016) where the married couple would experience having a close bond and dependency on their partner along with a lower level of anxiety and worry about feeling rejected by the partner.

Insecure attachment style

Insecure attachment types such as preoccupied, dismissing, and fearful were under the umbrella of Insecure Attachment Style since all of them showed difficulties in emotional regulation, relational anxiety, and intermittent intimacy pattern (Shaver & Mikulincer, 2002) where the married couple would experience a sense of dependency over the partner, along with anxiety and worry of being rejected and abandoned by the partner resulting in feeling unloved by the partner.

Interpersonal Emotion Regulation

Interpersonal Emotion Regulation refers to the process of regulating one's own emotions through interpersonal interactions, such as seeking reassurance, or support from others or modeling other's ways of coping to regulate one's own emotions.

Relationship satisfaction

Relationship Satisfaction is defined as an interpersonal evaluation of the positivity of feelings for one's partner and attraction in the marital relationship.

Married Couples

For the present study, the operational defined of married couple refers to

heterosexual couples who are legally married as per Indian Marriage Law for 2-3 years and were formerly involved in a romantic relationship with each other for at least 2-3 years before marriage.

Narrative Therapy

Narrative Therapy is operationally defined as a structured therapeutic intervention sessions aimed at enhancing couples' relationship satisfaction by improving their interpersonal emotion regulation skills and attachment styles.

Variable of the Study

The following independent, dependent and sociodemographic variables have been taken for the study:

Independent Variable

The independent variables was attachment style. Narrative Therapy is the intervention to examine its effect on the dependent variable.

Dependent Variable

The dependent variable in this study were interpersonal emotion regulation and relationship satisfaction amongst the couples. The researcher was interested in measuring to determine whether narrative therapy had an effect on these variables.

Objectives of the study

The focus of this study lies on –

- 1) To evaluate the baseline levels of attachment style, interpersonal emotion regulation, and relationship satisfaction among married couples prior to the intervention.
- 2) To investigate the role of attachment style on interpersonal emotion regulation and relationship satisfaction through survey among the married couples.
- 3) To conduct an in-depth understanding of the role of attachment style on interpersonal emotion regulation and relationship satisfaction through semi-structured interviews among the married couples.
- 4) To evaluate the efficacy of Narrative Therapy in improving attachment security, enhancing interpersonal emotion regulation, and increasing

relationship satisfaction among married couples following the intervention

- 5) To examine within-group changes in attachment security, interpersonal emotion regulation, and relationship satisfaction among married couples by comparing pre- and post-intervention scores.
- 6) To provide evidence-based recommendations for promoting healthy attachment styles and emotional regulation strategies within marital relationships.

Study Hypotheses

Survey Phase Hypotheses

1. There will be a significant relationship between attachment style and relationship satisfaction among married couples.
2. There will be a significant relationship between attachment style and interpersonal emotion regulation among married couples.
3. There will be a significant relationship between interpersonal emotion regulation and relationship satisfaction among married couples.

Intervention Phase Hypotheses

1. Narrative Therapy will lead to a significant improvement in attachment styles among married couples in the experimental group compared to those in the control group.
2. Narrative Therapy will significantly enhance interpersonal emotion regulation skills in married couples within the experimental group relative to the control group.
3. Narrative Therapy will result in a significant increase in relationship satisfaction for married couples in the experimental group compared to the control group.
4. Narrative Therapy will result in significant within-group improvements in attachment styles, interpersonal emotion regulation, and relationship satisfaction from pre- to post-intervention among married couples.

Methodology

This study employed a sequential mixed-methods intervention design conducted in three phases: an initial survey phase, a qualitative exploration phase, and a narrative therapy intervention phase. The objective was to investigate the relationships among attachment style, interpersonal emotion regulation (IER), and relationship satisfaction among married couples, and to evaluate the effectiveness of Narrative Therapy in improving these variables.

In the first phase, a quantitative survey was conducted with a sample of 150 married couples ($N = 300$) residing in urban areas of Mumbai. Participants were selected through purposive sampling, ensuring a diverse representation in terms of age, marital duration, and socioeconomic background. Inclusion criteria required participants to be legally married for at least three years, between 28 to 40 years of age, and proficient in either English or Hindi.

The following standardized psychometric instruments were administered: the Revised Adult Attachment Scale (RAAS; Collins, 1996) to assess adult attachment patterns (secure and insecure), the Interpersonal Emotion Regulation Questionnaire (IERQ; Hofmann et al., 2016) to evaluate how individuals use others to regulate their emotions, and the Relationship Assessment Scale (RAS; Hendrick, 1988) to measure overall marital satisfaction. The survey aimed to examine the correlations among the three variables and identify patterns relevant to the Indian marital context.

In the second phase, a subset of participants was selected from the survey group for semi-structured qualitative interviews. Using stratified purposive sampling, individuals representing different attachment profiles and marital satisfaction levels were chosen to ensure a rich and diverse narrative sample. A total of 50 married couples ($N=100$) were interviewed to gain deeper insights into their relational dynamics, emotional regulation strategies, and the influence of attachment experiences on marital quality.

These interviews were guided by an interview schedule developed by the researcher and were conducted in a safe and confidential environment. The interviews were audio-recorded, transcribed, and thematically analyzed using NVivo software. This qualitative exploration provided contextual depth to the quantitative findings and informed the development of the intervention.

In the third phase, a Narrative Therapy-based intervention was implemented with drawn from the original sample, based on their levels of attachment insecurity and reported marital dissatisfaction.

The selected participants were randomly assigned to either an experimental group (n = 40 individuals; 20 couples) who received the intervention, or a control group (n = 40 individuals; 20 couples) who did not receive any treatment during the study period. The intervention consisted of twelve sessions of Narrative Therapy across three months, grounded in the principles developed by White and Epston (1990), focusing on externalizing problem-saturated narratives, re-authoring preferred stories, and strengthening relational identity through collaborative meaning-making. Sessions were facilitated by the researcher, a trained counselor in Narrative Therapy techniques.

Following the intervention, both the experimental and control groups were reassessed using the same quantitative instruments (RAAS, IERQ, RAS) to measure changes in attachment style, interpersonal emotion regulation, and relationship satisfaction. Additionally, the experimental group participated in a three-month follow-up assessment to evaluate the sustainability of changes. Post-intervention qualitative interviews were also conducted with the experimental couples and the control group to explore their experiences, emotional shifts, and changes in relational patterns resulting from the therapy.

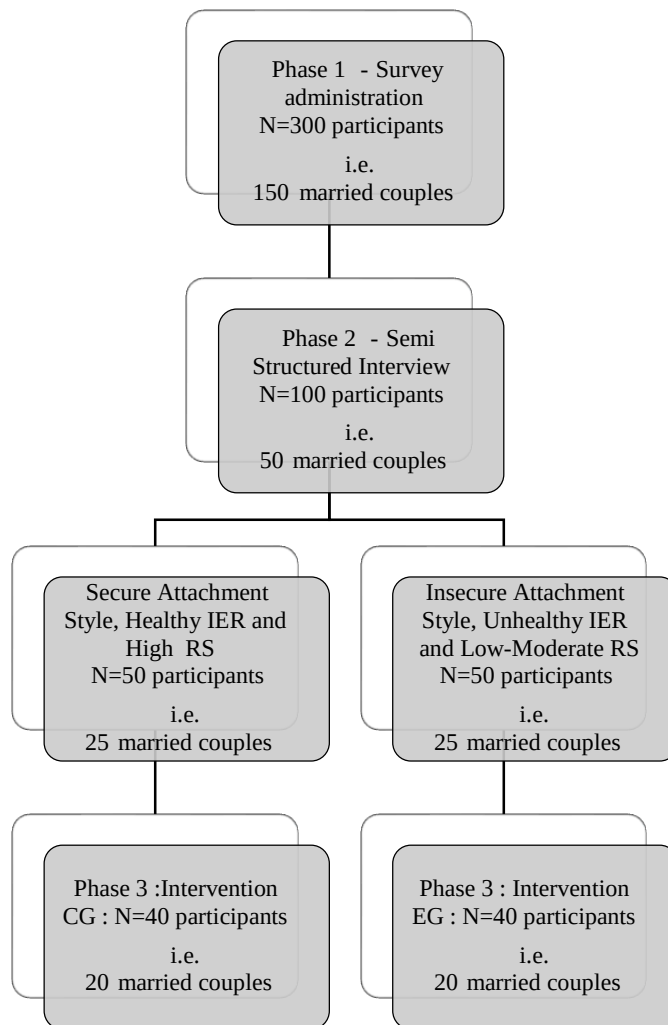


Figure 1: Administration procedure and sample distribution

Design of the study:

A two-tiered research design based on a Mixed Methods Approach - Quantitative that encompassed surveys and intervention analysis on SPSS and qualitative analysis through pre-post semi-structured interview. This method was utilized to include both the statistical pattern and the deeper psychological insight. This methodological structure was carried out in order to fully understand how attachment style and interpersonal emotion regulation influence marital satisfaction and Narrative Therapy was effective to improve the relational well-being.

Mixed-Methods Approach: Survey and Interviews

The study used a mixed methods approach combining quantitative surveys and qualitative interviews to test the interplay between attachment style, interpersonal emotion regulation (IER), and relationship satisfaction. The analysis of the two approaches would allow for a holistic understanding of both generalizable trends and personalized experiences (Creswell & Plano Clark, 2018).

1. Quantitative Method (Survey Method and Experiment Intervention)

In the survey phase, statistical analysis of correlations, mediating effects, and group differences was conducted based on numerical data collected of attachment styles, interpersonal emotion regulation, marital satisfaction, during the survey phase. This gave a broad picture of relations by different attachment categories.

In the experimental phase, a Narrative Therapy was used as an intervention tool in order to determine its effectiveness in working with unstable attachment couples who use maladaptive interpersonal emotion regulation strategies. In this phase, it was tested whether it is possible to improve marital satisfaction by rephrasing relational narratives in the context of structure therapy sessions. The Narrative Therapy intervention given to the Experimental Group over a specified period. The experimental Group in which persons continued with their usual relational interactions but without any therapeutic intervention.

2. Qualitative Method (Pre and Post Interviews)

Semi-structured interviews were conducted in order to gain an understanding of how attachment-related emotional regulation would influence marital satisfaction. In these interviews, the relationships of their participants were explored as they experienced marriage, outlining the ways in which participants were both aided and hampered by those around them to effectively cope with and subdue feelings. The intervention was reassessed for marital satisfaction, attachment style, and emotion regulation abilities. It was done by comparing preintervention with post intervention scores as to potency for Narrative Therapy to alter undesirable emotional responses based on maladaptive attachment. The qualitative component yielded rich narratives, however, of underlying emotional mechanisms that statistical analysis alone could not uncover.

The method of triangulation was taken into account through the mixed method approach, whereas, the study's reliability and depth increased because the quantitative findings were validated through the qualitative narratives (Bryman, 2012).

This study combined a rigorous, multi-dimensional assessment of the effects of attachment and interpersonal emotion regulation on marital satisfaction while testing a therapeutic model to improve relations outcomes

Statistical Analyses

Quantitative data were analyzed using SPSS software version 27. Descriptive statistics were computed for all variables. Inferential analyses included Wilcoxon Signed-Rank Tests for within-group comparisons, Mann-Whitney U Tests for between-group differences, and Regression Analysis to assess the predictive power of attachment style on IER and marital satisfaction. Qualitative data were analyzed thematically using Braun and Clarke's (2006) framework. NVivo software version 29 facilitated the coding and categorization of themes. Nine major post-intervention themes emerged from the experimental group's narratives, revealing significant changes in emotional attunement, communication, and relational resilience.

Informed consent was obtained from all participants, who were assured of their confidentiality, anonymity, and right to withdraw from the study at any stage. The study adhered to ethical standards in research involving human subjects, ensuring respect, safety, and integrity throughout the process.

Phase	Activity	Details
Phase 1: Baseline Assessment	Participant Recruitment	300 participants (150 married couples) recruited through community centers, social media, and referrals.
	Screening for Inclusion/Exclusion	Participants screened for legal marital status, relationship history, age, employment, psychological status, and consent.
	Survey Administration	Standardized measures for attachment style (Revised Adult Attachment Scale Close Relationships Version - RAAS by Collins, 1996), interpersonal emotion regulation (Interpersonal Emotion Regulation Questionnaire - IERQ by Hoffman et al., 2016), and relationship satisfaction (Relationship Assessment Scale - RAS by Hendrick, 1988) were administered.
	Data Collection and Analysis	Baseline data statistically analyzed to identify patterns and correlations.
Phase 2: Screening and Interviews	Group Allocation	100 participants – 50 married couples (25 couples with low-moderate RS and low - moderate IER and Insecure AS, 25 couples with high RS, high IER and Secure AS) selected for semi-structured interviews.
	Semi-Structured Interviews	In-depth interviews conducted to explore attachment patterns, emotional regulation issues, and marital satisfaction.

	Final Selection	40 married couples (20 couples in EG and 20 couples in CG) selected based on insecure attachment, interpersonal emotional regulation difficulties and low-moderate RS (EG) or healthy relationships (CG).
Phase 3:	Orientation	Rapport building, goal-setting, and session structure explained to experimental group couples.
Intervention	Session	
	Narrative Therapy Sessions (Weeks 1-12)	Structured 12-session intervention delivered weekly across 3 months. Homework assignments given after each session.
	Post-Intervention Assessment	Standardized tools - RAAS, IERQ and RAS were re-administered to both experimental and control groups for pre-post comparison. In-depth interviews conducted to explore attachment patterns, emotional regulation issues, and marital satisfaction.
Follow-Up	Three-Month Follow-Up	Semi-structured interviews conducted with experimental group to assess sustainability of therapeutic gains.

Figure 1: Fundamental Outline of the Study

Ethical Safeguards and Monitoring

The intervention was implemented with strict adherence to ethical guidelines. Informed consent was obtained and reaffirmed at multiple stages. Participants were assured of their right to withdraw at any point, and confidentiality protocols were rigorously maintained. Ongoing monitoring included regular check-ins, optional individual support sessions, and referral access for psychological distress beyond the scope of the study.

Post-Intervention Assessment

Following the completion of the 12-session intervention, both the experimental and control groups were reassessed using the same standardized psychometric instruments administered at baseline. These instruments evaluated changes in attachment style, interpersonal emotion regulation, and relationship satisfaction.

In parallel, qualitative post-intervention interviews were conducted with all couples in the experimental group. These interviews aimed to capture subjective reflections on the therapeutic process and perceived relational changes. Thematic analysis of the transcribed interviews was conducted using NVivo, following Braun and Clarke's (2006) six-phase framework.

The integration of quantitative and qualitative data in this phase supported a convergent parallel mixed-methods analysis (Creswell & Plano Clark, 2018), enhancing the interpretive validity of the findings. The alignment of statistical outcomes with narrative accounts strengthened the evidence base for the intervention's effectiveness and offered insight into the mechanisms of relational change.

Researcher's Reflexivity

As the primary investigator of this study, the researcher recognized that their personal background, experiences, and beliefs regarding the variables and the topic - Attachment Style, Interpersonal Emotion Regulation and Relationship Satisfaction among Married Couples : An Intervention Study may have influenced the research process. The understanding and assumptions shaped the formulation of research questions, interaction with participants, and interpretation of data. In particular, the researcher's prior knowledge and empathy towards relational dynamics may have introduced biases that subtly may have impacted how interviews were conducted and data were analyzed. To mitigate these influences, the researcher engaged in continuous self-reflection throughout the study by maintaining a reflexive journal. This journal-documented researcher's thoughts, emotional responses, and potential preconceived notions, enabling the researcher to remain aware of their positionality. Additionally, the researcher employed peer debriefing and sought feedback from academic and narrative therapy supervisors to challenge and refine their interpretations. This iterative reflexive practice enhanced the credibility and transparency of the findings. Acknowledging the researcher's role in shaping the research does not weaken the study but rather affirms a commitment to ethical and rigorous qualitative inquiry. By openly declaring these influences, the researcher have endeavored to

produce findings that are both nuanced and responsibly contextualized within the complexities of researcher-subject interactions

Analysis and Discussion

A pilot study involving 50 married couples from northern Mumbai was undertaken to evaluate the practicality of the research design and ensure the cultural suitability and reliability of the assessment tools. The instruments used-the Revised Adult Attachment Scale (Collins, 1996), Interpersonal Emotion Regulation Questionnaire (Hofmann et al., 2016), and Relationship Assessment Scale (Hendrick, 1988)-demonstrated satisfactory internal consistency, affirming their relevance in the Indian context. Participant feedback led to refinements in terminology and the structure of semi-structured interviews, improving clarity and cultural alignment. Recruitment procedures and session scheduling were also adjusted to reduce attrition and enhance engagement.

Descriptive statistics (N=100) revealed a mean relationship satisfaction score of 24.65 (SD = 6.18) and an average IER score of 3.21 (SD = 0.68), indicating moderate levels across the sample. Attachment style distribution was evenly split, with 50% classified as secure and 50% as insecure. The pilot study established that all psychological assessment tools used demonstrated high reliability and good internal consistency, with Cronbach's alpha coefficients above .70 for the revised Adult Attachment Scale (RAAS), Interpersonal Emotion Regulation Questionnaire (IERQ), and Relationship Assessment Scale (RAS). Validity was confirmed through pilot testing, which indicated these measures were well aligned with the constructs of adult attachment, interpersonal emotion regulation, and relationship satisfaction in the Indian cultural context. This foundational evidence supported the appropriateness and psychometric soundness of the instruments for the main study sample.

Mann-Whitney U tests showed that securely attached individuals reported significantly higher relationship satisfaction and better interpersonal emotion regulation compared to those with insecure attachment styles ($p < .001$ for both variables). These findings echoed prior literature, highlighting the foundational role

of attachment security in shaping emotional and relational dynamics. The pilot study thus provided essential groundwork for refining procedures and confirmed the theoretical relevance of the study variables within the target population.

Further for the main study, quantitative analyses employed descriptive statistics, linear regression, Spearman's correlation, Wilcoxon signed-ranks tests, and McNemar chi-square tests to assess the baseline predictive relationships and post-intervention changes. The study involved 300 married participants whose relational characteristics were assessed across several variables. Premarital dating duration was nearly evenly divided, with 51% having dated for two years and 49% for three years. Similarly, the duration of marriage varied slightly, with 45.3% married for two years and 54.7% for three years. Attachment style distribution was balanced, with 48.3% classified as securely attached and 51.7% as insecurely attached. Most participants reported a high level of emotional closeness to their partners.

Tests for normality indicated that the distributions of relationship satisfaction and interpersonal emotion regulation (IER) scores significantly deviated from normality, implying that non-parametric methods or data transformations might be required for subsequent analyses.

Descriptive statistics revealed moderate levels of both relationship satisfaction (mean = 24.7, SD = 5.965) and interpersonal emotion regulation (mean = 3.05, SD = 0.612) among the couples. Both variables exhibited slight negative skewness and kurtosis but approximated normal distribution patterns.

Regression analyses highlighted the significant predictive role of attachment style on relational outcomes. Secure attachment was a strong positive predictor of relationship satisfaction, accounting for over 82% of its variance, with securely attached individuals reporting markedly higher satisfaction levels. Conversely, insecure attachment was associated with lower interpersonal emotion regulation abilities, explaining nearly 67.7% of the variance, indicating that individuals with insecure attachment exhibited reduced capacity for regulating emotions within relationships.

These findings underscore the critical influence of attachment security on both emotional regulation and marital satisfaction, supporting theoretical frameworks that emphasize the role of attachment in relational functioning. The Spearman's rank-order correlation analysis revealed a very strong positive association between interpersonal emotion regulation (IER) and relationship satisfaction among married couples ($\rho = 0.985$, $p < .01$). This indicates that higher levels of IER are closely linked to greater satisfaction within the marital relationship. The statistical significance of this correlation, based on a sample of 300 participants, confirms that the observed relationship is unlikely due to chance.

These findings support the rejection of the null hypothesis, affirming that interpersonal emotion regulation is a critical factor associated with marital satisfaction. The near-perfect correlation underscores the integral role that effective emotional regulation between partners plays in fostering fulfilling and stable relationships.

To assess the assumption of normality for key outcome variables Interpersonal Emotion Regulation (IER) and Relationship Satisfaction, the Kolmogorov Smirnov and Shapiro–Wilk tests were employed. These tests evaluated both pre-test and post-test scores across the experimental group (EG) and control group (CG).

The Shapiro–Wilk test, preferred for small sample sizes ($n < 50$), indicated significant deviations from normality in several cases. In the experimental group, pre-test scores for IER ($W = .890$, $p = .001$) and Relationship Satisfaction ($W = .916$, $p = .006$) showed significant non-normality, as did post-test scores for Relationship Satisfaction ($W = .812$, $p < .001$). However, post-test IER scores approached normality ($W = .947$, $p = .059$). For the control group, IER pre-test scores ($W = .956$, $p = .120$) met the assumption of normality, but deviations were present in the post-test scores for IER ($W = .929$, $p = .015$) and both Relationship Satisfaction scores ($W = .940$, $p = .034$; $W = .944$, $p = .048$). Given these violations, non-parametric statistical tests were deemed appropriate for subsequent analyses to ensure the robustness and validity of the results.

The Wilcoxon Signed Ranks Test was conducted to compare the EG and CG at both pre- and post-test phases. In the pre-test, no significant difference was observed between the groups ($Z = -0.013$, $p = .989$) on IER, indicating comparability at baseline.

A statistically significant difference emerged between groups ($Z = -4.538$, $p < .001$), with the EG reporting higher relationship satisfaction even prior to the intervention. In the post-test findings, the experimental group showed significantly greater improvement in IER compared to the control group ($Z = -4.866$, $p < .001$).

Similarly, the EG exhibited significantly higher post-test relationship satisfaction ($Z = -5.514$, $p < .001$). Notably, no CG participants reported improvements. These findings underscore the significant positive effects of the narrative therapy intervention on both emotion regulation and relational well-being in the experimental group.

These findings affirm prior research suggesting that narrative therapy facilitates emotional integration and cognitive reframing, enabling individuals to reinterpret relational experiences in more adaptive ways (White & Epston, 1990; Angus & McLeod, 2004). By externalizing problems and reauthoring relationship narratives, couples may gain a renewed sense of agency and emotional coordination, thereby improving interpersonal regulation. The discrepancy in EG with higher relationship satisfaction, although unexpected, can be explained through sampling variability and the likelihood of pre-existing relational strengths or motivational differences among EG participants (Altman & Bland, 1999; Overall & Simpson, 2013). Couples volunteering for therapeutic engagement may already possess higher readiness for change and relational awareness, which are linked to greater baseline satisfaction (Prochaska & DiClemente, 1986).

Attachment style classifications (secure vs. insecure) were examined using cross-tabulation and the McNemar test to assess group differences over time. In the pre-test findings, 100% of EG participants and 85% of CG participants were classified as

insecurely attached. The McNemar test showed no significant difference between groups ($p = 1.000$), affirming baseline similarity. In the post-test findings, A marked shift occurred in the EG, with the proportion of securely attached individuals increasing to 70%. The CG showed minimal change (25% secure at post-test). 89.3% represents the percentage of participants who shifted from insecure to secure attachment within the experimental group, illustrating the intervention's effectiveness in promoting attachment security. The McNemar test revealed a significant difference ($p = .002$), confirming the intervention's effectiveness in promoting secure attachment orientations.

These results validate the intervention's aim to facilitate transitions from insecure to secure attachment styles. This uniform improvement suggests the intervention's effectiveness across varying couple dynamics and attachment profiles. Previous literature supports this finding, noting that emotion regulation in couples is not only an individual skill but also shaped by dyadic processes, such as mutual support and responsiveness (Butler & Randall, 2013). Narrative therapy may serve as a conduit for these processes, enabling couples to co-construct more coherent and supportive emotional exchanges (Johnson, 2019).

To further understand changes within the EG, Wilcoxon Signed Ranks Tests were applied to assess pre- and post-test differences in IER and Relationship Satisfaction. IER: Significant improvement was observed, with 38 participants showing higher post-test scores ($Z = -5.471$, $p < .001$). All 40 participants reported increased post-test satisfaction ($Z = -5.514$, $p < .001$), with no negative or tied ranks. These results strongly suggest a uniform and robust effect of the narrative therapy intervention within the EG. McNemar test and cross-tabulation were used to assess within-group changes in attachment style in the EG. At pre-test, only 6 participants (15%) were classified as secure.

Post-intervention, the number increased to 28 participants (70%) being classified as secure. The McNemar test confirmed this change was statistically significant ($p = .002$), with the majority of transitions reflecting a shift from insecure to secure

attachment. These findings suggest that the narrative therapy intervention successfully facilitated individual and relational change processes within the experimental group, consistent with the literature emphasizing the transformative potential of narrative approaches in couple therapy. The intervention likely provided a structured yet flexible space for participants to externalize relational problems, reframe their personal and joint narratives, and develop new, shared meanings that foster adaptive emotional regulation and relational satisfaction (White & Epston, 1990; Angus & McLeod, 2004).

The discussion situates these findings within a broader theoretical framework, affirming the developmental plasticity of adult attachment styles and emphasizing the critical role of interpersonal emotion regulation as a mediator between attachment and marital quality. By integrating Gross's emotion regulation model and Mikulincer & Shaver's attachment-emotion regulation framework, the study underscores the reciprocal interplay between internal working models and interpersonal emotional processes in shaping marital satisfaction. Importantly, this research contributes to the growing empirical foundation supporting narrative therapy as a culturally adaptive, evidence-based intervention for couples grappling with relational insecurity.

Qualitative data gathered from participant interviews when analysed on NVivo revealed rich insights into the nature of change experienced during the narrative therapy intervention. Couples described enhanced communication, increased empathy, and a renewed sense of partnership, highlighting shifts not only in behavior but also in meaning-making and emotional connection. Many participants reported feeling more understood and validated by their partners, which contributed to deeper intimacy and trust. Importantly, these qualitative improvements were sustained at the 3-month follow-up, with participants affirming that the skills and new narratives developed during therapy continued to positively influence their interactions and emotional regulation. This maintenance of gains underscores the intervention's potential for lasting impact, aligning with research that highlights the durability of narrative therapy effects when couples actively integrate new relational stories into everyday life (White & Epston, 1990; Gonçalves et al., 2011).

Overall, the analytical and interpretive findings of this thesis reveal that targeted therapeutic interventions can meaningfully transform internal attachment representations and external emotional behaviors within marriage. The research offers actionable implications for clinical practice, including the potential of narrative therapy to foster secure attachment patterns, enhance emotional co-regulation, and ultimately, elevate marital satisfaction and psychological well-being.

Significance of the Study

Pre-Post-test comparison of Interpersonal Emotion Regulation (IER) and Relationship Satisfaction (RS) among married couples

Inter-group differences in IER and relationship satisfaction at pre- and post-intervention time was assessed through the Wilcoxon Signed Ranks Test. Pre-test analysis revealed no significant difference between experimental group (EG) and control group (CG) in IER scores indicating baseline equivalence. However, a significant difference was observed in relationship satisfaction, favoring the EG suggesting that EG participants entered the intervention with relatively higher relationship quality. This was due to the preparedness for change to enter into therapeutic space and willingness to improve relationship quality. In addition, couples who consented to participate in a therapeutic intervention might have inherently psychological openness and readiness that contribute to both higher relationship satisfaction and greater therapeutic engagement (Prochaska & DiClemente, 1986; Norcross & Wampold, 2011). Such predisposing traits could have created a baseline advantage in the experimental group even before the intervention was delivered.

Post-intervention comparisons revealed significant improvements in the EG compared to the CG. For IER, EG participants scored significantly higher than CG participants. Similarly, relationship satisfaction was markedly higher in the EG posttest with no control group participant exceeding EG scores. These results support the efficacy of narrative therapy, echoing prior findings that highlight its utility in enhancing emotional awareness and relational functioning (White & Epston, 1990;

Angus & McLeod, 2004).

Pre-Post-test comparison of Attachment Styles among married couples

To analyse the difference cross-tabulation and McNemar analyses were employed to evaluate categorical shifts in attachment style (secure vs. insecure) between EG and CG at two time points. At baseline, both groups were predominantly insecurely attached, with 100% of EG participants classified as insecure. No statistically significant difference in attachment style distribution was found between groups at pre-test indicating comparability.

Following the intervention, a marked shift was evident in the EG: the proportion of securely attached participants increased from 15% to 70%. The McNemar test revealed a significant change in attachment classification, while CG attachment patterns remained largely static. This finding substantiates attachment theory's postulate that therapeutic relationships can facilitate internal working model revisions (Bowlby, 1988). It also aligns with empirical studies suggesting that narrative-based interventions can enhance secure attachment through meaningmaking and re-authoring processes (Dallos & Vetere, 2009).

Within group changes after intervention

Within-group changes in the EG were analyzed using the Wilcoxon Signed Ranks Test. IER showed a statistically significant increase from pre- to post-test with 38 participants improving and only 2 showing declines. Relationship satisfaction demonstrated an even more robust effect: all 40 EG participants showed postintervention with no tied or negative ranks. These consistent, significant improvements suggest a strong intervention effect and reinforce the role of narrative therapy in fostering emotional regulation and relational satisfaction (McLeod, 1997; Monk et al., 1997). McNemar analysis of attachment style within the EG revealed statistically significant categorical change following the intervention. Of the 34 participants classified as insecure at baseline, 22 transitioned to secure attachment post-intervention. All initially secure individuals maintained their attachment status. These findings are theoretically and clinically significant, supporting the notion that

attachment orientations are malleable through targeted therapeutic interventions (Johnson, 2004; Mikulincer & Shaver, 2007). The capacity of narrative therapy to promote attachment security likely stems from its emphasis on coherent self narratives and externalization of distress, both of which can enhance emotional attunement and interpersonal trust.

Qualitative Analysis

Post-Intervention Findings

Following the narrative therapy intervention, qualitative data collected from participants in the experimental group revealed significant shifts in their perceptions of interpersonal dynamics, emotional regulation, and attachment patterns. The thematic analysis of interview data revealed several key themes that reflect the transformative effects of the intervention.

Re-authoring the Relationship Narrative

A recurring theme among participants was the re-authoring of their relationship narratives. This is a cornerstone of narrative therapy, where individuals externalize the problem and reconstruct their stories in a more empowering light (White & Epston, 1990). Participants consistently reported a shift from viewing relational issues as the fault of one partner to understanding these issues as shared challenges. This reframing allowed couples to collaborate more effectively in addressing relational difficulties, thus strengthening their sense of agency in the relationship.

Increased Emotional Awareness and Expression

Another prominent theme was the enhancement of emotional awareness and the ability to express feelings in a more authentic and effective manner. Participants described feeling more attuned to their own emotions and those of their partners. This is consistent with the literature, which links emotional awareness to better interpersonal communication and relationship satisfaction (Gottman, 1999; Hofmann et al., 2016). Many couples described a newfound ability to navigate conflict with greater empathy, suggesting that the intervention facilitated healthier emotional exchanges.

Improved Communication and Conflict Resolution

Participants frequently highlighted improvements in communication and conflict resolution. Several individuals described experiencing fewer emotional outbursts and a more constructive approach to disagreement. These changes are in line with the findings of previous studies, which show that interventions focused on narrative reframing can lead to healthier relational patterns, including enhanced communication and reduced conflict (Angus & McLeod, 2004). The use of nonconfrontational language, which was a part of the intervention, was frequently mentioned as a key factor in these improvements.

Shifts Toward Secure Attachment Behaviours

Additionally, participants in the experimental group described changes consistent with secure attachment behaviours. While attachment style was primarily measured quantitatively, many participants shared qualitative accounts of increased trust, emotional closeness, and responsiveness to partner needs, which are core components of secure attachment (Bowlby, 1988). This supports the idea that narrative therapy can play a role in facilitating attachment security by altering cognitive and emotional patterns within relationships.

Three-Month Follow-Up Findings

At the three-month follow-up, many of the gains observed post-intervention appeared to be sustained, suggesting the durability of the therapeutic effects. The follow-up interviews highlighted several ongoing benefits of the narrative therapy intervention, underscoring the lasting impact of the intervention on both emotional regulation and relationship satisfaction.

Sustained Self-Reflection and Narrative Ownership

One notable theme was the continued engagement in self-reflection and the ownership of re-authored relationship narratives. Participants referred to their newly constructed stories as a means of ongoing self-awareness and relational growth. The ability to reflect on and reframe experiences seemed to have become an ingrained habit for many participants, reflecting the long-term benefits of the intervention. This

mirrors findings in the narrative therapy literature, which emphasize the lasting nature of narrative re-authoring as a tool for personal and relational growth (Angus & McLeod, 2004).

Resilience in Emotional Regulation

Participants also reported that their ability to regulate emotions had become more robust in the face of new challenges. These findings align with research showing that interventions targeting emotional regulation can produce lasting improvements in how individuals manage both internal and relational stressors (Gross, 2002; Mikulincer & Shaver, 2007). Several couples described utilizing the coping strategies learned during the intervention, such as taking time to process emotions before reacting or using more empathetic language in conflict situations.

Attachment Security Maintenance

A third significant theme was the maintenance of attachment security. Participants who had transitioned to more secure attachment patterns during the intervention continued to describe feelings of trust, safety, and emotional availability. This was particularly striking as participants who were previously insecurely attached reported a high degree of satisfaction in their relationships, suggesting that the shifts toward secure attachment were not merely temporary but had been internalized. This finding mirrors the results from attachment theory, where secure attachment is associated with greater emotional and relational stability (Johnson, 2004).

Triangulation of Qualitative and Quantitative Findings

Triangulation was employed to combine the qualitative and quantitative data, thereby enhancing the rigor and depth of interpretation. By comparing the results from the qualitative interviews with the quantitative measures (including IER, relationship satisfaction, and attachment style), a more comprehensive understanding of the intervention's impact was obtained.

Convergence of Findings

The qualitative findings largely converged with the quantitative data. For example,

the improvement in communication and emotional regulation reported in the qualitative interviews was consistent with the significant increases in IER scores observed in the experimental group. Moreover, the theme of attachment security in the qualitative analysis aligned with the quantitative shift toward secure attachment styles, particularly in the experimental group. These convergences across data types strengthen the conclusion that narrative therapy contributed to measurable improvements in both emotional regulation and relational functioning.

Complementarity of Data

While the quantitative data provided a robust statistical analysis of changes in IER, relationship satisfaction, and attachment style, the qualitative data enriched the understanding of *how* and *why* these changes occurred. For instance, the qualitative data provided insights into the mechanisms by which emotional regulation and communication were improved, which were not fully captured by the quantitative measures. Participants described specific shifts in their cognitive and emotional processing that helped to clarify the nature of the changes observed in the quantitative data.

Expansion of Findings

The qualitative interviews also offered additional perspectives not addressed by the quantitative measures. For example, participants discussed the impact of broader cultural factors, such as family dynamics and social expectations, on their relational satisfaction. These insights expanded the scope of the study, highlighting the complex interplay between therapy, cultural context, and relationship dynamics. Although these factors were not directly assessed through the quantitative instruments, they provided a richer understanding of the outcomes of narrative therapy, particularly in a culturally nuanced context like that of married couples in India.

The results of the study suggest not only the link among attachment styles and interpersonal emotion regulation (IER) but also relationship satisfaction. The results indicated that adaptive IER strategies and higher satisfaction were found to be

associated with secure attachment and maladaptive strategies and low satisfaction were associated with insecure attachment. Consistent with the theoretical framework of Bowlby (1969) and later developed by Mikulincer and Shaver (2016), these findings are in accordance with a theoretical framework that proposes that early attachment experiences inform their internal working models, which then influence how adults regulate their emotions and interact in relationships. Finally, the qualitative insights reinforced the point that dealing with attachment styles in marital therapy is crucial, since they greatly impact how couples handle emotional intimacy, conflict, and the general relationship satisfaction. Results from the interviews showed that couples with secure attachment styles were more likely to use adaptive IER strategies, such as cognitive reappraisal and mutual support, which led to higher levels of relationship satisfaction. However, couples with insecure attachment styles (anxious or avoidant attachments in particular), reported difficulties in regulating emotions and keeping emotional closeness.

The study further showed that in the intervention phase of the study, Narrative Therapy (NT) was effective in transforming insecure attachment styles, decreasing IER, and improving relationship satisfaction. Both the quantitative and qualitative data support the hypothesis that NT may facilitate individuals' transition from insecure to more secure attachment styles, improve the quality of emotion regulation, and increase relationship satisfaction. These results are in line with previous literature, which demonstrates that NT can be an effective intervention for addressing distress related to attachments and enhancing relational outcomes (Abdollah et al., 2021). Finally, the findings of the study emphasize the importance for clinicians understanding and addressing attachment styles in marital therapy, as they play a major role in couples' approach to emotional intimacy, conflict, and satisfaction in marriage.

The integration of quantitative findings with qualitative insights allowed for a more comprehensive understanding of the nuanced relational processes within couples. For example, the quantitative increase in secure attachment scores postintervention was supported by narrative accounts of partners feeling "emotionally safer" and more

“understood” in their marriages. This alignment strengthens the credibility of the observed changes and illustrates how measurable outcomes are embedded in lived relational experiences. The use of narrative therapy—an approach inherently qualitative in nature—benefited from this methodological triangulation, enabling the interpretation of statistical shifts through participants’ own relational transformations. This evidence suggests that NT can transform insecure attachment style and improve relational outcomes, and demonstrates the potential of therapeutic interventions to promote healthier emotional dynamics and more satisfying relationships. This study makes several original contributions to the literature on marital functioning and therapeutic intervention. First, it is among the few empirical studies to examine the combined influence of attachment style and interpersonal emotion regulation within the context of a structured marital intervention. Second, by applying narrative therapy to address both attachment insecurity and IER deficits, the study expands the scope of NT beyond identity reconstruction to include relational emotion processes. Third, the incorporation of a three-month follow-up provides preliminary evidence for the durability of therapeutic gains, which is often lacking in short-term intervention studies. Together, these contributions support the clinical utility of narrative therapy and provide a foundation for further research on integrated couple interventions.

Cultural Contextualization

An important contextual factor in interpreting the findings lies in the cultural norms surrounding emotional expression, gender roles, and marital expectations within the study population. In collectivist or traditionally conservative societies, emotional restraint is often socially encouraged, and seeking psychological help can carry a significant stigma. In such settings, therapies that prioritize direct confrontation of emotional issues might not always be well-received. Narrative Therapy (NT), with its focus on storytelling, relational identity, and meaning-making, offers a less pathologizing entry point for discussing marital challenges. Its emphasis on externalizing problems rather than internalizing them may appeal to individuals in cultures where therapy is perceived negatively. For example, McGoldrick, Giordano, & Garcia-Preto (2005) argue that therapies adapted to cultural norms, such as NT,

offer more flexible and culturally sensitive approaches that align with collectivist values, where relational harmony is prioritized.

The culturally sensitive nature of NT may also be well-suited to contexts where direct confrontation of emotional problems is less acceptable, as noted by Sue (2006) in her work on cultural competence in mental health. By allowing couples to reframe issues as external challenges, NT reduces the perceived threat of therapy and facilitates open dialogue. Additionally, in cultures where maintaining family harmony and social propriety are emphasized, narrative therapy's approach to reframing relational issues can allow for the maintenance of relational dignity, reducing the perceived stigma attached to seeking psychological help (Chung & Bemak, 2002).

Moreover, gender roles and societal expectations of marriage play a significant role in shaping how couples engage with therapy. In many traditional marital contexts, gendered expectations around emotional labor—where women are often expected to be more emotionally expressive and men are encouraged to maintain emotional restraint—can significantly affect marital dynamics. These gendered dynamics are also reflected in emotional regulation patterns, where women may be tasked with maintaining emotional closeness, while men may distance themselves or withdraw. According to Hochschild (1983), this “emotional labor” dynamic often leads to imbalance in relational emotional exchanges, with women bearing a disproportionate burden of emotional regulation. NT's focus on re-authoring relational narratives offers an opportunity to explore and challenge these traditional roles. Couples can work together to deconstruct these gendered expectations, enabling them to reshape their relational roles in a more balanced and mutually supportive way.

Fischer and Manstead (2008) explored the impact of gender role orientation on emotional expression, noting that in relationships where gendered emotional expectations are pronounced, therapeutic interventions must account for these dynamics to help couples develop more adaptive emotional exchanges. Narrative therapy, in its flexibility and emphasis on shared meaning-making, allows couples to

renegotiate emotional labor responsibilities, thus enhancing relational satisfaction by fostering greater emotional balance.

The cultural relevance of Narrative Therapy in collectivist marital contexts extends beyond simply addressing emotional regulation. In collectivist societies, where emotional restraint and indirect communication are often valued, NT's emphasis on externalizing problems and avoiding blame may reduce the discomfort couples might feel when directly confronting personal or relational shortcomings in a therapy setting. Davila & Bradbury (2001) highlight how mismatched attachment needs in couples often escalate relational dissatisfaction. NT can offer a less confrontational means of addressing these issues, facilitating a collaborative approach to conflict resolution and relational growth.

In sum, the cultural and gendered context in which Narrative Therapy is applied may make it an ideal fit for certain marital settings. By allowing couples to externalize their issues, deconstruct entrenched gendered expectations, and develop more adaptive emotion regulation strategies, NT provides a culturally appropriate and effective intervention. Abdollah et al. (2021) emphasize the utility of NT in mitigating attachment-related distress and fostering healthier relational dynamics, particularly in non-Western cultural contexts where traditional therapy models may be less effective.

Limitations of the study

While the findings of this study underscore the therapeutic potential of narrative therapy in enhancing attachment security, interpersonal emotion regulation, and marital satisfaction, several limitations must be acknowledged. The study's relatively small and geographically localized sample-confined to married working professionals in Mumbai-restricts the generalizability of the results across diverse socio-cultural contexts.

Additionally, the absence of an active control group limits the ability to conclusively attribute observed changes solely to the intervention, as improvements might

partially stem from external or nonspecific therapeutic factors. The short three-month follow-up period constrains the understanding of long-term sustainability of outcomes, especially considering the evolving nature of marital dynamics.

Further limitations arise from reliance on self-reported data, which may be subject to social desirability bias, and from the qualitative component's interpretive nature, which introduces potential for researcher bias. The homogeneity of participant characteristics, such as their dual-career status and similar socioeconomic backgrounds, further narrows applicability to broader populations.

Unexamined variables such as gender differences, parenting styles, life stage transitions, therapist characteristics, and work-life balance also present important but unaddressed influences on therapeutic outcomes. Future research should aim to incorporate larger, more diverse samples across different regions and cultural settings, include longitudinal follow-up assessments, and utilize active comparison groups receiving alternative interventions such as Emotionally Focused Therapy or Cognitive-Behavioral Couple Therapy.

Mixed-method approaches integrating physiological, behavioral, and third-party observational data could offer more comprehensive insights into therapeutic mechanisms. Additionally, exploring individual personality traits, life trajectories, and cultural scripts in marriage would enhance the depth and contextual richness of future inquiry into attachment and emotional regulation within couples therapy.

Suggestions for future

The findings of this study open several avenues for future research and clinical application. Given the dynamic and culturally embedded nature of attachment and interpersonal emotion regulation, future studies could examine how these constructs manifest in non-urban, rural, or cross-cultural marital settings to assess the generalizability of intervention outcomes. Future studies can also examine the gender differences and understand how gender shapes emotion regulation and attachment dynamics in different cultural contexts, and examine ways to support both women

and men in building resilient and emotionally fulfilling relationships

Longitudinal research tracking changes in attachment patterns and emotional regulation over extended periods would be valuable in evaluating the long-term efficacy of narrative therapy. Expanding the intervention to include diverse marital contexts-such as remarried couples, couples with children, intergenerational households, or LGBTQ+ partners-would also enrich the field's understanding of relational dynamics.

Furthermore, incorporating interdisciplinary perspectives, such as neurobiological or psychophysiological markers of emotional regulation, could deepen the evidence base. Future interventions might benefit from a modular or integrative therapeutic approach, combining narrative therapy with techniques from emotionally focused therapy or mindfulness-based interventions to cater to varied attachment profiles. Research exploring the role of digital platforms in delivering couple-based interventions, especially in post-pandemic therapeutic contexts, also holds potential. Finally, future inquiries may consider examining therapist variables, narrative identity development, and co-regulation within the broader family system to develop more holistic and adaptable therapeutic frameworks.

Implications of the Study

This study shows that narrative therapy can help married couples improve how they handle emotions, feel satisfied in their relationship, and develop healthier attachment styles. For therapists, it means narrative therapy is a useful tool to support couples who struggle with emotional connection and communication. By encouraging couples to rethink their shared stories, this approach helps them understand each other better and build stronger relationships. Therapists should consider including narrative therapy, especially when couples face issues with emotional regulation or insecure attachments.

The study also highlights the need to address both individual feelings and how couples interact during therapy. Helping couples improve how they manage emotions

can lead to better harmony and resilience in their relationship. Narrative therapy, with its flexible and personal approach, can be especially helpful for couples who feel stuck or resistant to other types of therapy.

From a wider perspective, these positive results suggest that narrative therapy could be included in community programs, relationship education, and public health initiatives to support healthier marriages. Even workplaces might benefit by offering narrative therapy to employees who experience relationship stress, improving both their personal and professional lives.

For couples, the study encourages exploring how their past experiences affect current relationship patterns. Therapy that helps them rewrite their relationship stories can empower them to handle conflicts better and increase emotional closeness.

Finally, future research should look at how narrative therapy works for different groups of people and which parts of the therapy are most helpful. Understanding this will help improve the therapy and make it effective for more couples facing a variety of challenges.

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