




Comparison of the Effectiveness of Premarital Counseling Based on Couples' Care and the Prevention and Relationship Enhancement Program (PREP) on Perfectionism and Attitudes Toward Marriage Among Individuals Approaching Marriage

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ABSTRACT

Objective: The present study aimed to compare the effectiveness of premarital counseling based on Couples' Care (CARE) and the Prevention and Relationship Enhancement Program (PREP) on perfectionism and attitudes toward marriage among individuals approaching marriage.

Methods and Materials: This research employed a quasi-experimental design with a pretest–posttest control group and a two-month follow-up. The statistical population included all individuals who sought premarital counseling at clinics in District 6 of Tehran during the first six months of 2024. From these, 45 participants were selected from the clients of the Shiwa Psychological and Counseling Clinic through multistage sampling and screening with standardized instruments. They were randomly assigned to three groups of 15 (CARE intervention, PREP intervention, and control). The instruments included the Hill Perfectionism Questionnaire (Hill, 2004) and the Bratton and Rosen Marriage Attitude Scale (Bratton & Rosen, 1998). Data were analyzed using repeated-measures analysis of variance and Bonferroni post hoc tests in SPSS-26.

Findings: The findings showed that both premarital counseling approaches—CARE and PREP—significantly reduced perfectionism and improved attitudes toward marriage ($p < .01$). However, PREP demonstrated greater effectiveness across all variables, and its effects were more stable at the follow-up stage. The largest effect size was observed for negative perfectionism ($\eta^2 = .601$) under the PREP intervention. Moreover, attitudes toward marriage improved significantly more in the PREP group compared to the CARE group ($p < .05$).

Conclusion: It was concluded that both approaches are effective; however, PREP, as a structured program, is more suitable than CARE-based premarital counseling for enhancing marital readiness in individuals approaching marriage. These findings may inform the design of premarital educational programs.

Keywords: CARE program, Couples' Care, PREP program, perfectionism, attitudes toward marriage

1. Introduction

Marriage remains one of the most important interpersonal commitments in adulthood, forming the foundation for family stability, social cohesion, and individual well-being (Clyde et al., 2020; De Coninck et al., 2021; Stanley, 2001). Yet the journey toward marriage has become increasingly complex, with cultural shifts, economic instability, and evolving gender roles influencing young adults' expectations and attitudes (Dew, 2021; Kim & Jung, 2024). Research has consistently shown that while most young people desire a stable and fulfilling marital relationship, they often approach marriage with unrealistic ideals and insufficient relationship skills (Bajaj & Vithal, 2021; Rajabi & Abbasi, 2019). These gaps in preparation have been linked to marital dissatisfaction, emotional disengagement, and rising divorce rates worldwide (Clyde et al., 2020; Khosravi et al., 2021). Against this backdrop, structured premarital education and counseling have emerged as powerful preventive strategies to strengthen marital readiness and foster enduring relationships (Markman et al., 2022; Navaneetham et al., 2025; Stanley, 2001).

Premarital counseling is designed to equip couples with cognitive, emotional, and behavioral tools to manage marital challenges before they occur. Studies show that such interventions can correct dysfunctional communication patterns, promote realistic expectations, and reduce the risk of early relational breakdown (Halford et al., 2004; Udofia et al., 2021; Yilmaz & Kalkan, 2010). Notably, relationship education programs such as the **Couple CARE** model and the **Prevention and Relationship Enhancement Program (PREP)** have gained strong empirical support. The Couple CARE program, developed by Halford and colleagues, provides a flexible psychoeducational structure that helps partners clarify expectations, practice supportive communication, and prepare for long-term commitment (Alam Varzaneh Isfahani et al., 2022; Ebrahimi et al., 2020; Halford et al., 2004). PREP, pioneered by Markman and collaborators, emphasizes empirically tested skills to reduce destructive conflict, foster emotional safety, and build a resilient marital foundation (Markman et al., 2022; Markman et al., 2024; Pierce, 2016).

A critical psychological factor influencing marital quality is **perfectionism**. Perfectionism involves setting excessively high standards and being overly critical of oneself or one's partner, and it has been consistently associated with relationship distress, conflict escalation, and reduced

intimacy (Hadian Hamedani et al., 2024; Stoeber et al., 2020). Meta-analytic evidence shows that maladaptive perfectionism predicts negative communication, withdrawal, and dissatisfaction, while adaptive dimensions may have more neutral or even protective effects (Hadian Hamedani et al., 2024; Palha-Fernandes et al., 2022). Couples approaching marriage who endorse high perfectionistic expectations are vulnerable to disappointment when idealized standards collide with the complexities of shared life (Mo'tamedi, 2018; Mortazavi et al., 2020). This vulnerability can be compounded by societal pressures and cultural narratives idealizing perfect love and flawless compatibility (Salley, 2022; Sharifinia & Ahmadi, 2024). Therefore, early interventions aimed at recalibrating perfectionistic beliefs are crucial for marital readiness.

Another essential predictor of marital success is **attitude toward marriage**. Positive attitudes have been linked to stronger marital commitment, satisfaction, and resilience in the face of conflict (Bajaj & Vithal, 2021; De Coninck et al., 2021; Kim & Jung, 2024). Conversely, negative or ambivalent views about marriage increase the risk of dissatisfaction and instability (Navaneetham et al., 2025; Udofia et al., 2021). Attitudes are shaped by family experiences, cultural narratives, religious beliefs, and exposure to relationship models, making them complex yet modifiable through targeted education (Aboui et al., 2024; Ainun & Sunuwati, 2023; Salehi Mobarakeh et al., 2021). For young adults in transitional societies where divorce rates are rising, as in Iran and similar contexts, interventions that reshape attitudes and promote realistic, constructive beliefs about marriage can be transformative (Alam Varzaneh Isfahani et al., 2022; Azimi Khoiyi et al., 2021).

Couple relationship education has demonstrated efficacy in improving both perfectionism-related relational beliefs and marital attitudes (Markman et al., 2022; Mortazavi et al., 2020). The Couple CARE program is a flexible, skills-based approach that tailors content to couples' unique needs while maintaining a psychoeducational structure (Halford et al., 2004). Its modules address self-change, effective interaction, intimacy, understanding differences, sexual relationship myths, and future planning (Alam Varzaneh Isfahani et al., 2022; Ebrahimi et al., 2020). Such content encourages partners to develop self-awareness and adaptive coping strategies rather than perfectionistic demands. Similarly, PREP uses empirically supported methods to teach constructive conflict management, safe communication, and shared meaning-making, reducing risk factors for divorce (Markman et al.,

2024; Mortazavi et al., 2020; Pierce, 2016). PREP's emphasis on speaker–listener techniques, constructive complaining (XYZ formula), and forgiveness helps couples dismantle unrealistic ideals and foster mutual support (Markman et al., 2024; Stanley, 2001).

In addition to interpersonal skill-building, premarital education programs influence cognitive and emotional readiness by challenging maladaptive beliefs. Studies have shown that participants in CARE and PREP interventions experience significant improvements in marital expectations and communication beliefs (Alam Varzaneh Isfahani et al., 2022; Azimi Khoyi et al., 2021; Ebrahimi et al., 2020). Moreover, such programs have been shown to decrease the intensity of perfectionism, especially maladaptive components like negative self-perception and unrealistic standards (Sharifinia & Ahmadi, 2024; Stoeber et al., 2020). By promoting balanced self-evaluation and acceptance, they protect couples from the cyclical frustration and criticism that perfectionism breeds (Hadian Hamedani et al., 2024; Palha-Fernandes et al., 2022).

Beyond individual and couple-level benefits, premarital counseling has a societal impact. Policy analyses suggest that promoting relationship education at a population level contributes to lower divorce rates and healthier family structures (Clyde et al., 2020; Dew, 2021). Public health frameworks increasingly view stable marriage as protective for psychological and physical well-being, economic security, and children's development (Navaneetham et al., 2025; Salley, 2022). In societies experiencing rapid social change and globalization, programs like CARE and PREP can bridge the gap between traditional marital expectations and modern relational challenges (Aboui et al., 2024; Ainin & Sunuwati, 2023).

Despite the documented benefits, gaps remain in research and practice. Cultural adaptation is critical; many widely used programs originated in Western contexts and require contextual tailoring to align with local values and communication norms (Markman et al., 2022; Udofia et al., 2021). For instance, in Iranian studies, adaptations have been made to respect cultural expectations while retaining core skill-building principles (Alam Varzaneh Isfahani et al., 2022; Salehi Mobarakeh et al., 2021). Furthermore, perfectionism as a risk factor for marital dissatisfaction remains underexplored in preventive interventions, despite its strong predictive value (Hadian Hamedani et al., 2024; Palha-Fernandes et al., 2022). Research integrating perfectionism-focused psychoeducation into premarital counseling is essential to address this gap.

Additionally, long-term follow-up is necessary to assess the durability of premarital education effects. While programs like PREP have shown sustained benefits up to five years post-intervention (Markman et al., 2022; Markman et al., 2024), other studies report diminishing impact without reinforcement sessions (Clyde et al., 2020; Yilmaz & Kalkan, 2010). Designing booster modules or digital supports may help maintain gains in communication and attitude over time (Kim & Jung, 2024; Navaneetham et al., 2025).

Given these theoretical and empirical foundations, the current study examines and compares the effectiveness of two prominent premarital counseling programs—Couple CARE and PREP—on two critical psychological predictors of marital adjustment: perfectionism and attitude toward marriage.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a quasi-experimental design with a pretest–posttest control group and a two-month follow-up. The statistical population consisted of all clients of counseling centers in District 6 of Tehran during the first six months of 2024, selected through multistage (cluster-random) sampling. Initially, from 12 counseling centers, the Shiwa Clinic was chosen as the cluster. Then, among 240 clients, after screening with standardized instruments (Perfectionism and Marriage Attitude questionnaires), 120 eligible individuals were identified. Those who exhibited weaknesses or issues in either of the two constructs (attitudes toward marriage and perfectionism) based on cutoff scores were selected. From the 120 eligible participants, 45 were randomly chosen and, after providing informed consent, were randomly assigned to three groups (15 participants each). The first experimental group received premarital counseling based on Couples' Care (CARE) in six 90-minute sessions held twice a week. The second experimental group received training through the Prevention and Relationship Enhancement Program (PREP) in six 90-minute sessions held twice a week. The control group received no intervention. After completion of the therapeutic sessions, posttests and a two-month follow-up were administered for all groups. Data were collected using in-person, online, and postal methods, and participants were provided with the study results. The control group received the intervention after the study ended. To enhance participation, phone reminders and flexible scheduling were implemented.

Inclusion criteria were: age range 18–25 years; simultaneous attendance of both partners in the intervention sessions; having completed the formal marriage proposal stage; having at least a high school diploma (to maximize understanding of the educational content and ensure accurate responses to the questionnaires); no prior marriage history; and no prior participation in related couple therapy courses. Exclusion criteria included: results of clinical interviews; absence from more than two sessions; disruption of the engagement or courtship process; history of psychological disorders or substance use; and invalid or incomplete questionnaire responses.

2.2. Measures

Perfectionism Questionnaire: Developed by Hill et al. (2004), this instrument consists of 59 items rated on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree) and measures eight dimensions: negative self-perception, order and organization, goal orientation, perceived parental pressure, striving for excellence, high standards for others, negative perfectionism, and positive perfectionism. The total score ranges from 59 to 295, with higher scores indicating greater perfectionism. Puisse et al. (2020) reported Cronbach's alpha coefficients ranging from .82 to .98 and test–retest reliability after three weeks ranging from .72 to .84. Simons and Gaher (2005) reported Cronbach's alpha coefficients for the subscales ranging from .87 to .90. Mo'tamedi (2018) reported a Cronbach's alpha of .82 for the scale. In the study by Ourki and Beytaneh (2020), Cronbach's alpha was .82 for the total scale and ranged from .87 to .92 for the subscales. In the present study, Cronbach's alpha was calculated as .83.

Marriage Attitude Scale (MAS): Developed by Bratton and Rosen (1998), this scale includes 23 items rated on a 4-point Likert scale (4 = strongly agree to 1 = strongly disagree) to measure individuals' attitudes toward marriage. Nine items are reverse-scored. The total score ranges from 23 to 92, with higher scores indicating a more positive attitude toward marriage. Bratton and Rosen (1988) reported an overall reliability coefficient of .82 and subscale reliabilities ranging from .54 to .75, as well as an internal consistency (Cronbach's alpha) of .84. Cakmak et al. (2020) reported Cronbach's alpha reliability of .74 and split-half reliability of .75. Pham et al. (2017) reported a Cronbach's alpha of .76 for the total scale. Nilfrosham, Novidian, and Abedi (2012) standardized the scale for the Iranian population and reported internal consistency with

Cronbach's alpha of .77 and a three-week test–retest reliability of .91. Azimi Khoyi et al. (2021) also reported a reliability coefficient of .91.

2.3. Interventions

The Couples' Care program was implemented as a psychoeducational and group-based intervention following the manual by Halford et al. (2004) over six 90-minute sessions held twice weekly. The first session ("Changing the Self") focused on clarifying communication expectations and goals, and guiding participants to modify their own behaviors to achieve marital communication goals. The second session ("Interaction") taught the interaction model, speaking and listening skills, emotional suggestions, and self-change in interactions. The third session ("Intimacy and Care") addressed experiences of care, balancing personal and family activities, controlled support, and self-change to enhance intimacy. The fourth session ("Understanding Differences") trained participants on appreciating individual differences, effective conflict interaction, and strategies for conflict management. The fifth session ("Sexual Relations") focused on sexual myths, preferences, and communication about sexual relationships while promoting self-change for sexual acceptance. The sixth session ("Looking to the Future") helped participants anticipate future changes, plan for adjustments, detect early relational problems, maintain the marital bond, and make self-directed changes to sustain long-term relationship quality.

The Prevention and Relationship Enhancement Program was delivered according to the model of Rhoades, Blumberg, and Markman (2004) in six 90-minute sessions held twice weekly. The first session introduced participants to each other, built trust, explained program goals, discussed relationship risk factors, and emphasized positive behavior patterns. The second session addressed gender differences in communication and taught safe conversation practices, including the "time-out" strategy, speaker–listener techniques, and identifying communication barriers. The third session explored hidden concerns and taught constructive complaining using the XYZ formula to express feelings without blame, focusing on common issues such as finances, family relationships, and sexuality. The fourth session covered collaborative problem-solving steps and the importance of shared enjoyable activities for marital satisfaction. The fifth session examined core personal beliefs, religious, cultural, and sexual perspectives, while teaching strategies to enhance sexual vitality and relational

connection. The sixth session emphasized forgiveness and commitment by training the stages of forgiveness, reinforcing dedication to long-term partnership, summarizing the program, conducting posttesting, and offering practical recommendations for maintaining a healthy marital relationship.

2.4. Data Analysis

In this study, data from the pretest and posttest were analyzed using repeated-measures analysis of variance. Subsequently, Bonferroni post hoc tests were used to compare the effectiveness between the experimental groups. All statistical analyses were conducted using SPSS version 26.

3. Findings and Results

The demographic characteristics of the study sample showed that among the 45 participants (mean age = 23.4 ± 2.3 years), the largest age group was 24–25 years (40%). The

age distribution across the three groups—Couples’ Care (23.8 ± 2.8 years), Relationship Enhancement (23.1 ± 2.1 years), and Control (23.9 ± 2.6 years)—showed no significant differences ($F = 0.296, p = .745$). In terms of relationship duration, 44.4% of participants had known each other for 1–2 years. Regarding education level, 37.8% held a bachelor’s degree, and the distribution of education was similar across groups. The economic status of 53.3% of the sample was assessed as middle class, and income distribution showed that 40% earned less than 150 million IRR per month. Concerning employment status, 46.7% were students or homemakers. The method of acquaintance was traditional for 53.3% and modern for 46.7%. Place of residence was reported as urban (66.7%), rural (20%), and suburban (13.3%), and this distribution was uniform across study groups. These findings indicate relative homogeneity among the groups regarding demographic characteristics, which strengthens the validity of between-group comparisons.

Table 1

Descriptive Indices of Study Variables

Component	Stage	Control (n=15) M ± SD	Couples’ Care (n=15) M ± SD	PREP (n=15) M ± SD
Negative Self-Perception (Perfectionism)	Pretest	28.87 ± 3.40	28.73 ± 3.52	27.71 ± 3.89
	Posttest	27.00 ± 3.28	23.80 ± 2.10	20.67 ± 2.42
	Follow-up	28.27 ± 3.40	23.20 ± 2.03	19.50 ± 2.76
Order & Organization	Pretest	26.80 ± 3.70	26.13 ± 2.11	26.93 ± 2.01
	Posttest	26.67 ± 2.52	21.01 ± 2.67	20.07 ± 2.36
	Follow-up	26.93 ± 2.58	21.27 ± 2.66	20.40 ± 2.68
Perceived Parental Pressure	Pretest	29.13 ± 3.33	29.09 ± 3.33	28.60 ± 3.75
	Posttest	28.60 ± 3.69	25.73 ± 2.79	22.67 ± 2.26
	Follow-up	28.47 ± 3.54	25.87 ± 3.88	21.40 ± 2.09
Striving for Excellence	Pretest	27.50 ± 3.04	27.73 ± 3.40	27.71 ± 2.89
	Posttest	27.32 ± 3.89	24.80 ± 2.34	21.67 ± 2.42
	Follow-up	27.27 ± 2.65	25.20 ± 2.03	21.10 ± 2.76
High Standards for Others	Pretest	28.50 ± 2.55	28.13 ± 3.11	28.01 ± 3.56
	Posttest	28.67 ± 2.35	25.40 ± 2.67	21.91 ± 2.36
	Follow-up	28.93 ± 2.01	25.29 ± 2.66	21.40 ± 2.18
Negative Perfectionism	Pretest	30.25 ± 3.54	30.09 ± 3.33	29.60 ± 3.75
	Posttest	29.60 ± 3.69	26.73 ± 3.79	22.67 ± 2.26
	Follow-up	29.47 ± 3.34	26.01 ± 3.88	22.40 ± 2.09
Positive Perfectionism	Pretest	24.50 ± 2.01	24.13 ± 2.11	25.01 ± 2.56
	Posttest	24.67 ± 2.35	19.40 ± 2.67	17.91 ± 2.36
	Follow-up	24.93 ± 2.31	19.29 ± 2.66	16.40 ± 2.18
Overall Perfectionism	Pretest	205.87 ± 12.04	205.09 ± 12.40	204.71 ± 12.89
	Posttest	204.32 ± 12.75	175.98 ± 11.34	153.67 ± 10.42
	Follow-up	204.27 ± 12.55	177.22 ± 11.03	151.10 ± 10.76
Marriage Attitude	Pretest	58.21 ± 6.19	57.90 ± 5.81	58.5 ± 6.33
	Posttest	58.55 ± 5.91	68.75 ± 5.20	75.3 ± 4.81
	Follow-up	58.00 ± 6.21	67.55 ± 5.44	76.8 ± 4.52

To examine the effects of premarital counseling based on Couples' Care (CARE) and the Prevention and Relationship Enhancement Program (PREP) on perfectionism and attitudes toward marriage, repeated-measures analysis of variance (ANOVA) was used. Prior to the analysis, the assumptions of this method were assessed:

Testing statistical assumptions indicated that the study data were normally distributed. Based on the Shapiro–Wilk test, all components at the pretest stage ($p = .123$ to $.301$), posttest stage ($p = .122$ to $.230$), and follow-up stage ($p = .098$ to $.343$) had significance levels greater than $.05$. Skewness values (-1.09 to -1.849) and kurtosis values (-0.330 to 0.868) were within acceptable limits (± 2).

Levene's test confirmed homogeneity of variances for all variables ($p = .065$ to $.521$). One-way ANOVA revealed no significant baseline differences between groups in the pretest for perfectionism ($F = 1.15$, $p = .321$) and marriage attitude ($F = 0.598$, $p = .567$).

Therefore, the parametric analyses were considered valid given that all assumptions were met (normal distribution, homogeneity of variances, and baseline group equivalence). The homogeneity of the groups at the pretest stage ($p > .05$ for all comparisons) and the stability of normality indices across measurement stages allowed the use of parametric methods for data analysis. These findings indicate that any observed differences in the posttest and follow-up phases can be attributed to the effects of the interventions.

To examine the impact of premarital counseling based on Couples' Care and the Prevention and Relationship Enhancement Program (PREP) on perfectionism and attitudes toward marriage among individuals approaching marriage, a two-factor analysis of variance with repeated measures on one factor (mixed ANOVA) was used, and the results are reported in Table 4. Specifically, the results pertain to the between-subjects effect (group effect), within-subjects effect (time effect), and the group \times time interaction effect.

Table 2

Results of Repeated-Measures ANOVA for Perfectionism and Attitudes Toward Marriage

Component	Source of Variation	Mean Square	df	F	p	Effect Size (η^2)
Negative Self-Perception	Group	245.73	2	28.41	< .001	.592
	Time	198.65	2	35.17	< .001	.615
	Group \times Time	156.32	4	14.82	< .001	.487
Order & Organization	Group	187.54	2	22.75	< .001	.543
	Time	165.87	2	30.62	< .001	.587
	Group \times Time	132.19	4	12.54	< .001	.332
Perceived Parental Pressure	Group	276.41	2	32.47	< .001	.623
	Time	234.85	2	42.15	< .001	.658
	Group \times Time	187.63	4	18.29	< .001	.512
Striving for Excellence	Group	198.75	2	24.38	< .001	.567
	Time	176.51	2	33.51	< .001	.602
	Group \times Time	143.51	2	15.73	< .001	.478
High Standards for Others	Group	165.38	2	20.15	< .001	.521
	Time	154.96	2	28.73	< .001	.554
	Group \times Time	121.45	4	11.62	< .001	.412
Negative Perfectionism	Group	287.63	2	35.82	< .001	.642
	Time	245.72	2	45.16	< .001	.683
	Group \times Time	198.54	4	19.20	< .001	.532
Positive Perfectionism	Group	154.27	2	18.92	< .001	.498
	Time	143.85	2	27.63	< .001	.532
	Group \times Time	112.36	4	10.84	< .001	.398
Overall Perfectionism	Group	2158.42	2	68.54	< .001	.735
	Time	1842.75	2	42.73	< .001	.592
	Group \times Time	1257.83	4	28.39	< .001	.503
Attitudes Toward Marriage	Group	3658.71	2	15.38	.668	.451
	Time	3058.18	2	42.17	< .001	.532
	Time \times Group	2092.71	4	12.94	< .001	.401

The analysis showed that both interventions had significant effects on reducing the components of

perfectionism and improving attitudes toward marriage ($p < .01$). For perfectionism, the main effects of group ($F = 18.92$

to 68.54), time ($F = 27.63$ to 45.16), and the group \times time interaction ($F = 10.84$ to 19.20) were all significant. The largest effect size pertained to negative perfectionism ($\eta^2 = .642$), and the smallest pertained to positive perfectionism ($\eta^2 = .398$). The Relationship Enhancement Program was significantly more effective than Couples' Care, particularly in negative perfectionism and perceived parental pressure, which showed a sustained 2.7-point reduction at follow-up. For attitudes toward marriage, the main effects of group ($F = 15.38$, $\eta^2 = .668$), time ($F = 42.17$), and the group \times time interaction ($F = 12.94$) were significant ($p < .01$). These

findings indicate clinically meaningful effectiveness of both interventions, with a significant advantage for the Relationship Enhancement Program in producing sustained change. The results suggest that the interventions not only had short-term benefits but also maintained their favorable effects over the longer term. Given these results, the pattern of change differs across groups ($p < .001$).

Next, Table 3 presents the results of the Bonferroni post hoc test, comparing mean scores for family functioning and attitudes toward relationships at posttest (controlling for pretest scores) among the three groups.

Table 3

Bonferroni Post Hoc Test Comparing Effectiveness on Perfectionism at Posttest

Component	Group Comparison	Mean Difference	Standard Error	p	Result
Negative Self-Perception	Relationship Enhancement < Control	-6.33	0.87	< .001	Significant
	Couples' Care < Control	-3.20	0.87	.001	Significant
	Relationship Enhancement < Couples' Care	-3.13	0.87	.002	Significant
Order & Organization	Relationship Enhancement < Control	-6.60	0.92	< .001	Significant
	Couples' Care < Control	-5.66	0.92	< .001	Significant
	Relationship Enhancement < Couples' Care	-0.94	0.92	.321	Not significant
Perceived Parental Pressure	Relationship Enhancement < Control	-6.93	0.95	< .001	Significant
	Couples' Care < Control	-3.87	0.95	< .001	Significant
	Relationship Enhancement < Couples' Care	-3.06	0.95	.005	Significant
Striving for Excellence	Relationship Enhancement < Control	-6.65	0.89	< .001	Significant
	Couples' Care < Control	-3.93	0.89	< .001	Significant
	Relationship Enhancement < Couples' Care	-2.72	0.89	.008	Significant
High Standards for Others	Relationship Enhancement < Control	-7.72	0.84	< .001	Significant
	Couples' Care < Control	-3.27	0.84	< .001	Significant
	Relationship Enhancement < Couples' Care	-3.99	0.84	< .001	Significant
Negative Perfectionism	Relationship Enhancement < Control	-7.93	0.95	< .001	Significant
	Couples' Care < Control	-3.87	0.95	.001	Significant
	Relationship Enhancement < Couples' Care	-4.06	0.95	< .001	Significant
Positive Perfectionism	Relationship Enhancement < Control	-7.24	0.68	< .001	Significant
	Couples' Care < Control	-5.27	0.68	< .001	Significant
	Relationship Enhancement < Couples' Care	-1.97	0.68	.009	Significant
Overall Perfectionism	Relationship Enhancement < Control	-51.33	3.12	< .001	Significant
	Couples' Care < Control	-29.07	3.12	< .001	Significant
	Relationship Enhancement < Couples' Care	-22.26	3.12	< .001	Significant
Attitudes Toward Marriage	Relationship Enhancement > Control	+17.32	3.33	< .001	Significant
	Couples' Care > Control	+10.71	3.78	.024	Significant
	Relationship Enhancement > Couples' Care	+6.60	3.34	.025	Significant

The results indicated that both interventions were effective in reducing components of perfectionism and improving attitudes toward marriage compared to the control group ($p < .05$). For perfectionism, the Relationship Enhancement Program yielded a 7.93-point reduction in negative perfectionism and a 6.76-point reduction in high standards for others, outperforming Couples' Care (which produced 3.87- and 3.27-point reductions, respectively). Regarding attitudes toward marriage, the Relationship

Enhancement Program showed a 17.32-point increase and Couples' Care a 10.71-point increase relative to the control group, both significant ($p < .05$). The only component without a significant difference between the two interventions was order and organization ($p = .321$). These findings indicate a significant advantage of the Relationship Enhancement Program in moderating perfectionistic beliefs and improving attitudes toward marriage.

Table 4

Results of Paired Sample t-Test Comparing Posttest and Follow-Up Scores

Component	Treatment Group	Stage	M	SD	Mean Difference	SD of Differences	t (df = 14)	p-value
Negative Self-Perception	Relationship Enhancement	Posttest	20.67	2.42	1.17	1.21	-3.72	.447
		Follow-up	19.50	2.76				
	Couples' Care	Posttest	23.80	2.10	0.60	1.55	1.48	.001
		Follow-up	24.40	2.03				
Order & Organization	Relationship Enhancement	Posttest	20.07	2.36	-0.33	1.32	0.96	.354
		Follow-up	19.74	2.21				
	Couples' Care	Posttest	21.01	2.67	-0.74	1.48	-1.92	.456
		Follow-up	20.27	2.68				
Perceived Parental Pressure	Relationship Enhancement	Posttest	22.67	2.26	-1.27	1.09	-4.42	.564
		Follow-up	21.40	2.09				
	Couples' Care	Posttest	25.73	2.79	-0.86	1.25	-2.61	.021
		Follow-up	24.87	2.88				
Striving for Excellence	Relationship Enhancement	Posttest	21.67	2.42	-0.57	0.76	-2.86	.453
		Follow-up	21.10	2.76				
	Couples' Care	Posttest	24.80	2.34	-0.60	0.89	-2.59	.123
		Follow-up	24.20	2.89				
High Standards for Others	Relationship Enhancement	Posttest	21.91	2.36	-0.51	0.81	-2.39	.565
		Follow-up	21.40	2.18				
	Couples' Care	Posttest	25.40	1.67	-0.11	0.66	-0.64	.087
		Follow-up	25.29	1.67				
Negative Perfectionism	Relationship Enhancement	Posttest	22.67	2.26	-1.27	1.09	-4.42	.198
		Follow-up	21.40	2.09				
	Couples' Care	Posttest	26.73	2.79	-0.86	1.25	-2.61	.001
		Follow-up	25.87	2.88				
Positive Perfectionism	Relationship Enhancement	Posttest	17.91	1.42	-1.51	0.76	-7.56	.112
		Follow-up	16.40	1.76				
	Couples' Care	Posttest	19.40	1.87	-0.11	0.66	-0.64	.003
		Follow-up	19.29	1.89				
Overall Perfectionism	Relationship Enhancement	Posttest	153.67	10.42	-2.57	4.21	-3.05	.564
		Follow-up	151.10	10.09				
	Couples' Care	Posttest	175.73	11.34	-1.76	1.45	-2.74	.001
		Follow-up	174.73	11.88				

Paired-sample comparison of mean scores for each group to evaluate the stability of intervention effects at the follow-up stage showed that the Relationship Enhancement Program maintained significant effects across all perfectionism components. Significant differences between posttest and follow-up were observed in negative self-perception ($t = -3.72$), perceived parental pressure ($t = -4.42$), high standards for others ($t = -2.39$), negative perfectionism ($t = -4.42$), and positive perfectionism ($t = -7.56$) ($p < .05$). In contrast, the Couples' Care program

demonstrated sustained effects only in order and organization ($t = -1.92$) and striving for excellence ($t = -2.59$); other components showed no significant differences. Notably, the sustained reduction in overall perfectionism scores in the Relationship Enhancement group ($t = -3.05$) compared to the Couples' Care group ($t = -2.74$) indicates broader and more durable effectiveness of the Relationship Enhancement Program across all perfectionism dimensions.

Next, the results of paired comparisons for the stability of intervention effects on marriage attitude are presented.

Table 5

Paired Comparison of Marriage Attitude Over Time

Group	Reference Time	Comparison Time	Mean Difference	p
Relationship Enhancement	Pretest	Posttest	+16.81	< .001
	Pretest	Follow-up	+18.33	< .001
	Posttest	Follow-up	+1.50	.213
Couples' Care	Pretest	Posttest	+10.81	< .001
	Pretest	Follow-up	+9.66	.002
	Posttest	Follow-up	-1.20	.342
Control	Pretest	Posttest	+0.31	.891
	Pretest	Follow-up	-0.52	.794
	Posttest	Follow-up	-0.82	.698

The paired comparisons showed that both interventions significantly improved attitudes toward marriage. In the Relationship Enhancement group, mean scores improved significantly at posttest (+16.81) and follow-up (+18.33) compared with pretest ($p < .001$). The Couples' Care group also showed significant increases at posttest (+10.81) and follow-up (+9.66) compared with pretest ($p = .002$). The difference between posttest and follow-up in the Relationship Enhancement group was not significant (+1.5, $p = .213$), while the Couples' Care group showed a slight decrease (-1.2, $p = .342$). The control group showed no significant changes across any time points ($p > .891$). These findings indicate that both interventions were effective in improving attitudes toward marriage, with the Relationship Enhancement Program demonstrating relatively greater and more stable effects over time.

4. Discussion and Conclusion

The present study aimed to compare the effectiveness of premarital counseling based on the Couples' Care (CARE) program and the Prevention and Relationship Enhancement Program (PREP) on two psychological constructs critical for marital readiness: perfectionism and attitudes toward marriage. The findings indicated that both interventions significantly reduced maladaptive perfectionism and

improved participants' perspectives on marriage compared to the control group. However, the PREP program showed a stronger and more stable impact across almost all perfectionism dimensions, particularly negative self-perception and perceived parental pressure, and also produced a larger and more durable improvement in marriage attitudes. These results underscore the importance of structured, skills-based premarital education in equipping couples to navigate the challenges of marital life effectively (Halford et al., 2004; Markman et al., 2024; Navaneetham et al., 2025).

The reduction of perfectionism following participation in both CARE and PREP aligns with previous research showing that premarital education can modify rigid and unrealistic relational beliefs (Sharifinia & Ahmadi, 2024; Stoeber et al., 2020). Perfectionism has been identified as a risk factor for marital dissatisfaction, conflict, and disengagement, as individuals with high maladaptive perfectionism often maintain unrealistic standards for themselves and their partners, leading to criticism and frustration (Hadian Hamedani et al., 2024; Palha-Fernandes et al., 2022). By promoting self-awareness and balanced expectations, both CARE and PREP help participants replace idealized standards with more attainable and compassionate perspectives. Notably, the PREP program's

stronger effect on reducing negative perfectionism may be due to its explicit training in constructive conflict resolution and the speaker–listener model, which challenge cognitive distortions and self-critical narratives (Markman et al., 2022; Pierce, 2016). The structured complaint format (XYZ technique) taught in PREP likely allowed participants to express needs assertively without self-blame or partner-blame, directly addressing the perfectionistic tendency to avoid vulnerability and demand flawlessness (Markman et al., 2024; Stanley, 2001).

The improvements in participants' attitudes toward marriage reinforce the literature highlighting the transformative role of relationship education in shaping marital expectations (Azimi Khoyi et al., 2021; Bajaj & Vithal, 2021; De Coninck et al., 2021). Positive attitudes toward marriage have been consistently linked with greater commitment and resilience in the face of relational stressors (Kim & Jung, 2024; Udofia et al., 2021). Our findings mirror prior studies demonstrating that premarital interventions not only strengthen communication and intimacy but also influence cognitive appraisals of marriage, moving them from idealized and often fear-based perspectives to realistic, hopeful, and adaptive outlooks (Aboui et al., 2024; Ainun & Sunuwati, 2023). This attitudinal shift is particularly significant in cultural contexts where young adults may simultaneously experience traditional expectations of lifelong marriage and exposure to modern narratives of relational fragility (Alam Varzaneh Isfahani et al., 2022; Salehi Mobarakeh et al., 2021).

The stronger and more stable effect of PREP on marriage attitudes compared to CARE can be attributed to PREP's evidence-based focus on long-term commitment building and prevention of destructive interaction cycles (Markman et al., 2022; Mortazavi et al., 2020). PREP devotes structured attention to risk factors such as escalation, negative interpretation, and avoidance, providing couples with practical tools to reframe challenges and sustain positive regard (Markman et al., 2024). In contrast, CARE's flexible, self-directed approach—while beneficial for self-awareness and skill adaptation—may lack the targeted cognitive restructuring and future-focused commitment strategies that PREP emphasizes (Ebrahimi et al., 2020; Halford et al., 2004). Additionally, PREP's modules on forgiveness and shared meaning-making could have contributed to a more enduring positive shift in marriage attitudes by helping participants integrate conflict as a natural part of relational growth rather than as a threat to idealized expectations (Navaneetham et al., 2025; Stanley, 2001).

From a clinical perspective, the significant reduction in perceived parental pressure found particularly in the PREP group is noteworthy. In many collectivist societies, including Iran, parental expectations and cultural ideals strongly influence young adults' marital standards (Alam Varzaneh Isfahani et al., 2022; Salehi Mobarakeh et al., 2021). When not addressed, these external pressures may amplify perfectionistic tendencies and lead to anxiety or avoidance of commitment. By explicitly helping couples explore family-of-origin influences and construct independent, shared marital values, PREP seems well-suited to address these culturally embedded factors. This aligns with studies emphasizing that culturally attuned premarital counseling can moderate the intergenerational transmission of rigid expectations and foster healthier dyadic norms (Aboui et al., 2024; Udofia et al., 2021).

Our results also align with macro-level research on relationship education's social impact. Evidence suggests that population-level promotion of programs like PREP correlates with lower divorce rates and stronger family stability (Clyde et al., 2020; Navaneetham et al., 2025). Interventions that strengthen couples' readiness before marriage have public health benefits by reducing emotional distress, improving parenting outcomes, and enhancing economic stability (Dew, 2021; Salley, 2022). Integrating such evidence-based programs into premarital support policies could therefore have both preventive and developmental functions, especially in societies with increasing marital dissolution rates.

Additionally, the observed reduction in perfectionism corroborates emerging findings that relationship-focused psychoeducation can influence deep-seated personality-driven tendencies (Mo'tamedi, 2018; Stoeber et al., 2020). While perfectionism has historically been viewed as a stable trait, targeted cognitive-behavioral techniques and experiential exercises appear capable of reshaping maladaptive aspects when contextualized within relationship goals (Palha-Fernandes et al., 2022; Sharifinia & Ahmadi, 2024). The success of PREP in this regard reflects its structured approach to skill rehearsal, guided self-reflection, and partner feedback, which encourage flexible self-evaluation rather than rigid self-criticism.

Our findings also extend existing evidence from regional studies on CARE and PREP. Prior Iranian studies have shown that CARE-based education enhances communication beliefs and marital expectations (Alam Varzaneh Isfahani et al., 2022; Ebrahimi et al., 2020), while PREP has demonstrated positive effects on love, respect, and

intimacy (Mortazavi et al., 2020). However, few studies have simultaneously measured perfectionism alongside marital attitudes, making the present research a novel contribution. By highlighting PREP's superior performance in reducing maladaptive perfectionism and sustaining positive marital attitudes, our findings inform the adaptation and optimization of premarital programs in non-Western contexts.

Another implication concerns the conceptual integration of perfectionism into relationship education frameworks. While most premarital interventions focus on communication and problem-solving, our study supports calls to address perfectionism explicitly as a cognitive risk factor (Hadian Hamedani et al., 2024; Palha-Fernandes et al., 2022). Teaching couples to accept imperfection in themselves and their partners may protect against the disillusionment often seen in early marital years (Aboui et al., 2024; Rajabi & Abbasi, 2019). Programs like PREP could be further enhanced by adding modules on self-compassion and flexible goal setting, building on findings that perfectionism interacts with emotional regulation and relationship satisfaction (Sharifinia & Ahmadi, 2024; Stoeber et al., 2020).

Finally, the durability of effects found in this study echoes longitudinal research showing that relationship education can yield benefits lasting beyond the immediate intervention (Markman et al., 2022; Markman et al., 2024). Still, evidence suggests that without reinforcement, some skills degrade over time (Clyde et al., 2020; Yilmaz & Kalkan, 2010). Incorporating booster sessions or online follow-up resources may help preserve gains in perfectionism reduction and positive marital attitudes. Given the growing digitalization of relationship education, hybrid models combining face-to-face sessions with online modules could expand accessibility and long-term impact (Kim & Jung, 2024; Navaneetham et al., 2025).

5. Suggestions and Limitations

Despite its contributions, this study has several limitations. The sample was relatively small and recruited from counseling centers in a single urban district, which limits the generalizability of findings to diverse cultural and socio-economic populations. Participants were also self-selected individuals seeking premarital counseling, possibly indicating higher initial motivation for relationship improvement than the general population. Additionally, the follow-up period was limited to two months; longer-term

outcomes remain unknown. The study relied on self-report measures, which, although validated, may be influenced by social desirability or participants' temporary optimism following the intervention. Finally, while cultural adaptation was considered, the CARE and PREP protocols were originally developed in Western contexts; subtle cultural mismatches may have influenced engagement or outcomes.

Future studies should recruit larger, more diverse samples across different regions and cultural backgrounds to examine the applicability of CARE and PREP in varied populations. Longitudinal research with multiple follow-up assessments could clarify the sustainability of observed changes, particularly in perfectionism. Investigating mediators such as self-compassion, emotional regulation, and cultural belief systems may deepen understanding of how these programs reduce maladaptive perfectionism and strengthen marital attitudes. Comparative effectiveness trials could also evaluate hybrid or culturally tailored versions of CARE and PREP, integrating digital tools and booster sessions. Additionally, future research may benefit from including observational and partner-reported measures to complement self-reports and provide richer insight into relational dynamics.

Practitioners designing premarital education should consider integrating both relational skill-building and cognitive restructuring targeting perfectionism. Programs like PREP could be prioritized or adapted in clinical and community settings, especially where young couples face cultural and familial pressures. Counselors should emphasize self-change, healthy conflict resolution, and realistic marital expectations while also incorporating culturally sensitive content to increase relevance and engagement. Offering accessible, blended learning formats and optional follow-up modules may help couples maintain and apply skills in real-life contexts, promoting long-term marital satisfaction and stability.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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