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The Effectiveness of Adlerian Couple Therapy in Reducing Anxiety and Enhancing Marital Intimacy Among Couples in Second Marriages Following Divorce

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A B S T R A C T

Objective: This study aimed to determine the effectiveness of Adlerian couple therapy in reducing anxiety and enhancing marital intimacy among women in second marriages following divorce.

Methods and Materials: This study employed a quasi-experimental pretest–posttest design with an intervention and a control group. The statistical population comprised women in second marriages following divorce who had sought counseling and psychological services in Isfahan, Iran, during 2025–2026. Thirty eligible women were selected through convenience sampling and randomly assigned to an intervention group (n = 15) and a control group (n = 15). Participants in the intervention group received ten weekly 90-minute sessions of Adlerian couple therapy, while the control group received no intervention during the study period. Data were collected using the Zung Self-Rating Anxiety Scale and the Walker and Thompson Marital Intimacy Scale. The collected data were analyzed using analysis of covariance (ANCOVA) and multivariate analysis of covariance (MANCOVA) in SPSS version 26.

Findings: After controlling for pretest scores, Adlerian couple therapy had a statistically significant effect on reducing overall anxiety in the intervention group compared with the control group ($F = 94.24$, $p < .001$, partial $\eta^2 = .79$). The intervention also significantly increased marital intimacy ($F = 163.38$, $p < .001$, partial $\eta^2 = .876$). Multivariate analyses further indicated significant reductions in emotional symptoms of anxiety ($F = 103.59$, $p < .001$, partial $\eta^2 = .79$) and somatic symptoms of anxiety ($F = 58.39$, $p < .001$, partial $\eta^2 = .69$) among participants receiving Adlerian couple therapy.

Conclusion: Adlerian couple therapy appears to be an effective psychological intervention for reducing anxiety and strengthening marital intimacy among women in second marriages following divorce. By addressing maladaptive beliefs, relational patterns, emotional responses, and interpersonal goals, this approach may facilitate healthier adjustment to remarriage and improve the quality of intimate marital relationships.

Keywords: *Adlerian Couple Therapy; Anxiety; Marital Intimacy; Remarriage; Divorce; Women.*

1. Introduction

Divorce is a major relational transition that often reshapes individuals' emotional, interpersonal, familial, and social lives. Although marital dissolution may bring relief from an unsatisfactory or conflictual relationship, it can also generate substantial psychological strain and require individuals to reorganize their identities, family roles, social networks, and expectations regarding future intimate relationships. Adjustment after divorce is therefore not simply the termination of a marital bond but a multidimensional process involving emotional recovery, practical reorganization, changes in parenting and family relationships, and reconstruction of personal meaning. Models of post-divorce adjustment emphasize that individuals differ considerably in the speed and quality of adaptation, and that psychological distress may persist when individuals struggle with unresolved loss, perceived failure, social judgment, loneliness, financial concerns, or uncertainty about future relationships (Cabılar & Yılmaz, 2022). These challenges may become especially relevant when divorced individuals enter a second marriage, because remarriage involves not only the creation of a new intimate partnership but also the integration of experiences, expectations, and vulnerabilities carried forward from the previous marriage.

Remarriage has become an increasingly important component of contemporary family life and represents a major pathway through which individuals form new partnerships following divorce. Research on divorce, repartnering, and stepfamily formation has shown that remarriage should be understood as a distinct family transition rather than as a simple repetition of first marriage. Individuals entering a subsequent marriage may bring with them prior marital experiences, children, financial obligations, former-spouse relationships, and established relational patterns that influence the organization of the new partnership (Raley & Sweeney, 2020). Consequently, second marriages may involve complex processes of boundary negotiation, role definition, trust formation, emotional adjustment, and management of expectations. Although remarriage can provide companionship, emotional security, and opportunities for relational growth, it can also expose partners to new forms of uncertainty and stress when unresolved experiences from the previous marriage interact with the demands of the current relationship.

The adjustment demands of remarriage may be particularly salient for women who have experienced divorce. In many social and cultural contexts, divorced women may face expectations regarding family continuity, gender roles, parenting, respectability, and relational responsibility that shape both the experience of divorce and the transition into remarriage. Qualitative research on remarried women in collectivist societies indicates that the pathway from divorce to remarriage may involve negotiation of family expectations, social judgments, concerns about acceptance, and efforts to rebuild security and belonging within a new marital relationship (Sumari et al., 2024). Such experiences suggest that remarriage may be accompanied by emotional ambivalence: the new relationship can represent hope and reconstruction while simultaneously activating memories of prior relational injuries, fear of repeated failure, and heightened sensitivity to signs of rejection or instability. Understanding the psychological and relational functioning of women in second marriages therefore requires attention to both the difficulties associated with prior divorce and the developmental tasks involved in establishing a new intimate bond.

A central psychological concern in this context is anxiety. Anxiety can emerge when individuals perceive uncertainty, threat, insufficient control, or possible loss in important areas of life. Following divorce and during remarriage, individuals may worry about the stability of the new relationship, the possibility of conflict, acceptance by the spouse or extended family, financial and parenting demands, and the risk of another marital breakdown. Anxiety may manifest through both emotional and somatic symptoms and can interfere with concentration, emotion regulation, communication, and decision-making. Zung conceptualized anxiety as a measurable syndrome that includes affective and physiological manifestations and developed the Self-Rating Anxiety Scale to assess the severity of these symptoms (Zung, 1971). In the context of remarriage, persistent anxiety may be especially problematic because the establishment of trust and closeness depends partly on partners' ability to tolerate vulnerability and engage constructively with uncertainty.

Anxiety can also affect the interpersonal processes through which marital intimacy develops. Individuals who remain highly alert to rejection, criticism, abandonment, or conflict may become avoidant, defensive, excessively controlling, or reluctant to disclose personal feelings. Such patterns can reduce opportunities for mutual responsiveness and emotional connection. In second marriages, these reactions may be reinforced by memories of previous marital conflict or divorce, leading individuals to interpret ordinary

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disagreements as indicators of possible relational failure. If these reactions become persistent, anxiety may contribute to a cycle in which fear of relational loss produces behaviors that themselves interfere with emotional closeness. Therefore, reducing anxiety may be an important therapeutic target in programs designed to improve adaptation to remarriage.

Alongside anxiety, marital intimacy constitutes a fundamental dimension of relationship quality. Intimacy generally involves emotional closeness, mutual trust, affection, openness, shared experiences, and a sense of meaningful connection with a partner. The conceptualization and measurement of intimacy provided by Walker and Thompson emphasize the importance of perceived closeness and supportive relational involvement within significant interpersonal relationships (Walker & Thompson, 1983). In marital contexts, intimacy allows partners to communicate needs, disclose vulnerabilities, seek support, provide reassurance, and develop a shared emotional life. When intimacy is strong, individuals are more likely to experience the relationship as secure and personally meaningful; when it is weak, partners may feel emotionally distant even when the marital relationship remains formally intact.

Marital intimacy may be particularly important in remarriage because second marriages frequently require partners to construct trust in the presence of prior relational histories. A systematic review of marital adjustment in remarriage has highlighted that successful adaptation is influenced by multiple interpersonal and contextual factors, including communication, role negotiation, previous relationship experiences, family dynamics, and the ability to establish cohesion within the new marital system (Santos et al., 2024). Unlike first marriages, remarriages may require partners to integrate preexisting expectations and family roles while developing a new shared identity. Difficulties in emotional closeness can therefore have broader consequences for adjustment because insufficient intimacy may intensify uncertainty, reduce perceived support, and make ordinary relational challenges more difficult to manage.

The association between therapeutic intervention and marital intimacy has been demonstrated in couple-therapy research. For example, research examining Gottman couple therapy found improvements in marital adjustment and intimacy, indicating that structured relational interventions can strengthen dimensions of emotional connection and couple functioning (Davoodvandi et al., 2018). More broadly, the evidence base for couple therapy indicates that psychological interventions directed at distressed relationships can produce meaningful improvements across individual and relational outcomes. Reviews of evidence-based treatments for couple relationship distress have documented substantial progress in the development and evaluation of structured couple interventions and have emphasized the importance of theoretically coherent approaches that target both emotional and interactional processes (Doss et al., 2022). This evidence supports the general proposition that marital distress and relational disconnection are modifiable rather than fixed conditions.

Recent syntheses further support the effectiveness of couple interventions. A meta-analysis of couple therapy in non-randomized clinical trials reported favorable changes at both the individual and couple levels, suggesting that therapeutic work with relational systems can influence not only relationship functioning but also psychological well-being (Owen et al., 2023). Similarly, a systematic review and meta-analysis of couple interventions for marital distress concluded that couple-based approaches can improve important relationship outcomes and reduce distress among couples experiencing relational difficulties (Joseph et al., 2025). Contemporary reviews of systemic and couple interventions have also emphasized that couple therapy has an established evidence base across a range of adult-focused psychological and relational problems (Carr, 2025). These findings provide a strong rationale for evaluating specific couple-therapy models within populations facing distinctive relational transitions, including individuals who have remarried after divorce.

One potentially valuable approach is Adlerian couple therapy. Adlerian theory conceptualizes human behavior as purposeful, socially embedded, and closely connected to individuals' perceptions, life goals, lifestyle patterns, and sense of belonging. Rather than viewing symptoms exclusively as isolated intrapsychic problems, Adlerian therapy examines how individuals organize beliefs about themselves, other people, and relationships and how these beliefs shape interpersonal behavior. Within couple therapy, attention is directed to the ways in which each partner's lifestyle, private logic, goals, expectations, and early experiences influence recurring interaction patterns. Contemporary presentations of Adlerian couple therapy emphasize case conceptualization that incorporates family constellation, lifestyle assessment, mistaken beliefs, relational goals, encouragement, social interest, and reorientation toward more adaptive interpersonal functioning (Sperry & Sperry, 2024).

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A particularly important feature of Adlerian couple therapy is its focus on lifestyle investigation. Lifestyle, in Adlerian thought, refers to the relatively coherent pattern through which individuals interpret themselves, others, and the tasks of life. In couples, these patterns influence how partners perceive affection, conflict, responsibility, power, closeness, and personal worth. Recent scholarship on Adlerian lifestyle investigation and case conceptualization for couples has emphasized the clinical usefulness of examining early experiences, family constellation, individual priorities, private logic, and the interaction of two partners' lifestyles within the marital relationship (Armerding & Hill, 2025). Such an approach may be especially relevant to remarried individuals because beliefs and relational strategies developed through earlier family experiences and previous marriages may continue to shape expectations in a second marriage.

Adlerian therapy also places strong emphasis on the identification of mistaken beliefs and private logic. Individuals may develop rigid assumptions such as "conflict means the relationship will fail," "I must never appear vulnerable," "my spouse should always understand my needs without explanation," or "if I am rejected once, I will be abandoned again." In a second marriage following divorce, such beliefs may be reinforced by painful prior experiences. Adlerian intervention seeks to bring these patterns into awareness, examine their purpose and consequences, and replace them with more flexible and socially useful perspectives. Through insight and reorientation, individuals are encouraged to interpret marital difficulties less catastrophically and to engage their partners in more constructive ways. This process may have direct implications for anxiety because distorted interpretations of relationship events can maintain emotional arousal and insecurity.

Encouragement is another central component of Adlerian therapy. Encouragement differs from reassurance in that it seeks to strengthen individuals' sense of competence, belonging, courage, and willingness to act despite imperfection or uncertainty. For remarried individuals, encouragement may facilitate movement away from self-blame, fear of failure, or preoccupation with previous relational disappointments. It may also support more active participation in the construction of a healthier current relationship. Adlerian group counseling protocols have operationalized these principles through structured activities involving lifestyle exploration, family constellation, identification of basic mistakes, early recollections, insight development, encouragement, and behavioral reorientation (Salimi Bejestani, 2010). Such structured intervention provides a practical framework for applying Adlerian theory to relational and psychological difficulties.

Evidence from populations outside couple therapy also suggests that Adlerian interventions may influence psychological distress. Research on Adlerian therapy among middle-aged South Korean women with Hwa-Byung demonstrated therapeutic benefits for a culturally embedded syndrome characterized by significant emotional distress and psychosomatic manifestations (Kim et al., 2020). Although the clinical context differs from remarriage, these findings are relevant because they demonstrate the potential of Adlerian therapy to address distress involving emotional, cognitive, interpersonal, and somatic processes. The emphasis on social context and personal meaning may make Adlerian therapy particularly suitable for individuals whose anxiety is embedded within family and relational transitions.

For remarried women following divorce, Adlerian couple therapy may be useful because it simultaneously addresses individual anxiety and interpersonal functioning. Through lifestyle assessment and examination of early recollections, participants may gain insight into how previous experiences contribute to current emotional responses. Through exploration of private logic and basic mistakes, catastrophic interpretations and rigid marital expectations may be identified and challenged. Through encouragement and reorientation, individuals may develop more adaptive ways of responding to conflict and vulnerability. Finally, the Adlerian emphasis on social interest and cooperative relationships may strengthen empathy, mutuality, and a sense of shared purpose within the marriage. These processes theoretically provide pathways through which anxiety may decrease while marital intimacy increases.

The need for such an intervention is further supported by the distinctive demands of post-divorce remarriage. Post-divorce adjustment does not necessarily end when an individual enters a new marriage; rather, aspects of the previous transition may continue to influence emotional functioning and interpersonal behavior (Cabılar & Yılmaz, 2022). Research on remarriage indicates that adjustment is shaped by both individual history and current relational processes, making interventions that integrate personal meaning with couple interaction particularly appropriate (Santos et al., 2024). Moreover, experiences of remarried women in collectivist contexts suggest that family expectations, social norms, relational obligations, and concerns about acceptance may become intertwined with the

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psychological tasks of forming a secure second marriage (Sumari et al., 2024). These circumstances reinforce the importance of examining therapies that are sensitive to interpersonal meaning and social embeddedness.

Despite the growth of evidence supporting couple therapy in general, important gaps remain. Much of the empirical literature has focused on marital distress broadly rather than on the unique experiences of individuals in second marriages following divorce. Reviews and meta-analyses have established that couple interventions can improve relationship functioning, but the effects of specific theoretical approaches may differ according to population, presenting problem, cultural setting, and treatment targets (Carr, 2025; Doss et al., 2022; Joseph et al., 2025; Owen et al., 2023). Furthermore, although intimacy has been shown to respond positively to structured couple interventions (Davoodvandi et al., 2018), fewer studies have simultaneously examined emotional distress and relational closeness among remarried women. This is an important omission because anxiety and intimacy may interact in ways that influence the stability and quality of second marriages.

Adlerian couple therapy may be particularly well suited to addressing this gap because its theoretical framework connects individual psychological functioning with relational patterns. Rather than treating anxiety as separate from marital experience, an Adlerian perspective can examine how anxiety relates to personal beliefs, early experiences, mistaken goals, interpersonal expectations, and perceived threats to belonging. Likewise, intimacy can be conceptualized not merely as an outcome of communication but as an expression of cooperation, mutual encouragement, social interest, and the willingness to relate to a partner without relying on rigid private logic. Recent Adlerian couple-therapy scholarship has strengthened the conceptual foundations for using lifestyle investigation and relational case conceptualization with couples (Armerding & Hill, 2025; Sperry & Sperry, 2024), yet empirical examination of these methods in the context of remarriage remains limited.

Investigating this intervention in Iran is also clinically relevant. Counseling services increasingly encounter clients whose presenting difficulties involve divorce, remarriage, relational anxiety, and adaptation to complex family transitions. An intervention capable of addressing both psychological distress and relational quality may therefore have practical value for family counselors and couple therapists. The use of established measures of anxiety and intimacy also allows therapeutic change to be evaluated systematically. Zung's measure provides a framework for assessing emotional and somatic manifestations of anxiety (Zung, 1971), while the intimacy framework developed by Walker and Thompson offers a structured assessment of perceived relational closeness (Walker & Thompson, 1983). Applying these measures in a controlled intervention study can help clarify whether changes associated with Adlerian couple therapy extend across both individual and marital domains.

Taken together, previous research indicates that divorce and remarriage can involve substantial adjustment demands, that anxiety may interfere with adaptive functioning and emotional connection, that intimacy is a central component of marital quality, and that couple therapy can produce meaningful improvements in psychological and relational outcomes. At the same time, the distinctive experiences of women entering a second marriage following divorce remain insufficiently represented in intervention research. Adlerian couple therapy offers a theoretically coherent approach for this population because it integrates lifestyle assessment, family-of-origin influences, private logic, encouragement, social interest, insight, and behavioral reorientation. Evaluating its effects may therefore contribute both to the empirical literature on remarriage and to the development of culturally responsive therapeutic strategies for individuals navigating the psychological and interpersonal demands of second marriage.

Accordingly, the aim of the present study was to determine the effectiveness of Adlerian couple therapy in reducing anxiety and enhancing marital intimacy among women in second marriages following divorce.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a quasi-experimental pretest–posttest design with an intervention group and a control group to investigate the effectiveness of Adlerian couple therapy in reducing anxiety and enhancing marital intimacy among women in second marriages following divorce. The statistical population consisted of women with a previous history of divorce who had entered a second marriage and sought counseling or psychological services at counseling centers in Isfahan, Iran, during 2025–2026. Based on the records available at the participating counseling centers, 223 potentially eligible individuals were identified in the target population, and at least one year had elapsed since their remarriage. The required sample size was determined with reference to comparable quasi-experimental intervention

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studies and on the basis of a statistical power of 80%, a two-sided significance level of .05, and an anticipated medium effect size. Accordingly, 30 eligible women were recruited through convenience sampling from counseling centers in Isfahan. After receiving detailed information about the objectives and procedures of the study and providing written informed consent, all participants completed the baseline assessments and were subsequently randomly assigned to either the Adlerian couple therapy group (n = 15) or the control group (n = 15). The final analytic sample therefore comprised 30 remarried women with a previous history of divorce, with equal numbers allocated to the two study conditions. Participants were considered eligible if they were currently in a second marriage following divorce, had lived in Isfahan for more than five years, voluntarily agreed to participate in the research, provided written informed consent, and expressed willingness to attend the treatment sessions if allocated to the intervention group. Additional eligibility criteria included the absence of a diagnosed severe psychiatric disorder based on the counseling-center records available to the researchers and nonparticipation in any concurrent psychological, psychiatric, counseling, or educational intervention that could influence the study outcomes. Participants were excluded if they withdrew their consent at any point during the study, missed more than two intervention sessions, commenced another psychological intervention during the study period, or no longer met the eligibility criteria. Following authorization from the relevant university authorities, the researchers obtained permission from counseling and psychological service centers in Isfahan to conduct the study, and three counseling centers agreed to cooperate in participant recruitment. Eligible individuals were informed about the purpose of the study, the voluntary nature of participation, the confidentiality of personal information, the intervention procedures, and their right to withdraw without adverse consequences. After informed consent was obtained, participants completed the pretest measures of anxiety and marital intimacy and were then randomly allocated to the intervention and control conditions. The intervention group participated in ten weekly sessions of Adlerian couple therapy, whereas the control group received no psychological intervention during the corresponding period. Immediately after completion of the tenth treatment session, both groups completed the same instruments as posttest assessments. No follow-up assessment was included in the study design.

2.2. Measures

Anxiety was assessed using the Zung Self-Rating Anxiety Scale (SAS), developed by Zung in 1971 as a self-report measure for evaluating the presence and severity of anxiety symptoms. The instrument consists of 20 items that assess a range of affective, cognitive, physiological, and somatic manifestations associated with anxiety. In the version employed in the present study, five items reflected emotional manifestations of anxiety, whereas 15 items assessed somatic symptoms. Respondents were asked to indicate how frequently they had experienced each symptom during the previous week using a four-point frequency scale ranging from relatively infrequent symptom occurrence to frequent or persistent symptom occurrence. Sixteen items are scored directly, such that higher responses represent greater anxiety, while Items 5, 9, 13, and 19 are reverse-scored to reduce response bias and account for positively worded content. The sum of the item scores produces a raw total score ranging from 20 to 80, with higher scores indicating more severe anxiety symptomatology. In addition to the overall anxiety score, the structure of the instrument made it possible to examine emotional and somatic manifestations of anxiety separately in the multivariate analyses. The SAS has been used extensively in clinical, counseling, and research settings and has demonstrated satisfactory psychometric characteristics. Previous international applications have reported acceptable internal consistency coefficients of approximately .84, while psychometric studies conducted with Iranian samples have reported reliability coefficients of approximately .82. These findings indicate that the instrument possesses adequate internal consistency for assessing anxiety in Persian-speaking populations and supported its use as the principal measure of anxiety in the present study.

Marital intimacy was measured using the Walker and Thompson Intimacy Scale, originally developed by Walker and Thompson in 1983. This self-report instrument consists of 17 items designed to assess individuals' perceptions of intimacy and emotional closeness within an intimate relationship. The scale encompasses important relational characteristics such as emotional connection, mutual affection, interpersonal trust, perceived support, sharing of thoughts and experiences, feelings of closeness, and the quality of emotional involvement between partners. Each item is rated on a seven-point Likert-type scale ranging from 1, indicating never, to 7, indicating always. Scores from the 17 items are summed to generate an overall marital intimacy

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score ranging from 17 to 119, with higher total scores representing greater perceived intimacy and stronger emotional and relational connection between spouses. The scale does not require the calculation of separate subscale scores in the present study and was therefore analyzed as a unidimensional measure of overall marital intimacy. The original version of the instrument has demonstrated excellent reliability, with Cronbach's alpha coefficients generally reported between .91 and .97 across different samples. The instrument has also been translated into Persian and employed in Iranian family and marital research. Psychometric evaluations of the Persian version have provided evidence of satisfactory face and content validity, as well as high internal consistency, with an overall Cronbach's alpha coefficient of approximately .96 reported in an Iranian sample. On the basis of these psychometric properties, the Walker and Thompson Intimacy Scale was considered an appropriate instrument for assessing changes in marital intimacy resulting from the Adlerian couple therapy intervention.

2.3. Intervention

Participants assigned to the intervention group received a structured Adlerian couple therapy program consisting of ten weekly 90-minute sessions conducted at Sarmad Counseling Center in Isfahan. The intervention was developed on the basis of the Adlerian group counseling protocol attributed to Salimi Bejestani and was organized around major Adlerian therapeutic concepts, including the establishment of an egalitarian and cooperative therapeutic relationship, assessment of lifestyle, exploration of family constellation and birth order, identification of private logic and mistaken beliefs, examination of early recollections, recognition of personal goals and maladaptive relational patterns, encouragement, development of social interest, insight formation, and behavioral reorientation. The therapeutic process progressed systematically from relationship building and assessment toward insight development, encouragement, goal modification, and consolidation of healthier interpersonal patterns. During the first session, the therapist introduced the treatment framework, established rapport, empathy, and psychological safety, clarified expectations, and collaboratively identified therapeutic goals. The second session focused on family constellation, birth order, family roles, early relational experiences, and factors contributing to the formation of each participant's lifestyle. In the third session, participants examined major Adlerian life tasks and identified adaptive and maladaptive behaviors affecting marital, interpersonal, and personal functioning. The fourth session addressed personality priorities and recurring patterns related to affection, love, work, interpersonal relationships, self-evaluation, and the need for belonging or significance. During the fifth session, participants were helped to identify and challenge basic mistakes, including overgeneralized beliefs, unrealistic expectations, distorted interpretations of marital events, mistaken values, perfectionistic standards, and patterns of self-devaluation. The sixth session involved exploration of early childhood recollections and the meanings attached to experiences of the self, other people, intimate relationships, and the broader social world, with particular emphasis on encouragement and recognition of personal strengths. In the seventh session, the therapist facilitated the development of insight by helping participants identify personal and interpersonal goals, examine the private logic underlying their emotional and behavioral responses, recognize obstacles to healthier functioning, and reevaluate maladaptive goals within the marital relationship. The eighth session emphasized encouragement and reorientation, during which participants practiced alternative emotional and behavioral responses, identified barriers to change, and developed more constructive approaches to marital interactions. The ninth session focused on reconstructing personal and relational narratives by reviewing previous goals, emotional patterns, interpretations of past experiences, and expectations concerning the current marriage, while encouraging the development of more adaptive meanings and relationship goals. The tenth and final session was devoted to consolidation and integration, including a review of lifestyle patterns, early experiences, private logic, changes achieved during therapy, and the practical application of Adlerian techniques to future marital challenges. Participants also practiced interpersonal and communication skills, reviewed strategies for sustaining therapeutic gains, and integrated the principal concepts learned across the ten sessions. The control group received no psychological intervention during the study period and continued its usual activities until completion of the posttest assessment.

2.4. Data Analysis

Data were analyzed using IBM SPSS Statistics version 26. Initially, descriptive statistical procedures, including frequencies, percentages, means, and standard deviations,

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were used to summarize participants' demographic characteristics and describe the distribution of anxiety and marital intimacy scores at the pretest and posttest stages. Before conducting the principal inferential analyses, the assumptions underlying analysis of covariance were evaluated to ensure the appropriateness of the statistical procedures. The normality of anxiety and marital intimacy scores was examined using the Shapiro–Wilk test separately for the intervention and control groups at the pretest and posttest assessments. The nonsignificant Shapiro–Wilk results indicated that the distributions did not significantly deviate from normality. Homogeneity of error variances between the study groups was assessed using Levene's test, and the assumption of homogeneity of regression slopes was examined by evaluating the interaction between baseline scores and group membership. For multivariate analyses, the equality of covariance matrices across groups was assessed using Box's M test where applicable. After confirming that the relevant statistical assumptions had been adequately satisfied, analysis of covariance (ANCOVA) was used to determine the effect of Adlerian couple therapy on postintervention anxiety and marital intimacy while statistically controlling for their corresponding baseline scores. Multivariate analysis of covariance (MANCOVA) was additionally conducted to examine intervention effects on the emotional and somatic dimensions of anxiety simultaneously, with the relevant pretest scores entered as covariates. In all analyses, group membership served as the independent variable, posttest outcome scores were treated as dependent variables, and pretest scores were entered as covariates to account for baseline differences and improve the precision of the estimated intervention effects. Marital intimacy was analyzed as an overall score, while anxiety was examined both as a total score and through its emotional and somatic symptom dimensions. Statistical significance was established at $p < .05$, and the magnitude of treatment effects was reported using partial eta squared (ηp^2), thereby providing an estimate of the proportion of variance in each postintervention outcome attributable to the intervention after controlling for baseline scores.

3. Findings and Results

The final sample consisted of 30 remarried women with a previous history of divorce, with 15 participants assigned to the Adlerian couple therapy group and 15 to the control group. In the intervention group, 13.3% of participants were aged 19–27 years, 33.3% were aged 28–35 years, 26.7% were aged 36–42 years, and 26.7% were aged 43 years or older. In the control group, 13.3% were aged 19–27 years, 13.3% were aged 28–35 years, 13.3% were aged 36–42 years, and 60.0% were aged 43 years or older. Regarding educational attainment, 6.7% of the intervention group had middle-school education, 33.3% held a high-school diploma, 46.7% held a bachelor's degree, and 13.3% held a master's degree; none held an associate degree. In the control group, 20.0% had middle-school education, 40.0% held a high-school diploma, 13.3% held an associate degree, 20.0% held a bachelor's degree, and 6.7% held a master's degree. Regarding time elapsed since divorce, 46.7% of the intervention group had been divorced for 1–5 years, 46.7% for 6–11 years, and 6.7% for 12–17 years. In the control group, 40.0% had been divorced for 1–5 years, 40.0% for 6–11 years, and 20.0% for more than 18 years. With respect to the duration of the current marriage, 73.3% of participants in the intervention group had been remarried for 1–5 years and 26.7% for 6–11 years. In the control group, 60.0% had been remarried for 1–5 years, 33.3% for 6–11 years, and 6.7% for 18 years or more.

Table 1

Descriptive Statistics for Anxiety and Marital Intimacy by Group and Assessment Stage

Outcome	Group	Pretest M	Pretest SD	Posttest M	Posttest SD
Total anxiety	Adlerian couple therapy	43.53	11.90	35.26	8.41
Total anxiety	Control	39.53	8.23	43.33	8.02
Marital intimacy	Adlerian couple therapy	66.33	29.03	73.60	26.06
Marital intimacy	Control	71.06	25.24	67.80	24.05

As shown in Table 1, the intervention group demonstrated a descriptive reduction in total anxiety from a pretest mean of 43.53 (*SD* = 11.90) to a posttest mean of 35.26 (*SD* = 8.41), whereas anxiety in the control group increased from 39.53 (*SD* = 8.23) at pretest to 43.33 (*SD* = 8.02) at posttest. An opposite pattern was observed for marital intimacy. Among participants who received Adlerian couple therapy, the mean marital intimacy score increased from 66.33 (*SD* =

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29.03) at pretest to 73.60 (*SD* = 26.06) at posttest. In contrast, the control group's mean marital intimacy score decreased from 71.06 (*SD* = 25.24) to 67.80 (*SD* = 24.05). Thus, the descriptive statistics indicated improvement in both study outcomes among participants receiving Adlerian couple therapy, characterized by lower anxiety and higher marital intimacy following the intervention, while a comparable pattern of improvement was not evident in the control group.

Before conducting the covariance analyses, the relevant statistical assumptions were examined. The Shapiro–Wilk test indicated that the distributions of anxiety and marital intimacy scores did not significantly depart from normality across the intervention and control groups at either the pretest or posttest assessment, with all *p* values greater than .05. More specifically, significance values for total anxiety ranged from .056 to .63, while those for marital intimacy ranged from .051 to .72, supporting the assumption of normality. Homogeneity of error variances was also supported by nonsignificant Levene's tests. For total anxiety, Levene's test was nonsignificant at both pretest, $F = 0.24$, $p = .62$, and posttest, $F = 0.41$, $p = .52$. Similarly, for marital intimacy, Levene's test was nonsignificant at pretest, $F = 0.21$, $p = .96$, and posttest, $F = 1.91$, $p = .17$. Examination of the interactions between group membership and baseline scores further showed nonsignificant effects for anxiety ($p = .74$) and marital intimacy ($p = .83$), indicating that the assumption of homogeneity of regression slopes was satisfied. In addition, Box's M test for the multivariate analysis of the emotional and somatic dimensions of anxiety was nonsignificant ($p = .83$), supporting equality of covariance matrices across groups. Collectively, these results indicated that the assumptions required for ANCOVA and MANCOVA were adequately satisfied and that covariance-based analyses could appropriately be conducted.

Table 2

ANCOVA Results for the Effects of Adlerian Couple Therapy on Anxiety and Marital Intimacy

Outcome	Sum of Squares	df	Mean Square	F	p	Partial η^2
Total anxiety	810.35	1	810.35	94.24	< .001	.790
Emotional anxiety symptoms	—	1	—	103.59	< .001	.790
Somatic anxiety symptoms	—	1	—	58.39	< .001	.690
Marital intimacy	564.64	1	564.64	163.38	< .001	.876

After controlling for corresponding pretest scores, the covariance analyses demonstrated statistically significant effects of Adlerian couple therapy on both anxiety and marital intimacy. For total anxiety, the adjusted between-group effect was statistically significant, $F(1) = 94.24$, $p < .001$, partial $\eta^2 = .79$, indicating that the intervention accounted for a substantial proportion of the variance in posttest anxiety after adjustment for baseline scores. Participants receiving Adlerian couple therapy therefore exhibited significantly lower adjusted posttest anxiety than those in the control group. The multivariate analysis of the emotional and somatic manifestations of anxiety was also significant, with Pillai's Trace = .85, $p < .001$. Follow-up covariance analyses revealed significant intervention effects for both emotional anxiety symptoms, $F(1) = 103.59$, $p < .001$, partial $\eta^2 = .79$, and somatic anxiety symptoms, $F(1) = 58.39$, $p < .001$, partial $\eta^2 = .69$. The magnitude of the effect was comparatively greater for emotional symptoms, although substantial effects were observed for both anxiety dimensions. A statistically significant intervention effect was likewise found for marital intimacy, $F(1) = 163.38$, $p < .001$, partial $\eta^2 = .876$. After adjustment for baseline marital intimacy, participants in the Adlerian couple therapy group had significantly higher posttest intimacy scores than participants in the control condition. The large partial eta-squared values obtained for total anxiety and marital intimacy indicate substantial treatment effects. Overall, the findings supported the study hypotheses and demonstrated that the ten-session Adlerian couple therapy intervention was effective in reducing anxiety, including both emotional and somatic manifestations, and in enhancing marital intimacy among women in second marriages following divorce.

4. Discussion

The present study examined the effectiveness of Adlerian couple therapy in reducing anxiety and enhancing marital intimacy among women in second marriages following divorce. The findings demonstrated that, after controlling for baseline scores, participants who received Adlerian couple therapy reported significantly lower levels of anxiety and significantly higher levels of marital intimacy than

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participants in the control group. The intervention produced a substantial effect on overall anxiety, $F = 94.24$, $p < .001$, partial $\eta^2 = .79$, and a similarly strong effect on marital intimacy, $F = 163.38$, $p < .001$, partial $\eta^2 = .876$. The intervention also significantly reduced both emotional symptoms of anxiety, $F = 103.59$, $p < .001$, partial $\eta^2 = .79$, and somatic symptoms of anxiety, $F = 58.39$, $p < .001$, partial $\eta^2 = .69$. These findings indicate that Adlerian couple therapy was effective across both psychological and relational domains and suggest that its therapeutic impact extended beyond a general reduction in distress to improvements in the quality of interpersonal closeness within remarriage.

The finding that Adlerian couple therapy significantly reduced anxiety is consistent with the broader literature demonstrating that couple-based and psychologically focused interventions can influence both individual distress and relational functioning. Evidence from couple therapy research indicates that interventions directed at relationship processes can improve individual psychological outcomes in addition to couple-level variables (Owen et al., 2023). Similarly, systematic and meta-analytic evidence has shown that structured couple interventions are effective in reducing marital distress and improving psychological well-being among individuals experiencing relationship difficulties (Joseph et al., 2025). Reviews of evidence-based treatments for couple relationship distress have also emphasized that effective couple therapy can alter emotional responses, interactional patterns, and individual distress by targeting the relational context in which psychological problems are maintained (Doss et al., 2022). The current findings therefore extend this evidence to women in second marriages following divorce, a population for whom anxiety may be closely linked to uncertainty, prior relational losses, fear of repeated marital failure, and concerns about the stability of a new intimate partnership.

From an Adlerian perspective, the reduction in anxiety can be explained through changes in the beliefs, private logic, goals, and lifestyle patterns that shape individuals' interpretations of their marital experiences. Adlerian couple therapy emphasizes the identification of mistaken beliefs, unrealistic expectations, self-defeating assumptions, and personal rules that influence emotional and relational functioning (Sperry & Sperry, 2024). Women entering a second marriage after divorce may carry forward expectations developed through previous marital conflict, separation, or loss. Such expectations may include heightened sensitivity to rejection, exaggerated interpretations of disagreement, fear that conflict will inevitably lead to another divorce, or beliefs that emotional vulnerability increases the risk of being hurt again. By examining these beliefs and helping participants evaluate the private logic underlying their responses, Adlerian therapy may reduce the tendency to interpret marital difficulties as threatening or catastrophic. This cognitive and relational reorganization may consequently decrease emotional arousal and reduce anxiety.

The significant reduction in both emotional and somatic manifestations of anxiety further supports the possibility that Adlerian intervention influenced anxiety at multiple levels. The emotional component of anxiety showed a particularly large intervention effect, while somatic symptoms also declined substantially. Anxiety, as conceptualized in the Zung Self-Rating Anxiety Scale, includes both affective and physiological manifestations (Zung, 1971). Improvements in emotional anxiety may therefore reflect reduced worry, fear, tension, and perceived relational threat, while reductions in somatic symptoms may indicate decreased physiological activation associated with chronic stress. The Adlerian therapeutic process, which includes encouragement, increased insight, reevaluation of personal beliefs, and development of more adaptive behavioral responses, may reduce the psychological conditions that sustain both forms of anxiety. Evidence supporting the effectiveness of Adlerian therapy for emotionally and somatically expressed distress has also been reported among middle-aged women with Hwa-Byung, where Adlerian treatment contributed to improvements in a culturally embedded pattern of emotional and psychosomatic suffering (Kim et al., 2020). Although the populations and clinical presentations differ, this finding supports the broader therapeutic potential of Adlerian approaches for reducing complex forms of distress among women.

The results can also be interpreted in light of the distinctive psychological demands associated with divorce and remarriage. Divorce is not merely a legal or relational event but an adjustment process involving emotional, social, and identity-related changes that can continue well after the marital relationship has formally ended (Cabılar & Yılmaz, 2022). Entering a subsequent marriage may therefore occur before all psychological effects of the previous marriage have been fully resolved. In addition, remarried individuals may experience concerns about trust, relationship stability, blended family roles, former partners, children, and expectations surrounding the new marriage (Raley & Sweeney, 2020). For women in particular, the transition

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from divorce to remarriage may be influenced by social expectations, family reactions, and culturally shaped concerns regarding relational acceptance and security (Sumari et al., 2024). Adlerian couple therapy may reduce anxiety in this context by providing a structured framework through which participants can reinterpret previous experiences, recognize maladaptive relational expectations, and construct more purposeful and adaptive responses to the current marital relationship.

Another major finding was the significant enhancement of marital intimacy among women who received Adlerian couple therapy. The increase in intimacy is consistent with previous research showing that structured couple interventions can improve emotional closeness and relational quality. For example, Gottman couple therapy has been found to improve both marital adjustment and intimacy, suggesting that therapeutic interventions targeting relational processes can strengthen emotional connection between spouses (Davoodvandi et al., 2018). The present findings are also consistent with broader evidence demonstrating positive couple-level outcomes across established therapeutic approaches (Carr, 2025; Doss et al., 2022; Owen et al., 2023). These studies collectively indicate that intimacy and relationship quality can be modified through systematic therapeutic work and that improvements are not limited to symptom reduction.

The increase in marital intimacy may be particularly well explained by central Adlerian concepts such as social interest, cooperation, encouragement, relational equality, and awareness of interpersonal goals. Adlerian couple therapy conceptualizes couple difficulties not merely as communication failures but as interactions between two lifestyles, each containing particular beliefs, priorities, expectations, and strategies for achieving belonging or significance (Armerding & Hill, 2025). When these individual lifestyles conflict, partners may become defensive, competitive, withdrawn, controlling, or emotionally distant. Through lifestyle investigation, participants are encouraged to understand the purposes underlying their relational behaviors and to identify patterns that interfere with cooperation and closeness. This process can reduce misunderstanding and make it easier to approach the spouse with empathy rather than defensiveness.

Lifestyle investigation may have been especially important for women in remarriage because a second marriage involves not only a new partner but also preexisting relational narratives developed through family-of-origin experiences and the previous marriage. Contemporary Adlerian case conceptualization emphasizes examining family constellation, early recollections, personal priorities, private logic, and relational goals to understand how current couple patterns developed (Armerding & Hill, 2025). By recognizing that current reactions may reflect older beliefs rather than the immediate behavior of the current spouse, participants may become better able to separate past relational injuries from present marital experiences. Such differentiation may reduce suspicion and emotional withdrawal while increasing trust and openness, both of which are fundamental components of intimacy.

The therapeutic emphasis on encouragement may also explain the observed increase in marital intimacy. In Adlerian therapy, encouragement is used to reduce discouragement, promote a sense of competence and belonging, and help individuals engage constructively with relationships despite uncertainty or imperfection (Sperry & Sperry, 2024). Remarried women who have previously experienced divorce may enter new relationships with diminished confidence in their ability to maintain a stable marriage or with concerns about being rejected again. Encouragement can counter these concerns by helping individuals recognize strengths, tolerate vulnerability, and participate more actively in relational problem solving. In practical terms, this may increase emotional disclosure, responsiveness, and willingness to discuss needs, thereby facilitating greater intimacy.

The finding concerning intimacy is also compatible with the broader conceptualization of intimacy as emotional closeness, mutual involvement, affection, and meaningful interpersonal connection (Walker & Thompson, 1983). Although the Walker and Thompson measure was originally developed within the broader context of close family relationships, its focus on perceived closeness is highly relevant to marital functioning. The observed increase in intimacy suggests that participants not only experienced reduced distress but also perceived their current marriage as more emotionally connected following therapy. This distinction is important because the absence of anxiety does not automatically imply the presence of intimacy. The strong intervention effect on marital intimacy therefore indicates that Adlerian therapy may have promoted positive relational development rather than merely reducing negative emotional states.

The results are also consistent with research on marital adjustment in remarriage, which shows that successful second marriages depend on the ability to negotiate roles, establish trust, manage previous relationship experiences,

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and develop effective patterns of communication and cohesion (Santos et al., 2024). Remarriage creates a relational system in which previous experiences can remain psychologically active, and maladaptive interpretations may interfere with the creation of a shared identity. Adlerian therapy explicitly addresses goals, values, expectations, and relational patterns, making it relevant to these tasks. By helping participants reconstruct personal and relational narratives, the intervention may have supported the development of a more coherent understanding of the current marriage and reduced the extent to which it was interpreted through the lens of the previous marital failure.

The simultaneous reduction in anxiety and improvement in intimacy may also reflect reciprocal changes between psychological and relational functioning. High anxiety can reduce emotional openness, increase irritability, amplify perceived threat, and interfere with constructive communication. Conversely, low intimacy may increase insecurity and reinforce fears of abandonment or rejection. When therapy decreases anxiety, individuals may feel safer engaging emotionally with their spouses. Likewise, when intimacy increases, the marital relationship may become a stronger source of emotional support, thereby reducing anxiety. Couple therapy research increasingly recognizes such interdependence between individual symptoms and relationship processes (Carr, 2025; Owen et al., 2023). The present findings are consistent with this systemic interpretation and suggest that addressing the relational context may contribute to psychological improvement while changes in psychological functioning may simultaneously support relational growth.

The structure of the intervention may also have contributed to the magnitude of the observed effects. The ten-session program progressed from therapeutic alliance and goal setting to family constellation, lifestyle exploration, identification of basic mistakes, examination of early recollections, insight development, encouragement, behavioral reorientation, reconstruction of personal narratives, and consolidation. This sequencing is consistent with the Adlerian therapeutic process and with structured Adlerian group counseling approaches (Salimi Bejestani, 2010). Rather than focusing exclusively on present symptoms, the intervention linked current difficulties to broader patterns of meaning and behavior and then provided participants with opportunities to develop new responses. Such an integrative structure may explain why changes were detected in both anxiety and marital intimacy.

5. Conclusion

Overall, the findings contribute to the growing evidence base supporting couple and systemic interventions for adult psychological and relational problems. Recent reviews indicate that couple therapy can be effective across diverse clinical presentations and can produce substantial improvements in relationship functioning (Carr, 2025). Meta-analytic findings similarly support the effectiveness of couple interventions in reducing marital distress and enhancing relational outcomes (Joseph et al., 2025). The present study adds to this literature by focusing specifically on Adlerian couple therapy and on women in second marriages following divorce, a group that has received comparatively limited attention in intervention research. The results suggest that Adlerian couple therapy may be particularly valuable in contexts where previous relational experiences, current anxiety, and difficulties with emotional closeness are interconnected.

6. Limitations & Suggestions

Several limitations should be considered when interpreting the findings. First, the sample consisted of only 30 remarried women recruited from counseling centers in Isfahan, which limits the statistical generalizability of the results to broader populations, including remarried men, couples from other regions, individuals who do not seek counseling, and people from different cultural or socioeconomic backgrounds. Second, convenience sampling may have introduced selection bias because individuals willing to participate in psychological treatment may differ systematically from those who decline participation. Third, both primary outcomes were assessed using self-report questionnaires, making the findings potentially susceptible to social desirability, response style, and participants' expectations regarding treatment. Fourth, the control group received no active intervention, so nonspecific therapeutic factors such as therapist attention, group support, expectancy effects, and regular participation in structured sessions cannot be fully separated from the specific effects of Adlerian couple therapy. Fifth, the absence of a follow-up assessment prevents conclusions regarding the long-term maintenance of improvements in anxiety and marital intimacy. Finally, the relatively small sample size limited the possibility of examining whether treatment effects differed according to age, educational level, duration of remarriage, time since divorce, or other potentially important characteristics.

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Future studies should replicate the present research with larger and more heterogeneous samples to improve external validity and permit subgroup analyses. Including both husbands and wives would provide a more comprehensive examination of dyadic change and would allow researchers to assess whether improvements in one partner are associated with corresponding changes in the other. Future trials should also compare Adlerian couple therapy with active control conditions or other established couple-therapy approaches to determine the relative contribution of Adlerian techniques. Longitudinal designs with follow-up assessments at three, six, and twelve months would help determine whether reductions in anxiety and improvements in intimacy are maintained over time. Researchers may also benefit from combining self-report measures with clinician ratings, behavioral observations of couple interaction, and qualitative interviews in order to obtain a more comprehensive picture of therapeutic change. Additional studies could examine potential mediators such as changes in private logic, encouragement, social interest, emotion regulation, communication, trust, and relational beliefs, as well as moderators such as duration of remarriage, presence of stepchildren, severity of previous marital conflict, and current socioeconomic stress.

The findings suggest that counselors, psychologists, and family therapists working with remarried individuals may consider incorporating Adlerian principles into interventions addressing anxiety and relational difficulties following divorce. Clinical practice may benefit from assessing clients' previous marital experiences, family-of-origin patterns, lifestyle beliefs, relational expectations, early recollections, and private logic rather than focusing only on current marital conflict. Therapists can help remarried clients identify beliefs that transfer unresolved experiences from the previous marriage into the current relationship and encourage more flexible interpretations of disagreement, vulnerability, and intimacy. Structured work on encouragement, social interest, cooperative problem solving, emotional expression, and behavioral reorientation may be particularly useful for strengthening marital closeness. Counseling centers serving divorced and remarried populations may also consider developing preventive or early-intervention programs based on these principles so that individuals can address anxiety, maladaptive expectations, and relational patterns before they become entrenched in the second marriage.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. The study protocol received ethical approval under the code IR.IAU.KHSH.REC.1405.129.

Transparency of Data

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

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Authors' Contributions

All authors have equally contributed 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.

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