

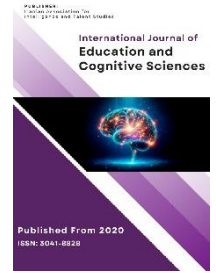


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# Comparison of the Effectiveness of Couple CARE-Based Premarital Counseling and the Prevention and Relationship Enhancement Program (PREP) on Perfectionism and Communication Skills in Individuals Preparing for Marriage

Maryam. Derakhshan Nejad<sup>1</sup>, Bahman. Akbari <sup>2\*</sup>, Seyedeh Maryam. Mousavi<sup>2</sup>

<sup>1</sup> Ph.D. student, Department of Psychology, Ra.C., Islamic Azad University, Rasht, Iran

<sup>2</sup> Department of Psychology, Ra.C., Islamic Azad University, Rasht, Iran

\* Corresponding author email address: bahmanakbari@iaua.ac.ir

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### ABSTRACT

**Purpose:** The present study aimed to compare the effectiveness of Couple CARE-based premarital counseling and the Prevention and Relationship Enhancement Program (PREP) on perfectionism and communication skills among individuals preparing for marriage.

**Methods and Materials:** This study employed a quasi-experimental design with a pretest–posttest control group and a two-month follow-up. The statistical population consisted of individuals seeking premarital counseling services at counseling centers in District 6 of Tehran during the first six months of 2024. Following multistage cluster sampling and screening procedures, 45 eligible participants were selected and randomly assigned to three groups: Couple CARE intervention ( $n = 15$ ), PREP intervention ( $n = 15$ ), and control ( $n = 15$ ). The intervention groups participated in six 90-minute sessions conducted twice weekly, while the control group received no intervention. Data were collected using the Hill Perfectionism Inventory and the Communication Skills Questionnaire. Repeated-measures analysis of variance and Bonferroni post hoc tests were performed using SPSS-26.

**Findings:** The results revealed significant effects of group, time, and group  $\times$  time interaction for all dimensions of perfectionism and communication skills ( $p < .01$ ). Both Couple CARE and PREP significantly reduced perfectionism and improved communication skills compared with the control group. For perfectionism, the largest effect size was observed for negative perfectionism ( $\eta^2 = .642$ ), whereas the smallest effect size was found for positive perfectionism ( $\eta^2 = .398$ ). For communication skills, the largest effect size was associated with the total communication skills score ( $\eta^2 = .735$ ). Comparisons between the intervention groups indicated that PREP produced significantly greater improvements than Couple CARE across most outcome variables, particularly in reducing negative perfectionism and enhancing message-sending and message-receiving abilities. Follow-up analyses further demonstrated that PREP maintained its effects across all dimensions, whereas Couple CARE showed partial attenuation of gains in several communication and perfectionism components.

**Conclusion:** Both Couple CARE-based premarital counseling and the Prevention and Relationship Enhancement Program were effective in reducing maladaptive perfectionism and improving communication skills among individuals preparing for

marriage. However, PREP demonstrated superior effectiveness and greater stability of outcomes over time. These findings suggest that structured relationship education programs emphasizing communication, conflict management, and realistic expectations may be particularly beneficial for enhancing marital readiness and promoting healthier future relationships.

**Keywords:** CARE Program, Couple CARE, PREP Program, Perfectionism, Communication Skills.

## 1. Introduction

Marriage is one of the most consequential interpersonal transitions in adulthood, because it requires individuals to move from an individually organized life pattern toward a shared emotional, cognitive, communicative, and behavioral system. For individuals on the threshold of marriage, this transition is accompanied by expectations about intimacy, commitment, role negotiation, emotional regulation, family involvement, sexuality, financial cooperation, and conflict management. Although marriage can provide psychological security and social support, insufficient preparation for its relational demands may increase the risk of maladaptive expectations, communication breakdown, unresolved conflict, and later marital dissatisfaction. For this reason, premarital counseling and relationship education have increasingly been conceptualized as preventive psychological interventions that aim to strengthen relational competencies before chronic marital problems emerge (Ainun & Sunuwati, 2023; Athira, 2025; Navaneetham et al., 2025). In this perspective, premarital interventions are not limited to giving information about marriage; rather, they attempt to modify interpersonal beliefs, improve communication patterns, increase emotional awareness, and prepare couples for realistic and adaptive marital functioning (Salley, 2022; Udofia et al., 2021).

Contemporary research on marriage and couple relationships indicates that the quality of early relational functioning is strongly influenced by the cognitive and communicative patterns that partners bring into the relationship. Studies on marital and cohabiting relationships have shown that satisfaction, adjustment, and stability are shaped by the interaction between psychological variables, relationship expectations, communication skills, and contextual stressors (Dew, 2021). Therefore, the period before marriage represents a critical developmental window for preventive intervention, because cognitive schemas and communication habits may still be more flexible than they are after years of marital interaction. Premarital counseling programs can help individuals identify unrealistic expectations, recognize maladaptive beliefs, learn

constructive dialogue, and develop commitment-oriented skills before these patterns become rigid in marital life (Rajabi & Abbasi, 2019; Vafaeinejad et al., 2022). In this regard, the effectiveness of structured premarital programs has become an important topic in family psychology and counseling research.

Among the psychological variables that may affect marital readiness, perfectionism occupies a central position. Perfectionism refers to the tendency to impose excessively high standards on oneself, others, or relationships, often accompanied by critical self-evaluation, fear of mistakes, intolerance of imperfection, and rigid expectations. In romantic and marital relationships, perfectionistic tendencies may lead individuals to evaluate themselves, their partners, and the relationship according to unrealistic standards, thereby increasing vulnerability to dissatisfaction, conflict, blame, emotional withdrawal, and perceived failure. A systematic review and meta-analysis has shown that perfectionism is meaningfully related to marital outcomes and may undermine relationship quality when it is expressed through criticism, unrealistic expectations, and negative evaluation of the partner or the relationship (Hadian Hamedani et al., 2024). Similarly, studies have suggested that dimensions of perfectionism can predict marital satisfaction, particularly when perfectionistic standards are combined with spiritual, moral, or relational ideals that become difficult to achieve in daily married life (Soltani et al., 2023).

Perfectionism is not a unitary construct, and its adaptive and maladaptive dimensions must be distinguished in psychological research. Some forms of perfectionism may be associated with goal orientation, responsibility, and organized striving, whereas negative perfectionism is more closely associated with self-criticism, perceived pressure, fear of failure, and interpersonal rigidity. Research on perfectionism has shown that maladaptive perfectionism is associated with reduced well-being, lower self-compassion, and heightened vulnerability to psychological distress (Stoeber et al., 2020). Intervention studies have also shown that perfectionism is modifiable through psychological treatments, including cognitive-behavioral and

transdiagnostic approaches (Rozenal et al., 2024). In relational contexts, perfectionism may affect not only emotional well-being but also sexual satisfaction, intimacy, and expectations about partner performance (Palha-Fernandes et al., 2022). Therefore, reducing maladaptive perfectionistic expectations before marriage can be regarded as an important preventive target.

The importance of perfectionism in premarital contexts is especially evident because individuals preparing for marriage often construct idealized images of marital life. These idealizations may include beliefs that a good spouse must always understand, agree, support, and satisfy the partner without conflict or ambiguity. Such expectations can intensify vulnerability to disappointment after marriage, because ordinary disagreements may be interpreted as signs of relational failure. Iranian studies have also indicated the relevance of perfectionism in counseling and psychological intervention contexts. For example, mindfulness-based and self-compassion-based interventions have been examined in relation to perfectionism and related psychological outcomes (Motamedi, 2018; Oraki & Bitaneh, 2020). More directly, premarital counseling with a cognitive-behavioral approach has been shown to affect perfectionism and depressive symptoms in young women, suggesting that perfectionistic cognition can be addressed within premarital psychological education (Sharifinia & Ahmadi, 2024). These findings support the inclusion of perfectionism as a key outcome in premarital counseling research.

Alongside perfectionism, communication skills are among the most important determinants of marital readiness. Communication skills include the ability to listen actively, send and receive messages accurately, understand the communication process, regulate emotions during interaction, and express needs assertively. Effective communication allows partners to clarify expectations, discuss sensitive issues, manage conflict, and maintain intimacy. Conversely, poor communication can lead to misunderstanding, emotional escalation, avoidance, criticism, and unresolved relational tension. Research on communication assessment emphasizes that communication skills are multidimensional competencies that must be measured through reliable and valid instruments, because they include both behavioral and cognitive-emotional elements (Baker & McNaughton, 2021; Graham & O'Donovan, 2019). In the premarital period, communication training is particularly important because couples are often required to negotiate future plans, family boundaries,

financial expectations, sexual attitudes, and role responsibilities.

Premarital counseling programs are designed to strengthen precisely these relational capacities. General premarital counseling has been associated with improved marital satisfaction, stronger relational understanding, and greater preparedness for the challenges of marriage (Athira, 2025; Udofia et al., 2021). Studies also emphasize that premarital counseling can increase prospective couples' awareness of their emotional needs, relational expectations, and potential areas of incompatibility (Ainun & Sunuwati, 2023; Salley, 2022). In the Iranian context, interest in marriage and readiness for marital commitment have also been linked to quality of life and family functioning, suggesting that premarital decision-making is embedded in broader psychological and familial systems (Abouei et al., 2024). Therefore, effective premarital interventions should not only teach communication techniques but also address underlying beliefs, expectations, and personality-based vulnerabilities such as perfectionism.

One of the most widely studied approaches in this area is the Prevention and Relationship Enhancement Program (PREP). PREP is a structured relationship education program designed to prevent relational deterioration and enhance couple functioning through communication training, conflict management, emotional safety, commitment, forgiveness, and problem-solving. The program is based on the assumption that destructive interaction patterns can be changed through structured skill acquisition and that couples can learn to manage disagreements before they escalate into chronic conflict. Markman and colleagues have emphasized PREP as a preventive framework for reducing divorce risk and building lasting marital relationships through positive steps, communication skills, and commitment-oriented practices (Markman et al., 2024). The theoretical strength of PREP lies in its integration of cognitive, behavioral, and emotional components, which makes it especially suitable for premarital populations.

Empirical evidence has supported the effectiveness of PREP and related relationship enrichment programs across different contexts. Early evidence indicated that premarital relationship enrichment programs can improve relationship satisfaction among young couples (Yilmaz & Kalkan, 2010). Later studies also reported that PREP can positively affect relationship satisfaction and relational functioning in premarital or young adult couples (Pierce, 2016; Rathnayaka, 2021). In Iran, PREP has been compared with

other premarital education models and has shown effectiveness in improving attitudes toward marriage among couples preparing for marriage (Azimi Khoei et al., 2021). Other Iranian findings have shown that PREP can improve marital relationship beliefs and reduce maladaptive relational cognitions (Eslami et al., 2020). Furthermore, PREP has been associated with improvements in quality of life, marital commitment, dyadic adjustment, communication skills, couple coping skills, and stress reduction among married or newly married couples (Fallahi et al., 2020; Habibi et al., 2022). These findings make PREP a strong candidate for intervention in the premarital period.

Another important intervention model is Couple CARE, which is a psychoeducational approach focused on couple communication, self-change, intimacy, caring behaviors, conflict management, and future planning. Couple CARE emphasizes that each partner should recognize their own contribution to relationship quality and develop skills for adaptive interaction. Instead of focusing only on problem correction, this model encourages partners to cultivate caring behaviors, emotional support, constructive dialogue, and shared relational goals. Iranian research has shown that premarital counseling based on the Couple CARE program can improve marital expectations and communication beliefs among individuals preparing for marriage (Ebrahimi et al., 2020). This evidence suggests that Couple CARE may be effective in reducing unrealistic expectations and improving interpersonal readiness before marriage.

However, although both PREP and Couple CARE are theoretically relevant and empirically supported, fewer studies have directly compared their relative effectiveness on psychological and interpersonal outcomes among individuals on the threshold of marriage. Existing studies often examine one intervention in isolation or compare premarital programs with unrelated approaches. Yet direct comparison is important because different programs may work through different mechanisms. PREP is more explicitly structured around prevention, communication rules, conflict de-escalation, and relationship risk factors, whereas Couple CARE places stronger emphasis on self-change, caring behaviors, intimacy, and relational maintenance. Therefore, comparing these two interventions can clarify which approach is more effective for outcomes such as perfectionism and communication skills. Such comparison is also clinically valuable because counselors and family psychologists need evidence-based guidance for selecting premarital programs that are efficient, structured, and suitable for young couples.

Recent research also highlights the need to adapt relationship education to the psychological challenges of adolescents and young adults. Systematic evidence indicates that relationship education programs for premarital romantic and sexual relationships can be effective for adolescents and young adults when they address communication, emotional regulation, expectations, sexual decision-making, and healthy relationship behaviors (Navaneetham et al., 2025). Moreover, studies on relationship optimism and perfectionism suggest that interventions targeting perfectionistic thinking and relational attitudes may improve relationship well-being (Xiao, 2023). These findings support a broader conceptual model in which premarital interventions may affect both cognitive-personality variables, such as perfectionism, and interpersonal-behavioral variables, such as communication skills. From this perspective, a comprehensive premarital program should reduce rigid and maladaptive expectations while simultaneously strengthening adaptive communication.

Given the cultural and social significance of marriage in Iran, evidence-based premarital counseling has particular importance. Marriage decisions are often shaped by family expectations, social norms, economic conditions, religious beliefs, and cultural definitions of compatibility. These factors may intensify perfectionistic expectations and increase pressure on young couples to present an ideal relationship. At the same time, many couples may enter marriage with limited formal training in emotional expression, conflict management, and assertive communication. Studies conducted in Iranian samples have shown that premarital education can affect attitudes toward marriage, communication beliefs, and fear of marriage, indicating that structured programs can modify important psychological determinants of marital readiness (Azimi Khoei et al., 2021; Vafaeinejad et al., 2022). Thus, examining the effectiveness of PREP and Couple CARE among Iranian individuals preparing for marriage can contribute both to local counseling practice and to the broader literature on preventive couple interventions.

Overall, the literature suggests that maladaptive perfectionism and weak communication skills may reduce marital readiness and increase vulnerability to future marital dissatisfaction. At the same time, structured premarital counseling programs such as PREP and Couple CARE appear to offer promising methods for improving these outcomes. Nevertheless, the comparative effectiveness of these two interventions on perfectionism and communication skills has not been sufficiently clarified.

Addressing this gap can help determine whether a more structured prevention-oriented model such as PREP or a care-oriented self-change model such as Couple CARE produces stronger and more stable changes in individuals preparing for marriage. Therefore, the present study aimed to compare the effectiveness of Couple CARE-based premarital counseling and the Prevention and Relationship Enhancement Program on perfectionism and communication skills among individuals preparing for marriage.

## 2. Methods and Materials

### 2.1. Study Design and Participants

This study employed a quasi-experimental design using a pretest–posttest format with a control group and a two-month follow-up assessment. The target population consisted of all individuals seeking premarital counseling services at counseling centers located in District 6 of Tehran during the first six months of 2024. Participants were selected through a multistage cluster-random sampling procedure. Initially, one counseling center, Shiva Psychology and Counseling Clinic, was randomly selected from among 12 counseling centers in the district. Subsequently, 240 individuals attending the clinic for premarital counseling were screened using standardized measures of perfectionism and communication skills. Following the screening process, 120 individuals who demonstrated deficiencies or difficulties in at least one of the assessed domains, based on established cutoff scores, were identified as eligible participants. From this pool, 45 individuals were randomly selected and invited to participate in the study. After providing written informed consent, participants were randomly assigned to one of three groups, each consisting of 15 individuals: a Couple CARE premarital counseling group, a Prevention and Relationship Enhancement Program (PREP) group, and a control group. The two intervention groups participated in six 90-minute sessions conducted twice weekly, whereas the control group received no intervention during the study period. Posttest assessments were administered immediately after the completion of the interventions, and a follow-up evaluation was conducted two months later. Data collection was carried out through face-to-face, online, and postal methods. Participants received feedback regarding the study findings upon completion of the research. The control group was offered intervention services after the study had concluded. To enhance participant retention and compliance, reminder phone calls and flexible scheduling arrangements were

implemented throughout the study. Inclusion criteria consisted of being between 18 and 25 years of age, attendance of both partners in all intervention sessions, completion of the formal courtship process, possession of at least a high school diploma, no previous marriage history, and no prior participation in couple therapy or relationship education programs. Exclusion criteria included failure to pass the clinical screening interview, absence from more than two intervention sessions, termination of the relationship during the study period, a history of psychological disorders or substance abuse, and incomplete or invalid questionnaire responses.

### 2.2. Measures

The Hill Perfectionism Inventory (HPI) developed by Hill et al. (2004) was used to assess perfectionism. This instrument consists of 59 items rated on a five-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The questionnaire measures eight dimensions of perfectionism, including negative self-evaluation, organization, striving for excellence, perceived parental pressure, purposefulness, high standards for others, negative perfectionism, and positive perfectionism. Total scores range from 59 to 295, with higher scores indicating greater levels of perfectionism. Previous studies have reported strong psychometric properties for the instrument. For example, Presci and colleagues (2020) reported Cronbach's alpha coefficients ranging from .82 to .98 and test–retest reliability coefficients ranging from .72 to .84 over a three-week interval. Simmons and Gaher (2005) reported Cronbach's alpha coefficients between .87 and .90 for the subscales. In Iranian studies, Motamedi (2018) reported an overall Cronbach's alpha of .82, while Oraki and Bitaneh (2021) reported an alpha coefficient of .82 for the total scale and coefficients ranging from .87 to .92 for the subscales. In the present study, internal consistency reliability was confirmed with a Cronbach's alpha coefficient of .83.

Communication skills were measured using the Communication Skills Questionnaire (CSQ) developed by Queen Dam (2004). The instrument contains 34 items and assesses five dimensions of communication competence: listening skills (6 items), message sending and receiving skills (9 items), insight into the communication process (5 items), emotional regulation (9 items), and assertive communication (5 items). Responses are rated on a five-point Likert scale ranging from 1 (Never) to 5 (Always). Items 2, 4, and 6 are reverse scored. Total scores range from

34 to 170, with higher scores indicating stronger communication skills. Baker and McNaughton (2021) reported Cronbach's alpha and split-half reliability coefficients of .74 and .75, respectively, and divergent validity coefficients ranging from .71 to .81. Graham and O'Donovan (2018) reported internal consistency coefficients ranging from .81 to .90, test-retest reliability coefficients between .78 and .80, and validity coefficients ranging from .71 to .82. The overall test-retest reliability coefficient for the total score was reported as .89. In an Iranian validation study, Hossein Chari and Fadakar (2005) reported a Cronbach's alpha coefficient of .69 and a split-half reliability coefficient of .71. Yusefi (2006) reported a Cronbach's alpha coefficient of .81 and a split-half reliability coefficient of .77, supporting the instrument's reliability and validity in Iranian populations.

### 2.3. Interventions

The Couple CARE premarital counseling program was implemented with the first experimental group according to the protocol developed by Halford et al. (2004). The intervention was delivered in a group format across six 90-minute sessions conducted twice weekly. The first session focused on self-change and explored relationship expectations, relationship goals, and personal changes necessary for achieving desired marital outcomes. The second session emphasized interaction patterns and included instruction on communication models, speaking and listening skills, self-evaluation of interaction styles, emotional bids, and strategies for self-improvement in communication. The third session addressed intimacy and caring behaviors, including experiences of support, balancing individual and family responsibilities, controlled support provision, and self-change strategies aimed at enhancing intimacy. The fourth session focused on understanding and valuing individual differences, effective interaction during conflict, conflict management guidelines, and self-regulation strategies for managing disagreements. The fifth session addressed sexual relationships by discussing common sexual myths, sexual preferences, communication about sexuality, and self-change strategies for developing healthy sexual attitudes. The final session focused on future planning and relationship maintenance, including anticipating life transitions, preparing for change, early identification of relationship problems, strategies for sustaining relationship quality, and fostering adaptive perspectives toward the future.

The Prevention and Relationship Enhancement Program (PREP), based on the model developed by Renick, Blumberg, and Markman (2004), was implemented with the second experimental group across six 90-minute sessions conducted twice weekly. The first session introduced participants to the program, established group trust, clarified program objectives, and explored relationship risk factors and warning signs such as escalating conflict, negative interpretations, and avoidance behaviors. The second session focused on gender differences in communication and conflict resolution, emphasizing the development of a safe environment for dialogue, the "time-out" technique for preventing escalation, speaker-listener communication skills, and identification of communication barriers such as mind reading and blame. The third session addressed hidden concerns and constructive complaints by exploring common relationship issues, including finances, family relationships, and sexuality, as well as key marital expectations such as honesty, respect, and fidelity. Participants were also trained in the XYZ formula for constructive expression of concerns. The fourth session focused on collaborative problem-solving and the importance of shared recreational activities, providing participants with structured problem-solving techniques and opportunities to plan enjoyable activities as a couple. The fifth session explored the role of personal belief systems, including religious, spiritual, and cultural values, in shaping relationship dynamics. The session also examined distinctions between intimacy and sexuality and presented strategies for enhancing relationship vitality. The sixth session concentrated on forgiveness and commitment, teaching principles and stages of forgiveness, emphasizing commitment in the face of financial, familial, and personal challenges, and providing a comprehensive review of program content along with recommendations for maintaining healthy long-term relationships.

### 2.4. Data Analysis

Data obtained from the pretest, posttest, and two-month follow-up assessments were analyzed using repeated-measures analysis of variance (RM-ANOVA) to examine changes over time and differences among the study groups. Following significant omnibus effects, Bonferroni post hoc comparisons were conducted to identify specific differences between the Couple CARE, PREP, and control groups across measurement occasions. Statistical analyses were performed using IBM SPSS Statistics version 26, and significance

levels were evaluated according to conventional statistical criteria.

### 3. Findings and Results

The demographic characteristics of the research sample showed that, among 45 participants (mean age =  $23.4 \pm 2.3$  years), the largest age group was in the 24–25-year range (40%). The age distribution did not differ significantly among the Couple CARE group ( $23.8 \pm 2.8$  years), the Relationship Enhancement group ( $23.1 \pm 2.1$  years), and the control group ( $23.9 \pm 2.6$  years),  $F = 0.296, p = .745$ . In terms of relationship duration, 44.4% of the participants had known each other for 1–2 years. Regarding educational

level, 37.8% held a bachelor’s degree, and the distribution of education was similar across the groups. The economic status of 53.3% of the sample was evaluated as moderate, and the monthly income distribution showed that 40% earned less than 15 million tomans. In terms of employment status, 46.7% were students or homemakers. The mode of acquaintance was traditional for 53.3% and modern for 46.7% of the participants. Regarding place of residence, 66.7% lived in urban areas, 20% in rural areas, and 13.3% in suburban areas, and this distribution was similar across the study groups. These findings indicate the relative homogeneity of the groups in terms of demographic characteristics, which strengthens the validity of between-group comparisons.

**Table 1**

*Descriptive Indices*

| Construct            | Component                            | Stage     | PREP M | PREP SD | Couple CARE M | Couple CARE SD | Control M | Control SD |
|----------------------|--------------------------------------|-----------|--------|---------|---------------|----------------|-----------|------------|
| Perfectionism        | Negative self-evaluation             | Pretest   | 27.71  | 3.89    | 28.73         | 3.52           | 28.87     | 3.40       |
| Perfectionism        | Negative self-evaluation             | Posttest  | 20.67  | 2.42    | 23.80         | 2.10           | 27.00     | 3.28       |
| Perfectionism        | Negative self-evaluation             | Follow-up | 19.50  | 2.76    | 23.20         | 2.03           | 28.27     | 3.40       |
| Perfectionism        | Organization                         | Pretest   | 26.93  | 2.01    | 26.13         | 2.11           | 26.80     | 3.70       |
| Perfectionism        | Organization                         | Posttest  | 20.07  | 2.36    | 21.01         | 2.67           | 26.67     | 2.52       |
| Perfectionism        | Organization                         | Follow-up | 20.40  | 2.68    | 21.27         | 2.66           | 26.93     | 2.58       |
| Perfectionism        | Perceived parental pressure          | Pretest   | 28.60  | 3.75    | 29.09         | 3.33           | 29.13     | 3.33       |
| Perfectionism        | Perceived parental pressure          | Posttest  | 22.67  | 2.26    | 25.73         | 2.79           | 28.60     | 3.69       |
| Perfectionism        | Perceived parental pressure          | Follow-up | 21.40  | 2.09    | 25.87         | 3.88           | 28.47     | 3.54       |
| Perfectionism        | Striving for excellence              | Pretest   | 27.71  | 2.89    | 27.73         | 3.40           | 27.50     | 3.04       |
| Perfectionism        | Striving for excellence              | Posttest  | 21.67  | 2.42    | 24.80         | 2.34           | 27.32     | 3.89       |
| Perfectionism        | Striving for excellence              | Follow-up | 21.10  | 2.76    | 25.20         | 2.03           | 27.27     | 2.65       |
| Perfectionism        | High standards for others            | Pretest   | 28.01  | 3.56    | 28.13         | 3.11           | 28.50     | 2.55       |
| Perfectionism        | High standards for others            | Posttest  | 21.91  | 2.36    | 25.40         | 2.67           | 28.67     | 2.35       |
| Perfectionism        | High standards for others            | Follow-up | 21.40  | 2.18    | 25.29         | 2.66           | 28.93     | 2.01       |
| Perfectionism        | Negative perfectionism               | Pretest   | 29.60  | 3.75    | 30.09         | 3.33           | 30.25     | 3.54       |
| Perfectionism        | Negative perfectionism               | Posttest  | 22.67  | 2.26    | 26.73         | 3.79           | 29.60     | 3.69       |
| Perfectionism        | Negative perfectionism               | Follow-up | 22.40  | 2.09    | 26.01         | 3.88           | 29.47     | 3.34       |
| Perfectionism        | Positive perfectionism               | Pretest   | 25.01  | 2.56    | 24.13         | 2.11           | 24.50     | 2.01       |
| Perfectionism        | Positive perfectionism               | Posttest  | 17.91  | 2.36    | 19.40         | 2.67           | 24.67     | 2.35       |
| Perfectionism        | Positive perfectionism               | Follow-up | 16.40  | 2.18    | 19.29         | 2.66           | 24.93     | 2.31       |
| Perfectionism        | Total perfectionism                  | Pretest   | 204.71 | 12.89   | 205.09        | 12.40          | 205.87    | 12.04      |
| Perfectionism        | Total perfectionism                  | Posttest  | 153.67 | 10.42   | 175.98        | 11.34          | 204.32    | 12.75      |
| Perfectionism        | Total perfectionism                  | Follow-up | 151.10 | 10.76   | 177.22        | 11.03          | 204.27    |            |
| Communication skills | Ability to send and receive messages | Pretest   | 24.81  | 3.89    | 25.73         | 3.52           | 25.87     | 3.40       |
| Communication skills | Ability to send and receive messages | Posttest  | 36.67  | 2.42    | 32.80         | 3.10           | 24.00     | 3.28       |

|                      |  |           |        |       |        |      |       |      |
|----------------------|--|-----------|--------|-------|--------|------|-------|------|
| Communication skills | Ability to send and receive messages   | Follow-up | 37.50  | 2.76  | 31.20  | 3.03 | 25.27 | 3.40 |
| Communication skills | Emotional control                      | Pretest   | 22.09  | 2.08  | 22.93  | 2.65 | 22.80 | 2.56 |
| Communication skills | Emotional control                      | Posttest  | 33.55  | 2.21  | 29.55  | 2.87 | 22.67 | 2.45 |
| Communication skills | Emotional control                      | Follow-up | 34.44  | 2.21  | 28.31  | 2.68 | 22.93 | 2.58 |
| Communication skills | Listening skills                       | Pretest   | 18.60  | 2.75  | 18.09  | 2.33 | 18.25 | 2.33 |
| Communication skills | Listening skills                       | Posttest  | 27.67  | 3.26  | 24.73  | 2.79 | 18.22 | 2.69 |
| Communication skills | Listening skills                       | Follow-up | 28.40  | 3.09  | 23.87  | 2.88 | 18.87 | 2.54 |
| Communication skills | Insight into the communication process | Pretest   | 15.71  | 2.89  | 15.73  | 2.40 | 15.50 | 2.04 |
| Communication skills | Insight into the communication process | Posttest  | 23.67  | 1.42  | 20.80  | 1.88 | 15.32 | 2.89 |
| Communication skills | Insight into the communication process | Follow-up | 23.10  | 1.76  | 20.20  | 1.89 | 15.27 | 1.65 |
| Communication skills | Assertive communication                | Pretest   | 14.01  | 2.56  | 15.13  | 1.11 | 14.50 | 1.01 |
| Communication skills | Assertive communication                | Posttest  | 22.91  | 2.36  | 19.40  | 1.67 | 14.67 | 1.35 |
| Communication skills | Assertive communication                | Follow-up | 22.40  | 2.18  | 19.29  | 1.66 | 14.93 | 1.31 |
| Communication skills | Total communication skills score       | Pretest   | 95.60  | 8.75  | 97.09  | 8.33 | 96.25 | 8.54 |
| Communication skills | Total communication skills score       | Posttest  | 143.67 | 10.26 | 125.73 | 7.79 | 96.60 | 8.69 |
| Communication skills | Total communication skills score       | Follow-up | 146.40 | 10.09 | 124.87 | 7.88 | 95.47 | 8.34 |

Repeated-measures analysis of variance was then used to examine the effects of Couple CARE-based premarital counseling and the Prevention and Relationship Enhancement Program (PREP) on perfectionism and communication skills. Before conducting the analysis, the assumptions of this method were examined.

The assessment of statistical assumptions showed that the research data were normally distributed. Based on the Shapiro–Wilk test, all components had significance levels greater than .05 at the pretest ( $p = .123$  to  $.301$ ), posttest ( $p = .122$  to  $.230$ ), and follow-up ( $p = .098$  to  $.343$ ) stages. Skewness values, ranging from  $-1.09$  to  $1.849$ , and kurtosis values, ranging from  $-0.330$  to  $0.868$ , were also within the acceptable range of  $\pm 2$ .

Levene’s test confirmed the homogeneity of variances for all variables ( $p = .065$  to  $.521$ ).

One-way analysis of variance showed no significant differences among the groups at the pretest stage for

perfectionism,  $F = 1.15$ ,  $p = .321$ , or communication skills,  $F = 0.821$ ,  $p = .446$ .

Therefore, the results of the parametric analyses were considered valid because all assumptions, including normal distribution, homogeneity of variances, and initial group homogeneity, were met. Pretest homogeneity of the groups ( $p > .05$  for all comparisons) and the stability of normality indices across different measurement stages provided the basis for using parametric methods to analyze the data. These findings indicate that any differences observed at the posttest and follow-up stages can be attributed to the effects of the interventions.

A two-factor analysis of variance with repeated measurement on one factor, namely mixed ANOVA, was used to examine the effects of Couple CARE-based premarital counseling and the Prevention and Relationship Enhancement Program on perfectionism and communication skills among individuals preparing for marriage.

**Table 2**

*Results of Repeated-Measures Analysis of Variance for Perfectionism and Communication Skills*

| Construct            | Component                              | Source of variation | MS      | df | F     | p      | Effect size ( $\eta^2$ ) |
|----------------------|--|---------------------|---------|----|-------|--------|--------------------------|
| Perfectionism        | Negative self-evaluation               | Group               | 245.73  | 2  | 28.41 | < .001 | .592                     |
| Perfectionism        | Negative self-evaluation               | Time                | 198.65  | 2  | 35.17 | < .001 | .615                     |
| Perfectionism        | Negative self-evaluation               | Group × Time        | 156.32  | 4  | 14.82 | < .001 | .487                     |
| Perfectionism        | Organization                           | Group               | 187.54  | 2  | 22.75 | < .001 | .543                     |
| Perfectionism        | Organization                           | Time                | 165.87  | 2  | 30.62 | < .001 | .587                     |
| Perfectionism        | Organization                           | Group × Time        | 132.19  | 4  | 12.54 | < .001 | .332                     |
| Perfectionism        | Perceived parental pressure            | Group               | 276.41  | 2  | 32.47 | < .001 | .623                     |
| Perfectionism        | Perceived parental pressure            | Time                | 234.85  | 2  | 42.15 | < .001 | .658                     |
| Perfectionism        | Perceived parental pressure            | Group × Time        | 187.63  | 4  | 18.29 | < .001 | .512                     |
| Perfectionism        | Striving for excellence                | Group               | 198.75  | 2  | 24.38 | < .001 | .567                     |
| Perfectionism        | Striving for excellence                | Time                | 176.51  | 2  | 33.51 | < .001 | .602                     |
| Perfectionism        | Striving for excellence                | Group × Time        | 143.51  | 4  | 15.73 | < .001 | .478                     |
| Perfectionism        | High standards for others              | Group               | 165.38  | 2  | 20.15 | < .001 | .521                     |
| Perfectionism        | High standards for others              | Time                | 154.96  | 2  | 28.73 | < .001 | .554                     |
| Perfectionism        | High standards for others              | Group × Time        | 121.45  | 4  | 11.62 | < .001 | .412                     |
| Perfectionism        | Negative perfectionism                 | Group               | 287.63  | 2  | 35.82 | < .001 | .642                     |
| Perfectionism        | Negative perfectionism                 | Time                | 245.72  | 2  | 45.16 | < .001 | .683                     |
| Perfectionism        | Negative perfectionism                 | Group × Time        | 198.54  | 4  | 20.19 | < .001 | .532                     |
| Perfectionism        | Positive perfectionism                 | Group               | 154.27  | 2  | 18.92 | .001   | .498                     |
| Perfectionism        | Positive perfectionism                 | Time                | 143.85  | 2  | 27.63 | < .001 | .532                     |
| Perfectionism        | Positive perfectionism                 | Group × Time        | 112.36  | 4  | 10.84 | < .001 | .398                     |
| Perfectionism        | Total perfectionism                    | Group               | 2158.42 | 2  | 68.54 | < .001 | .735                     |
| Perfectionism        | Total perfectionism                    | Time                | 1842.75 | 2  | 42.73 | < .001 | .592                     |
| Perfectionism        | Total perfectionism                    | Group × Time        | 1257.83 | 4  | 28.39 | < .001 | .503                     |
| Communication skills | Ability to send and receive messages   | Group               | 428.93  | 2  | 25.38 | < .001 | .486                     |
| Communication skills | Ability to send and receive messages   | Time                | 315.53  | 2  | 42.17 | < .001 | .602                     |
| Communication skills | Ability to send and receive messages   | Group × Time        | 198.93  | 4  | 12.54 | < .001 | .385                     |
| Communication skills | Emotional control                      | Group               | 386.37  | 2  | 22.25 | < .001 | .452                     |
| Communication skills | Emotional control                      | Time                | 287.46  | 2  | 38.37 | < .001 | .573                     |
| Communication skills | Emotional control                      | Group × Time        | 175.12  | 4  | 10.18 | < .001 | .332                     |
| Communication skills | Listening skills                       | Group               | 305.48  | 2  | 18.20 | < .001 | .412                     |
| Communication skills | Listening skills                       | Time                | 267.91  | 2  | 35.34 | < .001 | .556                     |
| Communication skills | Listening skills                       | Group × Time        | 142.71  | 4  | 8.90  | < .001 | .285                     |
| Communication skills | Insight into the communication process | Group               | 287.51  | 2  | 15.34 | < .001 | .365                     |
| Communication skills | Insight into the communication process | Time                | 203.51  | 2  | 32.51 | < .001 | .532                     |
| Communication skills | Insight into the communication process | Group × Time        | 125.51  | 4  | 7.91  | .001   | .242                     |
| Communication skills | Assertive communication                | Group               | 342.90  | 2  | 28.41 | < .001 | .503                     |
| Communication skills | Assertive communication                | Time                | 315.20  | 2  | 40.40 | < .001 | .612                     |
| Communication skills | Assertive communication                | Group × Time        | 198.00  | 4  | 11.93 | < .001 | .378                     |
| Communication skills | Total communication skills score       | Group               | 2158.25 | 2  | 42.42 | < .001 | .671                     |
| Communication skills | Total communication skills score       | Time                | 1842.11 | 2  | 68.15 | < .001 | .735                     |
| Communication skills | Total communication skills score       | Group × Time        | 1257.18 | 4  | 28.19 | < .001 | .582                     |

The results showed that both interventions had significant effects on reducing the components of perfectionism and improving communication skills ( $p < .01$ ). Regarding perfectionism, the main effects of group ( $F = 18.92$  to  $68.54$ ), time ( $F = 27.63$  to  $45.16$ ), and the group × time interaction ( $F = 10.84$  to  $20.19$ ) were all significant. The largest effect size was related to negative perfectionism ( $\eta^2 = .642$ ), and the smallest effect size was related to positive perfectionism ( $\eta^2 = .398$ ). The Relationship Enhancement Program was

significantly more effective than Couple CARE, particularly in the components of negative perfectionism and perceived parental pressure, which showed a stable 2.7-point decrease at follow-up.

Regarding communication skills, the main effects of group,  $F = 42.42$ ,  $\eta^2 = .671$ , time,  $F = 68.15$ , and the group × time interaction,  $F = 28.19$ , were all significant. The largest effect size was related to the total communication skills score ( $\eta^2 = .73$ ), and the smallest effect size was related to

insight into the communication process ( $\eta^2 = .36$ ). The Relationship Enhancement Program was significantly more effective than Couple CARE, particularly in the components of assertive communication and the ability to send and receive messages, which showed a stable 21.53-point improvement at follow-up.

These findings indicate the considerable clinical effectiveness of both interventions, with a significant superiority of the Relationship Enhancement Program in producing stable changes. The results showed that the interventions maintained their favorable effects not only in the short term but also in the long term. Based on the results, the pattern of change differed across the groups ( $p < .001$ ).

**Table 3**

*Results of the Paired-Samples Mean Test for Comparing Posttest and Follow-Up Scores of Perfectionism*

| Component                   | Intervention group       | Stage     | M     | SD   | Mean difference | SD of differences | t(df = 14) | p-value |
|-----------------------------|--------------------------|-----------|-------|------|-----------------|-------------------|------------|---------|
| Negative self-evaluation    | Relationship Enhancement | Posttest  | 20.67 | 2.42 | 1.17            | 1.21              | -3.72      | .447    |
| Negative self-evaluation    | Relationship Enhancement | Follow-up | 19.50 | 2.76 |                 |                   |            |         |
| Negative self-evaluation    | Couple CARE              | Posttest  | 23.80 | 2.10 | 0.60            | 1.55              | 1.48       | .001    |
| Negative self-evaluation    | Couple CARE              | Follow-up | 24.40 | 2.03 |                 |                   |            |         |
| Organization                | Relationship Enhancement | Posttest  | 20.07 | 2.36 | -0.33           | 1.32              | 0.96       | .354    |
| Organization                | Relationship Enhancement | Follow-up | 19.74 | 2.21 |                 |                   |            |         |
| Organization                | Couple CARE              | Posttest  | 21.01 | 2.67 | -0.74           | 1.48              | -1.92      | .456    |
| Organization                | Couple CARE              | Follow-up | 20.27 | 2.68 |                 |                   |            |         |
| Perceived parental pressure | Relationship Enhancement | Posttest  | 22.67 | 2.26 | -1.27           | 1.09              | -4.42      | .564    |
| Perceived parental pressure | Relationship Enhancement | Follow-up | 21.40 | 2.09 |                 |                   |            |         |
| Perceived parental pressure | Couple CARE              | Posttest  | 25.73 | 2.79 | -0.86           | 1.25              | -2.61      | .021    |
| Perceived parental pressure | Couple CARE              | Follow-up | 24.87 | 2.88 |                 |                   |            |         |
| Striving for excellence     | Relationship Enhancement | Posttest  | 21.67 | 2.42 | -0.57           | 0.76              | -2.86      | .453    |
| Striving for excellence     | Relationship Enhancement | Follow-up | 21.10 | 2.76 |                 |                   |            |         |
| Striving for excellence     | Couple CARE              | Posttest  | 24.80 | 2.34 | -0.60           | 0.89              | -2.59      | .123    |
| Striving for excellence     | Couple CARE              | Follow-up | 24.20 | 2.89 |                 |                   |            |         |
| High standards for others   | Relationship Enhancement | Posttest  | 21.91 | 2.36 | -0.51           | 0.81              | -2.39      | .565    |
| High standards for others   | Relationship Enhancement | Follow-up | 21.40 | 2.18 |                 |                   |            |         |
| High standards for others   | Couple CARE              | Posttest  | 25.40 | 1.67 | -0.11           | 0.66              | -0.64      | .087    |
| High standards for others   | Couple CARE              | Follow-up | 25.29 | 1.67 |                 |                   |            |         |
| Negative perfectionism      | Relationship Enhancement | Posttest  | 22.67 | 2.26 | -1.27           | 1.09              | -4.42      | .198    |
| Negative perfectionism      | Relationship Enhancement | Follow-up | 21.40 | 2.09 |                 |                   |            |         |
| Negative perfectionism      | Couple CARE              | Posttest  | 26.73 | 2.79 | -0.86           | 1.25              | -2.61      | .001    |
| Negative perfectionism      | Couple CARE              | Follow-up | 25.87 | 2.88 |                 |                   |            |         |
| Positive perfectionism      | Relationship Enhancement | Posttest  | 17.91 | 1.42 | -1.51           | 0.76              | -7.56      | .112    |
| Positive perfectionism      | Relationship Enhancement | Follow-up | 16.40 | 1.76 |                 |                   |            |         |
| Positive perfectionism      | Couple CARE              | Posttest  | 19.40 | 1.87 | -0.11           | 0.66              | -0.64      | .003    |

|                        |                          |           |        |       |       |      |       |      |
|------------------------|--------------------------|-----------|--------|-------|-------|------|-------|------|
| Positive perfectionism | Couple CARE              | Follow-up | 19.29  | 1.89  |       |      |       |      |
| Total perfectionism    | Relationship Enhancement | Posttest  | 153.67 | 10.42 | -2.57 | 4.21 | -3.05 | .564 |
| Total perfectionism    | Relationship Enhancement | Follow-up | 151.10 | 10.09 |       |      |       |      |
| Total perfectionism    | Couple CARE              | Posttest  | 175.73 | 11.34 | -1.76 | 1.45 | -2.74 | .001 |
| Total perfectionism    | Couple CARE              | Follow-up | 174.73 | 11.88 |       |      |       |      |

The results of the post hoc test, conducted to compare paired means within each group in order to examine the stability of effectiveness at follow-up, showed that the Relationship Enhancement Program had stable effects on all components of perfectionism. Significant differences were observed between the two stages in negative self-evaluation ( $t = -3.72$ ), perceived parental pressure ( $t = -4.42$ ), high standards for others ( $t = -2.39$ ), negative perfectionism ( $t = -4.42$ ), and positive perfectionism ( $t = -7.56$ ),  $p < .05$ . By

contrast, the Couple CARE program showed stability of effects only in two components, namely organization ( $t = -1.92$ ) and striving for excellence ( $t = -2.59$ ), while no significant differences were observed in the other components. In particular, the stable reduction in total perfectionism in the Relationship Enhancement group ( $t = -3.05$ ), compared with the Couple CARE group ( $t = -2.74$ ), indicates the more comprehensive and durable effectiveness of this program across all dimensions of perfectionism.

**Table 4**

*Results of the Paired-Samples Mean Test for Comparing Posttest and Follow-Up Scores of Communication Skills*

| Component                              | Intervention group       | Stage     | M     | SD   | Mean difference | SD of differences | t(df = 14) | p-value |
|--|--------------------------|-----------|-------|------|-----------------|-------------------|------------|---------|
| Ability to send and receive messages   | Relationship Enhancement | Posttest  | 36.67 | 2.42 | 0.83            | 1.21              | 1.65       | .447    |
| Ability to send and receive messages   | Relationship Enhancement | Follow-up | 37.50 | 2.76 |                 |                   |            |         |
| Ability to send and receive messages   | Couple CARE              | Posttest  | 32.80 | 3.10 | -1.60           | 1.55              | -3.92      | .001    |
| Ability to send and receive messages   | Couple CARE              | Follow-up | 31.20 | 3.03 |                 |                   |            |         |
| Emotional control                      | Relationship Enhancement | Posttest  | 33.55 | 2.21 | 0.89            | 1.32              | 1.61       | .112    |
| Emotional control                      | Relationship Enhancement | Follow-up | 34.44 | 2.51 |                 |                   |            |         |
| Emotional control                      | Couple CARE              | Posttest  | 29.55 | 2.87 | -1.24           | 1.48              | -3.24      | .006    |
| Emotional control                      | Couple CARE              | Follow-up | 28.31 | 2.68 |                 |                   |            |         |
| Listening skills                       | Relationship Enhancement | Posttest  | 27.67 | 3.26 | 0.73            | 1.09              | 1.59       | .564    |
| Listening skills                       | Relationship Enhancement | Follow-up | 28.40 | 3.09 |                 |                   |            |         |
| Listening skills                       | Couple CARE              | Posttest  | 24.73 | 2.79 | -1.14           | 1.25              | -3.53      | .003    |
| Listening skills                       | Couple CARE              | Follow-up | 23.59 | 2.88 |                 |                   |            |         |
| Insight into the communication process | Relationship Enhancement | Posttest  | 23.67 | 1.42 | 0.43            | 0.76              | 1.19       | .123    |
| Insight into the communication process | Relationship Enhancement | Follow-up | 24.10 | 1.76 |                 |                   |            |         |
| Insight into the communication process | Couple CARE              | Posttest  | 20.80 | 1.88 | -0.60           | 0.89              | -2.59      | .021    |
| Insight into the communication process | Couple CARE              | Follow-up | 20.20 | 1.89 |                 |                   |            |         |
| Assertive communication                | Relationship Enhancement | Posttest  | 22.91 | 2.36 | 0.49            | 0.81              | 1.34       | .565    |
| Assertive communication                | Relationship Enhancement | Follow-up | 23.40 | 2.18 |                 |                   |            |         |
| Assertive communication                | Couple CARE              | Posttest  | 19.40 | 1.66 | -0.11           | 0.66              | -0.64      | .087    |

|                                  |                          |           |        |       |       |      |       |      |  |
|----------------------------------|--------------------------|-----------|--------|-------|-------|------|-------|------|--|
| Assertive communication          | Couple CARE              | Follow-up | 19.29  | 1.67  |       |      |       |      |  |
| Total communication skills score | Relationship Enhancement | Posttest  | 143.67 | 10.26 | 2.73  | 3.21 | 1.73  | .198 |  |
| Total communication skills score | Relationship Enhancement | Follow-up | 146.40 | 10.09 |       |      |       |      |  |
| Total communication skills score | Couple CARE              | Posttest  | 125.73 | 7.79  | -0.86 | 2.45 | -1.11 | .231 |  |
| Total communication skills score | Couple CARE              | Follow-up | 124.87 | 7.88  |       |      |       |      |  |

The results of the post hoc test showed that the Relationship Enhancement Program had stable effects on all components of communication skills, such that no significant differences were observed between the two stages in the ability to send and receive messages ( $t = 1.65$ ), emotional control ( $t = 1.61$ ), listening skills ( $t = 1.59$ ), insight into the communication process ( $t = 1.19$ ), assertive communication ( $t = 1.34$ ), and the total score ( $t = 1.73$ ),  $p > .05$ . By contrast, the Couple CARE program did not show stability of effects in four main components, including the ability to send and receive messages ( $t = -3.92$ ), emotional control ( $t = -3.24$ ), listening skills ( $t = -3.53$ ), and insight into the communication process ( $t = -2.59$ ), while no significant differences were observed in the other components. In particular, the retention of 99.44% of the effects in the total communication skills score in the Relationship Enhancement group, with a follow-up score of 146.40, compared with the retention of 99.32% of the effects in the Couple CARE group, with a follow-up score of 124.87, indicates the more comprehensive and durable effectiveness of this program in producing stable changes.

#### 4. Discussion and Conclusion

The present study was conducted to compare the effectiveness of Couple CARE-based premarital counseling and the Prevention and Relationship Enhancement Program (PREP) on perfectionism and communication skills among individuals preparing for marriage. The findings demonstrated that both interventions significantly reduced perfectionism and improved communication skills at the posttest stage compared with the control group. Furthermore, both interventions maintained their effectiveness at the two-month follow-up assessment. However, the PREP program showed significantly greater effectiveness than Couple CARE across most dimensions of perfectionism and communication skills, and its effects remained more stable over time. These findings indicate that structured premarital educational interventions can successfully modify cognitive and interpersonal factors associated with marital readiness and that PREP may

provide a more comprehensive framework for facilitating durable psychological and relational changes.

One of the major findings of the study was the significant reduction in perfectionism among participants who received either Couple CARE or PREP. This finding is consistent with previous research indicating that perfectionistic cognitions are modifiable through psychological and educational interventions (Rozenal et al., 2024; Sharifinia & Ahmadi, 2024). Perfectionism often involves rigid standards, fear of mistakes, excessive self-criticism, and unrealistic expectations regarding oneself and others. During the premarital period, these tendencies may become particularly salient because individuals frequently develop idealized expectations about their future spouse and marital life. Interventions such as Couple CARE and PREP challenge these unrealistic assumptions by encouraging self-awareness, realistic expectations, acceptance of individual differences, and constructive communication. Through these mechanisms, participants may gradually replace rigid standards with more adaptive relational beliefs, leading to reductions in maladaptive perfectionism.

The observed decrease in negative self-evaluation, perceived parental pressure, striving for excellence, and negative perfectionism can be understood from a cognitive-behavioral perspective. Premarital counseling exposes participants to alternative interpretations of relationship difficulties and teaches them that healthy relationships involve compromise, imperfection, and ongoing growth rather than flawless performance. Such cognitive restructuring may weaken the maladaptive schemas that underlie perfectionistic thinking. This interpretation is supported by studies demonstrating associations between perfectionism, self-criticism, psychological distress, and lower well-being (Jowett et al., 2023; Stoeber et al., 2020). When individuals learn to adopt more flexible standards and more compassionate evaluations of themselves and their partners, perfectionistic tendencies become less dominant in relational functioning.

The findings are also consistent with evidence linking perfectionism to marital outcomes. Previous studies have

shown that perfectionism is negatively associated with relationship quality and satisfaction because perfectionistic individuals often hold unrealistic expectations regarding partner behavior and relationship functioning (Hadian Hamedani et al., 2024; Soltani et al., 2023). Likewise, perfectionism has been associated with lower levels of sexual and relational satisfaction, particularly when partners become preoccupied with performance standards and idealized expectations (Palha-Fernandes et al., 2022). Consequently, reductions in perfectionism following premarital counseling may contribute not only to improved psychological functioning but also to healthier future marital relationships.

Another important finding was the significant improvement in communication skills among participants in both intervention groups. Communication skills constitute a fundamental component of successful marital functioning because they enable couples to exchange information effectively, regulate emotions, resolve conflicts constructively, and maintain intimacy. The observed improvements in listening skills, emotional control, message transmission and reception, assertive communication, and insight into the communication process suggest that both Couple CARE and PREP effectively enhanced participants' interpersonal competencies. This finding aligns with theoretical and empirical literature emphasizing communication as one of the strongest predictors of relationship satisfaction and marital stability (Baker & McNaughton, 2021; Graham & O'Donovan, 2019).

The positive effect of the interventions on communication skills may be explained by the structured opportunities participants received to practice constructive interaction patterns. In both programs, individuals learned to express emotions clearly, listen actively, avoid destructive communication habits, and address disagreements in a respectful manner. Such skills directly influence the quality of interpersonal interactions and help reduce misunderstanding and relational tension. The findings are consistent with previous studies showing that premarital education programs can improve communication beliefs, relationship attitudes, and relational competencies among couples preparing for marriage (Azimi Khoei et al., 2021; Ebrahimi et al., 2020; Vafaeinejad et al., 2022). These results reinforce the idea that communication skills are not fixed traits but learnable competencies that can be enhanced through systematic training.

The superiority of PREP over Couple CARE represents one of the most notable findings of the present study.

Although both interventions produced meaningful improvements, PREP consistently demonstrated larger effect sizes and greater maintenance of gains at follow-up. This result is consistent with previous evidence supporting the effectiveness of PREP in improving relationship functioning, marital satisfaction, communication skills, and conflict management (Fallahi et al., 2020; Pierce, 2016; Rathnayaka, 2021). PREP was originally designed as a preventive intervention emphasizing communication structure, conflict prevention, emotional safety, problem-solving skills, and commitment. Consequently, it may provide participants with a more systematic set of cognitive and behavioral tools for addressing relationship challenges.

From a theoretical perspective, PREP's superiority may stem from its emphasis on identifying and modifying dysfunctional interaction cycles before they become entrenched. Participants are trained to recognize escalating conflict patterns, use communication rules such as the speaker-listener technique, engage in collaborative problem-solving, and apply structured approaches to disagreement management. These skills directly target the mechanisms through which perfectionistic expectations and communication deficits affect relationships. By contrast, although Couple CARE focuses on self-change, caring behaviors, intimacy, and relationship maintenance, it may devote relatively less attention to the structured rehearsal of conflict-management and communication procedures. Consequently, participants in PREP may develop stronger and more durable behavioral repertoires that continue to influence their interactions after the intervention ends.

The greater stability of PREP effects at follow-up is particularly important. Sustained change is a central objective of preventive interventions because temporary improvements often fail to translate into long-term relationship benefits. The findings showed that PREP participants maintained gains across nearly all dimensions of perfectionism and communication skills, whereas some decline was observed among participants in the Couple CARE condition. This pattern is consistent with research suggesting that structured relationship education programs produce enduring benefits because participants acquire practical skills that can be repeatedly applied in everyday interactions (Markman et al., 2024; Navaneetham et al., 2025). Repeated application of learned skills may reinforce adaptive habits and facilitate long-term cognitive and behavioral change.

The findings also support broader perspectives on premarital counseling and relationship education.

Contemporary scholars emphasize that premarital interventions should address not only relationship knowledge but also emotional regulation, communication competence, cognitive expectations, and conflict management skills (Ainun & Sunuwati, 2023; Athira, 2025). The present results suggest that such interventions can simultaneously influence intrapersonal factors, such as perfectionism, and interpersonal factors, such as communication skills. This multidimensional impact may explain why premarital counseling has been linked to marital satisfaction, commitment, and relationship stability across different cultural contexts (Dew, 2021; Salley, 2022; Udofia et al., 2021).

Another noteworthy implication concerns the role of unrealistic expectations in marital preparation. Previous studies have shown that premarital educational programs can reduce idealistic beliefs about marriage and facilitate more realistic attitudes toward intimate relationships (Azimi Khoei et al., 2021; Rajabi & Abbasi, 2019). The present findings extend this literature by demonstrating that interventions can reduce perfectionistic cognitions that may contribute to unrealistic expectations. Because perfectionistic beliefs often involve assumptions that relationships should be free from conflict, disappointment, or imperfection, reducing these beliefs may help individuals develop healthier and more realistic views of marital life.

The findings are also compatible with research emphasizing the importance of optimism, flexibility, and adaptive expectations in relationship well-being (Xiao, 2023). Individuals who learn to tolerate imperfection and communicate effectively are more likely to approach relationship challenges as manageable problems rather than indicators of relational failure. Consequently, improvements in perfectionism and communication skills may mutually reinforce one another. Reduced perfectionism may facilitate more open communication, while improved communication may reduce misunderstandings that trigger perfectionistic evaluations.

Overall, the findings suggest that both Couple CARE and PREP are effective premarital interventions capable of improving important psychological and relational competencies among individuals preparing for marriage. However, PREP appears to provide broader, stronger, and more enduring benefits, particularly regarding the reduction of maladaptive perfectionism and the enhancement of communication skills. These findings contribute to the growing literature on preventive relationship education and support the use of structured premarital counseling programs

as evidence-based approaches for strengthening marital readiness and promoting healthier future relationships.

Several limitations should be considered when interpreting the findings of this study. First, the sample was limited to individuals attending counseling centers in one district of Tehran, which may restrict the generalizability of the results to other geographic regions and cultural contexts. Second, the study relied on self-report questionnaires, which may be influenced by social desirability bias and participants' subjective perceptions. Third, the follow-up period was limited to two months; therefore, the long-term sustainability of the observed effects remains uncertain. Fourth, the relatively small sample size may have reduced the ability to detect subtle differences among participants. Finally, factors such as personality characteristics, family background, socioeconomic conditions, and relationship history were not controlled and may have influenced participants' responses to the interventions.

Future studies should examine the effectiveness of Couple CARE and PREP using larger and more diverse samples drawn from different cultural and socioeconomic backgrounds. Researchers are encouraged to conduct long-term follow-up assessments extending beyond six months or one year to evaluate the persistence of intervention effects. Future investigations may also compare these interventions with other evidence-based premarital counseling approaches and examine potential mediators such as attachment style, emotional regulation, self-compassion, and relationship expectations. In addition, qualitative studies exploring participants' experiences of the interventions could provide valuable insights into the mechanisms through which change occurs. Researchers may also investigate the effectiveness of online or hybrid delivery formats to increase accessibility and scalability.

Counseling centers, family therapists, and premarital education providers should consider incorporating structured relationship education programs into routine premarital services. Given its stronger and more stable effects, the PREP program may be particularly useful for enhancing communication skills and reducing maladaptive perfectionistic expectations among individuals preparing for marriage. Counselors should emphasize communication training, conflict-management strategies, realistic expectation development, and emotional regulation skills as core components of premarital preparation. Educational institutions and community organizations may also benefit from offering preventive relationship education workshops for young adults before formal engagement or marriage.

Such initiatives could contribute to greater marital readiness, healthier interpersonal functioning, and improved relationship stability over time.

### Authors' Contributions

All authors significantly contributed to this study.

### 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

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

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