RESEARCH PAPER

Investigating the Effectiveness of the Special Marking Therapy (SMT) Model on Emotional Co-regulation and Perceived Partner Responsiveness in Couples

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ABSTRACT

The present study aimed to examine the clinical efficacy of the *Special Marking Therapy* (SMT) Model on emotional co-regulation and perceived partner responsiveness among couples. *Emotional co-regulation* refers to an interactive process through which partners participate, verbally or nonverbally, in modulating and guiding each other's emotions. Perceived partner responsiveness refers to the extent to which individuals feel understood and validated and perceive that their needs are valued by their romantic partners. These constructs play central roles in intimacy, well-being, and relationship resilience.

According to this therapeutic model, many marital conflicts arise not merely from overt behaviors but from the activation of subpersonalities and their association with special markings that individuals assign to their partners' otherwise neutral behaviors. Such processes may elicit negative emotions and disrupt emotion regulation. Using a quasi-experimental pretest–posttest control group design with a 3-months follow-up, 40 participants (20 couples) residing in Bushehr, Iran, were selected via convenience sampling and randomly assigned to either an experimental or control group (n = 20 per group). The experimental group completed a nine-stage SMT protocol focusing on identifying subpersonalities, analyzing automatic response patterns, differentiating primary from secondary emotions, cultivating conscious choice over reactivity, and executing the "Three-Chair Work" technique. No intervention was provided to the control group. Data were collected across three waves (pretest, posttest, 3-months follow-up) and analyzed using repeated-measures ANOVA in SPSS (v. 27).

The findings indicated that Special Marking Therapy significantly increased couples' emotional co-regulation and improved perceived partner responsiveness in the experimental group compared with the control group. These effects remained stable at the follow-up assessment. Taken together, the findings suggest that the Special Marking Therapy Model may offer a coherent and effective framework for alleviating emotional distress and strengthening emotional co-regulation in marital relationships. This approach may achieve these outcomes by increasing couples' awareness of the activation of subpersonalities and special markings, facilitating disengagement from defensive reactivity, and enabling individuals to gain greater distance from interpretations associated with the activation of specific subpersonalities.

Keywords: Special Marking, emotional co-regulation, perceived partner responsiveness, subpersonalities.

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INTRODUCTION

Over recent decades, the dominant paradigm in the psychology of intimate relationships has shifted from primarily intrapersonal models toward systemic and interpersonal frameworks. From this standpoint, emotions within romantic relationships are no longer viewed as isolated internal experiences; rather, they are understood as processes that emerge and evolve through ongoing interactions between partners.

Within this framework, emotional co-regulation and perceived partner responsiveness have emerged as two central constructs underlying relationship stability, satisfaction, and emotional connectedness. Although these constructs have been extensively investigated, important questions remain regarding why some couples experience persistent difficulties in regulating emotions despite having relatively effective communication skills.

The present study introduces the novel concept of Special Marking as a framework that extends existing approaches by providing an additional layer of analysis. Specifically, it focuses on the activation of subpersonalities and the meanings individuals attribute to their partners' behaviors and to their own emotional experiences.

Emotional co-regulation refers to a dynamic interpersonal process in which romantic partners, through both verbal and nonverbal behaviors, participate in modulating, inhibiting, or guiding one another's emotional states (Butler & Randall, 2013; Zaki & Williams, 2013). In contrast to traditional models that conceptualize emotion regulation primarily as an individual process, this perspective draws on the view of emotions as temporal interpersonal systems and proposes that partners' biological and emotional systems become increasingly interconnected and coordinated through their everyday interactions (Butler, 2017).

Neuroscientific evidence suggests that the physical or verbal presence and support of a romantic partner can significantly attenuate physiological responses and activity in neural circuits associated with threat and stress (Coan et al., 2006). Consistent with this perspective, findings reported by Horn and Maercker (2016) and Sels et al. (2021) indicate that couples with greater capacities for perceived partner responsiveness and adaptive co-regulation tend to

experience lower levels of psychological distress and higher relationship quality. This advantage has also been supported by empirical research conducted in everyday life, highlighting its contribution to emotional well-being (Pauw et al., 2024).

Furthermore, daily diary studies have demonstrated that this process unfolds dynamically from moment to moment, such that the way stress is explicitly communicated and the manner in which a partner responds can shape the emotional outcomes of the relationship (Pagani et al., 2019). In contrast, failures of co-regulation or patterns of co-dysregulation may not only weaken supportive relational bonds but also heighten relational and psychological vulnerability by exacerbating negative interactions (Nozaki & Gross, 2025).

In addition to emotional co-regulation, perceived partner responsiveness is regarded as a central construct in understanding intimacy and closeness within close, attachment-based relationships. According to the intimacy process model, intimacy develops when an individual engages in self-disclosure and their romantic partner responds in a responsive manner—by understanding the individual, valuing them, and demonstrating concern for their needs and well-being (Reis & Shaver, 1988; Reis, Clark, & Holmes, 2004). Together, these three components—understanding, validation, and caring—form the foundation of perceived partner responsiveness and may foster a greater sense of security, closeness, and trust within the relationship (Reis et al., 2004).

From this perspective, perceived partner responsiveness can be considered an important indicator of relationship quality. Laurenceau, Barrett, and Pietromonaco (1998) found that perceived partner responsiveness is an important predictor of daily intimacy and plays a more prominent role in the experience of intimacy than some other aspects of interpersonal interaction. Moreover, theoretical and empirical research has linked perceived partner responsiveness to a range of positive individual and relational outcomes, including greater well-being, more effective emotional support, and higher relationship satisfaction (Maisel & Gable, 2009; Feeney & Collins, 2018).

The importance of this construct becomes particularly evident under difficult circumstances. For example, Bar-Kalifa et al. (2015) demonstrated that perceived partner responsiveness may attenuate the negative association between social anxiety and relationship satisfaction. In other words, when individuals perceive their partners as responsive and supportive, the detrimental effects of psychological stressors on relationship quality may be partially buffered. Similarly, at the level of everyday life, Debrot et al. (2012) showed that responsive behaviors enacted by romantic partners are associated with greater intimacy in couples' daily lives.

Furthermore, perceived partner responsiveness may shape individuals' cognitive frameworks. Research by Merwin and Rosen (2020) and Visserman et al. (2022) suggests that, in relationships characterized by greater partner responsiveness, individuals may interpret their partners' behaviors in more positive and constructive ways. Specifically, their partners' actions and intentions may be perceived as more meaningful, supportive, and less threatening. Such positive appraisals may, in turn, strengthen relational adjustment and resilience in the face of stressors and conflicts (Visserman et al., 2022). Research evidence also suggests that the quality of responsiveness in couple interactions may be associated with positive outcomes in the domains of intimacy and sexual satisfaction (Day, Muise, Joel, & Impett, 2015).

The significance of these constructs becomes even clearer when considered within contemporary therapeutic and analytical models of couple relationships. Because both emotional co-regulation and perceived partner responsiveness are strongly shaped by individuals' internal experiences, psychological sensitivities, and patterns of responding in relational situations, examining these constructs through approaches that focus on the activation of different psychological states and subpersonalities may offer new perspectives on couple dynamics. Within such a framework, an individual's response to a romantic partner's behavior may not simply be a direct consequence of the behavior itself; rather, it may reflect the activation of particular internal psychological states that influence both the perception of partner responsiveness and the capacity for emotional co-regulation. Accordingly, examining the relationship between perceived partner responsiveness and emotional co-regulation may provide a useful foundation for a more in-depth investigation of couple dynamics within the Special Marking Therapy framework.

Special Marking Therapy is an emerging psychotherapeutic approach that seeks to understand human nature, psychological suffering, and the therapeutic process from a deeper and more nuanced perspective. The conceptual origins of the term can be traced to James George Frazer's discussion in the Encyclopaedia Britannica (1902). Frazer suggested that the word "***taboo***" (or tapu) may be composed of two elements: ta, meaning to mark or designate something, and pu, functioning as an intensifier. Taken together, these elements convey the idea of something being "completely marked" or "specially marked."

Building on this premise, the approach uses the term Special Marking rather than taboo in order to distance the concept from the pre-existing, absolute, and sometimes negative connotations historically associated with taboo. This conceptual shift makes it possible to understand human experiences along a continuum ranging from mild to severe, rather than viewing them solely through the binary of the sacred and the forbidden. Thus, while every taboo can be considered a form of Special Marking, not every instance of Special Marking constitutes a taboo (Abbasi et al., 2024).

The approach distinguishes between two broad categories of pain and suffering: primary pain and suffering, and secondary pain and suffering. Primary pain and suffering encompass experiences shared by humans and other living organisms, such as physical pain or suffering associated with loss. Secondary pain and suffering, by contrast, are more closely related to uniquely human capacities, including awareness, self-awareness, and language.

Within the Special Marking Model, the primary focus of therapeutic intervention is the second type of secondary suffering—that is, suffering that is constructed or intensified through language, meaning-making, and the special marking of phenomena. In this context, the phenomenon itself is not necessarily painful; rather, the meaning assigned to it by an individual or culture becomes the primary source of suffering. For example, the loss of a relationship, a physical characteristic, or even the experience of a particular emotion may develop into deeper suffering when it is marked with labels such as "bad," "shameful," "wrong," or "humiliating." Accordingly, rather than focusing solely on symptom elimination, this approach examines how individuals assign special meanings and markings to themselves, others, and their lived experiences.

Special Marking engages in an open dialogue with and

critically examines many established therapeutic approaches without rejecting them outright. A central premise of this model is that many therapeutic approaches rapidly categorize psychological states, personality traits, beliefs, or behavioral patterns into rigid dichotomies such as "healthy/unhealthy," "adaptive/maladaptive," or "right/wrong." From the perspective of SMT, such classifications may themselves become secondary sources of anxiety, shame, feelings of inadequacy, and psychological threat.

Within this framework, the core clinical issue is not necessarily the psychological characteristic itself, but rather the Special Marking that has developed around it. For example, perfectionism, avoidance, dependency, pessimism, and fear—even when expressed in extreme forms—are not considered inherently negative within this model. Rather, depending on the context and circumstances, each may serve an adaptive, neutral, or harmful function. Accordingly, this approach suggests that certain therapeutic interventions may inadvertently restrict an individual's adaptive repertoire by attempting to eliminate or condemn essential psychological tools.

The primary distinction between this approach and conventional therapies lies in its focus. Rather than initially focusing on a "disorder," "symptom," or "maladaptive belief," the Special Marking approach focuses on the meaning that has been constructed around the perceived problem. In therapies such as **Cognitive Behavioral Therapy** (CBT), **Schema Therapy**, and even some **third-wave approaches**, efforts are typically directed toward identifying and modifying maladaptive patterns. In Special Marking, however, these patterns are conceptualized instrumentally. Patterns described as maladaptive may themselves function as psychological tools that enhance an individual's adaptation in certain situations.

This approach also differs in important respects from **Acceptance and Commitment Therapy (ACT)**. In ACT, cognitive fusion is generally conceptualized as an obstacle to psychological health, and emphasis is placed on distancing from thoughts and increasing psychological flexibility. In Special Marking, however, neither attachment to an experience is considered inherently negative nor distancing from it inherently positive. Both may be beneficial or unhelpful depending on the particular context. From this perspective, even "flexibility," when transformed into an absolute value or a universal prescription, may itself become a new form of attachment.

Within this approach, human beings are conceptualized as multilayered and multidimensional. Personality cannot therefore be understood merely as a fixed pattern of feelings, thoughts, and behaviors. Each individual may possess a collection of subpersonalities or personality dimensions, such as perfectionistic, pessimistic, kind, withdrawn, narcissistic, or sociable subpersonalities. These subpersonalities develop through interactions with familial, cultural, and social contexts and within the framework of various Special Markings. Each may serve an instrumental role in promoting adaptation under particular circumstances.

In this respect, the model shares certain similarities with Richard Schwartz's Internal Family Systems (IFS) model, although important differences also exist. In Schwartz's model, subpersonalities are generally conceptualized as possessing inherently positive qualities and protective intentions, and treatment is directed toward restoring them to healthier functioning. In Special Marking, however, subpersonalities are not considered inherently good or bad. They should neither be eliminated nor necessarily altered in their fundamental nature; rather, the objective is to understand their operational nuances and consciously draw upon the unique capacity of each within an appropriate context. What matters, therefore, is not whether a subpersonality is inherently good or bad, but its position, intensity, timing, and manner of use within the adaptive process.

The Special Marking approach may be particularly useful in couple therapy because many couple conflicts arise not only from overt behaviors but also from the meanings, labels, and Special Markings that each partner assigns to themselves, their romantic partner, the relationship, and relational conflicts. In many relationships, the primary difficulty is not simply a disagreement. Rather, one partner may specially mark the other's silence as "lack of interest," criticism as "humiliation," a need for distance as "rejection," or dependency as "weakness." Such Special Markings may generate substantial secondary suffering and intensify relational conflict.

Moreover, this approach helps couples move beyond viewing one another through absolute categories such as "the one at fault," "unhealthy," "dependent," "controlling," or "cold." Instead, partners are encouraged to understand each other's behaviors and reactions within a more complex and humanistic context. The concept of subpersonalities may also help couples identify which aspects of themselves become activated during particular conflicts—for example, vulnerable, perfectionistic, angry, ashamed, or controlling subpersonalities. Such awareness may shift the relational climate from mutual blame toward greater understanding, regulation, and more effective relationship management. Accordingly, Special Marking may help couples view conflict not merely as a "problem," but as an opportunity to identify hidden meanings, reduce secondary suffering, and enhance relational adaptation (Abbasi, 2025).

The Eight Stages of Assessing and Modifying Couple Relationships

Stage 1: Initial Assessment

At this stage, the presenting issue is assessed by examining the history of the relationship, the reason for seeking treatment, the type of conflict, and its severity and frequency. Attention is also given to how the problem begins, develops, and ultimately resolves. The aim is to understand how each partner interprets the other's behavior, how verbal and nonverbal behaviors—such as a partner's silence—are understood and assigned meaning, and how the partner's distancing and withdrawal are interpreted.

Stage 2: Defining Personality and Introducing the Concept of Special Marking

At this stage, the partners' definitions and conceptualizations of personality are explored. Couples are introduced to the idea that human personality is not unidimensional but consists of different subpersonalities. The concept of Special Marking is then introduced. Couples are informed that, based on their developmental environments, dominant cultural contexts, parenting styles, and influential life experiences, individuals come to specially "mark" certain topics and experiences in their minds. These markings influence behavior, emotional experiences, cognitive orientations, and emotional responses. It is emphasized that the existence of these subpersonalities is a natural phenomenon and that they are not inherently "good" or "bad."

Stage 3: Rock, Paper, Scissors: Behavioral Patterns

At this stage, couples are helped to become aware of their behavioral patterns and responses during conflict. For

example, they may become defensive, remain silent, or respond with aggression at different times. After becoming familiar with Special Markings and subpersonalities, couples identify which subpersonality becomes activated during conflicts and which response may promote greater adaptation. They learn that any given behavior may be necessary in some circumstances but inappropriate in others, and therefore must determine which response is most appropriate for each particular situation.

Stage 4: Magnetic Thinking and Stepping Off the Treadmill

At this stage, couples are introduced to the idea that the mind may sometimes function like a magnet, selectively attaching to issues that are congruent with an individual's Special Markings. For example, a subpersonality shaped around abandonment may selectively attend to behaviors that suggest neglect or lack of attention from the spouse. Subsequently, much like running on a treadmill, a repetitive cycle of thoughts and behaviors may begin. Couples learn to recognize this cycle and step off the treadmill of repetitive thinking—that is, to pause before reacting and consider alternative possibilities.

Stage 5: The Clever Subpersonality: Primary and Secondary Emotions

Every individual experiences primary emotions, including vulnerable states such as insecurity, shame, and feelings of abandonment, that may be difficult to express directly. As a result, secondary emotional reactions, such as anger, attacking behavior, or criticism, may become activated. Couples are taught to:

1. Identify their genuine emotional experience.
2. Distinguish between the primary emotion and the resulting behavioral reaction.
3. Express the underlying emotion rather than responding through attack.

For example, instead of saying, "You are inattentive," an individual may say, "When you do not respond, I become afraid that I am not important to you."

Stage 6: Understanding the Operational Nuances of Psychological Tools: Appropriate Selection of Responses

Behaviors are not inherently good or bad. Silence is not always avoidance, and discussion is not always harmful. At this stage, definitive Special Markings are removed from behaviors. Clients are asked to identify and list their behavioral tools and, before using them, ask themselves: "What is my purpose in engaging in this behavior?" For example, is the purpose to be understood, to seek revenge, or to become calm?

Individuals are also encouraged to consider whether the circumstances are appropriate for engaging in discussion. The objective is to replace automatic reactions with consciously selected behaviors that minimize harm and provide the greatest benefit to the relationship.

Stage 7: Consulting With Subpersonalities

At this stage, relational challenges are examined, and individuals are encouraged to listen to the perspectives of the relevant subpersonalities in a given situation. For example, what does the subpersonality shaped around abandonment say? What does the angry subpersonality say? What does the rational subpersonality say? By listening to the perspectives of their different internal parts, individuals may become better able to make more adaptive choices.

Stage 8: Establishing Boundaries Among Subpersonalities

The objective of this stage is to prevent a single subpersonality from dominating the entire psychological system. Individuals learn that when intense emotions arise, the activated part should be differentiated from the whole self. They are encouraged to remind themselves: "At this moment, one part of me is experiencing this emotion; it is not all of me."

For example, experiencing fear does not mean that an individual is entirely a weak person, and experiencing jealousy does not mean that the individual is entirely a bad person. This technique may reduce the intensity of negative emotions and help prevent extreme reactions.

Stage 9: The Triangle of Chairs Technique

In this technique, couples learn that, during arguments or experiences of emotional distress, rather than immediately engaging in automatic responses such as sulking, defensiveness, aggression, or silence, they should first observe themselves from an observer/wise position.

They then identify which subpersonality has become activated at that particular moment—for example, a vulnerable, avoidant, perfectionistic, angry, or mature subpersonality.

The objective is to enable individuals, within the relationship, to prevent a single subpersonality from taking complete control and instead:

- listen to the perspectives of all internal parts;
- determine which response is more beneficial to the relationship; and
- select a conscious and adaptive behavior.

Within this technique, each chair serves as a symbolic and physical position for the **externalization** of a particular subpersonality. This process allows individuals to experience a role within the safety of the therapeutic environment rather than becoming fully identified with that role. Moving between chairs facilitates perspective shifting and helps clients observe their internal conflicts more objectively without becoming overwhelmed by a dominant emotional state, such as anger or defensiveness.

Ultimately, the observer/wise chair serves as the central decision-making position, managing and refining the perspectives represented by the other chairs so that, among the available automatic responses, the behavior most consistent with the long-term goals of the relationship can be selected.

Intervention Sessions

Session	Description
Session 1: Initial Assessment and Analysis	Interview and assessment of the couple's relationship and patterns of conflict.

Session 2: Defining Personality and Introducing the Concept of Special Marking	Training in identifying subpersonalities and Special Markings. Participants developed a list of their subpersonalities, such as perfectionistic, suspicious, and other relevant subpersonalities.
Session 3: Analysis of Response Patterns	Application of the "Rock, Paper, Scissors" technique to analyze defensive responses, silence, aggression, and other behavioral patterns.
Session 4: Magnetic Thinking and Stepping Off the Treadmill	Participants were taught that the mind may function like a magnet, selectively attaching to experiences that are congruent with their Special Markings. Couples learned to identify this cycle and step off the treadmill of repetitive thoughts by pausing before reacting and considering alternative possibilities.
Session 5: The Clever Subpersonality	Training focused on creating distance between the experience of primary emotions and subsequent emotional or behavioral reactions.
Session 6: Understanding the Operational Nuances of Psychological Tools	Assessment of behavioral tools and selection of the tool most likely to promote greater adaptation in a given situation.
Session 7: Consulting With Subpersonalities	Examination of current relational challenges and exploration of the role of relevant subpersonalities. Individuals were encouraged to listen to the perspectives of their different internal parts and subsequently make more adaptive choices and behavioral responses.
Session 8: Establishing Boundaries Among Subpersonalities	The objective of this session was to prevent a single subpersonality from dominating the entire psychological system. Participants were taught to differentiate an activated part from the whole self during episodes of intense emotion and to remind themselves: "A part of me is experiencing this emotion at the moment; it is not all of me."
Session 9: The Triangle of Chairs Technique	Application of the observer/wise position during moments of conflict and replacement of automatic responses with consciously selected, adaptive responses.

Results

This chapter presents the findings obtained from the statistical analysis of the study variables. First, the descriptive findings, including means and standard deviations, are presented, followed by the inferential findings used to analyze and interpret the study hypotheses.

The present study was conducted with 20 couples residing in Bushehr, Iran. The participants were randomly assigned to two groups, with 20 participants in the control group and 20 participants in the experimental group. The participants were assessed at three time points: pretest, posttest, and 3-months follow-up. The collected data were analyzed using a

repeated-measures design in SPSS version 27.

Accordingly, the effectiveness of Special Marking Therapy on the dependent variables—perceived partner responsiveness and emotional co-regulation—was examined by comparing the experimental group across the three assessment phases. The results are presented below.

1. Demographic Findings

To describe the characteristics of the study participants, demographic information was initially examined using descriptive statistics based on study group, gender, age, and duration of marriage. The results are presented in Table 1.

Table 1

Distribution of Participants' Demographic Characteristics

Characteristic	Category	Control Group (n = 20) Frequency	Percentage (%)	Experimental Group (n = 20) Frequency	Percentage (%)
Gender	Male	10	50	10	50
	Female	10	50	10	50
Age	25–35 years	9	50	9	50
	36–45 years	11	50	11	50
Duration of Marriage	2–12 years	4	50	4	50
	13–24 years	6	50	6	50
	25–37 years	10	50	10	50
Total		20	100	20	100

As shown in Table 1, the control and experimental groups each included 20 participants, accounting for 50% of the total sample. Each group consisted of 10 male participants and 10 female participants. In both groups, nine participants were aged 25–35 years, while 11 participants were aged 36–45 years. With regard to duration of marriage, four participants in each group had been married for 2–12 years, six had been married for 13–24 years, and 10 had been married for 25–37 years.

2. Descriptive Findings for the Study Variables

Descriptive statistics, including means and standard deviations, for perceived partner responsiveness and emotional co-regulation were calculated across the three assessment time points—pretest, posttest, and 3-months follow-up—for both the control and experimental groups. The results are presented in Table 2.

Table 2

Descriptive Statistics for Perceived Partner Responsiveness and Emotional Co-regulation Across the Three Assessment Time Points

Variable	Control Group M	Control Group SD	Experimental Group M	Experimental Group SD

Perceived Partner Responsiveness—Pretest	70.70	7.55	71.15	6.92
Perceived Partner Responsiveness—Posttest	71.10	8.03	79.75	7.02
Perceived Partner Responsiveness—3-months Follow-Up	70.95	7.47	78.90	6.88
Couples' Emotional Co-regulation—Pretest	84.35	4.48	84.60	5.30
Couples' Emotional Co-regulation—Posttest	85.05	4.97	91.10	5.22
Couples' Emotional Co-regulation—3-months Follow-Up	84.90	5.26	90.60	5.23

As shown in Table 2, the mean scores for perceived partner responsiveness and couples' emotional co-regulation varied across the three assessment time points—pretest, posttest, and 3-months follow-up. In the experimental group, higher mean scores were observed at posttest, whereas the mean scores at the 3-months follow-up showed a slight decrease compared with those at posttest.

3. Assessment of the Normality of the Variables

The results of the Kolmogorov–Smirnov test assessing the normality of the distributions of all study variables across the three assessment time points—pretest, posttest, and 3-months follow-up—are presented in Table 3.

Table 3

Results of the Kolmogorov–Smirnov Test

Variable	Assessment Phase	Test Statistic	Significance Level
Perceived Partner Responsiveness	Pretest	.124	.116
	Posttest	.077	.796
	3-months Follow-Up	.096	.446
Couples' Emotional Co-regulation	Pretest	.097	.428
	Posttest	.113	.211
	3-months Follow-Up	.113	.204

As shown in Table 3, the significance levels for all study variables were greater than .05. According to conventional statistical criteria, a significance level greater than .05 indicates that there is insufficient evidence to reject the

assumption of normality. Therefore, based on the results of the Kolmogorov–Smirnov test, the distributions of all study variables were considered consistent with the assumption of normality.

4. Inferential Findings

Before testing the study hypotheses using a repeated-measures design, the required statistical assumptions were examined. These assumptions included:

- assessment of the normality of the study variables using the Kolmogorov–Smirnov test;
- examination of the linearity of bivariate relationships using scatterplot matrices for each pair of variables across the control and experimental groups;
- assessment of the homogeneity of variances using Levene's test; and
- assessment of the homogeneity of variance–covariance matrices using Box's M test.

Hypothesis 1

Special Marking Therapy increases perceived partner responsiveness among couples.

The results of Box's M test, which was used to examine the assumption of equality of variance–covariance matrices for the dependent variable of perceived partner responsiveness, are presented in Table 4.

Table 4

Box's M Test for the Assumption of Equality of Variance–Covariance Matrices for the Dependent Variable of Perceived Partner Responsiveness

Test	Variable	Value	F	df 1	df2	Significance Level
Box's M	Perceived Partner Responsiveness	11.516	1.754	6	10462.189	.104

As shown in Table 4, the assumption of equality of the variance–covariance matrices was not violated. Because the significance level was greater than .001, there was insufficient evidence to reject the assumption of homogeneity of the variance–covariance matrices. Therefore, this assumption was considered satisfied for the subsequent analysis.

The results of Wilks' lambda for examining between-group differences in perceived partner responsiveness are presented in Table 5.

Table 5

Results of Wilks' Lambda for the Interaction Between Time and Group for the Dependent Variable of Perceived Partner Responsiveness

Effect	Variable	Wilks' Lambda	F	Hypothesis df	Error df	Significance Level	Effect Size
Wilks' Lambda	Perceived Partner Responsiveness	.265	51.390 [b]	2.000	37.000	.000	.735
Group Interaction	Perceived Partner Responsiveness × Group	.302	42.713 [b]	2.000	37.000	.000	.698

As shown in Table 5, Wilks' lambda was used to assess the multivariate effect of group across the three assessment time points. Based on the obtained F values and significance levels, a statistically significant difference was observed between the control and experimental groups responsiveness are presented in Table 6.

across the three assessment time points with respect to the dependent variable of perceived partner responsiveness.

The results of Levene's test for examining the assumption of equality of error variances for perceived partner

Table 6

Results of Levene's Test for the Equality of Error Variances Across the Three Assessment Time Points

Variable	Assessment Phase	F	df 1	df 2	Significance Level
Perceived Partner Responsiveness	Pretest	.044	1	38	.836

	Posttest	.179	1	38	.674
	3-months Follow-Up	.001	1	38	.973

As shown in Table 6, the significance levels obtained for perceived partner responsiveness at each assessment phase exceeded .05. Therefore, the assumption of equality of error variances was supported and confirmed for the statistical analysis.

Table 7

Results of Mauchly's Test for Examining the Homogeneity of Variance in the Interaction Between Group and the Dependent Variable

Row	Main Effect	Variable	Mauchly's W	Approximate χ^2	df	Significance Level
1	Group × Dependent Variable Interaction	Perceived Partner Responsiveness	.823	7.214	2	.027

As shown in Table 7, based on the results of Mauchly's test, the significance level indicated that the assumption of sphericity was violated.

Table 8

Summary of Analysis of Variance Results for Within-Group, Interaction, and Between-Group Effects Across the Three Assessment Phases (Pretest, Posttest, and 3-months Follow-Up) for Perceived Partner Responsiveness

Source	Effect	Variable	Sum of Squares	df	Mean Square	F	Significance Level	Effect Size
Group (Control/Experimental)	Within-Subjects	Perceived Partner Responsiveness	486.667	1.699	286.437	59.388	.000	.610
Within-Subjects × Group	Interaction	Perceived Partner Responsiveness	413.267	1.699	243.236	50.431	.000	.570
Between-Groups	Between-Subjects	Perceived Partner Responsiveness	969.008	1	969.008	6.349	.016	.143

As shown in Table 8, perceived partner responsiveness showed a statistically significant within-subject effect across the three assessment time points (pretest, posttest, and 3-months follow-up), as well as a statistically significant time × group interaction. In addition, a statistically significant between-group effect was observed for perceived partner responsiveness. These findings indicate that Special Marking Therapy was effective in increasing couples' perceived partner responsiveness over time and that the observed changes differed significantly between the experimental and control groups.

Table 9

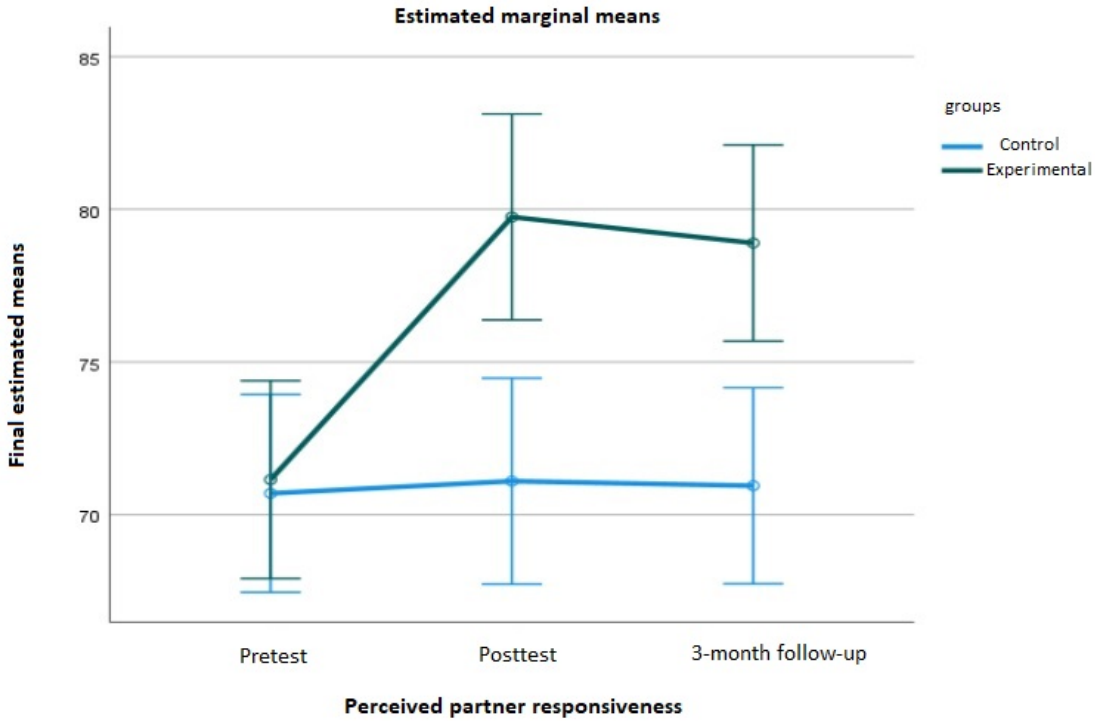
Results of Pairwise Comparisons of Perceived Partner Responsiveness Across the Three Assessment Time Points (Pretest, Posttest, and 3-months Follow-Up)

Level (I)	Level (J)	Mean Difference (I − J)	Standard Error	Significance Level	95% Confidence Interval: Lower Bound	95% Confidence Interval: Upper Bound
Pretest	Posttest	-4.500*	.438	.000	-5.597	-3.403
Pretest	3-months Follow-Up	-4.000*	.534	.000	-5.338	-2.662
Posttest	Pretest	4.500*	.438	.000	3.403	5.597
Posttest	3-months Follow-Up	.500	.371	.557	-.429	1.429

The results presented in Table 9 indicate that perceived partner responsiveness differed significantly between the pretest and posttest assessments and between the pretest and 3-months follow-up assessments at the .01 significance level. However, no statistically significant difference was observed between the posttest and 3-months follow-up assessments.

Figure 1

Line Graph of Perceived Partner Responsiveness by Group



The results illustrated in Figure 1 indicate that the mean scores for perceived partner responsiveness in the control group remained relatively unchanged across the three assessment time points. In contrast, changes were evident in the experimental group at the second and third assessment time points. The mean scores in the experimental group increased from the pretest to the posttest and remained relatively stable at the 3-months follow-up, with little change between the posttest and 3-months follow-up assessments.

Hypothesis 2

Special Marking Therapy increases couples' emotional co-regulation.

The results of Box's M test examining the assumption of equality of variance–covariance matrices for couples' emotional co-regulation are presented in Table 10.

Table 10

Box's M Test for the Assumption of Equality of Variance–Covariance Matrices for the Dependent Variable of Couples' Emotional Co-regulation

Test	Variable	Value	F	df1	df2	Significance Level
Box's M	Couples' Emotional Co-regulation	4.719	.719	6	10462.190	.634

As shown in Table 10, the assumption of equality of variance–covariance matrices was not violated. Because the significance level exceeded .001, the homogeneity of variance–covariance matrices was considered to be supported, and this assumption was therefore confirmed for the subsequent analysis.

The results of Wilks' lambda examining between-group differences in couples' emotional co-regulation are presented in Table 11.

Table 11

Results of Wilks' Lambda and Group Interaction for the Dependent Variable of Couples' Emotional Co-regulation

Effect	Variable	Wilks' Lambda	F	Hypothesis df	Error df	Significance Level	Effect Size
Wilks' Lambda	Couples' Emotional Co-regulation	.449	22.703[b]	2.000	37.000	.000	.551
Group Interaction	Couples' Emotional Co-regulation × Group	.567	14.122[b]	2.000	37.000	.000	.433

As shown in Table 11, Wilks' lambda was used to assess the multivariate effect of group across the three assessment time points. Based on the obtained F values and significance levels, a statistically significant difference was observed between the control and experimental groups across the three assessment time points with respect to couples' emotional co-regulation.

The results of Levene's test examining the assumption of equality of error variances for couples' emotional co-regulation are presented in Table 12.

Table 12

Results of Levene's Test for Equality of Error Variances Across the Three Assessment Phases

Variable	Assessment Phase	F	df1	df2	Significance Level
Couples' Emotional Co-regulation	Pretest	1.703	1	38	.200
	Posttest	.766	1	38	.387
	3-months Follow-Up	.102	1	38	.751

As shown in Table 12, the significance levels obtained at each assessment phase exceeded .05. Therefore, the assumption of equality of error variances was supported and confirmed for the statistical analysis.

Table 13

Results of Mauchly's Test for Examining the Homogeneity of Variance in the Interaction Between Group and the Dependent Variable

Row	Main Effect	Variable	Mauchly's W	Approximate χ^2	df	Significance Level
1	Group × Dependent Variable Interaction	Couples' Emotional Co-regulation	.338	40.121	2	.000

As shown in Table 13, based on the results of Mauchly's test, the significance level indicated that the assumption of sphericity was violated.

Table 14

Summary of Analysis of Variance Results for Within-Group, Interaction, and Between-Group Effects Across the Three Assessment Phases (Pretest, Posttest, and 3-months Follow-Up) for Couples' Emotional Co-regulation

Source	Effect	Variable	Sum of Squares	df	Mean Square	F	Significance Level	Effect Size
Group (Control/Experimental)	Within-Subjects	Couples' Emotional Co-regulation	317.217	1.203	263.588	30.706	.000	.447
Within-Subjects × Group	Interaction	Couples' Emotional Co-regulation	211.550	1.203	175.785	20.478	.000	.350
Between-Groups	Between-Subjects	Couples' Emotional Co-regulation	480.000	1	480.000	7.147	.011	.158

The results presented in Table 14 indicate that couples' emotional co-regulation showed a statistically significant within-subject effect across the three assessment time points (pretest, posttest, and 3-months follow-up), as well as a statistically significant time × group interaction. Furthermore, a statistically significant between-subjects effect was observed for emotional co-regulation. These findings indicate that Special Marking Therapy was effective in increasing couples' emotional co-regulation over time and that the observed changes differed significantly between the experimental and control groups.

Table 15

Results of Pairwise Comparisons Across the Three Assessment Phases (Pretest, Posttest, and 3-months Follow-Up) for Couples' Emotional Co-regulation

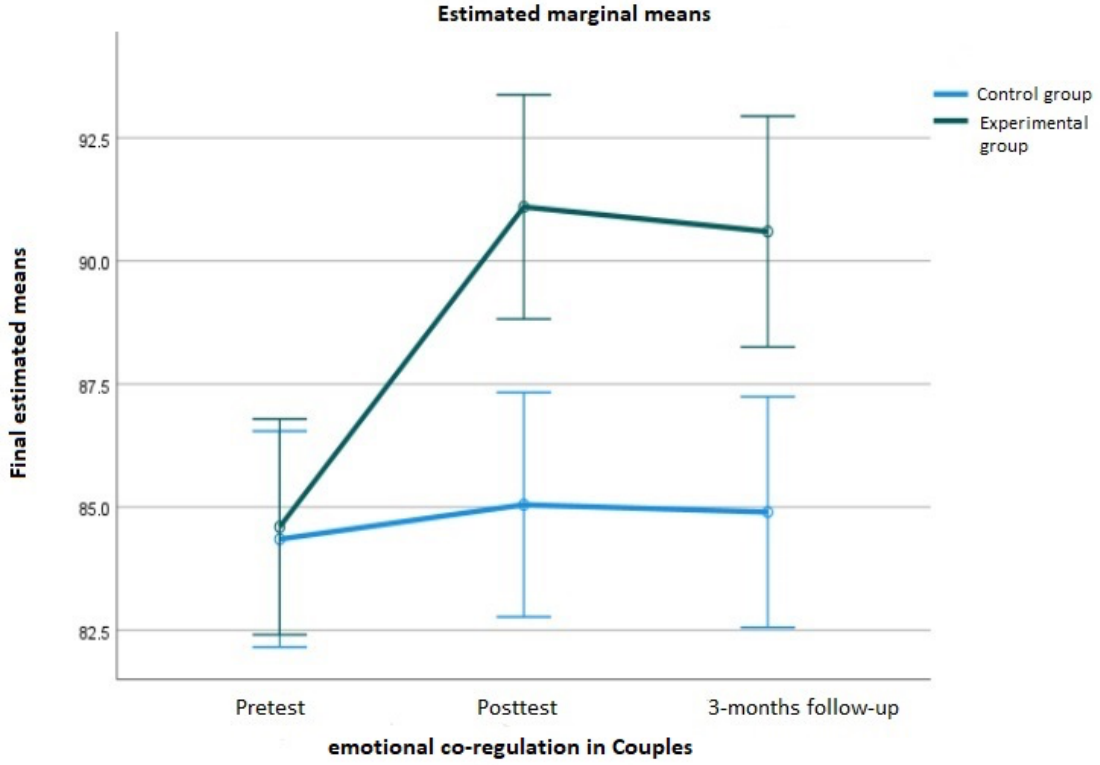
Level (I)	Level (J)	Mean Difference (I − J)	Standard Error	Significance Level	95% Confidence Interval: Lower Bound	95% Confidence Interval: Upper Bound
Pretest	Posttest	-3.600*	.560	.000	-5.003	-2.197

Pretest	3-months Follow-Up	-3.275*	.637	.000	-4.871	-1.679
Posttest	Pretest	3.600*	.560	.000	2.197	5.003
Posttest	3-months Follow-Up	.325	.234	.521	-.262	.912

The results presented in Table 15 indicate that emotional co-regulation in couples differed significantly between the pretest and posttest assessments and between the pretest and 3-months follow-up assessments at the .01 significance level. However, no statistically significant difference was observed between the posttest and 3-months follow-up assessments.

Figure 2

Line Graph of Couples' Emotional Co-regulation by Group



The results illustrated in Figure 2 indicate that the mean scores for couples' emotional co-regulation in the control group remained relatively unchanged across the three assessment time points. In contrast, changes were evident in the experimental group at the second and third assessment time points. The mean scores in the experimental group increased from the pretest to the posttest and remained relatively stable at the 3-months follow-up, with little change between the posttest and 3-months follow-up assessments.

Conclusion

The present study examined the effectiveness of a therapeutic intervention based on Special Marking Therapy (SMT) in enhancing emotional co-regulation and perceived partner responsiveness among couples. Findings from the repeated-measures analysis indicated that this therapeutic approach resulted in significant improvements in perceived partner responsiveness, including the dimensions of feeling understood, validated, and cared for, and that these improvements were maintained at the 3-months follow-up. The intervention also significantly enhanced couples' capacity for interpersonal emotional co-regulation at the posttest and 3-monthss follow-up assessments.

In explaining the mechanisms underlying these effects, the Special Marking Model is grounded in the fundamental premise that subpersonalities are not defective or harmful structures that require elimination, suppression, or neutralization. Rather, each subpersonality represents a valuable tool within an individual's internal psychological toolbox. Within this framework, no tool or response is inherently right or wrong. As illustrated by the strategic metaphor of "Rock, Paper, Scissors," no single option

possesses absolute superiority; rather, the effectiveness of any behavior depends on the demands of the context, the situation, and the response presented by the partner and the environment at a given moment. Accordingly, marital conflict stems not from the existence of subpersonalities themselves, but rather from the automatic, unconscious, and inappropriate use of these tools—particularly the uncontrolled activation of Clever Subpersonalities in situations for which they are not well suited.

By teaching a structured, stage-based process, the Special Marking protocol helps partners first develop deeper insight into their own and their partner's subpersonalities and strategic behavioral patterns. Subsequently, couples identify the operational nuances of each of these psychological tools and learn to transform their reactions, emotions, and defensive responses into conscious, accessible, and deliberately selectable options. Thus, the purpose of therapy is neither to eliminate conflict nor to impose stereotypical behavioral patterns. Rather, the objective is to enhance couples' capacity to select and employ the psychological tools most appropriate to the changing challenges of marital life.

This context-sensitive use of psychological tools may make partners' actions and reactions less threatening, facilitate more accurate decoding and understanding of partner behaviors, and create conditions conducive to adaptive interactions, deeper perceived partner responsiveness, and sustained emotional co-regulation within the relationship.

From a clinical and applied perspective, the findings of this study introduce the Special Marking Model as a transdiagnostic, tool-oriented, and practical approach. By emphasizing multidimensional human adaptation to changing environments, the model may enhance couples' behavioral flexibility and their capacity to consciously manage their psychological repertoire. Nevertheless, future research should examine the stability of these skills during acute relational conflict, incorporate longer-term follow-up assessments, and evaluate the applicability of this approach across diverse cross-cultural contexts.

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